

General Meeting of the Council of Governors

Thursday 18 September 2025, 17:30 – 19:30

Microsoft Teams virtual meeting

AGENDA

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

No.	Item	Lead	Purpose	Paper	Time
Standing items					
1.	Introduction and welcome	Chair		N/A	17:30
2.	Apologies for absence and quoracy check	Chair		N/A	
3.	Declarations of interest on matters pertinent to the agenda	Chair		N/A	
4.	Minutes of meeting held on 12 June 2025 and matters arising	Chair	Approval	Enclosed	
Patient/Staff story					
5.	Patient story	Bill Tiplady	Information	N/A	17:35
Update reports					
6.	Chair’s report	Chair	Assurance	Enclosed	17:50
7.	Chief Executive’s report	CEO	Assurance	Enclosed	17:55
8.	Lead Governor’s report	Lead Governor	Assurance	Enclosed	18:00
9.	Committee Chair’s 3As reports	N/A	Information	Enclosed	18:05
10.	Reflections of a Non-Executive Director See below link for Chris Hurst's profile Board of Directors - Oxford Health NHS Foundation Trust	Chris Hurst	Information	N/A	18:10
11.	Questions arising from papers in the Reading Room			N/A	18:20
Strategy & Planning					
12.	Neighbourhood health and care approach	Sue Butt	Information	N/A	18:25
Council of Governors business items					
13.	External Audit Report	External Auditors	Information	Enclosed	18:45
14.	Annual Report & Accounts	Chief Finance Officer/Executive Director of	Information	Published. Online access here:	18:50

		Corporate Affairs/Deputy Director of Corporate Affairs		OHFT-Annual-Report-Accounts-2024-25.pdf	
15.	Updated Constitution (following July Board)	ED of Corporate Affairs	Approval	Enclosed	18:55
Questions from the public					
16.	Questions from the public	Chair		N/A	19:00
17.	Close of public meeting Confidential issues: Members of the public are excluded from the Council of Governors meeting in private having regard to commercial sensitivity and/or confidentiality and/or personal information and/or legal professional privilege in relation to the business to be discussed	Chair		N/A	19:05
Session in private – Chair and Governors only					
18.	Minutes of meeting held on 12 June 2025 and matters arising	Chair	Approval	Enclosed	19:05
19.	Strategy Development and Engagement Process	ED of Strategy	Information	Enclosed	19:10
20.	Close of private meeting	Chair		N/A	19:30
21.	Date of next meeting – 04 December 2025				
Reading Room/Appendix [information provided for questions and debate]					
22.	Quarterly Trust Performance supporting papers <ul style="list-style-type: none">▪ Integrated Performance Report (RR/App_CoG 22(i)/2025)▪ Finance Report (RR/App_CoG 22(ii)/2025)▪ Quality Dashboard (RR/App_CoG 22(iii)/2025)				

DRAFT Minutes of the Council of Governors meeting held in public on
12 June 2025, at 17:30
held at The Spread Eagle Hotel, Thame, Oxfordshire

Present:

Chris Hurst (**CH**) (Chair)
 Evin Abrishami (**EA**)

James Brown (**JB**)
 Julien Fitzgerald (**JF**)
 Juliet Hunter (**JH**)
 Colleen Jones (**CJ**)
 Vicki Power (**VP**)

Joel Rose (**JR**)
 Paul Ringer (**PR**)
 Tichakunda Rusike (**TR**)
 Graham Shelton (**GS**)
 Marc Smith (**MS**)

Vice Chair
 Staff governor, Mental Health Services Oxfordshire, BaNES, Swindon & Wilts
 Public governor, Oxfordshire
 Patient Service User governor, Buckinghamshire
 Public governor, Oxfordshire
 Public governor, Buckinghamshire
 Staff governor, Buckinghamshire Mental Health Services (Lead Governor)
 Appointed governor, Buckinghamshire MIND
 Appointed governor, Age UK Oxfordshire
 Staff governor, Specialised Services (Forensic Mental Health)
 Appointed governor, Oxford University Hospitals
 Public governor, Buckinghamshire

In attendance:

Ben Cahill (**BC**) (Minutes)
 Charmaine De Souza (**CDS**)
 Taff Gidi (**TG**)
 Emma Leaver (**EL**)

Grant Macdonald (**GM**)
 Mohinder Sawhney (**MS**)
 Heather Smith (**HS**)
 Rick Trainor (**RT**)
 Lucy Weston (**LW**)
 Andrea Young (**AY**)

Deputy Director of Corporate Affairs
 Chief People Officer
 Executive Director of Corporate Affairs
 Interim Chief Operating Officer for Community Health Services, Dentistry and Primary Care
 Chief Executive Officer
 Non-Executive Director
 Chief Finance Officer
 Non-Executive Director
 Non-Executive Director
 Non-Executive Director

1.	Introduction and welcome from the Chair	Action
a	CH welcome everyone to the meeting, in particular the Trust's new and returning governors with terms starting on the 1 June 2025 following the completion of the governor election process held over Spring 2025.	
b	CH will be chairing the meeting as vice chair, deputising for Trust Chair David Walker who is away.	
c	CH reminded governors that a meeting in private will follow the meeting in public.	
2.	Apologies for absence and quoracy check	
a	The meeting was confirmed as quorate.	
b	Apologies were received from the following governors: Carolyn Llewellyn, Sri Sabapathy, Jules Timbrell, Nicky Miller, Tanveer Siyan, Maggie Lewis, Kate England, and Jan Churchill.	

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c	Absent without submitted apology: all others governors not listed above.
d	Apologies received from the Board: David Walker, Geraldine Cumberbatch, Amelie Bages, Dr Rob Bale, Britta Klinck and Dr Karl Marlowe.
3. a	Declaration of interests on matters pertinent to the agenda None raised.
4. a b	Minutes of last Meeting on 6 March 2025 and Matters Arising The minutes of the last public meeting held on 6 March 2025 were approved as a true and accurate record, and there were no matters arising. The Council approved the minutes and noted there were no matters arising.
5. a b c d	Welcome to new governors CH welcomed the new governors joining the Trust's council of governors from 1 June 2025 following the recent election process and the governors returning for their second terms. CH summarised the value of governors in representing the views and experiences of the Trust's main stakeholders and thanked governors for volunteering their time to Oxford Health. CH introduced the purpose of this item was to allow for a friendly and informal discussion allowing new governors to introduce themselves to the meeting, add any comment on why they become governors, and to allow members of the board of directors to introduce themselves to the governors. All governors present introduced themselves to the meeting. The board of directors introduced themselves to governors and briefly described their services responsibilities. New governors present who introduced themselves were: JB, CJ, TR and MS. VP introduced herself as lead governor and set out that her ambitions in the role were to engage governors and to support governors working as a group and, in particular, to continue to improve coordination between governors and non-executive directors. Vicki welcomed and thanked the new and returning governors. BC introduced the corporate governance and secretariat support available to the council of governors encouraging governors at any time to contact him or the team with any queries or questions about the role, adding the following: <ul style="list-style-type: none"> ▪ Encouraging governors to observe board and board committee meetings as a useful opportunity to understand the workings of the Trust and the work of non-executive directors; ▪ That initial induction sessions had been held for new governors on the 5th and 10th June but would be followed up by a fuller 'core skills' session for governors held later in the year (likely October) to be ran by NHS Providers <i>GovernWell</i> programme; ▪ That NHS Providers regularly run specific training sessions for governors – these will be communicated to governors; ▪ That, if governors had a particular topic of interest to explore in more detail, topic task & finish groups could be formed (if sufficient interest from other governors) reporting back to the council. These groups would replace the previous standing governor sub-groups which would not be continued and have struggled for regular attendance; ▪ That a 'governor skills and experience' matrix would be sent out to governors over late June / early July to capture the range of skills,

BC

BC

e	<p>knowledge and skills of governors. Completion the form would be voluntary.</p> <p>BC informed the Council that he had been contacted by Oxfordshire County Council about their appointed governor following recent local authority elections. Cllr Kate Gregory will be the new OCC appointed governor.</p>	
6. a	<p>Chair's report</p> <p>CH noted that David Walker has offered his apologies for the meeting so was unable to add any verbal introduction to his report.</p> <p>The Council noted the Chair's report.</p>	
7. a b	<p>Lead Governor's report</p> <p>The Lead Governor took her report as read. Adding to her report, VP noted the importance of good communication and working relationships between governor and non-executive directors and, to this end, recommend governors read the Committee chairs' 3A reports (see item 9) as a useful summary of the work of board committees and matters that their chairs wished to advise, alert of assure the board.</p> <p>The Council noted the Lead Governor's report.</p>	
8. a b	<p>Chief Executive's report</p> <p>The Chief Executive took his report as read.</p> <p>GM thanked governors for their time and interest in the Trust and welcomed new governors. Adding to his report, GM provided a summary of the current context in which NHS providers operate noting that, within this, OHFT was performing relatively well but that there are clear areas of focus around: financial stability; recruitment, retention and the working experience of staff; wider governance and commissioning structures of the NHS (e.g. a forthcoming national 10 year plan and the future of Integrated Care Boards); and, specific to mental health services, the complexity of these services and recent high-profile tragic incidents, inquiries and court rulings.</p> <p>GM added that the Trust is a provider of community health (non-acute physical) services in Oxfordshire and that the Trust had recently opened a new facility in north Oxford (Jordan Hill site). JH asked if she and other governors could visit this site – BC to arrange. HS added that, from a financial perspective, the Trust was in a relatively stable position compared to some system partners. HS highlighted that the Trust was finalising its annual accounts which, once finalised, would be published and made available to governors.</p> <p>The Council noted the Chief Executive's report.</p>	BC
9.	<p>Committee chairs' 3As reports</p> <p>CH summarised the purpose of the Committee chairs' 3As reports – this being to enable the non-executive chairs of the board's committees to advise, assure and alert the board of directors of the work of the committee. VP promoted the 3A reports to governors as a very useful source of information on the work of the non-executive directors. VP added that further work was needed in terms of the detail and timeliness of the reports.</p> <p>The Council noted the Committee chairs' 3A reports.</p>	
10. a	<p>Reflections of a Non-Executive Director – Mohinder (Mindy) Sawhney</p>	

	<p>MS summarised her professional background as an economist prior to becoming a non-executive (NED) and that she has also advised large organisations on strategy and organisational development. MS highlighted that her mother was a mental health nurse and social worker and that this, along with an ambition to address complex health problems and foster partnership-working, motivated her to become a NED in the NHS.</p> <p>MS chairs the People, Leadership & Culture (PLC) committee at OHFT – the committee oversees and seeks assurance on the Trust's HR work and people plans – in this MS is particular driven by improving the working experience of the Trust's staff and seeking to reduce the impact of 'change fatigue' on staff.</p> <p>JB asked a question on the employment status of Trust staff. CdS responded that the significant majority of Trust staff – and NHS employees in general – were salaried employees on a model called Agenda for Change. Some staff – for example doctors – can be on different employment arrangements and there are a number of agency workers but that the Trust is working to reduce the number of agency workers.</p> <p>MS concluded by inviting interested governors to observe future PLC committee meetings and that she would be pleased to speak with any governors interested in doing so before and after the committee.</p> <p>The Council noted the update.</p>	
11. a	<p>Staff survey results</p> <p>CdS presented the recent staff survey results. The staff survey is in a set national model so that Trust responses and scores can be compared readily. OHFT is a large Trust with approximately 7000 staff in a wide range of roles across three county areas. Good progress has been made in recent years with 95% of staff being given an appraisal (known as Personal Development Plans – PDRs), lowering vacancy rates, turnover being below 10%, and reducing agency spend (which can be very costly and limit care quality improvement).</p> <p>OHFT performs relatively well in comparison to other Trusts with 8 areas of the survey above average national scores. There are areas to focus on including flexible working arrangements. The Trust is also choosing to focus on protected characteristics including gender, race and disability.</p> <p>PR noted the low response rate to the survey (53%) and asked how this could be improved. CdS replied that there are significant communications to promote the staff survey but that further options are regularly explored to further this and make it easier for colleagues to complete the survey. MS added to the response, noting that the Trust is missing out on the experiences and feedback of the 47% of non-respondents.</p> <p>CH noted that the annual frequency of the staff survey also limits the insight available e.g. trends across the year. CJ and JH asked how the results inform the work of the board – CH responded that the board use the results to add a very helpful staff experience context and to help inform continual improvement and add focus to HR and people projects and programmes.</p>	
12. a	<p>Questions arising from papers in the Reading Room</p> <p>JF asked about the engagement of young people and if governors could have an update on this at future CoG meetings. GM responded that the Trust commission an organisation called Unloc that engage with young people and</p>	

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	<p>young service users and that an update could be arranged for the September CoG meeting.</p> <p>JH asked about progress against the Special Educational Needs and Disability (SEND) inspection report of Oxfordshire County Council (OHFT is a partner provider). EL offered to speak with JH about this following the meeting but noted that the Trust is an active partner in the improvement work, that the patient and carer forum in Oxfordshire is very much involved, and that GM is a member of the improvement board.</p> <p>The Council noted the update.</p>	
13.	<p>Questions from the public</p> <p>None received.</p>	
14.	<p>Close of meeting</p> <p>Meeting closed at 19:15</p>	
Date of next meeting: 18 September 2025, 5.30pm via Microsoft Teams		

Meeting:	Council of Governors Meeting
Date of Meeting:	18 September 2025
Agenda item:	05
Report title:	Oxfordshire CAMHs Patient Story. This is a video 'A young person's perspective on change'
Executive lead(s):	N/A
Report author(s):	The video was created by the Supportive Steps team and coproduced with a young person who has accessed our CAMHs services.
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance
Reason for submission to the Council:	Oxfordshire CAMHs are sharing a coproduced video with a young person at the Council to demonstrate some of the work we have been doing.
Public or confidential:	Confidential currently as this video has not yet been signed off by the communications team, once it has the video can be made public.

Executive summary

This presentation is from Oxfordshire CAMHs community teams. We will be presenting a video titled 'A young person's view on change'. This resource was created by our 'Supportive Steps' team alongside a young person with lived experience of CAMHs and a clinician from the team.

The young person in our video has been working with us in CAMHs for several months on various projects, supporting the Experience and Involvement Lead and helping us in thinking about how we increase our levels of engagement in terms of co-production and involvement. She agreed to participate in this video under a pseudonym and spent some time with the team thinking about its content. The young person is planning to join us at the Council of Governors meeting to present this video.

The Supportive Steps team is a new service which began in 2024. It was created following feedback and a diagram created by one of the parents that had accessed our CAMHS services. Supportive Steps offer support to those who are on our waiting lists and waiting to be seen within the 'Getting Help' & 'Getting More Help' services. As part of the offer, clinicians and parent peer support workers embedded in the team deliver workshops to parents and carers providing information on what CAMHs is, what CAMHs isn't and informing parents and carers regarding what it is they are waiting for, they also provide mitigation calls. This is in response to feedback where we have heard the patient and carer experience regarding this has been unclear.

This video was created with the aim to be used within the parent/carer induction workshops; to help parents and carers consider how young people have their own journey of change to adapt to and that this might look different to theirs. We also aim to use this as a resource for young people on the Oxford Health YouTube once approved by the communications team, so that young people can access this resource while waiting for CAMHS assessments and interventions.

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

N/A

Recommendation(s)

The Council is asked to note the report

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

Meeting:	Council of Governors Meeting
Date of Meeting:	18 September 2025
Agenda item:	06
Report title:	Trust Chair's Report
Executive lead(s):	n/a
Report author(s):	David Walker, Trust Chair
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance
Reason for submission to the Council:	For information
Public or confidential:	Public

Report

Come the beginning of September, the leaves start changing colour and there's a slight chill in the morning air. On cue, with the arrival of autumn, comes a round robin from Dr Meghana Pandit, the NHS medical director, reminding us to start planning for winter, starting with staff flu vaccinations. It's never too soon. Last year in England flu killed nearly 8,000 people and the infection took up 340,000 bed days; administration of the vaccine is estimated to have prevented around 100,000 people having to be taken into hospital.

Yet while over seven out of ten NHS staff were vaccinated against flu in 2019-20 this number has declined over recent years. The reasons for this decline are complicated. Flu vaccination has overlapped with COVID which can create a sense of vaccination fatigue and there will be other factors as well. We must work to understand these where we can and to continue to promote the flu campaign with energy and enthusiasm, make the case for staff keeping well and, in turn, encouraging patients to take up the vaccine.

This summer we've been inundated with programmes for reformation. The NHS Ten Year Plan bursts with proposals for new neighbourhood hubs, for devoting more time and resources to preventing ill-health and for a more rapid adoption of digital techniques both in healthcare itself and in the running of the NHS. The last of these propositions has been echoed and amplified in a multitude of articles and reports about artificial intelligence. Much is made of the prospects for *transformation*. Much of this advocacy of change is welcome and compelling. Of course, there are umpteen ways in which our services could be improved. Reduced waiting lists, less admin for clinicians, more joining up both within the NHS and between us and other public services: it's a long list.

Sensibilities do and ought to change over time. For example, we are thinking hard in the trust about how we might listen more attentively to patients, absorb their sense of

effectiveness in treatments. Such 'co-production' was rare a generation ago. Innovation in mental health has advanced the role of experts by experience. Clinicians can intervene earlier in the onset of serious mental illness.

But amid progress some things mustn't change. The teams who clean rooms and corridors in our mental health wards mustn't lose their commitment to hygiene; the therapist's attentiveness to a child's family circumstances; the team manager's flexibility to adjust rotas around both carers' and staff time commitments. Back to flu - at the next meeting of the Board, the non-executive directors will be discussing with directors how we improve access to the vaccine and uptake, making it simple to get a jab. Governors' suggestions for the campaign ahead would be most welcome.

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

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

Meeting	Council of Governors
Date of Meeting	18 September 2025
Agenda item	07
Report title	Chief Executive Officer's report
Executive lead(s)	N/A
Report author(s)	Grant Macdonald, Chief Executive
Action this paper	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance
Reason for submission to the Council	For information
Public or confidential	Public

Report

NHS 'league tables' - National Oversight Framework

Governors may have heard via the media recently that NHS England has launched new ratings and associated league tables under something known as the NHS oversight framework. The framework aggregates a range of metrics about an NHS organisation to give it an overall rating; these ratings are grouped into four 'segments' with 1 being the top. Oxford Health has been put in segment 1 and is placed 13th out of the 62 providers of our type (mental health and community providers).

You can access the framework dashboard and find out more about the metrics and ratings of NHS organisations via: [NHS England » Segmentation and league tables](#) The rating will change each quarter based on a range of indicators, however this first round of ratings will attract media attention and something I wanted to make governors aware of.

The Trust's positive rating is a reflection of the hard work of staff each and every day often in challenging circumstances. As an organisation we are committed to continuous improvement and, as such, we seek to understand where we can improve based on patient and staff experience and the outcomes of the care we provide.

NHS 10 year plan and local healthcare system changes

Over July the government launched its 10-year plan for the NHS setting out how it intends to transform the service centred around 'three shifts' these being: moving care from

hospitals to local communities; doing more to prevent ill health where possible; and seeking to realise the potential of digital technologies. For community and mental health Trusts like ours, the first two shifts in particular are important to how we operate and develop – much of what we do already recognises the benefit of community-based care, working in homes and local facilities, and in seeking to prevent people from worsening health where we can and support recovery. The focus on neighbourhood health within the plan encapsulates all this and will help inform the development of the Trust's new strategy over next year.

Our wider NHS system continues to change, including the formation of a Thames Valley Integrated Care Board (ICB) – bringing together the current ICBs for Buckinghamshire, Oxfordshire & Berkshire West and Frimley. As these changes develop, I shall provide further updates to governors.

Development of new Oxford Health strategy

Over this month the Trust will begin work on refreshing its strategy with the current one due to expire over 2026. The Executive Director for Strategy and her team will be leading this work with the involvement of patients, carers and system partners as well as internal input from Trust teams, directorates and networks, governors and other stakeholder representatives. Wider system and national NHS priorities will of course be important to the direction of our new strategy, but we will also seek to balance these with the priorities of the Trust's local stakeholders to ensure that we combine and work towards both national and our own organisational objectives. Strategy development work will continue for the first half of 2026 with the new strategy aimed to be in place in early Summer 2026.

World suicide prevention day

Wednesday 10th September marked World Suicide Prevention Day. There are approximately over 700,000 suicides per year worldwide with 7,000 in the UK. The international theme for 2024-2026 is 'Changing the Narrative on Suicide' aiming to shift the narrative around suicide by promoting openness, understanding, and systemic change through advocacy and improved access to care. This in part means investing in research to better understand the complexities of suicide and develop evidence-based interventions. To align with the awareness day - and new guidance published by NHS England - the Trust held a special webinar co-chaired by our lead for suicide prevention and clinical risk Ben Ssentume who was joined by national and Trust colleagues.

NHS England provider self-assessments

In late August, NHS England published its provider capability self-assessment – requiring Trusts to assess their own governance and leadership capabilities as part of the wider NHS Oversight Framework. Trusts are required to complete their self-assessments by late October 2025 with the self-assessment categories aligning with the 'insightful provider board' guidance and the CQC Well-led framework.

Awards for healthcare support workers

My congratulations to the Trust's seven winners at the July Chief Nursing Officer and Chief Midwifery Officer awards. These awards have been developed to reward significant

contributions made by healthcare support workers. Healthcare support workers are at the heart of clinical settings and local communities, making a real difference to the lives of patients they care for and the colleagues they support and rightly deserve recognition and celebration. The Trusts winners were: Kim Blake - Healthcare Assistant; Stuart Clark - Health care Assistant; Ewelina Kedziora - Health Care Assistant; Sarah Harman - Support Worker; Klaudia Vegso - Senior Support Worker; Thomas McDermid - Associate Practitioner (Nursing); and Nonhlanhla Zidlekhaya (Norma) - Associate Practitioner (Nursing) - and were recognised at a presentation held at Unipart House in Oxford.

Launch of new Menstrual Health and Menopause Clinic

Over August the Trust opened a new clinic to support menstrual health issues and menopausal symptoms recognising the complex interactions between menstrual health and menopause and mental health – which are often difficult to recognise in general mental health services. The clinic will primarily offer advice to clinicians, with select patients being offered assessment appointments.

Warneford Park planning application submission

Over the summer, our planning application for Warneford Park was submitted to Oxford City Council. My thanks to all those working on the proposals - the application was comprehensive and included a design and access statement, planning statement and statement of community involvement. The vision for Warneford Park is to offer a new mental health hospital offering the best treatment, care and therapeutic environment for patients and improve working environments for staff – recognising the constraints of the current Grade II listed site. The new facility would also be a modern scientific facility for the research taking place at the University of Oxford, with additional space for biotech, pharmaceutical and related start-ups and a new post-graduate college.

Warneford Hospital 200 years anniversary

On the subject of the Warneford hospital, next year will mark 200 years of the Warneford site providing mental health care for Oxford and Oxfordshire. Opening in 1826, the site is now the oldest functioning inpatient unit in the NHS estate nationally and a Grade II listed building. To mark the 200-year anniversary a range of events are being planned, including exhibitions about the history of the site, oral histories and talks, and a commemorative garden. Further information will be available later this year including a dedicated Warneford 200 website.

Grant Macdonald, Chief Executive

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

N/A

Recommendation(s)

The Council of Governors is asked to note the report.

Meeting:	Council of Governors Meeting
Date of Meeting:	18 September 2025
Agenda item:	08
Report title:	Lead governor update
Executive lead(s):	N/A
Report author(s):	Vicki Power, Lead Governor
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance
Reason for submission to the Council:	For information – update report from lead governor
Public or confidential:	Public

Report

I hope this report finds you well. I am pleased to provide you with an update on the significant developments and activities that have taken place over the past three months.

Unfortunately, since my last report in June, we heard the sad news that one of our newly elected governors Maggie Lewis passed away. I sadly never had the opportunity to meet with Maggie before her passing but her work within the community was commendable: <https://www.thisisoxfordshire.co.uk/news/25280067.tributes-pour-east-oxford-community-champion/>

Launch of the NHS 10-Year Plan

One of the most notable events during the past three months has been the launch of the NHS 10-Year Plan. This ambitious plan outlines the Government's strategic vision for the next decade, focusing on three key areas: moving care from hospitals to the community, embracing digital transformation, and shifting from treatment to prevention. The plan emphasises the importance of preventive care, mental health services, and the integration of health and social care. David provided a great summary of the plan on 17th July which I'd recommend you take a look at. The Kings Fund also provides some alternative ways to digest the plan such as podcasts and webinars - <https://www.kingsfund.org.uk/insight-and-analysis/projects/governments-long-term-plan-health-and-care>

Start of the Recruitment Process for Chairman

In addition to the launch of the NHS 10-Year Plan, the Trust has also initiated the recruitment process for a new Chairman of the board of directors. This is a critical role and we are keen to recruit someone who embodies the Trust values and has the vision to lead into the future. One of the key areas governors have asked to be considered as part of the recruitment process is a preference for people to be able to demonstrate strong local knowledge or have strong connections with the area served by the Trust. We will keep you informed of any developments as the process progresses.

Lastly, I'd like to highlight some events that are taking place, I also know that the team are looking to book in some hospital visits over the coming months (e.g. Littlemore Mental Health Centre and Murray House) so please do keep an eye out for these once arranged.

Annual General Meeting - 25th September: Governors are invited to the Trust's Annual General Meeting on the 25th September. This will be in person starting at 6pm in Aylesbury at the Gateway Conference Centre.

October 2025 - governor training course: A training course for governors has been planned for 8th October – online. This training course will be run by NHS Providers (who represent NHS provider organisations and have specialist courses for governors) and would be for much of a day approx. 930am-330pm. The aim of the session will be to give all governors opportunity to learn more about the governor role, how to be effective as individual governors and as a council, and to learn from practice as other NHS provider Trusts.

Skills mix: As mentioned at the last council of governors meeting, we'd be grateful for any responses from governors to a governor skills, experience and knowledge questionnaire (link below). There is a second question on topics and training of interest too. This is voluntary so no pressure to complete it, but any responses are much appreciated.
<https://forms.office.com/e/AS8AHrkKEH>

As always please do reach out to me if you've any questions

Report history / meetings this item has been considered at and outcome
This report has been produced for 18 September 2025 Council of Governors

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

Meeting:	Board of Directors Meeting
Date of Meeting:	23 July 2025
Agenda item:	15(b)
Report title:	Report from Charity Committee on matters to Alert, Advise or Assure
Executive sponsor(s):	N/A
Report author(s):	Rick Trainor Non-Executive Director and Charity Committee Chair
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance
Reason for submission to the Board:	For Board Advice and Assurance
Public or confidential:	Public

Executive summary

The Charity Committee met on 22 May 2025 (agendas and minutes available in the Reading Room), as usual in a two-part meeting, the first part concerned with governance and the second part with development.

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

N/A

Recommendation(s)

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

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

Link to CQC domain – where applicable				
<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led

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

For Alert (may require discussion)

No items discussed at the Charity Committee meeting on 22 May 2025 fall into this category.

To Advise (to monitor)

The Committee wish to advise the Board that:

- The Committee continues to monitor the gradual decline in the resources of the Charity, which has been exacerbated by historically low legacy levels. The Committee has asked Charity staff to monitor the finances carefully, setting parameters around the level of consumption of accumulated funds over the next 12 months. Among the remedies for the decline which are under consideration are: monitoring of cash balances and (once the staffing problem is remedied) increased fundraising activity.
- The Committee approved the Delivery Group and Terms of Reference of the Warneford 200 project, which has been seeking grant support from the Heritage Lottery Fund.
- The Committee approved the closure request of the Abingdon Hospital League of Friends, which has very limited resources. The remaining funds will be transferred to an Abingdon fund of the Charity, which will be used for Abingdon-specific purposes.
- The Committee approved its annual report.
- The Committee considered reports on the impact of some of the Charity's grants, with particular attention to its initiative on support for carers.
- The Committee approved a request for £93,659, financed from the Robey legacy donation, for the refurbishment of Wantage Community Hospital.

For Assurance (to note)

The Committee wish to assure the Board that the Committee is mindful of the shortage of staff in the Charity which inevitably has limited the activities of the Charity's staff since the autumn of 2024. This shortage has had implications particularly for donor relations, proactive fundraising and impact reporting, although the Charity has continued to process funding requests, make grants, and engage in limited fundraising. (Post-meeting note: The Committee notes with pleasure that the new Head of the Charity, Emily Fry, will start her employment with the Trust on 4 August 2025, thereby allowing an expansion both of the ambitions and the activities of the Charity.)

Meeting:	Board of Directors' Meeting
Date of Meeting:	23 July 2025
Agenda item:	15(c)
Report title:	Report from Audit & Risk Committee on matters to Alert, Advise or Assure
Executive sponsor(s):	N/A
Report author(s):	Chris Hurst Non-Executive Director and Audit & Risk Committee Chair
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance
Reason for submission to the Board:	For Board Alert/ to Advise/Assurance or recommendation for Approval
Public or confidential:	Public

Executive summary

The most recent meeting of the Audit & Risk Committee was held on 18th of June 2025, at which it considered matters set out in the agenda (attached in the Reading Room) and reviewed and confirmed the minutes of its previous meeting (also included in the Reading Room). The primary focus of the meeting was the review of the 2024-25 annual accounts and related documents, together with the pre-final findings of the external auditor's review.

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

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

N/A

Recommendation(s)

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

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

Link to CQC domain – where applicable
<input type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well-led

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

For Alert (may require discussion)

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

To Advise (to monitor)

There are no matters to advise the Board on, on this occasion.

For Assurance (to note)

Internal audit (KPMG)

The committee received KPMG's year-end report which sets out the Head of Internal Audit Opinion – the assessment confirms that the findings of the internal audit team's work over the financial year provides the Board with "Significant assurance with minor improvement opportunities".

KPMG completed seven internal audit reviews over the financial year, which gave rise to 46 recommended management actions (including 4 high priority actions). At the year end, seven recommendations remained outstanding which are scheduled for completion by August 31st. The committee reviewed the reports of the final two of the seven reviews – the Frontline Digital Programme review and the Provider Collaborative governance review.

The Frontline Digitisation Programme review focused on elements of programme governance, programme management, communications, and benefits realisation. A number of areas of good practice are noted in the report, together with 13 medium recommendations for improvement. All of the recommendations are targeted for completion by the end of Q1 2025-26.

The Provider Collaboratives review provides the Trust with "Significant assurance with minor improvement opportunities" and identifies 9 recommendations for action (4 medium, 5 low), which are targeted for completion by the end of July 2025.

External audit (Ernst & Young)

The committee received the external auditors pre-final report of the review of the Trust's 2024-25 annual accounts, annual report, and the assessment of the Trust's arrangements for securing Value for Money.

At the time of the meeting, Ernst & Young had substantially completed their work. The committee were updated on a small number of accounting matters that were still under discussion at that point. The Trust's external audit partner advised the committee that the audit had progressed well and no significant issues were anticipated.

[Note: as board members are aware, the annual accounts were subsequently recommended

for adoption by the Board, and approved, alongside a “clean opinion” from the Trust’s external auditor; and were submitted to DHSC in accordance with the national deadline for their submission]

Other matters

The committee received and reviewed the Trust’s Whistleblowing arrangements annual report for 2024-25 and noted the progress being made to develop and put in place the Revised Board Assurance Framework.

Sharing of learning

None identified.

Meeting:	Board of Directors' Meeting
Date of Meeting:	23 July 2025
Agenda item:	15(d)
Report title:	Report from the People, Leadership & Culture (PLC) Committee on matters to Alert, Advise or Assure
Executive sponsor(s):	N/A
Report author(s):	Mindy Sawhney Non-Executive Director and Chair of the PLC Committee
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance
Reason for submission to the Board:	For Board advice and assurance, or discussion as appropriate.
Public or confidential:	Public

Executive summary

The Committee continues to meet every quarter and last met 24 June 2025 and considered the agenda (available in the Reading Room). There were no new matters for Alert and no outstanding Alerts from the April meeting on which to update.

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

N/A

Recommendation(s)

The Committee considered the following reports and commends them to the Board:

- FTSU Guardian Annual Report** The Committee received the annual FTSU report and self-appraisal. The Committee noted the strengthening culture to support speaking up, attentiveness to areas of the Trust which may be 'silent', and the opportunity to better coordinate resources and avenues to speak up across the Trust
- PLC Annual Report** The Committee accepted the report on the work of PLC for FY24/25, noting the considerable effort invested by colleagues in its production. The Committee invited Governance colleagues to consider the governance requirement for such reports and to confirm whether effort expended is proportionate.

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

Link to CQC domain – where applicable
<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well-led

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	<input checked="" type="checkbox"/> BAF	<input type="checkbox"/> TRR
Equality, diversity and inclusion	Yes	
Legal and regulatory	No	

Recommendations

1. **FTSU Guardian Annual Report** The Committee received the annual FTSU report and self-appraisal, and commends these to the Board. The Committee noted the strengthening culture to support speaking up, attentiveness to areas of the Trust which may be 'silent', and the opportunity to better coordinate resources and avenues across the Trust which enable colleagues to speak up and to listen
2. **PLC Annual Report** The Committee accepted with thanks the report on the work of PLC for FY24/25, noting the considerable effort invested by colleagues in its production. The Committee invited Governance colleagues to consider the governance requirement for such reports and to confirm whether effort expended is proportionate.

For Alert

No new matters for Alert.

To Advise

No new matters on which to Advise.

To Assure

Workforce

1. **Temporary staffing** The Committee was assured that the Trust continues to maintain grip and control on the deployment of temporary staffing and M1 spend was slightly lower than budgeted for Agency staff. Medical Agency continues to be challenging but the significant improvements in substantive recruitments starting work in August should help. The team is to be commended for its continued steady progress on reducing the number of agency lines of work (down from 67 to 52). The Trust continues to be one of the highest spenders on Agency in the SE region. The SE temporary staffing collaborative has established a project board specifically for MH trusts and one of its first areas of focus is on medic rates which should further help the Trust in managing its position.
2. **Retention** The Committee received an update on the Trust's retention efforts, noting the considerable improvements with total turnover reducing from 16.7% to 10.6%, early turnover from 20.5% to 12.3% and turnover amongst ethnic minority colleagues improving from 17% (total turnover) and 22.2% (early) to 10% and 11% respectively. The Committee noted the impact of a segmented approach to retention efforts and invited colleagues to consider other areas of the people agenda where this might also yield benefits.

Leadership & Culture

3. **Employee Relations Annual Report** The Committee received this report with thanks. We noted the number of cases remained broadly the same. Colleagues with protected characteristics, notably race, continue to see comparatively low numbers of cases resolved informally despite the proactive involvement of CEO and CPO. The Committee was also provided with some comparative data from sister Trusts that may show a proportionately higher number of cases / 1000 WTE at Oxford Health. The team is exploring if there is something to be learned here in terms of approach or if this is attributable to differences in recording practice. The Committee requested that hypotheses regarding the variation in cases by protected characteristic are explicitly formulated, allowing for clearer testing and learning about how to address drivers.
4. **Medical Engagement & Wellbeing** As part of its twice yearly deeper look at the wellbeing and engagement of Medic colleagues, the Committee received an update from the DCMO (Professional Standards) who noted small but positive changes in engagement and satisfaction metrics over the last 4-5 years. On the whole SAS doctors and dentists report higher satisfaction than consultants. Areas of concern centre on demand and capacity – feelings of overwork and insufficient staff. Vacancy hotspots are the focus of the pilot workforce planning approach currently under development. The Committee noted the improving results for medical recruitment and managing Agency use, and the importance of OD approaches to embedding MDT approaches more consistently across the Trust to further engage Medics.
5. **Medical Appraisal & Revalidation** The Committee noted the full recruitment of appraisers and was assured that the process was on track for completion as required in autumn.
6. **Food Plan** The Committee was pleased to receive an update on the Trust's Food and Hydration Plan for staff, noting the longstanding nature of this query. The Committee invited colleagues to be ambitious in our aspirations for what should be available to staff and to then set out the time and resources required to make good on such aspirations. We also noted the need for an Equalities Impact Assessment to ensure plans are sensitive to the differing needs and circumstances of colleagues. The Committee hopes to be able to consider progress at its January meeting.
7. **Occupational Therapists** The Committee was pleased to have an opportunity to understand the roles of Occupational Therapist colleagues within the Trust, and to explore their view of the Strengths, Weaknesses, Opportunities and Threats. There are nearly 190 WTE working within the Trust, with a vacancy rate of 18%. Work to support OTs within the Trust has yielded benefits including Apprenticeships, development roles, rotations for B5 and B6 and improved pastoral care. As with other staff groups (Consultants, Psychological Professions), OT colleagues feel MDT working is inconsistent.

Meeting:	Board of Directors' Meeting
Date of Meeting:	23 July 2025
Agenda item:	15(f)
Report title:	Report from the Quality Committee (QC) in July 25 on matters to Alert, Advise or Assure
Executive sponsor(s):	N/A
Report author(s):	Andrea Young Non-Executive Director and Chair of the Quality Committee
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance
Reason for submission to the Board:	For Board advice, assurance, or discussion as appropriate.
Public or confidential:	Public

Executive summary

The Quality Committee meets five times a year and most recently met on 10 July and considered an agenda which is included in the Reading Room (minutes to follow).

There are no matters to alert to the Board.

There are two matters to advise the Board: the impact on patients from supplier contract changes made by the ICB, and progress with patient safety learning approaches.

There are eight matters to assure the Board: discussion of the current operational quality risks and how these are being managed, changes in Provider Collaborative commissioning arrangements, the Quality impact assessment approach relating to delivery of the Trust operational plan 25/26, actions to improve end of life care in our community services, safe staffing in the last 6 months, external assessment of our ePMA arrangements, the management of plastic bags in inpatient settings and further development of Quality Improvement across the Trust.

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

N/A

Recommendation(s)

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

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

Link to CQC domain – where applicable

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led
------------------------------------------	-----------------------------------------------	--------------------------------------------	------------------------------------------------	----------------------------------------------

Links to / Implications

Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	<input checked="" type="checkbox"/> BAF	<input type="checkbox"/> TRR
Equality, diversity and inclusion	Yes -QIA process, use of QI.	
Legal and regulatory	Yes -safe staffing (NQB), Management of bags – safety of estate (CQC).	

For Alert (may require discussion)

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

For Advice (to monitor)

The Committee were informed of two recent **contract changes made by the ICB** which were having a detrimental impact on patient care – a community-based nutrition supplier and non-urgent patient transport services. The ICB are monitoring the situation and requested continuing reporting of incidents. The Committee discussed provider engagement in the procurement process.

The Committee received and endorsed **the 2025/6 objectives for patient safety incident response programme board (year two of the new framework)** and noted the increasing use and effectiveness of incident learning huddles. An objective for 25/26 is to increase patient and or/carer involvement in the learning huddles. Nine patient safety incidents met our criteria for learning reviews in Q1.

For Assurance (to note)

The Committee reviewed the dashboard and Quality and Clinical Governance sub-group highlight reports for current operational risks and their mitigations. There are **no new services/teams in enhanced monitoring**, those remaining are City AMHT, North and West AMHT, Meadows PICU, and Cotswold House, Oxford. Thames House has been de-escalated following delivery of their improvement plan. The Committee also noted that our Triangle of Care 2-star accreditation by the Carers Trust was successfully retained for mental health services.

The Committee received and discussed **safe staffing during the period December to May 25 and were assured that Care Hours per Patient Day (CHPPD) met the statutory requirements**, although on occasion the registered: non-registered mix varied, and care hours are met with a mix of permanent and temporary staffing.

The Trust's approach to **Quality Improvement continues to develop and embed across the organisation** and the Committee were updated on the increasing use of data in improvement dashboards, uptake of QI webinars, and recent recruitment of an apprentice in improvement to further grow in house capability.

The Committee were also advised on the increasing digitisation of prescribing and pharmacy supplies and noted **the safety of our ePMA system had recently been externally assessed and came out sixth best in the country**, second of Trusts using BetterMeds.

The Committee held a **deep dive into our End-of-Life services** and were encouraged by the audit and evidence led approach to improving care for people at the end of life. The clinical teams showed commitment to feedback and making

improvements in timeliness of care, often impacted by communication across the number of organisations caring for these patients (and their non interoperability of systems) and improvement of documentation.

The Trust is a **lead/host provider for highly specialist service collaboratives in forensic care, eating disorders and child and adolescent mental health care** (Provider collaboratives). The Committee received assurance on commissioning changes (commissioning now delegated by NHSE to BOB ICB) with contracts renewed until 26/27.

For assurance (continued)

The quality governance arrangements in **our Provider Collaboratives** are proving invaluable in sharing best practice, innovating pathways and improving quality to maintain capacity.

The Committee reviewed the Trust's arrangements for assessing the impact of changes to services through transformation or cost savings that may impact on patients or staff (**QIA report for 25/6 Operating Plan**) with particular reference to those with protected characteristics. The paper clarified the process, progress to date and mitigations where further review is required.

In the light of recent tragic incidents elsewhere the Trust has reviewed and updated its measures to minimise the **risks posed by plastic bags in inpatient settings**. The Committee received a report detailing the measures, and data collection to review compliance.

There are no further matters to report.

25 Oxford Health NHS Foundation Trust

Auditor's Annual Report
Year ending 31 March 2025
August 2025



The better the question. The better the answer. The better the world works.



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Audit and Risk Committee
Oxford Health NHS Foundation Trust
Warneford Hospital
Warneford Lane
Oxford
OX3 7JX

19 August 2025

Dear Audit and Risk Committee Members,

2024/25 Auditor's Annual Report

We are pleased to attach our Auditor's Annual Report including the commentary on the Value for Money (VFM) arrangements for Oxford Health NHS Foundation Trust. This report and commentary explains the work we have undertaken during the year and highlights any significant weaknesses identified along with recommendations for improvement. The commentary covers our findings for audit year 2024/25.

This report is intended to draw to the attention of the Foundation Trust any relevant issues arising from our work. It is not intended for, and should not be used for, any other purpose.

We welcome the opportunity to discuss the contents of this report with you at the Audit Committee meeting on 10 September 2025.

Yours faithfully

Claire Mellons

For and on behalf of Ernst & Young LLP

Enc

Contents

1 Executive Summary

2 Audit of Financial Statements

3 Value for Money Commentary

4 Appendices

The contents of this report are subject to the terms and conditions of our appointment as set out in our engagement letter of 19 January 2023.

This report is made solely to the **Audit and Risk Committee, Council of Governors, Board of Directors and management of Oxford Health NHS Foundation Trust** in accordance with our engagement letter. Our work has been undertaken so that we might state to the **Audit and Risk Committee, Council of Governors, Board of Directors and management of Oxford Health NHS Foundation Trust** those matters we are required to state to them in this report and for no other purpose. To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the **Audit Committee, Council of Governors, Board of Directors and management of Oxford Health NHS Foundation Trust** for this report or for the opinions we have formed. It should not be provided to any third-party without our prior written consent



01 Executive Summary

Executive Summary

Purpose

The purpose of the Auditor's Annual Report is to bring together all the auditor's work over the year and the value for money commentary, including confirmation of the opinion given on the financial statements, and, by exception, reference to any reporting by the auditor using their powers under the Local Audit and Accountability Act 2014. As set out in the Code of Audit Practice 2024 (the 2024 Code) issued by the National Audit Office (NAO) and the accompanying Auditor Guidance Note 3 (AGN 03), this commentary aims to highlight to the Foundation Trust, and the wider public, relevant issues identified during our audit. It includes the recommendations arising from our current year's audit as well as a follow-up on recommendations issued in previous years. Additionally, it includes our assessment of whether prior recommendations have been satisfactorily implemented.

Responsibilities of the appointed auditor

We have undertaken our 2024/25 audit work in accordance with the Audit Plan that we issued on 31 January 2025, alongside the scope updates we issued on our Audit Results Report issued on 12 June 2025. We have complied with the National Audit Office's (NAO) Code of Audit Practice 2024, other guidance issued by the NAO and International Standards on Auditing (UK).

As auditors we are responsible for:

Expressing an opinion on:

- The 2024/25 financial statements;
- The parts of the remuneration and staff report to be audited;
- The consistency of other information published with the financial statements, including the Annual Report; and
- Whether the consolidation schedules are consistent with the Foundation Trust's financial statements for the relevant reporting period.

Reporting by exception:

- If the Governance Statement does not comply with relevant guidance or is not consistent with our understanding of the Foundation Trust;
- To NHS England if we have concerns about the legality of transactions or decisions taken by the Foundation Trust;
- Any significant matters or written recommendations that are in the public interest; and
- If we identify a significant weakness in the Foundation Trust's arrangements in place to secure economy, efficiency and effectiveness in its use of resources.

Responsibilities of the Foundation Trust

The Foundation Trust is responsible for preparing and publishing its financial statements, Annual Report and Governance Statement. It is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Executive Summary (cont'd)

2024/25 conclusions

Financial statements	Unqualified - the financial statements give a true and fair view of the financial position of the Foundation Trust as at 31 March 2025 and of its expenditure and income for the year then ended. We issued our auditor's report on 27 June 2025.
Parts of the remuneration report and staff report subject to audit	We reported several errors within the remuneration and staff report as part of our audit work, largely due to errors found within the salaries and allowances table, the pensions table, and the exit packages disclosure. These were all adjusted for by management in the final version of the Annual Report and Accounts.
Consistency of the other information published with the financial statements	Financial information in the Annual Report, and published with the financial statements, was consistent with the audited statements.
Value for money (VFM)	We had no matters to report by exception on the Foundation Trust's VFM arrangements. We have included our VFM commentary in Section 03.
Consistency of the annual governance statement	We were satisfied that the annual governance statement was consistent with our understanding of the Foundation Trust.
Referrals to NHS England	We made no such referrals.
Public interest report and other auditor powers	We had no reason to use our auditor powers.
Reporting to the Foundation Trust on its consolidation schedules	We concluded that the Foundation Trust's consolidation schedules agreed, within a £690,000 tolerance, or £300,000 tolerance for losses and special payments, gifts and contingent liability disclosures, to the audited financial statements.

Executive Summary (cont'd)

2024/25 conclusions (cont'd)

Reporting to the National Audit Office (NAO) in line with group instructions	We have reported to the NAO in line with their group instructions.
Certificate	We cannot formally conclude the audit and issue an audit certificate until the NAO, as group auditor, has confirmed that no further assurances will be required from us as component auditors of Oxford Health NHS Foundation Trust.

Executive Summary (cont'd)

Value for money scope

Under the 2024 Code, we are required to consider whether Oxford Health NHS Foundation Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. The Code requires the auditor to design their work to provide them with sufficient assurance to enable them to report to Oxford Health NHS Foundation Trust a commentary against specified reporting criteria (see below) on the arrangements Oxford Health NHS Foundation Trust has in place to secure value for money through economic, efficient and effective use of its resources for the relevant period.

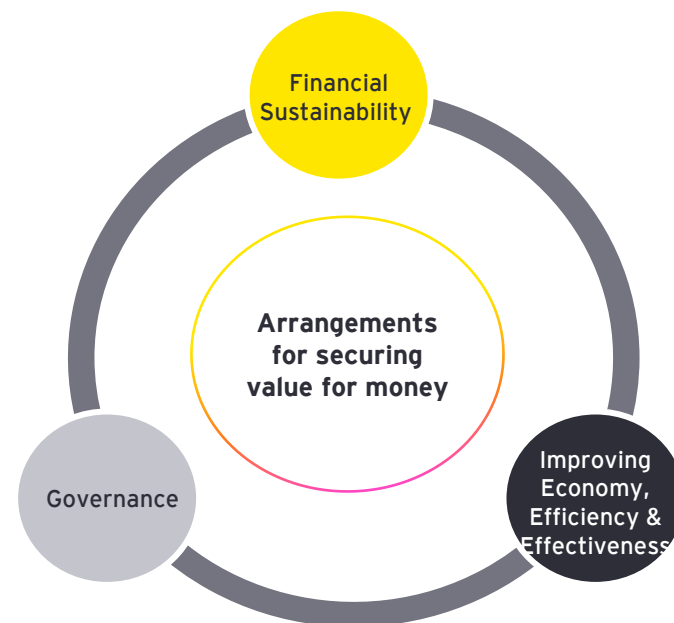
We do not issue a 'conclusion' or 'opinion', but where significant weaknesses are identified we will report by exception in the auditor's opinion on the financial statements.

The specified reporting criteria are:

- Financial sustainability - How the Foundation Trust plans and manages its resources to ensure it can continue to deliver its services.
- Governance - How the Foundation Trust ensures that it makes informed decisions and properly manages its risks.
- Improving economy, efficiency and effectiveness - How the Foundation Trust uses information about its costs and performance to improve the way it manages and delivers its services.

In undertaking our procedures to understand the body's arrangements against the specified reporting criteria, we identify whether there are risks of significant weakness which require us to complete additional risk-based procedures. AGN 03 sets out considerations for auditors in completing and documenting their work and includes consideration of:

- our cumulative audit knowledge and experience as your auditor;
- reports from internal audit which may provide an indication of arrangements that are not operating effectively;
- our review of Foundation Trust committee reports;
- meetings with the Chief Finance Officer and Chief People Officer;
- information from external sources; and
- evaluation of associated documentation through our regular engagement with Foundation Trust management and the finance team.



Executive Summary (cont'd)

Reporting

Our commentary for 2024/25 is set out in Section 03. The commentary on these pages summarises our understanding of the arrangements at the Foundation Trust based on our evaluation of the evidence obtained in relation to the three reporting criteria (see table below) throughout 2024/25. We include the associated recommendations we have agreed with the Foundation Trust in Appendix A.

In accordance with the 2024 Code, we are required to report a commentary against the three specified reporting criteria. The table below sets out the three reporting criteria, whether we identified a risk of significant weakness as part of our planning procedures, and whether, at the time of this report, we have concluded that there is a significant weakness in the body's arrangements.

Reporting criteria	Risks of significant weaknesses in arrangements identified?	Actual significant weaknesses in arrangements identified?
Financial sustainability: How the Foundation Trust plans and manages its resources to ensure it can continue to deliver its services	No significant risks identified	No significant weakness identified
Governance: How the Foundation Trust ensures that it makes informed decisions and properly manages its risks	No significant risks identified	No significant weakness identified
Improving economy, efficiency and effectiveness: How the Foundation Trust uses information about its costs and performance to improve the way it manages and delivers its services	No significant risks identified	No significant weakness identified

Executive Summary (cont'd)

Independence

The FRC Ethical Standard requires that we provide details of all relationships between Ernst & Young (EY) and the Foundation Trust, and its members and senior management and its affiliates, including all services provided by us and our network to the Foundation Trust, its members and senior management and its affiliates, and other services provided to other known connected parties that we consider may reasonably be thought to bear on our integrity or objectivity, including those that could compromise independence and the related safeguards that are in place and why they address the threats.

There are no relationships from 1 April 2024 to the date of this report, which we consider may reasonably be thought to bear on our independence and objectivity.

EY Transparency Report 2024

Ernst & Young (EY) has policies and procedures that instil professional values as part of firm culture and ensure that the highest standards of objectivity, independence and integrity are maintained.

Details of the key policies and processes in place within EY for maintaining objectivity and independence can be found in our annual Transparency Report which the firm is required to publish by law. The most recent version of this Report is for the year end 30 June 2024:

[EY UK 2024 Transparency Report | EY - UK](#)



02 Audit of financial statements

Audit of financial statements

Key findings

The Annual Report and Accounts is an important tool for the Foundation Trust to show how it has used public money and how it can demonstrate its financial management and financial health.

On 27 June 2025, we issued an unqualified opinion on the financial statements. We reported our audit scope, risks identified and detailed findings to the 18 June 2025 Audit Committee meeting in our Audit Results Report. We then issued an updated and final Audit Results Report to management on 27 June 2025. We outline on the next slide the key issues identified as part of our audit.

We did not identify any new control recommendations during this audit; however we did have four control recommendations which were open at the beginning of the year which are shown below.

Control	Issue	Conclusion
Contracting Arrangements (High)	In the prior year we observed that signed contracts were not being maintained.	We did not identify significant issues relating to contracts not being signed as part of our 24/25 testing, therefore we have closed this recommendation.
Manual Adjustments (Moderate)	In the prior year we identified that there were a number of significant manual adjustments made outside of the general ledger as part of the account's preparation process.	We have identified a reduction in the volume of the adjustments being posted, which shows positive progress has been made by management, but the value has increased and so we have kept this recommendation open.
Leases (Low)	In the prior year we identified several errors within lease disclosures and recommended that improved quality assurance processes were put in place for this area.	This recommendation remains open, as although improvements have been made, we have still identified errors within these lease disclosures.
Remuneration Report (formerly Exit Packages) (Moderate, moved up to high)	In previous years we have identified issues in exit packages being based on payment date, rather than agreement date.	This recommendation was first raised in 2022/23 as a low priority recommendation and was escalated to moderate in 2023/24 due to recurring findings. In 2024/25 we have again identified errors and therefore raised the priority of the recommendation to high, as well as expanded the scope to cover the wider remuneration report.

Audit of financial statements (cont'd)

Financial statement risks

Significant risk

Misstatements due to fraud or error - Management override of controls

The accounts as a whole are not free of material misstatements whether caused by fraud or error.

As identified in ISA (UK) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.

Conclusion

We did not identify any instances of inappropriate judgements or estimates being applied. Our work did not identify any other transactions which appeared unusual or outside the Foundation Trust's normal course of business.

Misstatements due to fraud or error - risk of fraud in revenue and expenditure recognition

We linked the risk specifically to the overstatement of accrued contract income and accrued pharmacy income, the recognition of research and development income in line with terms and conditions, and the completeness of expenditure.

We linked it to these accounts as they may involve estimation and judgement from management and therefore may be manipulated to produce the desired year-end financial position by inappropriate recognition of revenue and expenditure.

Our audit work found no indication of fraud in either revenue or expenditure recognition.



03 Value for money commentary

Value for Money Commentary

Financial sustainability: How the Foundation Trust plans and manages its resources to ensure it can continue to deliver its services

No significant weakness identified

The Trust has well established processes and networks for liaising with colleagues at the Integrated Care Board, and across the wider Integrated Care System, to understand the level of funding to be received as part of the system level financial envelope. Within the Trust, planning assumptions are in place within professional functions e.g. financial planning assumptions, workforce planning assumptions, and equivalent. NHS England provide clear guidance on operational planning requirements and long-term plan ambitions. Whilst there is already good communication between professional functions within the Trust when putting together the plan, work has been under way in recent years to improve the alignment of planning assumptions so that greater assurance of their consistency, consistent application and testing can be achieved by a central coordinated business planning function. While work is still underway in this area, we note positive improvements in the coordination of the business planning functions.

Each directorate is allocated a cost improvement target for the year and is allocated a finance lead and Project Management Office (PMO) support to review the service plans and support in ensuring that the schemes are deliverable. The ability to deliver the savings in each scheme is assessed by service leads and the PMO team. Financial management review and agree the financial deliverability of schemes providing a check and challenge on the size and opportunity. Additionally, finance sit in the Cost Improvement Programme (CIP) programme board where schemes are presented for additional challenge.

The Trust reports the financial position each month to the Board of Directors through the Integrated Performance Report. There is the ability to flex the financial plan, should it be required, for significant events during the year such as contract variations, winning new business, or to achieve greater efficiencies. Approval for flex to budgets must be obtained from both service leads and senior finance staff. The finance team also provide day to day support for the more immaterial financial matters.

Conclusion: Based on the work performed, the Foundation Trust had proper arrangements in place in 2024/25 to enable it to plan and manage its resources to ensure that it can continue to deliver its services

Value for Money Commentary (cont'd)

Governance: How the Foundation Trust ensures that it makes informed decisions and properly manages its risks

No significant weakness identified

The Audit and Risk Committee is the main committee of the Board that has oversight of the risks and internal controls of the Trust. It regularly receives and challenges the corporate risk register which is the document that collates the most significant risks to the Trust, including financial risks. The main mechanism through which the Committee discharges its responsibilities in relation to the operation of internal control is through receiving reports from internal audit and holding management to account for addressing recommendations made as part of their work. The internal audit provider also provides counter fraud services which supports the Trust in taking actions to prevent and detect fraud and summaries of these actions are also reported into each Audit and Risk Committee meeting.

The Finance and Investment Committee has a significant role in terms of addressing financial risk. It reviews and challenges Trust budget plans and continuously monitors performance throughout the year, before making recommendations to the Trust Board for approval or consideration. There is a detailed budget planning and monitoring process which supports the information reported to the Finance and Investment Committee which is led by members of the finance team and seeks to identify early any inherent risks to achievement of plans and to develop mitigations to these risks.

Financial monitoring, at a more granular level, is performed through the monthly management accounts process and it is this process that identifies cost drivers and pressures that may impact achievement of target in the current, or future, financial years. Significant concerns emerging through this will feed into the summary of inherent risks reported to the Finance and Investment Committee.

The Trust has a wide range of policies covering expectations and requirements of staff, including policies relating to the conduct of individuals as well as operational practice and patient safety. These policies are developed as a mechanism for ensuring that the Trust remains compliant with legal and regulatory frameworks. Failure of staff to comply with these policies will trigger the Trust's performance management and disciplinary policies.

In our prior year Auditor's Annual Report, we raised a recommendation under the governance criteria. This was due to one instance of members of the Remuneration Committee approving a significant settlement for a senior director through email, rather than meeting in person. It was our view that approvals over email lacked the proper discussions and challenge that an in-person meeting can facilitate. Management acknowledged this recommendation at the time. In 2024/25 there have not been any exit packages of senior managers.

Conclusion: Based on the work performed, the Foundation Trust had proper arrangements in place in 2024/25 to make informed decisions and properly manage its risks.

Value for Money Commentary (cont'd)

Improving economy, efficiency and effectiveness: How the Foundation Trust uses information about its costs and performance to improve the way it manages and delivers its services

No significant weakness identified

In 2024/25 the Trust exceeded performance against the initial budget set, with an adjusted operating surplus of £2.2m which is £4.9m better than planned, and they performed broadly in-line with the national target on the majority of non-financial metrics reported as per the Foundation Trust's Integrated Performance Report published within the financial statements.

The Trust monitors performance through two main routes, financial and operational. Financial performance is monitored through the budget setting and reporting processes through to Board, which are summarised on the previous two slides. Operational performance is also managed through reporting up to the Trust Board on performance against both the national average and internal targets set by the Trust across four distinct groups: strategic, clinical, quality and people metrics. If targets are not met, an investigation is undertaken to understand the reasons behind the underperformance and the actions to be taken to address performance concerns.

A core element of improving and managing the delivery of services of the Trust is through partnership working - both within the Integrated Care System that the Trust operates and in terms of the provider collaborative arrangements for which the Trust is the lead provider of approximately £131m of services. The Trust manages these partner relationships through engagement at the most senior level - the Chief Executive is the main point of liaison, but all executive team members have a role to play in participation of partner groups in their area of expertise. These executive team members then feed system wide performance and actions into the financial and operational plans of the Trust to ensure that plans are consistent with wider partners. The Board also see a high-level summary of the Integrated Care System performance as part of the regular reporting pack.

The Trust has arrangements in place to adhere to procurement legislation through the procurement policy and standing financial instructions and, wherever possible, risks are mitigated by contracting under standard NHS terms and conditions. Operational Services monitor the benefits and performance of services procured, through contract and operational review meetings.

Conclusion: Based on the work performed, the Foundation Trust had proper arrangements in place in 2024/25 to enable it to use information about its costs and performance to improve the way it manages and delivers its services.



04 Appendices

Appendix A – Recommendations

Recommendations from 2024/25

There are no recommendations arising from the value for money work for the year 2024/25.

Recommendations brought forward from previous years

The table below sets out the recommendations arising from the value for money work in the prior year, 2024/25, and progress made in the current year. All recommendations have been agreed by management.

Issue	Recommendation	Progress made in 2024/25
Governance - failure of Remuneration to meet in person before approving decisions	We identified an instance where members of the Remuneration Committee were provided with a paper via email prior to a settlement agreement with a senior director being signed and approved. However, to follow proper governance procedures the Remuneration Committee should have met prior to the decision being made. This would facilitate proper challenge and discussion that is not possible over email.	Management noted the recommendation in the prior year, and acknowledged that best practice would be to discuss the matter in person to facilitate proper discussions and challenge. In the current year there have been no senior director exit packages, and therefore we are unable to comment on progress made.

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Meeting:	Council of Governors Meeting
Date of Meeting:	18 September 2025
Agenda item:	14
Report title:	OHFT Annual Report and Accounts 2024/25
Executive lead(s):	Taff Gidi – Executive Director of Corporate Affairs Heather Smith – Chief Finance Officer
Report author(s):	Ben Cahill – Deputy Director of Corporate Affairs
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance
Reason for submission to the Council:	For information and assurance
Public or confidential:	Public

Executive summary

Each year all NHS provider trusts are required produce an annual report and accounts and submit these to NHS England prior to being laid before Parliament. A Trust's annual report and accounts are a public document on key performance, financial and governance information for the outgoing year in accordance with national reporting guidance. Governors are asked to note Oxford Health's Annual Report & Accounts 2024/25.

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

The Trust's Annual Report and Accounts 2024/25 were submitted to NHS England in late June 2025 after approval from the Trust's Board of Directors (following a recommendation from the Trust's Audit & Risk Committee), certification from the Trust's external auditors, and required signatures from the Chief Executive (as Accounting Officer) and the Chief Finance Officer.

The Trust's Annual Report and Accounts 2024/25 were laid before Parliament in early September 2025 following which they were published on the Trust's website. The Annual Report and Accounts will be presented at the Trust's Annual General Meeting on the 25 September.

Governors are asked to note the Annual Report & Accounts 2024/25, including:

- the Annual Governance Statement on page 79 – a key statement signed by the Chief Executive (as Accounting Officer) providing an account to the public and regulators that the Trust is well-managed and accountable and outlining the governance framework, risk management processes, and internal controls;

- the external auditor's audit opinion to governors on page 90;
- the Trust's annual accounts on page 95.

The Trust's Annual Report and Accounts 2024/25 are available on the Trust's website at the following webpage: [OHFT Annual Report and Accounts](#). Also available on this link is *Oxford Health in Numbers* – a summary document that sets out key information about the Trust, for example – service geographies and sites, caseload and admissions data, service quality information, research funding, and workforce data.

Recommendation(s)
The Council of Governors is asked to note the Trust's Annual Report and Accounts 2024/25.



Oxford Health
NHS Foundation Trust

Annual Report & Accounts



Abingdon
Keystone
Mental Health & Wellbeing Hub



2024-25

Caring | Safe | Excellent

**Oxford Health
NHS Foundation Trust**

**Annual Report and Accounts
2024/25**

**Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the
National Health Service Act 2006**

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Foreword by the Chair and Chief Executive

The purpose of any Annual Report is to capture and look back on the challenges and successes of the previous twelve months. Once again there have been highlights but none of what has been achieved could have been done without our most valuable asset – our people, who bring skill, experience and commitment to a wide range of roles to provide services to the people we serve. Our colleagues work on wards, in patients' homes, in community hospitals, on IT help desks, in research, and in training seminars. They include people with lived experience, nurses, psychologists, allied health professional, doctors, but also accountants, ward clerks, cleaners, maintenance personnel, drivers.

We have no 'front' and 'back' offices. Staff who see patients depend on a chain of colleagues, equally important. Everyone plays a part. We would like to put on record our thanks to and admiration for all our colleagues and people with lived experience who work in all their different ways towards the goal of looking after patients and serving the public.

We are Oxford Health by name and in Oxfordshire we provide a set of critical services, including specialist dental treatment, podiatry, district nurses, nurses in schools, urgent care and stroke rehabilitation. In both Oxfordshire and Buckinghamshire through our community mental health and our hospitals in Aylesbury and Oxford - we seek to help people who are depressed, anxious, who suffer from schizophrenia and personality disorders. Our efforts focus on getting people back into jobs, back home with their families, back into community living. Finally, through our mental health hubs, we try to prevent people becoming ill.

Across Bath and North East Somerset, Wiltshire and Swindon we help children and young people with mental health problems, including eating disorders. In a still wider geographical area we collaborate in providing more specialist mental health services in prisons and in forensic wards.

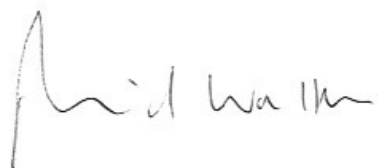
Highlights this year include opening the latest of our high street walk-in mental health hubs in a number of town centres in Oxfordshire, in collaboration with the voluntary sector and local charities, giving people advice and guidance to set them on the pathway to recovery. The past year has also seen continuing progress on redeveloping the Warneford Hospital and its grounds, recycling its buildings which are approaching 200 years old, creating a research campus and the construction of a 21st century unit on site for people with serious mental illness.

Also over this year, to support improvements in same-day urgent and emergency care developments, we launched the Same Day Care Single Point of Access in November to provide central coordination of referrals. Our doctors led a national debate on new therapies and preventing suicide, and to streamline the recording of interviews and meetings we began using artificial intelligence. Lessons learned around a review of workforce skills helped shaped future clinical and medical modelling, while a collaboration with South Central Ambulance Service will help ensure appropriate triage for Urgent Community Response referrals.

To support safe and sustainable service development for Children and Young People's services, the Single Point of Access for 0–19 years services launched in September, alongside growth in Children's Integrated Therapy.

November brought recognition to our Biomedical Research Centre theme leads, named as *Highly Cited Researchers* by Clarivate, placing them among the top 1,000 scientists globally. Our psychiatrists took to the podium at the Royal College of Psychiatry annual awards. We also refurbished the Luther Street Medical Centre - a vital resource providing healthcare to vulnerable and homeless people in the city of Oxford.

These are just some examples of the work undertaken by Oxford Health over the last year. This annual report presents further detail on achievements, activities and areas of focus and we thank you for your interest in our Trust.



David Walker
Chair



Grant Macdonald
Chief Executive

Performance Report

Performance overview

Statement from the Chief Executive

Summarising a year of activity of a Trust as sizeable as Oxford Health can be a challenge. However, it is my perspective as Chief Executive that the Trust performed reasonably well over 2024/25 maintaining and delivering services over a broad service geography. Given the challenges faced by NHS providers – growing demand and complexity, staff recruitment and retention, financial sustainability, and the degree of certainty around the permanence of wider NHS structures – this is no small achievement and is testament to the commitment and professionalism of the Trust's workforce.

The performance analysis section of this report - drawn from a new approach to managing performance across the organisation this year - sets out the Trust's main performance metrics and performance against these. I recommend reading the Trust's Quality Account in tandem with this annual report – it sets well out the Trust's activity, challenges, and achievements in quality improvement.

Areas of good performance include improving access to mental health support for children and young people in Oxfordshire and Buckinghamshire, the number of patients accessing Minor Injury Units seen within four hours, and mental health psychiatric liaison access within 1 hour. Areas to improve include the referral of those with suspected eating disorder starting treatment within 4 weeks.

The Trust is ambitious to be a great place to work and to begin and develop a career - there are good indicators of performance here, in particular reducing agency use rates which both improves the quality of care and also make financial savings. The Trust performed well against national averages in the NHS Staff Survey. There are also areas to improve including reduction in further reducing vacancies and increasing supervision rates.

Financially, the Trust ended the year with an adjusted operating surplus of £2.2m which is £4.9m better than planned and the Trust's cash balance remains in a strong position. The Trust increased internal capital funding investment levels to develop our property and infrastructure. As noted in the going concern statement, the directors have a reasonable expectation that services provided by the Trust will continue to be provided for the foreseeable future. The Trust continues to make progress in reducing its carbon emissions and towards net zero ambitions.

Going into 2025/26 and beyond, I and Oxford Health's senior leaders will continue to focus on maintaining the quality, performance and sustainability of the Trust's services and will seek to continue to work collaboratively with public services partners and the people we service to realise our strategic aims.

Year at a glance

April 2024 - Royal College of Psychiatrists Awards - The success of Oxford Health psychiatrists at the Royal College of Psychiatry Awards demonstrated the strength of

practice and training at the Trust. A total of 12 colleagues won or secured a finalist position across seven categories.

May 2024 - Medical centre for vulnerable people in Oxford refurbished - Luther Street Medical Centre - an award-winning GP surgery which provides healthcare to people experiencing homelessness, or who are vulnerably housed – unveiled new flooring, revamped reception and other improvements. The practice has been part of the NHS since 2001 and Oxford Health since 2013. It opened in 1985 in temporary accommodation with charitable donations funding the building of the current clinic which opened in 1998 and was extended in 2005.

June 2024 – More stars shine at staff awards - Another successful twelve months for Oxford Health packed with exceptional contributions from colleagues across all services was celebrated at the annual staff awards. Presentations were made for 16 awards, covering both individual and team categories. Each award was aligned with an NHS People Promise.

July 2024 – Wantage welcomes new hub - A new Keystone Mental Health & Wellbeing hub opened its doors in Wantage. The hub in Limborough Road was opened by Expert by Experience Leith Greig-Connor who represented all the members of the public who have been involved in co-creating the hubs. She was joined by Wantage Mayor Dr Angela Dunford and Trust chair David Walker

August 2024 - Warneford Park: pre-planning application consultations launched – A pre-planning consultation aiming to gather valuable insights and feedback on the proposed redevelopment of the Warneford Hospital site began. In partnership with the University of Oxford and a partner, Oxford Health NHS Foundation Trust wants to develop a major brain health research and innovation campus on the existing Warneford Hospital site in Headington.

September 2024 – Annual General Meeting and Annual Members Meeting - The Trust hosted the Annual Members Meeting and Annual General Meeting on Tuesday 10 September at Didcot Town Council Civic Hall. Trust Chair David Walker and Chief Executive Grant Macdonald welcomed stakeholders, acknowledged the continuous dedication, care and efforts from staff. Both recognised the challenges the NHS currently faces and the impacts this may have on the Trust in the future.

October 2024 - Lucy's room opens - After six years of fundraising and development a special facility, named Lucy's Room, opened. 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. 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, her 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.

November 2024 - Oxford Health Biomedical Research Centre Theme Leads named as highly cited researchers 2024 - Clarivate, a global leader in transformative intelligence, has announced its 2024 Highly Cited Researchers. Of the world's population of scientists and social scientists, Highly Cited Researchers are 1 in 1,000.

December 2024 - Permanent Trust CEO appointed - Grant Macdonald was appointed Chief Executive Officer of Oxford Health after the post was advertised nationally and a selection process conducted involving internal and external stakeholders. Grant had been Interim CEO since July 2023. Previously he was the Executive Managing Director for Mental Health and Learning Disabilities from March 2022.

January 2024 - Chief Nurse Fellows appointed - Following a selection process, seven candidates were successful and began 2025 as Chief Nurse Fellows. The fellowships are designed to boost nursing careers in quality improvement (QI) and research, and to increase diversity in nursing roles. The programme is designed around individual nurses' ambitions and aspirations, and includes mentorship, coaching, formal training and experiential learning. This is a 12-month programme with participants being released for one day per week to take part.

February 2025 - New Executive Director of Corporate Affairs appointed - Taff Gidi joined the Trust from Portsmouth Hospitals University NHS Trust where he was Executive Director of Governance and Risk replacing Georgia Denegri who had been Associate Director of Corporate Affairs in an interim capacity since February 2024.

March 2025 – Interim Chief Operating Officer for Community Health Services, Dentistry & Primary Care appointed - Emma Leaver was appointed to fill the role following Dr Ben Riley's departure to BOB ICB.

History of the Trust, purpose, and structure

The principal purpose of Oxford Health NHS Foundation Trust (OHFT) in line with its provider licence is the provision of goods and services for the purposes of the health service in England. OHFT is a community focused public benefit corporation, providing physical (community) and mental health services to approximately two million people across a geographical area that includes Oxfordshire, Buckinghamshire, West Berkshire, Wiltshire, Swindon, Bath and North East Somerset. Services are delivered primarily in community settings, but the Trust also has inpatient facilities. Oxford Health employs approximately 7,500 staff operating from around 150 sites.

The current configuration of the Trust was created through the merger in April 2006 of the Oxfordshire Mental Healthcare NHS Trust (created April 1994) and the Buckinghamshire Mental Health Partnership NHS Trust (created April 2001) to establish the Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust. The Trust became the first NHS organisation in either Oxfordshire or Buckinghamshire to be authorised as an NHS foundation trust when it became Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust on 1 April 2008.

In April 2011, as part of the national Transforming Community Services programme, the Trust began providing community health services in Oxfordshire (previously provided by Community Health Oxfordshire, the provider arm of the Oxfordshire Primary Care Trust). In recognition of this change, the Trust was renamed Oxford Health NHS Foundation Trust.

The Trust is currently structured in the following clinical directorates: Mental Health services for Oxfordshire, Bath & North East Somerset, Swindon and Wiltshire;

Learning Disabilities; Forensic Mental Health; Mental Health Services for Buckinghamshire; and Community Services, Dentistry & Primary Care for Oxfordshire.

Oxford Health's overarching aim is to provide the best possible clinical care and health outcomes for patients, clients, their carers and families – supporting them, wherever possible, to live healthier and independent lives for as long as possible. The Trust works in partnership with many other organisations to that end.

The Trust also leads on several provider collaboratives – partnership arrangements involving Oxford Health, other NHS organisations and non-NHS providers who work at scale across multiple geographies, with a shared purpose and decision-making arrangements. Currently Oxford Health leads on collaboratives in dentistry, Tier 4 Child and Adolescent Mental Health Services (CAMHS), eating disorders and forensic services. The Trust owns the Oxford Pharmacy Store (OPS) a specialist wholesale provider of pharmaceutical products.

OHFT Strategic objectives

Oxford Health has four strategic objectives which have been developed by the Board of Directors to guide the delivery of the Trust's vision of 'Outstanding care delivered by an outstanding team'. Our aim is to provide the best possible clinical care and health outcomes for patients, clients, their carers and families – supporting them, wherever possible, to live healthier and independent lives for as long as possible.

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 & Education: Be a leader in Research & Education

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

Over the course of the last year, we have introduced four strategic principles that focus on how we operate, to underpin the design and implementation of our key strategic

initiatives. These principles aim to drive significant and impactful changes across the organisation, enhancing patient care and outcomes.

The four principles are:

- We are patient centred
- We empower and support our staff
- We innovate, improve and learn
- We work in partnership and are active players in our ICSs

As part of the 2024/25 strategic delivery plan, we initiated several strategic programmes aimed at achieving improvements aligned with our strategic objectives. Several of these serve as internal 'enablers' focusing on enhancing internal processes and organisational structures to maximise benefits for both patients and staff. The success of strategy delivery is monitored via the strategic dashboard. This is a collection of metrics identified as key strategic outcome measures, which are reviewed twice yearly by the Board of Directors as part of the review of the annual plan.

Principal risks

Oxford Health's approach to risk management is set out within the Trust's Risk Management Strategy & Policy. Over the reported year, the Trust updated this policy as part of a scheduled review and was approved at the February 2025 Audit & Risk Committee. Risks assessed as significant are monitored to ensure mitigating actions are undertaken to reduce risks to an acceptable level where possible.

Significant risks are captured and reported via the Trust Risk Register which is also a source of risk information for the Board Assurance Framework. The Trust Risk Register is reported monthly as a highlight report to the Extended Leadership Team, including reporting on extreme red-rated risks. Risks on the Board Assurance Framework have been reviewed by the Board of Directors, board committees, and Executive over the reporting period.

Over 2024/25, principal risks for the Trust as captured and monitored in the BAF included: unavailability of and demand and capacity for beds (mental health inpatient and learning disability); adequacy of appropriately trained staff (workforce attraction and retention); maintaining financial stability; and capacity for delivery of major programmes. Over Quarter 3 2024/25, a new risk on physical environment, security and health and safety was developed following assessment of these areas. Medium rated risks for the Trust over the reported year included: digital, data & technology; staff retention; business planning; and information governance & cyber security. Individual BAF risks were reviewed and assessed by the relevant Executive director owner and a summary of the BAF reported monthly to the Executive. In the first quarter of 2025/26, the Trust's BAF will be reviewed and refreshed.

Performance analysis

How the Trust manages performance and key performance measures

The Trust manages performance through an integrated performance reporting model that encompasses clinical performance, quality, workforce, and sustainability. The Integrated Performance Report (IPR) was re-designed in early 2024 to better align with the Trust's strategic ambitions and national and local reporting performance

requirements. Following a six-month review in November 2024, further enhancements were identified for implementation in the subsequent financial year where possible.

The Performance Management Framework within the Trust facilitated the implementation of a ward-to-board approach, wherein directorate-specific versions of the IPR fostered a deeper understanding of the performance management framework and enhanced clinical and operational performance management. This approach enabled the initiation of more targeted initiatives aimed at improving work practices and service delivery.

The Key Performance Indicators within the IPR are categorised into four distinct groups: strategic, clinical, quality and people metrics, ensuring a thorough evaluation of the Trust's performance. Performance metrics are derived from nationally reportable metrics, national objectives and locally agreed metrics. A summary of 2024/25 performance is set out in the following tables:

Type of metric	Service area/metric	Target	2024-2025 performance
Child and Adolescent Mental Health Services (CAMHS)			
<i>National measure</i>	Improve access to mental health support for children and young people – Buckinghamshire	5878	6418
<i>National measure</i>	Improve access to mental health support for children and young people – Oxfordshire	6794	8045
<i>National measure</i>	Improve access to mental health support for children and young people - Bath & North East Somerset, Swindon and Wiltshire	-	6401
National Objective <i>Strategic metric - Quality</i>	Four (4) week wait (interim metric - one meaningful contact within pathway) – Buckinghamshire	61% National average	65.5% (annual average)
National Objective <i>Strategic metric - Quality</i>	Four (4) week wait (interim metric - one meaningful contact within pathway) – Oxfordshire	61% National average	52.2% (annual average)
National Objective <i>Strategic metric - Quality</i>	Four (4) week wait (interim metric - one meaningful contact within pathway) - Bath & North East Somerset, Swindon and Wiltshire	61% National average	58.8% (annual average)
National Objective	Waiting time standard for a meaningful contact & outcome measure	In technical development throughout 2024 – 2025.	
<i>National measure</i>	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks – Buckinghamshire	95%	89.7%
<i>National measure</i>	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks – Oxfordshire	95%	93.3%
<i>National measure</i>	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Bath & North East Somerset, Swindon and Wiltshire	95%	79.5%
<i>National measure</i>	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Buckinghamshire	95%	90.48%
<i>National measure</i>	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Oxfordshire	95%	85%
<i>National measure</i>	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Bath & North East Somerset, Swindon and Wiltshire	95%	95.5%
Talking Therapies			
National Objective	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Buckinghamshire	597	665

National Objective	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Oxfordshire	617	634
National Objective	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Buckinghamshire	-	11.4%
National Objective	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Oxfordshire	-	7.6%
National measure	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Buckinghamshire	67%	65.9%
National measure	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Oxfordshire	67%	67.3%
National measure	% of people receiving first treatment appointment within 6 weeks of referral - Buckinghamshire	75%	97.9%
National measure	% of people receiving first treatment appointment within 6 weeks of referral - Oxfordshire	75%	99.7%
National measure	% of people receiving first treatment appointment within 18 weeks of referral - Buckinghamshire	95%	100%
National measure	% of people receiving first treatment appointment within 18 weeks of referral - Oxfordshire	95%	100%
National measure	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) - Buckinghamshire	10%	2.5%
National measure	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) - Oxfordshire	10%	3.5%
National measure	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Buckinghamshire	48%	50.2%
National measure	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Oxfordshire	48%	50.2%
National Objective	Meet and maintain at least 50% Talking Therapies recovery rate (with improvement to 52% by end of Financial Year 24-25) - Buckinghamshire	50%	53.9% (year-end)
National Objective	Meet and maintain at least 50% Talking Therapies recovery rate (with improvement to 52% by end of Financial Year 24-25) - Oxfordshire	50%	62.0% (year-end)
National Objective	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined – Buckinghamshire	50%	51%
National Objective	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined - Oxfordshire	50%	49%
National Objective	Recovery rate for White British - complete a course of treatment, adult and older adult combined – Buckinghamshire	50%	54%
National Objective	Recovery rate for White British - complete a course of treatment, adult and older adult combined – Oxfordshire	50%	55%
Adult and Older Adult Community Mental Health Services			
National measure	Improve access for Adults and Older Adults to support by community mental health services – Buckinghamshire	4568	5167
National measure	Improve access for Adults and Older Adults to support by community mental health services – Oxfordshire	6737	8683
National Objective	4 week wait (28 days) standard (interim metric - two contacts within pathway) – Buckinghamshire	32% National average	48.8%
National Objective	4 week wait (28 days) standard (interim metric - two contacts within pathway) – Oxfordshire	32% National average	65.7%
National Objective	Waiting time standard, care plan, outcome measure	In technical development throughout 2024 – 2025.	

Strategic metric - Quality			
National measure	Deliver annual physical health checks to people with Severe Mental Illness (System Measure - Buckinghamshire)	60%	54.88% (annual average)
National measure	Deliver annual physical health checks to people with Severe Mental Illness (System Measure – Oxfordshire)	60%	32.53% (annual average)
National measure	Improve access to perinatal mental health services - Buckinghamshire	391 per month	416
National measure	Improve access to perinatal mental health services – Oxfordshire	697 per month	514
National measure	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral - Buckinghamshire	60%	88.3%
National measure	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral - Oxfordshire	60%	90.9%
National measure	Number of people accessing Individual Placement Support (IPS) – Buckinghamshire	466	308
National measure	Number of people accessing Individual Placement Support (IPS) – Oxfordshire	598	380
National measure	Recover dementia diagnosis rate (nationally reported system measure - Buckinghamshire)	63-64%	58.67% (annual average)
National measure	Recover dementia diagnosis rate (nationally reported system measure - Oxfordshire)	63-64%	63.11% (annual average)
Urgent Mental Health Care			
National Objective	Response from Mental Health Psychiatric Liaison within 1 hour – Buckinghamshire	62% National average	90.7%
National Objective	Response from Mental Health Psychiatric Liaison within 1 hour - Oxfordshire	62% National average	84.2%
National Objective	Response from Mental Health Psychiatric Liaison within 24 hours – Buckinghamshire	74% National average	95.5%
National Objective	Response from Mental Health Psychiatric Liaison within 24 hours – Oxfordshire	74% National average	95%
National Objective	Response from Mental Health Crisis Service within 4 hours (Very Urgent) – Buckinghamshire	69% National average	85.7%
National Objective	Response from Mental Health Crisis Service within 4 hours (Very Urgent) – Oxfordshire	69% National average	44.6%
National Objective	Response from Mental Health Crisis Service within 24 hours (Urgent) – Buckinghamshire	57% National average	53.7%
National Objective	Response from Mental Health Crisis Service within 24 hours (Urgent) - Oxfordshire	57% National average	70%
Mental Health Inpatient Services (Adults and Older Adults)			
National Objective	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - Adult (acute & Psychiatric Intensive Care Units) - Buckinghamshire	13% National average	18%
National Objective	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - Adult (acute & Psychiatric Intensive Care Units) - Oxfordshire	13% National average	17%
National Objective	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - Older Adult - Buckinghamshire	13% National average	18%

National Objective	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - Older Adult - Oxfordshire	13% National average	15%
National Objective <i>National Oversight Framework metric</i>	Rate per 100,000 population in adult acute beds with a length of stay over 60 days - Buckinghamshire	8	2.9
National Objective <i>National Oversight Framework metric</i>	Rate per 100,000 population in adult acute beds with a length of stay over 60 days - Oxfordshire	8	7.8
National Objective <i>National Oversight Framework metric</i>	Rate per 100,000 population in older adult acute beds with a length of stay over 90 days - Buckinghamshire	8	4.9
National Objective <i>National Oversight Framework metric</i>	Rate per 100,000 population in older adult acute beds with a length of stay over 90 days - Oxfordshire	8	5.4
<i>National measure</i>	72 hour follow up for those discharged from mental health wards - Adults - Buckinghamshire	80%	89.5%
<i>National measure</i>	72 hour follow up for those discharged from mental health wards - Adults - Oxfordshire	80%	89.9%
<i>National measure</i>	72 hour follow up for those discharged from mental health wards - Older Adults - Buckinghamshire	80%	95.9%
<i>National measure</i>	72 hour follow up for those discharged from mental health wards - Older Adults - Oxfordshire	80%	93.6%
<i>National measure</i>	Inappropriate adult acute mental health out of area placements - snapshot last day month - Buckinghamshire	2	9 (end of trajectory – March 2025 position)
<i>National measure</i>	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Buckinghamshire		2 (end of trajectory – March 2025 position)
<i>National measure</i>	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Buckinghamshire		0 (end of trajectory – March 2025 position)
<i>National measure</i>	Inappropriate adult acute mental health out of area placements - snapshot last day month – Oxfordshire	3	6 (end of trajectory – March 2025 position)
<i>National measure</i>	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Oxfordshire		0 (end of trajectory – March 2025 position)
<i>National measure</i>	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Oxfordshire		0 (end of trajectory – March 2025 position)
<i>National Oversight Framework metric</i>	Inappropriate adult acute mental health out of area placements - beds days in month – Buckinghamshire	-	1262 (annual total)
	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Buckinghamshire	-	20 (annual total)

	Inappropriate older adult acute mental health out of area placements - beds days in month - Buckinghamshire	-	10 (annual total)
<i>National Oversight Framework metric</i>	Inappropriate adult acute mental health out of area placements - beds days in month - Oxfordshire	-	804 (annual total)
	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Oxfordshire	-	2 (annual total)
	Inappropriate older adult acute mental health out of area placements - beds days in month - Oxfordshire	-	0 (annual total)
National Objective	% adult acute readmission within 30 days for mental health - Buckinghamshire	-	7.2%
National Objective	% adult acute readmission within 30 days for mental health - Oxfordshire	-	5.6%
National Objective	% older adult readmission within 30 days for mental health - Buckinghamshire	-	1.1%
National Objective	% older adult readmission within 30 days for mental health - Oxfordshire	-	2.5%
National Objective	Average number of clinically ready for discharge patients per day - Buckinghamshire	-	8 (annual average)
National Objective	Average number of clinically ready for discharge patients per day - Oxfordshire	-	7 (annual average)
Mental Health Services - other			
National Oversight Framework metric	Mental Health Services Data Set Data Quality Maturity Index (MHSDS DQMI) score – overall assessment of data quality for providers based on a list of key data items	95%	89.9% (December 2024 – latest nationally published position)
<i>Strategic Metric - Quality</i>	% of patients responding that overall care was good or very good	85%	84.8%
<i>Strategic Metric - Quality</i>	% of patients report being involved in their care	80%	83.76%
Community Health Service, Dentistry and Primary Care			
<i>National measure</i>	% of Minor Injury Unit patients seen within 4 hours	78%	90.3%
<i>National measure</i>	Consistently meet or exceed the 70% 2-hour Urgent Community Response (UCR) standard	70%	77.6%
<i>National Oversight Framework metric</i>	Available virtual ward capacity per 100k head of population (nationally reported system measure - Buckinghamshire. Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) level)	40-50	28
National Objective <i>National Oversight Framework metric</i>	Virtual ward occupancy (nationally reported system measure - Buckinghamshire. Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) level)	-	87.7%
<i>Strategic Metric - Quality</i>	% of patients responding that overall care was good or very good	85%	93.59%
<i>Strategic Metric - Quality</i>	% of patients report being involved in their care	85%	92.10%
<i>Strategic Metric - Quality</i>	% of out of hours palliative care referrals responded to within 30 minutes: time from receipt of the call from 111 to the start of the telephone consultation was 30 minutes	-	92.7%

<i>Strategic Metric - Quality</i>	% of out of hours palliative care referrals responded to within 60 minutes: the time from completion of that triage call to the start of the home visit consultation was within 60 minutes	-	45.0%
<i>Strategic Metric - Quality</i>	National Early Warning System (NEWS - national tool for detecting clinical deterioration) escalated appropriately	90%	74.6%
<i>Strategic Metric - Quality</i>	National Early Warning System (NEWS - national tool for detecting clinical deterioration) completed where applicable	90%	87.9%
<i>Strategic Metric - Quality</i>	% of breastfeeding prevalence at 6 – 8 weeks old	60%	60.1%
Quality			
	Total number of patient incidents (all levels of harm)	-	15826 (annual total)
	Total number of unexpected deaths report as incidents (by date of death, including natural and unnatural)	-	249 (annual total)
	Number of suspected suicides	-	52 (annual total)
	Total number of incidents involving physical restraint	-	2854 (annual total)
	Total number of complaints and resolutions	-	888 (annual total)
	Total number of violence, physical, non-physical and property damage incidents (patients and staff)	-	3976 (annual total)
<i>Strategic Metric - Quality</i>	Reduction in the use of prone restraints (number of incidents involving prone restraint)	188	130
<i>Strategic Metric - Quality</i>	Reduction in the use of seclusion (number of incidents involving seclusion)	575	379
<i>Strategic Metric – Quality National Oversight Framework metric</i>	Response to staff survey question “I would feel secure raising concerns about unsafe clinical practice”	79% (2023 score)	80% (2024 score)
People			
<i>National Oversight Framework metric</i>	NHS staff survey - bullying and harassment score – proportion of staff who say they have not personally experienced harassment, bullying or abuse at work from managers	92.8% (2023 score)	92.7% (2024 score)
<i>National Oversight Framework metric</i>	NHS staff survey - bullying and harassment score – proportion of staff who say they have not personally experienced harassment, bullying or abuse at work from other colleague	86.5% (2023 score)	86.6% (2024 score)
<i>National Oversight Framework metric</i>	NHS staff survey - bullying and harassment score – proportion of staff who say they have not personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public	76.4% (2023 score)	77.7% (2024 score)
<i>National Oversight Framework metric</i>	NHS staff survey – people promise score - we are compassionate and inclusive	7.03 (2023 score)	8.14 (2024 score)
<i>National Oversight Framework metric</i>	NHS staff survey – proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age	61.4% (2023 score)	62.8% (2024 score)
<i>National Oversight Framework metric</i>	Proportion of staff in senior leadership roles (bands 8a - 8d, 9 and Very Senior Manager) who are women	-	77.8%
<i>National Oversight Framework metric</i>	Reduce staff sickness to 4.5%	4.5%	4.5%
	Personal Development Review (PDR) compliance (PDR season is between April – July; 95% by end of July, not targeted between August and March)	95%	95.5% (July 2024)

	Reduction in vacancies	9%	12%
	% of early turnover	14%	13.9%
	Statutory and mandatory training compliance	95%	90%
	Clinical supervision completion rate	95%	78%
	Management supervision rate	95%	73%
<i>National Oversight Framework metric</i>	Staff leaver rate	-	7%
<i>National Oversight Framework metric</i>	Relative likelihood of white applicant being appointed from shortlisting across all posts compared to Black, Asian and Minority Ethnic (BME) applicants	-	1.77
<i>National Oversight Framework metric</i>	Relative likelihood of non-disabled applicant being appointed from shortlisting compared to disabled applicants	-	0.94
<i>Strategic Metric - People</i>	Reduce agency usage to meet target (% of agency used)	6.50%	5.68%
<i>Strategic Metric - People</i>	Reduction in % labour turnover	14%	10.57%
<i>Strategic Metric - People</i>	% of staff completing Quality Improvement Training Level 1	-	994 staff
<i>Strategic Metric - People National Oversight Framework metric</i>	Black, Asian and Minority Ethnic (BAME) representation across all pay bands including Board level.	19%	24.55%
<i>Strategic Metric - People National Oversight Framework metric</i>	Black, Asian and Minority Ethnic (BAME) representation in senior leadership roles (Bands 8a-8d, Band 9, Very Senior Management).	19%	12.99%
<i>Strategic Metric - People National Oversight Framework metric</i>	Staff survey engagement score	7.19 (2023 score)	7.25 (2024 score)

Annual plan 2024/25

Progress against the Trust's annual plan 2024/25 was reported to the board of directors mid-year and at year end; a summary is set out below by strategic objective:

Quality (Deliver the best possible care and health outcomes) - Our ambition is to deliver patient-centred care, effective treatments, timely access, address health inequalities, and ensure safe care. We have achieved 3 out of 4 patient care targets,

with significant improvements in patient involvement and outcome measures. The introduction of the *TrueColours* system in health teams will enable better understanding of patient outcomes. Efforts continue to reduce waiting times and incidents involving physical restraint. We are committed to addressing health inequalities and fostering a safe and learning culture.

People (Be a great place to work) - We aim to maintain a sustainable, engaged, well-led, skilled, and just workforce. Turnover rates and agency use have been reduced, and staff engagement has increased. We are developing a comprehensive leadership framework and embedding quality improvement skills across the Trust. Nearly 1,000 staff have completed quality improvement training. Efforts to improve diversity and inclusion are ongoing, with a focus on reducing early turnover among ethnic minority colleagues and increasing representation in senior leadership roles. The Trust has marked various events to demonstrate its commitment to equality, diversity, and inclusion.

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

Research & Education (Be a leader in healthcare research and education) - We aim to sustain research leadership, strengthen academic partnerships, and embed research capability. We have expanded clinical research capacity and launched initiatives like the Chief Nurse Fellowships to advance nursing careers in quality improvement and research. The Trust continues to host 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.

Emergency planning provisions, key incidents and activities

The Civil Contingencies Act (2004) and NHS England Emergency Preparedness, Resilience and Response Framework (2022) establishes a clear set of roles and responsibilities for organisations involved in emergency preparedness and response and these requirements apply to OHFT. The Director of Corporate Affairs is the accountable emergency officer and holds executive responsibility for EPRR on behalf of the organisation. The Trust has an emergency preparedness work programme which is progressed through the emergency preparedness, resilience and response (EPRR) committee. The Trust's EPRR policy, incident response plans and business continuity plans are routinely reviewed and learning from exercises and live incidents is reflected in these plans.

During 2024/25 the Trust participated in several tabletop exercises including a scenario which explored the response to a ransomware cyber attack which affected access to clinical systems and caused a significant reduction in capacity, a scenario which tested the provision of psychosocial support to members of the public and staff members who had been affected by civil unrest and several communications cascade

exercises to test the timely flow of incident response information between NHS organisations. In addition to exercises, learning from live incidents and post-incident review meetings also provide a further opportunity to enhance response plans. During 2024/25 OHFT responded effectively to industrial action, a disruption to the electronic patient record (EMIS) and the e-roster system which impacted access to patient records and access to electronic staff rosters and responded to several periods of high temperatures during 2024 which required the heatwave plan to be activated.

The minimum requirements for EPRR which commissioners and providers of NHS funded services must meet are set out in the NHS England core standards for EPRR. These standards reflect the requirements of guidance issued by NHS England. The accountable emergency officer in each organisation is responsible for ensuring these standards are met. Oxford Health NHS Foundation Trust declared full compliance with all 58 core standards and submitted a statement of compliance to Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board which was assessed and accepted. In addition to the core standards, the annual assurance process seeks to review and understand one subject area in greater detail, referred to as a 'deep dive'. The outcome of the deep dive does not contribute to the organisation's assurance rating but is used to help Integrated Care Boards and NHS England identify good practice and emerging themes. The deep dive subject was preparedness for cyber security and IT incidents and, against the eleven deep dive standards, OHFT was assessed as fully compliant.

[Quality account and coronial proceedings](#)

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; safety; and patient experience.

Oxford Health's 2024/25 Quality Account looks back on the progress made over the past year to achieve the organisations quality improvement goals. The report also looks forward to the year ahead and identifies priority areas for improvement and plans to achieve these. The Quality Account should be read alongside the trust 2024/25 Annual Report. Oxford Health's Quality Accounts are publicly available on the Trust's website by searching '*Oxford Health Quality Account*'.

A duty of coroners is to write what is called a Prevention of Future Deaths (PFD) Report if an issue emerges during the proceedings that give rise to a concern that future deaths may occur. The report is to an organisation who the coroner believes has the means to make a change to systems or processes that would reduce the likelihood of a future death. The coroner cannot state what should be done, simply that the organisation is asked to review the position and state what, if any, action it proposes to take. A report is not a sanction or judgement and coroners state that reports are intended to have utility and be helpful to organisations. Oxford Health had three PFDs over the reported year.

Ahead of an inquest, organisations will already have investigated and reviewed the events leading to a service user's death. They will have identified learning and taken action to improve processes and services. Coroners receive evidence about that

action and often comment that there is no purpose to a PFD report given all that has taken place already. A risk to NHS trusts and foundation trusts exists if the internal review or investigation failed to identify, for example, a gap in services. That risk is potentially greater since the implementation of PSIRF by reason of the Trust completing fewer detailed patient safety incident investigations (PSII). Absent a PSII, there is a higher risk of an issue being identified for the first time at the inquest itself. In such case, a PFD report is more likely to follow.

Financial performance and Capital expenditure statement

In the financial year 2024/25, the Trust ended the year with an adjusted operating surplus of £2.2m (£5.2m in 2023/24), which was £4.9m (£1.8m in 2023/24) better than planned. The Trust also remained within its delegated capital limit¹.

The Trust's turnover increased by £66m to £693m (£627m in 2023/24). Income relating to patient care activities formed £24m of this increase, driven primarily by cost uplift factor funding, which covers the additional cost of NHS pay settlements and expected inflationary changes. Additional funding into new or expansion of existing mental health services totalled £8m.

Significant growth was seen in non-clinical activities, with the Trust's Research and Development growing in 24/25 by £12m to £33m (£21m in 2023/24). Of this increase the largest area of expansion was the Mental Health Mission, grant funding growing by £10m. The Oxford Pharmacy Store service also grew significantly, by £28m, supported by recent investment into new and larger facilities, contributing to the overall sustainability of the Trust.

OHFT is the lead provider for three NHS provider collaboratives, whereby we hold the budgets and commissioner responsibilities for specialised commissioning services. These are in forensics inpatient mental health, CAMHS Tier 4 care and adult eating disorders. The forensics and CAMHS Tier 4 provider collaboratives continue to generate sufficient benefit to facilitate investment into other initiatives.

The Trust's cash balance remains in a strong position, at £97.8m compared to £85.6m in 2023/24, retaining one of the strongest cash positions in the local area.

During 2024/25, the Trust not only maintained but increased internal capital funding investment levels to develop its property and infrastructure. Capital investment in 2024/25 was £24.5m, compared to £15.9m in 2023/24. Public Dividend Capital (PDC) funding of £0.6m was received (£3.7m in 2023/24) relating mostly to the Trust's Frontline Digitalisation infrastructure.

Estates investment in 2024/25 focused on new estate, rationalisation, condition and compliance issues so that properties from which patient services are provided were fit for purpose. The Trust's main estates capital investment areas during 2024/25 were:

- £5.2m on the Jordan Hill Community Health Hub in North Oxford, £0.4m on Community Mental Health Hubs at Kidlington, Wantage and Cowley Road, £0.4m on site & service reconfigurations at Witney, Abingdon and Woodlands

¹ Adjusted operating surplus is the target against which the Trust is managed by NHS England and by the Integrated Care Board. It differs from the reported deficit as it excludes impairments and other costs totalling £0.2m as is set out in note 2 to the accounts.

and £2.1m on other operational estates areas including backlog maintenance and other works to address compliance requirements;

- The Trust also entered contracts with a capital value of £13.1m in new and existing leased properties, predominantly at East Oxford Health Centre and Cotswolds House in Marlborough;
- In IT, the Trust spent £2.5m on devices and equipment, £0.4m on network improvements and £0.4m on clinical systems.

The Trust's gearing ratio (the percentage of capital employed that is financed by debt and long-term financing) is 21.1% (20.0% in 2023/24). Overall, debt liabilities (Department of Health and Social Care loan and lease liabilities) increased by £3.4m to £43.9m in 2024/25 from £40.5m in 2023/24.

Total net assets employed increased by £5.5m in 2024/25 to £207.8m (£202.3m in 2023/24). This reflects a net increase in the value of the Trust's non-current assets of £10.0m to £268.7m (£258.7m in 2023/24) which is largely represented by the capital expenditure referred to above less depreciation and amortisation, and an increase in its current assets of £14.4m to £125.1m (£110.7m in 2023/24) which is largely driven by an increase in the Trust's cash holdings of £12.2m. These increases have been offset by an increase in the Trust's net current and non-current liabilities of £18.9m to £186.0m (£167.1m in 2023/24). Most of the increase in these liabilities relate to £10.9m of deferred income and £3.4m of borrowings.

Going concern disclosure

The Board of Directors is clear about its responsibility for preparing the Annual Report and Accounts. The Board sees the Annual Report and Accounts considered as a whole, as fair, balanced and understandable, and as providing the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy. The Board also describes some of the principal risks and uncertainties facing the Trust in the Annual Governance Statement. The Trust has prepared its 2024/25 accounts on a going concern basis.

After making enquiries, the directors have a reasonable expectation that the services provided by the Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Health inequalities

During 2024/25, the Trust has embedded the focus on health inequalities as a "golden thread" in its planning approach, ensuring that all teams prioritise improvements, investments, and service changes to better address these disparities. Specific actions include the implementation of the Patient and Carer Race Equality Framework and an anti-racist approach, which involve improving the collection of ethnicity data, examining and rewriting policies to eliminate implicit racial bias, and establishing governance structures that enable patients, carers, and families to hold the Trust accountable.

Additionally, the Trust has worked alongside the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB) to enhance its understanding of

population health and develop long-term solutions for challenges such as Autism and ADHD waits. The Buckinghamshire Mental Health directorate has also initiated health inequalities projects in partnership with the voluntary sector. These efforts collectively aim to improve access, experience, and outcomes for diverse and underserved populations within the Trust's service areas. A health inequalities dashboard is also in development, which will support the Trust in establishing the priority areas for focus.

Information set out in NHS England's Statement on Information Health Inequalities under section 13SA(1) of the NHS Act 2006 (Appendix 1), relevant to the services of the Trust, is captured where available and published in Board reports. Further work is underway to develop the Trust's capture, publication and use of health inequalities data and will be included in work over 2024/25 to develop an integrated performance report across the Trust.

Additional efforts by the Trust to address health inequalities include the establishment of mental health hubs on high streets, and the ongoing implementation of the Community Services Transformation programme. This programme has been set up to evolve the Trust's community-based services to better meet patient needs, and the Trust has begun to deliver its plan of relocating services to where they are easier for patients to access. The Trust also maintains its commitment to working with local system partners to develop and improve access to local services through strategic partnerships and provider collaboratives, for example collaboration with Oxford University Hospitals has led to the implementation of local joint triage and pathway solutions which have reduced community waiting times.

[Net zero performance](#)

The Annual Governance Statement section of this report summarises the Trust's net zero and carbon reduction activity and plans. The Trust's *Green Plan* was first signed off by the Board of Directors in 2022. A new three-year plan for 2025-28 (*Green Plan 2*) has now been developed to meet the requirements of the Climate Change Act, Adaption Reporting, and the Trust's approach to achieving net zero by 2040. The Trust produces progress reports against plans.

[Equality of service delivery](#)

The Trust has in place an established equality impact assessment process which is used when undertaking service development, transformation, and policy development.

Over the reporting year the Trust has undertaken a number of initiatives to promote equality of service delivery including the establishment of a number of new mental health Keystone hubs on high streets to improve access to mental health support and advice; the continued delivery of the Oliver McGowan e-learning module for staff to improve awareness of and standards for people with a learning disability or Autism; and introduction of the *TrueColours* system in health teams to enable better understanding of patient outcomes.

The Trust has developed new data sets on waiting list analysis to inform improvements in reducing health inequalities and continues to explore how to improve data collection rates. This is one aspect of the Trust's work linked to the implementation of the Patient and Carer Race Equality Framework (known as PCREF) – a national anti-racism

framework enabling the co-production and implementation of actions to reduce racial inequalities within mental health services

Performance Report

Signed:

Date: 25 June 2025



Grant Macdonald

Chief Executive and Accounting Officer

Accountability Report

Directors' Report

Board composition - the chair, senior independent director, and chief executive

The Board brings a wide range of experience and expertise to its stewardship of the Trust. This report explains the Trust's governance arrangements and how the Board and management team run the Trust for the benefit of the community and its members. The Board of Directors is focused on achieving long-term success for the Trust through the pursuit of sound business strategies, while maintaining high standards of clinical and corporate governance and corporate responsibility. For the reporting year, the chair of the board is David Walker, the chief executive is Grant Macdonald, and the position of senior independent director has been undertaken by Sir Philip Rutnam and Andrea Young.

During the reporting period, the Trust welcomed to the Board:

- Georgia Denegri, as Interim Associate Director of Corporate Affairs from May 2024 to February 2025;
- Taff Gidi, as Executive Director of Corporate Affairs from February 2025;
- Emma Leaver, as Interim Chief Operating Officer for Community Health Services, Dentistry & Primary Care, from March 2025; and
- Grant Macdonald, who took up the permanent position as Chief Executive of the Trust, having served as Interim Chief Executive of the Trust from July 2023 to November 2024.

The following Board members left the Trust over 2024/25:

- Dr Nick Broughton, former Chief Executive, who had been seconded as Interim Chief Executive of the Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board at the start of July 2023 and who took up the permanent position as Chief Executive of the Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board in September 2024;

- Professor David M. Clark, Non-Executive Director appointee of the University of Oxford, in December 2024;
- Georgia Denegri, Interim Associate Director of Corporate Affairs, in February 2025;
- Dr Ben Riley, Chief Operating Officer for Community Health Services, Dentistry & Primary Care, in February 2025;
- Kerry Rogers, Director of Corporate Affairs & Company Secretary, in May 2024; and
- Sir Philip Rutnam, Non-Executive Director, in September 2024.

The Chair, David Walker, has throughout the reporting period been responsible for the effective working of the Board, for the balance of its membership, subject to Board and Governor approval, and for ensuring that all directors can play their full part in the strategic direction of the Trust and its performance.

The Chair is also responsible for conducting annual appraisals of the Non-Executive Directors and presenting the outcomes to the Governors' Nominations and Remuneration Committee. Furthermore, the Chair is responsible for carrying out the appraisal of the Chief Executive and reporting to the respective Board committee accordingly.

Grant Macdonald, as Interim Chief Executive and Chief Executive over the reporting period, has been responsible for all aspects of the management of the Trust. This includes developing any appropriate business strategies agreed by the Board, ensuring appropriate objectives and policies are adopted throughout the Trust, appropriate budgets are set within available resources, and that performance is monitored effectively, and risks mitigated.

The Chair, with the support of the Executive Director of Corporate Affairs, ensures that the Directors and Governors receive accurate, timely and clear information, making complex information easier to digest and understand.

Directors are encouraged to update their skills, knowledge and familiarity with the Trust's business through their: induction; ongoing participation at Board and committee meetings; attendance and participation at development events and Board seminars; Board member site visits; and through meetings with Governors. The Board is also updated regularly on governance and regulatory matters.

There is an understanding whereby any Non-Executive Director, wishing to do so in the furtherance of their duties, may take independent professional advice through the Executive Director of Corporate Affairs and at the Trust's expense.

The Non-Executive Directors provide a wide range of skills and experience. They bring an independent judgement on issues of strategy, performance and risk through their contribution at Board and committee meetings. The Board considers that throughout the year, each Non-Executive Director was independent in character and judgement and met the independence criteria set out in NHS England's Code of Governance for NHS provider trusts. Non-Executive Directors continue to declare and manage potential conflicts of interest appropriately, including through declaration on the publicly available Register of Directors' Interests on the Trust's website and at the start of, and during, relevant meetings.

The Non-Executive Directors have ensured that they have sufficient time to carry out their duties. Any term beyond six years is subject to rigorous review by the Governors' Nominations and Remuneration Committee, thus ensuring that the needs of the organisation in the context of the environment within which it operates are considered. The Non-Executive Directors, through the Nominations, Remuneration and Terms of Service Committee, are responsible for reviewing the performance appraisals, conducted by the Chief Executive, of Executive Directors and that of the Chief Executive conducted by the Chair.

During the year, the time spent with the Governors has helped the Board to understand their views of the Trust and its strategies. Board members attend the Council of Governors' meetings, with Governors in return attending public Board meetings routinely as observers. Invitations to observe Board committees have continued to be extended to the Governors during the year to support their wider understanding of the business of the Board and that of the Non-Executive Directors.

Communication with members and service users supports understanding of the areas of interest that matter to patients and the public, and the Board recognises that more can always be done to make membership more meaningful for those involved.

The Board also strives to support patients to be more involved in their own care and service developments via the Trust's Experience and Involvement Strategy and the work of the Experience and Involvement team, progress against which is monitored through the Quality Committee.

Directors of the Foundation Trust over the reporting year

The Board of Directors comprised the following individuals over 2024/25:

Executive Directors

Voting Executive Director Members of the Board:

- Dr Rob Bale, Interim Executive Managing Director of Mental Health & Learning Disabilities
- Charmaine De Souza, Chief People Officer
- Britta Klinck, Chief Nurse
- Emma Leaver, Interim Chief Operating Officer for Community Health Services, Dentistry & Primary Care, from March 2025
- Grant Macdonald, Interim Chief Executive and, from November 2024, Chief Executive
- Dr Karl Marlowe, Chief Medical Officer
- Dr Ben Riley, Executive Managing Director for Primary, Community and Dental Care, to February 2025
- Heather Smith, Chief Finance Officer

Non-voting Executive Director Members of the Board:

- Amélie Bages, Executive Director of Strategy and Partnerships (on maternity leave over the reported year)
- Georgia Denegri, Interim Associate Director of Corporate Affairs, to February 2025
- Taff Gidi, Executive Director of Corporate Affairs from February 2025

- Kerry Rogers, Director of Corporate Affairs and Company Secretary, to May 2024

Non-Executive Directors

Voting members of the Board:

- David Walker (Chair)
- Chris Hurst (Vice Chair)
- Professor David M. Clark (to December 2024)
- Geraldine Cumberbatch
- Sir Philip Rutnam (Senior Independent Director to September 2024)
- Mohinder Sawhney
- Professor Sir Rick Trainor
- Lucy Weston
- Andrea Young (Senior Independent Director from December 2024)

The Chair and Non-Executive Directors are appointed for a period of office as decided by the Council of Governors at a general meeting. Their terms of office may be ended by resolution of the Council of Governors in accordance with the Trust's Constitution. The periods of office of each of the Non-Executive Directors and their respective terms are set out below (longest serving first):

Name	Commenced	Term	Current term period	Eligible for re-appt
Chris Hurst	01/04/2017	3rd	01/04/2023 - 31/03/2026	Final term – not eligible post third term
Lucy Weston	01/03/2019	3rd	01/03/2025 - 28/02/2026	Within final term - up to two further years
David Walker	01/04/2019	3rd	01/04/2025 – 31/03/2026	Within final term - up to two further years
Mohinder Sawhney	01/01/2021	2nd	01/01/2024 - 31/12/2026	Up to one further term
Sir Philip Rutnam	01/01/2022	1st	01/01/2022 - 31/12/2024	Left the Trust on 30/09/2024
Andrea Young	01/01/2022	2nd	01/01/2025 - 31/12/2027	Up to one further term
Geraldine Cumberbatch	01/04/2022	2nd	01/04/2025 - 31/03/2028	Up to one further term
Prof. Sir Richard Trainor	01/04/2022	2nd	01/04/2025 - 31/03/2026	Up to one further term
Prof. David M. Clark	17/07/2023	1st	17/07/2023 – 16/07/2026	Left the Trust on 31/12/24

Skills and experience

The Trust considers that the composition of the Board is balanced, complete and appropriate to the requirements of the Trust. Each of the current Directors' experience is outlined on the Trust's website by searching online for 'Oxford Health Board of Directors'. The biographies of directors who left over the reporting period can be available on request.

Board and board committee meetings and attendances

Directors' attendance at Board of Directors' meetings and Council of Governors' general meetings during the year are shown in the table below.

Name	Board of Directors' meetings	Council of Governors' general meetings
<i>Non-Executive Directors</i>		
David Walker (Chair)	8/8	4/4
Professor David M. Clark	5/5	2/3
Geraldine Cumberbatch	8/8	4/4
Chris Hurst	7/8	4/4
Sir Philip Rutnam	4/4	1/1
Mohinder Sawhney	6/8	3/4
Professor Sir Richard Trainor	8/8	3/4
Lucy Weston	8/8	4/4
Andrea Young	8/8	3/3
<i>Voting Executive Directors</i>		
Dr Nick Broughton	0/0	0/0
Grant Macdonald (Interim Chief Executive and Chief Executive)	8/8	3/4
Dr Rob Bale	7/8	4/4
Charmaine De Souza	7/8	3/4
Britta Klinck	7/8	2/4
Emma Leaver	2/2	1/1
Dr Karl Marlowe	6/8	1/4
Dr Ben Riley	5/6	1/3

Name	Board of Directors' meetings	Council of Governors' general meetings
Heather Smith	8/8	3/4
<i>Non-voting Executive Directors</i>		
Amélie Bages on maternity leave over reported year	5/5	3/4
Georgia Denegri	6/6	2/3
Taff Gidi	2/2	1/1
Kerry Rogers	0/0	0/0

Statutory and non-statutory board committees

The Board has formally constituted committees which support the systematic review of the Trust's risk and control environment and enable a more granular view of its systems of governance. In addition to the statutory Audit and Nomination and Remuneration committees, the other committees of the Board are each chaired by a Non-Executive Director; they are also referenced within the Annual Governance Statement and Remuneration Report, where relevant. The terms of reference of the Board committees reflect the required focus on integrated risk, performance, and quality management. There is a Scheme of Reservation and Delegation that sets out explicitly those decisions that are reserved for the Board, those which may be determined by Board committees and those that are delegated to managers.

Audit and Risk Committee

The Audit & Risk Committee (until January 2025 the Audit Committee), chaired by Non-Executive Director and chartered accountant Chris Hurst, provides an independent and objective review of the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the Trust and plays a pivotal role in supporting the Board. Its membership is comprised wholly of Non-Executive Directors, with Executives and others in attendance. There were five meetings during the reporting year. Attendance by members is detailed below:

Committee member	Attendance
Chris Hurst (Chair)	5/5
Professor David M. Clark	2/4
Mohinder Sawhney	3/5
Professor Sir Richard Trainor	4/5

Sir Philip Rutnam (deputising for Professor David M. Clark and Professor Sir Richard Trainor)	1/1
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Given the skills and experience of Audit Committee members, and through the work of the committee across the year and that of the Auditors reporting to it, the Board of Directors is satisfied that the committee has remained effective and that committee members have recent and relevant financial experience.

The Audit & Risk Committee assists the Board in fulfilling its oversight responsibilities and its primary functions, as outlined in its terms of reference, to monitor the integrity of the financial accounting statements and to independently monitor, review and report to the Board of Directors on the processes of governance and the management of risk.

Key areas of responsibility include corporate and clinical governance, internal control, risk management, internal and external audit, and financial reporting. The Audit & Risk Committee also has a role in relation to whistleblowing, freedom to speak up, and management of concerns arrangements to review the effectiveness of those arrangements through which staff may raise concerns in confidence and ensure measures are in place for proportionate and independent investigation and appropriate follow-up.

In discharging its delegated responsibilities, the Audit & Risk Committee has reviewed the following non-exhaustive range of matters. A review of the Annual Governance Statement within the context of the wider Annual Report, alongside robust scrutiny of the Annual Accounts and Financial Statements, has been undertaken. It has considered the effectiveness of the Board Assurance Framework, to gain on-going assurance of the effectiveness of the Trust's risk and internal control processes and undertaken deep dives into the high rated risks. The Audit & Risk Committee also reviewed and approved the internal and external audit plans and the counter fraud work plan.

The Audit & Risk Committee regularly reviewed internal audit and counter fraud progress reports and review reports. The counter fraud service attends committee meetings to present updates on all counter fraud investigations, fraud prevention and deterrent and awareness-raising activities. The Trust ensures that referrals and allegations of fraud, bribery and corruption are investigated and seeks redress whenever possible so that money recovered can be put back into patient care. The Audit & Risk Committee ensures accountability, and that the Trust does everything in its power to protect the public funds with which it has been entrusted. The Board attaches significant importance to the issue of fraud and corruption. Reported concerns have been investigated by our local counter fraud specialists in liaison with the NHS Counter Fraud Authority (CFA) and the police as necessary, and the Audit & Risk Committee has paid attention to awareness of bribery and corruption obligations.

The Audit & Risk Committee has reviewed whistleblowing arrangements and considered risks around the effective management of concerns. The Freedom to Speak Up Guardian has reported to the Board of Directors on cases of concern and awareness-raising activities which are reviewed by members of the Audit & Risk Committee in their capacity as Board members. Additionally, there has been a regular review of Single Action Tender Waivers and losses and special payments by the committee. The Audit & Risk Committee is informed by assurance work undertaken

by other Board committees, through joint memberships and escalations to the Board. The minutes of the meetings of Board committees are circulated to the Board of Directors and reviewed by members of the Audit & Risk Committee in their capacity as Board members.

In assessing the quality of the Trust's control environment, the committee received reports during the year from the external auditors and the internal auditors on the work they had undertaken in reviewing and auditing the control environment as well as briefing notes on key sector developments. The Non-Executive Directors routinely hold meetings with both internal and external auditors without members of the Executive team present.

Nominations and Remuneration Committees

The Trust has two committees considering nominations and remuneration regarding Executive Directors and Non-Executive Directors: the Board of Directors' Nominations, Remuneration and Terms of Service Committee; and the Council of Governors' Nominations and Remuneration Committee respectively.

The Board of Directors Nominations, Remuneration and Terms of Service Committee is constituted as a standing committee of the Board of Directors and has the statutory responsibility for identifying and appointing suitable candidates to fill Executive Director positions on the Board, ensuring compliance with any mandatory guidance and relevant statutory requirements, and is responsible for succession planning and reviewing Board structure, size, and composition.

The committee was chaired by the Trust's Chair, David Walker, with membership comprising all Non-Executive Directors. At the invitation of the committee, the Chief Executive, Chief People Officer, and Director of Corporate Affairs and Company Secretary attend meetings in an advisory capacity. The Remuneration Report of this Annual Report provides further details.

The Council of Governors' Nominations and Remunerations Committee determines the remuneration of Non-Executive Directors via recommendations from its own Nominations and Remuneration Committee, covered further in the Council of Governors' Report of this Annual Report.

Finance & Investment Committee

The Finance and Investment Committee, chaired by Non-Executive Director and chartered accountant Lucy Weston, has overseen the development and implementation of the Trust's strategic financial plan and overseen management of the principal risks to the achievement of that plan, and associated recovery plan. The committee has also contributed to continued planning regarding the Warneford site development ambitions and Trust annual planning for 2025/26. The committee is made up of both Non-Executive and Executive Directors, with other senior managers in attendance. Attendance is set out below:

Committee member	Attendance
<i>Core members</i>	
Lucy Weston (Chair)	6/6
Amélie Bages – <i>on maternity leave over reported year</i>	2/6

Dr Rob Bale	3/6
Emma Leaver	1/1
Dr Ben Riley	4/5
Sir Philip Rutnam	2/3
Mohinder Sawhney	2/2
Heather Smith	6/6
<i>Attending Board members</i>	
Grant Macdonald (Interim Chief Executive and Chief Executive)	5/6
Georgia Denegri	5/5
Taff Gidi	1/1
Kerry Rogers	0/0
David Walker	6/6

Quality Committee

The Quality Committee, chaired by Non-Executive Director Andrea Young, enables the Board to obtain assurance regarding standards of care provided by the Trust and that appropriate clinical governance structures, processes and controls are in place.

The Quality Committee provides assurance to the Board of Directors that we are discharging our responsibilities for ensuring service quality and that we are compliant with our registration requirements with the Care Quality Commission (CQC). These responsibilities are defined within the CQC's five key questions and their key lines of enquiry and includes assurance that good and poor practice is recognised, understood and managed through the operational and clinical management structure. The role of Quality Committee and its sub-committee is to:

- provide assurance that we have in place and are implementing appropriate policies, procedures, systems, processes and structures to ensure our services are safe, effective and efficient;
- provide assurance that the organisation is compliant with regulatory frameworks and legislation;
- approve changes in clinical or working practices or the implementation of new clinical or working practices;
- approve new or amended policies and procedures;
- monitor the quality, effectiveness and efficiency of services and identify any associated risks; and
- approve and monitor strategies relating to quality.

Attendance is set out below:

Committee member	Attendance
<i>Core members</i>	
Andrea Young (Chair)	5/5
Dr Rob Bale	4/5
Geraldine Cumberbatch	0/5
Georgia Denegri	4/5
Britta Klinck	5/5
Dr Karl Marlowe	4/5
Dr Ben Riley	3/5

Lucy Weston	3/5
<i>Attending Board members</i>	
Amélie Bages - <i>on maternity leave over reported year</i>	1/5
Charmaine De Souza	0/5
Grant Macdonald	2/5
Kerry Rogers	0/0
Heather Smith	1/1
David Walker	4/5

People Leadership and Culture Committee

Chaired by Non-Executive Director Mohinder Sawhney, the People Leadership and Culture Committee ensures an appropriate focus on workforce performance, health and wellbeing and assurance that relevant risks and mitigation actions are in place to support the development of innovative enabling strategies for people, leadership and education. Attendance is set out below:

Committee member	Attendance
Mohinder Sawhney (Chair)	4/4
Amélie Bages <i>on maternity leave over reported year</i>	0/2
Dr Rob Bale	4/4
Geraldine Cumberbatch	4/4
Georgia Denegri	2/4
Charmaine De Souza	4/4
Britta Klinck	3/4
Emma Leaver	4/4
Grant Macdonald	2/4
Kerry Rogers	0/0
Andrea Young	2/4

The Mental Health and Law Committee

Chaired by Non-Executive Director Geraldine Cumberbatch, the Mental Health and Law Committee is constituted to provide assurance to the Board that the Trust establishes, monitors and maintains appropriate systems, processes and reporting arrangements to ensure compliance with the Mental Health Act and Mental Capacity Act, while protecting the human rights of service users. Attendance is set out below:

Committee member	Attendance
Geraldine Cumberbatch (Chair)	3/4
Georgia Denegri	3/3
Taff Gidi	1/3
Karl Marlowe	4/4
Kerry Rogers	0/4
Mark Underwood	4/4
Rob Bale	1/4
Amy Allen	3/4

The Charity Committee

Chaired by Non-Executive Director Professor Sir Richard Trainor, the Charity Committee is responsible for ensuring the stewardship and effective management of funds which have been donated, bequeathed and/or given to the Oxford Health Charity. Further information on the Charity Committee can be found in the Charity and Community Involvement section of this report. Attendance is set out below:

Committee member	Attendance
Professor Sir Richard Trainor (Chair)	4/4
Georgia Denegri	2/3
Charmaine De Souza	4/4
Taff Gidi	1/1
Chris Hurst	4/4
Britta Klinck	2/4
David Walker	3/4

Conflicts of interest

The Trust has published on its website up-to-date registers of interests for Directors, decision-making staff and the register of gifts and hospitality (as defined by the Trust with reference to the 'Managing Conflicts of Interest in the NHS' guidance within the past twelve months). These can be accessed at the Trust's website by searching online for '*Oxford Health disclosures and declarations*'.

Political donations

No political donations were made or received in the reporting year.

Better payment practice code, payment of suppliers and liability to pay interest

The Better payment code requires the Trust to aim to pay 95% of the value of all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust's compliance with the Better Payment Practice Code in respect of invoices received from both NHS and non-NHS trade creditors is shown in the below table.

Measure of compliance	2024/25		2023/24	
	Number	£000	Number	£000

Total Non-NHS trade invoices paid in the year	57,801	364,849	62,849	334,670
Total Non-NHS trade invoices paid within target	52,504	341,093	56,273	313,245
Percentage of Non-NHS trade invoices paid within target	90.8%	93.5%	89.5%	93.6%
Total NHS trade invoices paid in the year	6,350	59,279	5,380	84,510
Total NHS trade invoices paid within target	5,440	51,528	4,972	74,876
Percentage of NHS trade invoices paid within target	85.7%	86.9%	92.4%	88.6%

There was no liability to pay interest accrued by virtue of failing to pay invoices within the 30 day period.

Well-led framework

The Annual Governance Statement of this report provides a statement on Well-led.

Council of Governors

Role of the Council of Governors

The Trust's Council of Governors is a committed group of volunteers and has key role in the governance of the organisation primarily representing the interests of the members of their constituencies and the public and to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors. The Council comprises four constituencies – Public, Patient (Service User & Carers), Staff, and Appointed governors.

Composition of the Council of Governors

The composition of the Council of Governors comprises of 28 elected Governors representing Public, Patient and Staff constituencies and 7 appointed Governors from partner organisations as set out in the table below:

Elected Governors		
Constituency	Class	No. of Governors
Public	Buckinghamshire	3
	Oxfordshire	4
	Rest of England & Wales	1
Patient	Service Users: Buckinghamshire and other Counties	4
	Service Users: Oxfordshire	4
	Carers	3
Staff	Buckinghamshire Mental Health Services	2

	Oxfordshire, Bath & North East Somerset, Swindon & Wiltshire Mental Health Services	2
	Community Services (Primary, Community & Dental Services)	2
	Corporate Services	1
	Specialised Services	2
Appointed Governors		
Partner Organisation		No of Governors
Age UK Oxfordshire		1
Buckinghamshire Council		1
Buckinghamshire Healthcare NHS Trust		1
Buckinghamshire Mind		1
Oxford Brookes University		1
Oxfordshire County Council		1
Oxford University Hospital NHS Foundation Trust		1

The Trust's Council of Governors met four times during the year reporting year (June, October, December, and March).

Governor elections were held over Spring 2024 (for new governors to begin on 1 June 2024). There were 18 vacancies, and 11 governors were elected. Eight seats were filled uncontested, and 1 in a contested poll (Oxfordshire public constituency). The Trust used an external elections agency to ensure its independence from the governor election process. 2025 is also a governor election year with elections taking place Spring 2025 for new governors to start on 1 June 2025.

The list of Governors who were in post during the period 1 April 2025 to 31 March 2025 and their participation in the four general meetings are shown in the table below.

Elected Governors				
Name	Constituency and Class	Tenure	Term	Meeting Attendance
Evin Abrishami	Staff: Oxfordshire, Banes, Swindon & Wiltshire Mental Health Services	01/06/2022-31/05/2025	1	3/4
Dilshard Alam**	Staff: Mental Health Services Oxfordshire, BaNES, Swindon & Wilts	01/06/2024-31/05/2027	1	0/1

Martyn Bradshaw	Staff: Mental Health Services Buckinghamshire	01/06/2022-31/05/2025	1	0/4
Maud Bvumbe**	Public: Rest of England & Wales	01/06/2024-31/05/2027	1	0/2
James Campbell**	Public: Oxfordshire	01/06/2024-31/05/2027	1	0/1
Kate England	Patient: Carers	01/06/2022-31/05/2025	1	1/4
Gillian Evans*	Patient: Service Users Oxfordshire	01/06/2021-31/05/2024	3	0/0
Julien FitzGerald	Patient: Service Users Buckinghamshire and other Counties	01/06/2024-31/05/2027	2	2/4
Anna Gardner**	Public: Buckinghamshire	01/06/2024-31/05/2027	2	3/3
Benjamin Glass	Patient: Service Users Buckinghamshire and other Counties	01/06/2022-31/05/2025	3	0/4
Bernice Hewson**	Public: Buckinghamshire	01/06/2024-31/05/2027	1	1/3
Nyarai Humba	Patient: Carers	01/06/2024-31/05/2027	2	1/4
Juliet Hunter	Public: Oxfordshire	01/06/2024-31/05/2027	1	4/4
Ekenna Hutchinson*	Staff: Oxfordshire, Banes, Swindon & Wiltshire Mental Health Services	01/06/2021-31/05/2024	1	0/0
Christiana Kolade*	Public: Buckinghamshire	01/06/2021-31/05/2024	1	0/0
Benjamin McCay	Patient: Service Users Oxfordshire	01/06/2024-31/05/2027	2	0/4
Jacqueline-Anne McKenna*	Patient: Service Users Buckinghamshire and other Counties	01/06/2021-31/05/2024	2	0/0
Petr Neckar	Staff: Community Health Services Oxfordshire	01/06/2022-31/05/2025	1	0/4

Vicki Power	Staff: Community Health Services Oxfordshire	01/06/2022-31/05/2025	1	3/4
Srikesavan Sabapathy	Public: Oxfordshire	01/06/2022-31/05/2025	1	2/4
Emma Short	Staff: Specialised Services	01/06/2022-31/05/2025	1	1/4
Jules Timbrell	Staff: Corporate Services	01/06/2024-31/05/2027	1	2/4
Appointed Governors				
Name	Constituency and Class	Tenure	Term	Meeting Attendance
Tim Bearder (Cllr)	Oxfordshire County Council	20/12/2022-19/12/2025	1	0/4
Carolyn Llewellyn	Oxford Brookes University	07/09/2023-06/09/2026	1	3/4
Andrea McCubbin**	Buckinghamshire Mind	01/01/2024-31/12/2026	3	2/3
Zahir Mohammed (Cllr)	Buckinghamshire Council	14/03/2024-13/03/2027	1	2/4
Paul Ringer	Age UK Oxfordshire	16/09/2023-15/09/2026	1	4/4
Joel Rose	Buckinghamshire Mind	03/03/2024-02/03/2027	1	1/1
Graham Shelton	Oxford University Hospital Trust	01/08/2022-30/07/2025	1	2/4

Key: * *stood down at end of term*

** *ceased to be a Governor mid-way through tenure*

*** *Non-voting Governor - continued beyond expiry of term*

Lead governor

The Council of Governors has appointed a lead governor in line with the *Code of Governance for NHS provider trusts*. The role description and process for annual appointment for the Lead Governor was reviewed and approved in March 2024.

In January 2025 Vicki Power (Staff governor – Buckinghamshire Mental Health Services), replaced Anna Gardner (Public governor – Buckinghamshire) as lead

governor. The Council of Governors formally noted their thanks and appreciation to Anna Gardner for all her work as lead governor.

Council of Governors register of interests

All Trust Governors are asked to declare any interest on the Register of Governors' interests at the time of their appointment or election and it is reviewed annually thereafter. This register is maintained by the Corporate Affairs directorate. The register is published on the Trust website and available by searching online for '*Oxford Health Disclosures and declarations*' and is available for inspection on request. Any enquiries should be made to the Executive Director of Corporate Affairs at the following address: Oxford Health NHS Foundation Trust, Corporate Services, Littlemore Mental Health Centre, Sandford Road, Littlemore, Oxford, OX4 4XN.

Communication between governors and members

The Council of Governors' public and patient governors allow the Board of Directors to be kept informed about the views of members and public, including via:

- attendance by Non-Executive Directors at Council of Governor meetings;
- attendance by governors at public Board of Directors' meetings;
- attendance and/or presentations at Council of Governor meetings by Board of Directors;
- joint attendance by Non-Executive Directors and governors at Governor and Non-Executive development (private) sessions.

Governors can contact the Senior Independent Director or the Executive Director of Corporate Affairs for concerns regarding any issues which have not been addressed by the Chair, Chief Executive or Executive Directors.

The Council of Governors has discussions focused on member engagement, it comprises members of the Trust and current governors to explore how to continue to best engage with and increase the number of Trust members. Over 2024/25 a membership newsletter was produced and issued electronically approximately every 8 weeks to the Trust's membership with news on the Trust including service news, director appointments, and the discussions of the Council of Governors. In July 2024 a joint member engagement event was held with Oxford University Hospitals NHS Foundation Trust marking the first time the two foundation trusts had worked together on a joint membership and governor event.

As 2025 was a governor election year, from January 2025 there were specific member communications on the governor election process promoting the work of governors and seeking members to stand for and vote for governors. Individual governors undertake member engagement activities and appointed governors are in place to represent the Trust's partner organisations.

As part of the development of the Trust's 2024/25 Annual Plan, emerging plan priorities were discussed with the Council of Governors prior to its sign off by the Board of Directors.

The Chairman, Executive Director of Corporate Affairs, and Deputy Director of Corporate Affairs meet regularly with the Lead Governor. There is an engagement policy which further expands on how the Board and the Council wish to work together.

Both the Board of Directors and the Council of Governors are committed to continuing to promote enhanced joint working so that they can deliver their respective statutory roles and responsibilities in the most effective way possible to improve services.

The Trust's Constitution, Standing Orders of the Board of Directors, and Standing Orders of the Council of Governors set out mechanisms to address any disagreements arising between the Board of Directors and the Council of Governors. There were no such instances within the reporting year.

Council of Governor's Remuneration and Nominations Committee

The Nominations and Remuneration Committee of the Council of Governors makes recommendations to the Council regarding the appointment or removal of the Chair, the Non-Executive Directors, and the Trust's external auditors, and the remuneration arrangements of the Chair and Non-Executive Directors. The Nomination and Remuneration Committee has a terms of reference and meets once a year as a minimum. The Nomination and Remuneration Committee of the Council of Governors met twice over 2024/25 in June and February.

The Committee is chaired by the Trust's Chair with membership comprising the Lead Governor and elected and appointed Governors. When considering the terms and conditions of the Chairman, or if on any occasion the Chairman is unavailable to chair, the Vice Chair or one of the other Non-Executive Directors (who is not standing for re-appointment) would take the Chair. The Lead Governor would chair the meeting if all Non-Executive Directors were conflicted. The Senior Independent Director presents to the committee the outcome of the annual performance review given their role with the Lead Governor in determining the Chairman's appraisal outcome.

Remuneration Report

Scope of the Report

The Remuneration Report summarises the Trust's Remuneration Policy and particularly, its application in connection with the Executive and Non-Executive Directors. It describes how the Trust applies the principles of good corporate governance in relation to Directors' remuneration as defined in the Code of Governance for NHS providers; in Section 420 to 422 of the Companies Act 2006 in so far as they apply to Foundation Trusts; and the Directors' Remuneration Report Regulation 11 and Parts 3 and 5 of Schedule 8 of the Large and Medium sized Companies and Groups (Accounts and Reports) Regulations 2008 (SI 2008/410) ("the Regulations") as interpreted for the context of NHS Foundation Trusts; Parts 2 and 4 of Schedule 8 of the Regulations and elements of the Code of Governance for NHS provider trusts. Details of Executive Directors' remuneration and pension benefits; and non-Executives' remuneration are set out in tables later in this report. They have been subject to audit.

Nominations, Remuneration and Terms of Service Committee

The Board appoints the committee that considers remuneration of the executive directors, which is a single committee considering both nominations and remuneration called the Nominations, Remuneration and Terms of Service Committee and its membership comprises only Non-Executive Directors. The committee that considers remuneration of the non-executive directors is referred to later.

The Committee meets to determine, on behalf of the Board, the remuneration strategy for the organisation including the framework of executive and senior manager remuneration. Its remit includes determining the remuneration and terms and conditions of the executive and their direct reports for any terms outside Agenda for Change, thereby includes the terms and conditions of other senior managers and approving senior manager severance payments where relevant. Employer Based Clinical Excellence Awards have been dealt with by the Board of Directors and allocations were approved during the year.

All Non-Executive Directors are members of the Committee. The Committee has met on 4 occasions over 2024/25. During the year, the following Non-Executive Directors have served on the Committee as voting core members:

Committee Member	Attendance
David Walker	4/4
Geraldine Cumberbatch	2/4
Chris Hurst	2/4
David Clark	2/3
Sir Philip Rutnam	1/2
Mohinder Sawhney	4/4
Professor Sir Rick Trainor	2/4
Lucy Weston	4/4
Andrea Young	2/4

The Committee also invited the assistance of the Chief Executive, the Chief People Officer, the Director of Corporate Affairs and Company Secretary and the Interim Associate Director of Corporate Affairs. None of these individuals or any other Executive or senior manager participated in any decision relating to their own remuneration.

Senior Managers' Remuneration Policy

The Trust is committed to the governing objective of maximising value over time. To achieve its goals, the Trust must attract and retain a high calibre senior management team to ensure it is well positioned to deliver its business plans. The remuneration policy is to ensure remuneration is consistent with market rates for equivalent roles in

other Trusts of comparable size and complexity taking account of benchmarking information. Account is also taken of the performance of the Trust as well as the skills, knowledge and experience required on the Board to meet current and future business needs and succession planning as well as the structure, size, diversity and composition of the Board.

The Trust defines its senior managers as those managers who have the authority or responsibility for directing or controlling the major activity of the Trust - those who influence the Trust as a whole. For the purposes of this report, 'senior managers' are defined as the voting and non-voting members of the Board of Directors.

During the year the Trust adhered to the principles of the agreed pay framework that remunerated the performance of the Executive Directors and their direct reports based on the delivery of objectives as defined within the Trust's plans.

There are no contractual provisions for performance related pay for executive and direct reports and as such no payments were made in 2024/25. The approach to remuneration is intended to provide the rigour necessary to deliver assurance and the flexibility needed to adapt to the dynamics of a changing NHS. It is fundamental to business success and is modelled upon the guidance in the Code of Governance and the Pay Framework for Very Senior Managers in the NHS (Department of Health and Social Care). The key principles of the approach are that pay and reward are assessed relative to the performance of the whole Trust and in line with available benchmarks.

The remuneration policy for 2024/25 continued to not include any performance related pay elements, and all directors' performance will continue to be assessed against delivery of objectives and kept in line with recognised benchmarks (e.g. NHS Providers and the wider pay policies of the NHS).

Executive appointments to the Board of Directors continue under permanent contracts and over 2024/25, no substantive director held a fixed term employment contract. The Chief Executive and all other executive directors (voting and non-voting) hold office under notice periods of six months except when related to conduct or capability. This information is detailed later in this report.

With regard to interim appointments on the Board, there were four interim members of the Board of Directors during 2024/25. From July 2023, the substantive Chief Executive commenced a secondment with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB) as their interim Chief Executive. Following an internal recruitment process, the Managing Director of Mental Health Services - Grant Macdonald - was successful in being appointed to the interim Chief Executive position from July 2023. Following the permanent appointment of the BOB ICB Chief Executive in September 2024, the Trust undertook a recruitment process to appoint a permanent Chief Executive. Grant Macdonald was appointed as the Trust's substantive Chief Executive from November 2024.

Following the departure in April 2024 of the substantive Director of Corporate Affairs and Company Secretary, an interim Associate Director of Corporate Affairs was in post from May 2024 to February 2025.

Following the departure of the Chief Operating Officer for Community, Primary & Dental Services in February 2025, an interim Chief Operating Officer for Community

Primary & Dental Services was appointed from 1 March 2025 for a period of 6 months to allow for a substantive recruitment process.

Equality and Inclusion

The Trust uses the NHS Equality Delivery System assessment to develop its equalities work. This framework has helped us to identify our equality priorities and to consolidate the progress we have made to date which can be attributed to a variety of relationships, practices and initiatives involving a diverse range of stakeholders, sector agencies and partnerships.

The Board and the People Leadership and Culture (PLC) Committee receive reports which include matters of equality, diversity and inclusion, including progress against the Trust's People Plan along with oversight of the annual submissions concerning Workforce Race Equalities Standards (WRES) and the Workforce Disability Equality Standards (WDES) and associated action plans. The PLC Committee is responsible for overseeing progress with closing gender and race pay gaps.

Further detail regarding the Trust's strategy and objectives in terms of diversity and inclusion can be found in the Staff Report of this Annual Report, and on the Trust's website by searching online for '*Oxford Health equality, diversity and inclusion*'.

Annual Statement on Remuneration

There are no additional elements that constitute any senior managers' remuneration, including executive and non-executive directors, in addition to those specified in the table of salaries and allowances which feature later in the report. The amounts that are designated salary in the table represent a single contracted annual salary and there are no particular remuneration arrangements which are specific to any senior manager. There were no changes made in the period to existing components of the remuneration policy and no components were added.

The majority of staff employed by the Trust are contracted on Agenda for Change terms and conditions and the general policy on remuneration contained within these terms and conditions is applied to senior managers' remuneration (and all other staff employed on non-Agenda for Change contracts), with the exception of the Chief Medical officer and the Interim Managing Director of Mental Health Services, to whom Medical and Dental terms and conditions apply.

The list of Board members who are each not on Agenda for Change contracts is available later in this report (their contracts are permanent, with no unexpired terms).

Remuneration for senior managers is set on appointment or following benchmark comparison with reference to reports on NHS senior manager pay from NHS England and NHS benchmarking data collected by organisations such as NHS Providers. The main consideration for annual pay increases for senior managers has been the inflationary uplift award made under Agenda for Change and the Very Senior Manager guidance from regulators and against benchmark comparators.

The Code of Governance for NHS providers submits that the Board of Directors should not agree to a full-time Executive Director taking on more than one Non-Executive Directorship of an NHS Foundation Trust or another organisation of comparable size and complexity, nor the chairpersonship of such an organisation. The Declarations of

Interest Register highlights those occupying Trustee/Non-Executive roles outside the organisation for which none were remunerated in 2024/25.

Non-Executive Directors' Remuneration

The remuneration for Non-Executive Directors has been determined by the Council of Governors following recommendations from its Nominations and Remuneration Committee and is set at a level to recognise the significant responsibilities of Non-Executive Directors in Foundation Trusts, and to attract individuals with the necessary experience and ability to make an important contribution to the Trust's affairs.

They each have terms of no more than three years and are able to serve two consecutive terms dependent on formal assessment, confirmation of satisfactory ongoing performance and the needs of the organisation. The Council of Governors is mindful of the need to ensure independence and progressive refreshing of the Board and consider this when making decisions concerning reappointments. A third term of three years may be served, subject to ongoing assessment of independence and positive appraisals and a broader review considering the needs of the Board and the Trust and the ongoing independence of the individual under consideration. The maximum period of office of any Non-Executive Director shall not exceed nine years.

The Non-Executive Directors' Remuneration, as agreed by the Council of Governors, is consistent with best practice and external benchmarking, and remuneration over 2024/25 has been consistent with that framework. The annual standard rate (excluding supplementary payments) of existing Non-Executive Directors was consistent with issued guidance. Over 2024/25 the Trust's council of governors awarded the Non-Executive Directors and Chair a 5% inflationary increase.

All trusts also have local discretion to award limited supplementary payments depending on organisational size in recognition of designated extra responsibilities. Foundation trusts are expected to explain their rationale for divergence from the recommended structure. The responsibility allowance (for chairing Board committees/ extra responsibilities) will not be increased during the tenure of existing Non-Executive Directors while the guidance sets the responsibility allowance at £2,000 given that currently the payment received by those who joined the Trust prior to 2021/22 is £3169.

The disparity between the current payment and that in the guidance (to be phased over several years) is to ensure that no Director receives a reduction in their remuneration. Current Non-Executive Directors' total remuneration (regarding the £2,000 responsibility cap) will not reduce until their terms at the Trust expire. New appointments or new responsibilities attracting payments will be in accordance with the guidance. While the guidance limits the number of Non-Executives in receipt of such an allowance, in recognition of the responsibilities involved in chairing the committees of the Board all chairs - excluding the Mental Health and Law and Charity Committees, receive the allowance.

None of the Non-Executive Directors are employees of the Trust; they receive no benefits or entitlements other than fees and are not entitled to any termination payments. The entire Council of Governors determine the Terms and Conditions of the Non-Executive Directors. The Trust does not make any contribution to the pension arrangements of Non-Executive Directors. Fees reflect individual responsibilities

including as stated, higher rates for chairing the core committees of the Board, with all Non-Executive Directors otherwise subject to the same terms and conditions.

Annual Report on Remuneration

Termination Payments

Notice periods under senior managers' contracts are determined and agreed taking into consideration the need to protect the Trust from extended vacancies on the one hand and the needs of the employee and financial risks to the Trust on the other. The maximum notice period is six months.

Payments to senior managers for loss of office are governed by and compliant with the NHS standard conditions and regulations; where relevant, payments are submitted to NHS England for Treasury approval. All payments made in the period to any senior manager for loss of office are outlined in the tables detailing Staff Exit Packages below.

Fair Pay Disclosures

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the organisation in the financial year 2024/25 was £235,000 to £240,000 (2023-24 £190,000 to £195,000). This is a change between years of 21.2%.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole (excluding the highest paid director), the range of remuneration in 2024/25 was from £209,368 to £23,615 (2023/24 £201,395 to £22,383). The percentage change in average employee remuneration (based on the total for all employees on an annualised basis divided by the full-time equivalent number of employees, excluding agency staff) between years is 7.3% (2023/24 5.51%).

No employees received remuneration in excess of the highest-paid director in 2024/25 (two in 2023/24).

The relationship between the remuneration of the highest paid director against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce are set out below and also show the pay ratio between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2024/25	25 th percentile	Median	75 th percentile
Staff remuneration by percentile	£26,530	£36,485	£48,225
Remuneration pay ratio with the highest paid director	10:1	7:1	6:1

Staff salary by percentile	£26,530	£36,485	£48,225
Staff pay ratio with the highest paid director	9:1	6:1	5:1

2023/24	25th percentile	Median	75th percentile
Staff remuneration by percentile	£25,147	£34,588	£45,987
Remuneration pay ratio with the highest paid director	10:1	7:1	5:1
Staff salary by percentile	£25,147	£34,588	£45,987
Staff pay ratio with the highest paid director	8:1	6:1	4:1

To achieve its goals, the Trust must attract and retain high calibre and experienced members of the Executive Team to ensure the Trust is best positioned to succeed. As referenced within this Remuneration Report, the Trust applies the principles of the Code of Governance and NHS guidance on remuneration, in addition to a regular review of available benchmark information, and consideration of pay and conditions across the wider Trust and the associated pay increases each year.

The Governors' Nomination and Remuneration Committee includes Staff Governor representation in addition to patient, carer and partner governors, and the Committee is consulted prior to recommendations to the Council with regard to any changes in Non-Executive Director remuneration.

The Non-Executive Directors' Nominations, Remuneration and Terms of Service Committee is satisfied that it has taken appropriate steps to ensure where any senior manager is paid more than £150,000, that the level of remuneration is reasonable and proportionate, including benchmarking of job content, responsibility and salary across similar sized organisations. There are currently four senior managers who have been paid above this level for more than three years and there have been no additions to this group in 2024/25.

Expenses

There were 21 directors who served in office during the financial year 2024/25 (2023/24, 22), of which, 13 (2023/24, 12) received expenses with a total value of £7,090 (2023/24, £7,473).

During 2024/25, the Trust had 36 governor seats available (2023/24, 36). Full details of the governors in post through the year can be found in the Council of Governors report of this Annual Report. While the role is voluntary, governors are entitled to claim reasonable expenses. In 2024/25, two governors (2023/24, two) expenses were reimbursed for £266.20 (total value of £336, 2023/24).

Salaries and Allowances

Details of Executive Directors' remuneration and pension benefits and Non-Executive Directors' remuneration are set out in the tables available next. Remuneration, cash

equivalent transfer values (CETV), exit packages, staff costs and staff numbers are all subject to audit.

Salaries and allowances 2024/25								
Name	Title	Effective dates if not in post full year	Salary (bands of £5,000)	Other remuneration (bands of £5,000)	Benefits in kind (rounded to nearest £00)	Total salary and other remuneration (bands of £5,000)*	Pension-related benefits (bands of £2,500)**	Total including pension-related benefits (bands of £5,000)
			£000	£000	£00	£000	£000	£000
Grant Macdonald	Chief Executive (Appointed substantive Chief Executive in November 2024)		215-220	0-5	0	215-220	0	215-220
Dr Karl Marlowe	Chief Medical Officer		140-145	90-95	0	230-235	97.5-100	330-335
Kerry Rogers	Director of Corporate Affairs and Company Secretary	To 03/05/2024	10-15	0-5	0	10-15	0-2.5	10-15
Britta Klinck	Chief Nurse		145-150	0-5	0	145-150	280-282.5	425-430
Dr Ben Riley	Executive Managing Director – Primary, Community and Dental Care	To 28/02/2025	135-140	0-5	0	135-140	165-167.5	300-305
Charmaine De Souza	Chief People Officer		145-150	0-5	0	145-150	37.5-40.0	185-190
Heather Smith	Chief Finance Officer		170-175	0-5	0	170-175	42.5-45.0	215-220

Amelie Bages	Executive Director of Strategy		115-120	0-5	0	115-120	40.0-42.5	160-165
Rob Bale	Interim Executive Managing Director for Mental Health and Learning Disabilities		140-145	95-100	0	235-240	32.5-35.0	270-275
Taff Gidi	Executive Director of Corporate Affairs	From 17/02/2025	15-20	0-5	0	15-20	45.0-47.5	60-65
Emma Leaver	Interim Chief Operating Officer for Community Health, Dentistry & Primary Care	From 01/03/2025	10-15	0-5	0	10-15	25.0-27.5	35-40
Georgia Denegri ***	Interim Associate Director of Corporate Affairs	To 05/03/2025	150-155	0-5	0	150-155	0	150-155
David Walker	Chairman		55-60	0-5	0	55-60	0	55-60
Chris Hurst	Non-Executive Director		15-20	0-5	0	15-20	0	15-20
Lucy Weston	Non-Executive Director		15-20	0-5	0	15-20	0	15-20
Mohinder Sawhney	Non-Executive Director		15-20	0-5	0	15-20	0	15-20
Sir Philip Rutnam	Non-Executive Director	To 30/09/2024	5-10	0-5	0	5-10	0	5-10
Andrea Young	Non-Executive Director		15-20	0-5	0	15-20	0	15-20
Geraldine Cumberbatch	Non-Executive Director		10-15	0-5	0	10-15	0	10-15

Professor Sir Rick Trainor	Non-Executive Director		10-15	0-5	0	10-15	0	10-15
Professor David Clark	Non-Executive Director	To 01/01/2025	10-15	0-5	0	10-15	0	10-15

**Total salary and other remuneration' include salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.*

***The 'pension-related benefits' presented in the table above represent the annual increase in pension entitlement determined in accordance with the 'HMRC' method. This is calculated as the inflation adjusted in year movement in the lump sum plus the movement in twenty times the annual rate of pension payable to the Director if they became entitled to it at the end of the financial year. The 'HMRC' method used above differs from the real increase/(decrease) in cash equivalent transfer value presented in the pension benefits disclosure available later in the report.*

**** Georgia Denegri was an interim member of staff, the figure shows salary only and does not include agency rate (20%) or VAT*

Salaries and allowances 2023/24								
Name	Title	Effective dates if not in post full year	Salary (bands of £5,000)	Other remuneration (bands of £5,000)	Benefits in kind (rounded to nearest £00)	Total salary and other remuneration (bands of £5,000)*	Pension-related benefits (bands of £2,500)**	Total including pension-related benefits (bands of £5,000)
			£000	£000	£00	£000	£000	£000
Dr Nick Broughton	Chief Executive	01/04/2023 to 30/06/2023	60-65	5-10	0	65-70	0	65-70

Grant Macdonald	Chief Executive (Formerly Managing Director of Mental Health and Learning Disabilities)	From 01/07/2023	180-185	0	0	180-185	0	180-185
Dr Karl Marlowe	Chief Medical Officer		125-130	100-105	0	225-230	5.0-7.5	230-235
Kerry Rogers***	Director of Corporate Affairs and Company Secretary		130-135	0	0	130-135	0	130-135
Marie Crofts	Chief Nurse	To 08/12/23	105-110	40-45	0	150-155	0	150-155
Britta Klinck	Chief Nurse	From 08/12/23	45-50	0		45-50	0	45-50
Dr Ben Riley***	Executive Managing Director – Primary, Community and Dental Care		140-145	0	0	140-145	0	140-145
Charmaine De Souza	Director of Human Resources		135-140	0	0	135-140	32.5-35.0	170-175
Heather Smith	Chief Finance Officer		155-160	0	0	155-160	37.5-40.0	190-195
Amelie Bages	Director of Strategy and Partnerships		135-140	0	0	135-140	32.5-35.0	170-175
Rob Bale	Executive Managing Director for Mental Health and Learning Disabilities	From 01/10/23	60-65	50-55	0	115-120	0	115-120
David Walker	Chairman		55-60	0-5	0	55-60	0	55-60
Chris Hurst	Non-Executive Director		15-20	0	0	15-20	0	15-20

Lucy Weston	Non-Executive Director		15-20	0	0	15-20	0	15-20
Mohinder Sawhney	Non-Executive Director		15-20	0	0	15-20	0	15-20
Kia Nobre	Non-Executive Director		0-5	0	0	0-5	0	0-5
Sir Philip Rutnam	Non-Executive Director		15-20	0	0	15-20	0	15-20
Andrea Young	Non-Executive Director		15-20	0	0	15-20	0	15-20
Geraldine Cumberbatch	Non-Executive Director		10-15	0	0	10-15	0	10-15
Professor Sir Rick Trainor	Non-Executive Director		10-15	0	0	10-15	0	10-15
Professor David Clark	Non-Executive Director		10-15	0	0	10-15	0	10-15

**Total salary and other remuneration' include salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.*

***The 'pension-related benefits' presented in the table above represent the annual increase in pension entitlement determined in accordance with the 'HMRC' method. This is calculated as the inflation adjusted in year movement in the lump sum plus the movement in twenty times the annual rate of pension payable to the Director if they became entitled to it at the end of the financial year. The 'HMRC' method used above differs from the real increase/(decrease) in cash equivalent transfer value presented in the pension benefits disclosure available later in the report.*

**** Executive directors affected by the Public Service Pensions Remedy. Their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero."*

Pension benefits 2024/25								
Name, Title	Real increase/ (decrease) in pension at pension age (bands of £2,500)	Real increase/ (decrease) in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31/03/2025 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31/03/2025 (bands of £5,000)	Cash equivalent transfer value at 01/04/2024	Real increase/ (decrease) in cash equivalent transfer value	Cash equivalent transfer value at 31/03/2025	Employer's contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Grant Macdonald, Chief Executive	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Kerry Rogers, Director of Corporate Affairs and Company Secretary (to May 2024)	0.0-2.5	0.0-2.5	30-35	80-85	808	0	782	n/a
Britta Klinck, Chief Nurse	12.5-15.0	30.0-32.5	45-50	115-120	754	298	1,070	n/a
Dr Ben Riley, Executive Managing Director – Primary, Community and Dental Care (to Feb 2025)	7.5-10.0	0.0-2.5	25-30	20-25	290	103	421	n/a
Dr Karl Marlowe, Chief Medical Officer	5.0-7.5	0.0-2.5	60-65	160-165	1,373	0	1302	n/a
Charmaine De Souza, Chief People Officer	2.5-5.0	n/a	10-15	n/a	106	26	151	n/a

Heather Smith – Chief Finance Officer	2.5-5.0	n/a	5-10	n/a	77	25	124	n/a
Amelie Bages	2.5-5.0	n/a	20-25	n/a	193	20	227	n/a
Taff Gidi (from Feb 2025)	0.0-2.5	n/a	15-20	n/a	183	2	215	n/a
Emma Leaver (from Mar 2025)	0.0-2.5	0.0-2.5	50-55	135-140	1,171	3	1,221	n/a

Notes: The benefits and related cash equivalent transfer values (CETVs) reflect the Public Service Pensions Remedy. Membership for applicable Executives between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023.

Contract Type and Notice Period

Name	Start Date as Senior Manager	Contract Type	Notice Period by Employee	Notice Period by Employer
Nick Broughton	15/06/2020	Permanent	6 months	6 months
Kerry Rogers	01/09/2015	Permanent	6 months	6 months
Charmaine De Souza	04/10/2021	Permanent	6 months	6 months
Grant Macdonald	21/03/2022	Permanent	6 months	6 months
Karl Marlowe	10/05/2021	Permanent	6 months	6 months
Ben Riley	02/04/2020	Permanent	6 months	6 months
Amélie Bages	25/04/2022	Permanent	6 months	6 months
Heather Smith	11/07/2022	Permanent	6 months	6 months
Rob Bale *	01/10/2023	Permanent	6 months	6 months
Taff Gidi	17/02/2025	Permanent	6 months	6 months
Emma Leaver**	01/03/2025	Permanent	6 months	6 months
Britta Klink	18/12/2023	Permanent	6 months	6 months

Notes: No senior manager has a contract of employment with a notice period greater than six months.

**Rob Bale has a permanent contract of employment with the Trust and has been acting up to the role of Interim Managing Director for Mental Health and Learning Disabilities since 1 October 2023.*

***Emma Leaver has a permanent contract of employment with the Trust and has been acting up to the role of Interim Chief Operating Officer for Community Health Services, Dentistry & Primary Care since 1 March 2025.*

Analysis of Staff Costs

	Permanent	Other	2024/25	2023/24
			Total	Total
	£000	£000	£000	£000
Salaries and wages	270,708	13,174	283,882	247,925
Social security costs	27,910	1,284	29,193	26,613
Apprenticeship levy	1,379	-	1,379	1,265
Employer's contributions to NHS pension scheme	57,861	1,804	59,665	45,188
Pension cost – other	-	41	41	62

Temporary staff	-	45,950	45,950	57,892
Total gross staff costs	357,875	62,235	420,110	378,946
Recoveries in respect of seconded staff	(2,312)	-	(2,312)	(2,096)
Total staff costs	355,564	62,235	417,798	376,850
Of which				
Costs capitalised as part of assets	-	-	-	499

Analysis of Average Staff Numbers (WTE Basis)

			2024/25	2023/24
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	347	39	386	351
Administration and estates	1,496	62	1,559	1,518
Healthcare assistants and other support staff	1,163	311	1,474	1,500
Nursing, midwifery and health visiting staff	1,562	267	1,829	1,718
Nursing, midwifery and health visiting learners	28	-	28	37
Scientific, therapeutic and technical staff	1,444	67	1,511	1,380
Social care staff	192	4	196	174
Total average numbers	6,232	751	6,983	6,678

**WTE - Whole Time Equivalent. WTE shown is an average throughout the year*

Exit Packages

Reporting of Compensation Schemes - Exit Packages 2024/25

	Number of Compulsory redundancies *	Number of other departures agreed	Total number of exit packages
Exit package cost band (including any special payment element)			
<£10,000 *		12	12
£10,000 - £25,000	1	3	4
£25,001 - £50,000	1		1
£50,001 - £100,000			
£100,001 - £150,000			
£150,001 - £200,000			
>£200,000			
Total number of exit packages by type	2	15	17
Total cost (£)	£61,000	£88,000	£149,000

**contractual compulsory redundancy*

Reporting of Compensation Schemes - Exit Packages 2023/24

	Number of compulsory redundancies	Number of other departures agreed [Restated]**	Total number of exit packages
Exit package cost band (including any special payment element)			
<£10,000 *	1	12	13
£10,000 - £25,000	-	1	1
£25,001 - £50,000	1	1	2
£50,001 - £100,000	1	-	1
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit	3	14	17

Total cost (£)	£90,000	£99,000	£189,000
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**contractual compulsory redundancy*

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Scheme. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pension scheme and are not included in the table. This disclosure reports the number and value of exit packages taken by staff leaving in the year.

Exit packages: other (non-compulsory) departure payments

	2024/25		2023/24	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	14	76	14	99
Secondment paid by Trust	-	-	-	-
Exit payments following Employment Tribunals or court orders	1	12	-	-
Non-contractual payments requiring HMT approval	-	-	-	-

Total	15	88	14	99
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	-	-	-	-

As a single exit package can be made up of several components, each of which will be counted separately in this note, the total number above will not necessarily match the total number in the exit packages note which will be the number of individuals.

Service Contracts Obligations

There are no obligations contained within senior managers' service contracts that could give rise to or impact upon remuneration payments which are not disclosed elsewhere in the remuneration report.

Remuneration Report

Signed:

Date: 25 June 2025



Grant Macdonald

Chief Executive and Accounting Officer

Accountability Report

Signed:

Date: 25 June 2025



Grant Macdonald

Chief Executive and Accounting Officer

Staff Report

Introduction

2024/25 has seen several improvements in relation to workforce and people metrics. Building on work already done in recent years to embed corporate induction, secure annual appraisals compliance, and implement accurate matrices for staff to access statutory and mandatory training, the focus for 2024/25 has been a programme of work to further reduce agency spending and new ways of attracting talent to the Trust.

In relation to agency costs, service directorates and the central temporary staffing team worked closely in partnership to improve controls, implement a 'Bank First' approach, create incentives for agency staff to join OHFT substantively and bring down unit costs. To do this the Trust worked in partnership with the South East Temporary Staffing Collaboratives resulting in a significant reduction in agency spend of £11.6m across both the Agenda for Change and Medical workforces.

Coupled with this there has been an ongoing focus to innovate how we attract new joiners to the Trust. This work has been led by the resourcing team who have delivered roadshows targeted at the local workforce. Vacancy rates have fallen as we have attracted new staff and retention rates have also improved considerably. The improvement in the overall NHS Staff Survey Results for the Trust in 2024 provides a initial indication that we are attracting, retaining, and providing a positive staff experience.

Analysis of staff costs

An analysis of average staff numbers is available in the remuneration report section of this annual report.

Analysis of average staff numbers

At 31 March 2025, the Trust employed 7,507 staff with a contracted whole time equivalent (WTE) of 6,672. The following table shows the breakdown of the Trust's workforce based upon NHS staff groups. This is the average WTE of employee headcount (HC) contracted throughout the year split by permanent employees and other staff (in separate table).

The latter includes employees on short-term contracts of employment, bank and agency workers (agency WTE in separate table), and inwards secondments of staff where they are recorded on the Trust's electronic staff record (ESR) system.

Staff Group	Permanent 12m Avg. WTE	%
Additional Professional Scientific and Technical	944.77	14.16%
Additional Clinical Services	1576.53	23.63%
Administrative and Clerical	1450.16	21.73%
Allied Health Professionals	427.49	6.41%

Estates and Ancillary	219.52	3.29%
Medical and Dental	365.92	5.48%
Nursing and Midwifery Registered	1677.94	25.15%
Students	10.00	0.15%
Grand Total	6672.33	100.00%

Other staff includes employees on short-term contracts of employment, bank and agency workers and inwards secondments of staff where they are recorded on the Trust's electronic staff record system. The table below shows WTE for all cost centres.

Role Group	OTHER 12m Avg WTE	12m Avg WTE %
Support to Clinical Staff (Bank & Overtime)	229.91	16.13%
Qualified Nursing - Registered (Bank & Overtime)	133.33	9.36%
Admin & Estates (Bank & Overtime)	54.27	3.81%
Other	53.10	3.73%
Hotel Property & Estates	32.60	2.29%
ST&T (Bank & Overtime)	13.98	0.98%
AHPs (Bank & Overtime)	7.88	0.55%
Qualified Nursing - HV,DN SHN (Bank & Overtime)	1.68	0.12%
Admin & Estates	94.01	6.60%
Admin & Estates (Agency)	2.89	0.20%
Managers and Infrastructure Support (Agency)	0.00	0.00%
Managers and Senior Managers	21.98	1.54%
AHPs (Agency)	7.61	0.53%
Medics - Career /Staff Grade	16.84	1.18%
AHPs	10.85	0.76%
Qualified Nursing - HV,DN SHN	4.92	0.35%
Qualified Nursing - Registered	26.23	1.84%
Medics - Career /Staff Grade (Locum)	1.58	0.11%
Qualified Nursing - Registered (Agency)	108.19	7.59%
Medics – Consultants	2.62	0.18%
ST&T	43.17	3.03%
ST&T (Agency)	5.17	0.36%
Support to Clinical staff	6.93	0.49%
Medics - Consultants (Locum)	32.39	2.27%
Support to Clinical Staff (Agency)	60.04	4.21%
Support to ST&T incl AHP	269.30	18.90%
Support to Doctors & Nursing	33.84	2.37%
Medics - Other Substantive	1.37	0.10%
Medics - Training Grades	139.18	9.77%

Medics - Other Non Substantive	9.21	0.65%
Grand Total	1425.08	100.00%

Gender breakdown

As of 31 March 2025, the breakdown of male and female staff was as set out below. This data is taken from the Trust's electronic staff record (ESR) which currently has only the capacity to record male and female characteristics at birth and not other gender identities. Respondents do have the choice of not declaring either.

- Board directors (executive and non-executive, voting and non-voting) – 7 male and 9 female;
- Other senior managers – 18 male and 29 female;
- Employees (excluding the above) – 1,427 male and 6,002 female.

Sickness absence data

In November 2024 the Trust moved away from an external absence management system to managing absence internally. Considerable planning and training went into ensuring that the changeover was successful and that prompts for line managers and guidance for reporting of absence continued to be clearly accessible.

Throughout 2024/25 there has been a continued focus on proactively supporting line managers to use the Sickness absence policy and processes. A focus has also continued to ensure return to work interviews are taking place after every absence. There has been an emphasis on communicating the benefits of conducting return to work interviews and supporting staff returning to work particularly after a long period of absence.

Occupational Health continue to support and advise staff members and line managers in assisting staff back into work. A new Occupational Health system was introduced in January 2025 providing a more automated process of line managers making referrals for their staff members.

Work is undertaken monthly to identify services with higher volumes of absence and to understand the drivers for this, including HR reports into operational meetings identifying higher areas of absence and reasons for absence. Analysis of data is undertaken and direct contact made with line managers to provide advice on applying the Trust Sickness absence policy. There is also additional guidance, training and support for managers on the management of absence.

During 2024/25, overall sickness absence increased by 0.3% (from March 2024). The top three reasons for sickness absence in 2024/25 based on hours lost were: anxiety/stress, cold/cough/flu symptoms and other musculoskeletal. Sickness absence figures for 2024/25 are shown in the table below.

	2024/25	2023/24
Total days lost in period (sick FTE)	106,148	97,744
12m Average Staff in Post (headcount)	7,219	6,704
12m Avg WTE in post	6,406	5,930
Average working days lost (WTE)	16.57	16.48

Gender pay gap

Gender Pay Gap reporting is a requirement under the Equality Act 2010 and is based on data from the previous year. The Gender Pay Gap is the difference between the average pay of men and women in an organisation. The Trust's Gender Pay Gap Report 2024/25 shows that the mean gender pay gap is 20.5% in favour of men, and that the median gender pay gap is 5.8% in favour of men.

The Trust is committed to continuously reviewing its systems, practices and processes to ensure that it is reducing the Gender Pay Gap where practically possible and will work closely with relevant stakeholders to develop a Gender Equality Work Programme that will address the gender pay gap effectively. Oxford Health's information on Gender Pay Gap can be found at the Trust's page on the Cabinet Office's website by searching online for '*Cabinet Office Gender Pay Gap Oxford Health 2024/25*'.

Staff policies

The development of Trust policies relating to workforce reflect best practice and legislative requirements. There is a robust process of review in partnership with Trade Union colleagues, management representatives and HR professionals.

During 2024/25, progress has been made in reviewing key HR policies with a full suite of HR policies being reviewed to confirm their ongoing compliance with legislation. Notably, a revised disciplinary procedure, reframed as 'promoting respect, civility and resolution', and based within the principles of a restorative, just and learning framework, was launched, and will be accompanied by a revised grievance procedure, focused on resolution. These policy changes are a key to the Trust's goal of embedding a just and restorative learning culture.

The Trust's approach to employee relations is informed by organisational workforce policies and supported by trained HR professionals and managers, in partnership with Trade Union colleagues.

For countering fraud and corruption, the Trust has in place a Code of Conduct and Freedom to Speak Up and whistleblowing procedures and guidance as well as a Counter Fraud function. See the following section for information relating to equality, diversity and inclusion policies.

Diversity and inclusion policies and initiatives

The Trust has been extensively using the NHSE Equality, Diversity & Inclusion (EDI) Improvement Plan to develop its equalities work. Against the 18 elements of the NHS England high impact actions (HIAs), 14 are complete and 4 remain in progress. Progress is tracked by the Trust's EDI Steering Group and escalated as necessary to the People, Leadership and Culture (PLC) Committee. Achievements over 2024/25 have included:

- Inclusion of EDI objectives in Board and Executive Team members' annual appraisals;
- Regular use of organisational data and staff feedback to drive EDI improvements;
- Board-level oversight and risk monitoring for EDI through the People, Leadership and Culture Committee;
- Steps taken to eliminate gender and ethnicity pay gaps, including implementing NHS 'Mend the Gap' recommendations;
- Efforts to address workforce health inequalities through wellbeing conversations and manager support'
- Promotion of a culture of speaking up and raising concerns;
- Provision of comprehensive psychological and well-being support for staff.

Staff turnover and retention

Staff turnover for the year 2024/25 was 10.56%, against a target of 14%. In 2023/24 a new Retention team was created within the Organisational Development team. This team has continued to lead change programmes to support the Trust to deliver retention initiatives, including a project focused on new starter experience and a number of initiatives focused on the retention of specific staff groups. Workstreams included: a new induction checklist to support managers with new staff in their teams; development of a Healthcare worker champion role and network group; a celebratory event for Healthcare workers, held in November 2024

The Trust qualified for Cohort 2 of the National NHS England Retention Programme and recruited a 'People Promise Manager' to drive turnover and retention work. This work has included a number of initiatives:

- creation of dedicated intranet pages on the People Promise elements;
- creation of 'People Promise in action' bite-size videos, launched on Employee Appreciation Day;
- continued work on Flexible Working, launch of a Flex intranet, improving awareness of the options that are being accessed and that are available; and
- promoting how flexible working can support gender equality for an International Women's Day Event.

Freedom to Speak Up

Oxford Health has in place a fully implemented Freedom to Speak Up programme. The Trust has a Freedom to Speak Up (FTSU) Policy and two FTSU Guardians following the guidance and remit of the National Guardian's Office who contribute to meeting the key objectives set out by the People Promise and the delivery of the Trust's strategic objectives. The Guardians report to the Chief People Officer and report quarterly and annually to the Board of Directors.

The FTSU Guardians have worked with senior leaders at Board level to assess FTSU arrangements and completed the board Self-Assessment Tool for the Trust. A further board assessment will take place in Spring 2025 which will form a new two-year programme of work which will be developed by the Guardians and approved by the Board. We have successfully embedded the new FTSU policy and launched the Detriment guidance in line with National Guardians office. FTSU e-learning modules (Speak up, Listen Up and Follow up) are now essential on staff training matrices to support positive speak up culture change and help to tackle barriers such as futility and incivility. Since launched in 2024, 92% of staff have completed the Speak up module and there has also seen an increase in completion rates for Listen up and follow up.

Overall, the National staff survey results show a positive trend in speaking up. Staff feel able to speak up and that their concerns would be addressed. There is an increase in the category Oxford health would address concerns raised 61.7% and this is above the national average of 52.5%. In addition, Freedom to Speak Up questions in the pulse survey has allowed benchmarking comparisons with January 2024 highlighting improvements of between 1-7% in 4 out of the 5 questions, staff feel able to speak up and that action would be taken as a result. Guardians will use the results to identify gaps and work with directors for further improvement.

During this reporting period, 307 cases were raised with the FTSU Guardians. This is compared to 290 cases raised the previous year, showing a minor increase in the volume of cases raised. This trend is observed for the last few years whereby the number of cases continue to rise year over year. This is a direct result of increase in Guardians capacity and proactive work that they carry out trust wide.

Registered Nurses and clinical staff are the Trust's highest reporting group, indicating the issues coming from clinical areas, not necessarily about patient safety but rather worker safety elements and quality of care. 77% of cases raised contained elements of worker safety or wellbeing and this consistently remains the highest thematic issue raised via reporting to the Guardians. '*Other inappropriate attitudes or behaviours*' (28.6%) is the second most common category of concerns raised, followed by *patient safety* (18%). Guardians are now also collecting and analysing data on those who seek support by protected characteristics. 82% of concerns are raised by female staff, 64% are white, 25% are Black and Minority Ethnic. This is in proportion with the Trust's overall workforce.

Throughout the year, the Guardians have continued to work proactively to empower staff to create and promote a positive speak up culture. Speak Up month in October 2024 focused on the power of listening and the importance of staff being listened to and action taken as a result. based on the imminent board assessment the guardians will be formulated two year programme to support the trusts key priorities.

Staff engagement and Staff survey results

Staff engagement remains a priority for Oxford Health, the Trust recognising that organisations that have higher levels of staff engagement are in stronger positions to deliver quality patient care. Staff engagement enables the Trust to deliver higher quality services, achieve financial plans and support future organisational change and transformation programmes. Oxford Health's approach to staff engagement includes measuring staff engagement, satisfaction and experience of work through the methods set out in the following paragraphs.

National quarterly pulse survey

This much shorter survey is undertaken electronically in January, April and July. It provides an opportunity for colleagues to share their feedback at more regular times throughout the year as opposed to a one-off survey. The response rate for this engagement method is lower than the national staff survey. While this is not unique to the Trust, the Communications Team has developed a trust-wide plan to increase engagement with the pulse survey.

Local engagement

As well as national methods of engagement, the Trust also provides opportunities for staff to have their say through fortnightly online Leadership / Team Briefings, monthly Open Door Executive Team sessions, and local less formal listening events run by directorate senior management teams – these events enable staff to discuss local challenges they are facing and often lead to early and swift solutions being found.

2024/25 NHS Staff Survey

The NHS staff survey is conducted annually. From 2021/22 the survey questions have aligned to the seven elements of the NHS 'People Promise' and retains the two previous themes of engagement and morale. These replaced the ten indicator themes used in 2020/21 and earlier years. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The response rate to the 2024/25 survey among Trust staff was 53.2% which equates to 3,667 respondents. Results are also shared through the Directorate Senior Management Teams and discussed at the Trust's Equality Network Groups. Results are reported to the Trust Executive and relevant board committees. Managers and teams are able to access 1:1 coaching and supported in identifying areas they might take action upon.

Scores for each indicator together with that of the survey benchmarking group Mental Health, Learning Disability and Mental Health, Learning Disability and Community Trusts (comparison is to the average score for this group) are presented below.

Indicators (‘People Promise’ elements and themes)	2024/2025		2023/2024		2022/2023	
	Trust Score	Bench- marking group score	Trust Score	Bench- marking group score	Trust Score	Bench- marking group score
We are Compassi onate & Inclusive	7.75	7.55	7.72	7.58	7.6	7.5
We are recognise d and rewarded	6.52	6.35	6.52	6.41	6.3	6.3
We each have a voice that counts	7.09	6.94	7.08	7.01	7.0	7.0
We are safe and healthy	6.42	6.40	6.38	6.38	6.2	6.2
We are always learning	6.1	5.93	6.00	5.93	5.5	5.7
We work flexibly	6.83	6.83	6.75	6.84	6.5	6.7
We are a team	7.27	7.15	7.22	7.18	7.1	7.1
Staff Engagem ent	7.24	7.07	7.19	7.11	7.1	7.0
Morale	6.26	6.0	6.16	6.17	5.9	6.0

The Trust scores increased compared with 2023/24 on all reported People Promise Indicators. The Trust is also currently ranked above the benchmarked average in 7 out of the 8 published indicators. The 'We work flexibly' element is equal to the benchmark average, however we have seen an improvement over the past three years. Over 2025/26, the Trust will also continue its improvement journey and focus on workforce priorities:

- Developing and empowering our people and teams so we can 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;
- Developing our approach to becoming an anti-discriminatory organisation improving equality, diversity and inclusion to improve the experience of our staff and teams and the experience and outcomes of our patients, families and carers;
- Enhancing staff safety & minimising violence and aggression to ensure colleagues feel supported, safe and secure at work and can operate at their best to support patients, families and carers.

The above, alongside ongoing work from the Wellbeing and Equality, Diversity & Inclusion Team, continue to support staff with their wellbeing at work through staff networks and support groups and a dedicated wellbeing offer including physical, spiritual and psychological resources.

Health & Safety

The Trust is supported by a SEQOHS (Safe, Effective, Quality Occupational Health Service) accredited Occupational Health team. The team has a pivotal role in helping to create these environments for healthier employees by:

- Continuing to provide independent advice when staff health (psychological and/or physical) results in short or longer-term absence or it impacts their ability to fulfil their roles and activities. The Occupational Health team will promote proactive approaches aimed at improved lifestyle and general wellbeing;
- Protecting employees from risks identified by the employer through statutory health surveillance, new starter and periodic fitness work assessments and immunisation programmes. Risks have been highlighted to the Trust when identified to ensure appropriate mitigation. Improvements to new starter immunisation compliance are being developed with partners within the Trust;
- Advising the Trust, employees and managers on the assessment and management of risks including compliance with regard to health and safety regulations, where employees' fitness for work and their health may be of concern in line with current UK and European legislation and best practice;
- Offering interventions to support rehabilitation such as physiotherapy and psychological support in cases of work-related injuries and trauma.
- Contributing to policy development, review, and implementation throughout the Trust; and

- Working closely in partnership with the wider organisational development, infection prevention and control, health and safety and HR teams.

The Trust recognises the importance of ensuring the health, safety and wellbeing of its patients, visitors, employees, and contractors as enshrined within the NHS Constitution and statutory legislation. It strives to provide to all who use our facilities a healthy and safe environment where all practicable steps are taken to ensure the workplace is free from verbal or physical violence from patients, the public or staff. The Trust continues to grow and enhance the Health, Safety, Fire and Security team to support the Trust in all areas, which includes:

- Liaison with relevant areas to support communication around roles and responsibilities relating to stress management across all disciplines in the Trust;
- Regular review and update of relevant Health, Safety, Fire and Security policies and procedures;
- Continuing to develop a wider Lone Working management approach which will assist the Trust to mitigate Lone Working risks; and
- Work with Estates colleagues to reduce health, safety, security, and fire risks;

The team will continue to offer both a proactive as well as reactive safety service provision and advice, through working in collaboration with the multidisciplinary teams to ensure and maintain a safe and secure work environment.

Trade union facility time

The Trust's Staff Partnership, Negotiation and Consultation Committee (SPNCC) exists to promote understanding and co-operation between management and staff in the planning and operation of Trust services. It provides a regular forum for consultation and negotiation between management and staff on strategic decisions (principally those that may have staffing implications) and operational decisions. The Joint Local Negotiating Committee provides a forum for consultation and negotiation specifically with our medical and dental staff groups.

Sub-committees of SPNCC (HR Policy Group, and the Organisational Change Group) focus on the ongoing development of the Trust's HR policy framework, and individual proposals of organisational change. The SPNCC provides one of the formal channels of communication between management and recognised Trade Unions on Trust issues.

The SPNCC agenda is co-created, and the chair of the committee rotates between staff side and management. Details on the number of union officials and facility time and costs are provided in the tables below.

Relevant union officials	Number
Number of employees who were relevant union officials during the relevant period	11

Full-time equivalent employee number	8.5
--------------------------------------	-----

Percentage of time spent on facility time	Number of employees
0%	0
1-50%	9
51%-99%	1
100%	1

Percentage of pay bill spent on facility time	Figures
Provide the total cost of facility time	£71,351
Provide the total pay bill	£417,981,717
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.02%

Paid Trade Union activities	%
Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	2.00%

Expenditure of consultancy

Trust expenditure on consultancy in 2024/25 was £0.5m (2023/24 £1.24m). This included the following suppliers and contractors over a spend of £10k – Hunter Healthcare Resourcing, Realm IT Partners, KPMG, Venn Group, CapGemini UK, RSK Environment, Cherwell Consulting Ltd, Ethical Healthcare Ltd, Dionach Limited, Arrimo Limited, Kevin Murray Associates and other contractors engaged in the Warneford site development.

Off payroll engagements

There were no off payroll engagements over the reporting period.

Exit packages

Details on exit packages are covered in the Remuneration Report.

Charity and volunteering

The Trust's Charity and Involvement team The Trust's Charity and Involvement team have continued to provide support to enhance the experience of patients, carers and staff throughout 2024/25 through volunteering, the Oxford Health Charity (OHC), the Oxford Health Arts Partnership, and informal community group engagement for the Trust.

Oxford Health Charity

The Oxford Health Charity (OHC) has continued to provide valuable funding support to teams across the Trust, thanks to the generous donations, fundraising efforts, grants, and legacies received. The charity is working towards the 2023-2028 strategy, focusing on the development of 'Positive Spaces.' These spaces aim to increase meaningful impact, engagement, and support for innovation. 'Positive Spaces' encompass both physical areas like gardens, rooms, and buildings, as well as mental spaces dedicated to wellbeing, innovation, research, and development.

Highlights from the year include further development of our fundraising events calendar, which saw the highest number of participants for the Oxford Half marathon and the introduction of several Brush Party events across Oxfordshire. As well as the official opening of Lucy's Room, our new onsite music room for adult mental health patients at the Warneford Hospital, which is now fully equipped with outdoor and indoor furniture and musical instruments. The largest appeal for OHC continues to be ROSY (Respite for Oxfordshire's Sick Youngsters) which delivers additional respite care to Oxfordshire's terminally ill, acute and chronically sick children in their own homes.

The charity continued to support a wide range of initiatives across the Trust to enhance patient care, through the provision of therapy aids and patient activities. These include various Oxford Health Arts Partnership projects, such as support for AiM (Arts Impact Measured) Home Community Research Project, large scale murals at Townlands Hospital, Henley and Wallingford Community Hospitals and public art for Didcot Community Hospital.

For more detailed information, the Oxford Health Charity Annual Impact and Finance Report for each year can be found on the charity website by searching online for '*Oxford Health Charity Annual Report and Statements*'.

Volunteering

The Volunteering Programme has continued to grow across Oxford Health with this past year seeing an increase in interest across the organisation in developing new roles and Volunteering being a key element to the AiM Home research project. With Volunteer to Career being built into the Volunteer Programme, every new Volunteer recruited has an

informal conversation about careers, learning or development interests. This conversation aims to capture those Volunteers joining Oxford Health with a view to gaining career experience whilst Volunteering and potential support and signposting towards substantive opportunities in the trust.

All new Volunteers now have in place formal training induction once they are cleared through recruitment. This introduces Volunteers to the NHS England Volunteer training (formally National Volunteer Certificate) which is essential for all Volunteers to complete.

The Volunteer Policy and Toolkit has been renewed and published - this included some changes around the introduction of training, the new Volunteer Management system and team structure. The volunteer management system was officially rolled-out to all Volunteers during 2024/25 and is now in full operational. This software allows us to advertise, recruit, onboard and manage all Oxford Health Volunteers in one system and store and report on Volunteering data throughout the year.

The Volunteer Programme team have also built strong links with recruitment and have joined various recruitment events and roadshows over the year to promote the value of Volunteering as a stepping stone into careers and promote our current roles. Ongoing aims for the Volunteer Programme are to:

- continue to grow awareness of Volunteering in Oxford Health
- support services to develop new roles for Volunteers
- celebrate, share stories, assessments and impact of Volunteering in Oxford Health
- grow the Volunteer to Career pathway further
- collaborative working with BOB ICB Volunteer Service Managers to develop opportunities within all our organisations

Oxford Health Arts Partnership

The Oxford Health Arts Partnership (OHAP) continued to deliver successfully against its strategy with the overall vision of 'Inspiring recovery, wellbeing and growth through creativity'. The green spaces co-ordinator has added a huge amount to the team, literally growing the impact across the trust. Well over 1000 trees have been planted and ward gardens have benefited from increased service users, staff and volunteer involvement. OHAP received funding towards the Warneford 200 project which will see a new garden created with service users, staff and the wider community following workshops looking at the history and archives of the hospital.

OHAP published its Music Development Programme Plans after consultation with a range of staff and patients across the trust. The document outlines the role of music in enhancing patient care, improving staff well-being, and creating a healing environment, as well as the positive effects on physical, emotional, and psychological well-being. The plan will enable the OHAP team to build capacity and increase access to music. Over the year OHAP have facilitated 69 mini-concerts or bedside serenading sessions at 17 different community and mental health wards that have been enjoyed by 670 participants.

OHAP continues to evaluate the effects of arts-based activities for patients and in December our research study AiM Home gained ethical approval and trust sponsorship to start recruitment in January 2025. This project is in partnership with University of Oxford's Nuffield Primary Care Health Sciences Department and The University of Southampton.

Over 62 unique art workshops were delivered in the community, on wards and in museums and galleries across Oxfordshire for people with long term mental health difficulties. Over 4000 people have benefited from the work OHAP deliver to increase wellbeing and support recovery in all areas of the trust.

Team member, Angela Conlan, received a special medal from the British Geriatrics Society for her creative work with older people.

Code of governance for NHS provider trusts – Disclosures

The following statements set out applicable Trust disclosures with reference to the *Code of Governance for NHS provider Trusts* (April 2023) Schedule A, or as otherwise stated:

A.2.1. The Annual Governance Statement within this report sets out the Trust's effectiveness, efficiency and economy. The Trust's contribution to collaborative working and the work of the integrated care board is set out in the Performance Report section of this report. The Trust's principal risks are described in the Performance Report.

A.2.3 The Trust's Board of Directors monitor culture. The Trust's Board Assurance Framework has a specific risk on culture. The Staff Report section of this report sets out work to promote workforce wellbeing.

A.2.8 The Trust's Annual Report sets out how the interests of stakeholders are taken into account and consideration and contributions to partnerships and collaborations.

B.2.6 The Board of Directors considers all of its Non-Executive Directors to be independent against the potential impairments to independence set out in Schedule A B.2.6. The Trust discloses that one Non-Executive Director has been a member of the board since 2017 and that their third term will expire in March 2026. Over 2024/25, two Non-Executive Directors that commenced on the board in 2019 and whose second three-year terms were due to end in February and March 2025 had their terms and performance reviewed by the Council of Governor's Nominations and Remuneration Committee, with their third and final terms commencing in February and March 2025 respectively. Over 2024/25, one Non-Executive Director that commenced on the board in January 2022 and whose first three-year term was due to end in December 2024 had their term and performance reviewed by the Council of Governor's Nominations and Remuneration Committee, with their second term commencing in January 2025.

B.2.13 The Directors' Report within this report sets out number of times the Board of Directors and its committees met and individual director attendance.

B.2.17 The Council of Governors section of this report sets out the role of the Council of Governors, how disagreements between the Board and the Council are to be resolved, the types of decisions taken and reserved to Board and those delegated.

C 2.5 The Staff Report sets out information on expenditure on consultancy.

C.2.8 The Council of Governors and Remuneration Report sections of this report sets out the process followed by the Council of Governors to appoint the Chair and Non-Executive Directors (Nomination and Remuneration Committee).

C.4.2 The Directors' Report sets out the experience and expertise of directors. This is also available on the Trust's webpages by searching online for '*Oxford Health – Board of Directors*'

C.4.7 An externally facilitated Well-led review was last undertaken in Autumn 2022 – details of this review were presented in the Trust's 2022/23 Annual Report & Accounts. Information and plans on Well-led reviews for 2024/25 and into 2025/26 can be found in the Annual Governance Statement.

C.4.13 The Remuneration Report section of this report sets out the work of the nominations committee (Nominations, Remuneration and Terms of Service Committee).

C.5.15 The Council of Governors section of this report provides information on governor and member communication and engagement for example in relation to Trust forward planning.

D.2.4 The Audit Committee section of the Directors' Report sets out information in relation to the Trust's auditors.

D.2.6. The Board of Directors are responsible for the preparation of the annual report and accounts and consider these, as a whole, fair, balanced and understandable.

D.2.7. and D.2.8 The Performance Report section of this report sets out the Trust's principal risks and approach to monitoring and managing risks.

D.2.9 The Performance Report section of this report includes a Going Concern statement.

Appendix B 2.3 The Council of Governors section of this report sets out the members of the Council of Governors for the reported year, constituencies, duration of appointments and the lead governor(s).

Appendix B 2.14 and B 2.15 The Council of Governors section of this report sets out communication mechanisms between governors and members and how members of the Board of Directors develop and understanding of the views of governors.

NHS Oversight Framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'. A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4).

A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

- a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities),
- b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions. As of March 2025, NHS England has placed Oxford Health NHS Foundation Trust in segment two (2) of the NHS Oversight Framework as published in the NHS Oversight Framework Provider segmentation.

Statement of Chief Executive's responsibilities as the Accounting Officer of Oxford Health NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS England.

NHS England has given Accounts Directions which require Oxford Health NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Oxford Health NHS foundation trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

Statement of Chief Executive's responsibilities as Accounting Officer

Signed: **Date: 25 June 2025**



Chief Executive and Accounting Officer

Annual Governance Statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Oxford Health NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Oxford Health NHS Foundation Trust for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

Capacity to handle risk and the risk and control framework

Arrangements for and leadership of risk management are detailed in the Trust's Risk Management Strategy & Policy, this document was last updated in February 2025. The document sets out how risks are identified, evaluated, transferred, controlled and treated. Operational risks are identified through risk assessments, incidents, observation and acknowledgement of local, regional and national alerts. Leadership from managers at all levels of the Trust ensures that effective risk management is a core part of an integrated approach to quality, corporate and clinical governance, performance management and assurance.

Overarching leadership of risk management within the Trust is through the Executive Leadership Team. Risks are collated, escalated and transferred through local, directorate (where a risk is more readily addressed within the skill set of an alternate directorate) and trust risk registers. The Extended Leadership Team receives monthly reports on risk activity, escalations and de-escalations.

The Executive Management Team manages the strategic risks to the Trust on an ongoing basis through the Board Assurance Framework (BAF). Through these risk management processes, along with guidance and support offered via the Risk

Management Strategy & Policy and the corporate governance team, risk management is an embedded activity across the organisation.

An internal audit of the Trust's operational risk management processes took place over February 2024. The internal audit reviewed the design of controls established to support effective local risk management and returned an overall rating of 'Significant assurance with minor improvement opportunities'. The minor improvement recommendations, reflecting auditor assessments of sector good practice, were addressed over 2024/25 reporting to the Audit and Risk Committee to provide assurance and identify where the Trust might continue to improve.

The Board of Directors and board committees receive regular updates on the Board Assurance Framework including 'deep dives' into BAF risks specific to the terms of reference of a board committee. Through regular strategy meetings of the Board over 2024/25, threats and weaknesses alongside opportunities have been reviewed. The Trust uses a risk appetite matrix as a mechanism for setting appetite statements in relation to risks under consideration. Over the first quarter of 2025/26 the Board will review and refresh its Board Assurance Framework and, as a part of this, its risk profile and appetite.

Over 2024/25, significant strategic risks for the Trust (those with a high likelihood and impact) as captured and monitored in the BAF included: unavailability of and demand and capacity for beds (mental health inpatient and learning disability); adequacy of appropriately trained staff (workforce attraction and retention); maintaining financial stability; and capacity for delivery of major programmes. Over Quarter 3 2024/25, a new risk on physical environment, security and health and safety was developed following assessment of these areas. Medium rated risks for the Trust over the reported year included: digital, data & technology; staff retention; business planning; and information governance & cyber security. Individual BAF risks are reviewed and assessed by the relevant Executive director owner and a summary of the BAF is reported monthly to the Executive Leadership Team.

Quality governance, incident management and learning from incidents

The Trust is registered with the Care Quality Commission (CQC) and systems are in place to ensure compliance with the registration requirements, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and the Care Quality Commission (Registration) Regulations 2009. The Board of Directors is responsible for ensuring compliance with these regulations. The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust's Executive Leadership Team and Directorate leaders proactively manage and seek assurance that the quality and safety of clinical services are robust and managed effectively. The Executive Leadership Team receives a weekly report from the Weekly Review Meeting chaired by the Chief Nurse. The Chief Nurse chairs the Quality & Clinical Governance Sub-Group and the Chief Medical Officers chairs the Clinical Effectiveness Group. The Trust's Board of Directors actively seek assurance on the quality and safety

of clinical services, including reviewing the Trust's Integrated Performance Report at each board meeting.

The Quality Committee (chaired by a Non-Executive Director) takes a comprehensive oversight of the quality and safety of care provided by the Trust. The committee is responsible for monitoring the Trust's arrangements for ensuring the delivery of safe, effective, patient-focused care and services on behalf of the Trust Board. The Quality Committee chair's report provides assurance to Trust's Board of Directors as well as alerting it to areas of ongoing improvement focus.

The Trust uses a web-based incident management system to report and manage local incidents, significant near misses and deaths. Every incident is reviewed by multiple staff members and information from the system is embedded into weekly and monthly forums which are part of the Trust's quality governance framework.

The Trust also identifies incidents that require a review with other external agencies and will actively engage partners to learn and identify changes together. The Trust's web-based incident management system is linked automatically to the national *Learn From Patient Safety Events* service (LFPSE) to share all patient incidents in 'real-time' with NHS England and the Care Quality Commission to support national learning. Further detail on how incidents are handled is included in the Trust's policy on Reporting and Learning from Deaths.

Oxford Health has a positive incident reporting culture with high numbers of incidents and near misses reported, the majority of which result in no harm to patients. When an incident is reported this is used as an opportunity to learn through established safety forums and quality governance arrangements as well as regular data analysis to identify trends and emerging themes. The 2024 national staff survey results showed 92% of staff feel that the Trust encourages them to report errors, near misses and incidents, this is above the national average for other NHS Trusts.

The Trust aims to always be curious and to work with patients and families to identify and make improvements from patient safety incidents. The Trust has an employed role for Patient Safety Partners bringing people with lived experiences of using services to work alongside staff to further develop and ensure that patient and family voices are central to decision-making and quality improvement initiatives.

NHS Quality Accounts aim to increase public accountability and drive quality improvements in the NHS. The Trust's annual Quality Account brings an overview and summary of the successes and challenges experienced across the year while working towards achieving the quality priorities set by the Trust to deliver during 2024/25 and beyond to improve the quality of care and services provided.

Patient safety

As a part of the national Patient Safety Strategy around developing a safer culture, safer systems, and safer patient care was the development of the *Patient Safety Incident*

Response Framework (PSIRF). This is a significant change in how NHS providers consider and act in relation to responding, learning and improving from patient safety incidents. The Trust transitioned and started working under PSIRF from 4 December 2023. A summary of our approach under the PSIRF as well as our local incident response plan is published on the Trust's website and can be found by searching for '*Oxford Health Patient Safety Incident Response Framework*'.

The four key PSIRF aims the Trust has implemented are:

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

The Trust's Quality Account published annually sets out key information on the quality, safety, effectiveness and experience of services. The published Quality Account includes updates on improvements undertaken throughout the year, any inspection findings, areas of challenge, incidents and learning from incidents and shares key achievements and identifies priority areas for future development. Once published, Oxford Health's 2024/25 Quality Account is available on the Trust's website by searching '*Oxford Health Quality Account*'.

In coronial proceedings, one duty on coroners is to write what is called a Prevention of Future Deaths (PFD) Report if an issue emerges during the proceedings that give rise to a concern that future deaths may occur. The coroner cannot state what should be done, simply that the organisation is asked to review the position and state what, if any, action it proposes to take. A report is not a sanction or judgement and coroners state that reports are intended to have utility and be helpful to organisations. Oxford Health received three PFD reports over the reported year. Having reviewed these, no significant control issues have been identified.

Workforce and workforce systems

At 31 March 2025, the Trust employed 7,507 staff with a contracted WTE (whole time equivalent) of 6672. Over 2024/25, the Trust recruited 1,548 substantive staff (1,418.35 WTE). I am required to describe the key ways in which the Trust ensures that short, medium, and long-term workforce strategies and staffing systems are in place and how the Trust complies with the '*Developing Workforce Safeguards*' recommendations.

The Trust is investing in skill mix work to make sure that the blend of skills in its services is safe, appropriate, affordable and available. We have expanded our Education Centre and continue to innovate to bring onboard new learning opportunities.

The Trust continues to take an active approach to grow the nursing and allied healthcare professional (AHP) workforce for both current and future demand working closely with partners within the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System to improve workforce planning capabilities. The Trust has a variety of initiatives in place to attract, develop and retain the nursing and AHP workforce which includes collaborative working with local universities to advance existing staff and recruit students, the development of attractive new clinical roles and improving our bank offer so that new hires can use this as springboard to joining us substantively.

The Trust has been particularly successful in supporting alternative routes to registration through apprenticeship programmes and this is particularly effective for recruiting staff who live in the local area.

Creative methods of recruitment attraction have been implemented over 2024/25 including developing digital marketing, such as social media and radio, and offline marketing such as careers events, conferences, and visual brand advertising on local busses and service stations. The Resourcing team have used local recruitment fairs as a way to attract staff to hard to fill roles as these have been particularly successful.

The Trust uses a recruitment management system to improve its ability to control, manage and report on recruitment activity. The Trust measures 'time to hire' monthly and is working to reduce this by streamlining processes and continuing to upskill both the recruitment team and hiring managers. The Trust has made significant progress over 2024/25 to reduce the number of vacancies and speed-up time to hire both having a positive impact on frontline services.

Over 2024/25 the Trust has reduced its use of agency staff which has reduced agency costs and had a positive impact on the care provided to patients.

The Trust has run a series of initiatives to improve retention. Oxford Health is one of NHS England's twenty-three *People Promise* exemplar Trusts working with national and regional retention teams alongside other teams at NHS England to deliver high impact interventions set out in the *People Promise* to achieve improved outcomes and optimum staff satisfaction and retention. Staff turnover for the 2024/25 was 10.56% against a target of 14% which has improved the stability and effectiveness of the services offered.

The Trust is working collaboratively with staff side partners to address stress which is a significant issue in staff health and wellbeing and, as such, a major cause in sickness absence and a significant factor in retention. The Trust continues to fund psychological services which are available to staff to access via Occupational Health.

The Board and its sub-committee - the People, Leadership and Culture Committee - monitors recruitment, staff turnover, sickness levels, staff engagement data and agency spend. Safer staffing reports are reviewed at ward, directorate and board committee level and received at Board on a six-monthly basis to review workforce metrics, quality and outcome indicators, and productivity.

Register of interests

The foundation trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months as required by the *Managing Conflicts of Interest in the NHS*². Further information can be found by searching online for 'Oxford Health disclosures and declarations'.

Well-led

Over the reporting year, the Trust undertook a comprehensive review of its governance structures - including reference to the Well-led framework - leading to the development of a new Operating Framework which will be implemented over 2025/26. The Trust did not undertake a Well-led self-assessment over the reporting period. The Trust receives independent governance expertise from the Good Governance Institute, including advice given at board workshop discussions. A Well-led self-assessment will be undertaken over 2025/26 and is scheduled on the board work plan.

Pension scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Climate change

The foundation trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. Over 2024/25, the Trust developed its second Green Plan for 2025-2028 and updated its Environmental Sustainability Policy, which was approved by the relevant board committee in May and March 2025, respectively. The Trust has also created a comprehensive Green Action Plan to achieve Net Zero Carbon emissions by 2040. This action plan includes key initiatives such as reducing energy consumption, increasing the use of renewable energy sources, minimising waste, promoting sustainable travel, and enhancing biodiversity

² www.england.nhs.uk/publication/managing-conflicts-of-interest-in-the-nhs-guidance-for-staff-and-organisations/guidance

across the Estate. These measures aim to foster a culture of sustainability, support the adoption of green technologies, and ensure the NHS positively contributes to the environment. In terms of governance, the Trust ensures compliance with the Climate Change Act and Adaptation Reporting requirements.

Provider Licence condition compliance

As an NHS Foundation Trust, the Trust is required by its Provider Licence conditions to apply relevant principles, systems and standards of good corporate governance (section 4 governance). In order to discharge this responsibility, the Trust has an established, clear and effective Board and standing committee structure. This structure allows for monitoring, scrutiny, challenge and assurance of the systems of internal control. The responsibilities of the committees are set out in formal terms of reference that include clear lines of accountability and each has a forward plan of agenda items.

The Board has not identified any principal risks to compliance with Provider Licence condition (governance) over 2024/25 and is satisfied with the timeliness and accuracy of information to assess risks to compliance with the provider licence and degree of rigour of oversight it has over performance.

The Board receives finance, performance, quality and compliance reports at each meeting. Individual reports address elements of risk, such as reports on safe staffing levels or adherence to infection prevention and control policy enabling the Board to have oversight over Trust performance. The Board also receives regular assurance reports (3A reports) from the chairs of board committees following each committee meeting.

There are clear reporting lines and accountabilities throughout the organisation that ensure quality and performance reporting requirements are mirrored from a Board committee level to local level with information flowing both ways to include re-established lines of accountability to the Executive Management Team.

The Governance risk in the Trust's Board Assurance Framework over the reported year - which is owned by the Audit Committee with the Executive Director of Corporate Affairs as executive lead – allows for oversight of the ongoing effectiveness of controls that assure compliance. The Trust also has a comprehensive programme of internal audit in place aligned to key areas of potential financial and operational risk.

Modern slavery

The Trust publishes annually a Modern Slavery statement as required by the Modern Slavery Act 2015. The Trust's statements can be accessed by searching online for '*Oxford Health Modern Slavery Act statements*'.

Review of economy, efficiency and effectiveness of the use of resources

As Accounting Officer, I have responsibility for ensuring economy, efficiency and effectiveness of the use of resources and I am supported by my executive team that has responsibility for overseeing the day-to-day operations of the Trust. Performance in this

area is monitored by the Board on a regular basis as well as through assurance reports from its standing committees. The Board discusses and approves the Trust's strategic and annual plans and budgets taking into account the views of the Council of Governors.

The Trust's Audit and Risk Committee supports the Board and me as Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management and the control environment. The scope of the Audit and Risk Committee's work is defined in its terms of reference and encompasses all the assurance needs of the Board and the Accounting Officer. The Audit Committee has engagement with the work of internal audit and external audit and is chaired by a Non-Executive Director.

Internal audit services support the Trust's system of internal control by providing an objective and independent opinion on the degree to which risk management, control and governance support the achievement of the Trust's agreed objectives. The Trust's internal audit plan which is agreed by the Board sets out the full range of audits across the Trust, and includes reviews of the economy, efficiency and effectiveness of the use of resources.

The internal audit annual report, presented to the Audit and Risk Committee in June 2025, notes the Head of Internal Audit opinion is one of 'significant assurance with minor improvement opportunities'. Over the reported year internal audit reviews included patient experience, cyber security, core financial controls, and provider collaboratives.

Information governance and data security management

The Trust's Integrated Information Governance Policy outlines the management and assurance framework, including key roles and committees responsible, for managing and monitoring confidentiality and data security. The Information Management Group, chaired by the Senior Information Risk Owner (SIRO), is responsible for: fidelity to the policy; provides management focus and analysis of data security threats; and delivers improved data security through the review of incidents, policy development, education of users, highlighting risks, and developing risk mitigation action plans.

The Caldicott Guardian (held by the Chief Medical Officer) is a member of the Information Management Group, as is the Data Protection Officer (DPO). The group oversees compliance with the Freedom of Information Act and receives assurance with respect to subject access requests under the Data Protection Act and progress with the completion of the Data Security and Protection Toolkit (DSPT).

The DSPT is a national annual online national self-assessment process, which enables the Trust to measure its compliance against the National Data Guardian security standards and information governance management, confidentiality and data protection, information security, clinical information, secondary uses, and corporate information. The DSPT now incorporates the National Cyber Security Organisation's Cyber Assessment Framework (CAF). The Trust met all standards and assertions in the DSPT over 2023/24.

The DSPT/CAF year is from July to June and the Trust's baseline submission was completed as required by 31 December 2024. The Trust has provided evidence to the Trust's internal auditors to demonstrate compliance with each of the assessment criteria selected for internal audit verification during 2024/25. The field work for the internal audit review of this evidence was completed in March 2025. The internal audit report will be reviewed and, following sign-off by the Trust's Information Management Group and then by the Board of Directors, the DSPT/CAF will be submitted by 30 June 2025.

The Trust requires all information incidents to be reported. Each incident is recorded on the Trust Incident Reporting System and all incidents of Level 1 or less are summarised, reported, analysed, and considered by the Information Management Group quarterly.

There were two serious confidentiality incidents (Level 2) over 2024/25. Two incidents met the criteria for escalation to the Information Commissioner's Office (ICO) these being:

1. A data breach where a patient assessment was sent in error to the wrong recipient resulting in reported patient distress and loss of confidence in the service. The ICO took no further action. They were satisfied with the action taken by the Trust, and provided generic guidance about accuracy;
2. Employee witness details, name and interview, were included as appendices in a whistleblowing report. The incident was reported to the ICO, who have acknowledged receipt but have not yet taken any further action.

The Trust is acutely aware of the ongoing threat from cybercrime i.e. malicious attempts to damage, disrupt or steal the Trust's IT related resources and data. To combat this, the Trust's Information Management & Technology (IM&T) department continues to step-up efforts in all areas to monitor for suspicious activity, with a programme that includes providing awareness education to staff, analysing infrastructure for potential weaknesses, and remediating any issues.

In July 2024, the Trust – like a number of other organisations worldwide – was affected by the systems outage caused by a faulty update in the cybersecurity software *CrowdStrike*. The Trust declared an incident and controls put in place were effective in managing the impact of the outage and timely recovery with no patient harms or data losses recorded.

An internal audit review of cyber security in December 2024 was received at the Audit & Risk Committee in February 2025 with an overall rating of 'Significant assurance'. All audit recommendations were completed by the end of April 2025.

The Trust is operating in accordance with the General Data Protection Regulation (GDPR) and Data Protection Act (2018) and policy - procedures and mandatory information governance training reflect this legal framework.

Data quality and governance

The Trust has a Data Quality Strategy and framework to support the management of data quality. Data quality risks are managed and controlled via the risk management systems within the Trust. These risks and associated actions are continually assessed and updated as appropriate in the risk register.

Over 2024/25 the Trust embedded a new performance management framework. Areas of focus for data quality improvements and monitoring of progress are managed as a part of this framework, with routine reports being shared and reviewed in collaboration with services. Information is also available at a ward/team level to self-serve via the Trust Online Business Intelligence platform (TOBI). The Trust reports regularly on nationally mandated data sets.

Assurance in relation to data submissions and quality is overseen by the Information Management Group (IMG) which has delegated responsibility from the Trust's Quality Committee. Activities and progress in relation to data and digital are overseen by the Trust's Digital and Data Strategy Board - chaired by the Chief Digital Information Officer - and associated workstreams.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee, and quality committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The system of internal control is designed to manage risk to an acceptable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The Audit Committee - which became the Audit & Risk Committee in December 2024 with its revised Terms of Reference being approved by the Board in January 2025 - comprises Non-Executive Directors (excluding the Chairman as a core member) and has reviewed throughout the year the effectiveness of the system of internal control and overall assurance processes associated with managing risk. The system of internal control has

been in place in Oxford Health NHS Foundation Trust for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

Conclusion

No significant internal control issues have been identified over 2024/25 and, as Accounting Officer, I am reassured that the Trust's system of internal control is sound and supports progress towards our aims and objectives and the safeguarding and prudent management of financial resources. The Board of Directors, its delegated committees and relevant audit processes have remained vigilant to identify risks and to learn from service developments, major projects, and incidents. Over the reporting period, improvements have begun to be made in our approach to major estates projects and to our processes for risk identification and mitigation in our physical environment, health and safety and security. As a Trust we continue to seek learning from experience and from best practice and to continuously improve our control processes.

Annual Governance Statement

Signed: **Date: 25 June 2025**

A handwritten signature in black ink, appearing to read 'G. Macdonald'.

Chief Executive and Accounting Officer

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF OXFORD HEALTH NHS FOUNDATION TRUST

Opinion

We have audited the financial statements of Oxford Health NHS Foundation Trust for the year ended 31 March 2025 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Cash Flows, the Statement of Changes in Taxpayers Equity and the related notes 1 to 36 including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted International Financial Reporting Standards as interpreted and adapted by the HM Treasury's Financial Reporting Manual: 2024-25 as contained in the Department of Health and Social Care Group Accounting Manual 2024 to 2025 and the Accounts Direction issued by NHS England with the approval of the Secretary of State as relevant to the National Health Service in England.

In our opinion the financial statements:

- give a true and fair view of the financial position of Oxford Health NHS Foundation Trust as at 31 March 2025 and of Foundation Trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2024 to 2025; and
- have been properly prepared in accordance with the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Foundation Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's AGN01, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Foundation Trust's ability to continue as a going concern for a period to 31st July 2026.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Foundation Trust's ability to continue as a going concern.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information contained within the annual report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- other information published together with the audited financial statements is consistent with the financial statements; and
- the parts of the Remuneration Report and Staff Report identified as subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2024/25.

Matters on which we are required to report by exception

The Code of Audit Practice requires us to report to you if:

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;
- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Foundation Trust, or a director or officer of the Foundation Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;
- We are not satisfied that the Foundation Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources;
- We have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2024/25 and is not misleading or inconsistent with other information forthcoming from the audit; or
- We have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

Responsibilities of the Accounting Officer

As explained more fully in the 'Statement of the Chief Executive's responsibilities as the Accounting Officer of Oxford Health NHS Foundation Trust' set out on pages 76 to 77 the chief executive is the accounting officer of Oxford Health NHS Foundation Trust. The accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the accounting officer determines is necessary to enable the

preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the Foundation Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council of Governors intend to cease operations of the Foundation Trust, or have no realistic alternative but to do so.

As explained in the Governance Statement, the accounting officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Foundation Trust's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006, the Health and Social Care Act 2012 and the Health and Care Act 2022, as well as relevant employment laws of the United Kingdom. In addition, the Foundation Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.
- We understood how Oxford Health NHS Foundation Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Foundation Trust's board minutes, through review of Foundation Trust policies, and through the inspection of employee handbooks and other information. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation. We identified one instance of non-compliance with laws and regulations and completed a programme of work to obtain assurance that this matter did not have a material impact on the financial statements.
- We assessed the susceptibility of the Foundation Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified manipulation of reported financial performance (through improper recognition of revenue and the omission of expenditure) and management override of controls to be our fraud risks.

- To address our fraud risk around the manipulation of reported financial performance through improper recognition of revenue and omission of expenditure, we reviewed transactions recorded in the ledger and payments received into the bank account post year-end, to confirm that expenditure had been recognised in the correct period, we reviewed research and development transactions, agreeing these back to research agreements and bank statements, to ensure research and development income was being recognised correctly in line with terms and conditions, and we reviewed accrued income transactions relating to contract and pharmacy sales, agreeing these back to source documentation and post year-end bank statement where possible, to ensure accrued income was not being inappropriately recognised.
- To address the presumed fraud risk of management override of controls, we implemented a journal entry testing strategy, assessed accounting estimates for evidence of management bias and evaluated the business rationale for significant unusual transactions. This included testing specific journal entries identified as unusual following our analysis of the Foundation Trust's data and testing significant manual adjustments made outside of the ledger as part of the accounts preparation process. For each journal selected, we tested specific transactions back to source documentation to confirm that the journals were authorised and accounted for appropriately.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at <https://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice 2024, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in November 2024, as to whether the Foundation Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2025.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Foundation Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under schedule 10(1)(d) of the National Health Service Act 2006 to be satisfied that the Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Under the Code of Audit Practice, we are required to report to you if the Foundation Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Foundation Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Certificate

We cannot formally conclude the audit and issue an audit certificate until the NAO, as group auditor, has confirmed that no further assurances will be required from us as component auditors of Oxford Health NHS Foundation Trust

Use of our report

This report is made solely to the Council of Governors of Oxford Health NHS Foundation Trust in accordance with Schedule 10 of the National Health Service Act 2006 and for no other purpose. Our audit work has been undertaken so that we might state to the Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.

Claire Mellons (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Newcastle upon Tyne
27 June 2025

Oxford Health NHS Foundation Trust

Annual accounts for the year ended 31 March 2025

Foreword to the accounts

Oxford Health NHS Foundation Trust

These accounts, for the year ended 31 March 2025, have been prepared by Oxford Health NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed

A handwritten signature in black ink, appearing to read 'G. Macdonald'.

Name	Grant Macdonald
Job title	Chief Executive
Date	25 June 2025

Statement of Comprehensive Income

		2024/25	2023/24
	Note	£000	£000
Operating income from patient care activities	3	550,831	525,907
Other operating income	4	142,393	101,152
Operating expenses	6,8	(692,388)	(640,891)
Operating surplus/(deficit) from continuing operations		836	(13,832)
Finance income	10	5,852	5,414
Finance expenses	11	(1,649)	(2,444)
PDC dividends payable		(3,043)	(2,905)
Net finance costs		1,160	65
Other gains / (losses)	12	-	354
Surplus / (deficit) for the year from continuing operations		1,996	(13,413)
Surplus / (deficit) for the year		1,996	(13,413)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(5,978)	(3,888)
Revaluations	15	8,790	5,099
Remeasurements of the net defined benefit pension scheme liability / asset	30	123	153
Other reserve movements		-	10
Total comprehensive income / (expense) for the period		4,931	(12,039)

Statement of Financial Position

		31 March 2025	31 March 2024
	Note	£000	£000
Non-current assets			
Intangible assets	13	5,410	7,012
Property, plant and equipment	14	221,715	216,329
Right of use assets	16	39,301	33,133
Other investments / financial assets	17	1,125	1,125
Receivables	20	366	412
Other assets	21	799	651
Total non-current assets		268,716	258,662
Current assets			
Inventories	19	6,463	3,184
Receivables	20	19,599	21,722
Non-current assets for sale and assets in disposal groups	22.1	1,185	200
Cash and cash equivalents	23	97,818	85,628
Total current assets		125,065	110,734
Current liabilities			
Trade and other payables	24	(81,457)	(77,857)
Borrowings	26	(8,002)	(6,633)
Provisions	27	(14,804)	(16,518)
Other liabilities	25	(35,101)	(24,222)
Total current liabilities		(139,364)	(125,230)
Total assets less current liabilities		254,417	244,166
Non-current liabilities			
Trade and other payables	24	(1,500)	(1,500)
Borrowings	26	(35,873)	(33,863)
Provisions	27	(9,226)	(6,545)
Total non-current liabilities		(46,599)	(41,908)
Total assets employed		207,818	202,258
Financed by			
Public dividend capital		113,965	113,336
Revaluation reserve		85,893	83,359
Financial assets reserve		1,125	1,125
Income and expenditure reserve		6,835	4,438
Total taxpayers' equity		207,818	202,258

The notes on pages 102 to 153 form part of these accounts.



Name Grant Macdonald
Position Chief Executive
Date 25 June 2025

Statement of Changes in Taxpayers Equity for the year ended 31 March 2025

	Public dividend capital	Revaluation reserve	Financial assets reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2024 - brought forward	113,336	83,359	1,125	4,438	202,258
Surplus/(deficit) for the year	-	-	-	1,996	1,996
Impairments	-	(5,978)	-	-	(5,978)
Revaluations	-	8,790	-	-	8,790
Transfer to retained earnings on disposal of assets	-	(278)	-	278	-
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	123	123
Public dividend capital received	629	-	-	-	629
Taxpayers' and others' equity at 31 March 2025	113,965	85,893	1,125	6,835	207,818

Statement of Changes in Taxpayers Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Financial assets reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	109,631	82,587	1,125	17,249	210,591
Surplus/(deficit) for the year	-	-	-	(13,413)	(13,413)
Impairments	-	(3,888)	-	-	(3,888)
Revaluations	-	5,099	-	-	5,099
Transfer to retained earnings on disposal of assets	-	(439)	-	439	-
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	153	153
Public dividend capital received	3,705	-	-	-	3,705
Other reserve movements	-	-	-	10	10
Taxpayers' and others' equity at 31 March 2024	113,336	83,359	1,125	4,438	202,258

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

		2024/25	2023/24
	Note	£000	£000
Cash flows from operating activities			
Operating surplus / (deficit)		836	(13,832)
Non-cash income and expense:			
Depreciation and amortisation	6.1	16,261	15,161
Net impairments	7	140	5,116
Non-cash movements in on-SoFP pension liability		(20)	(12)
Decrease in receivables and other assets		1,285	13,734
(Increase) in inventories		(3,279)	(252)
Increase / (decrease) in payables and other liabilities		15,676	(5,564)
Increase in provisions		104	12,966
Net cash flows from / (used in) operating activities		31,003	27,316
Cash flows from investing activities			
Interest received		5,852	5,414
Purchase of intangible assets		(385)	(4,664)
Purchase of PPE and investment property		(11,480)	(8,592)
Sales of PPE and investment property		-	1,200
Net cash flows from / (used in) investing activities		(6,013)	(6,642)
Cash flows from financing activities			
Public dividend capital received		629	3,705
Movement on loans from DHSC		(1,338)	(1,338)
Movement on other loans		(850)	-
Capital element of lease rental payments		(6,347)	(6,035)
Capital element of PFI service concession payments		(403)	(657)
Interest on loans		(515)	(566)
Other interest		(113)	(121)
Interest paid on lease liability repayments		(437)	(204)
Interest paid on PFI obligations		(521)	(1,481)
PDC dividend paid		(2,905)	(2,959)
Net cash flows from / (used in) financing activities		(12,800)	(9,656)
Increase / (decrease) in cash and cash equivalents		12,190	11,018
Cash and cash equivalents at 1 April - brought forward		85,628	74,610
Cash and cash equivalents at 31 March	23.1	97,818	85,628

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2024/25 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern.

After making enquiries, the directors have a reasonable expectation that the services provided by the Trust will continue to be provided by the public sector for the foreseeable future and until 31st July 2026 i.e. 12 months after the publication of the annual report and accounts for 2024/25. Management's enquiries covered planning, allocations, capital planning, policy on NHS structures and Trust strategy. The following points support the adoption of the going concern basis:

- There are no local or national policy decisions that are likely to affect that continued funding and provision of services by the Trust.
- The Trust's adjusted financial performance in 2024/25 was a £2.2m surplus, £2.3m better than plan. The Trust is expecting to report in line with plan in 2025/26.
- In 2024/25 the Trust has continued to benefit from the block contract arrangements which were put in place during the covid pandemic.
- The Trust Board has approved a plan for 2025/26 and this has been submitted to NHSE by the Trust and as part of the submission made by Buckinghamshire, Oxfordshire and Berkshire West ICS, of which the Trust is a member. The plan is for a £4.75m surplus and income is based on planning guidance assumptions and agreements with the Trust's main NHS and non-NHS commissioners.
- The Trust ended 2024/25 with £97.8m of cash. The Trust maintains a rolling cash flow forecast based on expectations for funding and this extends to the end of July 2026. This indicates that the Trust would be able to continue to operate with good levels of liquidity for revenue and capital purposes, with no requirement to undertake borrowing. The Trust is forecasting a cash balance of £87m at the end of July 2026.

Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Consideration should be received within the Trust's credit terms once performance obligations have been satisfied. Contract receivable balances are recognised when consideration has not been received.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and are accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Mental health provider collaboratives

NHS led provider collaboratives for specialised mental health, learning disability and autism services involve a lead NHS provider taking responsibility for managing services, care pathways and specialised commissioning budgets for a population. As lead provider for the 'For Me', 'Thames Valley CAMHS T4' and 'HOPE AED' Provider Collaboratives, the Trust is accountable to NHS England and as such recognises the income and expenditure associated with the commissioning of services from other providers in these accounts. Where the trust is the provider of commissioned services, this element of income is recognised in respect of the provision of services, after eliminating internal transactions.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.4 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's apprenticeship service account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Local Government Pension Scheme

Some employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Note 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Private Finance Initiative (PFI)

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the trust. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial recognition

In accordance with HM Treasury's *FReM*, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Subsequent measurement

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	Not applicable	Not applicable
Buildings, excluding dwellings	1	60
Plant & machinery	1	15
Transport equipment	7	7
Information technology	1	5
Furniture & fittings	4	10

Note 1.8 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of being sold separately from the rest of the trust's business or arise from contractual or other legal rights. Intangible assets are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset where it meets recognition criteria.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Software licences	1	5

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the weighted average cost method.

Between 2020/21 and 2023/24 the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department. Distribution of inventories by the Department ceased in March 2024.

Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.11 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified at fair value through income and expenditure or fair value through other comprehensive income.

Financial liabilities classified as fair value through income and expenditure.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

The Trust has irrevocably elected to measure the following equity instruments at fair value through other comprehensive income: Its investment in Cristal health Limited, trading as Akrivia Health.

Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.12 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2025:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.03%	4.26%
Medium-term	After 5 years up to 10 years	4.07%	4.03%
Long-term	After 10 years up to 40 years	4.81%	4.72%
Very long-term	Exceeding 40 years	4.55%	4.40%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2025:

	Inflation rate	Prior year rate
Year 1	2.60%	3.60%
Year 2	2.30%	1.80%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.40% in real terms (prior year: 2.45%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 27.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 28 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 28, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.17 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.18 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

Note 1.21 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following IFRS Standards to be applied in 2024/25:

IFRS 17 Insurance Contracts – The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has been adopted by the FReM from 1 April 2025. Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance. Application of this standard from 2025/26 is not expected to have a material impact on the financial statements.

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Changes to non-investment asset valuation – Following a thematic review of non-current asset valuations for financial reporting in the public sector, HM Treasury has made a number of changes to valuation frequency, valuation methodology and classification which are effective in the public sector from 1 April 2025 with a 5 year transition period. NHS bodies are adopting these changes to an alternative timeline.

Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:

- Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost.
- Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity.

These changes are not expected to have a material impact on these financial statements.

Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:

- A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years.
- Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.

Note 1.22 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

The Trust's provider collaborative activity has been accounted for on a gross accounting basis in accordance with the relevant standards and the Trust acting as a principal and not an agent. This judgement has been reached on the basis that the Trust has determined it is the lead commissioner, accountable and responsible for the service delivery of the contracts under these arrangements. On these grounds, the Trust is recognising £131,032k (2023/24 £133,139k) income relating to the provider collaborative, which is split between income for commissioning services in a mental health collaborative of £59,434k (2023/24 £65,947k) and services the Trust delivers under the mental health collaborative of £71,598k (2023/24 £67,191k) as shown in Note 3.1. If the Trust was accounting for this on an agency basis, the amounts collected would not be treated as income but would pass through and be accounted for on a net basis.

Note 1.23 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Property assets were valued by Carter Jonas as at 31 March 2025. These valuations are based on Royal Institution of Chartered Surveyors valuation standards insofar as these are consistent with the requirements of HM Treasury, the National Health Service and the Department of Health and Social Care . There will be a degree of estimation uncertainty in these valuations as they are based on indexation and location factors.

The Trust's PFI Provision is based on the book value of the asset. This value is subject to the outcome of a due diligence exercise, a compliance review, specialist condition surveys, commercial checks and negotiation.

Note 2 Operating Segments and Adjusted Financial Performance

All of the Trust's activities relate to the provision of healthcare, which is an aggregate of all the individual specialty components included therein. Similarly, the majority of the Trust's income originates with UK Whole-of-Government Accounting (WGA) bodies. The majority of expenses incurred are payroll expenditure on staff involved in the provision or support of healthcare activities generally across the Trust together with the related supplies and overheads necessary. The business activities which earn revenue and incur expenses are therefore of one broad combined nature.

The operating results of the Trust are reviewed monthly or more frequently by the Trust's chief operating decision maker which is the overall Foundation Trust Board, which includes non-executive directors. The finance report considered by the Board contains only total balance sheet positions and cash flow forecasts for the Trust as a whole. The Board as chief operating decision maker therefore only considers one segment of healthcare in its decision making process.

The single segment of 'healthcare' has therefore been identified consistent with the core principle of IFRS 8 which is to enable users of the financial statements to evaluate the nature and financial effects of business activities in which the Trust engages and economic environments in which it operates.

Adjusted financial performance (control total basis):	2024/25	2023/24
	£000	£000
Surplus / (deficit) for the period	1,996	(13,413)
Remove net impairments not scoring to the Departmental expenditure limit	100	5,116
Remove I&E impact of capital grants and donations	66	72
Remove non-cash element of on-SoFP pension costs	(20)	(12)
Remove I&E impact of IFRIC 12 schemes on an IFRS 16 basis and add back I&E impact of IFRIC 12 schemes on a UK GAAP basis	52	52
Other control total adjustments	-	13,336
Adjusted financial performance surplus / (deficit)	2,194	5,151

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3

Note 3.1 Income from patient care activities (by nature)	2024/25	2023/24
	£000	£000
Mental health services		
Income from commissioners under API contracts*	255,712	242,933
Services delivered under a mental health collaborative	71,598	67,191
Income for commissioning services in a mental health collaborative	59,434	65,947
Clinical partnerships providing mandatory services (including S75 agreements)	3,111	2,818
Clinical income for the secondary commissioning of mandatory services	4,274	4,221
Other clinical income from mandatory services	1,941	1,530
Community services		
Income from commissioners under API contracts*	117,133	115,426
Income from other sources (e.g. local authorities)	12,595	11,604
All services		
Private patient income	302	441
National pay award central funding***	269	104
Additional pension contribution central funding**	23,496	13,692
Other clinical income	966	-
Total income from activities	550,831	525,908

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023-25 NHS Payment Scheme documentation.

<https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/>

**Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

***Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

Note 3.2 Income from patient care activities (by source)

	2024/25	2023/24
	£000	£000
Income from patient care activities received from:		
NHS England	157,879	156,810
Integrated care boards	371,587	347,730
Other NHS providers	2,396	2,207
Local authorities	16,137	15,135
Non-NHS: private patients	302	306
Injury cost recovery scheme	149	89
Non NHS: other	2,381	3,629
Total income from activities	550,831	525,907
Of which:		
Related to continuing operations	550,831	525,907

Note 4 Other operating income

	2024/25			2023/24		
	Contract	Non-contract	Total	Contract	Non-contract	Total
	income	income		income	income	
	£000	£000	£000	£000	£000	£000
Research and development	33,081	-	33,081	20,776	-	20,776
Education and training	24,725	-	24,725	23,099	-	23,099
Non-patient care services to other bodies	2,309		2,309	2,720		2,720
Charitable and other contributions to expenditure		181	181		324	324
Other income*	82,097	-	82,097	54,232	-	54,232
Total other operating income	142,212	181	142,393	100,827	324	101,152
Of which:						
Related to continuing operations			142,393			101,152

* Other income includes £78.7m (2023/24 £50.1m) of pharmacy sales generated by the Oxford Pharmacy Store.

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2024/25	2023/24
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	4,955	12,117

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March	31 March
	2025	2024
	£000	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:		
within one year	33,023	20,159
after one year, not later than five years	2,078	4,063
after five years		
Total revenue allocated to remaining performance obligations	35,101	24,222

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 5.3 Income from activities arising from commissioner requested services

The trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2024/25	2023/24
	£000	£000
Income from services designated as commissioner requested services	529,465	504,541
Income from services not designated as commissioner requested services	21,366	21,366
Total	550,831	525,907

Note 6.1 Operating expenses

	2024/25	2023/24
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	42,452	39,954
Purchase of healthcare from non-NHS and non-DHSC bodies	32,634	37,810
Staff and executive directors costs *	417,798	376,351
Remuneration of non-executive directors	184	200
Supplies and services - clinical (excluding drugs costs)	21,097	26,369
Supplies and services - general	5,362	4,147
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	79,467	52,056
Inventories written down	88	67
Consultancy costs	542	1,240
Establishment	14,738	14,116
Premises	15,007	17,429
Transport (including patient travel)	6,130	6,285
Depreciation on property, plant and equipment	14,274	12,533
Amortisation on intangible assets	1,987	2,628
Net impairments	140	5,116
Movement in credit loss allowance: contract receivables / contract assets	147	142
Increase/(decrease) in other provisions	549	302
Change in provisions discount rate(s)	14	(149)
Fees payable to the external auditor		
audit services- statutory audit	254	228
Internal audit costs	63	220
Clinical negligence	1,531	1,313
Legal fees	560	892
Insurance	540	563
Research and development	27,350	11,844
Education and training	2,581	3,262
Expenditure on short term leases	76	125
Expenditure on low value leases	194	181
Variable lease payments not included in the liability	1,133	2,246
Redundancy	61	49
Charges to operating expenditure for on-SoFP IFRIC 12 PFI schemes	553	822
Car parking & security	18	15
Losses, ex gratia & special payments	56	36
Other services, eg external payroll	699	675
Other	4,109	21,824
Total	692,388	640,891
Of which:		
Related to continuing operations	692,388	640,891

* Increase due to national pay awards of £17.1m, additional pension costs of £9.8m and 4.5% increase in staff numbers across services.

Note 6.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2,000k (2023/24: £2,000k).

Note 7 Impairment of assets

	2024/25	2023/24
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	40	-
Changes in market price	100	5,116
Total net impairments charged to operating surplus / deficit	140	5,116
Impairments charged to the revaluation reserve	5,978	3,888
Total net impairments	6,118	9,004

Note 8 Employee benefits

	2024/25	2023/24
	Total	Total
	£000	£000
Salaries and wages	283,882	247,925
Social security costs	29,193	26,613
Apprenticeship levy	1,379	1,265
Employer's contributions to NHS pensions	59,665	45,188
Pension cost - other	41	62
Temporary staff (including agency)	45,950	57,892
Total gross staff costs	420,110	378,945
Recoveries in respect of seconded staff	(2,312)	(2,096)
Total staff costs	417,798	376,850
Of which		
Costs capitalised as part of assets	-	499

Note 8.1 Retirements due to ill-health

During 2024/25 there were 6 early retirements from the trust agreed on the grounds of ill-health (13 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £1,034k (£1,384k in 2023/24).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years".

An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

Note 10 Finance income

Finance income represents interest received on assets and investments in the period.

	2024/25	2023/24
	£000	£000
Interest on bank accounts	5,779	5,358
Other finance income	73	55
Total finance income	5,852	5,414

Note 11.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2024/25	2023/24
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	510	565
Interest on lease obligations	436	204
Finance costs on PFI arrangements:		
Main finance costs	33	97
Contingent finance costs	488	1,384
Total interest expense	1,467	2,249
Unwinding of discount on provisions	69	75
Other finance costs	113	119
Total finance costs	1,649	2,444

Note 12 Other gains / (losses)

	2024/25	2023/24
	£000	£000
Gains on disposal of assets	-	360
Losses on disposal of assets	-	(6)
Total gains / (losses) on disposal of assets	-	354
Total other gains / (losses)	-	354

Note 13.1 Intangible assets - 2024/25

	Software licences £000	Total £000
Valuation / gross cost at 1 April 2024 - brought forward	12,251	12,251
Additions	384	384
Disposals / derecognition	(557)	(557)
Valuation / gross cost at 31 March 2025	12,078	12,078
Amortisation at 1 April 2024 - brought forward	5,239	5,239
Provided during the year	1,987	1,987
Disposals / derecognition	(557)	(557)
Amortisation at 31 March 2025	6,668	6,668
Net book value at 31 March 2025	5,410	5,410
Net book value at 1 April 2024	7,012	7,012

Note 13.2 Intangible assets - 2023/24

	Software licences £000	Total £000
Valuation / gross cost at 1 April 2023 - as previously stated	9,900	9,900
Additions	4,664	4,664
Disposals / derecognition	(2,313)	(2,313)
Valuation / gross cost at 31 March 2024	12,251	12,251
Amortisation at 1 April 2023 - as previously stated	4,924	4,924
Provided during the year	2,628	2,628
Disposals / derecognition	(2,313)	(2,313)
Amortisation at 31 March 2024	5,239	5,239
Net book value at 31 March 2024	7,012	7,012
Net book value at 1 April 2023	4,977	4,977

Note 14.1 Property, plant and equipment - 2024/25

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2024 - brought forward	44,811	160,948	6,604	7,371	104	4,420	2,639	226,897
Additions	-	242	8,318	9	-	2,125	332	11,026
Impairments	(67)	(6,051)	-	-	-	-	-	(6,118)
Revaluations	3,556	206	-	-	-	-	-	3,762
Reclassifications	-	4,995	(5,665)	35	-	552	83	0
Transfers to / from assets held for sale	(360)	(625)	-	-	-	-	-	(985)
Disposals / derecognition	-	(254)	-	(53)	-	(1)	(621)	(929)
Valuation/gross cost at 31 March 2025	47,940	159,461	9,257	7,362	104	7,096	2,433	233,653
Accumulated depreciation at 1 April 2024 - brought forward	-	2,450	-	4,435	104	1,652	1,927	10,568
Provided during the year	-	5,325	-	575	-	1,126	188	7,214
Impairments	-	0	-	-	-	-	-	0
Revaluations	-	(4,915)	-	-	-	-	-	(4,915)
Disposals / derecognition	-	(254)	-	(53)	-	(1)	(621)	(929)
Accumulated depreciation at 31 March 2025	-	2,606	-	4,957	104	2,777	1,494	11,938
Net book value at 31 March 2025	47,940	156,855	9,257	2,405	-	4,318	940	221,715
Net book value at 1 April 2024	44,811	158,499	6,604	2,936	-	2,767	712	216,329

Note 14.2 Property, plant and equipment - 2023/24

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	45,011	153,772	12,777	6,939	104	5,547	2,663	226,813
Additions	0	4,136	6,393	275	-	443	-	11,247
Impairments	-	(8,933)	-	-	-	-	-	(8,933)
Revaluations	-	583	-	-	-	-	-	583
Reclassifications	-	12,296	(12,566)	181	-	89	-	0
Transfers to / from assets held for sale	(200)	-	-	-	-	-	-	(200)
Disposals / derecognition	-	(907)	-	(24)	-	(1,659)	(24)	(2,614)
Valuation/gross cost at 31 March 2024	44,811	160,948	6,604	7,371	104	4,420	2,639	226,897
Accumulated depreciation at 1 April 2023 - as previously stated	-	3,082	-	3,900	104	2,231	1,700	11,018
Provided during the year	-	4,789	-	558	-	1,081	246	6,673
Revaluations	-	(4,516)	-	-	-	-	-	(4,516)
Disposals / derecognition	-	(906)	-	(23)	-	(1,659)	(19)	(2,608)
Accumulated depreciation at 31 March 2024	-	2,450	-	4,435	104	1,652	1,927	10,568
Net book value at 31 March 2024	44,811	158,499	6,604	2,936	-	2,768	712	216,330
Net book value at 1 April 2023	45,011	150,690	12,777	3,038	-	3,316	964	215,796

Note 14.3 Property, plant and equipment financing - 31 March 2025

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	47,940	155,905	9,257	2,405	4,317	940	220,765
Owned - donated/granted	-	950	-	-	-	-	950
Total net book value at 31 March 2025	47,940	156,855	9,257	2,405	4,317	940	221,715

Note 14.4 Property, plant and equipment financing - 31 March 2024

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	44,811	143,949	6,604	2,936	2,766	712	201,778
On-SoFP PFI contracts and other service concession arrangements	-	13,547	-	-	-	-	13,547
Owned - donated/granted	-	1,004	-	-	-	-	1,004
Total net book value at 31 March 2024	44,811	158,499	6,604	2,936	2,766	712	216,329

Note 15 Revaluations of property, plant and equipment

Valuations are carried out by Carter Jonas, an independent commercial valuation provider. All work is completed by professionally qualified valuers in accordance with the Royal Institution of Chartered Surveyors (RICS) Appraisal and Valuation Manual. The valuation was performed for a 31st March 2025 valuation date.

Note 16 Leases - Oxford Health NHS Foundation Trust as a lessee

This note details information about leases for which the Trust is a lessee.

At 31 March 2025, the Trust was a lessee in 77 arrangements that were classified as right of use assets under IFR16. These leases were made up of the following:

Lease type	Number
Property	56
Pool cars	16
Land	4
Equipment	1

29 of these building leases are held with other NHS providers and DHSC bodies while the remainder are held with local authorities and other bodies external to the DHSC.

Note 16.1 Right of use assets - 2024/25

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2024 - brought forward	44,422	34	162	44,618	22,291
Additions	962	24	199	1,185	-
Remeasurements of the lease liability	11,137	-	-	11,137	9,700
Movements in provisions for restoration / removal costs	794	-	-	794	(5)
Revaluations	112	-	-	112	90
Reclassifications	(9)	-	-	(9)	3,298
Disposals / derecognition	(61)	(34)	(43)	(138)	-
Valuation/gross cost at 31 March 2025	57,357	24	318	57,699	35,374
Accumulated depreciation at 1 April 2024 - brought forward	11,371	26	88	11,485	8,086
Provided during the year	6,981	11	69	7,061	4,301
Reclassifications	(9)	-	-	(9)	(5)
Disposals / derecognition	(61)	(34)	(43)	(138)	-
Accumulated depreciation at 31 March 2025	18,281	3	114	18,398	12,382
Net book value at 31 March 2025	39,076	21	204	39,301	22,992
Net book value at 1 April 2024	33,051	8	74	33,133	14,206
Net book value of right of use assets leased from other NHS providers					11,410
Net book value of right of use assets leased from other DHSC group bodies					11,582

Note 16.2 Right of use assets - 2023/24

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2023 - brought forward	36,476	34	74	36,584	21,300
Additions	5,732	-	88	5,820	-
Remeasurements of the lease liability	693	-	-	693	715
Movements in provisions for restoration / removal costs	1,700	-	-	1,700	353
Impairments	(72)	-	-	(72)	(53)
Disposals / derecognition	(108)	-	-	(108)	(23)
Valuation/gross cost at 31 March 2024	44,422	34	162	44,618	22,291
Accumulated depreciation at 1 April 2023 - brought forward	5,667	13	54	5,734	4,247
Provided during the year	5,812	13	35	5,859	3,862
Impairments	(1)	-	-	(1)	(0)
Disposals / derecognition	(108)	-	-	(108)	(23)
Accumulated depreciation at 31 March 2024	11,371	26	88	11,485	8,086
Net book value at 31 March 2024	33,051	8	74	33,133	14,206
Net book value at 1 April 2023	30,809	21	20	30,850	17,053
Net book value of right of use assets leased from other NHS providers					8,594
Net book value of right of use assets leased from other DHSC group bodies					5,611

Note 16.3 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 26.1.

	2024/25	2023/24
	£000	£000
Carrying value at 1 April	25,833	25,356
Lease additions	1,185	5,820
Lease liability remeasurements	11,137	693
Interest charge arising in year	436	204
Lease payments (cash outflows)	(6,784)	(6,239)
Carrying value at 31 March	31,807	25,833

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 16.4 Maturity analysis of future lease payments

	Of which leased from DHSC group bodies:		Of which leased from DHSC group bodies:	
	Total		Total	
	31 March	31 March	31 March	31 March
	2025	2025	2024	2024
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	6,645	4,195	4,019	2,024
- later than one year and not later than five years;	14,691	8,268	11,405	5,753
- later than five years.	10,471	5,643	10,409	5,277
Total gross future lease payments	31,807	18,106	25,833	13,054
Finance charges allocated to future periods	-	-	-	-
Net lease liabilities at 31 March 2025	31,807	18,106	25,833	13,054
Of which:				
Leased from other NHS providers		7,729		8,349
Leased from other DHSC group bodies		10,377		4,705

Note 17 Other investments / financial assets (non-current)

	2024/25	2023/24
	£000	£000
Carrying value at 1 April - brought forward	1,125	1,125
Carrying value at 31 March	<u>1,125</u>	<u>1,125</u>

The Trust has a £1,125k investment and 5.31% shareholding in Cristal Health Ltd (trading as Akrivia Health) , a research development software company

Note 18 Disclosure of interests in other entities

The Trust is a corporate trustee of the Oxford Health Charity. The Trust's interest in the charity is not material, therefore they have not been consolidated into these financial statements.

Note 19 Inventories

	31 March 2025 £000	31 March 2024 £000
Drugs *	6,390	3,111
Energy	60	55
Other	13	19
Total inventories	6,463	3,184

* 95% of drug inventories are held by Oxford Pharmacy Stores (OPS) and end of year inventories reflect the growth of OPS in year (Income up 57%) . Inventories are expected to be maintained at this level going forward.

Inventories recognised in expenses for the year were £79,814k (2023/24: £52,694k). Write-down of inventories recognised as expenses for the year were £91k (2023/24: £68k).

Note 20.1 Receivables

	31 March 2025 £000	31 March 2024 £000
Current		
Contract receivables	14,795	16,592
Allowance for impaired contract receivables / assets	(1,548)	(1,437)
Prepayments (non-PFI)	3,412	2,670
PFI lifecycle prepayments	-	742
PDC dividend receivable	35	173
VAT receivable	2,670	2,799
Other receivables	235	181
Total current receivables	19,599	21,722
Non-current		
Other receivables	366	412
Total non-current receivables	366	412
Of which receivable from NHS and DHSC group bodies:		
Current	11,892	12,108
Non-current	336	382

Note 20.2 Allowances for credit losses

	2024/25	2023/24
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 April - brought forward	1,437	1,303
New allowances arising	1,244	1,369
Reversals of allowances	(1,097)	(1,226)
Utilisation of allowances (write offs)	(36)	(9)
Allowances as at 31 Mar 2025	1,548	1,437

Note 21 Other assets

	31 March 2025 £000	31 March 2024 £000
Non-current		
Net defined benefit pension scheme asset	577	433
Other assets	222	218
Total other non-current assets	799	651

Note 22.1 Non-current assets held for sale and assets in disposal groups

	2024/25 £000	2023/24 £000
NBV of non-current assets for sale and assets in disposal groups at 1 April	200	840
Assets classified as available for sale in the year	985	200
Assets sold in year	-	(840)
NBV of non-current assets for sale and assets in disposal groups at 31 March	1,185	200

Shrublands (£200k) remains as an asset held for sale in 2024/25. It has been joined by St Barnabas and South Parade in 2024/25. These assets relate to land and buildings and are surplus to operational requirements.
Harlow House (£840k) was sold during the course of 2023/24.

Note 23.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2024/25	2023/24
	£000	£000
At 1 April	85,628	74,610
Net change in year	12,190	11,018
At 31 March	97,818	85,628
Broken down into:		
Cash at commercial banks and in hand	48	47
Cash with the Government Banking Service	97,770	85,581
Total cash and cash equivalents as in SoFP	97,818	85,628
Total cash and cash equivalents as in SoCF	97,818	85,628

Note 23.2 Third party assets held by the trust

Oxford Health NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March	31 March
	2025	2024
	£000	£000
Bank balances	494	452
Total third party assets	494	452

Note 24.1 Trade and other payables

	31 March 2025 £000	31 March 2024 £000
Current		
Trade payables *	22,031	10,608
Capital payables *	3,427	4,623
Accruals *	43,309	51,613
Social security costs	3,830	3,440
Other taxes payable	3,490	2,903
Pension contributions payable	5,204	4,523
Other payables	166	148
Total current trade and other payables	81,457	77,857
Non-current		
Trade payables	1,500	1,500
Total non-current trade and other payables	1,500	1,500
Of which payables from NHS and DHSC group bodies:		
Current	12,593	8,943

* Combined payable and accruals balances in 2024/25 are £68.8m (2023/24 £66.8m). These balances represent different stages of the Purchase to Pay (P2P) process.

Note 25 Other liabilities

	31 March 2025 £000	31 March 2024 £000
Current		
Deferred income: contract liabilities	35,101	24,222
Total other current liabilities	35,101	24,222

Deferred income relates to consideration received from commissioners, where the performance obligation has not been satisfied at 31 March. These performance obligations will be satisfied in a future period.

Of the £35.1m income deferred at 31 March 2025, £29.0m (2023/24 £20.2m) relates to the Trust's Provider Collaborative.

Note 26.1 Borrowings

	31 March 2025 £000	31 March 2024 £000
Current		
Loans from DHSC	1,356	1,361
Other loans	-	850
Lease liabilities	6,646	4,019
Obligations under PFI arrangements	-	403
Total current borrowings	8,002	6,633
Non-current		
Loans from DHSC	10,712	12,049
Lease liabilities	25,161	21,814
Total non-current borrowings	35,873	33,863

Note 26.2 Reconciliation of liabilities arising from financing activities

	Loans from DHSC £000	Other loans £000	Lease Liabilities £000	PFI schemes £000	Total £000
Carrying value at 1 April 2024	13,410	850	25,833	403	40,496
Cash movements:					
Financing cash flows - payments and receipts of principal	(1,338)	(850)	(6,347)	(403)	(8,938)
Financing cash flows - payments of interest	(515)	-	(437)	(32)	(984)
Non-cash movements:					
Additions	-	-	1,185	-	1,185
Lease liability remeasurements	-	-	11,137	-	11,137
Application of effective interest rate	511	-	436	32	979
Carrying value at 31 March 2025	12,068	-	31,807	0	43,875

	Loans from DHSC £000	Other loans £000	Lease Liabilities £000	PFI schemes £000	Total £000
Carrying value at 1 April 2023	14,749	850	25,356	1,060	42,014
Cash movements:					
Financing cash flows - payments and receipts of principal	(1,338)	-	(6,035)	(657)	(8,030)
Financing cash flows - payments of interest	(566)	-	(204)	(97)	(867)
Non-cash movements:					
Additions	-	-	5,820	-	5,820
Lease liability remeasurements	-	-	693	-	693
Application of effective interest rate	565	-	204	97	866
Carrying value at 31 March 2024	13,410	850	25,833	403	40,496

Note 27.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2024	625	2,249	286	72	19,832	23,064
Change in the discount rate	1	13	-	-	(3)	11
Arising during the year	54	204	204	316	870	1,648
Utilised during the year	(90)	(147)	(29)	-	(168)	(434)
Reversed unused	(23)	-	(154)	-	(168)	(345)
Unwinding of discount	15	54	-	-	17	86
At 31 March 2025	582	2,373	307	388	20,380	24,030
Expected timing of cash flows:						
- not later than one year;	89	148	307	388	13,872	14,804
- later than one year and not later than five years;	357	591	-	-	5,457	6,405
- later than five years.	136	1,634	(0)	(0)	1,051	2,821
Total	582	2,373	307	388	20,380	24,030

Pension provisions relate to early staff retirements where the Trust is liable. The timing and value of the cash flows are based on known costs and individual demographics.

Injury benefit provisions relate to injury benefit awards where the Trust is liable. The timing and value of the cash flows are based on current costs and individual demographics.

Legal claims relate to outstanding public and employer liability cases. These cases are managed by NHS Resolution on behalf of the Trust.

Other includes dilapidations provisions for the Trust's leasehold premises and a provision against the Trust's exit from its PFI arrangements.

There are no material uncertainties around the timing of these cash flows.

Note 27.2 Clinical negligence liabilities

At 31 March 2025, £3,534k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Oxford Health NHS Foundation Trust (31 March 2024: £6,522k).

Note 28 Contingent assets and liabilities

	31 March 2025 £000	31 March 2024 £000
Value of contingent liabilities		
Other	(4,175)	(4,175)
Gross value of contingent liabilities	(4,175)	(4,175)
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	(4,175)	(4,175)

In the event of the Trust not proceeding with the Warneford Redevelopment project once planning permission has been achieved and when funding for the programme has been identified, the Trust will have to reimburse in full the costs that have been jointly incurred through Warneford Park LLP in relation to the planning application and the preparatory work done for this. At the 31st March this figure was capped at £4,175k.

In the event of the Warneford Park LLP withdrawing from the project, the Trust will retain the £1.5m premium paid to the Trust.

Note 29 Contractual capital commitments

	31 March 2025 £000	31 March 2024 £000
Property, plant and equipment	698	984
Intangible assets	73	548
Total	771	1,533

Note 30.1 Changes in the defined benefit obligation and fair value of plan assets during the year

	2024/25	2023/24
	£000	£000
Present value of the defined benefit obligation at 1 April	(2,561)	(2,614)
Current service cost	(12)	(20)
Interest cost	(113)	(121)
Contribution by plan participants	(4)	(7)
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial (gains) / losses	235	21
Benefits paid	551	180
Present value of the defined benefit obligation at 31 March	(1,904)	(2,561)
Plan assets at fair value at 1 April	2,994	2,883
Interest income	135	135
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial gain / (losses)	(113)	132
Contributions by the employer	11	18
Contributions by the plan participants	4	7
Benefits paid	(551)	(180)
Plan assets at fair value at 31 March	2,480	2,994
Plan surplus/(deficit) at 31 March	576	433

Note 30.2 Reconciliation of the present value of the defined benefit obligation and the present value of the plan assets to the assets and liabilities recognised in the balance sheet

	31 March	31 March
	2025	2024
	£000	£000
Present value of the defined benefit obligation	(1,904)	(2,561)
Plan assets at fair value	2,480	2,994
Net defined benefit (obligation) / asset recognised in the SoFP	577	433
Net (liability) / asset after the impact of reimbursement rights	577	433

Note 30.3 Amounts recognised in the SoCI

	2024/25	2023/24
	£000	£000
Current service cost	(12)	(20)
Interest expense / income	22	14
Total net (charge) / gain recognised in SOCI	10	(6)

Note 31 On-SoFP PFI

Description of the scheme

The Oxford Health PFI scheme provides a centre in Oxford for the secure care of 30 clients with mental health problems and 10 clients with learning disabilities. Many of the clients are offenders who have been referred for treatment through the Courts. The scheme also provides a staff accommodation block.

Community Health Facilities (Oxford) Limited have designed, built, financed, maintained and operated the new facility.

They are a special purpose company established through three main sponsors:

The Miller Group Limited

Mitie FM Limited (formerly Interserve (Facilities Management) Ltd)

Uberior Infrastructure Investments Limited (formerly British Linen Investments Limited)

Contract Start Date: 06 September 1999

Contract End Date: 05 September 2024*

*** 04 September 2023 was the date the Trust has exercised its break clause. From 05 September 2024, the Trust has legal ownership of the asset.**

The inflation of the PFI scheme is linked directly to RPI.

The contract involved the lease of Trust land to the operator for nil consideration. The substance of this transaction was that it would result in lower annual payments over the life of the contract, i.e. an implicit reduction in the unitary charge since the operator has not had to lease the land on the open market. Consequently the value of the land is recorded within the Trust's total land value.

Note 31.1 On-SoFP PFI obligations

The following obligations in respect of the PFI arrangements are recognised in the statement of financial position:

	31 March 2025 £000	31 March 2024 £000
Gross PFI liabilities	-	440
Of which liabilities are due		
- not later than one year;	-	440
Finance charges allocated to future periods	-	(37)
Net PFI obligation	-	403
- not later than one year;	-	403

Note 31.2 Total on-SoFP PFI commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2025 £000	31 March 2024 £000
Total future payments committed in respect of the PFI arrangements	-	1,445
Of which payments are due:		
- not later than one year;	-	1,445

Note 31.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2024/25 £000	2023/24 £000
Unitary payment payable to service concession operator	1,349	2,969
Consisting of:		
- Interest charge	32	97
- Repayment of balance sheet obligation	403	657
- Service element and other charges to operating expenditure	426	822
- Capital lifecycle maintenance	-	10
- Contingent rent	488	1,384
Other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment	128	-
Total amount paid to service concession operator	1,477	2,969

Note 32 Financial instruments

Note 32.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Integrated Care Boards (ICB's) and the way those organisations are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by regulator review. The borrowings are for 1 – 20 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit Risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2025 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with Integrated Care Boards and NHS England, which are financed from resources voted annually by Parliament. The Trust is not, therefore, exposed to significant liquidity risks.

Note 32.2 Carrying values of financial assets

	Held at amortised cost £000	Held at fair value through OCI £000	Total book value £000
Carrying values of financial assets as at 31 March 2025			
Trade and other receivables excluding non financial assets	13,360	-	13,360
Other investments / financial assets	-	1,125	1,125
Cash and cash equivalents	97,818	-	97,818
Total at 31 March 2025	111,178	1,125	112,303

	Held at amortised cost £000	Held at fair value through OCI £000	Total book value £000
Carrying values of financial assets as at 31 March 2024			
Trade and other receivables excluding non financial assets	15,226	-	15,226
Other investments / financial assets	-	1,125	1,125
Cash and cash equivalents	85,628	-	85,628
Total at 31 March 2024	100,854	1,125	101,979

Note 32.3 Carrying values of financial liabilities

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2025		
Loans from the Department of Health and Social Care	12,068	12,068
Obligations under leases	31,807	31,807
Trade and other payables excluding non financial liabilities	67,608	67,608
Total at 31 March 2025	111,483	111,483

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2024		
Loans from the Department of Health and Social Care	13,410	13,410
Obligations under leases	25,833	25,833
Obligations under PFI, LIFT and other service concession contracts	403	403
Other borrowings	850	850
Trade and other payables excluding non financial liabilities	64,611	64,611
Total at 31 March 2024	105,107	105,107

Note 32.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2025 £000	31 March 2024 £000
In one year or less	76,075	69,444
In more than one year but not more than five years	21,437	20,716
In more than five years	16,370	17,915
Total	113,882	108,075

Note 32.5 Fair values of financial assets and liabilities

The book value (carrying value) is a reasonable approximation of fair value.

Note 33 Losses and special payments

	2024/25		2023/24	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	-	-	6	1
Bad debts and claims abandoned	82	29	-	-
Stores losses and damage to property	3	89	3	68
Total losses	85	118	9	69
Special payments				
Compensation under court order or legally binding arbitration award	3	22	1	2
Ex-gratia payments	32	40	23	32
Total special payments	35	62	24	34
Total losses and special payments	120	180	33	104

Note 34 Related parties

Oxford Health NHS Foundation Trust is a body corporately established by order of the Secretary of State for Health. The Department of Health and Social Care is regarded as a related party. During the year the Trust had a number of material transactions with the department, and with other entities for which the department is regarded as the parent department. These entities are listed below in order of significance and represent 83% of the Trusts total income.

NHS Buckinghamshire, Oxfordshire and Berkshire West ICB
NHS England
Department of Health and Social Care
NHS Bath and North East Somerset, Swindon and Wiltshire ICB
University Hospital Southampton NHS Foundation Trust
Royal Berkshire NHS Foundation Trust
Hampshire Hospitals NHS Foundation Trust
University Hospitals Dorset NHS Foundation Trust
Oxford University Hospitals NHS Foundation Trust

Other bodies that the Trust has had material transactions with are:

NHS Pension Scheme
HM Revenue and Customs
Oxfordshire County Council
NHS Property Services
Community Health Partnerships
Buckinghamshire Council
NHS Resolution
The University of Oxford

The Trust has also received payments from the Oxford Health Charity, the trustees for which are also members of the Oxford Health NHS Foundation Trust Board.

The individuals and entities that the Department of Health and Social Care identifies as meeting the definition of Related Parties set out in IAS 24 (Related Party Transactions) are also deemed to be related parties of entities within the Departmental Group.

This note therefore sets out the individuals and entities which we have assessed as meeting the IAS 24 definition of Related Parties for the year ending 31 March 2025 to assist group bodies in preparing disclosures compliant with IAS 24.

Ministers

The Rt Hon Victoria Atkins MP
Andrew Stephenson CBE MP
Andrea Leadsom MP
Helen Whately MP
Maria Caulfield MP
The Lord Markham CBE
The Rt Hon Wes Streeting MP
Karin Smyth MP
Stephen Kinnock MP
Ashley Dalton MP
Andrew Gwynne
Baroness Gillian Merron

Senior Officials

Sir Chris Wormald KCB
Professor Sir Christopher Whitty KCB
Shona Dunn
Clara Swinson CB
Jonathan Marron CB
Matthew Style
Michelle Dyson
Andrew Brittain
Professor Lucy Chappell
Jenny Richardson
Zoe Bishop
Hugh Harris
Lorraine Jackson
Sally Warren
Catherine Frances CB
Tom Riordan

Non-executive Directors

Gerry Murphy
Doug Gurr
Steve Rowe
Samantha Jones
Sir Roy Stone
Will Harris
The Rt Hon Alan Milburn
Richard Douglas
Naomi Eisenstadt CB
Baroness Camilla Cavendish
Phil Jordan

	Categorisation of body added by NHS England	
Listing provided by DHSC	Bodies within government control (see GAM para 5.252: fewer disclosures required for these entities as part of the public sector)	Other bodies
ABF Energy Ltd		ABF Energy Ltd
AB Sugar China North Ltd		AB Sugar China North Ltd
AB Sugar China Ltd		AB Sugar China Ltd
AB Sugar China Holdings Ltd		AB Sugar China Holdings Ltd
Accurx Ltd		Accurx Ltd
Advantage Mentoring C.I.C		Advantage Mentoring C.I.C
Alzheimer's Society		Alzheimer's Society
AM Strategy Ltd		AM Strategy Ltd
Andigital Ltd		Andigital Ltd
Anglofive Ltd		Anglofive Ltd
Apax Partners UK Ltd		Apax Partners UK Ltd
Bridge Consulting London Limited		Bridge Consulting London Limited
Capital & Regional PLC		Capital & Regional PLC
Chock Professional Services Ltd		Chock Professional Services Ltd
CommentSold		CommentSold
Competition & Markets Authority	Competition & Markets Authority	
CRN Thames Valley and South Midlands Partnership	CRN Thames Valley and South Midlands Partnership	
Currys Plc		Currys Plc
Demelza Hospice Care for Children		Demelza Hospice Care for Children
Estover Energy Ltd		Estover Energy Ltd
Extra Time Partners Ltd		Extra Time Partners Ltd
Fareshare		Fareshare
Farnborough Park Consulting Ltd		Farnborough Park Consulting Ltd
Forton Firewood and Sawmill Ltd		Forton Firewood and Sawmill Ltd
GrowUp Group Ltd		GrowUp Group Ltd
Hope Enterprises (Northampton) CIC		Hope Enterprises (Northampton) CIC
Island Research LLP		Island Research LLP
IVC Evidensia		IVC Evidensia
Keys Group Limited		Keys Group Limited
Kindling Transformative Interventions		Kindling Transformative Interventions Ltd
Macmillan Cancer Support		Macmillan Cancer Support
Natural History Museum	Natural History Museum	
Newhaven Fishing Community Interest Company		Newhaven Fishing Community Interest Company
NHS Confederation		NHS Confederation
NHS Employers Policy Board		NHS Employers Policy Board
Nichols and Harris LLP		Nichols and Harris LLP
Northampton Hope Centre		Northampton Hope Centre
Norwood Ravenswood		Norwood Ravenswood
@PVJCIO Ltd		@PVJCIO Ltd
Penneys XI Ltd		Penneys XI Ltd
Place2Be		Place2Be
R2B H Ltd		R2B H Ltd
Samantha Jones Limited		Samantha Jones Limited
Seed Developments Ltd		Seed Developments Ltd
Seed Invesco Ltd		Seed Invesco Ltd

Sightsavers (registered in the UK as Royal Commonwealth Society for the Blind)		Sightsavers (registered in the UK as Royal Commonwealth Society for the Blind)
Social Mobility Foundation		Social Mobility Foundation
South East Medical Services Ltd		South East Medical Services Ltd
Smith Whitty International Consultants Ltd		Smith Whitty International Consultants Ltd
The Alan Turing Institute		The Alan Turing Institute
Top Up TV 2 Ltd		Top Up TV 2 Ltd
Top Up TV Europe Ltd		Top Up TV Europe Ltd
Top Up TV Holdings Ltd		Top Up TV Holdings Ltd
UK Biobank Ltd		UK Biobank Ltd
Unbiased EC1 Ltd		Unbiased EC1 Ltd
XLinks Ltd		XLinks Ltd
Yorkshire Sculpture Park		Yorkshire Sculpture Park

Note 35 Events after the reporting date

None

Note 36 Buckinghamshire and Oxfordshire Pooled Budget

Oxford Health NHS Foundation Trust host two pooled budgets with Buckinghamshire Council and one pooled budget with Oxfordshire County Council.

These are treated as agency transactions and only Oxford Health's proportion of expenditure is recognised in the Trust's accounts.

1 April 2024 to 31 March 2025

Oxfordshire			
Adults of Working Age	£000's	£000's	£000's
Delegated Budgets	Total	Oxford Health Contribution	Oxfordshire County Council
Expenditure			
Pay	11,789	10,021	1,768
Non-pay	447	413	34
	12,236	10,434	1,802
Income	-47	-47	0
Total Delegated Budgets	12,189	10,387	1,802
Overhead Contribution	0	0	0
Contribution to the Pool	12,189	10,387	1,802

Buckinghamshire			
Adults of Working Age	£000's	£000's	£000's
Delegated Budgets	Total	Oxford Health Contribution	Buckinghamshire County Council
Expenditure			
Pay	2,919	0	2,919
Non-pay	146	0	146
	3,065	0	3,065
Income	0	0	0
Total Delegated Budgets	3,065	0	3,065
Overhead Contribution	215	0	215
Contribution to the Pool	3,280	0	3,280

Glossary of Terms

Abbreviation	Term
OCI	Other Comprehensive Income
IFRS	International Financial Reporting Standards
SoCI	Statement of Comprehensive Income
SoFP	Statement of Financial Position
PFI	Private Finance Initiative
GAM	Group Accounting Manual
ICS	Intergrated Care System
ICB	Intergrated Care Board
CQUIN	Commissioning for Quality Innovation
CAMHS	Child and Adolescent Mental Health Services
AED	Adult Eating Disorders
IAS	International Accounting Standards
DHSC	Department of Health and Social Care
API	Aligned Payment and Incentive
BPT	Best Practice Tariffs
PDC	Public Dividend Capital

Meeting:	Board of Directors' Meeting
Date of Meeting:	18 September 2025
Agenda item:	15
Report title:	Review of Trust Constitution
Executive sponsor(s):	Taff Gidi, Executive Director of Corporate Affairs
Report author(s):	Taff Gidi, Executive Director of Corporate Affairs
Action this paper is for:	<input checked="" type="checkbox"/> Decision/approval <input type="checkbox"/> Information <input type="checkbox"/> Assurance
Reason for submission to the Board:	To approve the revised constitution.
Public or confidential	Confidential

Executive summary

The Trust constitution has been reviewed to ensure it is up-to-date and compliant with current law. Below is a summary of main changes made to the constitution:

- Constitution reviewed to reflect 2022 amendment to the NHS Act (2006).
- Section on appointment of Non-Executive Directors reviewed to ensure it aligns with how the Trust appoints other Board level Directors.
- Updates to job titles and other terminology that is no longer used in the NHS.
- To add new section on joint working and delegation to facilitate system working

All areas where changes have been made are highlighted in the draft constitution attached in the appendix. We have sought advice from our solicitors to inform the constitution review process. The revised constitution was presented to the Board of Directors on 23rd July 2025 who approved the proposed changes.

The Council of Governors is asked to approve the revised constitution. Once approved by the Council of Governors, the constitution will be presented to the Annual General Meeting on 25th September for approval.

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

Executive Forum on 14th July 2025
Board of Directors on 23rd July 2025

Recommendation(s)

The Council of Governors is asked to approve the updated constitution.

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

Link to CQC domain – where applicable
<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well-led

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	<input type="checkbox"/> BAF	<input type="checkbox"/> TRR
Equality, diversity and inclusion	No	
Legal and regulatory	Yes – Constitution in line with the NHS Act and the amended acts as well as the Code of Governance	

CONSTITUTION

OF

OXFORD HEALTH NHS FOUNDATION TRUST

(A Public Benefit Corporation)

Version approved TBC by the Council of Governors

July 2025 by the Board

adopted from TBC

Annual Members Meeting and Annual General Meeting

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OXFORD HEALTH NHS FOUNDATION TRUST (A PUBLIC BENEFIT CORPORATION)

CONSTITUTION

This Constitution represents the Constitution of Oxford Health NHS Foundation Trust as adopted in accordance with the 2006 Act (as defined below) as amended by the 2012 Act (as defined below). This Constitution sets out the powers and functions of the Trust. In exercising its powers and carrying out its functions the Trust shall aim to provide the best possible patient care, based on evidence and in a culture that encourages continuous improvement

Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this Constitution shall bear the same meaning as in the 2006 Act as amended by the 2012 Act.

References in this Constitution to legislation include all amendments, replacements, or re-enactments made, and include all subordinate legislation made thereunder.

Headings are for ease of reference only and are not to affect interpretation. All annexes referred to in this Constitution form part of it.

Words importing the masculine gender only shall include all other gender identities; words importing the singular shall include the plural and vice-versa.

References to paragraphs are to paragraphs in this Constitution save that where there is a reference to a paragraph in an annex to this Constitution it shall be a reference to a paragraph in that annex unless the contrary is expressly stated or the context otherwise so requires.

1 Definitions

1.1 In this Constitution:

2006 Act - means the National Health Service Act 2006 as amended;

2012 Act - means the Health and Social Care Act 2012;

Accounting Officer - means the Chief Executive who discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act;

Annual Accounts - means those accounts prepared by the Trust (through the Accounting Officer) pursuant to paragraph 25 of Schedule 7 to the 2006 Act;

Annual Members' Meeting – means the annual meeting of the Members as provided for in paragraph 6.8;

Annual Report – means the annual report of the Trust prepared by the Trust as referred to in paragraph 15.1;

Appointed Governor - means a ICS Governor, a Local Authority Governor, or an 'Other' Partnership Governor;

Audit Committee - means the committee of the Board of Directors as established pursuant to paragraph 8.9.4;

Auditor - means the auditor of the Trust appointed by the Council of Governors pursuant to paragraph 7.15.3.1;

Board of Directors - means the Board of Directors of the Trust as constituted in accordance with this Constitution;

ICS – means Buckinghamshire, Berkshire and Oxfordshire ICS;

ICS Governor – means the Governor appointed to represent the ICs pursuant to paragraph 7.6.1;

Council of Governors' Code of Conduct / Code of Conduct for Governors - means the Trust's code of conduct for Governors (as amended from time to time);

CoG's Nominations & Remuneration Committee – means the committee appointed by the Council of Governors pursuant to paragraph 8.6.1.3;

Council of Governors - means the Council of Governors of the Trust as constituted in accordance with this Constitution;

Chair - means the Chair of the Trust appointed in accordance with paragraph 7.15.3.1;

Chief Executive - means the Chief Executive of the Trust appointed in accordance with paragraph 8.6.2;

Constituency – means the Public Constituency or the Staff Constituency or the Patient Constituency and “**Constituencies**” shall be construed accordingly;

Constitution - means this Constitution together with its annexes;

Director - means an Executive or Non-Executive Director;

Company Secretary - means the Executive Director of Corporate Affairs who is the Company Secretary of the Trust or any other person or corporate body appointed to perform the duties of the company secretary of the Trust, including a joint, Assistant or Deputy Secretary;

Elected Governor - means a Patient Governor; or a Staff Governor or a Public Governor;

Election Scheme - means the election rules set out at Annex 5 of the Constitution as may be amended from time to time;

Engagement Policy – means the Engagement Policy in relation to the interaction of the Board of Directors and Council of Governors as published by the Council of Governors and amended from time to time;

Executive Director - means an Executive Director of the Trust being the Chief Executive, Chief Finance Officer or such other Executive Director as is appointed under paragraph 8.6.2;

Chief Finance Officer - means the Chief Finance Officer of the Trust appointed in accordance with paragraph 8.6.2;

Financial Year - each successive period of twelve months beginning with 1st April in any year;

Governor - means a member of the Council of Governors;

Health Overview and Scrutiny Committee - means a local authority overview and scrutiny committee established pursuant to Section 21 of the Local Government Act 2000;

Health Service Body - shall have the meaning ascribed to it in section 65(1) of the 2006 Act;

Healthwatch – means a Healthwatch England committee as defined in section 181 of the Health and Social Care Act 2012 or a Local Healthwatch organisation as defined in section 222 of the Local Government and Public Involvement in Health Act 2007;

Hospital means: Warneford Hospital; Littlemore Hospital; the Trust's Community Hospitals and all associated hospitals, establishments and facilities at which the Trust provides and/or manages the provision of goods and/or services, including accommodation and "**Hospitals**" shall be construed accordingly;

NHS England**Lead Governor** – means the Governor appointed by the Council of Governors as the Trust's lead Governor pursuant to paragraph 7.1.3;

Local Authority – means any of: Oxfordshire County Council; and Buckinghamshire County Council and "**Local Authorities**" shall be construed accordingly;

Local Authority Governor - means a member of the Council of Governors appointed pursuant to paragraph 7.7 by a Local Authority;

Member - means a member of the Trust and the term “**Membership**” shall be construed accordingly;

Nolan Principles – means the seven principles of conduct of holders of public office enunciated by the Nolan Committee in its Report on Standards in Public Office;

Non-Executive Director – means the Chair or such other Non-Executive Director of the Trust appointed in accordance with paragraph 8.6.1;

Other Partnership Governor - means a member of the Council of Governors appointed by an ‘Other’ Partnership Organisation pursuant to paragraph 7.8;

Other Partnership Organisation – means Buckinghamshire MIND; Age UK Oxfordshire; Oxford Brookes University; Oxford University NHS Foundation Trust; Buckinghamshire Healthcare NHS Trust and/or such other organisation as may be appointed as such under this Constitution;

Patient Constituency - means the constituency made up of the Patient Constituency Classes;

Patient Constituency Class – means the classes making up the Patient Constituency as set out in Annex 3 and “Patient Constituency Classes” shall be construed accordingly;

Patient Governor - means a member of the Council of Governors elected by the members of a Patient Constituency Class.

Policies – means the Trust’s published policies on whistleblowing, confidentiality, equal opportunities and such other reasonable Trust policies as are notified to the Directors, and Governors in writing from time to time;

Public Constituency - means the constituency made up of the Public Constituency Classes;

Public Constituency Class – means the classes making up the Public Constituency as set out in Annex 1 and “**Public Constituency Classes**” shall be construed accordingly;

Public Governor - means a member of the Council of Governors elected by the members of a Public Constituency Class.

Registered Dentist – means a registered dentist within the meaning of the Dentists Act 1984;

Registered Medical Practitioner – means a medical practitioner who is fully registered within the meaning of the Medical Act 1983 who holds a license to practice under that Act.

Registered Midwife – means a person who is registered to practice as a midwife by the Nursing and Midwifery Council;

Registered Nurse – means a person who is registered to practice as a nurse by the Nursing and Midwifery Council;

Senior Independent Director - means an independent Non-Executive Director appointed by the Board of Directors (in consultation with the Council of Governors) and having the role envisaged by the NHS England's NHS Foundation Trust Code of Governance;

Staff Class – one of the classes for the Staff Constituency as set out in Annex 2 and “**Staff Classes**” shall be construed accordingly;

Staff Constituency – means the constituency of the Trust comprising the Staff Classes as referred to Annex 2;

Staff Governor - means a member of the Council of Governors elected by the members of a Staff Class;

Trust - means the Oxford Health NHS Foundation Trust;

Vice Chair - means the Non-Executive Director appointed as the vice/deputy Chair of the Trust by the Council of Governors in a general meeting;

Voluntary organisation – means a body, other than a public or local authority, the activities of which are not carried on for profit

Relevant Body – In this section “relevant body” means—

(a) NHS England,

(b) an integrated care board,

(c) an NHS trust established under section 25,

(d) an NHS foundation trust, or

(e) such other body as may be prescribed.

2 Name

- 2.1 The name of the Foundation Trust is "Oxford Health NHS Foundation Trust" (the Trust).

3 Principal Purpose

- 3.1 The Trust's principal purpose is the provision of goods and services for the purposes of the health service in England.
- 3.2 The Trust does not fulfil its principal purpose unless, in each Financial Year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.

4 Other Purposes

- 4.1 In addition to the Trust's principal purpose as set out in paragraph 3, the Trust may:

- 4.1.1 provide goods and services for any purposes related to:

4.1.1.1 the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness; and

4.1.1.2 the promotion and protection of public health;

- 4.1.2 carry out research in connection with the provision of health care and make facilities and staff available for the purposes of education, training or research carried on by others; and

- 4.1.3 carry on activities other than those mentioned above for the purposes of making additional income available in order to better carry on the Trust's principal purpose.

5 Powers

- 5.1 The Trust has all the powers of an NHS Foundation Trust as set out in the 2006 Act.
- 5.2 All the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust.
- 5.3 Any of the powers of the Trust may be delegated to a committee of Directors or to an Executive Director in accordance with this Constitution and the Standing Orders of the Board of Directors.

The Trust may delegate powers or work jointly with partners as set out in the 2006 Act. The Trust may arrange for any functions exercisable by it to be exercised by or jointly with any one or more of the following:

(a) a relevant body;

(b) a local authority (within the meaning of section 2B of the Act);

(c) a combined authority.

6 Members and constituencies

6.1 Constituencies

6.1.1 The Trust has three Constituencies, namely:

6.1.1.1 the Public Constituency;

6.1.1.2 the Staff Constituency; and

6.1.1.3 the Patient Constituency.

6.2 Public Constituency

6.2.1 Subject to paragraph 6.5 an individual is eligible to become a Member of the Public Constituency and therefore a Public Constituency Class if they:

6.2.1.1 live in the area specified for that Public Constituency Class in the corresponding entry in column 2 of Annex 1;

6.2.1.2 are not a member of another Public Constituency Class;

6.2.1.3 are not eligible to become a Member of the Staff Constituency;

- 6.2.1.4 are at least 12 years old at the time of their application to be a Member; and
- 6.2.1.5 are not disqualified for membership under paragraph 6.5.
- 6.2.2 Those individuals who are eligible to be Members of the Public Constituency Classes are referred to collectively as the “Public Constituency”.
- 6.2.3 An eligible individual shall become a Member upon entry to the membership register pursuant to an application by them.
- 6.2.4 On receipt of an application for Membership and subject to being satisfied that the applicant is eligible the **Executive Director of Corporate Affairs** shall cause the applicant’s name to be entered in the Trust’s register of Members.
- 6.2.5 The minimum number of Members of each Public Constituency Class is set out in column 3 of Annex 1.

6.3 Staff Constituency

- 6.3.1 Subject to paragraphs 6.3.2 and 6.5 individuals are eligible to become members of the Staff Constituency if they are at least 16 years old and:
 - 6.3.1.1 they are employed by the Trust under a contract of employment (other than as a Non-Executive Director);
 - 6.3.1.2 For the avoidance of doubt members of the Staff Constituency cannot be members of the Public Constituency.
- 6.3.2 An individual is only eligible to become a member of the Staff Constituency under paragraph 6.3.1 above if they satisfy the minimum duration requirements set out in 3(3) of Schedule 7 to the 2006 Act, that is to say:
 - 6.3.2.1 In the case of individuals qualifying under paragraph 6.3.1.1 above, they:
 - (a) are employed by the Trust under a contract of employment which has no fixed term;
 - (b) are employed by the Trust under a contract of employment which has a fixed term of at least 12 months; or

- (c) have been continuously employed by the Trust under a contract of employment for at least 12 months;

6.3.2.2 For the purposes of paragraphs 6.3.2.1, Chapter 1 of Part 14 of the Employment Rights Act 1996 shall apply for the purposes of determining whether the individual has been continuously employed by the Trust or has continually exercised functions on behalf of the Trust.

6.3.3 An individual who is:

6.3.3.1 eligible to become a member of the Staff Constituency who qualifies under paragraph 6.3.1.1; and

6.3.3.2 is invited by the Trust to become a member of the Staff Constituency and appropriate Staff Class within the Staff Constituency

shall become a Member of the Trust as a member of the Staff Constituency and relevant Staff Class without an application for Membership being made unless they inform the Trust that they do not wish to become a Member.

6.3.4 On receipt of an application for Membership for those qualifying for membership of the Trust under paragraph 6.3.3, and subject to being satisfied that the applicant is eligible, the **Executive Director of Corporate Affairs** shall cause the applicant's name to be entered in the Trust's register of Members.

6.3.5 Those individuals who are eligible for Membership by reason of the provisions set out in this paragraph 6.3 are referred to collectively as the "Staff Constituency".

6.3.6 Staff Constituency: Classes

6.3.6.1 The Staff Constituency shall be divided into 5 descriptions of individuals who are eligible for membership of the Staff Constituency, each description of individuals being specified within Annex 2 and being referred to as a Staff Class within the Staff Constituency.

6.3.6.2 Individuals who are eligible to be a member of the Staff Constituency may not become or continue as a Member of

more than one Staff Class, and individuals who are eligible to join more than one Staff Class shall be allocated to the Staff Class for which they are primarily employed or engaged.

6.3.7 The minimum number of Members for each Staff Class is set out in Annex 2.

6.4 Patients' Constituency

6.4.1 Members who are Members of the Patients' Constituency shall be individuals who:

6.4.2 Have attended any of the Trust's services as a patient within the 5 years immediately preceding the date of an application by the patient to become a member of the Trust; or

6.4.3 Are the regular carer of a patient who has attended any of the Trust's services within the 5 years immediately preceding the date of an application by the carer to become a member of the Trust; and does not provide care for that patient:

- a. By virtue of a contract of employment or other contract; or
- b. As a volunteer for a voluntary organisation; and

6.4.4 are not eligible to become a Member of the Staff Constituency and are not Members of any other constituency;

6.4.5 are not disqualified for membership under paragraph 6.5; and

6.4.6 have applied to the Trust to become a Member; and were at least 12 years of age at the date of their application to become a Member.

6.4.7 Those individuals who are eligible for membership of the Trust by reason of the previous provisions are referred to collectively as the Patients' Constituency.

6.4.8 The Patients' Constituency shall be divided into 3 descriptions of individuals who are eligible for membership of the Patients' Constituency, each description of individuals being specified within Annex 3 and being referred to as a class within the Patients' Constituency.

6.4.9 The minimum number of members in each class of the Patients' Constituency is specified in Annex 3.

6.5 Disqualification for Membership

6.5.1 An individual may not be or continue as a Member of the Trust if, in respect of:

6.5.1.1 a Public Member, they do not meet the relevant eligibility criteria under paragraph 6.2; or

6.5.1.2 a Staff Member, they do not meet the relevant eligibility criteria under paragraph 6.3; or

6.5.1.3 a Patient Member, they do not meet the relevant eligibility criteria under paragraph 6.4.

6.5.2 It is the responsibility of each Member to ensure their eligibility for membership. If the Trust is on notice that a Member may no longer be eligible to be a Member, the Trust shall carry out such reasonable enquiries as it considers necessary to establish if this is the case and shall invite the Member concerned to comment on its findings (within 14 days), and following receipt of any comments or expiry of that 14 day period (whichever occurs first) the Executive Director of Corporate Affairs shall decide whether such Member should be disqualified.

6.6 Termination of Membership

6.6.1 A Member shall cease to be a Member if they:

6.6.1.1 resigns by notice in writing to the Executive Director of Corporate Affairs; or

6.6.1.2 ceases to fulfil the eligibility requirements of paragraphs 6.2, 6.3 or 6.4 and/or is disqualified under paragraph 6.5.

6.6.2 The Council of Governors may also terminate the membership of a Member by a resolution approved by not less than two-thirds of the Governors present and voting at a General Meeting if in the reasonable opinion of the Council of Governors the Member:

- a. is the maker, or has procured the making, or has otherwise been involved in making, vexatious complaints to or about the Trust, its officers or staff
- b. has conducted them in a manner which has caused or is likely to cause material prejudice to the best interests of the Trust;

- c. has been violent towards Trust staff or has been banned from any Trust Hospital for inappropriate behaviour towards Trust staff, patients or other visitors to the Trust.

6.6.3 In all cases where an individual ceases to be entitled to be a Member, the Executive Director of Corporate Affairs shall cause their name to be forthwith removed from the Register of Members and they shall thereupon cease to be a Member.

6.6.4 If the Member is also a Governor, the provisions of paragraph 7.12. apply to any proposal to terminate their membership.

6.6.5 No person who has been expelled from membership is to be re-admitted except by a resolution carried by the votes of two-thirds of the Council of Governors voting at a General Meeting of the Council of Governors.

6.7 Voting at Governor Elections

6.7.1 A Member may not vote in an election for an Elected Governor unless within the specified time period they have made a declaration in the specified form setting out the particulars of their qualification to vote as a member of the Constituency (and where relevant the appropriate class within that Constituency) for which the election is being held. The specified time period and form of declaration are specified in the Election Scheme.

6.7.2 It is an offence for any Member to knowingly or recklessly make such a declaration as is referred to at paragraph 6.7.1 which is false in a material particular.

6.7.3 An individual who is a Member of another Foundation Trust as well as the Trust may vote in elections for this Trust provided they are able to comply with the provisions of this paragraph 6.7 (Voting at Governor Elections).

6.8 Annual Members' Meeting

6.8.1 The Trust shall every year hold an Annual Members' Meeting which shall be open to members of the public.

6.8.2 The following documents shall be presented at the Annual Members' Meeting by at least one of the Directors:

6.8.2.1 the Annual Accounts;

6.8.2.2 any report of the Auditor on the Annual Accounts; and

6.8.2.3 the Annual Report.

6.8.3 The Trust may combine a meeting of the Council of Governors convened for the purposes of being presented with the documents in sub-paragraph 6.8.2 with the Annual Members' Meeting.

6.8.4 In accordance with paragraph 20.3 where an amendment has been made to the Constitution in relation the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as a part of the Trust), Members shall be given an opportunity to vote at the Annual Members' Meeting on whether they approve the amendment which shall be presented to that meeting by at least one Governor.

6.8.5 Where an amendment has been presented to the Annual Member's Meeting in accordance with paragraph 6.8.4, and it is not approved by more than half of the Members voting such amendment shall cease to have effect and the Trust shall take such steps as are necessary as a result.

7 Council of Governors

7.1 Composition

7.1.1 The Trust shall have a Council of Governors which shall consist of Elected Governors and Appointed Governors (as set out in paragraph 7.1.2).

7.1.2 The composition of the Council of Governors shall be:

7.1.2.1 eight (8) Public Governors representing the Public Constituency Classes as set out in Annex 1;

7.1.2.2 nine (9) Staff Governors representing the Staff Classes as set out in Annex 2;

7.1.2.3 Eleven (11) Patient Governors representing the Patient Classes as set out in Annex 3;

7.1.2.4 one (1) ICS Governor;

7.1.2.5 two (2) Local Authority Governors; and

7.1.2.6 five (5) Other Partnership Governors.

7.1.3 The Council of Governors shall nominate a Governor to be the Trust's Lead Governor for up to 3 years as aligned with tenures and as determined by the Council.

7.2 Governor Elections

7.2.1 Elected Governors shall be chosen by election by their Constituency or, where there are classes within a Constituency, by their class within that Constituency. The number of Governors to be elected by each Constituency or, where appropriate, by each class of each Constituency, is as set out in Annexes 1, 2 and 3.

7.2.2 Elections for Elected Governors shall be conducted in accordance with the Election Scheme. A subsequent variation to the Election Scheme to reflect a change to the NHS England's model election rules shall not constitute a variation of the terms of this Constitution for the purposes of paragraph 20.1.

7.2.3 The Election Scheme provides for arrangements to be made to assist those persons requiring assistance to vote.

7.2.4 Members:

7.2.4.1 standing for; and/or

7.2.4.2 voting in

Governor elections must comply with the terms of the Election Scheme.

7.2.5 Where an election is contested, the election shall be by secret ballot.

7.3 Public Governors

7.3.1 Each Public Constituency Class shall elect the number of Governors set against it in column 5 of Annex 1.

7.3.2 Members of each Public Constituency Class may elect any of their number who is eligible to be a Public Governor.

7.3.3 An individual may not stand for election to the Council of Governors as a Public Governor unless:

7.3.3.1 in accordance with paragraph 12 of the Election Scheme (Annex 5), they have made a declaration in the form specified in that part of that annex of their qualification to vote as a Member of the Public Constituency Class for which the election is being held; and

7.3.3.2 they are not prevented from being a member of the Council of Governors by paragraph 7.12 (Suspension and disqualification).

7.3.4 It is an offence for any Member to knowingly or recklessly make such a declaration as is referred to in paragraph 7.3.3.1 which is false in a material particular.

7.4 Staff Governors

7.4.1 Members of each Staff Class may elect the number of Governors for that Staff Class as set out in Annex 2.

7.4.2 Members of the Staff Constituency may elect any individual who is eligible to be a Staff Governor in respect of the relevant Staff Constituency.

7.4.3 The Election Scheme, including the specified forms of and periods for declarations to be made by candidates standing for office and Members as a condition of voting and the process if the election is uncontested, is set out in Annex 5.

7.5 Patient Governors

7.5.1 Subject to the provisions of paragraph 7.5.5 below, members of a Class of the Patients' Constituency may elect any of their number to be a Patient Governor for that Class.

- 7.5.2 If contested, the election shall be by secret ballot using the single transferable voting method in accordance with the Election Scheme.
- 7.5.3 The Election Scheme (including the specified forms of and periods for declarations to be made by candidates standing for office as a Governor and by Members as a condition of voting and the process if the election is uncontested) is set out in Annex 5.
- 7.5.4 A person may not stand for election to the Council of Governors as a Patient Governor unless, within the period specified in Annex 5, they have made a declaration in the form specified in that Annex stating of which Class within the Patients' Constituency they are a Member and that they are not prevented from being a Governor by paragraph 8 of Schedule 7 to the 2006 Act or by any provision of the Constitution. It is an offence knowingly or recklessly to make such a declaration which is false in a material particular.
- 7.5.5 Notwithstanding paragraph 7.5.1 above, a Patient and their primary carer shall not both be eligible to stand for election as a Patient Governor at the same election nor shall they be eligible to stand for election if in consequence their respective terms of office if elected would or may coincide wholly or in part.

- 7.6.1 The Trust may appoint one ICS Governor. The Chair or Executive Director of Corporate Affairs of the Trust may invite a relevant ICS authority to appoint one such Governor. The absence of any such invitation shall not preclude the ICS from appointing its Commissioner Governor (such person must be eligible to be, and not disqualified from being, a Governor under this Constitution).

7.7 Local Authority Governors

- 7.7.1 Each of the Local Authorities may appoint one Local Authority Governor (such person must be eligible to be, and not disqualified from being, a Governor under this Constitution) by notice in writing signed by:

7.7.1.1 the leader of the relevant council;

7.7.1.2 or a member of the relevant council's Executive,
and delivered to the Executive Director of Corporate Affairs.

7.8 Other Partnership Governors

- 7.8.1 Each Other Partnership Organisation may appoint one Other Partnership Governor (such person being eligible to be, and not disqualified from being, a Governor under this Constitution) as set out below:

7.8.1.1 Oxford Brookes University may appoint a University Governor by notice in writing signed by the principal and delivered to the Executive Director of Corporate Affairs.

- 7.8.1.2 Buckinghamshire Mind may appoint Partnership Governor by notice in writing signed by the Chair and delivered to the **Executive Director of Corporate Affairs**
- 7.8.1.3 Age UK Oxfordshire may appoint Partnership Governor by notice in writing signed by the Chair and delivered to the **Executive Director of Corporate Affairs.**
- 7.8.1.4 Buckinghamshire Healthcare NHS Trust may appoint Partnership Governor by notice in writing signed by the Chair and delivered to the **Executive Director of Corporate Affairs.**
- 7.8.1.5 Oxford University Hospitals NHS Foundation Trust may appoint Partnership Governor by notice in writing signed by the chair and delivered to the **Executive Director of Corporate Affairs.**

7.9 Transition arrangements

- 7.9.1 Where an Elected Governor ceases to be eligible to hold the office to which they were elected by virtue of paragraphs 6.2, 6.3 or 6.4 that Elected Governor shall immediately notify the **Executive Director of Corporate Affairs** of the circumstances giving rise to their ineligibility.
- 7.9.2 Where the **Executive Director of Corporate Affairs** receives notice from an Elected Governor, pursuant to paragraph 7.9.1, that they believe they are no longer eligible to hold their office (or the **Executive Director of Corporate Affairs** otherwise becomes aware that the Elected Governor is no longer eligible to hold their office) the **Executive Director of Corporate Affairs** shall notify the Elected Governor that their position is suspended with immediate effect and shall ask the Governor if they:

7.9.2.1 wish to stand down as a Governor; and

7.9.3 Where the Elected Governor confirms in writing that they:

7.9.3.1 will stand down as a Governor, such resignation shall take effect immediately;

the provisions of paragraphs 7.13 – 7.14 shall apply.

7.10 Terms of Office

7.10.1 Elected Governors:

7.10.1.1 shall be elected for a period of up to 3 years;

7.10.1.2 are, subject to paragraphs 7.10.1.3 and 7.10.1.4 eligible for re-election at the end of the period referred to in paragraph 7.10.1.1;

7.10.1.3 may hold office for a maximum of 9 years but in exceptional circumstances (as determined by the Council of Governors) may serve longer than 9 years, but any extension beyond 9 years will be subject to annual re-election and, in any event, they shall not serve for a total term longer than 12 years; and

7.10.1.4 shall cease to hold office if they cease to be a member of the Constituency (or relevant class within a Constituency) or in any other situation specified in this Constitution.

7.10.2 Appointed Governors:

7.10.2.1 shall be appointed for a period of 3 years.

7.10.2.2 are, subject to paragraphs 7.10.2.3 and 7.10.2.4 eligible for reappointment at the end of the period referred to in paragraph 7.10.2.1;

7.10.2.3 may hold office for a maximum of 9 years but in exceptional circumstances (as determined by the Council of Governors) may serve longer than 9 years, but any extension beyond 9 years will be subject to annual re-appointment and, in any event, they shall not serve for a total term longer than 12 years; and

7.10.2.4 shall cease to hold office if their appointing organisation withdraws its appointment of them or in any other situation specified in this Constitution.

7.10.3 Governors must comply with the Trust's:

7.10.3.1 Constitution;

7.10.3.2 Standing Orders for the Council of Governors;

7.10.3.3 Code of Conduct for Governors; and

7.10.3.4 Policies as relevant to their role and conduct.

7.11 Termination of Tenure

7.11.1 A Governor may resign from office at any time during the term of their office by giving notice in writing to the Executive Director of Corporate Affairs or the Chair.

7.11.2 A Governor's tenure:

7.11.2.1 shall be terminated immediately if a Governor fails to attend three consecutive meetings of the Council of Governors, unless the Governor provides a satisfactory reason to the Executive Director of Corporate Affairs that:

- (a) the absence was due to a reasonable cause; and
- (b) they will be able to start attending meetings of the Council of Governors again within such a period as they consider reasonable;

7.11.2.2 shall be terminated immediately if the Council of Governors decide (by a majority of the other Governors) that a Governor has:

- (a) failed to comply with paragraph 7.10.3; (except where the Council of Governors decide that termination of tenure would not be appropriate in the circumstances);

- (b) conducted themselves in an inappropriate manner which would adversely affect public confidence in the Trust or the Council of Governors; or
- (c) conducted themselves in such a manner as is likely to bring the Trust into disrepute including, but without prejudice to the generality of the foregoing, a failure to declare a material or pecuniary interest which would or would be likely to result in a conflict of interest.

7.11.3 The Standing Orders adopted by the Council of Governors shall contain provisions governing the procedure for termination of tenure of a governor including for the Company secretary to recommend removal of a Governor under 7.11.2.1.

7.11.4 The Council of Governors may request that the CoG's Nominations and Remuneration Committee investigates any matter which would give rise to them exercising their powers in paragraphs 7.11.2.1 – 7.11.2.2 (inclusive) and to receive the representations of the relevant Governor and any representative appointed by them for that purpose except to the extent that the Code of Conduct for Governors provides a procedure for the same in which case such procedure must be followed.

7.11.5 Any engagement of the CoG's Nominations and Remuneration Committee pursuant to paragraph 7.11.3 shall make such report and recommendations to the Council of Governors as it deems fit and shall, as far as practicable, submit any report and recommendations to the Council of Governors within 4

months of commencing their investigation.

7.12 Suspension and disqualification from office

7.12.1 Where a Staff Governor has been:

7.12.1.1 made the subject of a written warning or a period of suspension in excess of 28 days; or

7.12.1.2 absent from their post as an employee of the Trust for a continuous period of not less than four months and no reasonable cause (in the opinion of the Council of Governors acting by simple majority) has been given for absence;

their term of office as Governor may be suspended by the Council of Governors) for such period of time as the Council of Governors deems fit and so as to enable, if necessary, an investigation to be carried out to determine whether or not the tenure of that Staff Governor should then be terminated. The Staff Governor in question may submit reasons to the Council of Governors as to why they should still be eligible to continue as a Staff Governor and the Council of Governors shall decide whether to terminate the Governor's term of office and such determination of the Council of Governors shall be final.

7.12.2 An individual is immediately disqualified from becoming or continuing to hold office as a Governor if they:

7.12.3.1 have been adjudged bankrupt or their estate has been sequestrated and in either case they have not been discharged;

7.12.3.2 are a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);

7.12.3.3 have made a composition or arrangement with, or granted a trust deed for, their creditors and has not been discharged in respect of it;

7.12.3.4 have within the preceding five years been convicted in the British Islands of any offence and a sentence of imprisonment

(whether suspended or not) for a period of three months or more (without the option of a fine) was imposed on them;

- 7.12.3.5 have within the preceding three years been dismissed (including, but not limited to, by reason of redundancy) by the Trust;
- 7.12.3.6 have within the preceding two years been dismissed from any paid employment with a Health Service Body otherwise than by reason of redundancy, sickness or dismissal that was found by an Employment Tribunal or competent court (or on appeal in either case) to be unfair, wrongful or discriminatory;
- 7.12.3.7 are under 16 years of age;
- 7.12.3.8 are an individual whose tenure of office as the **Chair**, Governor or as a member or Director of a Health Service Body has been terminated on the grounds that their appointment is not in the interest of the health service, for non-attendance at meetings or for non-disclosure of a pecuniary interest;
- 7.12.3.9 are the spouse, civil partner, partner, parent or child of a member of the Board of Directors of the Trust;
- 7.12.3.10 have had their name removed from any list prepared pursuant to paragraph 14 of the National Health Service (Performers List) Regulations 2013 or section 151 of the 2006 Act (or similar provision elsewhere) and have not subsequently had their name included in such a list;
- 7.12.3.11 are incapable by reason of mental disorder, illness or injury of managing and administering their property and affairs;
- 7.12.3.12 are registered as a sex offender pursuant to Part 1 of the Sex Offenders Act 1997;
- 7.12.3.13 have been identified and given notice in writing by the Chief Executive (or an authorised agent acting on behalf of the Chief Executive) to the effect that they are a habitual or repetitive complainant in respect of the Trust, if the Council of Governors decide (by a majority of the other Governors) to disqualification/ termination;

- 7.12.3.14 are a member of a local authority's Overview and Scrutiny Committee covering health matters;
 - 7.12.3.15 are a member of Healthwatch; or
 - 7.12.3.16 have failed to confirm that they will abide by the Code of Conduct for Governors adopted by the Trust;
 - 7.12.3.17 have contravened any other provision of this Constitution.
- 7.12.4 An individual is disqualified from becoming or continuing to hold office as a Governor if NHS England has exercised its powers to remove that person as a Governor or has suspended them from office or has disqualified them from holding office as Governor for a specified period or NHS England has exercised any of those powers in relation to the person concerned at any other time whether in relation to the Trust or some other NHS Foundation Trust.
- 7.12.5 An individual is disqualified from becoming or continuing to hold office as a Public Governor if:
- 7.12.4.1 they cease to be a Member of the Public Constituency (or Public Constituency Class) for which they were elected; or
 - 7.12.4.2 they are eligible to be a Member of the Staff Constituency.
- 7.12.6 An individual is disqualified from becoming or continuing to hold office as a Staff Governor if they:
- 7.12.6.1 cease to be a Member of the Staff Constituency (or relevant Staff Class); or
 - 7.12.6.2 are employed by the Trust on a temporary contract which contract is or was identified on the face of it as a temporary contract.
- 7.12.7 An individual is disqualified from becoming or continuing to hold office as an Appointed Governor if the relevant appointing organisation withdraws its appointment of them.
- 7.12.8 If an Elected or Appointed Governor ceases to be eligible to hold such office because grounds for disqualification exist pursuant to paragraph 7.12 (other than under paragraph 7.12.1 and paragraph 7.11.2), they shall immediately notify the Executive Director of Corporate Affairs in writing of the circumstances.

7.12.9 If the Trust is on notice that a Governor may no longer be eligible to be a Governor, the Trust shall carry out such reasonable enquiries as it considers necessary to establish if this is the case and shall invite the Governor concerned to comment on its findings (within 14 days) and following receipt of any comments or expiry of that 14day period (whichever occurs first) the Council of Governors shall decide whether such Governor's term of office should be terminated.

7.13 Consequences of termination of tenure

7.13.1 Where a Governor:

- 7.13.1.1 has given notice of resignation in accordance with paragraph 7.11.1;
- 7.13.1.2 has had their term of office terminated pursuant to the terms of this Constitution in any manner whatsoever; or
- 7.13.1.3 is otherwise disqualified from holding office pursuant to the Constitution or the 2006 Act,

that Governor shall thereupon cease to be a Governor and their name shall be forthwith removed from the Register of Governors by the Executive Director of Corporate Affairs.

7.13.2 A Governor who resigns or whose tenure of office is terminated shall not be eligible to stand for re-election for a period of three years from the date of their resignation or termination of office.

7.14 Vacancies

7.14.1 Where a Governor's tenure of office ceases for one or more of the reasons set out in paragraph 7.11 or 7.12, in the case of:

- 7.14.1.1 Public Governors, Patient Governors and Staff Governors, such vacancy shall, subject to provisions of paragraphs 7.14.2 and 7.14.3, be filled by elections held in accordance with the Election Scheme set out in Annex 5; and

- 7.14.1.2 the ICS Governor, the Local Authority Governor and Other Partnership Governors shall be replaced in accordance with the processes set out in paragraphs 7.6 – 7.8.

7.14.2 Where a vacancy arises amongst the Elected Governors for any reason (including, for the avoidance of doubt, an increase in the number of Elected Governors effected by an amendment to the Constitution in accordance with paragraph 20.1 below) other than the expiry of the term of office, the Council of Governors shall decide either:

- 7.14.2.1 to call an election within three months to fill the vacancy, unless an election is due within nine months in which case the seat shall stand vacant until the following scheduled election;
- 7.14.2.2 to invite the next highest polling candidate in the relevant constituency and class at the most recent election who is willing to take office, to fill the vacancy (the “Reserved Governor”). If that candidate does not accept to fill the vacancy it will then be offered to the next reserve candidate and so on until the vacancy is filled. If the vacancy is filled in this way, the Reserved Governor shall be eligible for re-election for a further two full three year terms; or
- 7.14.2.3 to leave the seat vacant until the next scheduled elections are held

except that if the aggregate number of Public Governors does not exceed half the total membership of the Council of Governors an election will be held in accordance with the Election Scheme as soon as reasonably practicable.

7.15 Roles and Responsibilities of Governors

7.15.1 The general duties of the Council of Governors are:

- 7.15.1.1 to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors; and

7.15.1.2 to represent the interests of the Members of the Trust as a whole and the interests of the public.

7.15.2 The Trust must take steps to secure that its Governors are equipped with the skills and knowledge they require to carry out their role as a Governor.

7.15.3 The roles and responsibilities of the Governors (in addition to any roles and responsibilities set out elsewhere in this Constitution) are:

7.15.3.1 at a General Meeting:

- (a) to appoint or remove the Chair and the other Non-Executive Directors as further set out in the Standing Orders for the Council of Governors. The removal of the **Chair** or a Non-Executive Director requires the approval of three-quarters of the members of the Council of Governors;
- (b) to approve the appointment (by the Non-Executive Directors) of the Chief Executive as further set out in the Standing Orders for the Council of Governors;
- (c) to decide the remuneration and allowances, and other terms and conditions of office of the Non-Executive Directors;
- (d) to appoint or remove the Trust's External Auditor; and
- (e) to be presented with the Annual Accounts, any report of the Auditor on them and the Annual Report.

7.15.3.2 to give the views of the Council of Governors to the Board of Directors for the purposes of the preparation by the Board of Directors of the document containing the information to be given to the **NHS England** as to the Trust's forward planning in respect of each Financial Year;

7.15.3.3 to consider the Annual Accounts, any report of the Auditor on them and the Annual Report;

- 7.15.3.4 to respond as appropriate when consulted by the Directors in accordance with this Constitution; and
- 7.15.3.5 to represent the interests of Members and the Other Partnership Organisations in the governance of the Trust, regularly feeding back information about the Trust, its vision and its performance to the Constituency or Other Partnership Organisation they represent; and

7.16 Expenses

- 7.16.1 Governors are entitled to receive reimbursement for travelling and other reasonable expenses incurred and evidenced by receipts in accordance with the Trust's Expenses Policy at such rates as the Trust decides from time to time.
- 7.16.2 The Trust shall publish the aggregate sum of expenses paid to Governors in each year in the Annual Report.

7.17 Remuneration

- 7.17.1 Governors are not entitled to receive remuneration for their role.

7.18 Meetings

- 7.18.1 Meetings of the Council of Governors shall be conducted in accordance with the provisions of the Standing Orders for the Council of Governors.
- 7.18.2 Meetings of the Council of Governors shall be chaired by the Chair or in their absence the Vice Chair. If the Vice Chair is also unavailable the meeting shall be chaired by such person as is chosen in accordance with the Standing Orders for the Council of Governors.

7.18.3 The Council of Governors is to meet at least four times per year, including an annual meeting no later than 30 September in each year where the Council of Governors shall receive and consider the annual accounts, any report of the auditor on them and the annual report.

7.18.4 The Council of Governors may require one or more of the Directors to attend a meeting for the purposes of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the Trust's or Directors' performance). Unless otherwise agreed, at least five working days' notice of the meeting must be provided.

7.18.5 Meetings of the Council of Governors shall be open to members of the public, but members of the public may be excluded from a meeting for special reasons.

7.18.6 No defect in the election or appointment of a Governor nor any deficiency in the composition of the Council of Governors shall affect the validity of any act or decision of the Council of Governors.

7.19 Committees and Sub-Committees

7.19.1 The Council of Governors may appoint committees and sub-committees in accordance with the

provisions of the Standing Orders for the Council of Governors.

- 7.19.2 The Council of Governors cannot delegate its powers to any committee or sub-committee.

7.20 Conflicts of Interests of Governors.

- 7.20.1 If a Governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the Governor shall disclose that interest to the members of the Council of Governors as soon as they become aware of it.

- 7.20.2 The Standing Orders of the Council of Governors shall make provision for the disclosure of interests and arrangements for the exclusion of a Governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed and Governors shall comply with the provisions of the Standing Orders for the Council of Governors.

7.21 Referral to the Panel

- 7.21.1 A Governor may refer a question as to whether the Trust has failed or is failing;

- 7.21.1.1 to act in accordance with the Constitution; or

7.21.1.2 to act in accordance with provision made by or under Chapter 5 of the 2006 Act.

to the Panel only if more than half of the members of the Council of Governors voting approve the referral.

7.21.2 In this paragraph 7.21.2, the Panel means a panel of persons appointed by NHS England to which a Governor of the Trust may refer a question as set out in 7.21.1.

7.22 Engagement Policy

7.22.1 The Governors and Directors shall observe the terms of the Engagement Policy in relation to their engagement with each other on matters concerning the Trust.

8 Board of Directors

8.1 The Trust shall have a Board of Directors which shall consist of Executive and Non-Executive Directors.

8.2 The Board of Directors shall comprise the following:

8.2.1 the Chair (a Non-Executive Director);

8.2.2 between 6 and 7 other Non-Executive Directors;

8.2.3 the Chief Executive (an Executive Director);

8.2.4 the Chief Finance Officer (an Executive Director); and

8.2.5 between 3 and 5 other voting Executive Directors but subject to the provisions of paragraph 8.3 and 8.4.

8.3 One of the Executive Directors is to be:

8.3.1 a Registered Medical Practitioner or Registered Dentist; and

8.3.2 a Registered Nurse or Registered Midwife.

8.4 At all times the composition of the Board of Directors shall be such that the number of voting Executive Directors is less than the number of Non-Executive Directors.

8.5 Only a member of the public or patient constituencies or an individual nominated by the University of Oxford may be appointed as a Non-Executive Director.

8.6 Appointment and removal of Non-Executive Directors and Executive Directors.

8.6.1 Appointment and removal of Non-Executive Directors

8.6.1.1 The Council of Governors, at a general meeting of the Council of Governors, shall appoint and remove the **Chair** and other Non-Executive Directors;

8.6.1.2 The Council of Governors, at a general meeting of the Council of Governors shall appoint one of the Non-Executive Directors as Vice Chair;

8.6.1.3 The Council of Governors shall establish the CoG's Nominations and Remuneration Committee (comprising the Chair, the Lead Governor, one Public Governor, one Staff Governors, two Patient Governors (one service user, one carer) and one Appointed Governor) to consider candidates for appointment as Non-Executive Directors against an agreed job specification.

8.6.1.4 **The CoG's Nominations and Remuneration Committee shall:**

- **agree the process for the appointment of Non-Executive Directors**
- **appoint a suitably constituted panel to shortlist from those candidates meeting the specified criteria, those candidates whom it wishes to interview and act as the formal panel to interview candidates. The panel shall include (but is not limited to):**

- Up to two Governors;
 - up to an additional two Non-Executive Directors of the Board of Directors; and
 - if necessary, a suitably qualified independent advisor.
 - the panel shall conduct interviews with the said candidates in line with prevailing Trust procedures for appointment of Board level directors; and
 - thereafter the CoG's Nominations and Remuneration Committee shall make its recommendation to the Council of Governors as to who should be appointed as a Non-Executive Director.
- 8.6.1.5 The Council of Governors shall consider the recommendation of the CoG's Nominations Committee and make a decision as to the appointment of the Non-Executive Directors in general meeting.
- 8.6.1.6 An individual shall not be appointed as a Non-Executive Director unless they are a member of the Public or Patient Constituency or an individual nominated by the University of Oxford.
- 8.6.1.7 The removal of a Non-Executive Director shall require the approval of three-quarters of the members of the Council of Governors.
- 8.6.1.8 The CoG's Nominations and Remuneration Committee shall consult the the Board regarding the particular skills, qualifications or experience which in their opinion would be desirable for any Non-Executive Director to possess who may be appointed.
- 8.6.1.9 The CoG shall be entitled to appoint one Non-Executive Director nominated by the University of Oxford in accordance with a process agreed by the Council of Governors and recommended by the CoG Nomination and Remuneration Committee.
- 8.6.1.10 The Board of Directors shall have the power to appoint Associate Non-Executive Directors including NeXT Directors.

8.6.2 Appointment and removal of Executive Directors

- 8.6.2.1 It is for a committee consisting of the Chair and the other Non-Executive Directors to appoint (subject to the approval of the Council of Governors) or remove the Chief Executive.

8.6.2.1.1 The Council of Governors shall decide whether to approve a candidate put forward for appointment by a committee of the Chair and the other Non-Executive Directors at the next scheduled general meeting of the council of governors. If a majority of governors attending the meeting approves the appointment, it can go ahead. Code of Governance states that:

"In rare cases, the council of governors may decide not to approve the candidate, but the must give legitimate, factual and legally sound reasons for withholding its approval."

- 8.6.2.2 It is for a committee consisting of the Chair, the Chief Executive and the other Non-Executive Directors to appoint or remove the Executive Directors (other than the Chief Executive).

8.7 Terms of Office

- 8.7.1 Subject to paragraph 8.7.3, the Chair and the other Non-Executive Directors are to be appointed for a period of office in accordance with the terms and conditions of office (including as to remunerations and allowances, which shall be published in the Annual Report) decided by the Council of Governors in general meeting.

- 8.7.2 The Executive Directors shall hold offices for a period in accordance with the terms and conditions of office (including as to remunerations and allowances)

decided by the relevant committee of Non-Executive Directors.

8.7.3 Non-Executive Directors:

- 8.7.3.1 shall be appointed for a period of up to 3 years;
- 8.7.3.2 are, subject to paragraphs 8.7.3.3 and 8.7.3.4 eligible for re-**appointment** at the end of the period referred to in paragraph 8.7.3.1;
- 8.7.3.3 shall not, except in exceptional circumstances, hold office for a period in excess of 6 years; and
- 8.7.3.4 where appointed for more than 6 years shall, at the discretion of the Council of Governors, be so appointed either on the basis of:
 - (a) re-appointment for up to 3 years;
 - (b) annual re-appointment through broader review taking into account the needs of the Board and the Trust; or
 - (c) a competitive processup to a maximum 9 years.

8.7.4 The Directors shall comply with the Trust's:

- 8.7.4.1 Constitution;
- 8.7.4.2 Standing Orders for the Board of Directors;
- 8.7.4.3 any Code of Conduct for Directors; and
- 8.7.4.4 Policies.

8.8 Disqualification

8.8.1 An individual may not become or continue as a Director of the Trust if:

- 8.8.1.1 they have been adjudged bankrupt or their estate has been sequestrated and in either case they have not been discharged;

- 8.8.1.2 they are a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);
- 8.8.1.3 they have made a composition or arrangement with, or granted a trust deed for, their creditors and has not been discharged in respect of it;
- 8.8.1.4 they have within the preceding five years been convicted in any jurisdiction of any offence, and a sentence of imprisonment (whether suspended or not) for a period of three months or more (without the option of a fine) was imposed on them;
- 8.8.1.5 they are a person whose tenure of office as a Chair or as a member or Director of a Health Service Body has been terminated on the grounds that their appointment is not in the interests of public service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;
- 8.8.1.6 they had their name removed from any list prepared pursuant to paragraph 14 of the National Health Service (Performers List) Regulations 2013 or section 151 of the 2006 Act (or similar provision elsewhere) and has not subsequently had their name included in such a list;
- 8.8.1.7 they have within the preceding three years been dismissed, otherwise than by reason of redundancy or ill health, from any paid employment with a Health Service Body;
- 8.8.1.8 The NHS England has exercised its powers under the 2006 Act to:
- (a) remove that individual as a Director of the Trust or any other NHS Foundation Trust within its jurisdiction;
 - (b) suspend them from office; or
 - (c) disqualify them from holding office as a Director of the Trust or of any other NHS Foundation Trust
- for a specified period;

- 8.8.1.9 they are incapable by reason of mental disorder, illness or injury of managing and administering their property and affairs;
- 8.8.1.10 they are registered as a sex offender pursuant to Part I of the Sex Offenders Act 1997;
- 8.8.1.11 they have been identified as a vexatious complainant in respect of the Trust and has been notified to that effect by notice in writing given by the Chief Executive;
- 8.8.1.12 they have been unable to dedicate adequate time to the role and responsibilities of a Director of the Trust;
- 8.8.1.13 they are 'not fit and proper' as defined in the Trust's Provider Licence (as may be amended from time to time); or
- 8.8.1.14 they are a member of a local authority's Overview & Scrutiny Committee covering health matters.

8.8.2 An individual may not be a Non-Executive Director if they cease to be a member of the Public or Patient Constituency or are no longer exercising functions for the University of Oxford.

8.8.3 The Board of Directors may in their discretion appoint a Committee of the Board of Directors to enquire into any such matter as may be raised in connection with paragraph 8.8.1 and/or 8.8.2 above in accordance with terms of reference as determined by the Board of Directors and to make recommendations to the Board of Directors in respect thereof.

8.9 Duties, Roles and Responsibilities

8.9.1 The general duty of the Board of Directors and of each Director individually, is to act with a view to

promoting the success of the Trust so as to maximize the benefits for the Members of Trust as a whole and for the public.

- 8.9.2 The Directors, having regard to the views of the Council of Governors, are to prepare the information as to the Trust's forward planning in respect of each Financial Year to be given to the NHS England.
- 8.9.3 The Directors are to present to the Council of Governors at a general meeting the Annual Accounts, any report of the Auditor on them and the Annual Report.
- 8.9.4 The Board of Directors shall appoint an audit committee of Non-Executive Directors to review and carry out such other functions in relation to audit as are appropriate.
- 8.9.5 The functions of the Trust under paragraph 14 are delegated to the Chief Executive as accounting officer.

9 Meetings of Directors

- 9.1 Meetings of the Board of Directors shall be conducted in accordance with the provisions of the Standing Orders for the Board of Directors.
- 9.2 Meetings of the Board of Directors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons.
- 9.3 Before holding a meeting, the Board of Directors must make available the agenda of the meeting to the Council of Governors.
- 9.4 As soon as practicable after holding a meeting, the Board of Directors must make available a copy of the minutes of the Board of Directors meeting to the Council of Governors.

10 Conflicts of Interest of Directors

10.1 The duties that a Director has by virtue of being a Director include in particular:

10.1.1 a duty to avoid a situation in which the Director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust; and

10.1.2 a duty not to accept a benefit from a third party by reason of being a Director or doing (or not doing) anything in that capacity.

10.2 The duty referred to in sub-paragraph 10.1.1 is not infringed if:

10.2.1 the situation cannot reasonably be regarded as likely to give rise to a conflict of interest; or

10.2.2 the matter has been authorised in accordance with the Constitution.

10.3 The duty referred to in sub-paragraph 10.1.2 is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.

10.4 In sub-paragraph 10.1.2, “third party” means a person other than:

10.4.1 the Trust; or

10.4.2 a person acting on its behalf.

10.5 If a Director has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to the other Directors. If a declaration under this paragraph proves to be, or becomes, inaccurate, incomplete, a further declaration must be made.

10.6 Any declaration required by paragraph 10.5 must be made before the Trust enters into the transaction or arrangement.

10.7 This paragraph does not require a declaration of an interest of which the Director is not aware or where the Director is not aware of the transaction or arrangement in question.

10.8 A Director need not declare an interest:

10.8.1 if it cannot reasonably be regarded as likely to give rise to a conflict of interest;

10.8.2 if, or to the extent that, the Directors are already aware of it;

10.8.3 if, or to the extent that, it concerns terms of the Director's appointment that have been or are to be considered:

10.8.3.1 by a meeting of the Board of Directors, or

10.8.3.2 by a committee of the Directors appointed for the purpose under the Constitution.

10.9 Directors shall comply with the provisions of the Standing Orders for the Board of Directors in relation to the declaration and management of conflicts of interests.

11 Registers

11.1 The Trust is to have:

11.1.1 a register of Members showing, in respect of each Member, the Constituency and where there are classes within it, the class to which they belong;

11.1.2 a register of members of the Council of Governors;

11.1.3 a register of interests of the members of the Council of Governors;

11.1.4 a register of Directors;

11.1.5 a register of interests of the Directors;

11.2 The Executive Director of Corporate Affairs shall admit to the:

11.2.1 Register of Members the name, Constituency and class of Constituency of a Member upon receipt of a signed declaration from the Member confirming their eligibility as a Member;

11.2.2 Register of Governors the name and Constituency (and where relevant class within the Constituency) of those Members who have been elected or appointed as a Governor of the Trust.

11.3 The Executive Director of Corporate Affairs shall remove from the:

11.3.1 Register of Members any Member:

- 11.3.1.1 who is not, or who is no longer, eligible to be a Member;
- 11.3.1.2 indicates in writing that they no longer wish to be a Member; or
- 11.3.1.3 has died, upon receipt of a notice to that effect from the Member's next of kin or personal representative;

11.3.2 Register of Governors those Governors:

- 11.3.2.1 who have not been re-elected;
- 11.3.2.2 who have had their appointment withdrawn;
- 11.3.2.3 whose tenure of office as Governors has been terminated; or
- 11.3.2.4 who are otherwise disqualified from office.

11.4 The Executive Director of Corporate Affairs shall maintain the respective Registers of Interests of the Directors and Governors and undertake a review of

the same at least once in every year by notice to that effect to all Directors and Governors.

- 11.5 The Trust shall not make any part of its Registers available for inspection by members of the public which shows details of any member of the Patients' constituency; or any other member of the Trust if they so requests.

12 Public Documents

- 12.1 The following documents of the Trust are to be available for inspection by members of the public free of charge at all reasonable times:

12.1.1 a copy of the current Constitution;

12.1.2 a copy of the latest Annual Accounts and of any report of the Auditor on them;

12.1.3 a copy of the latest Annual Report;

- 12.2 The Trust shall also make the following documents relating to a special administration of the Trust available for inspection by members of the public free of charge at all reasonable times:

12.2.1 a copy of any order made under section 65D (appointment of Trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (Trusts coming out of administration) or 65LA (Trust to be dissolved) of the 2006 Act;

12.2.2 a copy of any report laid under section 65D (appointment of Trust special administrator) of the 2006 Act;

12.2.3 a copy of any information published under section 65D (appointment of Trust special administrator) of the 2006 Act;

12.2.4 a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act;

12.2.5 a copy of any statement provided under Section 65F (administrators draft report) of 2006 Act;

12.2.6 a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (Regulator's

decision), 65KB (Secretary of State's response to Regulator's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act;

12.2.7 a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act;

12.2.8 a copy of any final report published under section 65I (administrators final report) of the 2006 Act;

12.2.9 a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act;

12.2.10 a copy of any information published under section 65M (replacement of Trust special administrator) of the 2006 Act.

12.3 Any person who requests it shall be provided with a copy or extract from any of the above documents.

12.4 The registers mentioned in paragraph 11.1 above are also to be made available for inspection by members of the public, except in circumstances prescribed by regulations made under the 2006 Act, and so far as those registers are required to be available:

12.4.1 they are to be available free of charge at all reasonable times; and

12.4.2 a person who requests shall be provided with a copy of or extract from them.

12.5 The Trust shall not make any part of its register available for inspection by members of the public which show details of any Member of the Trust if the Member so requests.

12.6 If the person requesting a copy or extract of a register or a document referred to in this paragraph 12 above is not a Member of the Trust, the Trust may impose a reasonable charge for providing the copy or extract.

13 Auditor

13.1 The Trust is to have an Auditor and is to provide the Auditor with every facility and all information which they may reasonably require for the purposes of their functions under Chapter 5 of Part 2 to the 2006 Act.

13.2 An Auditor may be an individual or firm.

13.3 A person may only be appointed Auditor if they are a member of one or more of the bodies referred to in paragraph 23 (4) of Schedule 7 to the 2006 Act.

13.4 Appointment of the Auditor by the Council of Governors is covered in paragraph 7.15.

13.5 An officer of the Audit Commission (as defined in the 2006 Act) may be appointed as Auditor with the agreement of the Commission. If such an appointment by the Council of Governors is made, the Audit Commission shall charge fees for the services of the officer so appointed.

13.6 The Auditor is to carry out their duties in accordance with Schedule 10 to the 2006 Act and in accordance with any directions given by the NHS England on standards, procedures and techniques to be adopted.

14 Accounts

14.1 The Trust must keep proper accounts and proper records in relation to the accounts.

14.2 The NHS England may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts.

14.3 The accounts are to be audited by the Trust's Auditor.

14.4 The following documents will be made available to the Comptroller and Auditor General for examination at their request:

14.4.1 the accounts;

14.4.2 the records relating to them; and

14.4.3 any report of the Auditor on them.

14.5 If trustees are appointed under section 51 of the 2006 Act, the Comptroller and the Auditor General may also examine:

14.5.1 the accounts kept by the Trustees;

14.5.2 any records relating to them; and

14.5.3 any report of an auditor on them.

14.6 The Trust shall prepare in respect of each Financial Year, Annual Accounts in such form as the NHS England may with the approval of the Secretary of State direct.

14.7 The function of the Trust with respect to the preparation of the Annual Accounts shall be delegated to the Accounting Officer.

14.8 In preparing its Annual Accounts, the Trust is to comply with any directions given by the NHS England with the approval of the Secretary of State as to:

14.8.1 the period or periods in respect of which the Trust shall prepare accounts; and

14.8.2 the audit requirements of any such accounts.

14.9 the Trust must:

14.9.1 lay a copy of the Annual Accounts, and any report of the Auditor on them, before Parliament; and

14.9.2 once it has done so, send copies of those documents to the NHS England within such a period as the NHS England may direct.

14.10 The Trust must send to the NHS England within such period as the NHS England may direct:

14.10.1 a copy of any accounts prepared by the Trust by virtue of paragraph 25(1A)(a) of the 2006 Act; and

14.10.2 a copy of any report of an auditor on them prepared by virtue of 25(1A)(b)

15 Annual Reports, Forward Plans and Non-NHS Work

15.1 The Trust shall prepare an Annual Report and send it to the NHS England.

15.2 The Annual Report shall contain:

- 15.2.1 information on any steps taken by the Trust to secure that (taken as a whole) the actual membership of any public constituency is representative of those eligible for such membership;
- 15.2.2 information on any occasions in the period to which the report relates on which the Council of Governors exercised its power under paragraph 7.18.4;
- 15.2.3 information on the Trust's policy on pay and on the work of the committee established under paragraph 8.6 and such other procedures as the Trust has on pay;
- 15.2.4 the remuneration of the Directors and the expenses of the Governors and the Directors; and
- 15.2.5 any other information the NHS England requires.

15.3 The Trust is to comply with any decision the NHS England makes as to:

- 15.3.1 the form of the Annual Reports;
- 15.3.2 when the Annual Reports are to be sent to it;
- 15.3.3 the periods to which the Annual Reports are to relate.

15.4 The Trust shall give information as to its forward planning in respect of each Financial Year to the NHS England. This information is to be prepared by the Directors, who must have regard to the views of the Council of Governors (paragraph 7.15.3.2 above).

15.5 Each forward plan must include information about –

15.5.1 the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on, and

15.5.2 the income it expects to receive from doing so.

15.6 Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 15.5.1 the Council of Governors must:

15.6.1 determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the Trust of its principal purpose or the performance of its other functions, and

15.6.2 notify the Directors of the Trust of its determination.

15.7 If the Trust proposes to increase by 5% or more the proportion of its total income in any Financial Year attributable to activities other than the Principal Purpose referred to in paragraph 3 it may implement the proposal only if more than half of the members of the Council of Governors voting approve its implementation.

16 Mergers, Significant Transactions and other transaction requirements

16.1 The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors.

16.2 The Trust may enter into a Significant Transaction only if more than half of the members of the Council of Governors voting approve entering into the transaction.

16.3 The Engagement Policy includes an addendum which describes those matters which will be deemed to be Significant Transactions for the purposes of section 51A of the 2006 Act (Significant Transactions).

17 Indemnity

17.1 Members of the Council of Governors and Board of Directors who act honestly and in good faith will not have to meet out of their personal resources any

personal civil liability which is incurred in the execution or purported execution of their Board functions, save where they have acted recklessly. Any costs arising in this way will be met by the Trust.

17.2 The Trust may make such arrangements as it considers appropriate for the provision of indemnity insurance or similar arrangement for the benefit of the Trust, Governors or Directors to meet all or any liabilities which are properly the liability of the Trust under paragraph 17.1.

18 Instruments and acts of the Trust etc.

18.1 A document purporting to be duly executed under the Trust's seal or to be signed on its behalf is to be received in evidence and, unless the contrary is proved, taken to be so executed or signed.

18.2 The Trust is to have a seal, but this is not to be affixed except in accordance with the provisions of the Standing Orders for the Board of Directors.

18.3 The validity of any act of the Trust is not affected by any vacancy among the Directors or by any defect in the appointment of any Director.

19 Engagement

19.1 The Trust has adopted an Engagement Policy for matters relating to interaction between the Council of Governors and the Board of Directors.

20 Amendment of the Constitution

20.1 This Constitution may only be amended with the approval of:

20.1.1 more than half of the members of the Board of Directors voting; and

20.1.2 more than half of the members of the Council of Governors voting.

20.2 Amendments made under paragraph 20.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the Constitution would, as a result of amendment, not accord with Schedule 7 of the 2006 Act.

20.3 Where an amendment is made to the Constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust):

20.3.1 at least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment; and

20.3.2 the Trust must give the Members an opportunity to vote on whether they approve the amendment.

20.4 If more than half of the Members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.

20.5 The Trust shall inform the NHS England of any amendments to the Constitution.

ANNEX 1: PUBLIC CONSTITUENCY OF THE TRUST

NAME OF CONSTITUENCY	NAME OF CLASS	AR EA	MINIMUM NUMBER OF MEMBERS	NUMBER OF GOVERNORS
Public	County of Oxfordshire	Consisting of the local authority electoral area of the Oxfordshire County Council	50	4
	County of Buckinghamshire	Consisting of the local authority electoral area of the Buckinghamshire County Council	50	3
	Rest of England & Wales	Consisting of all other local authority electoral areas in England and Wales not already covered by the local authority areas in Oxfordshire and Buckinghamshire	20	1
Totals		Minimum Membership	120	
		Public Governors		8

ANNEX 2: STAFF CONSTITUENCY

Staff Classes

1. There shall be five Staff Classes as follows:
 - 1.1 the “Oxfordshire, BaNES, Swindon & Wiltshire (BSW) Mental Health Services - all age Class” being those staff employed in the Mental Health Services Oxfordshire BaNES, Swindon and Wiltshire Directorate;
 - 1.2 the “Buckinghamshire Mental Health Services all age Class” being those staff employed in the Mental Health Services Buckinghamshire Directorate;
 - 1.3 the “Community Services (all disciplines) Class” being those staff employed in the Community Services Directorate;
 - 1.4 the “Corporate Services (all disciplines) Class” being those staff employed in the Corporate Services Directorate; and
 - 1.5 the “Specialised Services (all disciplines) Class” being those staff employed in the Specialised Services Directorate.
2. The minimum number of Members required for each Staff Class shall be 50 (fifty):

Staff Classes	Minimum number of Members	Number of Staff Governors
Oxfordshire BANES, Swindon & Wiltshire (BSW) Mental Health Services class	50	2
Buckinghamshire Mental Health Services class	50	2
Community Services class	50	2
Specialised Services class	50	2
Corporate Services class	50	1
Total	250	9

ANNEX 3 – PATIENT CONSTITUENCY

Patient Classes

1. There shall be three patient classes as follows:
 - 1.1 the “Service Users: Buckinghamshire and other counties Class”;
 - 1.2 the “Service Users: Oxfordshire Class”; and
 - 1.3 the “Carers Class”.
2. The minimum number of Members required for each Patient Class shall be twenty (20):
3. The Patient Classes shall be entitled to elect the following number of Governors:
 - 3.1 four (4) elected by the Service Users: Buckinghamshire and other Counties Class;
 - 3.2 four (4) elected by the Service Users: Oxfordshire Class; and
 - 3.3 three (3) elected by the Carers Class.

ANNEX 4 – COMPOSITION OF COUNCIL OF GOVERNORS

Elected Governors		
<i>Constituency</i>	<i>Class</i>	<i>No of Governors</i>
Public	Buckinghamshire	3
	Oxfordshire	4
	Rest of England & Wales	1
Patient	Service Users: Buckinghamshire & Other Counties	4
	Service Users: Oxfordshire	4
	Carers	3
Staff	Oxfordshire, BaNES, Swindon & Wiltshire Mental Health Services	2
	Buckinghamshire Mental Health Services	2
	Community Services	2
	Corporate Services	1
	Specialised Services	2
Subtotal: Elected		28
Appointed Governors		
Buckinghamshire, Berkshire and Oxfordshire ICS		1
Oxford University Hospitals NHS Foundation Trust		1
Buckinghamshire Healthcare NHS Trust		1
Oxfordshire County Council		1
Buckinghamshire Council		1
Oxford Brookes University		1
Voluntary / Community Organisations		

- Buckinghamshire Mind	1
- Age UK Oxfordshire	1
Subtotal: Appointed	8
Total number of Governors	36

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Part 1 - Interpretation

1. Interpretation –

- (1) In these rules, unless the context otherwise requires –

“corporation” means the public benefit corporation subject to this Constitution;

“election” means an election by a constituency, or by a class within a constituency, to fill a vacancy among one or more posts on the Council of Governors

“the Regulator” means the **NHS England** for NHS Foundation Trusts; and

“the 2006 Act” means the National Health Service Act 2006.

- (2) Other expressions used in these rules and in Schedule 7 to the National Health Service Act 2006 have the same meaning in these rules as in that Schedule.

Part 2 – Timetable for election

2. **Timetable** - The proceedings at an election shall be conducted in accordance with the following timetable.

Proceeding	Time
Publication of notice of election	Not later than the fortieth day before the day of the close of the poll.
Final day for delivery of nomination papers to returning officer	Not later than the twenty eighth day before the day of the close of the poll.
Publication of statement of nominated candidates	Not later than the twenty seventh day before the day of the close of the poll.

Final day for delivery of notices of withdrawals by candidates from election	Not later than twenty fifth day before the day of the close of the poll.
Notice of the poll	Not later than the fifteenth day before the day of the close of the poll.
Close of the poll	By 5.00pm on the final day of the election.

3. Computation of time –

(1) In computing any period of time for the purposes of the timetable -

- (a) a Saturday or Sunday;
- (b) Christmas day, Good Friday, or a bank holiday, or
- (c) a day appointed for public thanksgiving or mourning,

shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

(2) In this rule, “bank holiday” means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.

Part 3 – Returning officer

4. Returning officer –

- (1) Subject to rule 64, the returning officer for an election is to be appointed by the corporation.
- (2) Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

5. Staff – Subject to rule 64, the returning officer may appoint and pay such staff, including such technical advisers, as they consider necessary for the purposes of the election.

6. Expenditure - The corporation is to pay the returning officer –

- (a) any expenses incurred by that officer in the exercise of their functions under these rules,
- (b) such remuneration and other expenses as the corporation may determine.

7. Duty of co-operation – The corporation is to co-operate with the returning officer in the exercise of their functions under these rules.

Part 4 - Stages Common to Contested and Uncontested Elections

8. Notice of election – The returning officer is to publish a notice of the election stating –

- (a) the Constituency, or class within a Constituency, for which the election is being held,
- (b) the number of members of the Council of Governors to be elected from that Constituency, or class within that Constituency,

- (c) the details of any nomination committee that has been established by the corporation,
- (d) the address and times at which nomination papers may be obtained;
- (e) the address for return of nomination papers and the date and time by which they must be received by the returning officer,
- (f) the date and time by which any notice of withdrawal must be received by the returning officer
- (g) the contact details of the returning officer, and
- (h) the date and time of the close of the poll in the event of a contest.

9. Nomination of candidates –

- (1) Each candidate must nominate themselves on a single nomination paper.
- (2) The returning officer-
 - (a) is to supply any Member of the corporation with a nomination paper, and
 - (b) is to prepare a nomination paper for signature at the request of any Member of the corporation,

but it is not necessary for a nomination to be on a form supplied by the returning officer.

10. Candidate's particulars –

- (1) The nomination paper must state the candidate's -
 - (a) full name,
 - (b) contact address in full, and
 - (c) Constituency, or class within a Constituency, of which the candidate is a Member.

11. Declaration of interests – The nomination paper must state –

- (a) any financial interest that the candidate has in the corporation, and
- (b) whether the candidate is a member of a political party, and if so, which party,

and if the candidate has no such interests, the paper must include a statement to that effect.

12. Declaration of eligibility – The nomination paper must include a declaration made by the candidate—

- (a) that they are not prevented from being a member of the Council of Governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the Constitution; and,
- (b) for a member of the Public or Patient Constituency, of the particulars of their qualification to vote as a member of that Constituency, or class within that Constituency, for which the election is being held.

13. Signature of candidate – The nomination paper must be signed and dated by the candidate, indicating that –

- (a) they wish to stand as a candidate,
- (b) their declaration of interests as required under rule 11, is true and correct, and
- (c) their declaration of eligibility, as required under rule 12, is true and correct.

14. Decisions as to the validity of nomination –

- (1) Where a nomination paper is received by the returning officer in accordance with these rules, the candidate is deemed to stand for election unless and until the returning officer-

- (a) decides that the candidate is not eligible to stand,
 - (b) decides that the nomination paper is invalid,
 - (c) receives satisfactory proof that the candidate has died, or
 - (d) receives a written request by the candidate of their withdrawal from candidacy.
- (2) The returning officer is entitled to decide that a nomination paper is invalid only on one of the following grounds -
- 1. that the paper is not received on or before the final time and date for return of nomination papers, as specified in the notice of the election,
 - 2. that the paper does not contain the candidate's particulars, as required by rule 10;
 - 3. that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,
 - 4. that the paper does not include a declaration of eligibility as required by rule 12, or
 - 5. that the paper is not signed and dated by the candidate, as required by rule 13.
- (3) The returning officer is to examine each nomination paper as soon as is practicable after they have received it, and decide whether the candidate has been validly nominated.
- (4) Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination paper, stating the reasons for their decision.
- (5) The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination paper.

15. Publication of statement of candidates –

- (1) The returning officer is to prepare and publish a statement showing the candidates who are standing for election.
- (2) The statement must show –
 - (a) the name, contact address, and constituency or class within a constituency of each candidate standing, and
 - (b) the declared interests of each candidate standing,as given in their nomination paper.
- (3) The statement must list the candidates standing for election in alphabetical order by surname.
- (4) The returning officer must send a copy of the statement of candidates and copies of the nomination papers to the corporation as soon as is practicable after publishing the statement.

16. Inspection of statement of nominated candidates and nomination papers –

- (1) The corporation is to make the statements of the candidates and the nomination papers supplied by the returning officer under rule 15(4) available for inspection by members of the public free of charge at all reasonable times.
- (2) If a person requests a copy or extract of the statements of candidates or their nomination papers, the corporation is to provide that person with the copy or extract free of charge.

17. Withdrawal of candidates - A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.

18. Method of election –

- (1) If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the Council of Governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.
- (2) If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be elected to the Council of Governors, those candidates are to be declared elected in accordance with Part 7 of these rules.
- (3) If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be Council of Governors, then –
 - (a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and
 - (b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by them in consultation with the corporation.

Part 5 – Contested elections

19. Poll to be taken by ballot –

- (1) The votes at the poll must be given by secret ballot.
- (2) The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.

20. The ballot paper –

- (1) The ballot of each voter is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.
- (2) Every ballot paper must specify –
 - (a) the name of the corporation,
 - (b) the Constituency, or class within a Constituency, for which the election is being held,
 - (c) the number of Members of the Council of Governors to be elected from that Constituency, or class within that Constituency,
 - (d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
 - (e) instructions on how to vote,
 - (f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and
 - (g) the contact details of the returning officer.
- (3) Each ballot paper must have a unique identifier.
- (4) Each ballot paper must have features incorporated into it to prevent it from being reproduced.

21. The declaration of identity (Public and Patient Constituencies) –

- (1) In respect of an election for a Public or Patient Constituency a declaration of identity must be issued with each ballot paper.
- (2) The declaration of identity is to include a declaration –

- (a) that the voter is the person to whom the ballot paper was addressed,
 - (b) that the voter has not marked or returned any other voting paper in the election, and
 - (c) for a Member of the Public or Patient Constituency, of the particulars of that Member's qualification to vote as a Member of the Constituency or class within a Constituency for which the election is being held.
- (3) The declaration of identity is to include space for –
 - (a) the name of the voter,
 - (b) the address of the voter,
 - (c) the voter's signature, and
 - (d) the date that the declaration was made by the voter.
- (4) The voter must be required to return the declaration of identity together with the ballot paper.
- (5) The declaration of identity must caution the voter that, if it is not returned with the ballot paper, or if it is returned without being correctly completed, the voter's ballot paper may be declared invalid.

Action to be taken before the poll

22. List of eligible voters –

- (1) The corporation is to provide the returning officer with a list of the Members of the Constituency or class within a Constituency for which the election is being held who are eligible to vote by virtue of rule 26 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.

- (2) The list is to include, for each Member, a mailing address where their ballot paper is to be sent.

23. Notice of poll - The returning officer is to publish a notice of the poll stating –

- (a) the name of the corporation,
- (b) the Constituency, or class within a Constituency, for which the election is being held,
- (c) the number of members of the Council of Governors to be elected from that constituency, or class with that Constituency,
- (d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
- (e) that the ballot papers for the election are to be issued and returned, if appropriate, by post,
- (f) the address for return of the ballot papers, and the date and time of the close of the poll,
- (g) the address and final dates for applications for replacement ballot papers, and
- (h) the contact details of the returning officer.

24. Issue of voting documents by returning officer –

- (1) As soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following documents to each Member of the corporation named in the list of eligible voters–
 - (a) a ballot paper and ballot paper envelope,
 - (b) a declaration of identity (if required),
 - (c) information about each candidate standing for election, pursuant to rule 59 of these rules, and
 - (d) a covering envelope.

- (2) The documents are to be sent to the mailing address for each Member, as specified in the list of eligible voters.

25. Ballot paper envelope and covering envelope –

- (1) The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.
- (2) The covering envelope is to have –
 - (a) the address for return of the ballot paper printed on it, and
 - (b) pre-paid postage for return to that address.
- (3) There should be clear instructions, either printed on the covering envelope or elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer –
 - (a) the completed declaration of identity if required, and
 - (b) the ballot paper envelope, with the ballot paper sealed inside it.

The poll

26. Eligibility to vote – An individual who becomes a Member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

27. Voting by persons who require assistance –

- (1) The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.

- (2) Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as they consider necessary to enable that voter to vote.

28. Spoilt ballot papers -

- (1) If a voter has dealt with their ballot paper in such a manner that it cannot be accepted as a ballot paper (referred to a “spoilt ballot paper”), that voter may apply to the returning officer for a replacement ballot paper.
- (2) On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if they can obtain it.
- (3) The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless they –
 - (a) is satisfied as to the voter’s identity, and
 - (b) has ensured that the declaration of identity, if required, has not been returned.
- (4) After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list (“the list of spoilt ballot papers”) –
 - (a) the name of the voter, and
 - (b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it), and
 - (c) the details of the unique identifier of the replacement ballot paper.

29. Lost ballot papers –

- (1) Where a voter has not received their ballot paper by the fourth day before the close of the poll, that voter may apply to the returning officer for a replacement ballot paper.

- (2) The returning officer may not issue a replacement ballot paper for a lost ballot paper unless they –
 - (a) is satisfied as to the voter’s identity,
 - (b) has no reason to doubt that the voter did not receive the original ballot paper, and
 - (c) has ensured that the declaration of identity if required has not been returned.
- (3) After issuing a replacement ballot paper for a lost ballot paper, the returning officer shall enter in a list (“the list of lost ballot papers”) –
 - (a) the name of the voter, and
 - (b) the details of the unique identifier of the replacement ballot paper.

30. Issue of replacement ballot paper –

- (1) If a person applies for a replacement ballot paper under rule 28 or 29 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue a replacement ballot paper unless, in addition to the requirements imposed rule 28(3) or 29(2), they are also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been received by the returning officer in the name of that voter.
- (2) After issuing a replacement ballot paper under this rule, the returning officer shall enter in a list (“the list of tendered ballot papers”) –
 - (a) the name of the voter, and
 - (b) the details of the unique identifier of the replacement ballot paper issued under this rule.

31. Declaration of identity for replacement ballot papers (public and patient constituencies)

–

- (1) In respect of an election for a Public or Patient Constituency a declaration of identity must be issued with each replacement ballot paper.
- (2) The declaration of identity is to include a declaration –
 - (a) that the voter has not voted in the election with any ballot paper other than the ballot paper being returned with the declaration, and
 - (b) of the particulars of that Member's qualification to vote as a Member of the Public or Patient Constituency, or class within a Constituency, for which the election is being held.
- (3) The declaration of identity is to include space for –
 - (a) the name of the voter,
 - (b) the address of the voter,
 - (c) the voter's signature, and
 - (d) the date that the declaration was made by the voter.
- (4) The voter must be required to return the declaration of identity together with the ballot paper.
- (5) The declaration of identity must caution the voter that if it is not returned with the ballot paper, or if it is returned without being correctly completed, the replacement ballot paper may be declared invalid.

Procedure for receipt of envelopes

32. Receipt of voting documents –

(1) Where the returning officer receives a –

- (a) covering envelope, or
- (b) any other envelope containing a declaration of identity if required, a ballot paper envelope, or a ballot paper,

before the close of the poll, that officer is to open it as soon as is practicable; and rules 33 and 34 are to apply.

(2) The returning officer may open any ballot paper envelope for the purposes of rules 33 and 34, but must make arrangements to ensure that no person obtains or communicates information as to –

- (a) the candidate for whom a voter has voted, or
- (b) the unique identifier on a ballot paper.

(3) The returning officer must make arrangements to ensure the safety and security of the ballot papers and other documents.

33. Validity of ballot paper –

(1) A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll, with a declaration of identity if required that has been correctly completed, signed, and dated.

(2) Where the returning officer is satisfied that paragraph (1) has been fulfilled, they are to –

- (a) put the declaration of identity if required in a separate packet, and

- (b) put the ballot paper aside for counting after the close of the poll.
- (3) Where the returning officer is not satisfied that paragraph (1) has been fulfilled, they are to –
- (a) mark the ballot paper “disqualified”,
 - (b) if there is a declaration of identity accompanying the ballot paper, mark it as “disqualified” and attach it the ballot paper,
 - (c) record the unique identifier on the ballot paper in a list (the “list of disqualified documents”); and
 - (d) place the document or documents in a separate packet.

34. Declaration of identity but no ballot paper (Public and Patient Constituency) – Where the returning officer receives a declaration of identity if required but no ballot paper, the returning officer is to –

- (a) mark the declaration of identity “disqualified”,
- (b) record the name of the voter in the list of disqualified documents, indicating that a declaration of identity was received from the voter without a ballot paper; and
- (c) place the declaration of identity in a separate packet.

35. Sealing of packets – As soon as is possible after the close of the poll and after the completion of the procedure under rules 33 and 34, the returning officer is to seal the packets containing –

- (a) the disqualified documents, together with the list of disqualified documents inside it,
- (b) the declarations of identity if required,
- (c) the list of spoilt ballot papers,
- (d) the list of lost ballot papers,
- (e) the list of eligible voters, and
- (f) the list of tendered ballot papers.

Part 6 - Counting the votes

36. Interpretation of Part 6 – In Part 6 of these rules –

“continuing candidate” means any candidate not deemed to be elected, and not excluded,

“count” means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates,

“deemed to be elected” means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,

“mark” means a figure, an identifiable written word, or a mark such as “X”,

“non-transferable vote” means a ballot paper –

- (a) on which no second or subsequent preference is recorded for a continuing candidate, or
- (b) which is excluded by the returning officer under rule 44(4) below,

“preference” as used in the following contexts has the meaning assigned below–

- (a) “first preference” means the figure “1” or any mark or word which clearly indicates a first (or only) preference,
- (b) “next available preference” means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and
- (c) in this context, a “second preference” is shown by the figure “2” or any mark or word which clearly indicates a second preference, and a third preference by the figure “3” or any mark or word which clearly indicates a third preference, and so on,

“quota” means the number calculated in accordance with rule 41 below,

“surplus” means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a combination of both) exceeds the quota; but references in these rules to the transfer of the surplus means the transfer (at a transfer value) of all transferable papers from the candidate who has the surplus,

“stage of the count” means –

- (a) the determination of the first preference vote of each candidate,
- (b) the transfer of a surplus of a candidate deemed to be elected, or
- (c) the exclusion of one or more candidates at any given time,

“transferable paper” means a ballot paper on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,

“transferred vote” means a vote derived from a ballot paper on which a second or subsequent preference is recorded for the candidate to whom that paper has been transferred, and

“transfer value” means the value of a transferred vote calculated in accordance with paragraph (4) or (7) of rule 42 below.

37. Arrangements for counting of the votes – The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

38. The count –

- (1) The returning officer is to –
 - (a) count and record the number of ballot papers that have been returned, and
 - (b) count the votes according to the provisions in this Part of the rules.

- (2) The returning officer, while counting and recording the number of ballot papers and counting the votes, must make arrangements to ensure that no person obtains or communicates information as to the unique identifier on a ballot paper.
- (3) The returning officer is to proceed continuously with counting the votes as far as is practicable.

39. Rejected ballot papers –

- (1) Any ballot paper –
 - (a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
 - (b) on which the figure “1” standing alone is not placed so as to indicate a first preference for any candidate,
 - (c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
 - (d) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words “one”, “two”, “three” and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

- (2) The returning officer is to endorse the word “rejected” on any ballot paper which under this rule is not to be counted.
- (3) The returning officer is to draw up a statement showing the number of ballot papers rejected by them under each of the subparagraphs (a) to (d) of paragraph (1).

40. First stage –

- (1) The returning officer is to sort the ballot papers into parcels according to the candidates for whom the first preference votes are given.
- (2) The returning officer is to then count the number of first preference votes given on ballot papers for each candidate, and is to record those numbers.
- (3) The returning officer is to also ascertain and record the number of valid ballot papers.

41. The quota –

- (1) The returning officer is to divide the number of valid ballot papers by a number exceeding by one the number of members to be elected.
- (2) The result, increased by one, of the division under paragraph (1) above (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as “the quota”).
- (3) At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in paragraphs (1) to (3) of rule 44 has been complied with.

42. Transfer of votes –

- (1) Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballot papers on which first preference votes are given for that candidate into sub-parcels so that they are grouped –

- (a) according to next available preference given on those papers for any continuing candidate, or
 - (b) where no such preference is given, as the sub-parcel of non-transferable votes.
- (2) The returning officer is to count the number of ballot papers in each parcel referred to in paragraph (1) above.
- (3) The returning officer is, in accordance with this rule and rule 43 below, to transfer each sub-parcel of ballot papers referred to in paragraph (1)(a) to the candidate for whom the next available preference is given on those papers.
- (4) The vote on each ballot paper transferred under paragraph (3) above shall be at a value ("the transfer value") which –
 - (a) reduces the value of each vote transferred so that the total value of all such votes does not exceed the surplus, and
 - (b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballot papers on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).
- (5) Where at the end of any stage of the count involving the transfer of ballot papers, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballot papers in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped –
 - (a) according to the next available preference given on those papers for any continuing candidate, or
 - (b) where no such preference is given, as the sub-parcel of non-transferable votes.

- (6) The returning officer is, in accordance with this rule and rule 43 below, to transfer each sub-parcel of ballot papers referred to in paragraph (5)(a) to the candidate for whom the next available preference is given on those papers.
- (7) The vote on each ballot paper transferred under paragraph (6) shall be at –
- (a) a transfer value calculated as set out in paragraph (4)(b) above, or
 - (b) at the value at which that vote was received by the candidate from whom it is now being transferred,
- whichever is the less.
- (8) Each transfer of a surplus constitutes a stage in the count.
- (9) Subject to paragraph (10), the returning officer shall proceed to transfer transferable papers until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.
- (10) Transferable papers shall not be liable to be transferred where any surplus or surpluses which, at a particular stage of the count, have not already been transferred, are –
- (a) less than the difference between the total vote then credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote, or
 - (b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such candidates.
- (11) This rule does not apply at an election where there is only one vacancy.

43. Supplementary provisions on transfer –

- (1) If, at any stage of the count, two or more candidates have surpluses, the transferable papers of the candidate with the highest surplus shall be transferred first, and if –
 - (a) The surpluses determined in respect of two or more candidates are equal, the transferable papers of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and
 - (b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable papers of the candidate on whom the lot falls shall be transferred first.
- (2) The returning officer shall, on each transfer of transferable papers under rule 42 above –
 - (a) record the total value of the votes transferred to each candidate,
 - (b) add that value to the previous total of votes recorded for each candidate and record the new total,
 - (c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and
 - (d) compare—
 - (i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with
 - (ii) the recorded total of valid first preference votes.
- (3) All ballot papers transferred under rule 42 or 44 shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that paper or, as the case may be, all the papers in that sub-parcel.

- (4) Where a ballot paper is so marked that it is unclear to the returning officer at any stage of the count under rule 42 or 44 for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot paper as a non-transferable vote; and votes on a ballot paper shall be so treated where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning officer, the same order of preference is indicated or the numerical sequence is broken.

44. Exclusion of candidates –

- (1) If—
 - (a) all transferable papers which under the provisions of rule 42 above (including that rule as applied by paragraph (11) below) and this rule are required to be transferred, have been transferred, and
 - (b) subject to rule 45 below, one or more vacancies remain to be filled,

the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where paragraph (12) below applies, the candidates with the then lowest votes).
- (2) (2) The returning officer shall sort all the ballot papers on which first preference votes are given for the candidate or candidates excluded under paragraph (1) above into two sub-parcels so that they are grouped as—
 - (a) ballot papers on which a next available preference is given, and
 - (b) ballot papers on which no such preference is given (thereby including ballot papers on which preferences are given only for candidates who are deemed to be elected or are excluded).

- (3) The returning officer shall, in accordance with this rule and rule 43 above, transfer each sub-parcel of ballot papers referred to in paragraph (2)(a) above to the candidate for whom the next available preference is given on those papers.
- (4) The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.
- (5) If, subject to rule 45 below, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable papers, if any, which had been transferred to any candidate excluded under paragraph (1) above into sub-parcels according to their transfer value.
- (6) The returning officer shall transfer those papers in the sub-parcel of transferable papers with the highest transfer value to the continuing candidates in accordance with the next available preferences given on those papers (thereby passing over candidates who are deemed to be elected or are excluded).
- (7) The vote on each transferable paper transferred under paragraph (6) above shall be at the value at which that vote was received by the candidate excluded under paragraph (1) above.
- (8) Any papers on which no next available preferences have been expressed shall be set aside as non-transferable votes.
- (9) After the returning officer has completed the transfer of the ballot papers in the sub-parcel of ballot papers with the highest transfer value they shall proceed to transfer in the same way the sub-parcel of ballot papers with the next highest value and so on until they have dealt with each sub-parcel of a candidate excluded under paragraph (1) above.
- (10) The returning officer shall after each stage of the count completed under this rule—

(a) record —

- (i) the total value of votes, or
 - (ii) the total transfer value of votes transferred to each candidate,
 - (b) add that total to the previous total of votes recorded for each candidate and record the new total,
 - (c) record the value of non-transferable votes and add that value to the previous non-transferable votes total, and
 - (d) compare—
 - (i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes, with
 - (ii) the recorded total of valid first preference votes.
- (11) If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with paragraphs (5) to (10) of rule 42 and rule 43.
- (12) Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.
- (13) If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest—
- (a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and
 - (b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

45. Filling of last vacancies –

- (1) Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.
- (2) Where only one vacancy remains unfilled and the votes of any one continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.
- (3) Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

46. Order of election of candidates –

- (1) The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule 42(10) above.
- (2) A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which they obtained the quota.
- (3) Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.
- (4) Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.

47. Declaration of result for contested elections –

- (1) In a contested election, when the result of the poll has been ascertained, the returning officer is to—
 - (a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected,
 - (b) give notice of the name of each candidate who they have declared elected –
 - (i) where the election is held under a proposed Constitution pursuant to powers conferred on the Oxfordshire & Buckinghamshire Mental Health NHS Foundation Trust by section 33(4) of the 2006 Act, to the Chair of the NHS Trust, or
 - (ii) in any other case, to the Chair of the corporation, and
 - (c) give public notice of the name of each candidate who they have declared elected.
- (2) The returning officer is to make –
 - (a) the number of first preference votes for each candidate whether elected or not,
 - (b) any transfer of votes,
 - (c) the total number of votes for each candidate at each stage of the count at which such transfer took place,
 - (d) the order in which the successful candidates were elected, and
 - (e) the number of rejected ballot papers under each of the headings in rule 39(1),

available on request.

48. Declaration of result for uncontested elections – In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election –

- (a) declare the candidate or candidates remaining validly nominated to be elected,
- (b) give notice of the name of each candidate who they have declared elected to the Chair of the corporation, and
- (c) give public notice of the name of each candidate who they have declared elected.

Part 8 – Disposal of documents

49. Sealing up of documents relating to the poll –

(1) On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets –

- (a) the counted ballot papers,
- (b) the ballot papers endorsed with “rejected in part”,
- (c) the rejected ballot papers, and
- (d) the statement of rejected ballot papers.

(2) The returning officer must not open the sealed packets of –

- (a) the disqualified documents, with the list of disqualified documents inside it,
- (b) the declarations of identity,
- (c) the list of spoilt ballot papers,
- (d) the list of lost ballot papers,

- (e) the list of eligible voters, and
- (f) the list of tendered ballot papers.

(3) The returning officer must endorse on each packet a description of –

- (a) its contents,
- (b) the date of the publication of notice of the election,
- (c) the name of the corporation to which the election relates, and
- (d) the Constituency, or class within a Constituency, to which the election relates.

50. Delivery of documents – Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 49, the returning officer is to forward them to the Chair of the corporation.

51. Forwarding of documents received after close of the poll – Where –

- (a) any voting documents are received by the returning officer after the close of the poll, or
- (b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or
- (c) any applications for replacement ballot papers are made too late to enable new ballot papers to be issued,

the returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the Chair of the corporation.

52. Retention and public inspection of documents –

- (1) The corporation is to retain the documents relating to an election that are forwarded to the Chair by the returning officer under these rules for one year,

and then, unless otherwise directed by the Regulator, cause them to be destroyed.

- (2) With the exception of the documents listed in rule 53(1), the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.
- (3) A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so.

53. Application for inspection of certain documents relating to an election –

- (1) The corporation may not allow the inspection of, or the opening of any sealed packet containing –
 - (a) any rejected ballot papers, including ballot papers rejected in part,
 - (b) any disqualified documents, or the list of disqualified documents,
 - (c) any counted ballot papers,
 - (d) any declarations of identity, or
 - (e) the list of eligible voters,

by any person without the consent of the **NHS England.**

- (2) A person may apply to the Regulator to inspect any of the documents listed in (1), and the NHS England may only consent to such inspection if it is satisfied that it is necessary for the purpose of questioning an election pursuant to Part 11.
- (3) The NHS England's consent may be on any terms or conditions that it thinks necessary, including conditions as to –

- (a) persons,
- (b) time,
- (c) place and mode of inspection,
- (d) production or opening,

and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

(4) On an application to inspect any of the documents listed in paragraph (1), –

- (a) in giving its consent, the NHS England, and
- (b) and making the documents available for inspection, the corporation,

must ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –

- (i) that their vote was given, and
- (ii) that the NHS England has declared that the vote was invalid.

Part 9 – Death of a candidate during a contested election

54. Countermand or abandonment of poll on death of candidate –

- (1) If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to –
 - (a) publish a notice stating that the candidate has died, and
 - (b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –

- (i) ballot papers which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and
 - (ii) ballot papers which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.
- (2) The ballot papers which have preferences recorded for the candidate who has died are to be sealed with the other counted ballot papers pursuant to rule 49(1)(a).

Part 10 – Election expenses and publicity

Election expenses

55. Election expenses – Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application to the Regulator under Part 11 of these rules.

56 Expenses and payments by candidates - A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to –

- (a) personal expenses,
- (b) travelling expenses, and expenses incurred while living away from home, and
- (c) expenses for stationery, postage, telephone, internet (or any similar means of communication) and other petty expenses, to a limit of £100.

57. Election expenses incurred by other persons –

- (1) No person may -
 - (a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or
 - (b) give a candidate or their family any money or property (whether as a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.
- (2) Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 58 and 59.

Publicity

58. Publicity about election by the corporation –

- (1) The corporation may –
 - (a) compile and distribute such information about the candidates, and
 - (b) organise and hold such meetings to enable the candidates to speak and respond to questions,

as it considers necessary.
- (2) Any information provided by the corporation about the candidates, including information compiled by the corporation under rule 59, must be –
 - (a) objective, balanced and fair,
 - (b) equivalent in size and content for all candidates,

- (c) compiled and distributed in consultation with all of the candidates standing for election, and
 - (d) must not seek to promote or procure the election of a specific candidate or candidates, at the expense of the electoral prospects of one or more other candidates.
- (3) Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

59. Information about candidates for inclusion with voting documents -

(1) The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of these rules.

(2) The information must consist of –

- (a) a statement submitted by the candidate of no more than 250 words.

60. Meaning of “for the purposes of an election” –

- (1) In this Part, the phrase “for the purposes of an election” means with a view to, or otherwise in connection with, promoting or procuring a candidate’s election, including the prejudicing of another candidate’s electoral prospects; and the phrase “for the purposes of a candidate’s election” is to be construed accordingly.
- (2) The provision by any individual of their own services voluntarily, on their own time, and free of charge is not to be considered an expense for the purposes of this Part.

61. Application to question an election –

- (1) An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to the Regulator.
- (2) An application may only be made once the outcome of the election has been declared by the returning officer.
- (3) An application may only be made to the Regulator by -
 - (a) a person who voted at the election or who claimed to have had the right to vote, or
 - (b) a candidate, or a person claiming to have had a right to be elected at the election.
- (4) The application must –
 - (a) describe the alleged breach of the rules or electoral irregularity, and
 - (b) be in such a form as the Regulator may require.
- (5) The application must be presented in writing within 21 days of the declaration of the result of the election.
- (6) If the Regulator requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.
- (7) The Regulator shall delegate the determination of an application to a person or persons to be nominated for the purpose of the Regulator.

- (8) The determination by the person or persons nominated in accordance with Rule 61(7) shall be binding on and shall be given effect by the corporation, the applicant and the Members of the Constituency (or class within a Constituency) including all the candidates for the election to which the application relates.
- (9) The Regulator may prescribe rules of procedure for the determination of an application including costs.

Part 12 – Miscellaneous

62. Secrecy –

- (1) The following persons –

- (a) the returning officer,
- (b) the returning officer’s staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to –

- (i) the name of any Member of the corporation who has or has not been given a ballot paper or who has or has not voted,
 - (ii) the unique identifier on any ballot paper,
 - (iii) the candidate(s) for whom any Member has voted.
- (2) No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter.
- (3) The returning officer is to make such arrangements as they think fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

63. Prohibition of disclosure of vote – No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom they have voted.

64. Disqualification – A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is –

- (a) a Member of the corporation,
- (b) an employee of the corporation,
- (c) a Director of the corporation, or
- (d) employed by or on behalf of a person who has been nominated for election.

65. Delay in postal service through industrial action or unforeseen event – If industrial action, or some other unforeseen event, results in a delay in –

- (a) the delivery of the documents in rule 24, or
- (b) the return of the ballot papers and declarations of identity,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll, with the agreement of the Regulator.



Integrated Performance Report (IPR): July 2025

May 2025 data unless stated otherwise

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

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

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

The Key Performance Indicators included in the IPR are divided into two categories - [strategic](#) and [clinical](#) metrics.

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

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

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

Clinical metrics can either be *National* (e.g. set out in the operational planning guidance, reported on Future NHS platform, National Oversight Framework (NOF) etc.) or *Local* (set at Trust or ICB level).

Guide to the Integrated Performance Report – interpreting SPC charts

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

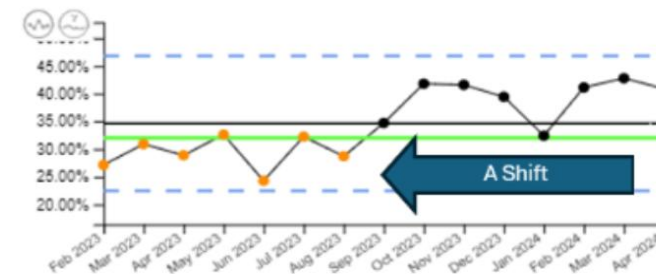
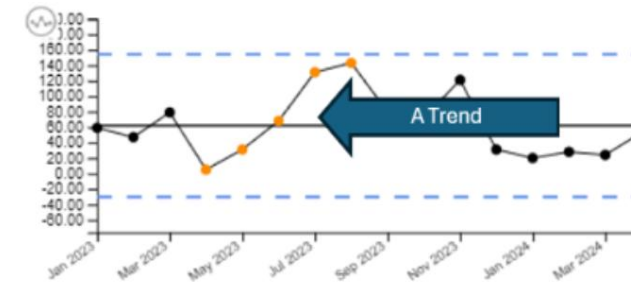
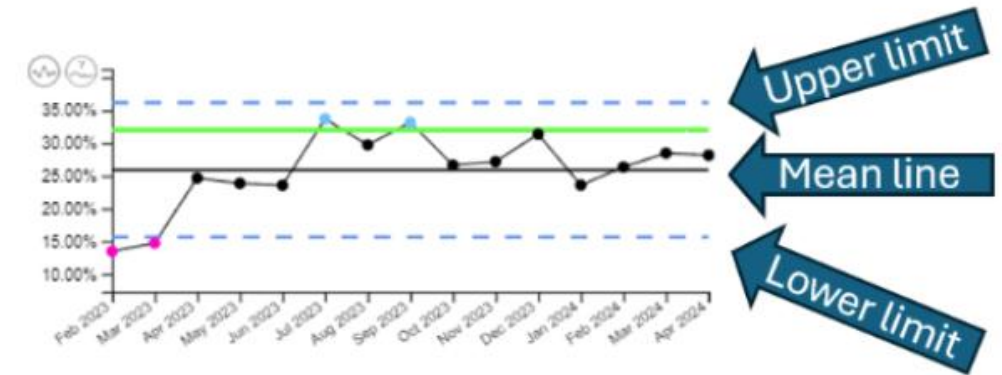
Statistical Process Charts (SPC) is an analytical technique that plots data over time. Such charts help identify variation i.e. what is 'different' and what is the 'norm'. Using these charts can help understand where focus might be needed to make a difference.

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

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

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

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



Guide to the Integrated Performance Report – Interpreting summary icons

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




Variation / performance Icons			
Icon	Technical description	What does this mean?	What should we do?
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is currently not changing significantly . It shows the level of natural variation you can expect from the process or system itself.	Consider if the level/range of variation is acceptable. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of a CONCERNING nature.	Something's going on! Something, a one-off or a continued trend or shift of numbers in the wrong direction	Investigate to find out what is happening / has happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an IMPROVING nature.	Something good is happening! Something, a one-off or a continued trend or shift of numbers in the right direction. Well done!	Find out what is happening / has happened. Celebrate the improvement or success. Is there learning that can be shared to other areas?
Assurance icons			
Icon	Technical description	What does this mean?	What should we do?
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies within those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	If a target lies outside of those limits in the wrong direction then you know that the target cannot be achieved.	You need to change something in the system or process if you want to meet the target. The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	If a target lies outside of those limits in the right direction then you know that the target can consistently be achieved.	Celebrate the achievement. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Guide to the Integrated Performance Report – Exception reporting

The Integrated Performance Report has been developed to reflect recommendations, where possible, provided by NHS England in the Insightful Board Guidance, the Performance Assessment Framework for 2025 – 26, Standardising Community Health Services guide and other best practice guides and examples.

The Board will receive additional information in the form of exception reporting for certain measures throughout the IPR. Rules applied to exception reporting are as follows:

- Clinical section – those in the categories of and highlighted in **orange** on the matrix:

Concerning nature  , but consistently **passing the target** 

Concerning nature   and inconsistent passing or failing the target 

Concerning nature   and **consistently failing** 

Improving nature  , but **consistently failing the target** 

No significant change  and **consistently failing the target** 

- People – narrative provided for all metrics
- Quality - narrative provided for all metrics

Metrics not falling in any of the categories above or those which may appear to be in the above categories but have an asterisk (*) next to them and system-wide measures will be reported as appendices in each of the clinical sections for information only.


Guide to the Integrated Performance Report – Interpreting the Data Quality Indicator

These indicators provide an effective visual aid to quickly provide analysis of the collection, review and quality of the data associated with metrics. Each group of metrics are rated* against the 3 domains in the table below and relevant icons displayed alongside summary dashboards.


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

- *


Green



- answers to domain questions are "yes"
- Amber



- answers to domain questions are "partly"
- Red











- answers to domain questions are "no"

Section 1.1

Clinical performance (National Mental Health Standards)

Mental Health Services – Matrix (1/2)

Assurance









				No target
 	<ul style="list-style-type: none"> Improve access to mental health support for children and young people – Buckinghamshire & Oxfordshire Response from Mental Health Psychiatric Liaison within 24 hours – Buckinghamshire 	<ul style="list-style-type: none"> CYP % referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks – Buckinghamshire and Oxfordshire CYP % referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days – Buckinghamshire Reliable improvement rate for those completed a course of treatment adult and older adult combined – Oxfordshire Talking Therapies Reliable recovery rate for those completed a course of treatment adults and older adults combined – Buckinghamshire Talking Therapies Response from Mental Health Crisis Service within 24 hours (urgent) – Buckinghamshire and Oxfordshire 	<ul style="list-style-type: none"> CYP % referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days – Oxfordshire* 	<ul style="list-style-type: none"> Improve access to mental health support for children and young people – Bath & North-East Somerset, Swindon and Wiltshire
	<ul style="list-style-type: none"> % of people receiving first treatment appointment within 6 weeks of referral – Buckinghamshire and Oxfordshire Talking Therapies % of people receiving first treatment appointment within 18 weeks of referral – Oxfordshire Talking Therapies Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) – Buckinghamshire and Oxfordshire Response from Mental Health Psychiatric Liaison within 1 hour – Buckinghamshire and Oxfordshire 	<ul style="list-style-type: none"> CYP Four week wait (interim metric – one meaningful contact within pathway) – Buckinghamshire, Oxfordshire and Bath & North-East Somerset, Swindon and Wiltshire Increase the number of adults and older adults completing a course of treatment for anxiety and depression – Buckinghamshire and Oxfordshire Reliable improvement rate for those completed a course of treatment adult and older adult combined – Buckinghamshire Talking Therapies Reliable recovery rate for those completed a course of treatment adults and older adults combined – Buckinghamshire Talking Therapies Meet and maintain at least 50% Talking Therapies recovery rate – Buckinghamshire and Oxfordshire Recovery rate for Ethnically and Culturally Diverse Communities – Buckinghamshire and Oxfordshire Talking Therapies Recovery rate for White British – Buckinghamshire and Oxfordshire Talking Therapies Response from Mental Health Crisis Service within 4 hours (very urgent) – Oxfordshire Response from Mental Health Psychiatric Liaison within 24 hours – Oxfordshire 	<ul style="list-style-type: none"> CYP % referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Bath & North-East Somerset, Swindon and Wiltshire 	<ul style="list-style-type: none"> % of those completing a course of treatment for anxiety and depression who are older adults (65 and over) – Buckinghamshire and Oxfordshire Talking Therapies
 	<ul style="list-style-type: none"> % of people receiving first treatment appointment within 18 weeks of referral – Buckinghamshire Talking Therapies* 	<ul style="list-style-type: none"> CYP % referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Bath & North-East Somerset, Swindon and Wiltshire 		




















Variation

Mental Health Services – Matrix (1/2)

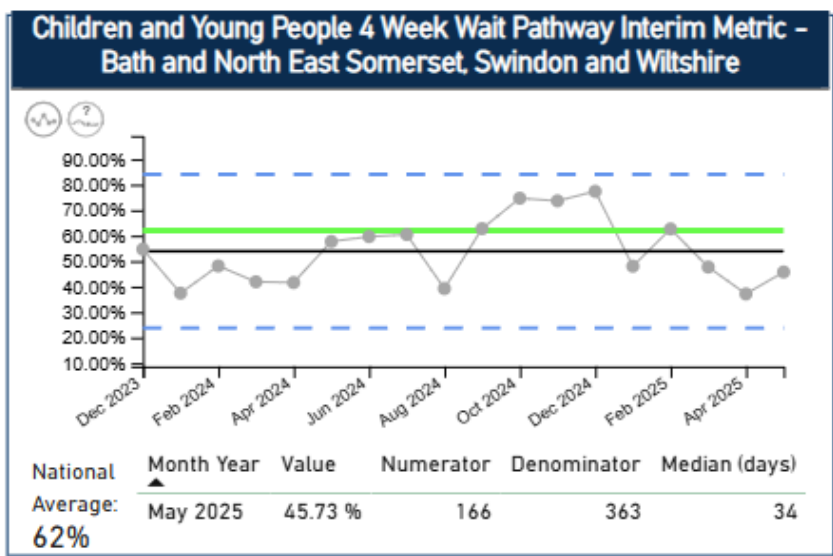
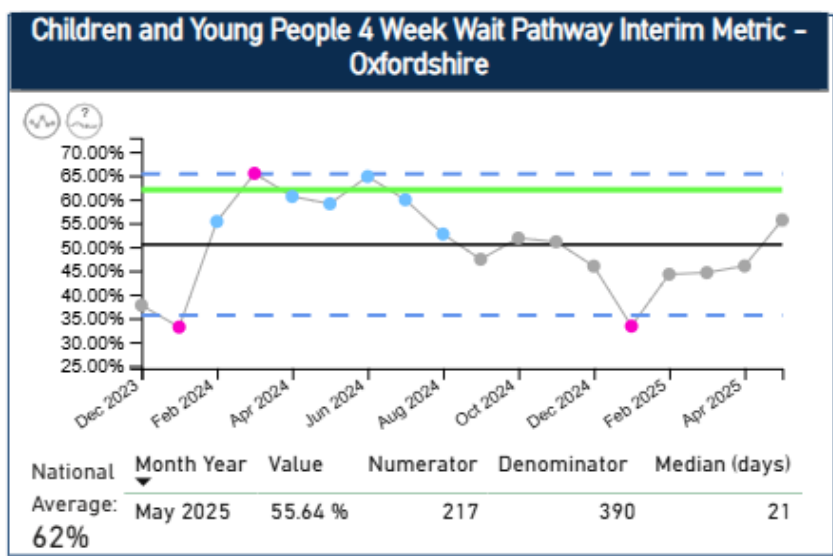
Assurance

Variation

				No target
 	<ul style="list-style-type: none"> Improve access for Adults and Older Adults to support by community mental health services – Buckinghamshire and Oxfordshire Four week wait standard (interim metric – two contacts within pathway) - Oxfordshire Improve access to perinatal mental health services – Oxfordshire (rolling 12 months) Number of people accessing Individual Placement Support (IPS) – Buckinghamshire and Oxfordshire (rolling 12 months) % of people experiencing first episode of psychosis treated with a NICE approved care package within two weeks of referral – Oxfordshire Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements – snapshot last day month – Oxfordshire Inappropriate older adult acute mental health out of area placements – snapshot last day month – Buckinghamshire and Oxfordshire Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements – snapshot last day month – Oxfordshire 	<ul style="list-style-type: none"> Four week wait standard (interim metric – two contacts within pathway) – Buckinghamshire % of people experiencing first episode of psychosis treated with a NICE approved care package within two weeks of referral – Buckinghamshire Mental Health admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact – rolling quarter – Older Adult - Buckinghamshire 		<ul style="list-style-type: none"> Inappropriate older adult mental health out of area placements – bed days in month – Oxfordshire % older adult readmission within 30 days for mental health - Buckinghamshire
	<ul style="list-style-type: none"> Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements – snapshot last day month – Buckinghamshire 72 hour follow up for those discharged from mental health wards – older adults – Buckinghamshire 	<ul style="list-style-type: none"> Mental Health admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact – rolling quarter – Adult (acute & Psychiatric Intensive Care units) – Buckinghamshire and Oxfordshire Mental Health admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact – rolling quarter – Older Adult – Oxfordshire Mean Length of Stay Mental Health acute, older adult acute and Psychiatric Intensive Care (PICU) discharges (combined; rolling three months) – Buckinghamshire and Oxfordshire 72 hour follow up for those discharged from mental health wards – adults – Buckinghamshire and Oxfordshire 72 hour follow up for those discharged from mental health wards – older adults – Oxfordshire Inappropriate adult acute mental health out of area placements – snapshot last day month – Buckinghamshire 		<ul style="list-style-type: none"> Inappropriate adult acute mental health out of area placements - beds days in month – Buckinghamshire Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month – Buckinghamshire and Oxfordshire Inappropriate older adult mental health out of area placements – bed days in month – Buckinghamshire % adult acute readmission within 30 days for mental health – Buckinghamshire and Oxfordshire % older adult readmission within 30 days for mental health – Oxfordshire Average number of clinically ready for discharge patient per day – Buckinghamshire and Oxfordshire
 		Inappropriate adult acute mental health out of area placements – snapshot last day month – Oxfordshire	Improve access to perinatal mental health services – Buckinghamshire (rolling 12 months)	<ul style="list-style-type: none"> Inappropriate adult acute mental health out of area placements – bed days in month - Oxfordshire

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National	Improve access to mental health support for children and young people - Buckinghamshire	>=6274	May-25	6588		-	5790
National	Improve access to mental health support for children and young people - Oxfordshire	>=8000	May-25	8197		-	7308
National	Improve access to mental health support for children and young people - Bath & North-East Somerset, Swindon and Wiltshire	tbc	May-25	6457		n/a	6215
National Strategic - Quality	Four (4) week wait (interim metric - one meaningful contact within pathway) - Buckinghamshire	>=62% National average	May-25	68.44%			60.71%
National Strategic - Quality	Four (4) week wait (interim metric - one meaningful contact within pathway) - Oxfordshire	>=62% National average	May-25	55.64%			50.48%
National Strategic - Quality	Four (4) week wait (interim metric - one meaningful contact within pathway) - Bath & North-East Somerset, Swindon and Wiltshire	>=62% National average	May-25	45.73%			53.91%
National	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Buckinghamshire (rolling 3 months position)	>=95%	May-25	94.74%			87.87%
National	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Oxfordshire (rolling 3 months position)	>=95%	May-25	91.67%			84.85
National	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Bath & North-East Somerset, Swindon and Wiltshire (rolling 3 months position)	>=95%	May-25	73%			78.41%
National	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Buckinghamshire (rolling 3 months position)	>=95%	May-25	100%			89.46%
National	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Oxfordshire (rolling 3 months position)	>=95%	May-25	100%			77.59%
National	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Bath & North-East Somerset, Swindon and Wiltshire (rolling 3 months position)	>=95%	May-25	67%			85.66%

Mental Health Services – Children and Adolescent Mental Health Services



Understanding the performance

This is an interim metric, which measures one meaningful contact* within a pathway within the four (4) week period. Following on from the national 4 week wait pilots and the clinically led review of mental health standards, new non-urgent waiting time standards are being introduced for Child and Adolescent Mental Health Services (CAMHS). There is currently no set national target, and the Trust is baselining against the national average position. Whilst the Making Data Count algorithm is not flagging these metrics as requiring attention, due to their strategic importance they are being flagged on the report. Oxfordshire's and Bath and North East Somerset, Swindon and Wiltshire CAMHS have not achieved the national average in May 2025; however, performance remains within expected statistical range.

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

Actions (SMART)

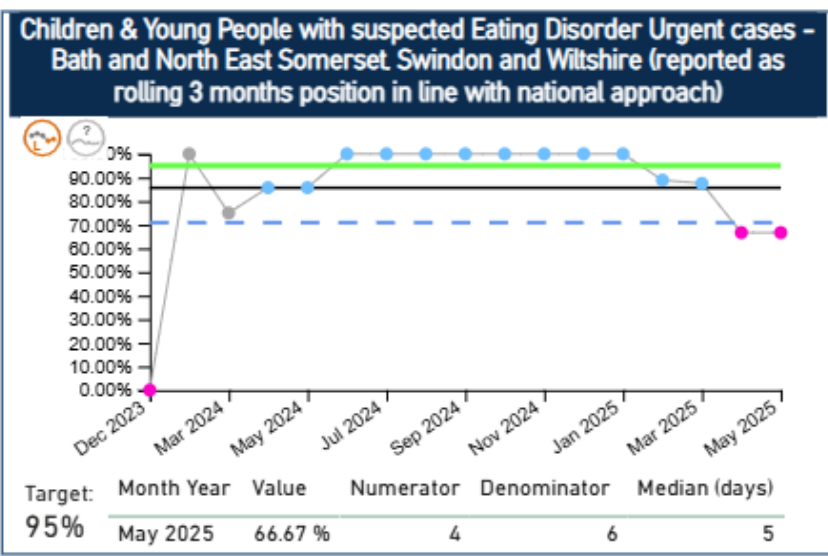
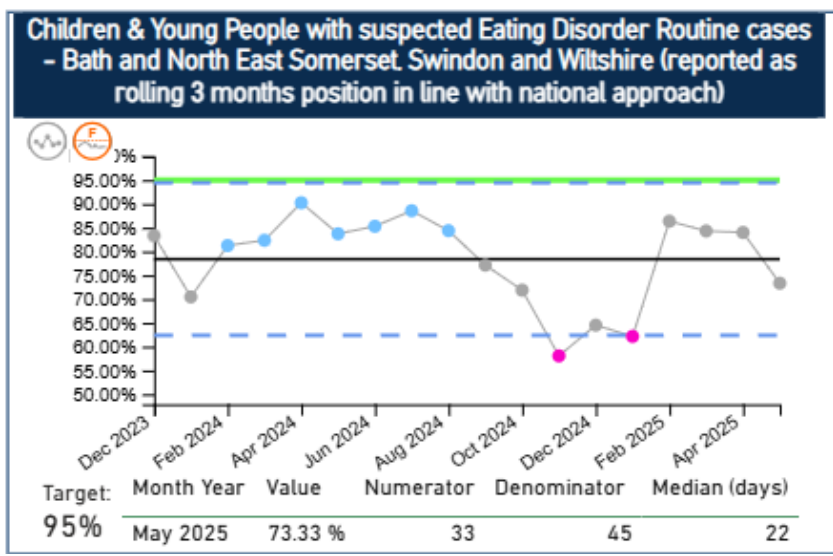
- Services are to continue prioritising the reduction of the waiting list, as this is anticipated to have a positive impact on four-week wait performance once addressed.
- Mental Health Support Teams have implemented a new process for recording consultation activity that progresses into referrals, which is expected to enhance performance monitoring.
- A high-level productivity review is currently in progress and is scheduled for completion by the end of Quarter 2.
- Oxfordshire CAMHS has recently introduced a new pathway, "Supportive Steps"; activity associated with this pathway needs to be retrospectively incorporated into the data set relevant to the four-week wait metric.

Risks

Longer waiting times can carry several risks for young people and families:

- Worsening mental health and crisis escalation
- Negative impact on education, development and relationships
- Increased systemic costs and inequities
- Workforce strain and compromised care quality

Mental Health Services – Children and Adolescent Mental Health Services



Understanding the performance

These metric measures urgent referrals seen within 7 days and routine referrals seen within 28 days where the referral reason is "Eating Disorders" and age of patient is between 0 – 18 years, for the attended first appointment to count in the national waiting times, it must be outcomed and an appropriate SNOMED* intervention recorded. All providers are measured on a rolling 3-month position, so April 2025 performance includes March, April and May 2025 performance. Patients who choose to be seen outside of the timeframe will still be counted as a breach. Eating Disorders referrals are not in scope of the Children and Young people (CYP) four (4) week wait measure. Five out of total fourteen breaches were attributed to patient choice, five were seen outside of the timeframe due to capacity and four were coding errors.

**SNOMED is a comprehensive, multilingual clinical terminology system used in healthcare.*

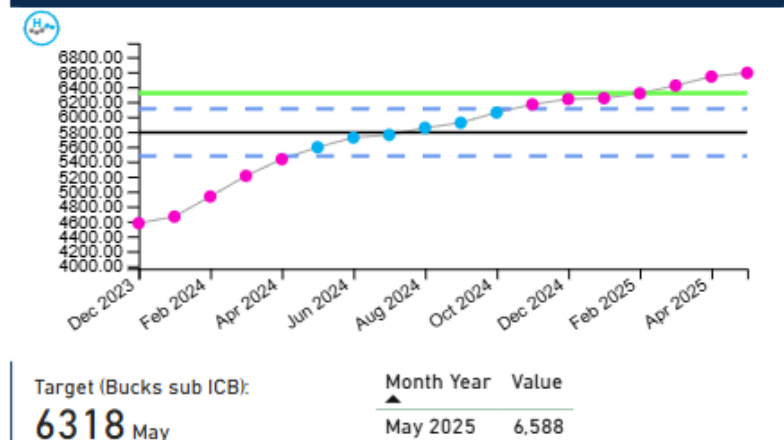
- Actions (SMART)**
- Continuation of Internal team level performance monitoring and improvement meetings taking place regularly to support teams with data recording, reporting, identifying causes and solutions for improvement.
 - Clinical coding errors to be rectified on the Electronic Healthcare Records system

Risks

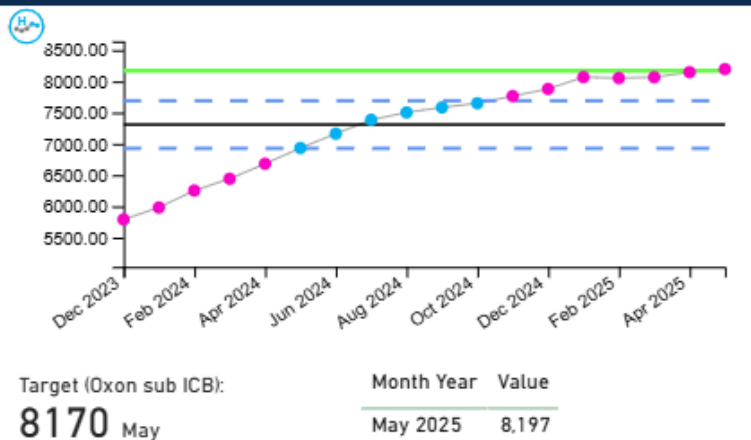
Delays in treatment can increase the likelihood of deterioration of mental and physical health as well demand on emergency and inpatient services. Finally, longer than expected waiting times can lead to disengagement from young people and their families/carers, which in turn could undermine trust in services and worsen outcomes particularly for conditions like disordered eating where early and sustained therapeutic relationships are crucial.

Mental Health Services – Children and Adolescent Mental Health Services - appendices

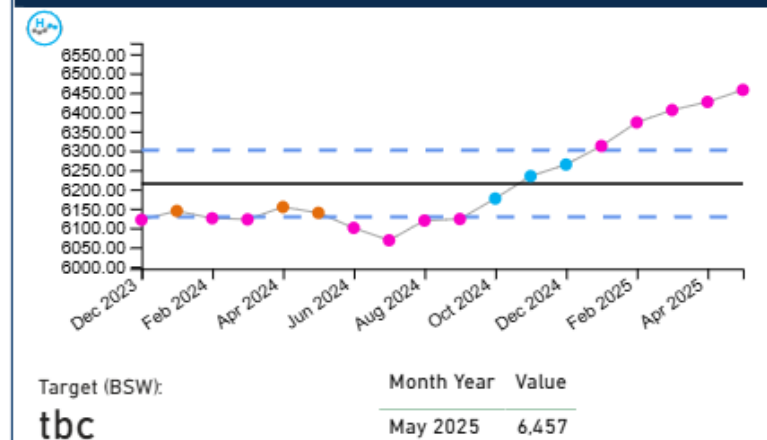
Improve access to mental health support for children and young people – Buckinghamshire



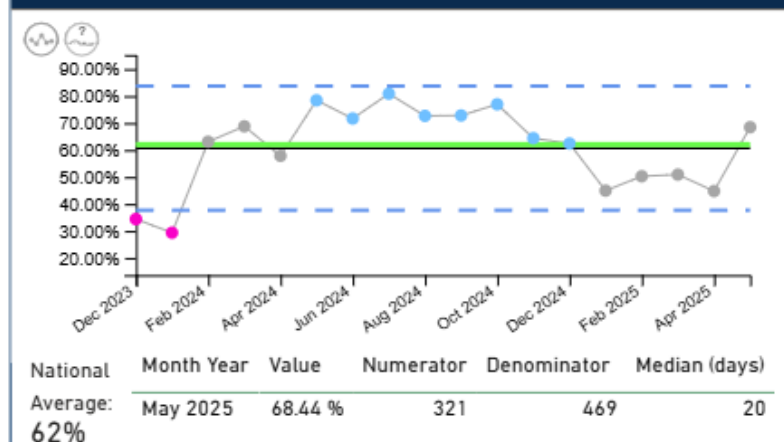
Improve access to mental health support for children and young people – Oxfordshire



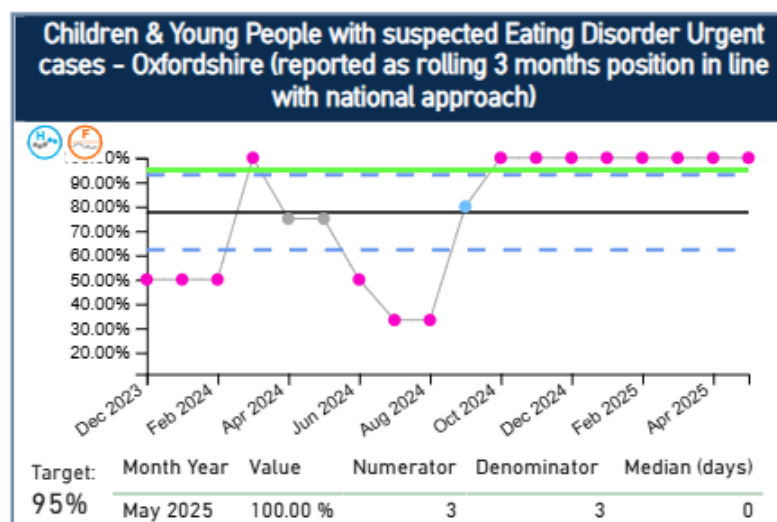
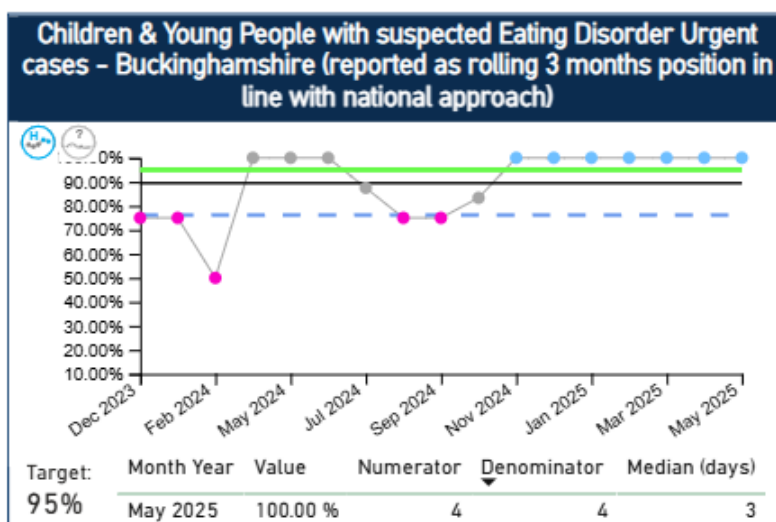
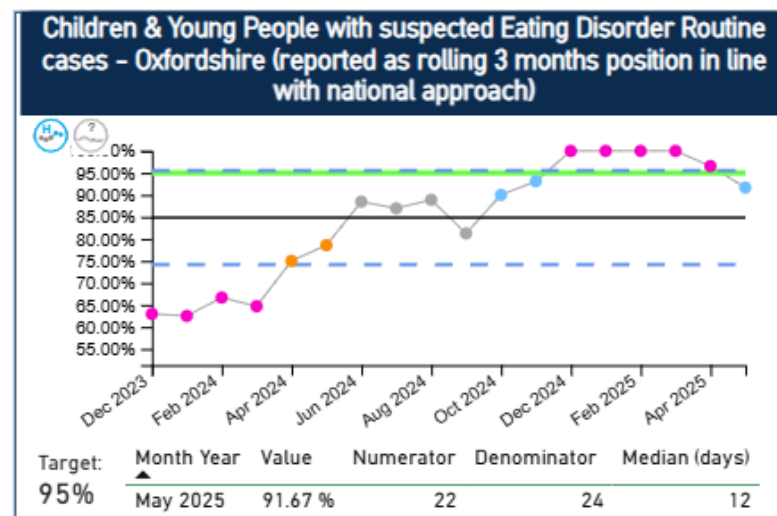
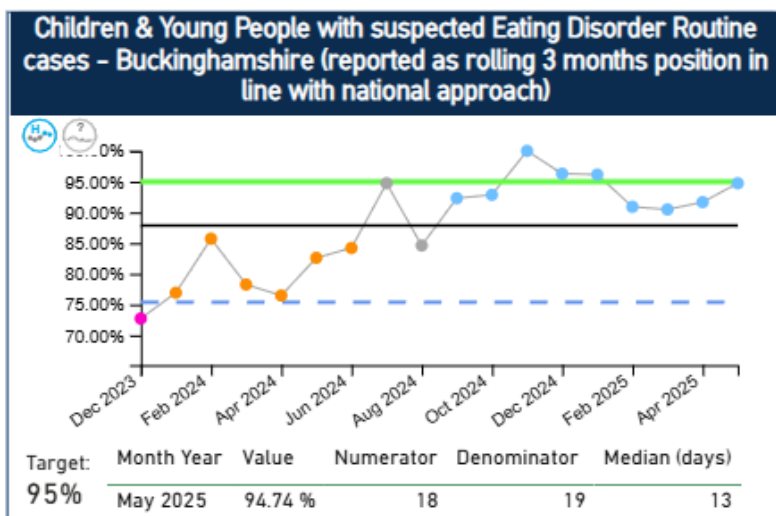
Improve access to mental health support for children and young people – Bath and North East Somerset, Swindon and Wiltshire



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

























Mental Health Services – Children and Adolescent Mental Health Services - appendices



*Making Data Algorithm flags this metric as requiring attention, however, due to the Service continuously exceeding target since late 2024, narrative is not provided

Mental Health Services – Talking Therapies- summary (1/2)

S T P

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
<i>National</i>	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Buckinghamshire	515	May-25	598			614
<i>National</i>	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Oxfordshire	687	May-25	751			675
<i>National</i>	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Buckinghamshire	.	May-25	8.90%		n/a	11.35%
<i>National</i>	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Oxfordshire	.	May-25	5.90%		n/a	7.54%
<i>National</i>	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Buckinghamshire	>=67%	May-25	68.20%			66.74%
<i>National</i>	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Oxfordshire	>=67%	May-25	67.60%			66.93%
<i>National</i>	% of people receiving first treatment appointment within 6 weeks of referral - Buckinghamshire	>=75%	May-25	98.20%			97.99%
<i>National</i>	% of people receiving first treatment appointment within 6 weeks of referral - Oxfordshire	>=75%	May-25	99.60%			99.70%
<i>National</i>	% of people receiving first treatment appointment within 18 weeks of referral - Buckinghamshire	>=95%	May-25	99.80%	 *		99.70%
<i>National</i>	% of people receiving first treatment appointment within 18 weeks of referral - Oxfordshire	>=95%	May-25	100%			99.96%
<i>National</i>	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) - Buckinghamshire	<=10%	May-25	1.70%			2.52%
<i>National</i>	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) - Oxfordshire	<=10%	May-25	4.50%			3.44%

* - flagged variation of concerning nature due to extremely small difference between upper and lower control limits – this does not warrant exception reporting

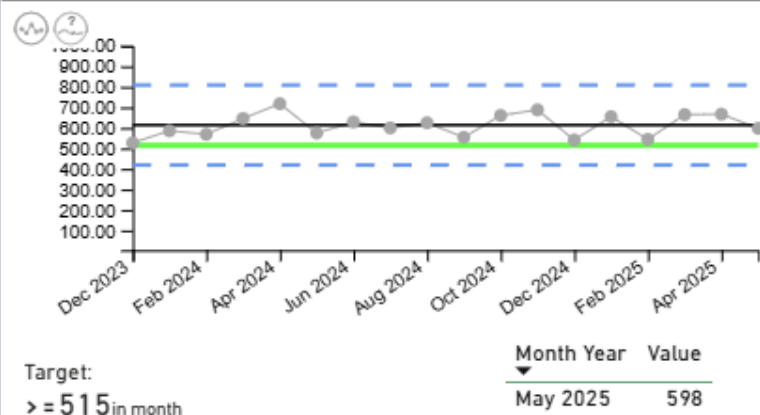
Caring, safe and excellent

Mental Health Services – Talking Therapies- summary (2/2)

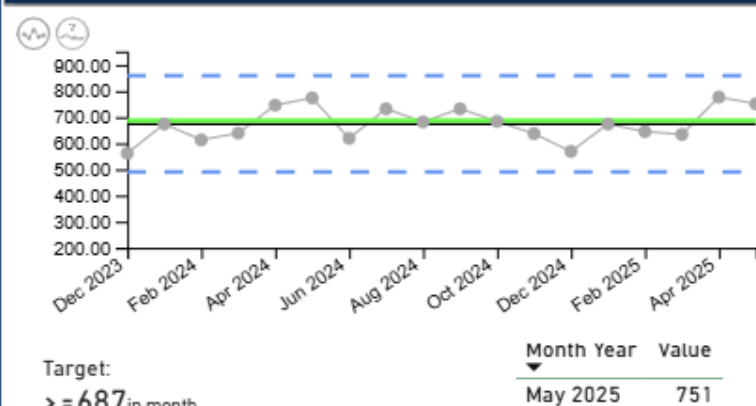
Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
<i>National</i>	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Buckinghamshire	> =48%	May-25	49.50%			50.56%
<i>National</i>	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Oxfordshire	> =49%	May-25	53.60%			50.36%
<i>National</i>	Meet and maintain at least 50% Talking Therapies recovery rate (with improvement to 52% by end of Financial Year 24-25) - Buckinghamshire	> =50%	May-25	52.70%			53.62%
<i>National</i>	Meet and maintain at least 50% Talking Therapies recovery rate (with improvement to 52% by end of Financial Year 24-25) - Oxfordshire	> =50%	May-25	53.60%			53.70%
<i>National</i>	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined - Buckinghamshire	> =50%	May-25	49.30%			51.13%
<i>National</i>	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined - Oxfordshire	> =50%	May-25	47.10%			48.93%
<i>National</i>	Recovery rate for White British - complete a course of treatment, adult and older adult combined - Buckinghamshire	> =50%	May-25	54.50%			54.96%
<i>National</i>	Recovery rate for White British - complete a course of treatment, adult and older adult combined - Oxfordshire	> =50%	May-25	55.80%			55.02%

Mental Health Services – Talking Therapies - appendices

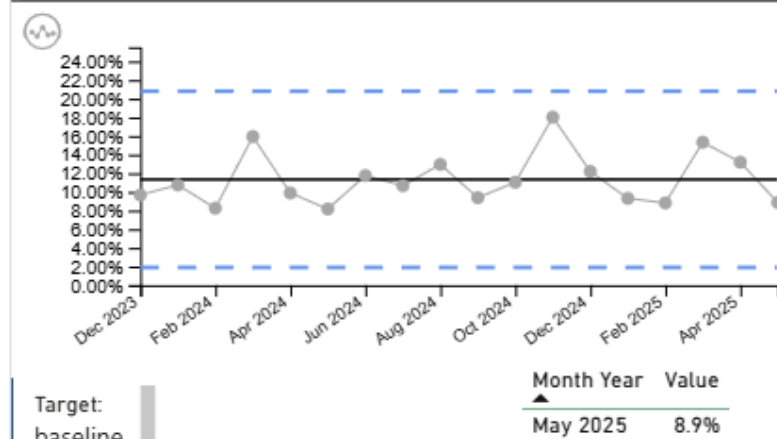
Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies – Buckinghamshire



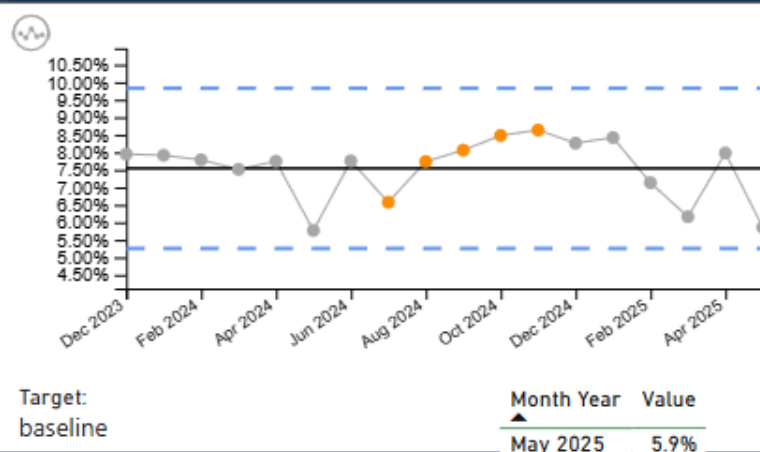
Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies – Oxfordshire



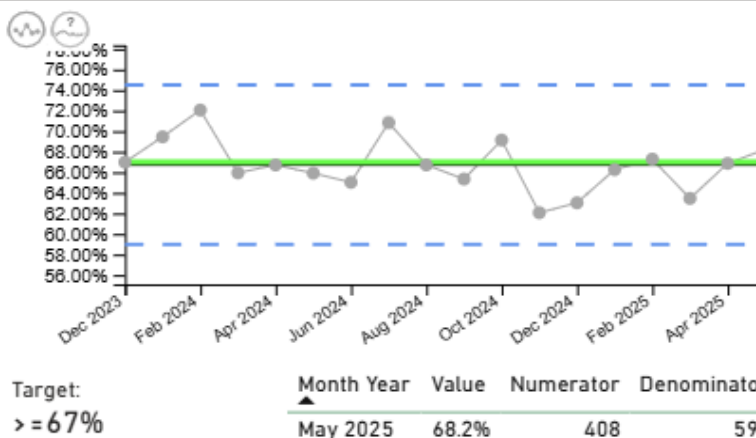
% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) – Buckinghamshire



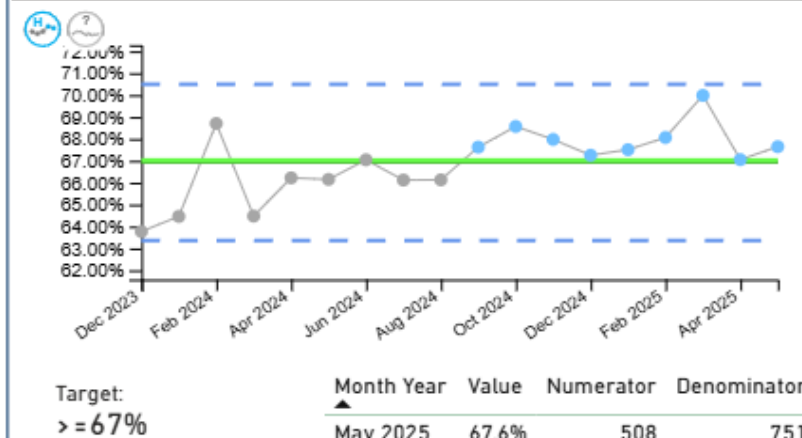
% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) – Oxfordshire



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

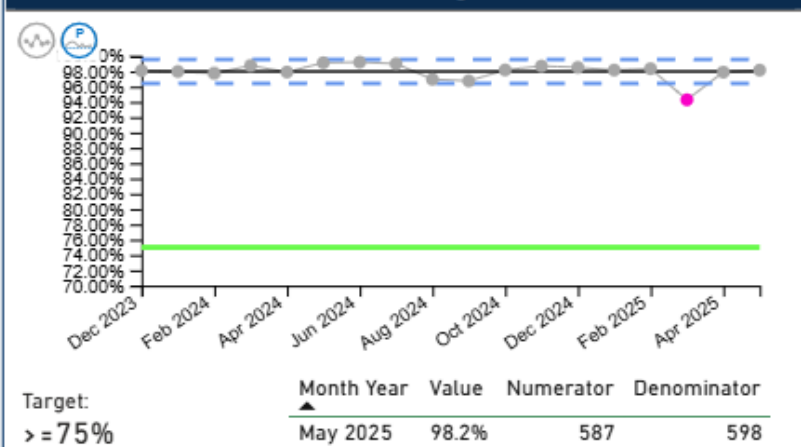


Reliable improvement rate for those completed a course of treatment adults and older adults combined – Oxfordshire

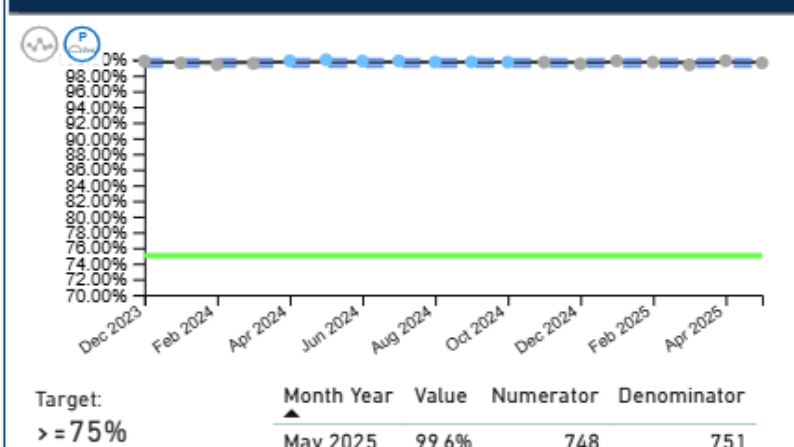


Mental Health Services – Talking Therapies - appendices

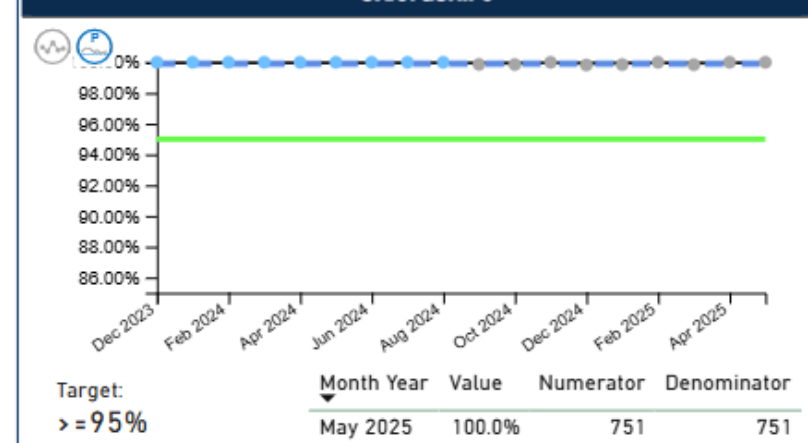
% of people receiving first treatment appointment within 6 weeks of referral – Buckinghamshire



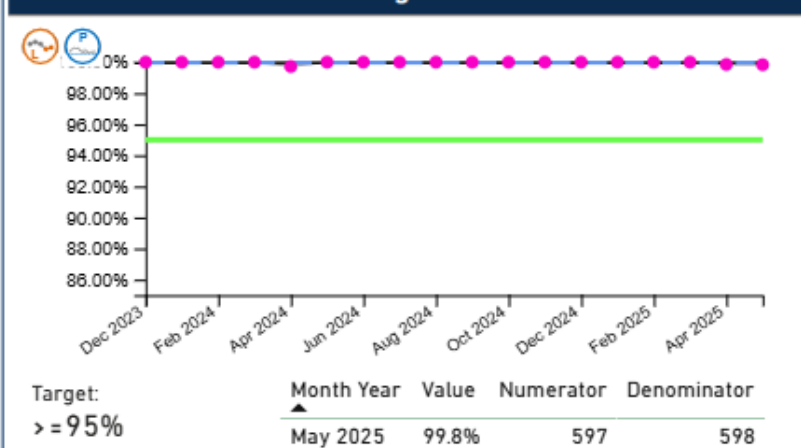
% of people receiving first treatment appointment within 6 weeks of referral – Oxfordshire



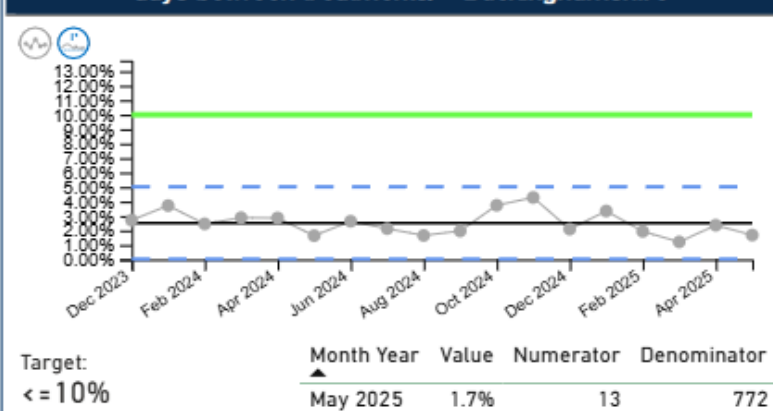
% of people receiving first appointment within 18 weeks of referral – Oxfordshire



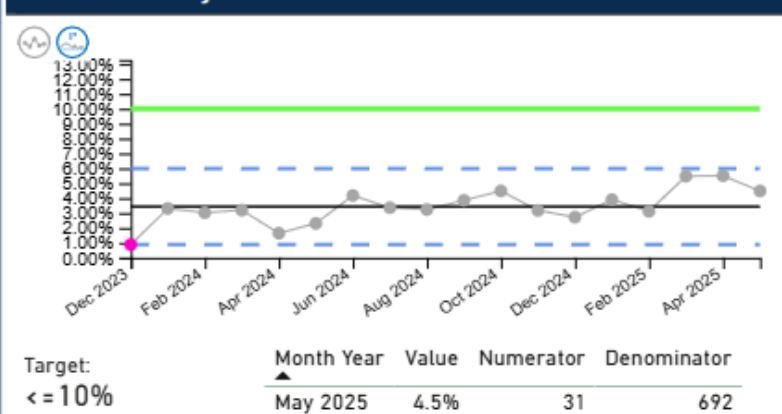
% of people receiving first appointment within 18 weeks of referral – Buckinghamshire



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



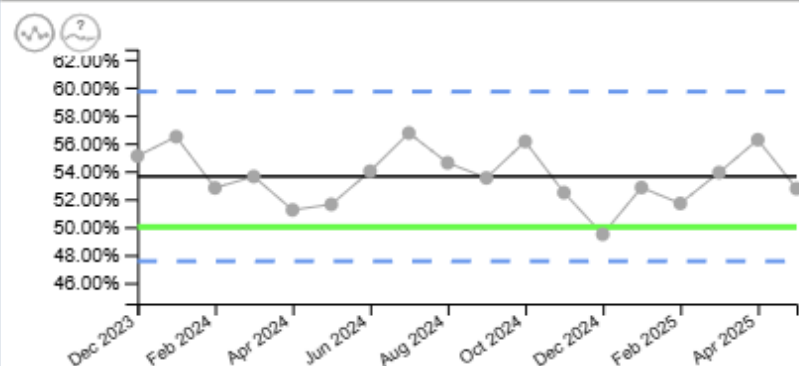
Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting no more than 90 days between treatments) – Oxfordshire



* - flagged variation of concerning nature due to extremely small difference between upper and lower control limits – this does not warrant exception reporting

Mental Health Services – Talking Therapies - appendices

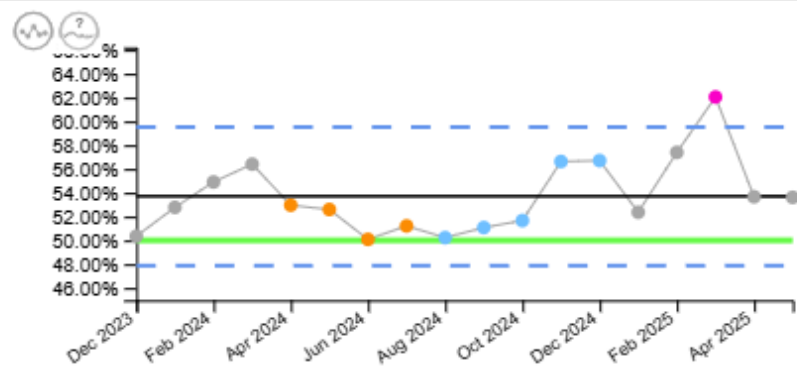
Meet and maintain Talking Therapies standards 50% Talking Therapies recovery rate – Buckinghamshire



Target: $\geq 50\%$

Month Year	Value	Numerator	Denominator
May 2025	52.7%	288	546

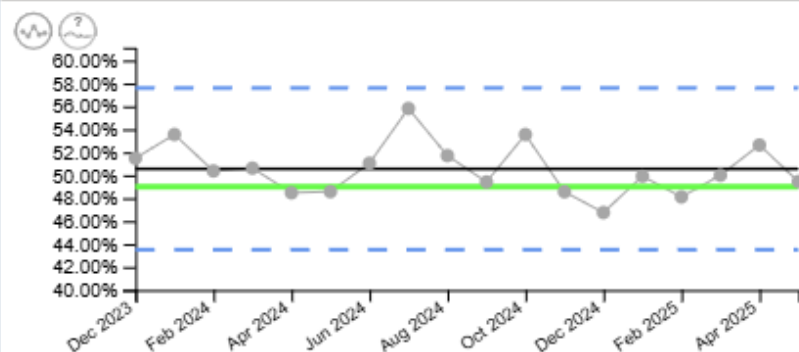
Meet and maintain Talking Therapies standards 50% Talking Therapies recovery rate – Oxfordshire



Target: $\geq 50\%$

Month Year	Value	Numerator	Denominator
May 2025	53.6%	393	733

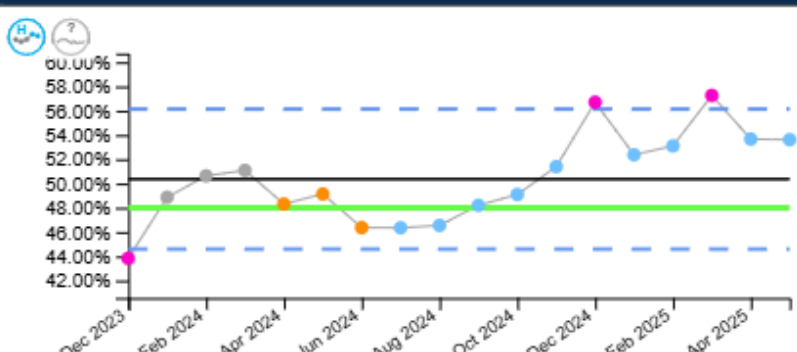
Reliable recovery rate for those completed a course of treatment adults and older adults combined – Buckinghamshire



Target: $\geq 49\%$

Month Year	Value	Numerator	Denominator
May 2025	49.5%	270	546

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

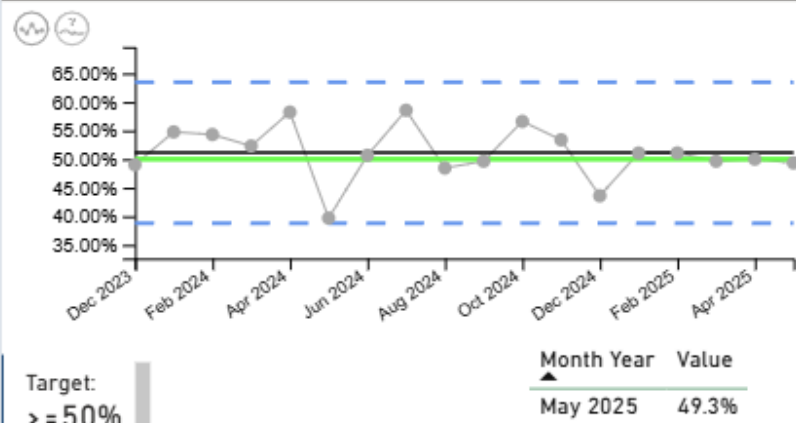


Target: $\geq 48\%$

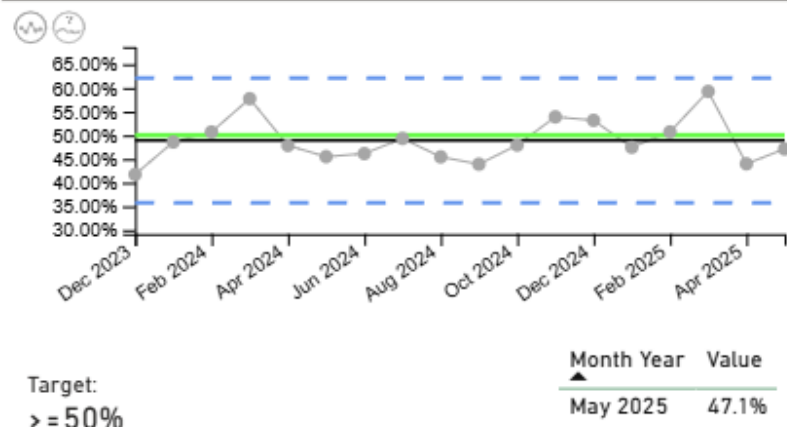
Month Year	Value	Numerator	Denominator
May 2025	53.6%	393	733

Mental Health Services – Talking Therapies - appendices

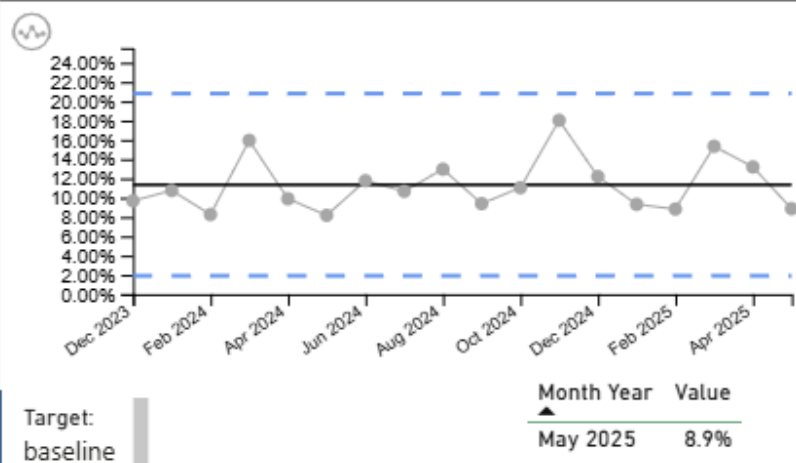
Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) (completed a course of treatment, adult and older adult combined) – Buckinghamshire



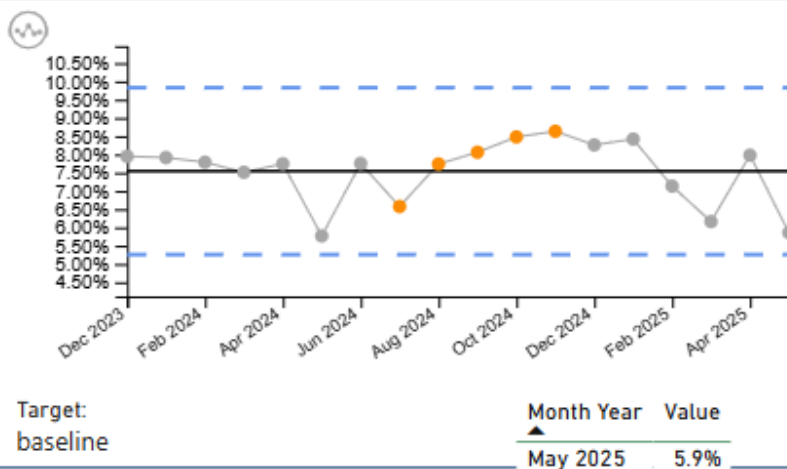
Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) (completed a course of treatment, adult and older adult combined) – Oxfordshire



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



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

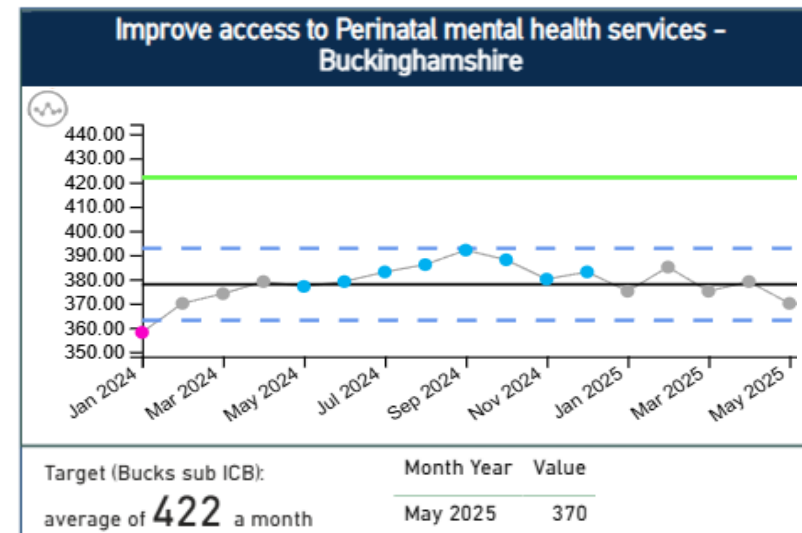
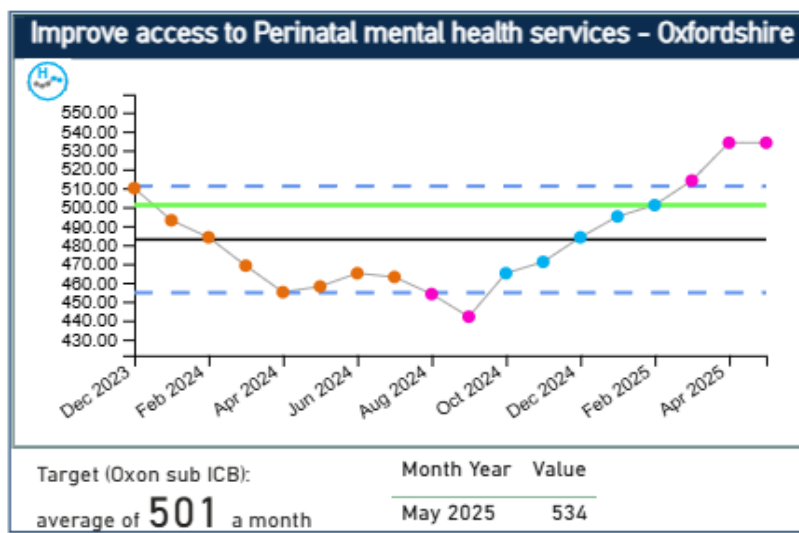
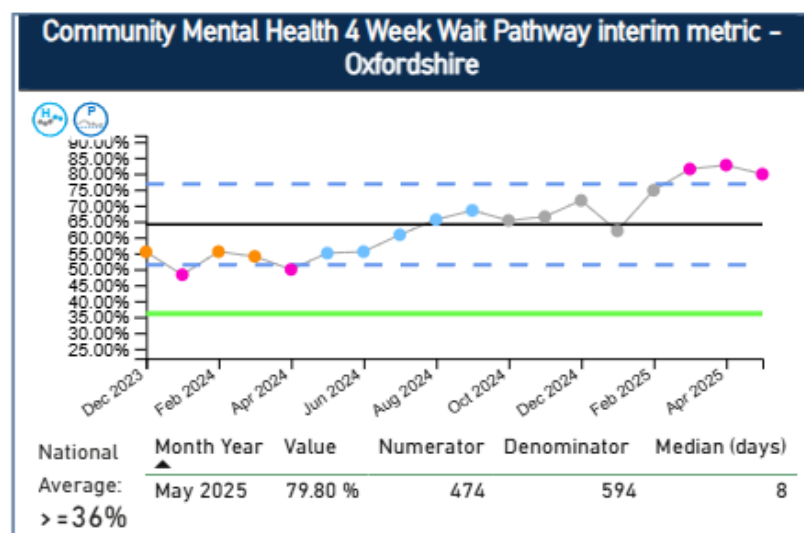
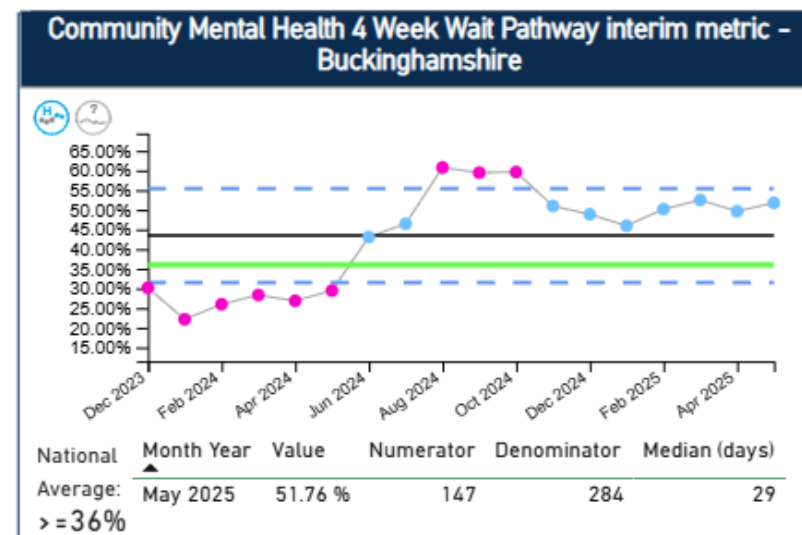
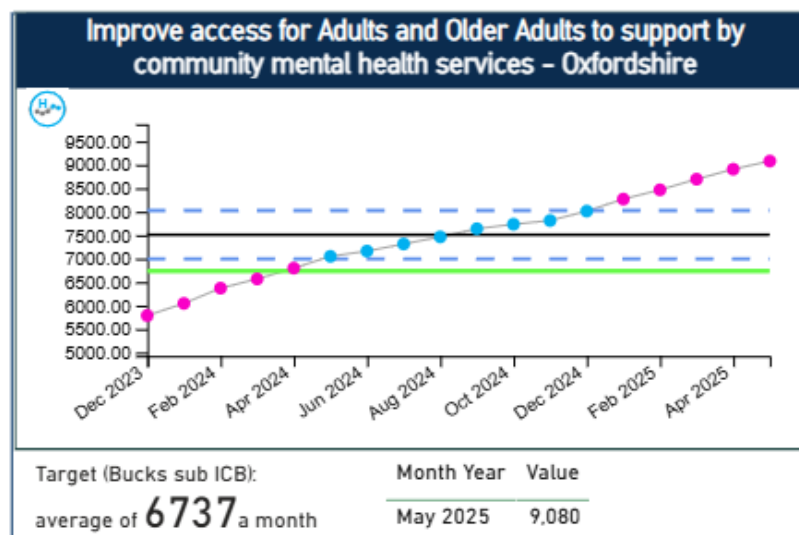
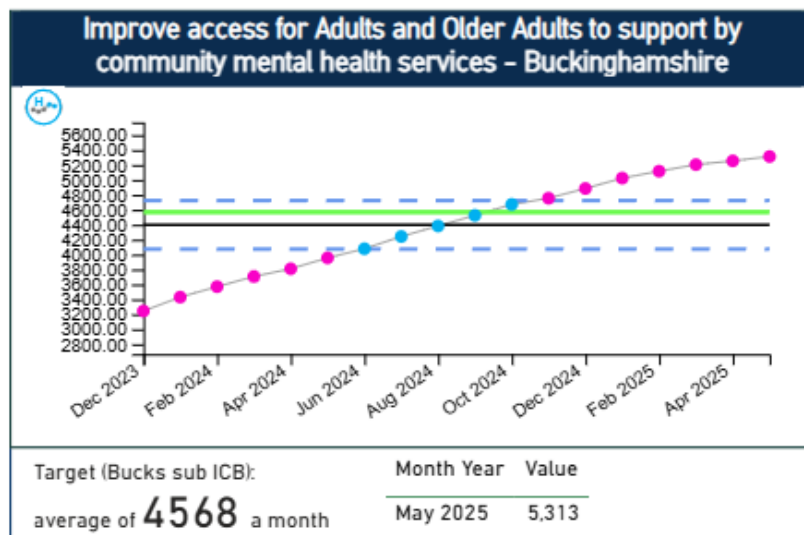


Mental Health Services – Adult and Older Adult Community - summary



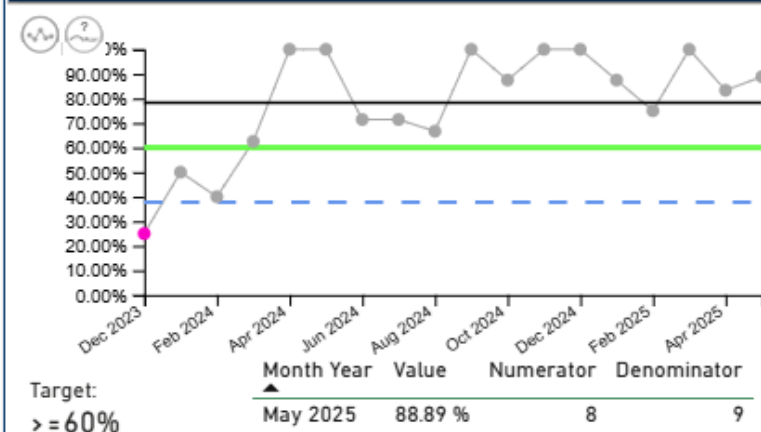
Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National	Improve access for Adults and Older Adults to support by community mental health services - Buckinghamshire	>=4568	May-25	5313		-	4398
National	Improve access for Adults and Older Adults to support by community mental health services - Oxfordshire	>=6737	May-25	9080		-	7510
National	4 week wait (28 days) standard (interim metric - two contacts within pathway) - Buckinghamshire	>=36% National average	May-25	51.76%			43.45%
National	4 week wait (28 days) standard (interim metric - two contacts within pathway)- Oxfordshire	>=36% National average	May-25	79.80%			64.01%
National	Improve access to perinatal mental health services - Buckinghamshire (rolling 12 months)	>=422	May-25	370		-	396
National	Improve access to perinatal mental health services - Oxfordshire (rolling 12 months)	>=501	May-25	534		-	482
National	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral - Buckinghamshire	>=60%	May-25	88.89%			78.29%
National	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral - Oxfordshire	>=60%	May-25	100%			81.47%
National	Number of people accessing Individual Placement Support (IPS) - Buckinghamshire (rolling 12 months)	>=286	May-25	329		-	244
National	Number of people accessing Individual Placement Support (IPS) - Oxfordshire (rolling 12 months)	>=385	May-25	394		-	336
National	Recover dementia diagnosis rate (nationally reported system measure - Buckinghamshire)	>=63%	May-25	57.9%	n/a	n/a	57.92%
National	Recover dementia diagnosis rate (nationally reported system measure - Oxfordshire)	>=63%	May-25	63.5%	n/a	n/a	62.71%

Mental Health Services – Adult and Older Adult Community - appendices

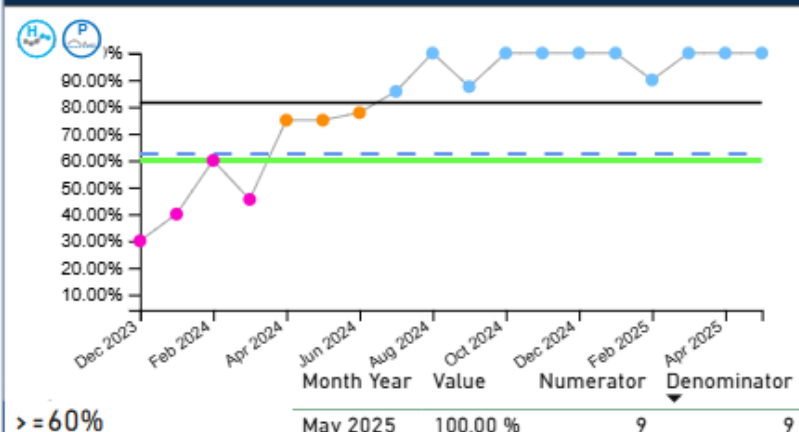


Mental Health Services – Adult and Older Adult Community - appendices

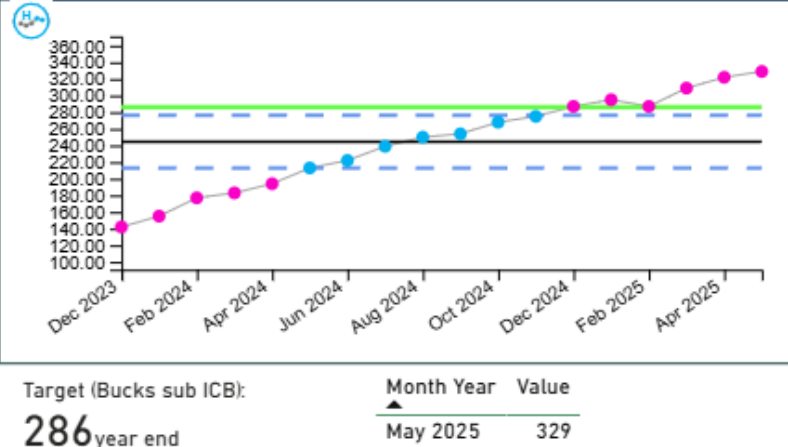
Early Intervention in Psychosis Waits (% of people with first episode of psychosis treated within 2 weeks of referral) – Buckinghamshire



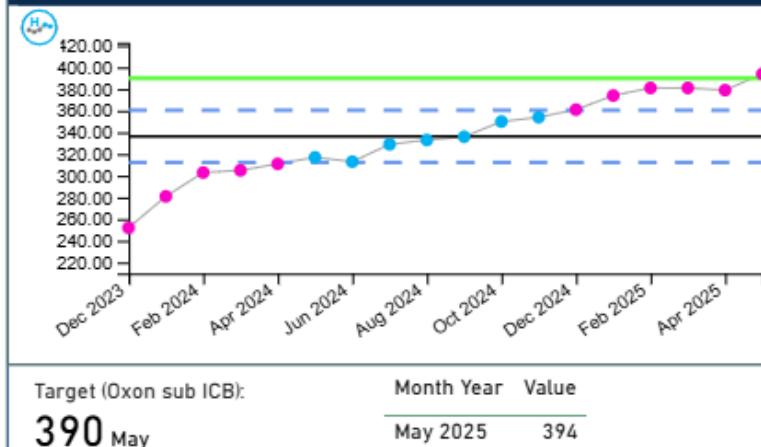
Early Intervention in Psychosis Waits (% of people with first episode of psychosis treated within 2 weeks of referral) – Oxfordshire



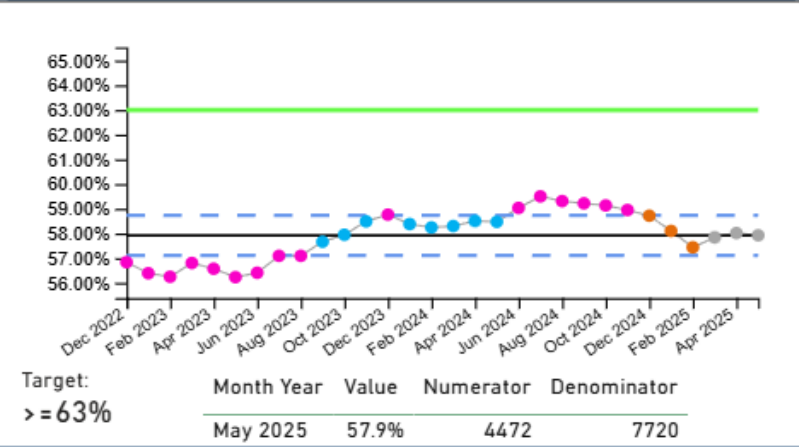
Number of people accessing Individual Placement Support (IPS) – Buckinghamshire



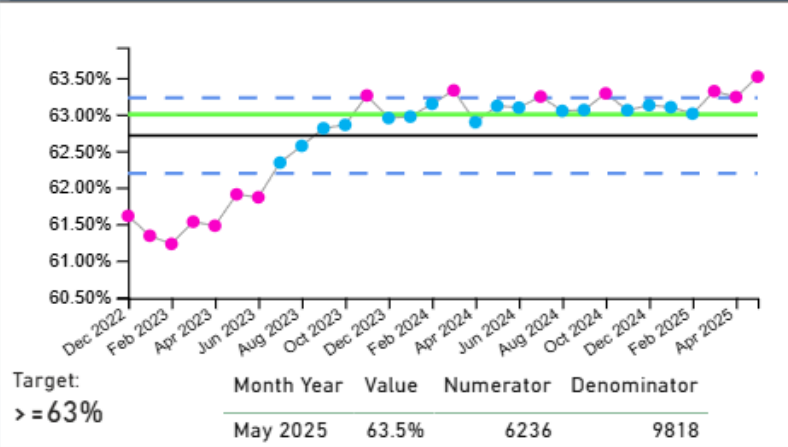
Number of people accessing Individual Placement Support (IPS) – Oxfordshire



Recover the dementia diagnosis rate to 63–64%– Buckinghamshire (nationally reported system measure)



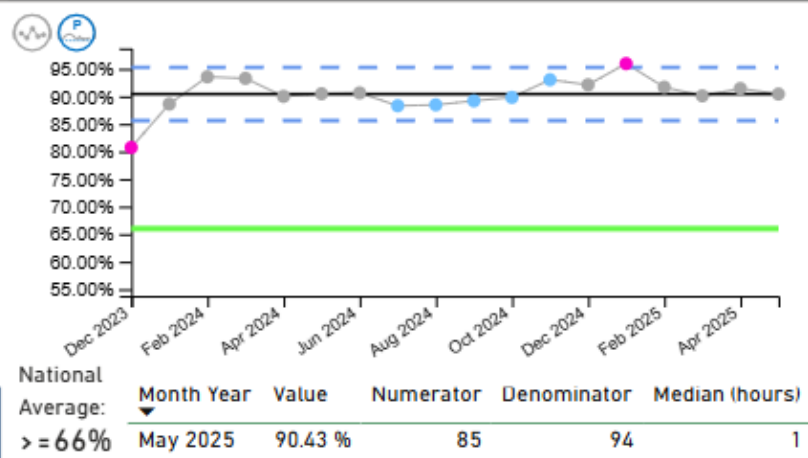
Recover the dementia diagnosis rate to 63–64% – Oxfordshire (nationally reported system measure)



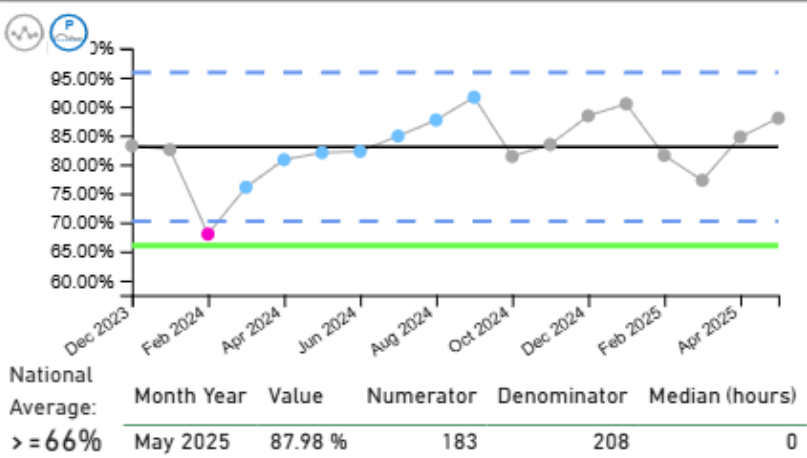
Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National	Response from Mental Health Psychiatric Liaison within 1 hour - Buckinghamshire	>=66% National average	May-25	90.43%			90.43%
National	Response from Mental Health Psychiatric Liaison within 1 hour - Oxfordshire	>=66% National average	May-25	87.98%			83.02%
National	Response from Mental Health Psychiatric Liaison within 24 hours - Buckinghamshire	>=81% National average	May-25	100%			94.07%
National	Response from Mental Health Psychiatric Liaison within 24 hours - Oxfordshire	>=81% National average	May-25	100%			82.29%
National	Response from Mental Health Crisis Service within 4 hours (Very Urgent) - Buckinghamshire	>=61% National average	May-25	nil	-	-	76.10%
National	Response from Mental Health Crisis Service within 4 hours (Very Urgent) - Oxfordshire	>=61% National average	May-25	53.33%			41.23%
National	Response from Mental Health Crisis Service within 24 hours (Urgent) - Buckinghamshire	>=58% National average	May-25	63.56%			49.35%
National	Response from Mental Health Crisis Service within 24 hours (Urgent) - Oxfordshire	>=58% National average	May-25	86.49%			67.57%

Mental Health Services – Urgent Care - appendices

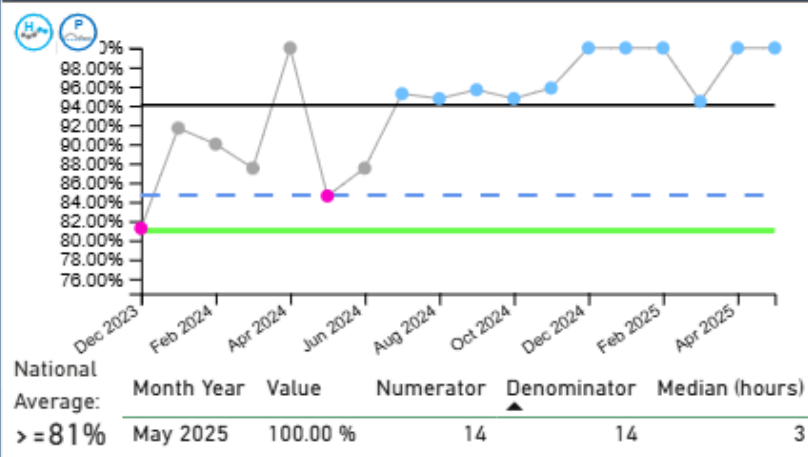
Response from Mental Health Psychiatric Liaison Service within 1 hour – Buckinghamshire



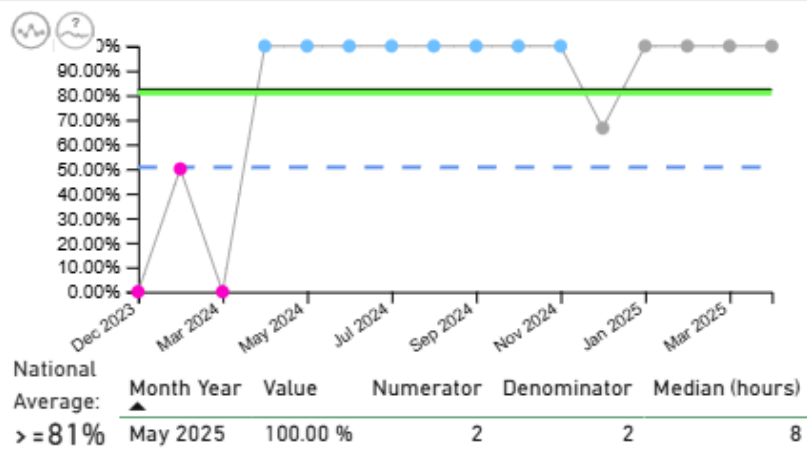
Response from Mental Health Psychiatric Liaison Service within 1 hour – Oxfordshire



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

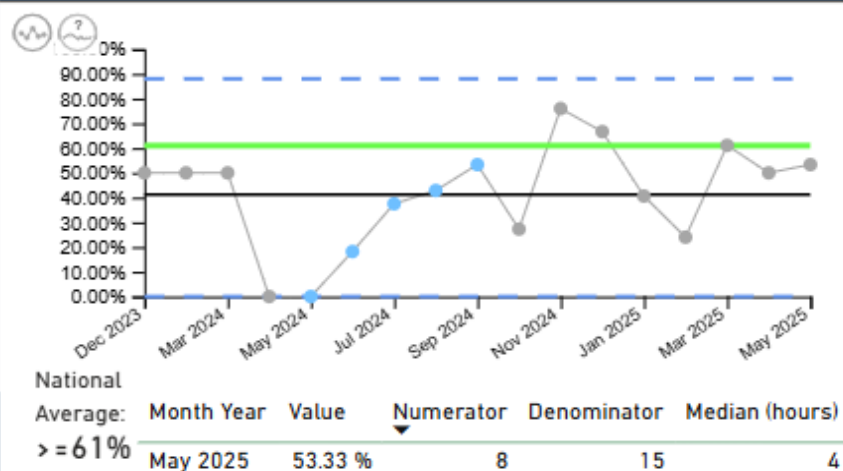


Response from Mental Health Psychiatric Liaison Service within 24 hour – Oxfordshire

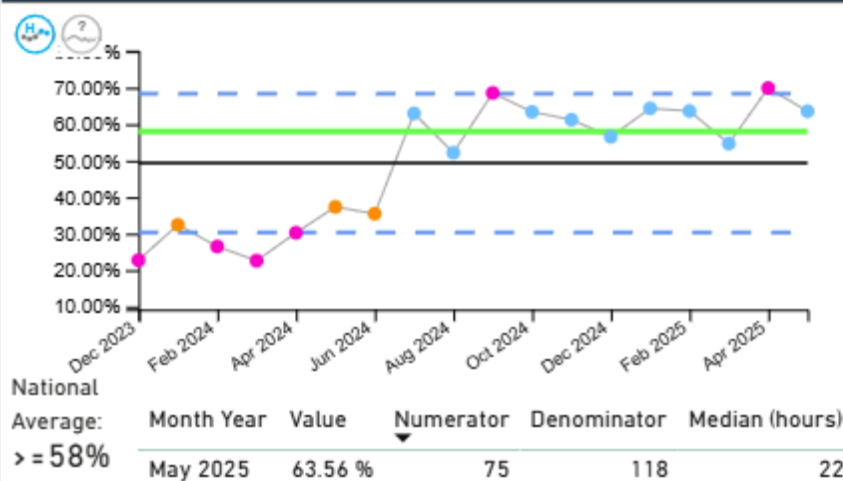


Mental Health Services – Urgent Care - appendices

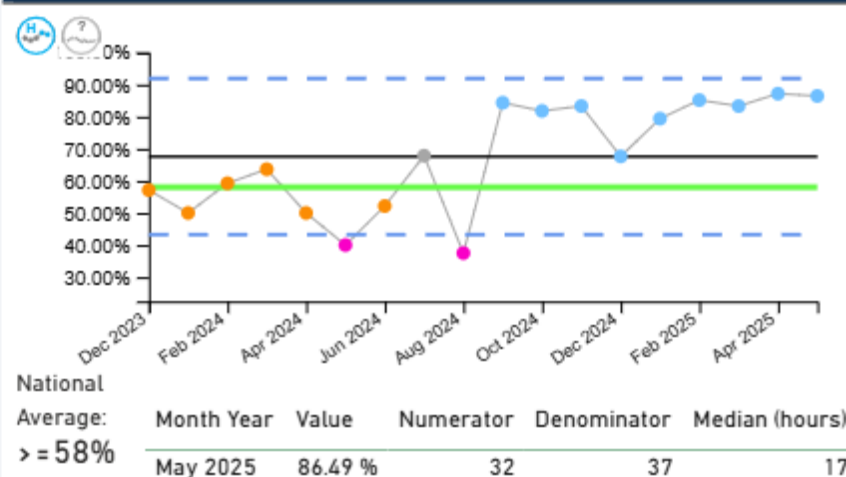
Response from Mental Health Crisis Service within 4 hours (very urgent) – Oxfordshire





























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

















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



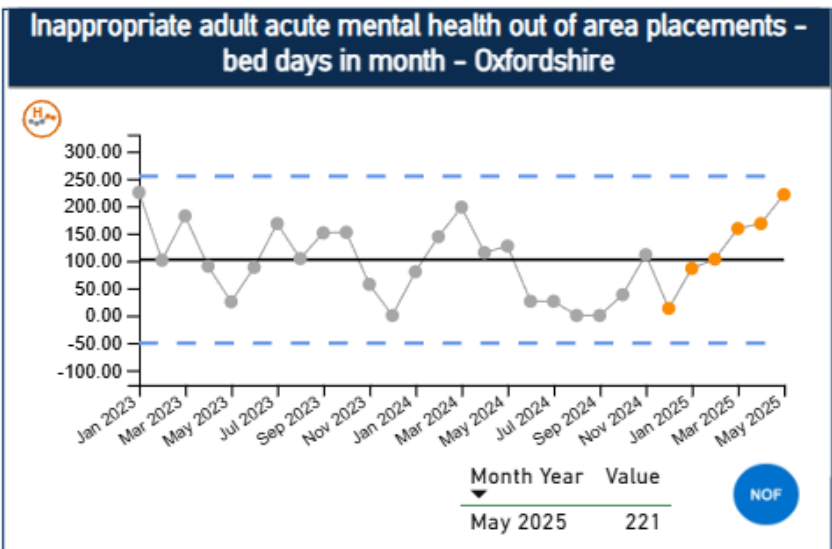
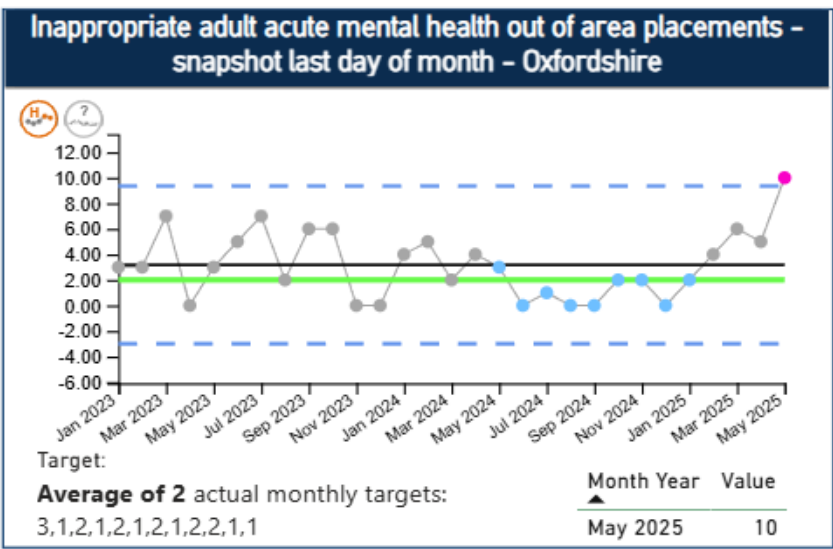
Mental Health Services – Acute/Inpatients (Adults and Older Adults) – summary (1/2)

Type of metric	Service Area/Metric	Target	Latest month	Measure	Variation	Assurance	Mean
<i>National</i>	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter - Adult (acute & Psychiatric Intensive Care Units) - Buckinghamshire	<=12% National average	May-25	13%			17.33%
<i>National</i>	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter- Adult (acute & Psychiatric Intensive Care Units) - Oxfordshire	<=12% National average	May-25	18%			18.24%
<i>National</i>	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter - Older Adult - Buckinghamshire	<=12% National average	May-25	8%			17.80%
<i>National</i>	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter - Older Adult - Oxfordshire	<=12% National average	May-25	12%			15.65%
<i>National</i>	Mean Length of Stay Mental Health acute, older adult acute and Psychiatric Intensive Care Unit (PICU) discharges (combined; rolling 3 months) - Buckinghamshire	<=53 days	May-25	48			46
<i>National</i>	Mean Length of Stay Mental Health acute, older adult acute and Psychiatric Intensive Care Unit (PICU) discharges (combined; rolling 3 months) - Oxfordshire	<=53 days	May-25	50			58
<i>National</i>	72 hour follow up for those discharged from mental health wards - Adults - Buckinghamshire	>=80%	May-25	100%			89.05%
<i>National</i>	72 hour follow up for those discharged from mental health wards - Adults - Oxfordshire	>=80%	May-25	93.02%			85.82%
<i>National</i>	72 hour follow up for those discharged from mental health wards - Older Adults - Buckinghamshire	>=80%	May-25	100%			94.42%
<i>National</i>	72 hour follow up for those discharged from mental health wards - Older Adults - Oxfordshire	>=80%	May-25	100%			93.50%
<i>Local</i>	% adult acute readmission within 30 days for mental health - Buckinghamshire	.	May-25	3%		n/a	4.79%
<i>Local</i>	% adult acute readmission within 30 days for mental health - Oxfordshire	.	May-25	9%		n/a	4.92%
<i>Local</i>	% older adult readmission within 30 days for mental health - Buckinghamshire	.	May-25	0%		n/a	1.49%
<i>Local</i>	% older adult readmission within 30 days for mental health - Oxfordshire	.	May-25	0%		n/a	2.87%
<i>Local</i>	Average number of clinically ready for discharge patients per day - Buckinghamshire	.	May-25	5		n/a	8
<i>Local</i>	Average number of clinically ready for discharge patients per day - Oxfordshire	.	May-25	2		n/a	7

Mental Health Services – Acute/Inpatients (Adults and Older Adults) – summary (2/2)

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
<i>National</i>	Inappropriate adult acute mental health out of area placements - snapshot last day month - Buckinghamshire	2	May-25	0			2.66
<i>National</i>	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Buckinghamshire		May-25	0		-	0
<i>National</i>	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Buckinghamshire		May-25	0		-	0
<i>National</i>	Inappropriate adult acute mental health out of area placements - snapshot last day month - Oxfordshire	1	May-25	10			3.17
<i>National</i>	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Oxfordshire		May-25	0		-	0
<i>National</i>	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Oxfordshire		May-25	0		-	0
<i>National (NOF)</i>	Inappropriate adult acute mental health out of area placements - beds days in month - Buckinghamshire	.	May-25	3		n/a	80
<i>Local</i>	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Buckinghamshire	.	May-25	0		n/a	3
<i>Local</i>	Inappropriate older adult acute mental health out of area placements - beds days in month - Buckinghamshire	.	May-25	0		n/a	3
<i>National (NOF)</i>	Inappropriate adult acute mental health out of area placements - beds days in month - Oxfordshire	.	May-25	221		n/a	102
<i>Local</i>	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Oxfordshire	.	May-25	0		n/a	4
<i>Local</i>	Inappropriate older adult acute mental health out of area placements - beds days in month - Oxfordshire	.	May-25	0		n/a	0

Mental Health Services – Acute/Inpatients (Adults and Older Adults)



Understanding the performance

An inappropriate Out of Area Placement (OAP) refers to the situation where a patient is admitted to an inpatient unit that is outside of the local NHS trust area, not close to their home or community support network due to non-clinical reasons (e.g. lack of appropriate local inpatient beds).

Inappropriate Out of Area Placements in Oxfordshire on an increasing trend due to the following factors:

- Rise in demand for acute male beds
- Highly acute patients in male wards being too unwell to discharge at the rate of admission requests
- Majority OAPs admitted out of hours due to no available local beds and no options available to create local capacity (urgency of admission warrants OAP admission to manage risks)

Actions (SMART)

- Since the beginning of May 2025, regular system flow management calls have increased in frequency, now occurring daily compared to just four times per week previously
- Implementing a high threshold for authorising OAPs (must be approved by senior manager or Director)
- Face to face reviews with Crisis Resolution and Home Treatment Team every 2 – 4 weeks to ensure quality of care and support facilitation of early discharge where clinically appropriate
- Weekly Length of Stay (LoS) meetings with inpatient wards to understand clinical rationale for patients in adult acute wards with a LoS of more than 60 days and older adults with a LoS of more than 90 days
- Perfect week 23rd – 27th June – focused week on patient flow, particularly adult male (themes: admission avoidance, focus on delays and barriers to discharge, ensuring system support in place following a discharge). Learning being identified.
- Continued use of action tracker for all males in hospital to accelerate discharge planning

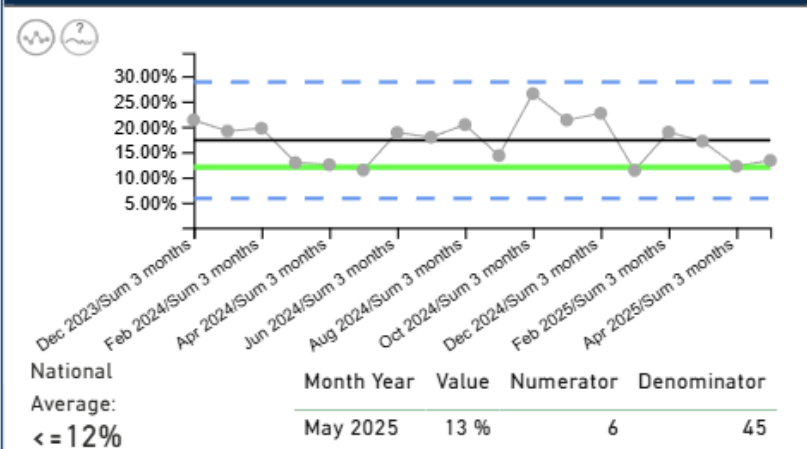
Risks

There are several risks associated with inappropriate Out of Area Placements:

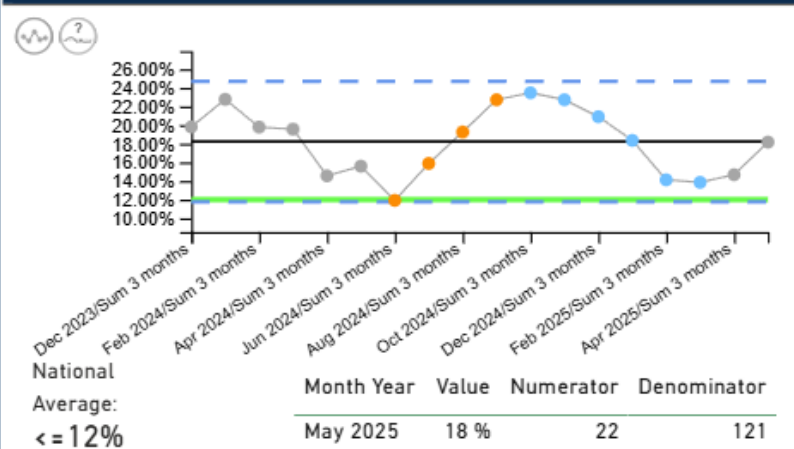
- Potential disruption of support networks where the patient is separated from family, carers and friends
- Possibly poorer continuity of care as it may be harder for local clinicians to stay involved in care planning and reviews
- Increased likelihood of delayed discharge and longer stays as discharge planning is more complex when patients are far from community services
- Possibility of poorer patient experience
- Increased costs and systemic inefficiencies

Mental Health Services – Acute/Inpatients (Adults and Older Adults) - appendices

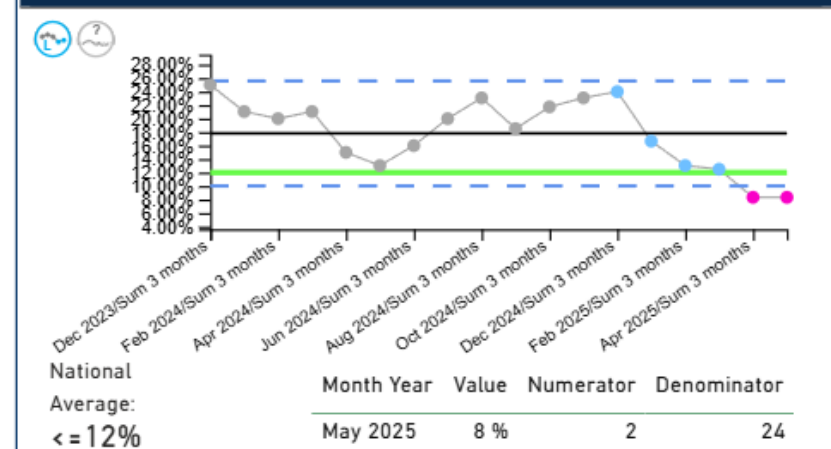
Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission (% of acute admissions with no prior contact) - Adult (acute & PICU) Buckinghamshire (reported as rolling 3 months)



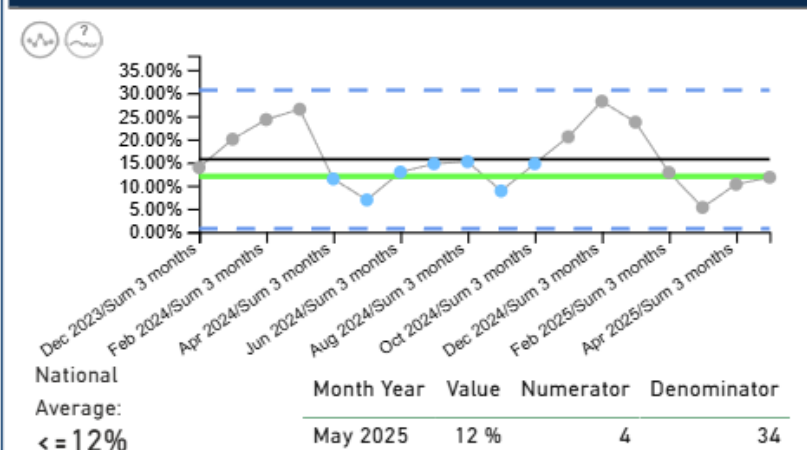
Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission (% of acute admissions with no prior contact) - Adult (acute & PICU) Oxfordshire (reported as rolling 3 months)



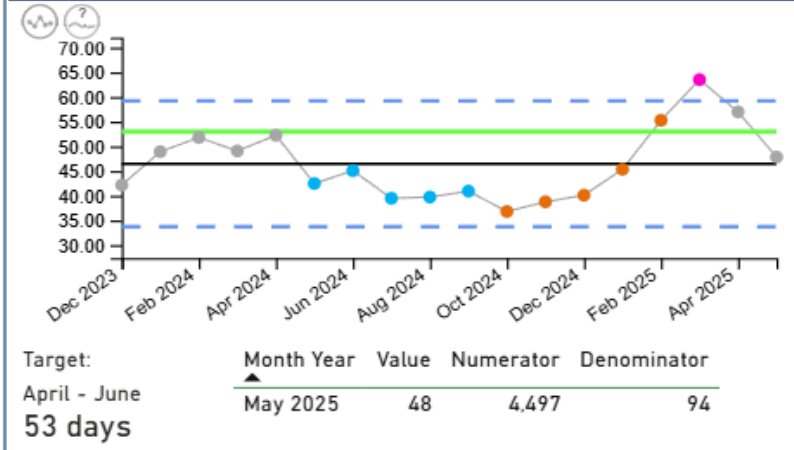
Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission (% of acute admissions with no prior contact) - Older Adult Buckinghamshire (reported as rolling 3 months)



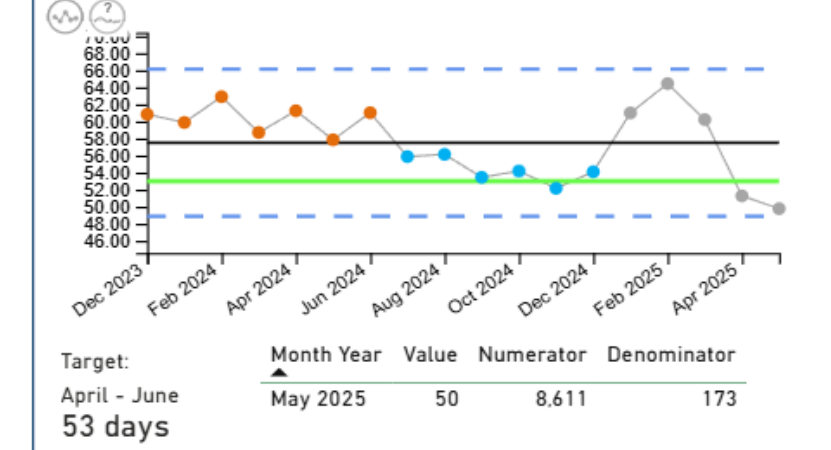
Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission (% of older adult acute admissions with no prior contact) - Older Adult Oxfordshire (reported as a rolling 3 months)



Mean LOS for MH adult acute, older adult & PICU discharges combined (rolling 3 months) - Buckinghamshire

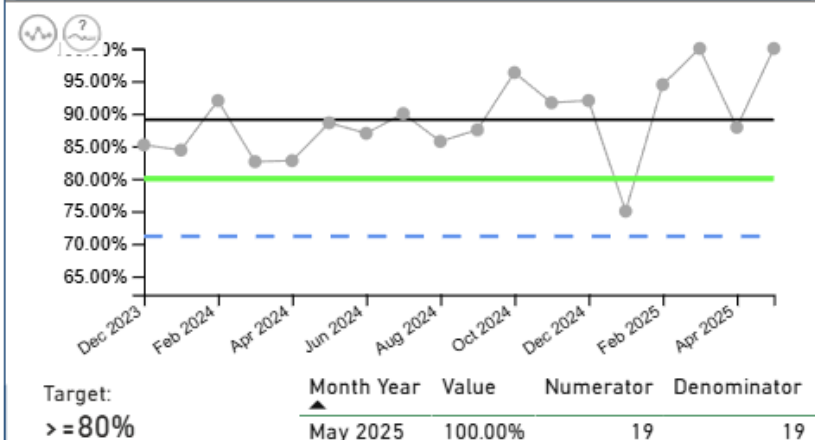


Mean LOS for MH adult acute, older adult & PICU discharges combined (rolling 3 months) - Oxfordshire

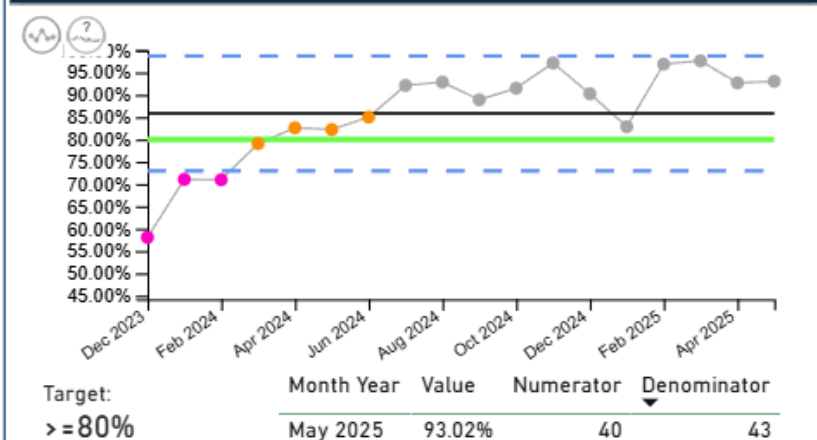


Mental Health Services – Acute/Inpatients (Adults and Older Adults) - appendices

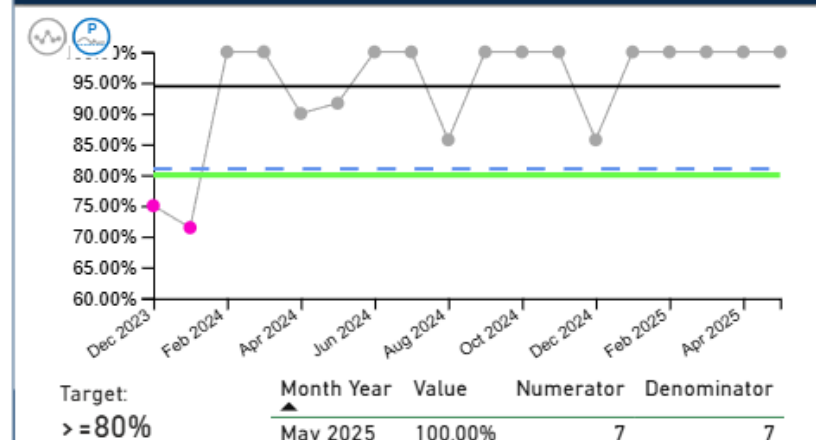
72 hour follow up for those discharged from mental health wards – Adult Buckinghamshire



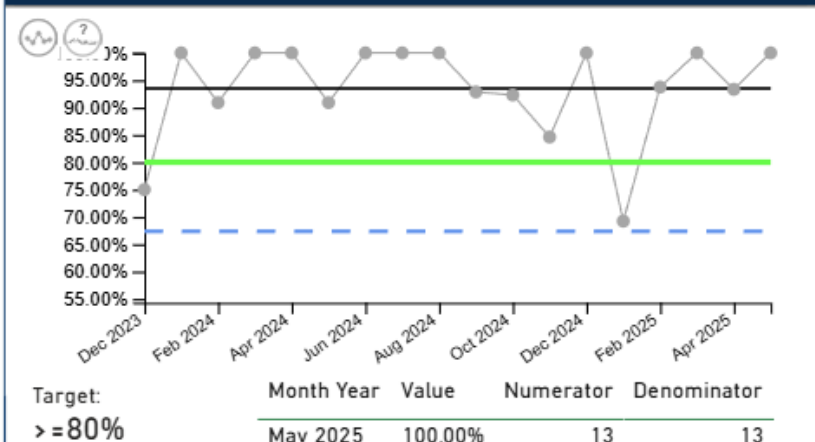
72 hour follow up for those discharged from mental health wards – Adult Oxfordshire



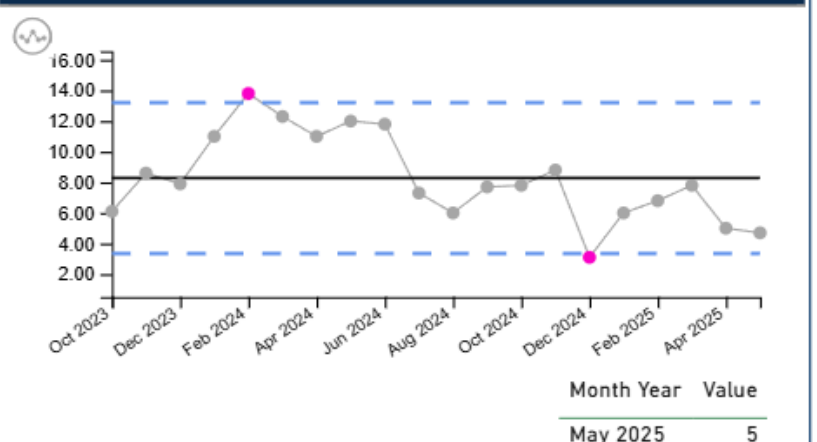
72 hour follow up for those discharged from mental health wards – Older Adult Buckinghamshire



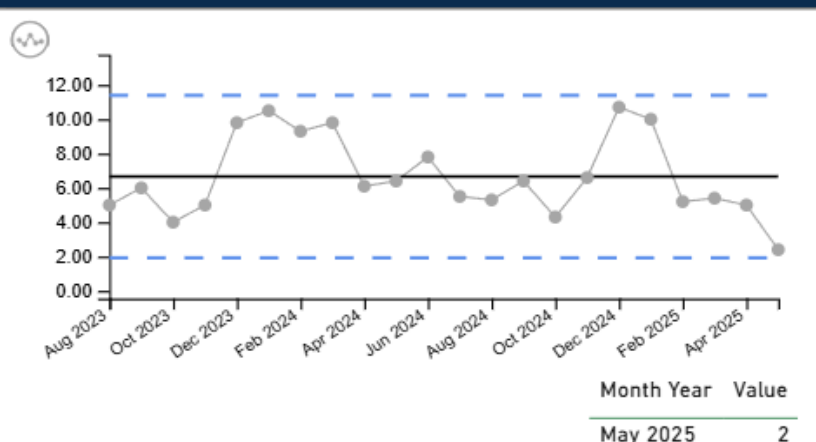
72 hour follow up for those discharged from mental health wards – Older Adult Oxfordshire



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

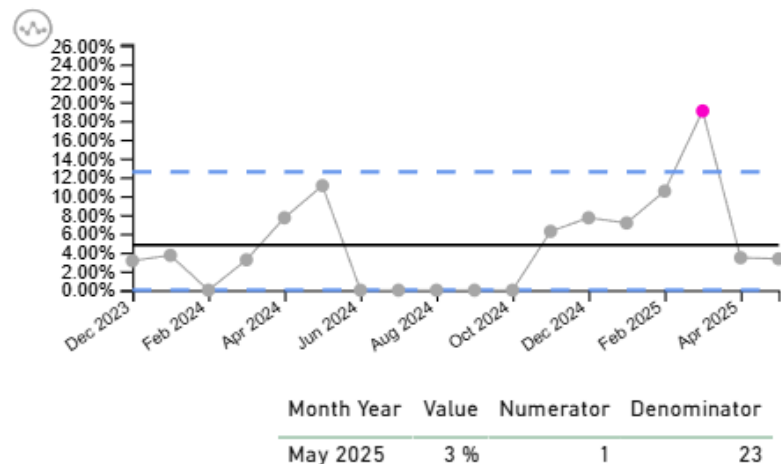


Average number of clinically ready for discharge patients per day – Oxfordshire

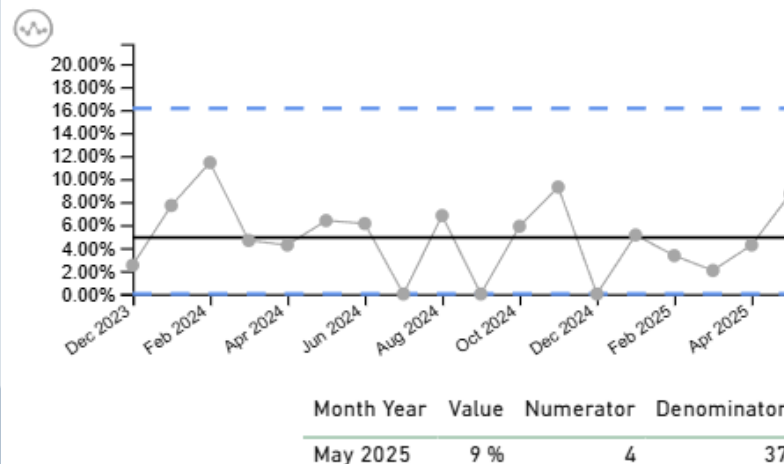


Mental Health Services – Acute/Inpatients (Adults and Older Adults) - appendices

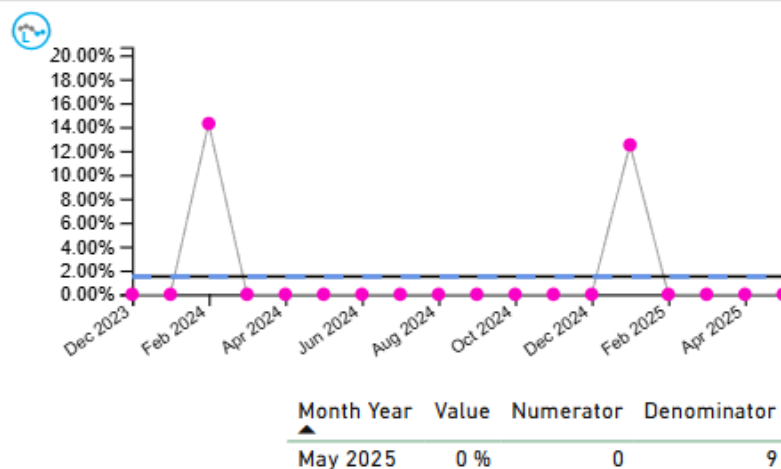
% adult readmissions within 30 days for mental health - Buckinghamshire



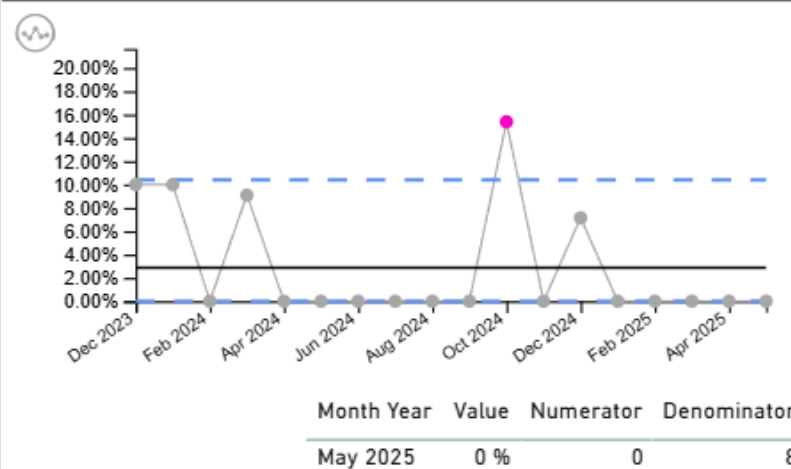
% adult acute readmissions within 30 days for mental health services - Oxfordshire



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

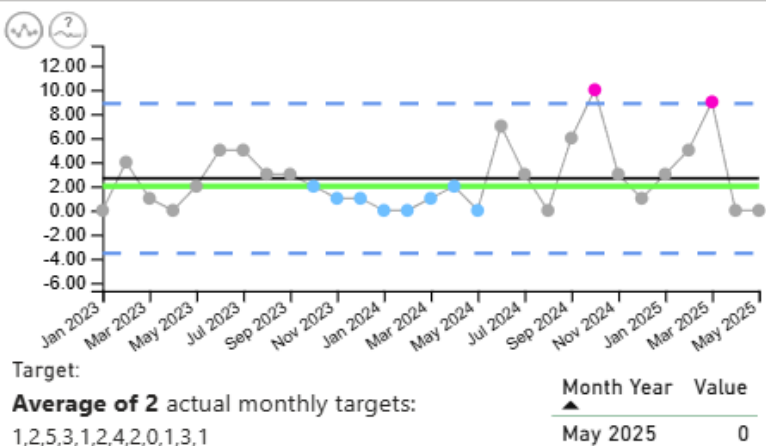


% older adult acute readmissions within 30 days for mental health services - Oxfordshire

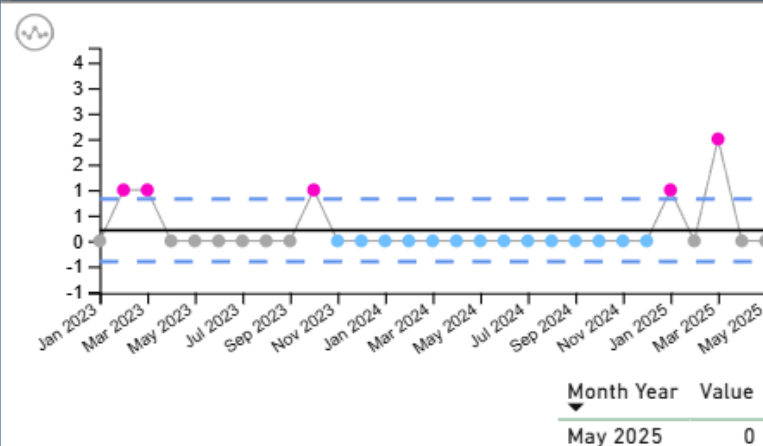


Mental Health Services – Acute/Inpatients (Adults and Older Adults) - appendices

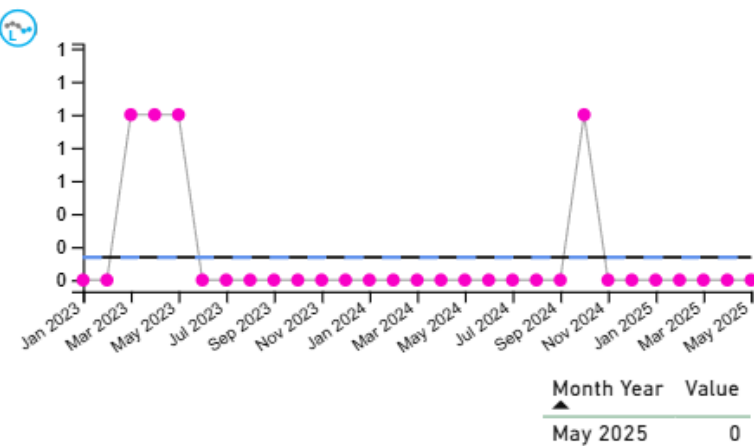
Inappropriate adult acute mental health out of area placements - snapshot last day of month - Buckinghamshire



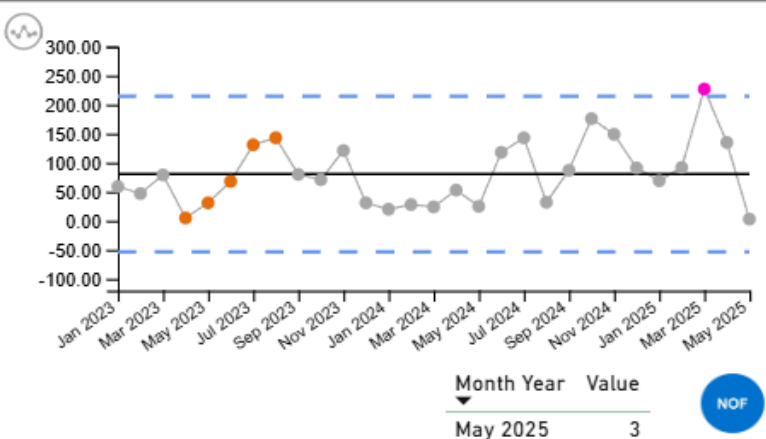
Inappropriate Psychiatric Intensive Care Unit mental health out of area placements - snapshot last day of month - Buckinghamshire



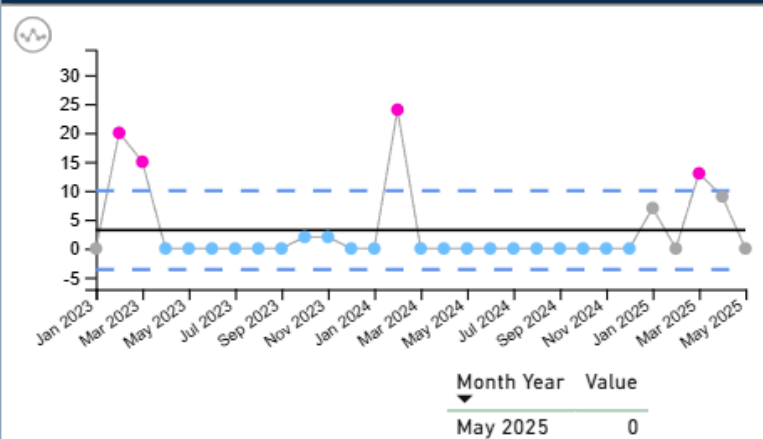
Inappropriate older adult acute mental health out of area placements - snapshot last day of month - Buckinghamshire



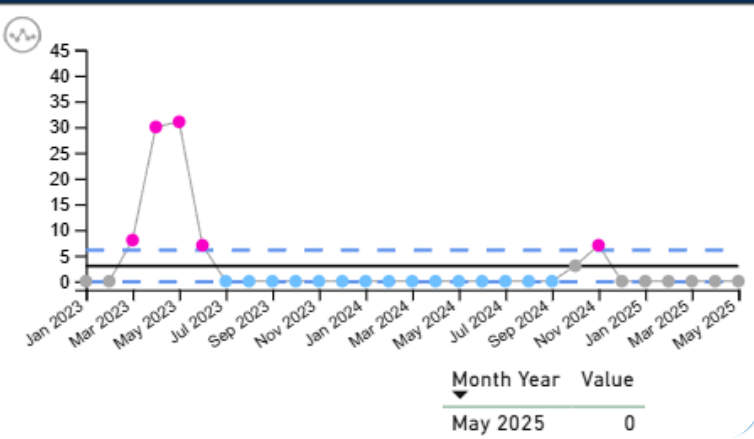
Inappropriate adult acute mental health out of area placements - bed days in month - Buckinghamshire



Inappropriate Psychiatric Intensive Care Unit mental health out of area placements - bed days in month - Buckinghamshire

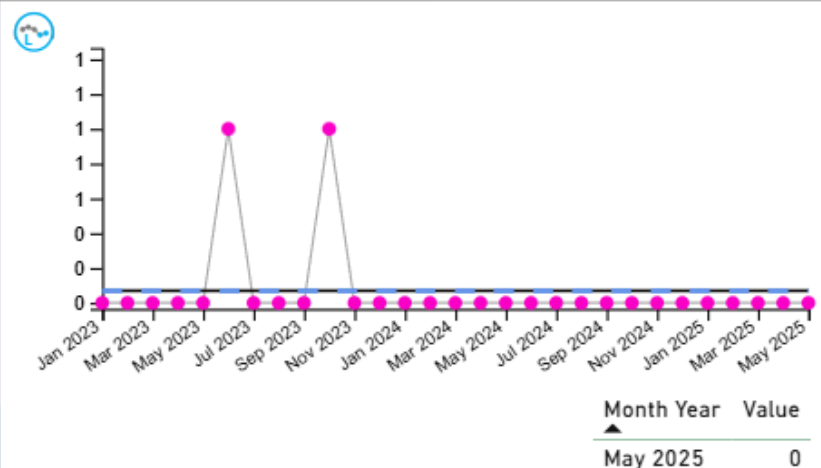


Inappropriate older adult acute mental health out of area placements - bed days in month - Buckinghamshire

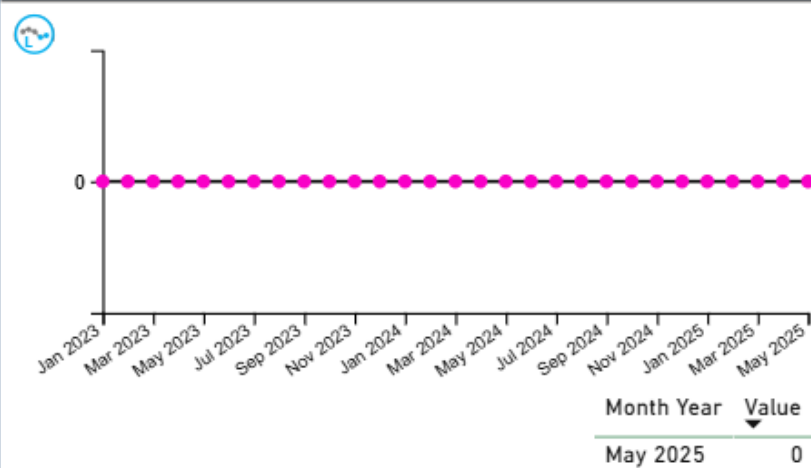


Mental Health Services – Acute/Inpatients (Adults and Older Adults) - appendices

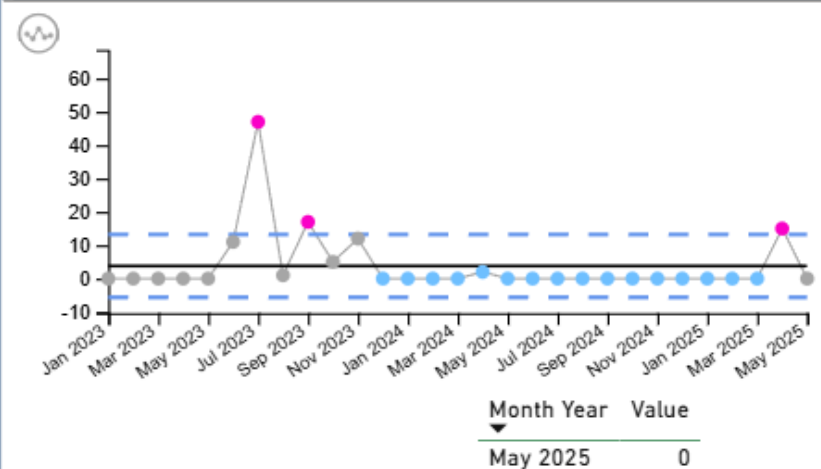
Inappropriate Psychiatric Intensive Care Unit mental health out of area placements – snapshot last day of month – Oxfordshire



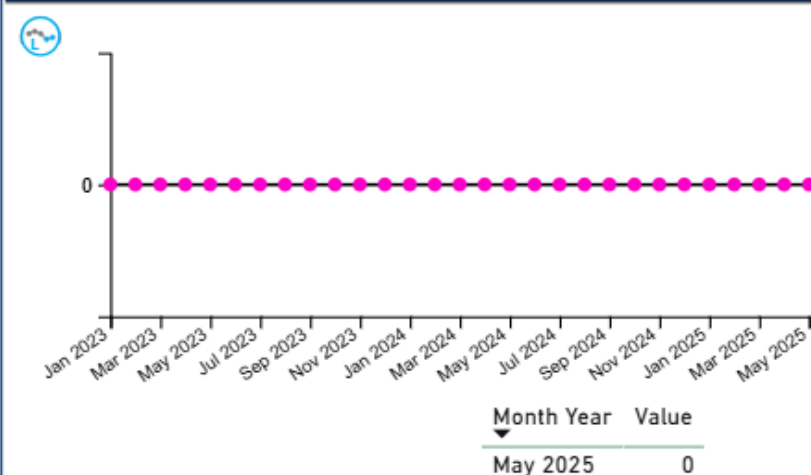
Inappropriate older adult acute mental health out of area placements – snapshot last day of month – Oxfordshire



Inappropriate Psychiatric Intensive Care Unit acute mental health out of area placements – bed days in month – Oxfordshire



Inappropriate older adult acute mental health out of area placements – bed days in month – Oxfordshire



Section 1.2

Clinical performance (Community Health Services, Dentistry and Primary Care)

Community Health Services, Dentistry and Primary Care – grouping services

Community Health Services, Dentistry and Primary Care metrics have been grouped, where possible, into clusters for reporting purposes in line with the NHS England’s guidance on Standardising community health services. Details and definitions are available here: [NHS England » Standardising community health services](#)







	Adults	Children
1. Planned Care	1. Episodic/specialist care	1. Developmental
	2. Management of long-term conditions	2. Specialist services, including management of long-term conditions
	3. Prevention of deterioration of long-term conditions	3. Palliative care and end of life care
	4. Community rehabilitation	
	5. Palliative care and end of life care	
	6. Neurodevelopmental	
2. Planned and Reactive care	1. Intermediate care (<i>none of the metrics selected to be reported on IPR fall into this category</i>)	
3. Reactive care	1. Urgent care	1. Urgent care
	2. Palliative care and end of life care	2. Palliative care and end of life care (<i>none of the metrics selected to be reported on IPR fall into this category</i>)

More Community Health Services, Dentistry and Primary Care metrics are in development to be introduced in the IPR on a phased approach therefore some of the groupings may appear not to have any metrics aligned.





Community Health Services, Dentistry and Primary Care – Matrix

Assurance





Variation

				No target
	<ul style="list-style-type: none"> % of Minor Injury Unit patients seen within 4 hours 	<ul style="list-style-type: none"> Community Dentistry - Proportion of patients accepted for care who are seen for an assessment within 12 weeks (Of those treated in period) 		<ul style="list-style-type: none"> Emergency Dental Service Waiting times to triage - % Patients triaged within 6 hours
		<ul style="list-style-type: none"> Community Dentistry - Special Care - Core units of activity (UDA) % of out of hours palliative care referrals responded to within 30 minutes: the time from receipt of the call from 111 to the start of the telephone consultation was 30 minutes Community Dentistry - Urgent Care - Out of Hours units of activity (UDA) combined with main out of hours dental service Healthy Child Programme - % of breastfeeding prevalence at 6 – 8 weeks old 	<ul style="list-style-type: none"> % of out of hours palliative care referrals responded to within 60 minutes: the time from completion of that triage call to the start of the home visit consultation was within 60 minutes 	<ul style="list-style-type: none"> Out of Hours GP - average response time for out of hours high priority referrals: the waiting time from receipt of the call from 111 to the start of the telephone consultation (<=60 minutes) Out of Hours GP - average response time for out of hours less urgent referrals: the waiting time from receipt of the call from 111 to the start of the telephone consultation (<=720 minutes) Out of Hours GP - average response time for out of hours urgent referrals: the waiting time from receipt of the call from 111 to the start of the telephone consultation (<=120 minutes) Out of Hours GP - average response time for out of hours routine referrals: the waiting time from receipt of the call from 111 to the start of the telephone consultation (<=1440 minutes)
			<ul style="list-style-type: none"> Percentage of Children notified by Local Authority to the Children Looked After team as new to care to be offered a health assessment within 20 working days (measured from notification to offered) 	




Adult Planned Care – episodic/specialist care

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National	Community Dentistry - Proportion of patients accepted for care who are seen for an assessment within 12 weeks (Of those treated in period)	>=90%	May-25	92.10%			92%
National	Community Dentistry - Special Care - Core units of activity (UDA)	24085 UDAs per year	May-25	1199			1331

Adult Reactive Care – palliative care and end of life care

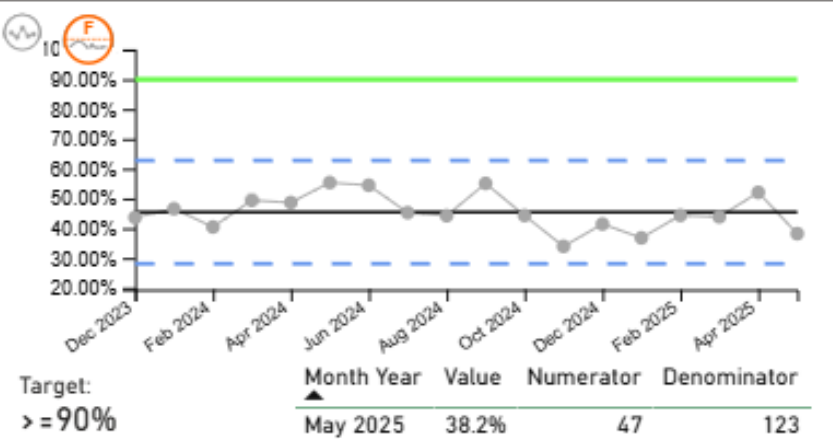
Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
Strategic - Quality	% of out of hours palliative care referrals responded to within 30 minutes: the time from receipt of the call from 111 to the start of the telephone consultation was 30 minutes	>=90%	May-25	96.80%			92.72%
Strategic - Quality	% of out of hours palliative care referrals responded to within 60 minutes: the time from completion of that triage call to the start of the home visit consultation was within 60 minutes	>=90%	May-25	38.20%			45.45%

Adult Reactive Care – urgent care

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National	Consistently meet or exceed the 70% 2-hour Urgent Community Response (UCR) standard	>=70%	May-25	73.30%	n/a*	n/a*	76.77%
National (NOF)	Available virtual ward capacity per 100k head of population (nationally reported system measure - Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) level)	40-50	May-25	26	n/a	n/a	28
National (NOF)	Virtual ward occupancy (nationally reported system measure - Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) level)	.	May-25	85.20%	n/a	n/a	86.65%
National	Community Dentistry - Urgent Care - Out of Hours units of activity (UDA) combined with main out of hours dental service	4000 UDAs per year	May-25	263			261
National	Emergency Dental Service Waiting times to triage - % Patients triaged within 6 hours	.	May-25	99.20%		n/a	94.48%

* - not enough data points for Variation and Assurance to be assessed; these metrics are not represented in the Matrix and added to appendices section until sufficient number of data points available

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



Understanding the performance

This metric monitors the response time to out-of-hours palliative care referrals against a strategically chosen 60-minute target. It is important to note that this target is intentionally ambitious and exceeds both local and system-wide expectations. The Trust has set this more challenging benchmark to drive internal improvement. Current performance remains within the expected statistical range, with no significant variation over time, although the 60-minute target is consistently not being met. A recent audit revealed that approximately a quarter of breaches were due to response times exceeding the target by only 1 to 15 minutes. Other contributing factors include the physical distance required to reach patients and delays in updating patient records promptly. In some cases, incorrect priority categorisation within the system has led to misclassification - where palliative care needs were identified as chronic but not requiring urgent intervention - thereby affecting compliance with this specific measure.

Actions (SMART)

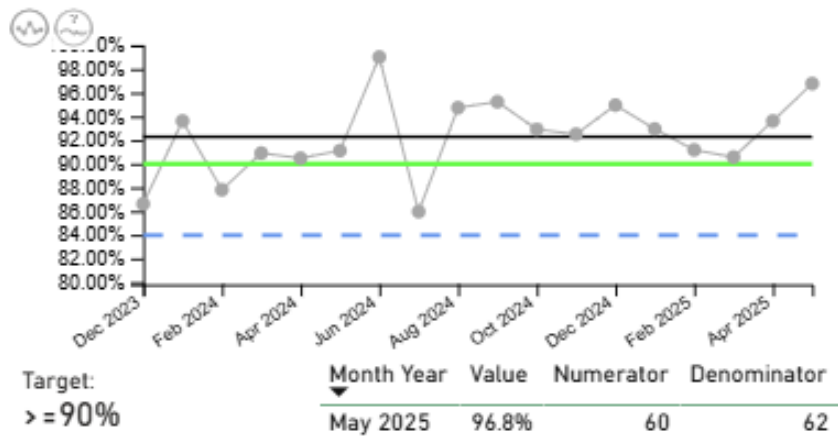
- As a result of an investigation of Out of Hours palliative care referral response times, several process changes are currently being implemented in relation to timely update of patient records and redefinition of End-of-Life patients in scope of this metric (where end of life means an imminent action required and palliative – chronic palliative illness).
- To monitor performance against 120-minute target to allow benchmarking with our peers. Performance against the intentionally ambitious 60-minute target will continue to be monitored at Directorate level monthly to drive service delivery improvements and will be reported to the Board of Directors bi-annually as one of the strategic metrics.

Risks

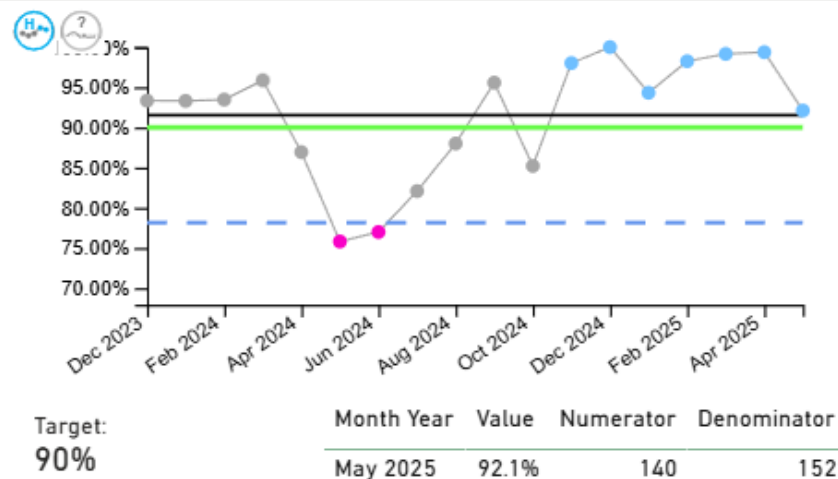
In general, delayed response can result in poorly managed symptoms and cause unnecessary suffering for the patient and distress to families. In addition, without timely palliative care support, patients or families may resort to relying on emergency and acute services. Finally, delays in care can undermine patient choice and dignity at end of life, can impact carer well-being and may affect wider perceptions of service quality.

Community Health Services, Dentistry and Primary Care – Adult planned care - appendices

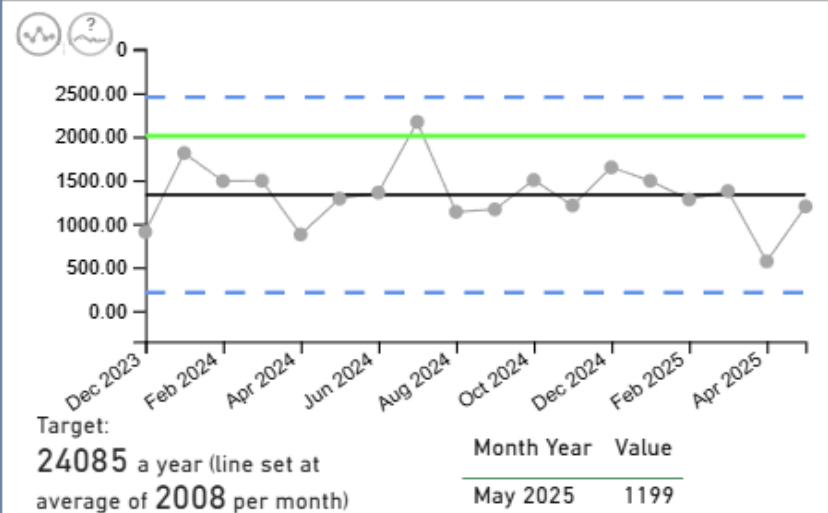
% of out of hours palliative care referrals responded to within 30 mins: the time from receipt of the call from 111 to the start of the telephone consultation was within 30 mins



Dental – proportion of patients accepted for care who are seen for an assessment within 12 weeks (of those treated in period)

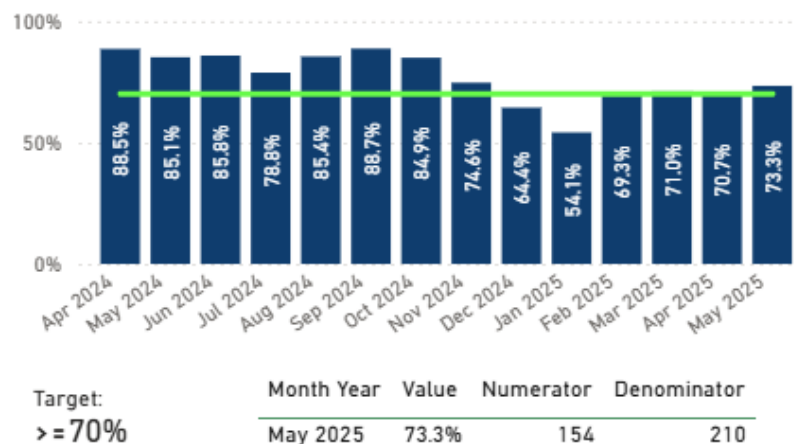


Dental – Special Care – Core

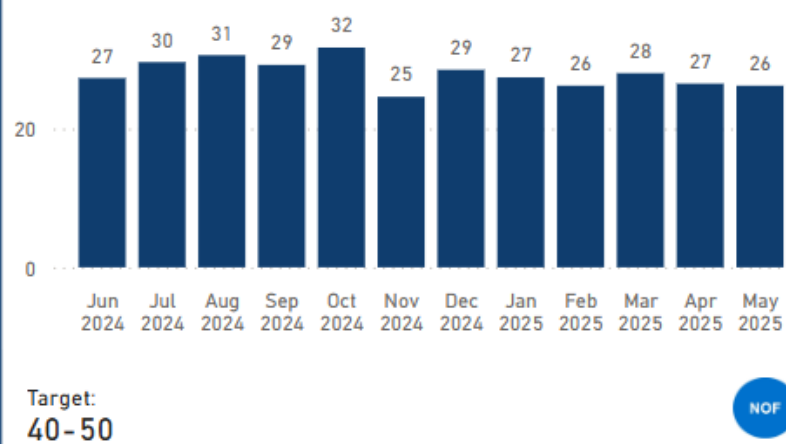


Community Health Services, Dentistry and Primary Care – Adult reactive care - appendices

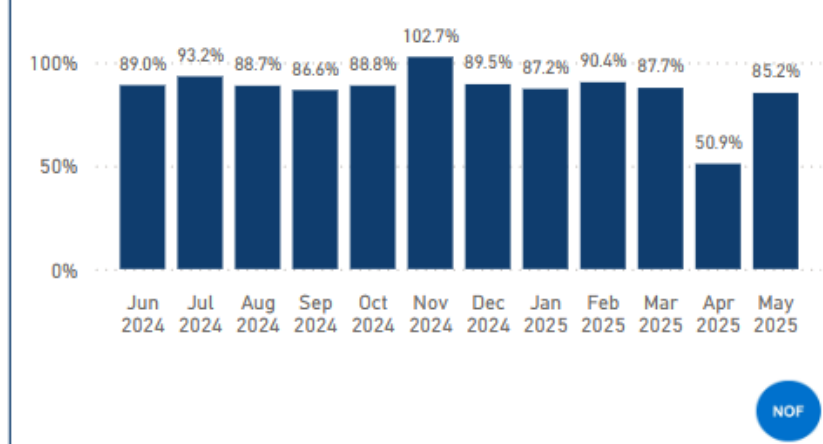
Consistently meet or exceed the 70% 2-hour Urgent Community Response (UCR) standard



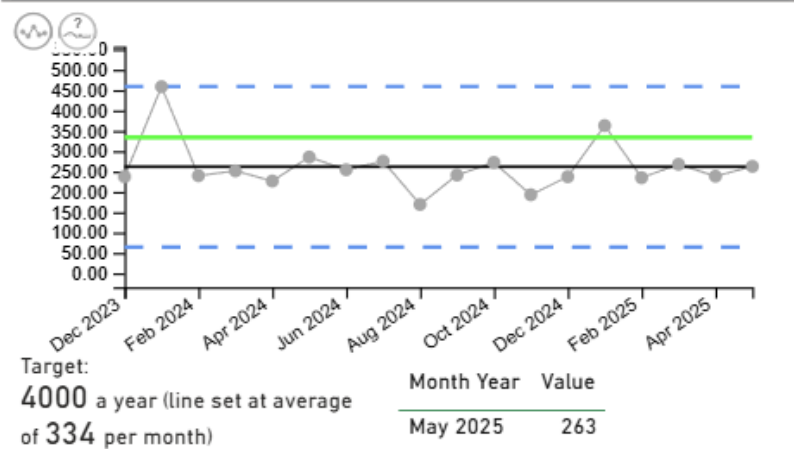
Available virtual ward capacity per 100k GP registered population (nationally reported system measure - BOB level data published a month in arrears)



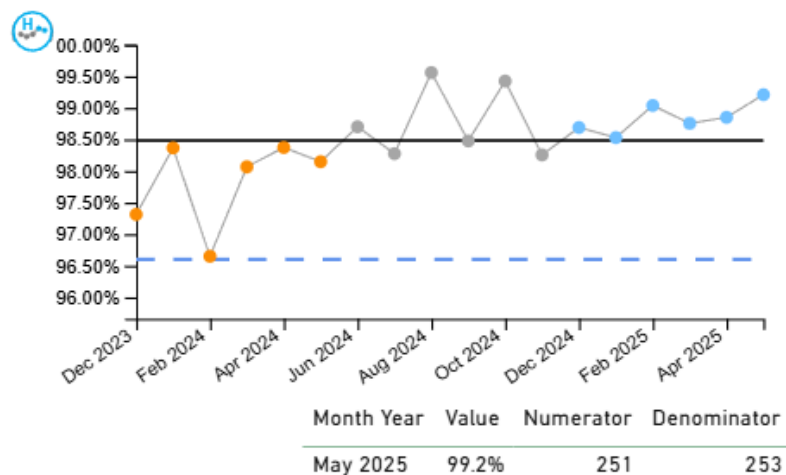
Available virtual ward occupancy (nationally reported system measure - BOB level data published a month in arrears)









Dental - Urgent Care Out of Hours combined with Main Out of Hours dental service



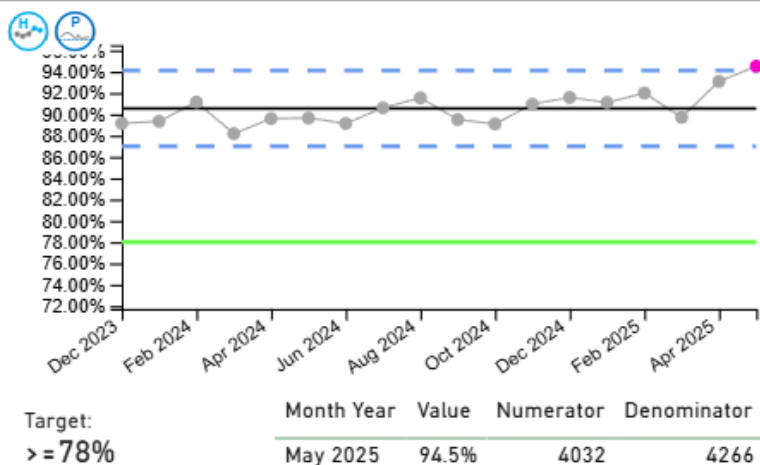
Dental - % of patients triaged within 6 hours



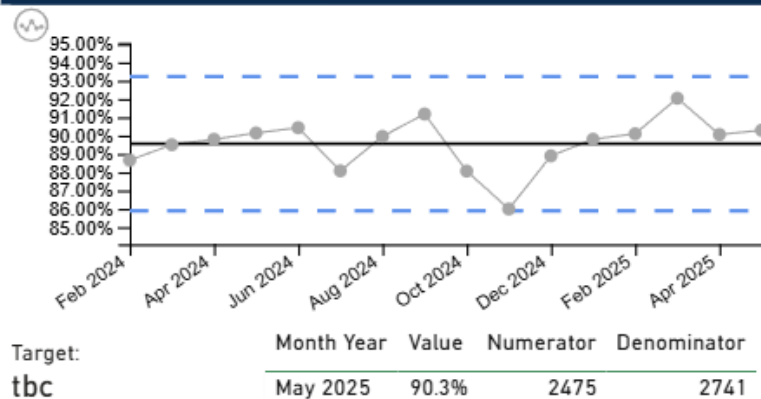
Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
<i>National</i>	% of Minor Injury Unit patients seen within 4 hours	> =78%	May-25	94.51%			90.55%
<i>Local</i>	Out of Hours GP - average response time for out of hours high priority referrals: the waiting time from receipt of the call from 111 to the start of the telephone consultation (<=60 minutes)	tbc	May-25	90.30%		-	89.56%
<i>Local</i>	Out of Hours GP - average response time for out of hours less urgent referrals: the waiting time from receipt of the call from 111 to the start of the telephone consultation (<=720 minutes)	tbc	May-25	97.20%		-	95.39%
<i>Local</i>	Out of Hours GP - average response time for out of hours urgent referrals: the waiting time from receipt of the call from 111 to the start of the telephone consultation (<=120 minutes)	tbc	May-25	88.10%		-	85.55%
<i>Local</i>	Out of Hours GP - average response time for out of hours routine referrals: the waiting time from receipt of the call from 111 to the start of the telephone consultation (<=1440 minutes)	tbc	May-25	98.8%		-	96.27%

Community Health Services, Dentistry and Primary Care – Adult and Children and Young People reactive care - urgent care - appendices

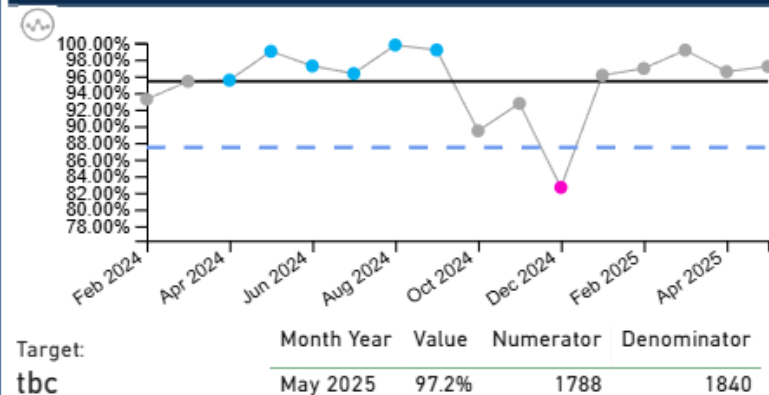
% of Minor Injury Unit patients seen within 4 hours



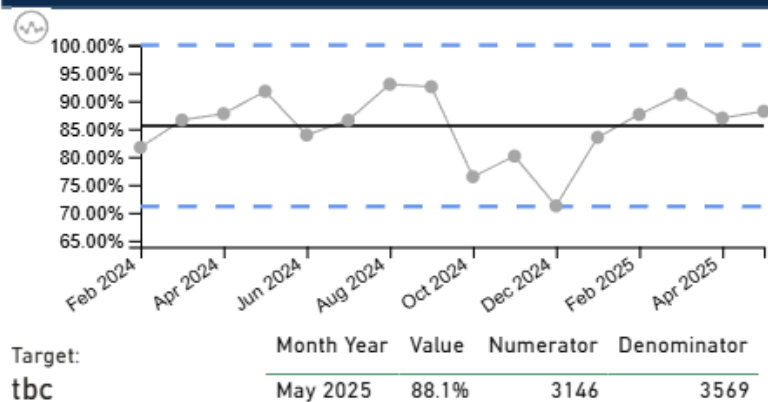
Average response time for out of hours high priority referrals: the waiting time from receipt of the call from 111 to the start of the telephone consultation (≤ 60 mins)



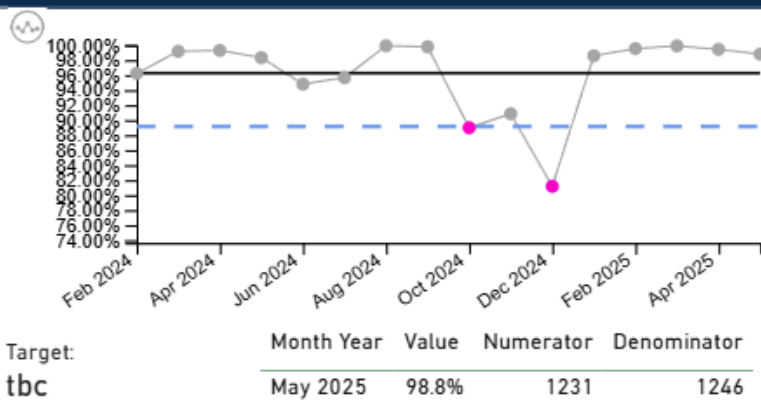
Average response time for out of hours less urgent referrals: the waiting time from receipt of the call from 111 to the start of the telephone consultation (≤ 720 mins)



Average response time for out of hours urgent referrals: the waiting time from receipt of the call from 111 to the start of the telephone consultation (≤ 120 mins)







Average response time for out of hours routine referrals: the waiting time from receipt of the call from 111 to the start of the telephone consultation (≤ 1440 mins)



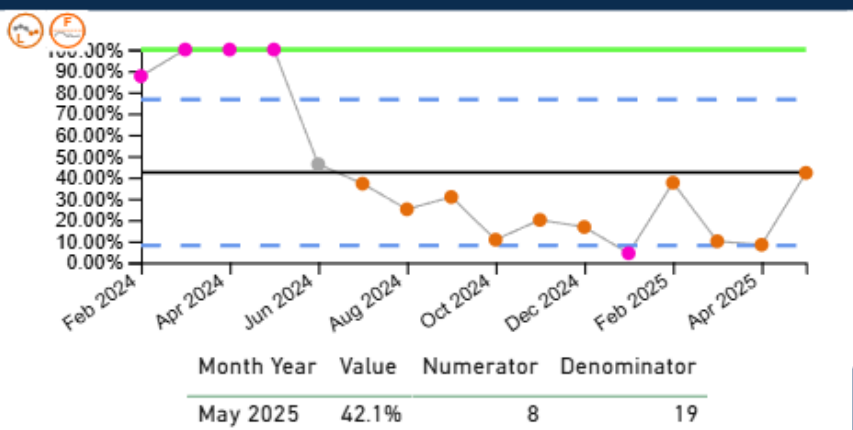
Community Health Services, Dentistry and Primary Care – Children and Young People Planned Care (Specialist, including management of long-term conditions) – summary

S T P

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
<i>Strategic - Quality</i>	% of breastfeeding prevalence at 6 - 8 weeks old	60%	May-25	58.10%			60.35%
<i>National</i>	Percentage of Children notified by Local Authority to the Children Looked After team as new to care to be offered a health assessment within 20 working days (measured from notification to offered)	100%	May-25	42.10%			42.26%

Community Health Services, Dentistry and Primary Care— Children and Young People Planned Care (Specialist, including management of long-term conditions)

% of children notified by LA to the LAC team as new to care to be offered a health assessment within 20 working days (measured from notification to offered)



Understanding the performance

This metric is flagged requiring attention as being of concerning worsening nature and consistently failing to meet the target. The statutory responsibility for ensuring that an Initial Health Assessment (IHA) is completed for a looked-after child (LAC) within 20 working days lies with the Local Authority – Oxfordshire County Council. The Trust is expected to complete the assessment in a timely manner, but healthcare services provider role is not statutory. Meeting the target continues to be a challenge due to:

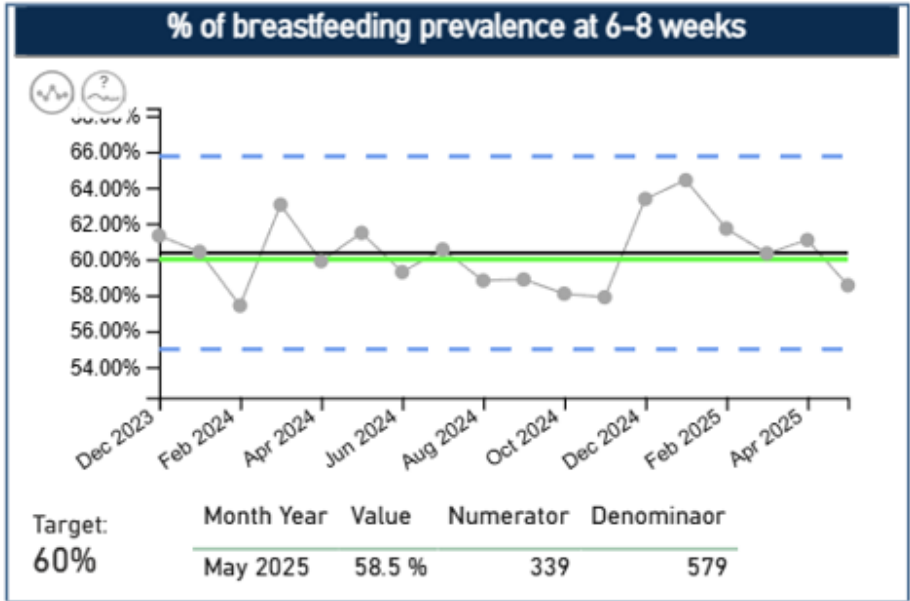
- Demand and capacity mis-match due to variability in the number of children becoming cared for by the local authority. Available capacity is also impacted by requests for Initial Health Assessments for children placed into Oxfordshire from other areas.
- Ongoing issues with getting information and consent from Social Services in a timely manner.
- Limited availability of medical resource to deliver the assessment with on-going staff sickness.

Actions (SMART)

- Head of Service to continue escalating the provision of timely information/consent to the Director of Children's Services in Local Authority.
- Review of the assessment delivery model to address on-going difficulties of meeting the variations in demand.
- Joint review of escalation processes with Oxfordshire Children's Services in the Local Authority to improve the delayed receipt of information, so that the assessment can be requested and completed in a timely manner
- To stabilise the medical resource to enable full capacity available consistently.

Risks

Physical, mental, emotional or developmental issues may go unnoticed potentially leading to unmet needs, delayed treatment and intervention, and worsening of pre-existing conditions. Without a timely initial health assessment, safeguarding concerns may not be identified early and put the child or a young person at continued risk and may undermine placement stability. Finally, failure to meet the 20-working day standard breaches the statutory responsibilities of the Local Authority under the Children Act and associated guidance, which may result in negative findings during Ofsted or Care Quality Commission inspections, reputational damage to the local authority and health provider.



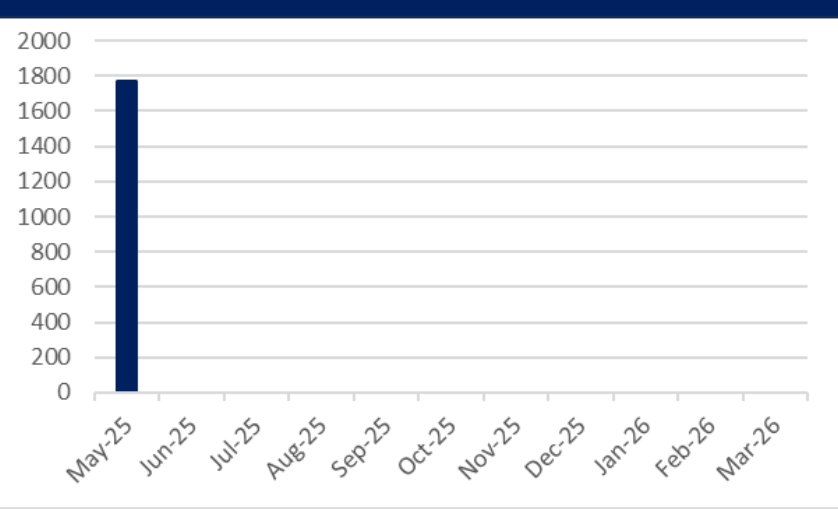
Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National	Percentage of patients waiting over 52 weeks for community services (Children, Young People and Adults combined)	.	May-25	22.47%	n/a*	n/a*	n/a*
National	Number of patients waiting over 52 weeks (Children, Young People and Adults combined)	.	May-25	1773	n/a*	n/a*	n/a*

* - not enough data points to determine variation and apply Making Data Count algorithm

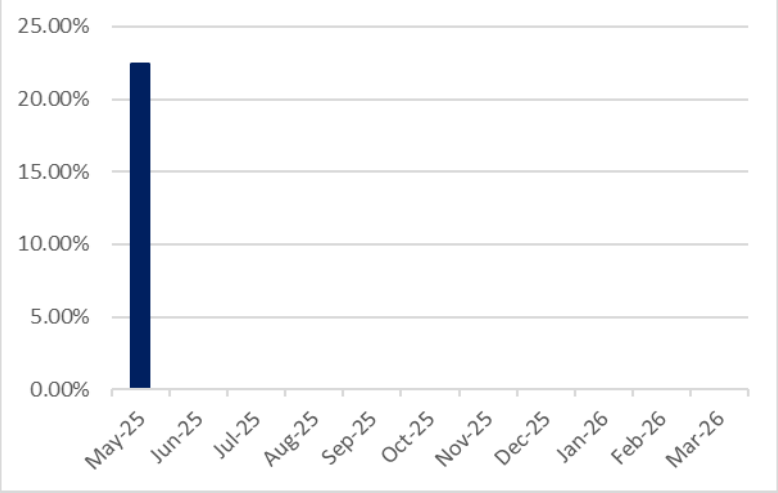
Number of patients waiting over 52 weeks by Service (May 2025)

Adult Speech and Language	133
Adult Bladder and Bowel	3
Children's Integrated Therapy Services - Dietetics	1
Children's Integrated Therapy Services - Occupational Therapy	64
Children's Integrated Therapy Services - Physiotherapy	9
Children's Integrated Therapy Services - Speech and Language	951
Community Respiratory Service	196
Community Therapy Service	4
Falls	1
Adult Nutrition and Dietetics	50
Physical Disability Physiotherapy Service	1
Podiatry	360
Total:	1773

Number of patients waiting over 52 weeks for community services (CYP and Adults combined)



Percentage of patients waiting over 52 weeks for community services (CYP and Adults combined)












Section 2

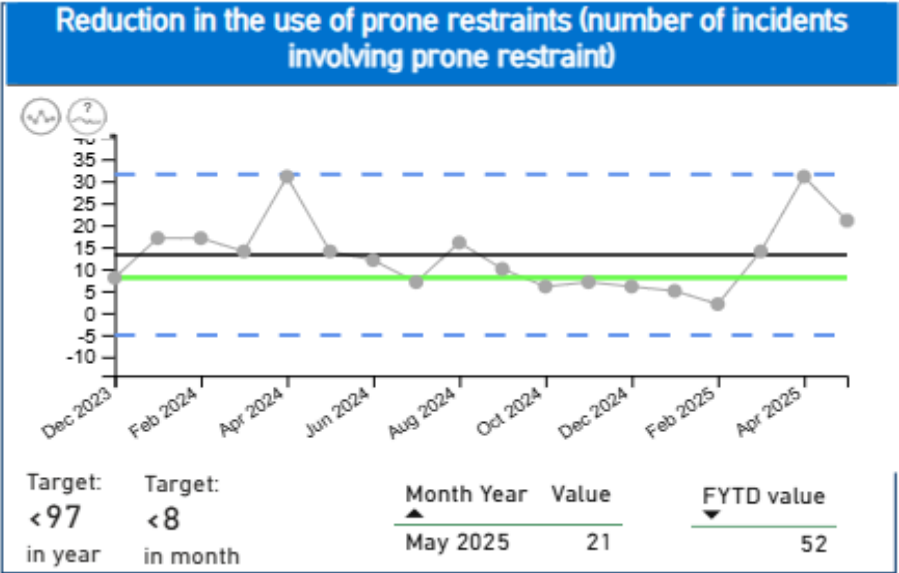
- 1. Quality
- 2. People

2.1 Quality - Deliver the best possible care and health outcomes

Quality - summary

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
<i>Local</i> <i>Strategic - Quality</i>	Reduction in the use of prone restraints (number of incidents involving prone restraint)	Less than 8 per month	May-25	21			13
<i>Local</i> <i>Strategic - Quality</i>	Reduction in the use of seclusion (number of incidents involving seclusion)	Less than 25.25 per month	May-25	41			39
<i>Local</i>	Total number of patient incidents (all levels of harm excluding inherited pressure damage)	-	May-25	1814		n/a	1318
<i>Local</i>	Total number of unexpected deaths reported as incidents (by date of death, including natural and unnatural)	-	May-25	25		n/a	21
<i>Local</i>	Total number of suspected suicides	-	May-25	9		n/a	5
<i>National (NOF)</i>	Total number of incidents involving physical restraint	-	May-25	340		n/a	229
<i>Local</i>	Total number of violence, physical, non-physical and property damage incidents (patients and staff)	-	May-25	365		n/a	321
<i>Local</i>	Total number of complaints and resolutions	-	May-25	90	-*	n/a	75

* - not enough data points to determine variation and apply Making Data Count algorithm



Understanding the performance

Reduction in the use of restrictive practices remain as key priority for the Trust in line with the requirements of the Mental Health Units (Use of Force) Act 2018. The reduction of the use of prone has been one of the Trusts quality objectives in 2024/25 and remains so for this year.

Use of prone restraint (being held in a face or chest down position) carries increased risks for patients and should be avoided and only used for the shortest possible time. The prone position is used mostly to administer medication via intramuscular injection (IM) followed by seclusion exit procedure.

During the last 12 months we saw a sustained reduction in prone restraint until March 25 when we saw a steep increase during March and April. May has continued to see an increase in the use of Prone restraint. However, there has been a considerable reduction from April's very high levels. May saw 21 episodes of prone involving 13 patients across 8 wards. The highest reason for prone was for the administration of IM medication (n=14) and then seclusion exit procedure (n=3).

Actions (SMART)

The Positive and Safety Strategy work is focusing on quality improvement projects around the use of prone for IM medication and for seclusion procedures. Each episode of Prone is reviewed locally by the team for learning and at a directorate level for learning which feed into the positive and Safe trust wide group and the Prone reduction working group. We now also review every prone in the weekly safety review group WRM

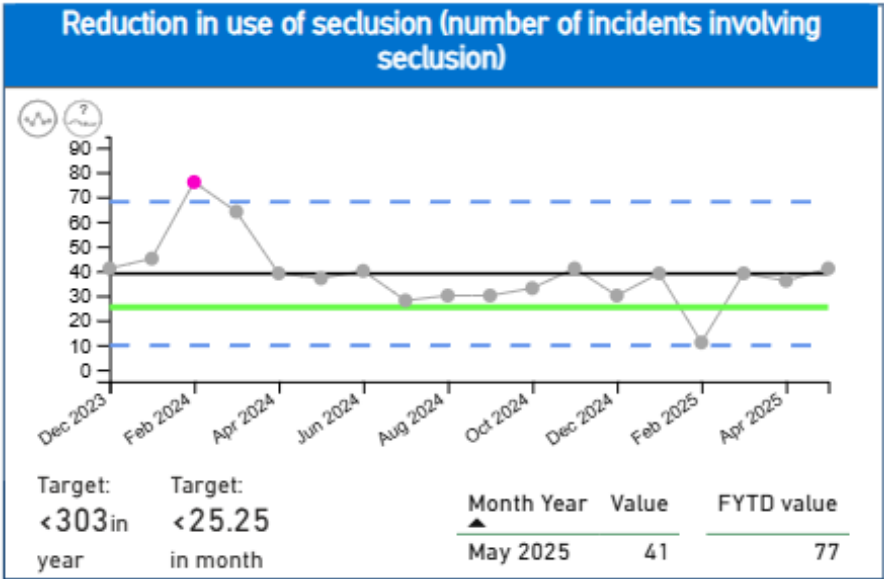
Learning from the Prone reviews is informing new work for the prone reduction group. This includes exploring the restraint options in Ulysses for when someone is on their side and reviewing guidance for needle size and type for different injection sites.

The use of the safety pod in supporting the use of alternative injection sites and the exit of seclusion without prone is being reviewed in teams where the safety pod has not been used in episodes of restraint that have resulted in prone restraint.

Risks

Sustained reduction in prone restraint may not continue/ be maintained during 2025/26.

In general, prone restraints can have risks associated with physical well-being, psychological trauma to patients and, if used unnecessarily or lead to harm, can raise safeguarding concerns.



Understanding the performance

Reduction in the use of restrictive practices remains as a key priority for the trust in line with the requirements of the Mental Health Units (Use of Force) Act 2018.

Seclusion is only utilised when all other options to manage the situation without the use of restriction have been considered and exhausted. In very rare situations individual patients may have bespoke care plans that include access to seclusion as a therapeutic option.

The most common reason that seclusion is utilised is to support the management of violent and aggressive behaviour.

May saw the maintained reduction in seclusion with 41 episodes. This continues the reduced trend from 2023/24 but remains above the target of below 25 seclusions per month.

The 41 episodes of seclusion in May was across 12 wards involving 21 patients. The highest use of seclusion within the month of May 2025 was Meadow (Child and Adolescent Mental Health (CAMHS) Psychiatric Intensive Care) with 13 seclusions involving 2 patients and Highfield (CAMHS ward) with 7 episodes involving 2 patients.

There continues to be a long-term seclusion on Evenlode for one individual with a special package of care.

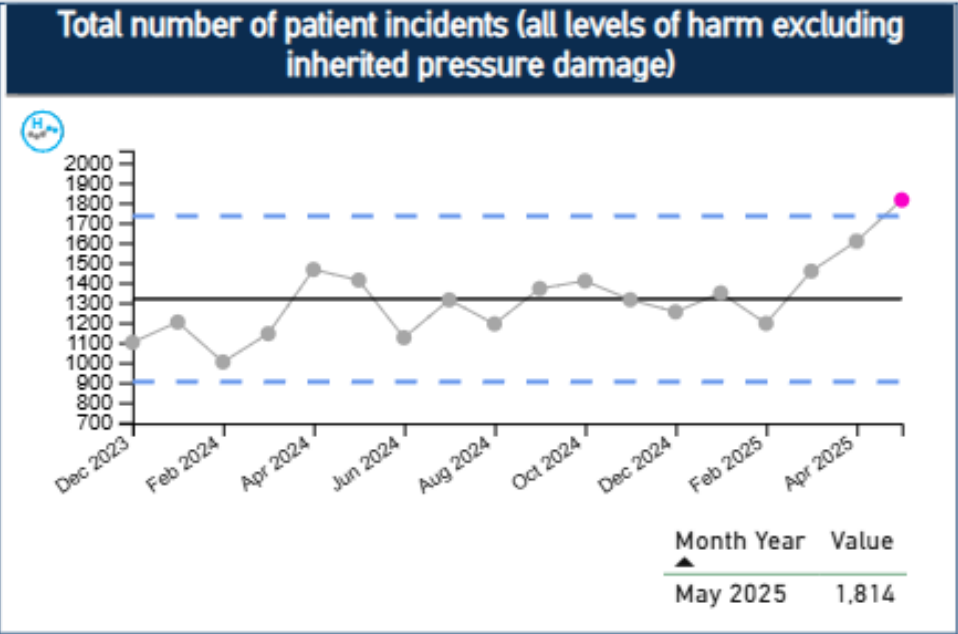
Actions (SMART)

Seclusion duration data available on Trust Online Business Intelligence portal was due to be available from July. Due to some technical challenges this has been delayed slightly to August. This will provide a more accurate account of the amount of seclusion that is being used across the Trust. This measure along with episodes will provide a more in-depth picture of the use of seclusion to inform improvement work.

Seclusion duration has been set as a Trust quality priority. During the 1st year a clear baseline for seclusion duration will be established on which to set the quality target. The target will be to reduce the amount of seclusion used (duration), not just episodes as currently reported.

Risks

- Key risks associated with the use of seclusion:
- psychological harm, which may increase the likelihood or intensity of anxiety. In some cases, especially if used for long period or without therapeutic engagement, seclusion can exacerbate psychosis, agitation or suicidal ideation.
 - Though seclusion rooms are designed to reduce risk, patients may still harm themselves
 - Physical health issues may go unnoticed or untreated while the person is secluded
 - Regular use of seclusion may reflect poor culture, insufficient training or inadequate de-escalation protocols and can have a negative impact on staff morale



Actions (SMART)

No specific actions are required the incident pattern describes the current patient group and the clinical work happening with individuals.

The number of moderate harm or severe harm incidents is low and has not increased.

All incidents are reviewed when reported.

Understanding the performance

The total number of patient incidents has increased above average numbers in April, May and June 2026. Overall, the majority of incident continue to be near misses, or incidents that resulted in no harm (58%) or minor harm (36%). Overall, the most common reasons for the incidents are patient’s self-harming, accounting for 32% of incidents. There has been no increase over time in moderate or severe harm incidents.

The highest number of incidents (25%) and where the increase has been seen over the last few months is concentrated on the Child and Adolescent (CAMHS) Psychiatric Intensive Care Unit (PICU). The incidents relate to a small number of acutely unwell young people (5 patients) with high levels of self-harming behaviours, requiring therapeutic intervention as well as physical intervention at times. All of the incidents resulted in no or minor harm to the patient. The areas with the next highest number of patient incidents are the two CAMHS general acute wards, although they have seen a decrease in the number of incidents the last few months.

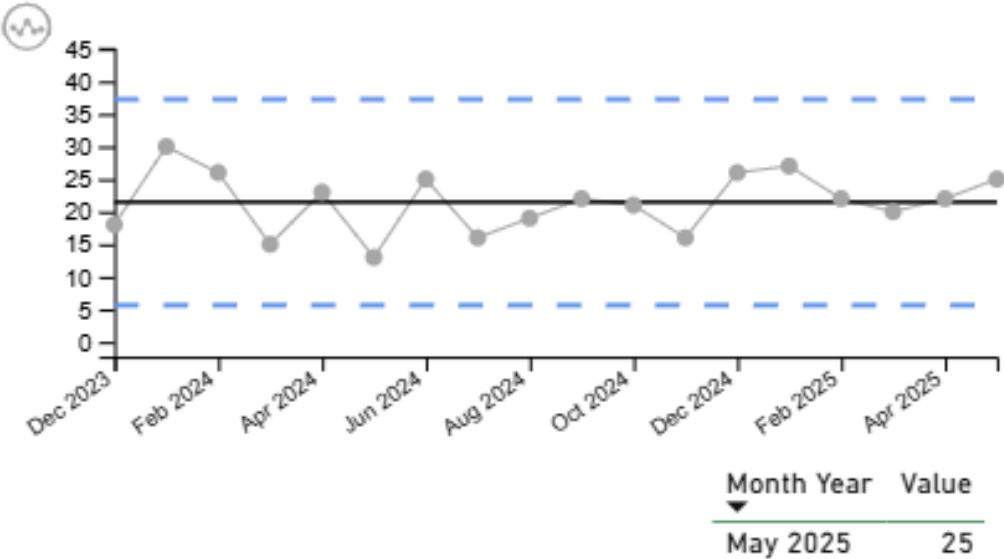
The District Nursing teams have seen an increase in patient incidents in April and May 2025. Although mostly relating to medication supply from community pharmacists causing delays to patients. The second most common category is pressure ulcers developed in service category 2.

Although we would aim for the least amount of incidents, the variation gives assurance that there is a good reporting culture

Risks

Not applicable.

Total number of unexpected deaths reported as incidents (by date of death, including natural and unnatural).



Actions (SMART)

We have strong processes in place to review and learn from all deaths. This is regularly scrutinised by the Quality sub Group and at Quality committee
No further actions identified

Understanding the performance

The Trust takes its role and responsibilities very seriously around reviewing, learning and taking appropriate actions after a death. The Trust’s learning from deaths process reviews all known patients on our caseload against a national database to ensure we identify and review all deaths, including patients under our care at the time of their death and those who die within 12 months of discharge. The oversight of key themes and learning is led by the Trust’s Mortality Review Group chaired by the Chief Medical Officer.

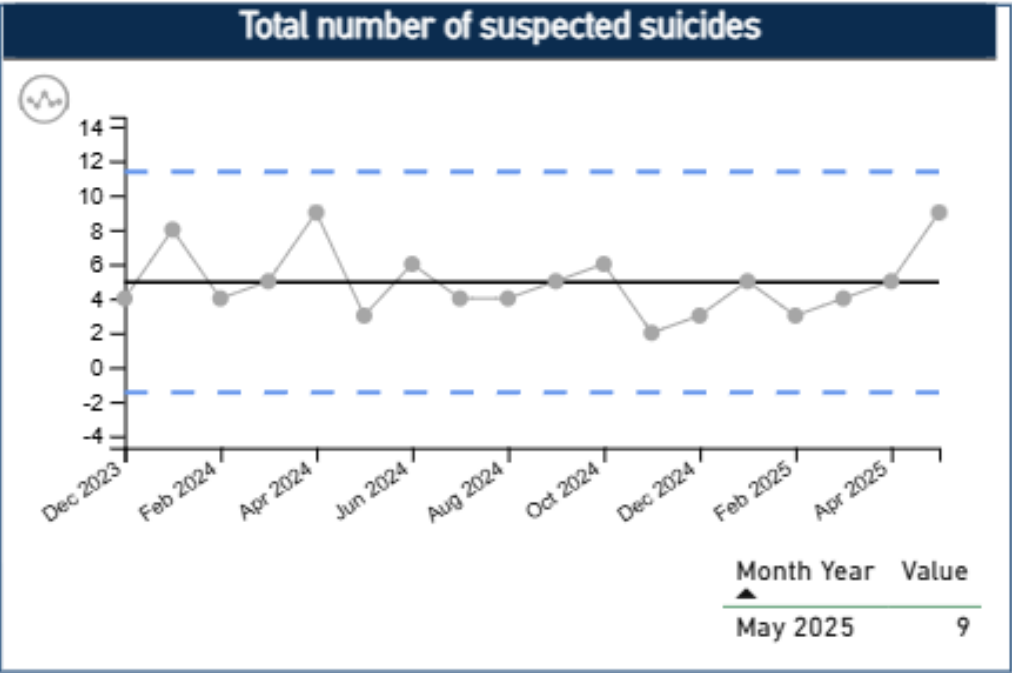
Our internal process involves senior clinicians screening every known patient death and then depending on the outcome of this initial review and/or the circumstances of the death this is then reported onto Ulysses (graph based on deaths reported onto Ulysses – both patients open and discharged at time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

The number of unexpected deaths remains low and has not changed over time.

No concerns are identified.

Risks

Not applicable.



Actions (SMART)

The Trust has strong processes in place to review and learn from all suspected suicides through the PSIRF framework, which also involved the concerns identified by the family.

The trust has a suicide prevention group which oversees the preventative work done to add to safety of patients

No further actions identified.

Understanding the performance

Every suspected suicide is tragic. The care provided and circumstances around every suspected suicide of a patient is reviewed. We have had 1 suspected suicide of a patient who was an inpatient in the last 12 months (Sept 2024) this occurred while the patient was away from the ward.

We offer families specialist support following a suspected suicide through the Trust’s family liaison service.

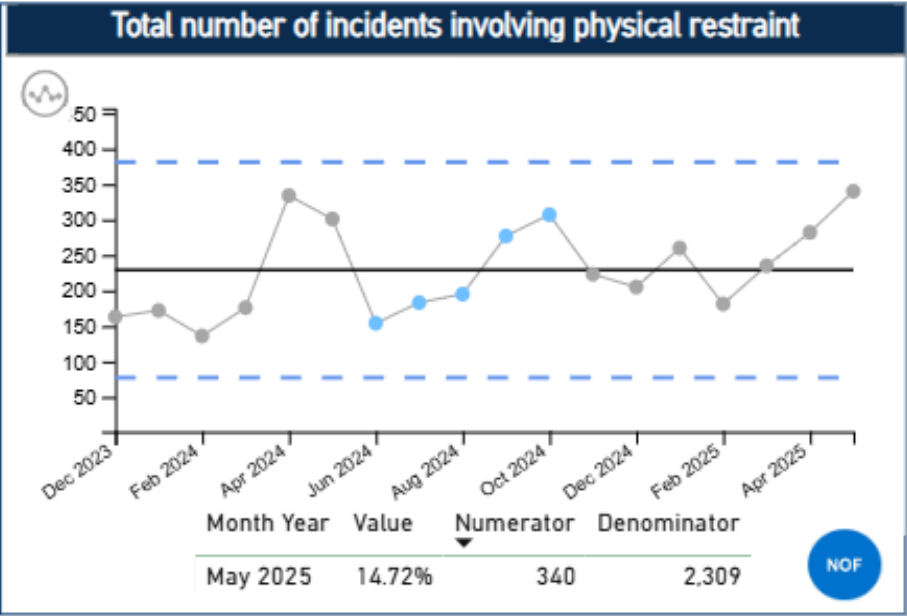
The number of suspected suicides has slightly reduced in the last 12 months. Although there have been 9 suspected suicides in May 2025 including 1 for a prisoner who was receiving in-reach mental health support. Out of the 9 suspected suicides, 3 patients were open to services at the time they died. Two of the adult community mental health teams (both in Oxfordshire) have had 2 and 3 suspected suicides in the month, both teams are receiving additional support and oversight.

The Trust is part of two Real Time Surveillance Systems to improve the sharing of information so that we can learn and act as timely as possible. One of the systems is in the Thames valley for all suspected suicides and the other is a national system focused on inpatient suspected suicides.

The Trust has a Suicide Prevention Group to steer improvement activity. We are also part of the regional Suicide Prevention and Intervention Network (SPIN) to monitor progress against the priorities in the national prevention strategy.

Risks

Not applicable.



Understanding the performance

There has been a sustained increase in physical restraint since April 2024. With the exception of a reduction during June to August 2024 this increase has been sustained with May 2025 seeing the highest usage since December 2023. This is largely attributable to the increase in restraint across the Child and Adolescent Mental Health Services (CAMHS) pathway.

May 2025 saw a considerable increase with 340 restraints from 282 in April. The number of patients involved decreased from 60 in April to 50 in May.

The highest cause group for incidents involving restraint this month continues to be Self Harm (n=170) followed by Violence & Aggression (n=79) and then Health (n=74). There were 28 incidents of restraint that involved administration of medication and 46 incidents for nasogastric (NG) feeding.

The reason for restraint has changed from previous years and has been self harm throughout 2025. To maintain individuals' safety, the use of physical restraint is required at times.

The areas with the highest use in May 2025 continues to be across the Child & Adolescent pathway with 254 of the 340 being across inpatient CAMHS services. CAMHS Meadow (PICU) (n=203), CAMHS Marlborough House (n=20) and Highfield (n=31). The older adult pathway continues to be the next highest area for the use of physical restraint. Cherwell (older adults) were the fourth highest with 20 incidents of physical restraint.

Actions (SMART)

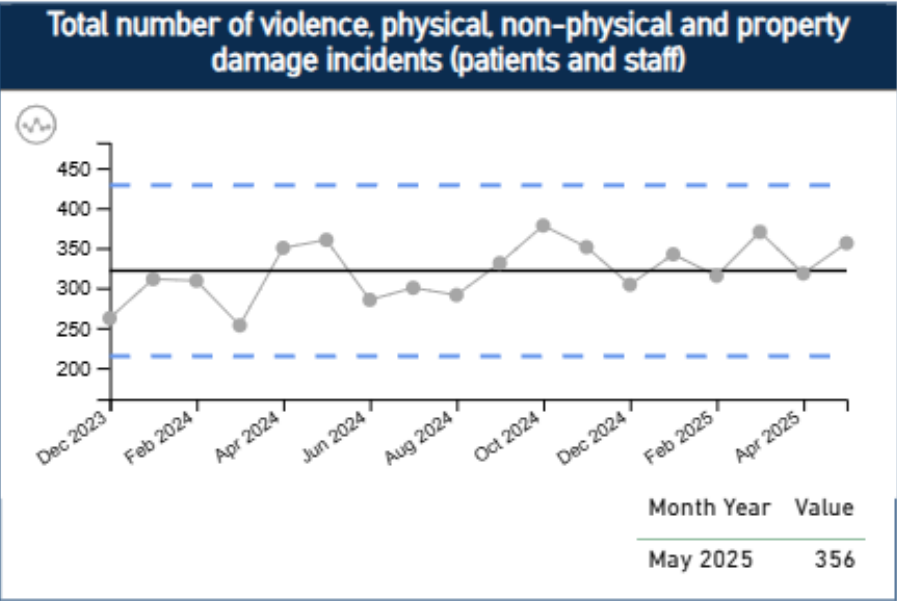
Work across the CAMHS pathway continues to focus on alternatives to physical restraint to maintain the young persons safety through self harm reduction with personalised plans and alternatives to restraint in the event of self harm.

Physical restraint is always a last resort, and the lowest level of holds is always used. The implementation of the safety pod has supported this.

Risks

To maintain individuals' safety, the use of physical restraint is required at times.

In general, physical restraints can have risks associated with patient safety and wellbeing, staff safety and burnout, service and operational delivery.



Understanding the performance

When looking at all violent incidents there has been no notable change since September 2024.

The majority relate to violent incidents by patients towards staff either physical incidents with no harm or verbal abuse. 45% of incidents involved verbal abuse. There has been a small change over the last 12 months in the number of violent incidents towards staff and a bigger incremental change seen in a year-on-year increase since 2020. In 2022 the highest rates of violence towards staff were seen.

Most violent incidents towards staff occur on our mental health inpatient wards, particularly the forensic wards and the 2 Psychiatric Intensive Care Units (adults and children/ adolescent).

The majority of incidents resulted in no harm or minor harm (98% of all incidents). There have been 3 severe harm incidents in the last 12 months (1 in May 2025); 2 occurred in the community setting involving violence towards another patient/family member and 1 on an adult acute ward whereby a patient assaulted a staff member.

18% of the violent incidents towards staff had a racial element (this is fairly consistent month on month), this is based on the incident reporter identifying this, the majority being verbal abuse.

Actions (SMART)

Violence towards our staff as they carry out their work is not acceptable. We have set up a Trust-wide Reduction of Violence & Aggression Working Group to focus action on reducing violence and improving how we support staff who are exposed to verbal and physically violent behaviour. Progress against the workplan is reported to the Quality and Clinical Governance Group. The reducing violence work is being done alongside increasing the safety of inpatient environments and work within the Positive and Safe Committee to continue to reduce the use of restrictive practice.

Risks

Staff being injured by patients during their work, resulting in sickness and possible issues with retention.



Understanding the performance

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

In May 2025 there were twenty-three (23) early resolution cases, fifty-six (56) rapid resolution complaints, thirteen (13) low level complaints, one (1) high level complaint and six (6) Member of Parliament (MP) enquiries. The top teams with three or more complaints were Allen Ward, Adult Mental Health Buckinghamshire Chiltern Team, Adult Mental Health Oxford City & North-East and Ruby Ward.

During May 2025, the Trust received two-hundred and eighty-nine (289) compliments across services.

Actions (SMART)

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

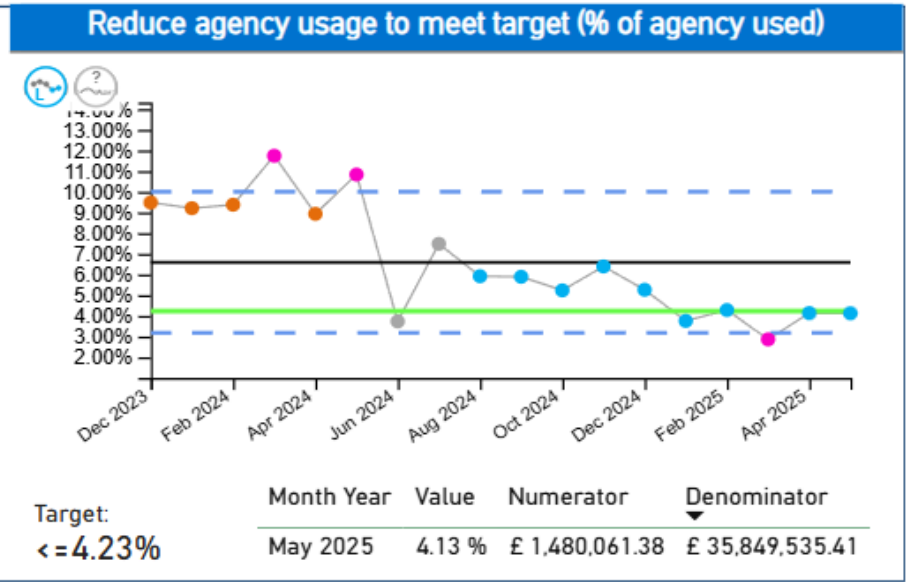
Risks

None requiring consideration by the Board.

2.2 People - Be a great place to work

People - summary

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
<i>Strategic - People</i>	Reduce agency usage to meet target (% of agency used)	< =4.23%	May-25	4.13%			6.59%
<i>Strategic - People</i>	Reduction in % labour turnover	< = 14%	May-25	10.28%			11.90%
<i>Strategic - People</i>	% of staff completing Quality Improvement Training Level 1	-	May-25	Interim measure - 1070 completed in May 2025			
<i>Strategic - People National (NOF)</i>	Black, Asian and Minority Ethnic (BAME) representation across all pay bands including Board level.	> = 19%	May-25	26.35%			24.27%
<i>Strategic - People National (NOF)</i>	Black, Asian and Minority Ethnic (BAME) representation in senior leadership roles (Bands 8a-8d, Band 9, Very Senior Management).	> = 19%	May-25	14.07%			12.80%
<i>National (NOF)</i>	Proportion of staff in senior leadership roles (bands 8a - 8d, 9 and Very Senior Manager) who are women	-	May-25	77.92%		n/a	77.95%
<i>National (NOF)</i>	Reduce staff sickness to 4.5%	< =4.5%	May-25	4.23%			4.51%
<i>Local</i>	Personal Development Review (PDR) compliance (PDR season is between April – July)	95%	May-25	33.60%			76.04%
<i>Local</i>	Reduction in vacancies	< =9%	May-25	9.62%			11.93%
<i>Local</i>	% of early turnover	< = 14%	May-25	12.05%			13.93%
<i>Local</i>	Statutory and mandatory training compliance	> =95%	May-25	91.8%			90.42%
<i>Local</i>	Clinical supervision completion rate	> =95%	May-25	79.20%			77.08%
<i>Local</i>	Management supervision rate	> =95%	May-25	74.50%			71.58%
<i>National (NOF)</i>	Staff leaver rate	-	May-25	6.5%		n/a	7.19%
<i>National (NOF)</i>	Relative likelihood of white applicant being appointed from shortlisting across all posts compared to Black, Asian and Minority Ethnic (BME) applicants	1	May-25	1.42			1.74
<i>National (NOF)</i>	Relative likelihood of non-disabled applicant being appointed from shortlisting compared to disabled applicants	1	May-25	0.93			0.98



Understanding the performance

We have seen a sustained improvement in the reduction of agency usage by the trust to below target of 4.23%.

Overall, **total agency spend** in May 25 remained at 4.1% of total pay bill The Trust is £0.18m better than plan for agency spend Year to Date

Agency Spend as a % of Temporary Staffing was 32.6% (£1,481k) and Bank was 67.4% (£3,061k).

Fill rates :

NHSP shifts only (excluding Medical & Dental): In May, 75.7% of our temporary staffing shifts (based on hours) were filled by bank workers, just below the 75% target. 23% were filled by agency workers and 1.59% were unfilled.

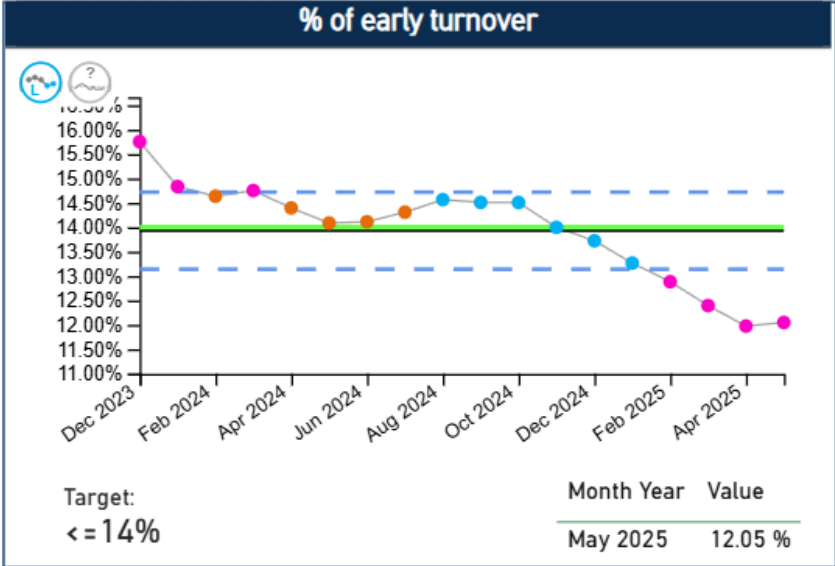
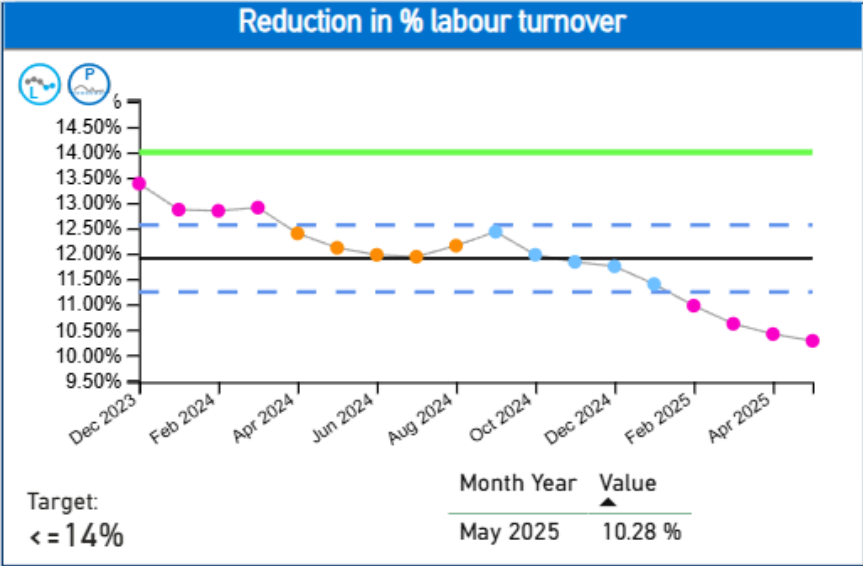
Medical & Dental (ID Medical, Allocate and Patchwork): In May 2025, 43.2% of our temporary staffing shifts (based on hours) were filled by bank workers; 44.7% were filled by Agency workers and 12.1% were unfilled.

Actions (SMART)

- All shifts are currently sent to agency 28 days before they are due to be worked. We are meeting with teams to agree local timescales with the aim of reducing agency and boosting bank use.
- More focus work taking place to incentivise Health Care Assistants move to NHSP.
- Management of direct bookings by the Temporary staffing team has identified where there is significant usage which is now being addressed with the teams affected.
- Agency lines of work over 2 years have continued to reduce, focus has moved to reducing the longevity of all lines of work encouraging workers to move to NHSP or a substantive position.
- Advertising continues to attract Specialty and Associate Specialist Doctors and Consultants to Patchwork Bank (digital staff bank platform widely used by NHS Trusts).
- The South-East Temporary Staffing Collaborative have formed a Project Board for the Mental Health Trusts focusing on alignment of Bank pay rates and agency charge rates, to assist in better bank use through a shared bank in Patchwork, and reduction in agency charge rates.
- Continue focused work to incentivise Doctors to join the Trust when they complete their training in August

Risks

- Reduction in agency use is not met which may result in:
- Increased Costs for the Trust
 - Reduction in quality of care given to patients
- Alignment of Bank Rates across Mental Health Directorates may increase pay rates in Oxford Health NHS Foundation Trust.



Understanding the performance

Staff turnover has shown a sustained reduction since Oct 24. In April it has decreased from 10.4% to 10.3% and remains below the 14% target.

Staff Turnover of Black, Asian and Minority Black, Asian and Minority Ethnic staff is 9.59% (lower than total turnover). White staff turnover is 10.77%.

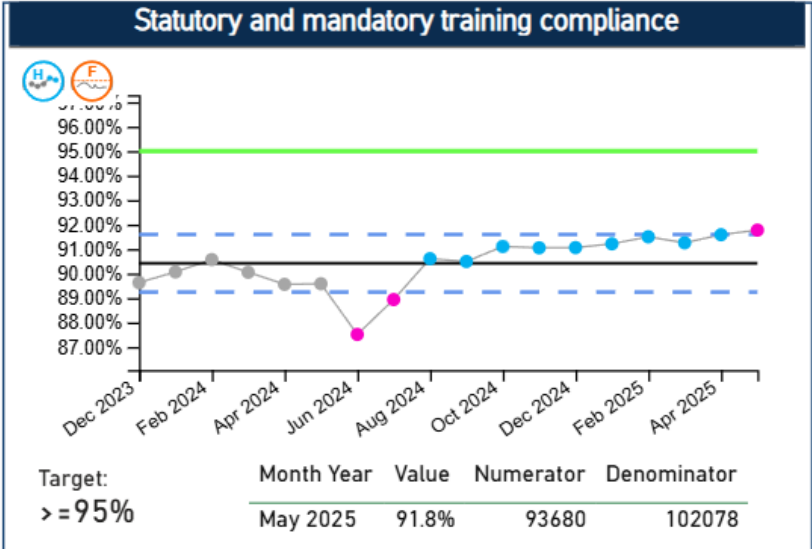
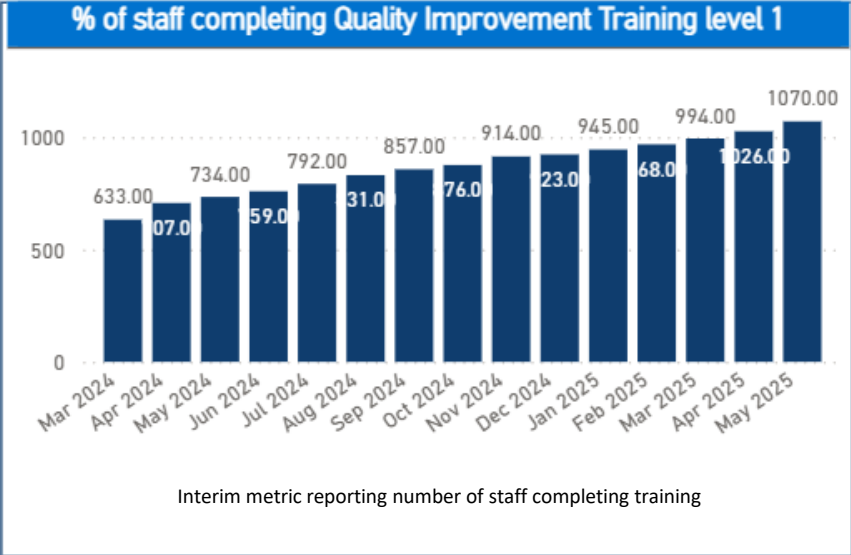
Early turnover has increased from 11.98% to 12.05%, but remains below target. The early turnover of Black, Asian and Minority Ethnic staff is now lower than the early turnover of white staff at 9.54% compared to early turnover of white staff 14.90%

Actions (SMART)

The retention programme has been reviewed, several workstreams have been closed and the work will now focus on Flexible working and Staff Recognition both of which are key elements of staff experience as described within the People Promise.

Risks

Turnover may be higher in some areas which is masked by the average. This may impact on vacancies and quality of care provided to patients. Mitigation to this risk is the segmented plan which has been referenced in the Actions section.



Understanding the performance

The Statutory and Mandatory training compliance rate remains consistent with a small increase from 91.59% to 91.77%. Two Directorates, Oxford Pharmacy Store and Learning Disabilities are above 95% completion for their overall compliance whilst the rest are circa 90%.

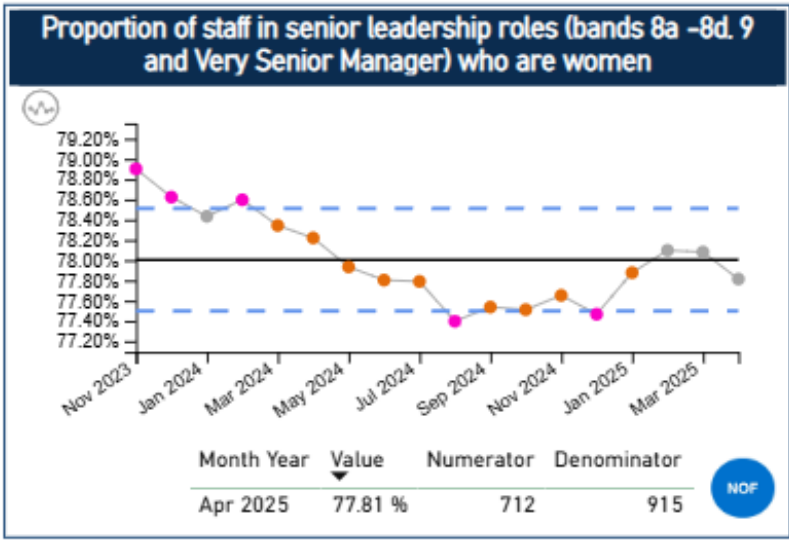
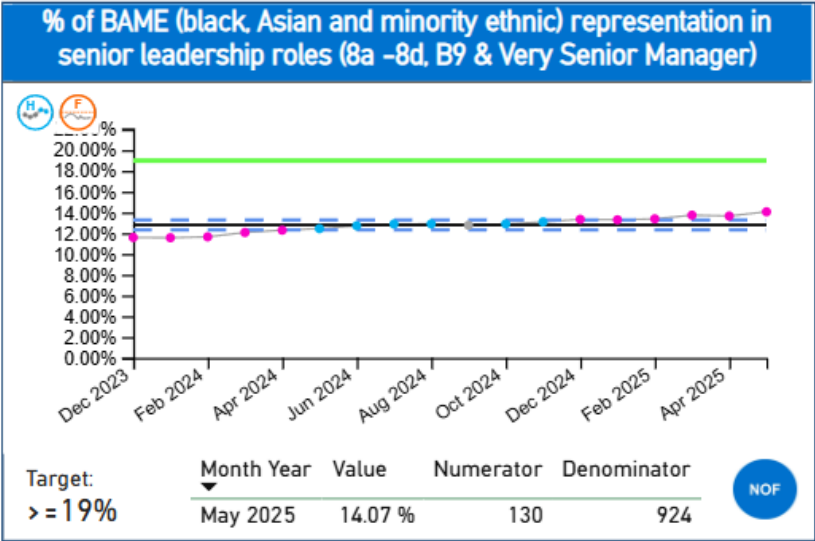
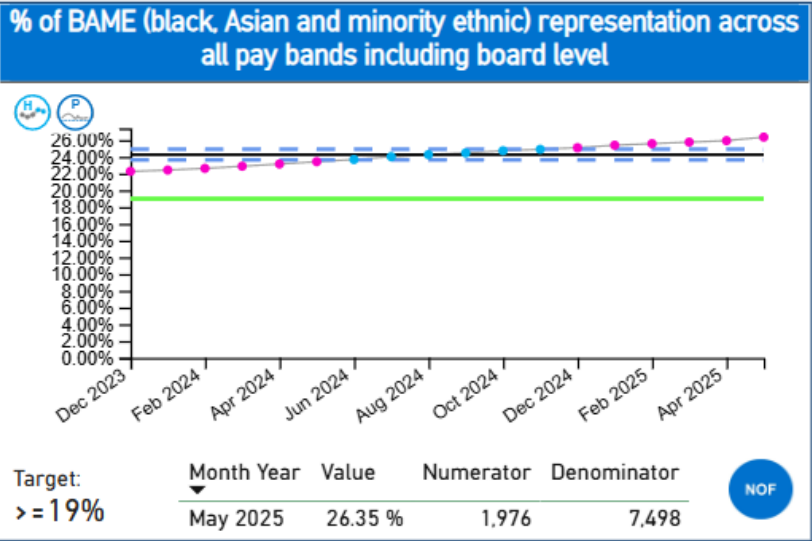
9 out of 12 pieces of Mandatory training have a compliance rate above 90%. Compliance for Fire awareness, Infection Prevention Control, Resus and PEACE (Positive Engagement and Caring Environments; for the mental health services directorates) remains under 90% and is being monitored.

Actions (SMART)

- Fire safety (including fire awareness and fire warden training) 88.98% - Changes are required to trust fire awareness training in line with the NHS England's National statutory and mandatory training to ensure alignment. This should see an overall reduction in requirement for staff.
- IPC 89.53% - Staff who have not completed this training have been contacted and compliance is expected to be above 90% by end of July '25.
- Resus 81.43% - Did Not Attend (DNA) rates have increased more recently resulting in over 300 spaces wasted in the last quarter. This has been raised with Service leads and being investigated as to why this is happening.
- PEACE (only for MH inpatient) 79.68% - additional training dates are available, and improved attendance is resulting in improvements in compliance.

Risks

- High DNA rates result in increased costs to the Trust and insufficient training spaces being available for staff.
- If people have not attended training, there is a risk that quality of care and patient safety may be affected.



Understanding the performance

- There has been an increase of 0.42% in the representation of Black, Asian and Minority Ethnic staff across all pay bands in May 2025 reporting period.
- There has been a decrease of 0.41% in the representation of Black, Asian and Minority Ethnic staff in senior leadership roles (bands 8A-8D, B9 and Very Senior Manager) in May 2025 reporting period.
- There has been an increase of 0.11% in the representation of Female staff in senior leadership roles (bands 8A-8D, B9 and Very Senior Manager) in the May 2025 reporting period.

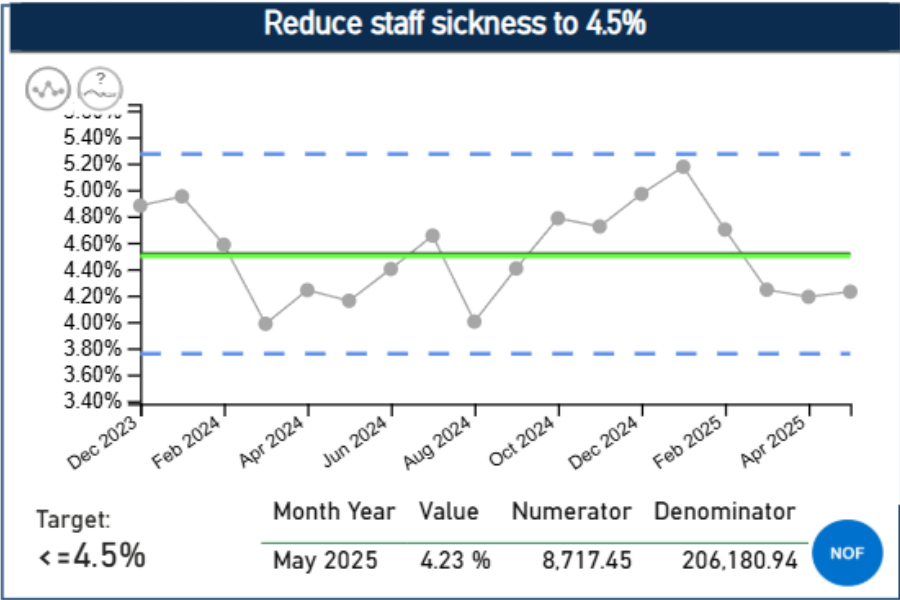
Actions (SMART)

Organisational wide actions have been taken as guided by the NHS Equality, Diversity and Inclusion - High Impact Actions. These actions are focused on: Leadership Accountability, Fair recruitment & development, Closing pay gaps, Addressing health inequalities, support for international staff and the creation of a safe workplace.

Actions have been included within the NHS Workforce Race Equality Standard (WRES) report that is being presented at the Equality, Diversity and Inclusion Steering Group 12 June 2025

Risks

Lack of Diversity can result in narrow decision making that lacks cultural insight and does not meet the needs of our patients or staff. This can lead to reduced levels of patient care, increased labour turnover and difficulties attracting diverse talent.



Understanding the performance

The sickness absence rate has increased from 4.19% to 4.23%, 0.27% below target.

The proportion of long term versus short term cases remains broadly consistent with the previous month. Long term absence was recorded as 2.54% and short-term absence 1.10%

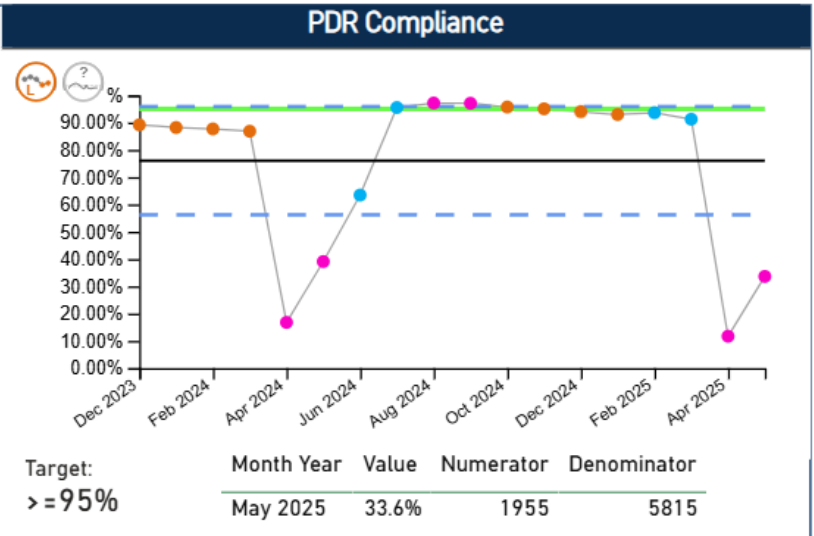
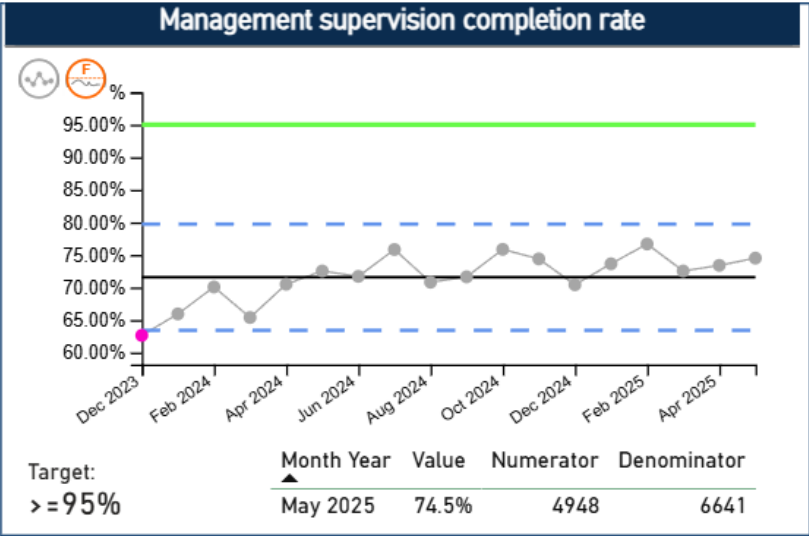
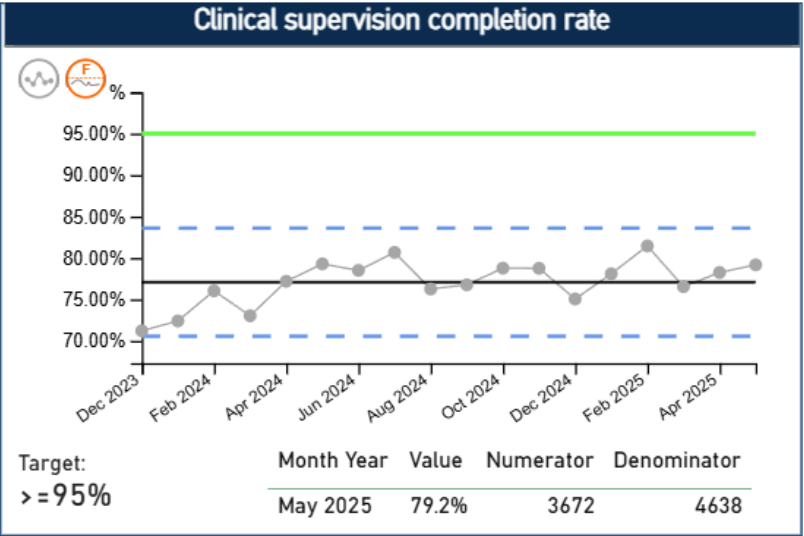
The most common reasons for absence based on number of cases were Cold/Cough/Flu, Gastrointestinal and Headache and Migraine.

Actions (SMART)

- A focus on absence continues and data is reviewed each month with managers being proactively contacted for an update where staff are hitting either long- or short-term triggers as defined in the Sickness Absence policy.
- Absence levels are discussed monthly in Operational Meetings/Service Reviews and in Directorate People Meetings/Directorate SMT's and higher areas of absences are highlighted.
- The completion of Return-to-Work Interviews is being encouraged, and information is being disseminated within the directorates on any outstanding Return to Work Interviews.
- A review of the new process for managing absence using the e-Rostering rather than Goodshape system has occurred. Results have been presented to the People Steering Group in June. The review showed no significant change in sickness absence rates or Return to Work completion rates with minor recommendations for changes made which are being implemented. No further review is planned.

Risks

- If line managers are not undertaking Return to Work interviews there is a risk that the Trust does not record the correct reasons for absence details, are not capturing supportive actions put in place to improve sickness monitoring and maintain lower sickness levels.



Understanding the performance

Good quality and regular management and clinical supervision is essential for ensuring that we provide high quality patient care and that we support staff in relation to their professional development and wellbeing.

This Clinical supervision compliance rate has increased from 78.3% to 79.2%. Management supervision rate has also increased from 73.4% to 74.3%.

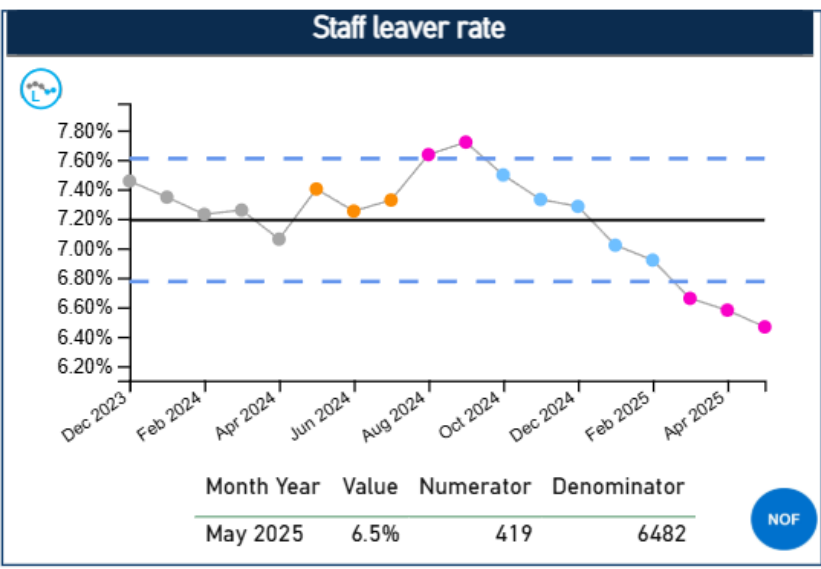
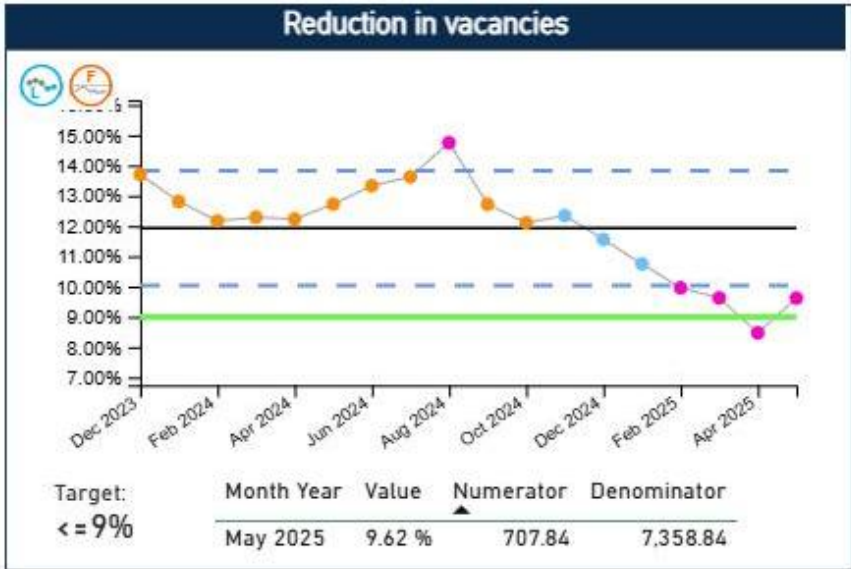
PDR compliance for the month is in line with previous years patterns and is increasing (33.6%).

Actions (SMART)

- Changes to L&D system to amalgamate management and clinical supervision to report as one, in line with national requirements which should result in improved overall compliance are ready to deploy. Concerns have been raised about losing the transparency of reporting individual types of supervision which are currently being addressed.

Risks

- Failure to provide regular clinical or managerial supervision or conduct PDR's may result in staff feeling unsupported, increased levels of work-related stress sickness absence and increased levels of labour turnover. They may also result in reduced quality of care and increased risk of patient safety issues.



Understanding the performance

Following a sustained reduction in the vacancy rate since Aug 2024, this month saw the first increase since then, from 8.47% to 9.62%, which is just above the 9% target.

Recruitment activity across the Trust is also busier than for the last few months, following a settling in period whilst Service Directors mobilised their local recruitment panels.

Actions (SMART)

The Talent Acquisition Team are using Trust data to target the highest vacancy rates in their specific directorates to understand the challenges and create action plans to reduce these numbers.

The next 6 months will see the team use the Trust online data platform (TOBI) to work with Service Directors to target outliers that have high vacancy rates as well as high agency rates.

The team are also tracking roles that need to be readvertised due to closing with no suitable applicants or no one to hire and focusing on these as our hard to fill roles.

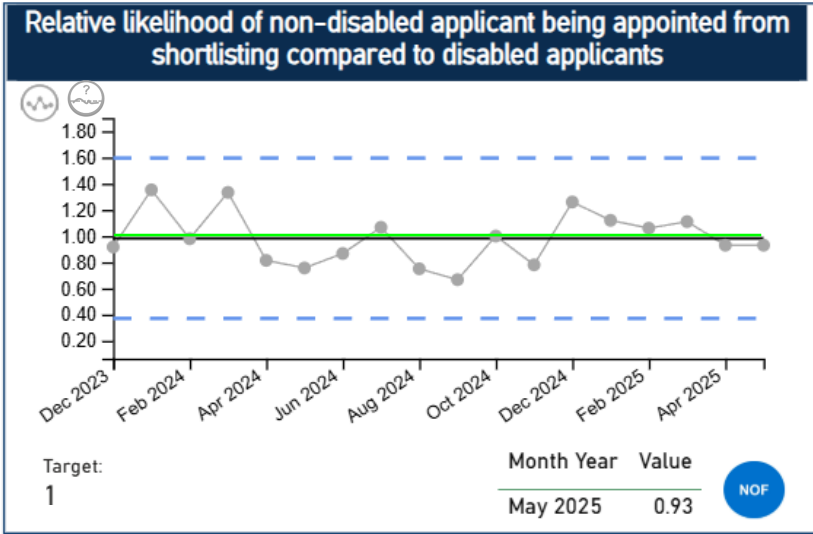
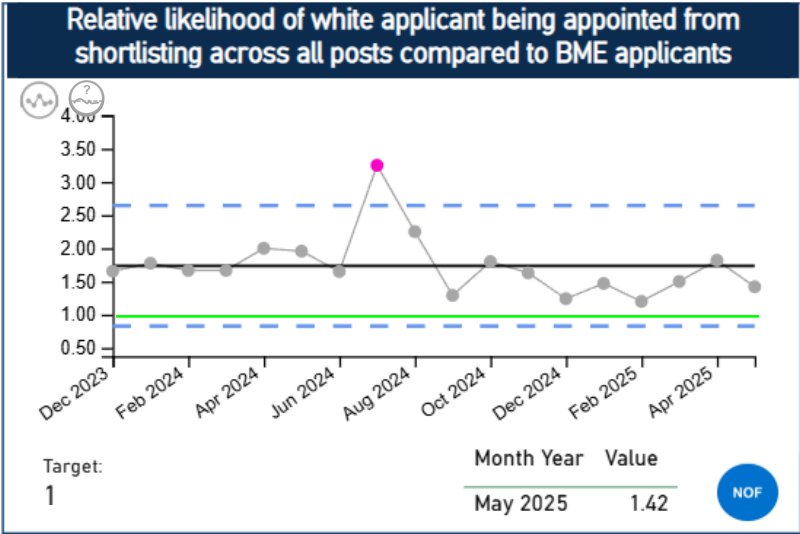
Risks

Changes (and proposed changes) to our ability to hire workers requiring sponsorship may impact on our ability to hire into certain roles.

Currently we are unable to sponsor entry level Band 3 roles and the proposed changes in the immigration white paper mean this is likely to extend to all Band 3 and Band 4 roles.

The immigration changes may also impact on qualified nurses deciding to leave the UK for other countries where immigration is more favourable.

Team will continue to keep an eye on rates to ensure the trend of them continuing to rise doesn't start to creep back in



Understanding the performance

The relative likelihood of white applicants being appointed from shortlisting compared to Black, Asian and Minority Ethnic applicants has decreased by 0.4 from 1.82 in April 2025, to 1.42 in April 2025. The higher the ratio, the more likely White applicants are to be appointed than Black, Asian and Minority Ethnic applicants. A ratio under 1 indicates that Black, Asian and Minority Ethnic applicants are more likely to be appointed than White applicants and vice versa. A ratio of 1 indicates equal likelihood for both groups.

The relative likelihood of non-disabled applicants being appointed from shortlisting compared to disabled applicants has remained at 0.93 between April and May 2025. The higher the ratio the more likely Non-Disabled applicants are to be appointed than Disabled applicants. A ratio of 1 would indicate equal likelihood for both groups.

Actions (SMART)

Organisational wide actions have been taken as guided by the NHS Equality, Diversity and Inclusion - High Impact Actions. These actions are focused on: Leadership Accountability, Fair recruitment & development, Closing pay gaps, Addressing health inequalities, support for international staff and the creation of a safe workplace.

Actions have been included within the WRES report that is being presented at the EDI Steering Group 12 June 2025

Risks

Lack of Diversity can result in narrow decision making that lacks cultural insight and does not meet the needs of our patients or staff. This can lead to reduced levels of patient care, increased labour turnover and difficulties attracting diverse talent.

Section 3

Strategic dashboard

Strategic objectives



Oxford Health
NHS Foundation Trust

Strategic objectives guide the priority setting and decision-making. Each objective has a set goal and overarching ambitions, which are then linked to specific measures and targets. Full Strategic Dashboard is reported twice per year – in November (representing six-month position) and in May (representing annual position); in-year strategic metrics, where possible, are reported monthly throughout the IPR.

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

General Appendices

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

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

Metric	FY24-25 ICB target	Feb-25				Mar-25				Latest ICB Target (FY25-26)	Apr-25			
		BOB ICB	Oxon	Bucks	Berks W	BOB ICB	Oxon	Bucks	Berks W		BOB ICB	Oxon	Bucks	Berks W
Mean LoS for MH adult acute, older adult acute and PICU discharges	null	54	63	54	46	59	60	58	57	50	51	50	50	53
72hr Follow-up	80%	81%	87%	88%	72%	78%	82%	83%	69%	null	79%	81%	71%	84%
CMH 2+ contacts (transformed)	10629	12830	8030	395	4430	13080	8305	410	4395	null	13545	9640	415	4510
CMH 2+ contacts	null	17860	8080	5195	4595	18265	8365	5290	4625	null	18955	8805	5390	4770
CMH referral-spells waiting for a full clock stop	null	10435	4685	3645	2105	10225	4595	3585	2045	null	9915	4435	3445	2035
CMH referral-spells waiting more than 104 weeks for a 2nd contact	null	200	95	100	*	165	100	55	10	null	135	85	40	10
Open CMH referral-spells waiting for a 2nd contact	null	3355	1305	1240	810	3245	1190	1225	835	null	3010	1035	1125	850
CYP 1+ contacts	26531	24990	8140	7265	9600	24825	8170	7385	9285	25374	25865	8495	7505	9885
CYP Paired scores (%)	null	9%	*	*	*	13%	*	*	*	null	18%	*	*	*
CYP Self-rated measurable improvement (%)	null	64%	*	*	*	53%	*	*	*	null	37%	*	*	*
CYP referral-spells waiting for a full clock stop	null	27385	10380	6775	10235	27115	10255	6820	10040	null	26360	9940	6710	9710
CYP referral-spells waiting more than 104 weeks for a 1st contact	null	2495	965	875	655	2630	1020	860	750	null	2670	1070	830	770
Open CYP referral-spells waiting for a 1st contact	null	13035	4155	2715	6165	12820	4085	2700	6035	null	11965	3750	2500	5720
CYP ED Routine (interim)	95%	91%	91%	90%	91%	90%	91%	84%	94%	null	97%	100%	91%	100%
CYP ED Routine (interim)	95%	57%	*	*	*	77%	*	*	*	null	100%	*	*	100%
Dementia: 65+ Estimated Diagnosis Rate	66.70%	61.60%	63%	57.40%	64.70%	62%	63.30%	57.80%	65%	null	61.90%	63.20%	58%	64.70%
EIP 2 week waits	60%	73%	74%	69%	75%	65%	76%	53%	*	null	78%	80%	77%	*
Inpatient No Contact BME	null	14%	21%	*	15%	16%	14%	*	21%	null	12%	12%	*	11%
Inpatient No Contact White British	null	10%	10%	15%	8%	9%	6%	*	12%	null	9%	9%	*	12%
Inpatient No Contact	null	12%	13%	11%	12%	12%	9%	10%	16%	null	10%	10%	10%	11%
Individual Placement and Support (IPS, rolling 12 month)	1046	1180	455	310	415	1230	480	335	415	1047	1340	545	365	430
MH LoS - Adult Acute 60 days (rate per 100k population)	8	7	9	5	7	8	9	5	8	n/a	No longer reported nationally in FY25/26			
MH LoS - Older Adults 90 days (rate per 100k population)	8	8	6	10	10	9	5	12	9	n/a				
OAPSS bed days (inappropriate only)	null	725	150	90	490	350	55	125	170	null	480	85	225	170
OAPs active at the end of the period (inappropriate only)	5	*	*	*	*	5	*	*	*	5	5	*	*	*
Perinatal access (rolling 12 month)	1968	1550	510	435	605	1530	510	430	590	1379	1565	540	435	590
Talking Therapies Completing a course of treatment	1469	1690	655	590	450	1760	640	695	425	1906	1945	780	700	465
Talking Therapies Completing a course of treatment (YTD)	13035	20310	7495	7145	5670	22070	8135	7840	6095	1906	1945	780	700	465
Talking Therapies Recovery	null	53%	56%	49%	54%	55%	60%	51%	52%	n/a	No longer reported nationally in FY25/26			
Talking Therapies Reliable Improvement	67%	67%	68%	64%	70%	65%	69%	61%	68%	66.7%	67%	67%	65%	70%
Talking Therapies Reliable Recovery	48%	49%	52%	46%	50%	51%	56%	47%	50%	48.9%	50%	48%	51%	50%
Talking Therapies 1st - 2nd Treatment >90 days	10%	8%	5%	2%	23%	7%	6%	1%	22%	null	8%	4%	3%	23%
Talking Therapies 6 week waits	75%	98%	99%	98%	95%	96%	99%	94%	94%	null	97%	100%	98%	92%
Talking Therapies 18 week waits	95%	100%	100%	100%	100%	100%	100%	100%	100%	null	100%	100%	100%	99%
Mental Health A&E 12hr breaches - Adult (%)	null	19%	20%	23%	17%	18%	14%	20%	20%	null	15%	10%	15%	21%
Mental Health A&E 12hr breaches - CYP (%)	null	4%	*	*	*	9%	8%	*	9%	null	7%	9%	*	*
Referrals to LPS from A&E (contacts within 1hr)	null	84%	83%	90%	79%	82%	77%	88%	79%	null	84%	82%	90%	77%
Urgent referrals to CCS (contacts within 24hrs)	null	62%	56%	61%	69%	54%	80%	50%	46%	null	65%	70%	63%	66%
Very Urgent referrals to CCS (contacts within 4hrs)	null	60%	30%	*	91%	68%	58%	*	83%	null	60%	*	86%	58%

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

Caring, safe and excellent

Glossary of metrics (in continuous development)

Area	Metric	Definition	Why is it important?
Mental Health Services	Improve access to mental health support for children and young people	This metric tracks the number of children and young people (CYP) aged under 18 who have accessed NHS-funded mental health services within a rolling 12-month period. Derived from the NHS Long Term Plan access standard for CYP mental health.	Improved access ensures that CYP with emerging mental health needs receive early support, reducing the risk of escalation to crisis. Early intervention supports better educational outcomes, family wellbeing, and long-term recovery.
	Four (4) week wait for mental health support for children and young people	Percentage of referrals to community-based mental health services for CYP who receive their first meaningful treatment within 4 weeks. This is an NHS England access standard under development nationally.	Timely intervention is critical in preventing deterioration of mental health in CYP. A shorter wait reduces distress and avoids escalation to emergency or inpatient care, improving long-term outcomes.
	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - children and young people	The proportion of routine referrals for suspected eating disorders in CYP who begin a National Institute for Health and Care Excellence (NICE)-concordant treatment pathway within 4 weeks. This is part of the Access and Waiting Time Standard for Eating Disorders.	Eating disorders have some of the highest mortality rates of all mental illnesses. Early treatment improves recovery rates and physical health outcomes, reducing the need for inpatient admission.
	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - children and young people	The proportion of urgent referrals for eating disorders in CYP starting NICE-concordant treatment within 7 days. Monitored as part of the Eating Disorder Access & Waiting Time standard.	In urgent cases, rapid intervention prevents physical deterioration and supports better psychological recovery. Delays in urgent care can lead to life-threatening complications and increased family distress.
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression	Total number of patients (aged 18+) who complete a course of treatment in NHS Talking Therapies (formerly IAPT) services.	Higher treatment completion suggests improved service access, engagement, and continuity. For patients, it reflects successful navigation of therapy and greater opportunity for symptom relief.
	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over)	The proportion of total IAPT therapy completers who are aged 65 or above. Tracked nationally to monitor equitable access for older adults.	Older adults are historically underrepresented in psychological therapy. Improving this rate supports healthy ageing, reduces loneliness, and improves independence in later life.
	Reliable improvement rate for those completed a course of treatment adult and older adults combined	Percentage of people who show reliable improvement (defined as statistically significant positive change on two validated clinical outcome measures such as PHQ-9 and GAD-7) after completing NHS Talking Therapies treatment.	This is a core quality indicator for psychological therapy. It provides assurance that patients are receiving interventions that lead to real, measurable improvements in mental health.
	% of people receiving first treatment appointment within 6 weeks of referral	The proportion of patients referred to NHS Talking Therapies who begin treatment within 6 weeks.	Timely access improves therapeutic outcomes and helps prevent worsening of conditions. For patients, shorter waits reduce uncertainty and support early symptom relief.
	% of people receiving first treatment appointment within 18 weeks of referral	Proportion of referrals to NHS Talking Therapies seen within 18 weeks of referral.	Ensures that the vast majority of patients are not left waiting for care. It reflects service responsiveness and commitment to recovery-focused care.
	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments)	This metric measures the proportion of patients who wait over 90 days between their first and second Talking Therapies appointments. The standard is that less than 10% should wait this long.	Long gaps between sessions disrupt therapeutic progress and risk disengagement. Maintaining momentum between sessions supports better recovery and improves the patient's therapeutic experience.
	Reliable recovery rate for those completed a course of treatment adults and older adults combined	Percentage of people who move from "caseness" (clinical levels of distress) to non-clinical levels on validated measures (PHQ-9, GAD-7) after completing NHS Talking Therapies.	Reliable recovery provides assurance that treatment not only improves symptoms but brings patients back to a state of wellbeing. For the patient, it reflects meaningful mental health restoration and improved daily functioning.

Glossary of metrics (in continuous development)

Area	Metric	Definition	Why is it important?
Mental Health Services	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined	Proportion of people from ethnically diverse backgrounds who achieve recovery following treatment in NHS Talking Therapies.	Highlights equity of outcome across diverse populations. Ensures that services are culturally responsive and that all patients, regardless of background, achieve good outcomes.
	Recovery rate for White British - complete a course of treatment, adult and older adult combined	Proportion of White British individuals achieving recovery after completing NHS Talking Therapies. Used for benchmarking against ECDC outcomes.	Provides comparative insight to address potential inequalities and improve service delivery for all groups. Helps ensure all patients are receiving effective, evidence-based care.
	Improve access for Adults and Older Adults to support by community mental health services	Tracks access to community mental health services, aligned with the NHS Long Term Plan Community Mental Health Framework.	Supports early intervention, continuity of care, and integrated multi-agency support. For patients, this enables better support in the community, reducing hospital admissions and promoting recovery.
	4 week wait (28 days) standard (interim metric – two contacts within pathway)	Percentage of referrals to community mental health services receiving two meaningful contacts within 28 days. A developing standard aligned with new access ambitions from NHS England.	Reduces delays in treatment initiation for people with serious mental illness. Improves patient experience and helps prevent deterioration, crisis escalation, and unnecessary admissions.
	Deliver annual physical health checks to people with Severe Mental Illness	Proportion of people on the SMI register receiving a comprehensive physical health check annually (covering blood pressure, BMI, cholesterol, blood glucose, smoking, alcohol). National standard from NHS England and NICE guidance.	People with SMI have significantly reduced life expectancy due to preventable physical health conditions. Regular checks improve early detection and promote parity between physical and mental healthcare.
	Improve access to perinatal mental health services	Monitors access to specialist perinatal mental health care for women experiencing moderate to severe mental illness during and after pregnancy. Part of NHS Long Term Plan targets.	Untreated perinatal mental illness can have long-term consequences for mother, infant, and family wellbeing. Early specialist care supports maternal recovery and healthy child development.
	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral	Proportion of people aged 14–65 referred to Early Intervention in Psychosis (EIP) services who start treatment within two weeks and receive a full NICE-concordant care package. National access and quality standard.	Early intervention is associated with reduced relapse, improved functioning, and long-term recovery. Timely care in psychosis can prevent deterioration and reduce hospital stays.
	Number of people accessing Individual Placement Support (IPS)	Number of adults with Serious Mental Illness supported by IPS services, which offer personalised, evidence-based support to help people find and sustain paid employment. NHS England expansion target.	Employment is a key determinant of recovery and quality of life. IPS improves social inclusion, financial independence, and psychological wellbeing.
	Recover dementia diagnosis rate	Percentage of people aged 65+ estimated to have dementia who have a formal diagnosis recorded in primary care. National ambition: 66.7%.	Early diagnosis enables access to support, treatment, and care planning. For patients and carers, it supports independence, safety, and better management of the condition.

Glossary of metrics (in continuous development)

Area	Metric	Definition	Why is it important?
Mental Health Services	Response from Mental Health Psychiatric Liaison within 1 hour	Percentage of referrals from A&E or acute medical wards seen by psychiatric liaison within 1 hour. Derived from NHS England’s “Core 24” liaison psychiatry standards.	Rapid mental health assessments reduce emergency department wait times and help ensure safe, effective treatment planning. Patients in crisis benefit from immediate care to reduce risk and distress.
	Response from Mental Health Psychiatric Liaison within 24 hours	Percentage of all mental health referrals to liaison services in acute settings that are seen within 24 hours. Required under national liaison psychiatry models.	Timely mental health input during hospital admissions reduces unnecessary stays, improves holistic care, and supports faster recovery for patients with coexisting physical and mental health needs.
	Response from Mental Health Crisis Service within 4 hours (Very Urgent)	Proportion of 'very urgent' referrals to Crisis Resolution and Home Treatment Teams (CRHTT) that are responded to within 4 hours. Part of NHS Mental Health Crisis Care Concordat.	Swift response during acute mental health crises reduces the risk of harm, unnecessary detention under the Mental Health Act, and hospital admission. Patients feel safer and more supported.
	Response from Mental Health Crisis Service within 24 hours (Urgent)	Percentage of urgent crisis referrals responded to within 24 hours by CRHTTs. NHS England standard for community-based urgent care.	Ensures timely, appropriate care during periods of acute need. Prevents deterioration and supports people to stay in their homes and communities.
	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission	Proportion of patients admitted to an inpatient mental health ward who had no community mental health contact in the preceding 12 months.	Lack of prior engagement may suggest missed opportunities for prevention. For patients, this highlights the need for improved outreach and integrated care pathways.
	Mean Length of Stay Mental Health acute, older adult acute and Psychiatric Intensive Care Unit (PICU) discharges (combined; rolling 3 months)	Average number of inpatient days for patients discharged from acute adult, older adult, or PICU services, measured on a 3-month rolling basis.	Ensures patients are in hospital only as long as needed. Long stays may indicate delayed discharges; short stays must still allow for recovery. Balanced stays improve patient outcomes.
	72 hour follow up for those discharged from mental health wards	Percentage of patients discharged from mental health inpatient care who receive follow-up contact (face-to-face or phone) within 72 hours. A national quality standard (NHS England/NICE).	The first 72 hours post-discharge is a high-risk period for suicide and relapse. Timely contact supports safety and smooth reintegration into the community.
	Inappropriate Out of Area Placements (mental health inpatients)	Number of patients placed in inpatient beds outside their local area due to bed unavailability (excluding specialist placements).	Out-of-area placements disrupt continuity of care, isolate patients from family, and delay discharge. Reducing them improves quality, equality, and patient dignity.
	% adult acute readmission within 30 days for mental health	Proportion of adult patients discharged from acute mental health care who are readmitted within 30 days. A quality metric for post-discharge planning.	High readmission rates may signal poor follow-up support or premature discharge. Patients benefit from coordinated, recovery-focused care that reduces the need for readmission.
	Average number of clinically ready for discharge patients per day	Average daily count of inpatients who are medically fit for discharge but remain due to delays in arranging ongoing care.	Blocked discharges reduce hospital efficiency and increase stress for patients. Timely discharge helps recovery and frees capacity for others in need.

Glossary of metrics (in continuous development)

Area	Metric	Definition	Why is it important?
Community Health Services, Dentistry and Primary Care	% of out of hours palliative care referrals responded to within 30 minutes	Percentage of out-of-hours palliative care referrals where the time from receipt of NHS 111 call to the start of the telephone consultation is ≤30 minutes. Typically tracked through urgent community response or palliative care service KPIs.	Quick response ensures timely symptom management and emotional support for patients in end-of-life care. Rapid access helps reduce unnecessary hospital admissions and supports patients to remain at home in comfort.
	% of out of hours palliative care referrals responded to within 60 minutes	Percentage of referrals where the time from completion of triage to start of a face-to-face home visit is ≤60 minutes. Reflects response speed of out-of-hours palliative care services.	Timely in-person care is vital for urgent symptom relief and reassurance for families. It maintains patient dignity and comfort during critical moments outside normal service hours.
	National Early Warning System (NEWS) escalated appropriately	Percentage of patient episodes where the escalation of care matched national NEWS2 guidelines when scores indicated potential clinical deterioration.	Proper escalation helps prevent serious adverse events. For patients, this means safer, more responsive care when early signs of deterioration are detected.
	National Early Warning System (NEWS) completed where applicable	Proportion of eligible patient observations where NEWS2 scoring was completed correctly, as per national standards for early deterioration detection.	Early detection allows for timely intervention and reduces risk of ICU admission or death. For patients, this means increased safety and proactive care.
	% of breastfeeding prevalence at 6–8 weeks old	Percentage of infants aged 6–8 weeks who are recorded as being breastfed (exclusive or partially). Data collected via Health Visitor review	Breastfeeding supports infant health, immunity, and bonding. Tracking prevalence helps target support to improve early child nutrition and maternal wellbeing.
	% of Minor Injury Unit patients seen within 4 hours	Proportion of all attendances to Minor Injury Units where patients are seen, treated, and discharged or referred within 4 hours. Aligned with urgent care standards.	Meeting this standard reduces patient wait times and crowding. For patients, it ensures efficient treatment of non-life-threatening conditions close to home.
	Consistently meet or exceed the 70% 2-hour Urgent Community Response (UCR) standard	Percentage of urgent community response referrals responded to within 2 hours, in line with NHS England's Ageing Well Programme goal.	Rapid community intervention prevents hospital admissions and promotes care at home. Patients benefit from quicker treatment in familiar surroundings.
	Available virtual ward capacity per 100k head of population (nationally reported system measure)	Number of available virtual ward beds per 100,000 population. Submitted to NHS England as part of the Virtual Ward data collection framework.	Supports early hospital discharge and admission avoidance. Patients receive remote monitoring and care at home, improving comfort and capacity management.
	Virtual ward occupancy (nationally reported system measure)	Proportion of available virtual ward capacity currently in use. Submitted monthly to NHS England as part of system monitoring.	Indicates usage and efficiency of virtual care models. High occupancy suggests strong uptake; low occupancy may highlight gaps in referral or awareness.

Glossary of metrics (in continuous development)

Area	Metric	Definition	Why is it important?
Community Health Services, Dentistry and Primary Care	Percentage of Children notified by Local Authority to the Children Looked After team as new to care to be offered a health assessment within 20 working days	Percentage of new children entering care who are offered an initial health assessment within 20 working days of notification, in line with statutory guidance (Promoting the health of looked-after children, DHSC).	Timely health assessments help identify unmet needs and provide a baseline for planning care. Children in care are especially vulnerable and benefit from prompt health support.
	Healthy Child Programme - No. and % of families receiving a new birth visit within 14 days of birth	Number and percentage of families receiving a face-to-face new birth visit by a health visitor within 14 days, in line with the Healthy Child Programme (HCP) mandated checks.	Early visits support maternal mental health, infant development, and bonding. It ensures early identification of health and safeguarding concerns for families and babies.
	Healthy Child Programme - % of 6-8 week reviews completed	Proportion of infants who receive the HCP 6–8 week review with a health visitor, a mandated contact covering maternal mood and infant development.	Supports early detection of postnatal depression and child developmental delays. Enables families to access timely interventions and reassurance.
	Healthy Child Programme - % of 12-month development reviews completed by the time the child turned 12 months	Percentage of children who received a 12-month review with a health visitor before their first birthday. A core HCP milestone to monitor growth and development.	Detects early signs of delay or concern in physical, social, and communication skills. Helps parents engage in their child's development and access support where needed.
	Healthy Child Programme - % of 2 to 2.5 year reviews completed	Proportion of children receiving the 2–2½ year HCP development review. A universal health and development review offered by health visitors.	Identifies developmental concerns before school entry. Early support can improve long-term outcomes in language, behaviour, and learning.
	Community Dentistry - Proportion of patients accepted for care who are seen for an assessment within 12 weeks (Of those treated in period)	Percentage of patients accepted for community dental services who are seen for initial assessment within 12 weeks.	Timely access improves oral health outcomes and reduces dental pain or complications, especially in vulnerable populations requiring community dentistry.
	Community Dentistry - Special Care - Core Units of Activity (UDA)	Number of Units of Dental Activity (UDA) delivered under special care dentistry contracts for patients with additional needs, learning disabilities, or complex conditions.	Reflects access to tailored dental care for patients with special needs, ensuring equity and reducing health inequalities in oral health.
	Community Dentistry - Urgent Care - Out of Hours Units of Activity (UDA) combined with main out of hours dental service	Number of urgent out-of-hours dental care UDAs delivered by community dental and general dental practitioners combined.	Ensures prompt relief of dental pain and infections when routine services are unavailable.
	Emergency Dental Service Waiting times to triage - % Patients triaged within 6 hours	Percentage of patients contacting emergency dental services who are clinically triaged within 6 hours of first contact.	Quick triage enables prioritisation of urgent cases and faster pain relief. Supports safe and responsive emergency dental care pathways.

Glossary of metrics (in continuous development)

Area	Metric	Definition	Why is it important?
Community Health Services, Dentistry and Primary Care	Out of Hours GP - average response time for out of hours high priority referrals	Average time from NHS 111 call to telephone consultation start for high priority out-of-hours GP referrals. Standard: ≤60 minutes.	Timely clinical advice is critical in high-risk cases to prevent deterioration. Ensures urgent needs are promptly addressed, improving patient safety.
	Out of Hours GP - average response time for out of hours less urgent referrals	Average time from NHS 111 call to telephone consultation start for less urgent out-of-hours GP referrals. Standard: ≤720 minutes (12 hours).	Supports appropriate response based on triage level, helping manage lower acuity cases effectively while preserving emergency resources for critical cases.
	Out of Hours GP - average response time for out of hours urgent referrals	The average time between NHS 111 receiving a call and the start of the telephone consultation with the out-of-hours GP for urgent referrals. NHS England sets a standard of ≤120 minutes.	Ensures patients with moderately urgent conditions receive timely clinical advice or intervention, preventing deterioration and avoiding unnecessary emergency department use.
	Out of Hours GP - average response time for out of hours routine referrals	Time from NHS 111 call receipt to start of telephone consultation for routine cases, with a standard of ≤1440 minutes (24 hours).	Enables efficient use of GP resources for non-urgent issues, while ensuring patients still receive advice or support within a reasonable timeframe.
	% of patients waiting over 52 weeks for community services - Children and Young People	Proportion of children and young people who have been waiting more than 52 weeks for treatment in community services	Long waits during developmental years can cause long-term setbacks. Timely care ensures early intervention for better educational, social, and health outcomes.
	% of patients waiting over 52 weeks for community services - Adults	Percentage of adults referred to community services waiting more than 52 weeks to begin treatment.	Delays risk worsening health and quality of life. Timely care supports independence, pain management, and avoids escalation to acute settings.
Quality and People	Reduce agency usage to meet target (% of agency used)	Measures the percentage of staffing costs spent on agency workers. NHS trusts aim to meet caps set by NHS England.	High agency usage increases costs and reduces continuity of care. Reducing agency reliance promotes workforce stability and better patient relationships.
	Reduction in % labour turnover	Percentage of staff who leave the organisation during a reporting period. Based on Electronic Staff Record (ESR) data.	Retaining staff supports consistency in care delivery, staff morale, and reduces recruitment costs. Patients benefit from experienced and familiar care teams.
	% of staff completing Quality Improvement Training Level 1	Proportion of workforce who have completed entry-level training in NHS-approved quality improvement methodologies (e.g., PDSA cycles).	Builds a culture of continuous improvement across services. Empowers staff to make patient-focused changes that enhance safety and outcomes.
	BAME representation across all pay bands including Board level	Proportion of Black, Asian and Minority Ethnic staff at all pay grades, including Executive Board level. Monitored under the Workforce Race Equality Standard (WRES).	Promotes equality and diversity. Better representation fosters inclusive decision-making and patient care sensitive to cultural needs.
	BAME representation in senior leadership roles (Bands 8a-9, VSM)	Percentage of senior NHS roles held by BAME staff. Captured via WRES data reporting.	Demonstrates progress on racial equality. Diverse leadership can reduce systemic bias, improve staff experience, and enhance trust among minority patients.

Glossary of metrics (in continuous development)

Area	Metric	Definition	Why is it important?
Quality and People	Proportion of senior leadership roles held by women (Bands 8a-9, VSM)	Percentage of leadership positions filled by women. Monitored to ensure gender parity and equity in NHS senior decision-making.	Promotes equality in career progression and inclusive leadership. Diverse perspectives in governance contribute to balanced and compassionate care systems.
	% of patients responding that overall care was good or very good	Patient-reported outcome indicating satisfaction with overall care experience.	Captures how services are perceived by patients. High scores reflect person-centred, compassionate care and strong therapeutic relationships.
	% of patients report being involved in their care	Proportion of service users reporting they were actively involved in decisions about their care plan and treatment. Measured via surveys.	Involvement empowers patients, promotes autonomy, and improves adherence to treatment. It fosters trust and shared ownership of recovery.
	Reduction in the use of prone restraints (number of incidents involving prone restraint)	Number of incidents where patients were physically restrained in the prone (face-down) position. Monitored in line with NHS England’s restrictive intervention guidance.	Prone restraint is associated with higher risk of injury or death. Reducing use protects patient dignity and safety, especially in mental health settings.
	Reduction in use of seclusion (number of incidents involving seclusion)	Number of incidents where a patient is secluded in a room and isolated from others as a method of behavioral control. Defined under the Mental Health Act Code of Practice.	High rates may reflect inadequate de-escalation approaches. Reducing seclusion supports trauma-informed care and upholds patient rights.
	Total number of patient incidents (all levels of harm excluding inherited pressure damage)	Total incidents reported involving patients, regardless of harm severity, excluding inherited pressure ulcers. Data sourced from incident reporting systems.	Reflects safety culture. High reporting with low harm indicates proactive identification of risks; helps prevent recurrence and improve care.
	Total number of unexpected deaths reported as incidents (by date of death, including natural and unnatural)	All deaths considered unexpected at time of occurrence, reported through local incident reporting processes, including natural and unnatural causes.	Vital for identifying gaps in care, improving risk assessments, and learning from preventable deaths to protect future patients.
	Number of suspected suicides	Number of deaths suspected to be by suicide, often pending coroner confirmation. Tracked through incident and mortality review systems.	Indicates potential failures in mental health crisis or follow-up care. Early analysis drives improvements in suicide prevention strategies.
	Total number of incidents involving physical restraint	Number of times physical restraint is used during patient care. Categorised by method, duration, and justification.	High numbers can indicate poor therapeutic environments. Monitoring ensures restraint is a last resort and used safely with debriefing.
	Total number of violence, physical, non-physical and property damage incidents (patients and staff)	Combined number of incidents involving aggression (verbal, physical) or damage to property. Includes harm to patients or staff.	Helps assess safety and culture in clinical environments. Reducing violence supports staff wellbeing and creates safer therapeutic spaces for patients.

Glossary of metrics (in continuous development)

Area	Metric	Definition	Why is it important?
Quality and People	Total number of complaints and resolutions	Number of complaints submitted by patients, carers, or advocates and the number resolved within reporting period. Governed by NHS complaints procedures.	Reflects patient voice and accountability. Prompt, respectful resolution of complaints builds trust, enhances satisfaction, and identifies areas for service improvement.
	Reduce staff sickness to 4.5%	Target to keep average monthly staff sickness absence rate below 4.5%. Measured using Electronic Staff Record (ESR) data.	Lower sickness rates indicate better wellbeing, reduce service disruption, and improve team morale. Patients benefit from more consistent care.
	Personal Development Review (PDR) compliance (PDR season is between April–July)	Percentage of eligible staff who have completed their annual Personal Development Review by the end of the defined window.	Ensures staff receive feedback, development planning, and alignment with organisational goals—leading to more capable and motivated teams supporting high-quality care.
	Reduction in vacancies	Percentage decrease in vacant posts within the organisation, tracked across reporting periods using workforce systems.	Reduced vacancies improve staffing stability and continuity of care. Patients are more likely to be seen by familiar and experienced professionals.
	% of early turnover	Percentage of staff who leave the organisation within the first 12 months of employment.	High early turnover could suggest onboarding or work culture issues. Reducing it improves retention and ensures care teams are stable and experienced.
	Statutory and mandatory training compliance	Percentage of staff who have completed all required statutory and mandatory training (e.g., safeguarding, infection control) as per NHS training matrix.	Ensures legal and safety standards are met. Compliance helps protect patients and staff and supports high-quality, consistent service delivery.
	Clinical supervision completion rate	Proportion of clinical staff receiving regular supervision sessions to reflect on practice, in line with national clinical governance frameworks.	Promotes reflective practice, enhances clinical safety, and supports staff wellbeing. Indirectly improves care quality and decision-making.
	Management supervision rate	Percentage of staff receiving regular line management supervision (1:1 sessions) as per local policy.	Supports performance, wellbeing, and accountability. Supervised staff are more likely to feel valued, supported, and deliver high-quality care.
	Staff leaver rate	Overall percentage of staff leaving the trust during a defined time period	High leaver rates may indicate low morale or stress. Monitoring helps inform workforce planning and improve staff retention strategies.
	Relative likelihood of white applicant being appointed from shortlisting compared to BME applicants	Compares appointment rates between white and Black, Asian and Minority Ethnic (BAME) applicants after shortlisting. Part of NHS WRES indicators.	Identifies bias in recruitment. Reducing disparities improves fairness and helps develop a workforce that reflects the community served.
	Relative likelihood of non-disabled applicant being appointed from shortlisting compared to disabled applicants	Compares success rates of disabled versus non-disabled applicants following shortlisting. Tracked under NHS Workforce Disability Equality Standard (WDES).	Highlights potential discrimination. Equality in recruitment ensures access to opportunities and promotes inclusion and workforce diversity.

For Information

Finance Report

May 2025 (Month 2), FY26

Report to Board of Directors

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Executive Summary

1. Income Statement
2. Capital Investment Programme
3. PFI Exit Settlement Risk
4. Provider Collaboratives Financial Performance Summary
5. Agency Analysis
6. Cost Improvement Plan
7. Statement of Financial Position and Cash Flow Summary and Working Capital Indicators

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

Annexes (private report only)

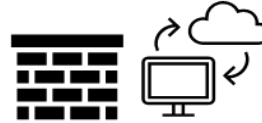
- A. Directorate Financial Performance Summary
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Executive Summary



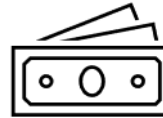
Income & Expenditure position

- Month 2 – on plan



Capital Expenditure

- Full Year Outturn – broadly on plan



Cash

- Actual £88.3m

Key messages:

1. The month 2 position was a surplus of £0.7m which is on plan. Finance have completed directorate forecasts at month 2 and the details and assumptions will be discussed with directorates before the forecast is reported in the month 3 report. The month 2 forecast does give assurance that the Trust will meet it's Plan this year.
2. The YTD CIP target has been met at month 2 and all CIPs are forecast to be met.
3. YTD net capital expenditure of £0.1m. Programme activity and spend will increase over the coming months.
4. The cash position remains strong despite an £9.5m reduction YTD due to the impact of year-end capital activity and national payment deadlines in FY25.

1. Income Statement

	INCOME STATEMENT							
	Month 2				Year-to-date			
	Plan £m	Actual £m	Variance £m	Variance %	Plan £m	Actual £m	Variance £m	Variance %
Clinical Income	51.2	47.1	-4.1	-8.0%	98.3	93.0	-5.4	-5.4%
Other Operating Income	11.7	13.0	1.2	10.7%	23.3	25.5	2.3	9.7%
Operating Income, Total	62.9	60.0	-2.9	-4.6%	121.6	118.5	-3.1	-2.5%
Employee Benefit Expenses (Pay)	35.6	35.8	-0.2	-0.6%	71.4	70.7	0.6	0.9%
Other Operating Expenses	25.7	22.6	3.0	11.7%	47.0	44.8	2.2	4.7%
Operating Expenses, Total	61.3	58.5	2.8	4.5%	118.3	115.5	2.8	-2.4%
EBITDA	1.6	1.6	-0.1		3.3	3.0	-0.3	
Financing costs	1.4	1.3	0.1	7.5%	2.6	2.3	0.3	13.4%
Surplus/ (Deficit)	0.2	0.2	0.0		0.7	0.7	0.0	
Adjustments	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0%
Adjusted Forecast Surplus/ (Deficit)	0.2	0.2	0.0		0.7	0.7	0.0	

The month 2 position is a **£716k** surplus which is **£26k** better than plan. EBITDA is **£0.3m** adverse to plan and Financing costs are **£0.3m** favourable to plan. The underspend on Financing costs is due to higher than planned interest receivable (**£0.2m**) and lower than depreciation costs (**£0.1m**), offset with higher than planned interest payable costs (**£0.1m**).

Income is **£3.1m** adverse to plan. This is made up of **£4.3m** on Provider Collaboratives where income has been matched to spend, **£0.6m** for penalties for under-occupancy on contracts with the Provider Collaboratives and **£0.2m** to match depreciation funding to actual depreciation costs. These are offset by a **£1.9m** favourable variance in Oxford Pharmacy Store due to higher than planned sales and a **£0.1m** net favourable variance across other areas.

Expenditure is **£2.8m** favourable to plan. This is made up of **£4.3m** underspend on Provider Collaboratives and **£1.6m** in Reserves. These are offset with higher than planned cost of sales in Oxford Pharmacy Store (**£1.9m**) and overspends in mental health out of area placements (**£0.5m**), Estates & Facilities non-pay (**£0.3m**), IM&T non-pay (**£0.3m**) and Learning Disabilities out of area placements (**£0.1m**).

2. Capital Investment Programme – 2025/26

	Month2				Year to Date				FY26					
Capital Projects	Plan £,000	Acutal £,000	Variance £,000	Variance %	Plan £,000	Acutal £,000	Variance £,000	Variance %	Original Plan £,000	Latest Plan £,000	Forecast £,000	Variance £,000	Variance %	Commitments £,000
Capital														
Operational	33	-	33	1.00	63	(63)	126	2.01	1,585	1,585	1,585	-	-	229
Transformation	260	95	165	0.63	385	142	243	0.63	6,410	6,110	5,889	221	0.04	620
Sub-Total	292	95	197		448	79	368		7,995	7,695	7,474	221		848
Critical Infrastructure Risk														
Operational	10	-	10	1.00	10	-	10	1.00	3,487	3,487	3,487	-	-	7
Transformation	-	-	-	-	-	-	-	-	1,707	1,707	1,707	-	-	-
Sub-Total	10	-	10		10	-	10		5,194	5,194	5,194	-		7
Bid														
UEC - Transformation (Witney MIU)	-	15	(15)	-	-	15	(15)	-	690	690	690	-	-	23
NHSE Transformation (Solar PV)	-	-	-	-	-	-	-	-	343	343	343	-	-	-
Sub-Total	-	15	(15)		-	15	(15)		1,032	1,032	1,032	-		23
Other														
PFI Exit	-	-	-	-	-	-	-	-	2,000	2,000	2,000	-	-	-
IFRS16 new leases	-	-	-	-	-	-	-	-	1,300	1,300	1,300	-	-	-
IFRS16 existing lease remeasurement	-	-	-	-	-	-	-	-	900	900	900	-	-	-
Sub-Total	-	-	-		-	-	-		4,200	4,200	4,200	-		-
IM&T														
IT	-	-	-	-	-	-	-	-	1,750	1,750	1,750	-	-	-
Clinical Systems	20	-	20	1.00	20	-	20	1.00	750	750	750	-	-	-
Sub-Total	20	-	20		20	-	20		2,500	2,500	2,500	-		-
Medical Equipment														
	-	-	-	-	-	-	-	-	-	-	91	(91)	-	50
Sub-Total	-	-	-		-	-	-		-	-	91	(91)		50
Total Agreed by FIC & Exec's	322	110	212		478	95	383		20,922	20,622	20,491	130		928
Additional Projects														
UEC - Transformation (Abingdon)	-	-	-	-	-	-	-	-	-	1,205	1,205	-	-	-
Contingency Capital Transformation (-	-	-	-	-	-	-	-	-	300	300	-	-	-
Wantage Capital Transformation (Add	-	-	-	-	-	-	-	-	-	1,050	1,050	-	-	-
Sub-Total	-	-	-		-	-	-		-	2,555	2,555	-		-
Grand Total	322	110	212		478	95	383		20,922	23,177	23,046	130		928

- The Trust's original capital plan of £20.9m was approved by Exec's and FIC in May.
- The plan has now been updated to include the £2.6m of additional transformation projects (including Abingdon and Wantage) with funding confirmed by NHSE.
- The updated capital plan now stands at £23.2m
- The YTD net spend is £0.1m

The 3As from Capital Programme Group are:

Alert

Assurance

- There is a risk of timing delays across the Estates capital programme due to the 2023 Procurement Act, which came into effect from 24th February 2025 & the implementation of Atamis. Training on the system is in progress.
- Rachel Hanks will provide an update on the roll out of capabilities in digital.
- CPG to take stock in August re YTD position, underspends & forecast updates.

Advise

- PFI Settlement risk
- Delays to Wantage Hospital Project
- Delays to Fire Compartmentation Works at MSU

3. PFI Exit Settlement Risk

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

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

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

RICS (Royal Institute of Chartered Surveyors) has appointed an arbitrator following a request by Semperian to take the process to arbitration for resolution. Currently we are in the process of independent experts completing their review and reports on the state of the building at transfer.

Due to delays in agreeing scope of the arbitration, particularly on the use of independent experts, any capital or revenue scoring will impact in the financial year FY26 as the process will not have concluded prior to accounts being laid.

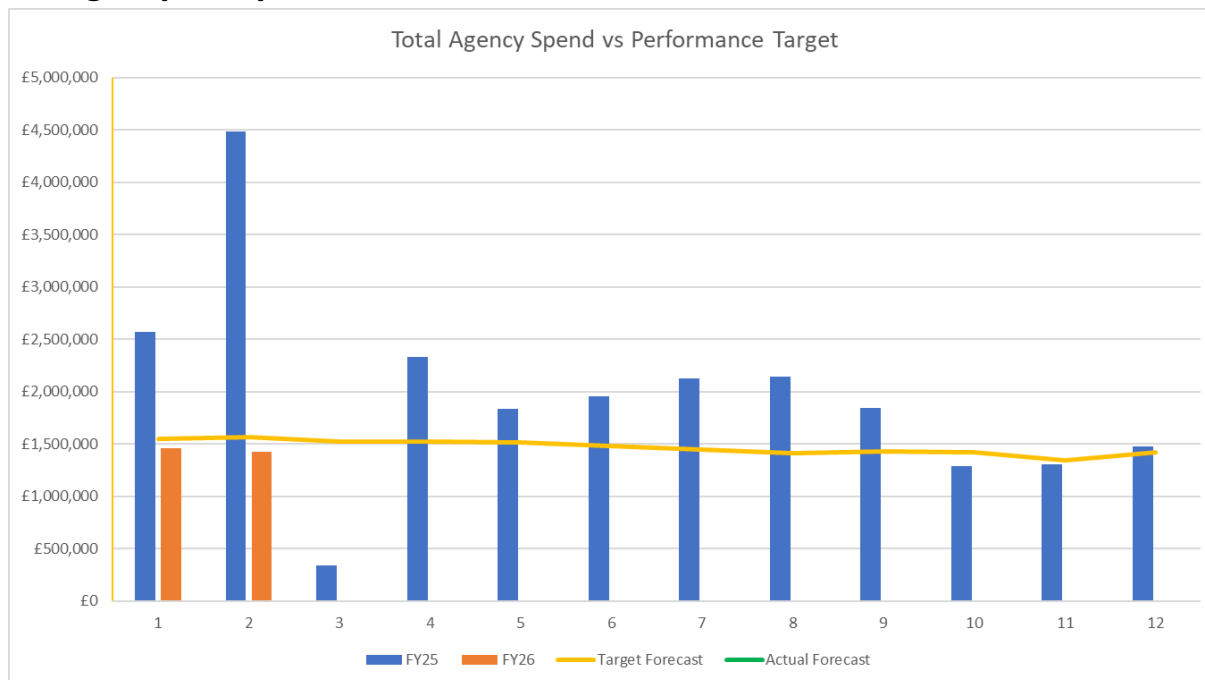
4. Provider Collaboratives Financial Performance Summary

	Month 2			Year-to-date		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Secure	9.0	8.2	0.8	18.1	16.4	1.7
CAMHS	4.1	2.7	1.4	8.3	5.4	2.8
Adult AED	0.9	0.7	0.2	1.8	1.4	0.4
Provider Collaboratives Total	14.1	11.6	2.4	28.1	23.3	4.9

The Provider Collaboratives' income is deferred in the YTD position to match spend. The table above details the expenditure position.

The Provider Collaboratives (PC) position is **£4.9m** favourable to plan. It is reported as breakeven in the Trust overall position in line with the principles of the PC to reinvest savings into services.

5. Agency Analysis



*Included in the FY25 month 2 figures is **£1m** of agency cost related to FY24 which was reversed in month 3 as the FY24 accounts were amended to reflect this.

In Month 2 temporary staffing was **12.67%** of the Trust total pay bill with Agency at **4.13%** and Bank at **8.54%**.

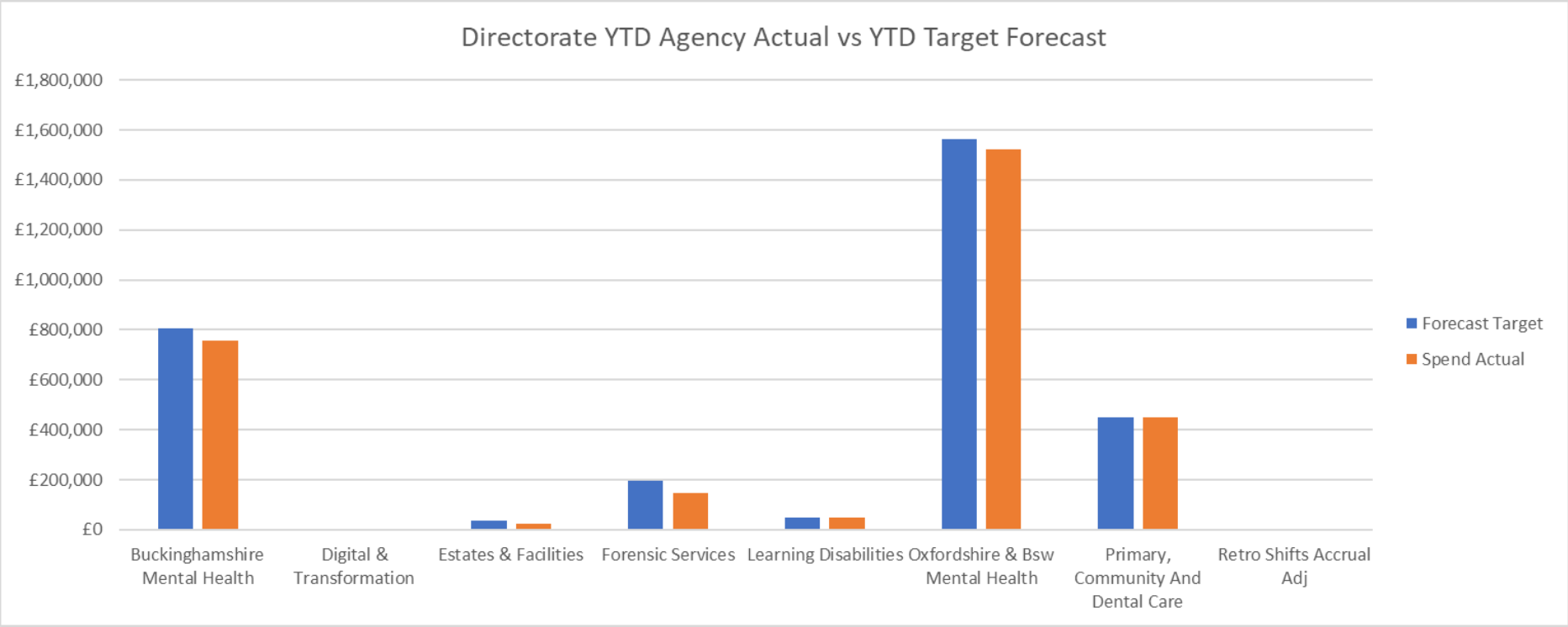
The Trust has submitted a plan to BOB ICB and NHS England to spend a maximum of **£17.6m** on Agency in FY26.

Year to date agency spend, is **£0.2m** better than plan and **£4.1m** better than the same period in FY25.

	FY25 Apr - May	FY26 Apr - May	Change from FY25
Medical	£3,086,086	£1,631,615	−£1,454,471
Nursing	£2,368,939	£1,224,127	−£1,144,812
AHP/HSS	£439,550	£39,655	−£399,896
Admin & Clerical	£0	£24,522	£24,522
Estates	£8,428	£3,203	−£5,225
Total	£5,903,003	£2,923,122	−£2,979,881
FY24 VC's & FY25 Retros	£170,711	£0	−£170,711
Prior year/Finance adjustments	£980,464	£0	−£980,464
Total Reported	£7,054,179	£2,923,122	−£4,131,056

YTD Target Forecast vs Actual Spend M2			
Staffing Type	FY26 Target April - May	FY26 Actual April - May	FY26 Variance April - May
Agenda for Change	£1,615,754	£1,291,507	£324,247
Medical	£1,490,245	£1,659,007	−£168,762
Total	£3,105,999	£2,950,514	£155,484

Agency Analysis Continued



Directorates have been allocated targets to reduce agency spend in line with the submitted plan of **£17.6m**.

All Directorates are delivering largely within the target forecast year to date at month 2.

6. Cost Improvement Programme (CIP)

The Trust's external CIP target as reported to NHSE is **£36m** made up of a **£9.6m** efficiency from FY26 contract requirements (CIP) and **£26.4m** cost management. The Trust is reporting a full delivery of the **£36m** to NHS England on the assumption that any shortfall in these programmes will be mitigated by other non-recurrent benefits in the Trust's position.

Table of Planned Efficiencies							
Recurrent or Non Recurrent	Efficiency Programme Area	YTD Plan M2 £000	YTD Actual M2 £000	YTD Variance M2 £000	Full Year Plan £000	Full Year Forecast £000	Full Year Forecast Variance £000
Non-Recurrent	Pay	3,236	3,131	-105	18,295	19,957	1,662
	Non Pay	36	0	-36	3,500	1,800	-1,700
	Income - Non-Patient Care	0	0	0	0	0	0
Total Non-Recurrent		3,272	3,131	-141	21,795	21,757	-38
Recurrent	Pay	817	951	134	9,020	9,461	440
	Non Pay	674	685	11	4,839	4,429	-410
	Income - Non-Patient Care	58	59	1	350	354	4
Total Recurrent		1,549	1,695	146	14,209	14,243	34
Grand Total		4,821	4,826	5	36,004	36,001	-4

Cost Improvement Programme (CIP) Cont.

Internally, as well as the **£9.6m** FY26 contract requirement, the Trust has an additional **£2.1m** CIP for FY25 CIPs that were not delivered recurrently last year, making the total internal CIP target **£11.7m**.

£10.1m of the **£11.7m** CIP target has been delivered through CIPs including staffing establishment reviews and non-pay efficiencies. The remaining balance for the year is being met through non recurrent vacancies while recurrent plans are being developed.

There is a planned over delivery of Corporate savings delivered through PFI savings and a non recurrent VAT benefit related to digital hosting services.

Oxon & BSW MH have developed plans to mitigate the reported shortfall in delivery which will be reflected in month 3.

Forensic MH are reviewing options to mitigate the shortfall in forecast CIP delivery

£'000					
Directorate	CIP Target	Recurrent Delivery	Non Recurrent Mitigation	Total Delivery	Variance to Target
Primary Community & Dental	3,677	3,371	301	3,672	5
Oxon & BSW MH	3,436	2,565	515	3,081	355
Bucks MH	1,728	1,307	422	1,728	0
Forensic MH	865	565	0	565	300
Learning Disabilities	143	143	0	143	0
Corporate	1,802	2,173	1,098	3,271	-1,469
Total CIP	11,652	10,124	2,336	12,460	-809
		87%	20%	107%	-7%

7. Statement of Financial Position and Cash Flow Summary and Working Capital Indicators

Statement of Financial Position - Headlines

Net assets have increased by £0.7m YTD. This is represented by:

	£m
Decreases in net capital assets	(£2.5m)
Decreases in current assets	(£4.6m)
Reduction in net liabilities	£7.8m
Net increase	£0.7m

Cash Flow - Headlines

Cash balance of **£88.3m** at the end of May

Forecast year-end cash balance of **£81.4m**

Net cash has decreased by £9.5m YTD. This is represented by:

Net Cash used in operations	(£7.8m)
Net Cash used in investing activities	(£0.8m)
Net Cash used in financing activities	(£0.9m)
Net decrease	(£9.5m)

Working Capital Ratios

Ratio	Target	Actual	Risk Status
Debtor Days	30	14	●
Debtors % > 90 days	5.0%	12.9%	●
BPPC NHS - Value of Inv's pd within target (ytd)	95.0%	95.8%	●
BPPC Non-NHS - Value of Inv's pd within target (ytd)	95.0%	93.9%	●
Cash (£m) - per year-end forecast	81.4	88.3	●

Working capital ratio's

- Debtor days ahead of target.
- Debtors % over 90 days is below target, due to unpaid invoices. These are mainly various ICB's £216k (£231k in M01), OUH £458k (£482k in M01), Central & NW London £117k (£117k in M01), Bucks Healthcare £169k (£0k in M01), NHSPS £0k (£77k in M01), University of Oxford £71k (£119k in M01), Salary overpayments £250k (£266k in M01), Response £114k (£0k in M01) and other £224k (£197k in M01).
- NHS BPPC (Better Payments Practice Code) is ahead of target.
- Non-NHS BPPC (Better Payments Practice Code) is marginally below target.
- Cash is marginally ahead of the year-end target.

Meeting	Board of Directors' Meeting
Date of Meeting	23 rd July 2025
Agenda item	11(b)
Report title	Quality and Safety Dashboard
Executive lead(s)	Britta Klinck, Chief Nurse
Report author(s)	Jane Kershaw, Head of Patient Safety
Action this paper	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance
Reason for submission to the group	Regular report to each meeting to be viewed alongside the Integrated Performance Report.
Public confidential	Public

Executive summary

This paper is a summary of the quality and safety dashboard discussed monthly by the Quality and Clinical Governance Group and presented to every Quality Committee meeting. The information in the Quality and Safety Dashboard is up to 31st May 2025. The purpose of the dashboard is to bring together activity, quality and workforce data as well as soft intelligence to help identify wards/teams that might be struggling and need more support. The information includes themes from our Freedom to Speak Up Guardians.

From reviewing a range of indicators the below wards and community teams are highlighted by exception as flagging with an area of concern based on the position in May 2025 and a review of any trends from the last 3 months (March to May 2025). The report includes further details with the mitigations and actions being taken.

Highlighted wards/teams by exception:

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

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

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

Recommendation(s)

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

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

Link to CQC domain – where applicable

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

Assurance level

☐ Significant ☒ Reasonable ☐ Limited

Links to / Implications

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

1. Introduction

This paper is a summary of the quality and safety dashboard discussed monthly by the Quality and Clinical Governance Group and presented to every Quality Committee meeting. The information is up to 31st May 2025. The purpose of the dashboard is to bring together activity, quality and workforce data as well as soft intelligence to help identify wards/teams that might be struggling and need more support. The list of data indicators reviewed are provided in Appendix A. The information includes themes from our Freedom to Speak Up Guardians.

2. Interactive Contents Page

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

Contents

3. Overall summary of highlighted wards/community teams	4
4. Buckinghamshire Mental Health Services.....	5
5. Community Health Services, Dentistry and Primary Care	6
6. Forensic Services	8
7. Learning Disability Services	9
8. Oxfordshire and BSW Mental Health Services.....	9

3. Overall summary of highlighted wards/community teams

From reviewing a range of activity, quality and workforce indicators the below wards and community teams are highlighted by exception as flagging with an area of concern based on the position in May 2025 and a review of any trends from the last 3 months (March to May 2025).

Table 2.

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

The rest of the report is organised by clinical Directorate.

4. Buckinghamshire Mental Health Services

4.1 Performance on inpatients followed up within 48 hour/ 72 hours of discharge

The performance for May 2025 is 26 eligible discharges in the 'Bucks Place' commissioning area (33 discharges from Bucks wards) and **0 breaches**. Although 2 appointments need to be outcomed on RiO to resolve DQ issue.

1 breach identified against follow up within 48-hour period (seen within 72 hours).

4.2 Detail about wards and community teams highlighted

There are no wards/teams identified at Enhanced Support.

The following wards/teams are identified at an Early Warning level,

Wards at Early Warning

Ward	Reason for highlighting
Ruby	<ul style="list-style-type: none">• High vacancies 23% (reduction from last month). Safe staff fill rates met. High turnover 19%• High use of physical restraint including 6 uses of prone restraint in a month. As well as 2 seclusion episodes.• 2 AWOLs in month involving 2 patients, 1 escorted.• 2 early resolutions and 3 rapid resolution complaints in May 2025. 0 low/high complaints. No feedback gathered from IWGC in month.

Community Teams at Early Warning

Team	Reason for highlighting
Aylesbury CMHT	<ul style="list-style-type: none">• Vacancies 19% in May 2025 (reduction from last month). Agency spend 17% for team and high for medics (67%). Sickness 11%.• 0 complaints, 6 rapid resolutions and 2 early resolutions received between March-May 2025. Mostly about insufficient care and communication.• 1 suspected suicide between March-May 2025.• Number of patients unallocated for a key worker, however number is decreasing. 52 patients recorded as waiting and breached internal target as of 15th June 2025, data source TOBI.
Chiltern East and West AMHT	<ul style="list-style-type: none">• Vacancies Chiltern West AMHT 24% (East 12%) in May 2025. Agency for medics 41% in May 2025.• 1 low complaint, 3 rapid resolution complaints and 1 early resolution received between March-May 2025 about insufficient care, attitude of staff and communication. 2 rapid resolution complaints received in May 2025.• 21 patients recorded as waiting and breached internal target as of 15th June 2025, data source TOBI.• 1 unnatural death between March-May 2025, not a suspected suicide.
CAMHS ADHD and Autism service	<ul style="list-style-type: none">• As of 4th June 2025, 3,531 patients waiting for an average of 79 weeks.• Vacancies high in CAMHS Neuro ADHD.
Adult ADHD and Autism	<ul style="list-style-type: none">• Adult ADHD as of 4th June 2025 1,009 patients waiting for an average of 107 weeks.• Adult Autism as of 4th June 2025 470 patients waiting for an average of 81 weeks.

Team	Reason for highlighting
Complex Needs Service	<ul style="list-style-type: none"> As of 16th June 2025 – 171 patients waiting for more than 92 days against 4-week wait target by episode. People are mostly waiting for triage and assessment. Vacancies 32% in May 2025. Deep dive on position with waits in Oxfordshire and Buckinghamshire presented to performance board in January 2025. Some of the longer waiters have been offered a group but have self-deferred. All patients have been given signposting to support while they are waiting. Monthly review of patients waiting. All referrals have been screened and triaged, on average there is a 9 month wait for an assessment. Service improvement work underway and Oxon/Bucks split of line management has now been implemented.
Memory clinic services	As of 16 th June 2025 – 792 patients waiting for more than 92 days against wait standards.
Adult Psychological therapies	As of 16 th June 2025 – 182 patients waiting for more than 92 days against 4-week wait target by episode.

5. Community Health Services, Dentistry and Primary Care

5.1 Detail about wards and community teams highlighted

There are no wards/teams identified at Enhanced Support.

The following wards/teams are identified at an Early Warning level,

Wards and Community Teams at Early Warning

Team	Reason for highlighting
OSRU	<ul style="list-style-type: none"> Vacancies 20% and turnover 21% in May 2025. Fill rates good. Seven registered nurses recruited, waiting for HR clearance to start. We are also mitigating with registered nurses from Didcot community hospital as the ward is presently overstaffed due to the reduction in bed numbers from 18 to 15 and filled vacancy. Increase in incidents in April and May 2025, most minor harm and 6 relating to a category 2 pressure ulcer developed in service/care over 3-month period from March-May 2025. 0 complaints/rapid resolutions or early resolutions received since Jan 2025. Whistleblowing concerns raised about ward leadership/team culture in Jan 2025. Investigation underway.
District Nursing Service	<ul style="list-style-type: none"> Demand is increasing and cannot be fully met by the commissioned resource. Around 500 patient visits are deferred each day. However, the service uses an agreed clinical prioritisation tool, communicates the risks internally and externally, and is continually innovating to deliver the best possible service. Vacancies are low and retention is good. Number of incidents have increased slightly in May 2025, however the majority being related to issues with medicines supply from community pharmacists. The number of pressure ulcer incidents has not increased with around 53 incidents a month for the whole service, the majority relate to category 2 and were under the SW DN team caseload. There were 48 category 3, 4 and deep tissue injuries developed in service/during care between March-May 2025. Gap between capacity and demand for service well known. BOB Community

Team	Reason for highlighting
	Nursing Strategic Review underway. Executive team agreed additional funding at risk to increase staffing and to purchase new technologies such as scheduling tools and eKare wound app to support the service.
Children's Integrated Therapies – speech and language	There are a high number of children waiting to be seen, with 1,594 patients currently waiting more than 12 weeks (15 th June 2025). The median waiting time is around 41 weeks. Data quality work is underway so the figures are provisional.
Adult speech and language	<ul style="list-style-type: none"> • There are a high number of adults waiting to be seen, with 414 patients currently waiting more than 12 weeks (15th June 2025). Most for routine care. Data quality work is underway so the figures are provisional. • Vacancies high, 25% in May 2025.
Community Respiratory service	<ul style="list-style-type: none"> • There are a high number of adults waiting to be seen, with 737 patients currently waiting more than 12 weeks (15th June 2025). Reduction in last month. Data quality work is underway so the figures are provisional.
Podiatry	<ul style="list-style-type: none"> • High vacancies 41% in May 2025, although number of new staff recruited recently and diversifying roles due to local/national challenge in recruiting and retaining podiatry staff. • Clinical supervision rate in May 2025 improved and now at 60%. • On average of 350 new referrals a month and caseload of approximately 10,000 patients. High demand and reduced capacity due to vacancies meaning the staff group are under considerable pressure. • Difficulties with non-urgent patient transport, new provider from April 2025. • Waits for treatment, including high risk/urgent patients on weekly follow up appointments are being deferred due to capacity and pressure on the service. In addition, 1,379 new patients have been waiting to be seen for more than 12 weeks (15th June 2025). Data quality work is underway so the figures are provisional. The service has introduced safety netting communication 'waiting well' for current and new patients as well as updated their referral form to communicate waits with referrers. • 2 moderate harm incidents in May 2025 related to timely access/treatment (3 in the last 3 months). • There is a podiatry transformation plan with multiple workstreams to try and increase capacity. Including sub-contracting more routine care to a private podiatry company which started from May 2025. New roles introduced into team to expand capacity/resolve recruitment challenges (for example apprenticeships, assistant trainees, clinic assessment roles and nursing roles to support wound care). Changes to clinic hubs to increase capacity and give more senior clinical support for complex cases. The plan is overseen in monthly meetings with the SLT, the impact of the changes will take time.
Heart failure service	<ul style="list-style-type: none"> • Waits for treatment is around 14 weeks against the NICE best practice of 2 weeks. This is due to demand exceeding the capacity of the team. No vacancies in team. • 0 complaints/rapid resolutions or early resolutions between March-May 2025. • 1 severe harm incident in May 2025 related to deterioration due to access to care. • None of the Community Heart Failure (HF) teams across BOB are able to see patients within 2 weeks; benchmarking demonstrates Oxon has the lowest community nurse establishment for HF despite having the largest population.

Team	Reason for highlighting
	<p>New funding request was submitted at the request of the ICB for FY25-26 no response yet.</p> <ul style="list-style-type: none"> Mitigations and actions are in place, including; a clear Triage SOP, a SOP to improve reporting of deaths, a patient 'waiting well' letter with safety netting has been sent to all current patients and going forward to all new patients, work underway with the EMIS team to optimise reporting from the system, improved partnership working with the OUH acute HF team and work with SDECs to support the management of HF patients.
Special Care & Paediatric Dentistry	<ul style="list-style-type: none"> Waits for treatment under general anaesthetic (GA) for both children and special care adults. Waiting figures as of 17th June 2025; <ul style="list-style-type: none"> 148 children on the waiting list, with waiting times of up to 7 months (reduction) 20 adults who have been assessed and are waiting for treatment at the JR/Horton Hospitals, waiting times vary – Horton up to 8 weeks and up to 24 months at JR for more complex cases 22 adults waiting for joint dental/anaesthetic assessment, waiting time from referral to assessment 6 months <p>Additional GA weekend sessions are continuing in 2025-26 (using carried over Restoration & Reset funding) but due to dentist shortages we are experiencing challenges around staffing these lists. 1 additional full day weekend GA list was carried out in Q1, and we have 3 full day lists provisionally booked in Q2.</p>

6. Forensic Services

6.1 Detail about wards and community teams highlighted

There are no wards/teams identified at Enhanced Support.

The following wards/teams are identified at an Early Warning level,

Wards or community teams have been identified at Early Warning.

Team	Reason for highlighting
Kestrel and Kingfisher (Thames House)	<ul style="list-style-type: none"> Continues to be in enhanced monitoring with the Provider Collaborative. However significant progress made against improvement plan and weekly monitoring of improvements. No concerns identified in dashboard indicators. No new quality concerns identified in recent months and CQC visit in Nov 2024 did not highlight any care issues. An acutely unwell patient remains on the ward who is challenging to care for in a safe and least restrictive environment. A series of significant self-harm incidents and safeguarding concerns continue, between March-May 2025 there have been 5 significant self-harm incidents involving the same patient. Vacancies are high at 20.7% on Kingfisher (reduction from last month) and 11.9% on Kestrel (reduction from last month). 11% agency spend on Kestrel in May 2025. Safe staff fill rates have always been met, including on Kingfisher ward a skill mix change in May 2025 on night shifts with more registered (and less unregistered) nurses than planned. Bed occupancy was 42% on Kingfisher and 53% on Kestrel. 0 complaints and early resolutions received in May 2025 but also no feedback gathered via IWGC.

7. Learning Disability Services

7.1 Detail about community teams highlighted

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

8. Oxfordshire and BSW Mental Health Services

8.1 Performance on inpatients followed up within 48 hour/ 72 hours of discharge

The performance for May 2025 is 56 eligible discharges in the 'Oxon Place' commissioning area (56 discharges from Oxon wards) and **2 breaches** due to one patient DNAd and one patient discharged out of area and local CRHT completed follow up . 4 appointments need to be outcomed on RiO to resolve DQ issue.

No additional breaches identified against follow up within 48-hour period, apart from 2 mentioned above.

8.2 Detail about wards and community teams highlighted

There are the wards/teams identified at Enhanced Support;

- CAMHS PICU Meadow Unit
- CAMHS Highfield
- North and West AMHT
- City and NE AMHT

See details below with the mitigations and actions being taken.

In addition, the following wards/teams are identified at an Early Warning level;

Wards at Early Warning

Ward	Reason for highlighting
Cotswold House Oxford	<ul style="list-style-type: none">• Continues to be in enhanced monitoring with the Provider Collaborative. However significant progress made against improvement plan and weekly monitoring of improvements. No concerns identified in dashboard indicators. No new quality concerns identified in recent months.• Vacancies 16% in May 2025 (improving), safe staff fill rates achieved and bed occupancy at 58% in May 2025.• Restrictive practice; 7 physical restraints involving 1 patient in May 2025, 0 seclusions or rapid tranquilisations. 0 complaints, rapid resolution complaints or early resolutions received.
CAMHS Marlborough House Swindon	<ul style="list-style-type: none">• Fill rates over expected levels due to patient need. Vacancies low. Agency spend 19% and sickness 5% in May 2025. 56% bed occupancy.• High self-harm incidents, particularly in March and April 2025.• High use of physical restraint (n=20 in May 2025 involving 3 patients) and 6 uses of rapid tranquilisation. 3 uses of prone restraint in May 2025.• Clinical supervision rate as of May 2025 low, 49%.
Ashurst PICU	<ul style="list-style-type: none">• High vacancies at 23% (higher than last month). Turnover at 17%. Sickness 3%. High use of agency for medics. Safe staffing fill rates ok, with change in skill mix at night with more unregistered staff and less registered staff than planned. Bed occupancy at 66%.• 3 staff RIDDORs in May/June 2025 involving 2 separate incidents. All related to patient assaults on staff.• 9 physical restraints (2 uses of prone), 2 seclusions and 5 rapid tranquilisations in May 2025.

Ward	Reason for highlighting
	<ul style="list-style-type: none"> 0 complaints, 2 rapid resolution complaints and 0 early resolutions received in May 2025. No feedback gathered by the ward via IWGC. Work identified around staff behaviours/team culture coming out from FTSU listening events.

Community Teams at Early Warning

Team	Reason for highlighting
CAMHS ADHD and Autism service	<p>As of 4th June 2025 – 4,356 patients waiting for an average of 95 weeks.</p> <p>The service receives a high number of early resolutions, rapid resolution complaints and low-level complaints related to waiting times and access to treatment (n=9 from March-May 2025).</p> <p>Two project streams; ADHD provision (new clinic model being trialled and ‘while you wait’ support package for parents being redeveloped) and assessment/access (streamlining approach with SPA).</p>
Oxon CAMHS	<p>As of 16th June 2025 – 178 patients waiting for more than 92 days against 4-week wait target by episode. Highest number in South Getting Help and Getting More Help teams. There are also 111 patients waiting more than 92 days under SPA team and 183 young people waiting for mental health support teams (into schools).</p> <p>Some vacancies across the CAMHS teams, highest 24.5% for Getting Help South and Crisis Team at 39% in May 2025. High use of agency for medics in South and North community teams.</p> <p>Lots of work happening including; implementing joint assessment clinics, calling parents on the waiting list every 4-6 months, implementing the use of the SHaRON platform for parent and carers to have a support network online, and implementing a supportive steps programme that all families will be able to attend after their SPA triage. Supportive steps programme has been piloted and will be rolled out further.</p>
BSW CAMHS	<p>As of 16th June 2025 – 82 patients waiting for more than 92 days against 4-week wait target by episode.</p> <p>Some vacancies across the CAMHS teams, highest 17.5% in Swindon team. High use of agency for medics in Banes, Marlborough, Melksham and Swindon.</p>
Adult ADHD	<p>As of 4th June 2025 2,356 patients waiting for diagnostic assessment for ADHD an average of 122 weeks. There are also waiting times for post diagnostic consultations of approximately 2 years and from diagnosis to 1st titration appointment for medications is approximately 7 months (and is increasing in waiting time).</p> <p>Due to a lack of capacity the service has been closed to new referrals from Feb 2024 to work through existing patients waiting. The service has also paused the GP advice service since Oct 2023.</p> <p>Annual reviews have never been provided by the Oxford ADHD service, following agreement between Oxford Health and commissioners.</p> <p>Increasing numbers of Oxfordshire GPs (currently 47%) are declining to prescribe on-going adult ADHD medication, stating that the shared care arrangements in</p>

Team		Reason for highlighting
		place with the ADHD service are insufficient to support them to safely prescribe. This has created a disparity across the county, with inequality of access to ADHD medication prescribing.
Complex Service	Needs	<p>As of 16th June 2025 – 508 patients waiting for more than 92 days against 4-week wait target by episode.</p> <p>Deep dive on position with waits in Oxfordshire and Buckinghamshire presented to performance board in January 2025. Some of the longer waiters have been offered a group but have self-deferred. All patients have been given signposting to support while they are waiting. Monthly review of patients waiting. All referrals have been screened and triaged, on average there is a 9 month wait for an assessment. Service improvement work underway and Oxon/Bucks split of line management has now been implemented.</p>
Memory services	clinic	As of 16 th June 2025 – 321 patients waiting for more than 92 days against wait standards.

Wards and Community Teams identified at Enhanced Support

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
CAMHS Meadow Unit PICU	Yes	<ul style="list-style-type: none"> High vacancies 33.6% (same as last month) and high agency use 27%. Staff turnover at 23%. Although safe staff fill rates have been met, sickness is low and bed occupancy at 52%. No feedback collated via IWGC but also no complaints, rapid resolution complaints or early resolutions raised in month, May 2025. A high number of patient incidents involving a small number of patients (442 incidents for 5 patients in May 2025), most relate to self-harm (use of a ligature or striking self) and nearly all result in no harm or minor harm. The number of incidents has increased in April and May 2025. We do not have comparison data with other CAMHS PICU at the moment. High use of restrictive practice - physical restraint (203 uses in May 2025 of which 3 were in prone position), seclusions (12 episodes in May 2025), rapid tranquilisation (23 uses in May 2025) and LTS (1 use in May 2025). All as a result of the high amount of self-harm incidents and resistance to NG feeding. 	<p>Staffing and recruitment remain a challenge and there are ongoing incentives and campaigns to address this, and plans are in progress to allow for over-recruitment to band 6 posts. Sept 2025 – new starters due but situation will remain difficult for the next few months.</p> <p>Admissions are capped to 6 patients due to staffing challenges.</p> <p>The unit in collaboration with the other CAMHS GAU units are working on a project to reduce Restrictive Practices through education, training and clinical procedures.</p> <p>The unit are part of a regional headbanging QI project to develop best practice guidelines for management.</p>
CAMHS Highfield	No	<ul style="list-style-type: none"> High vacancies 28% (reduced from last month) although fill rates are fine with the exception of skill mix change for night shifts with more unregistered and less registered staff than planned. Bed occupancy 72% and agency use low. High use of physical restraint (n=31 in May 2025 for 3 patients), seclusion (n=8 uses in May 2025) and 2 uses of rapid tranquilisation and 1 use of LTS in May 2025. Most common reason to prevent self-harm. 0 complaints, rapid resolutions complaints and early resolution concerns in May 2025, although also no feedback from IWGC. 2 AWOLs in May 2025. 	<p>Ongoing recruitment process – 4 newly qualified nurses due to start September 2025. Whilst awaiting appointment of Modern Matron consideration given to additional 0.4 band 7 hours clinical nurse lead .</p> <p>Staff nurse LOW's agreed however recent recruitment round not successful. Process to be repeated.</p>

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
		<ul style="list-style-type: none"> Modern Matron and Clinical Nurse Lead working notice period – last working days mid -July 2025. 	
North and West AMHT	Yes	<ul style="list-style-type: none"> In the last year (June 2024-May 2025) there have been 7 PSIRP cases for the Witney team relating to significant self-harm attempts or suspected suicides with areas of improvement identified around family involvement, clinical documentation, access to services, risk formulation and downgrading of referrals. 3 suspected suicides identified in May 2025, covering both north and west geographical areas. Vacancies in May 2025, 22.6% reduced from last month. Higher in the Witney team for clinical staff at about 56%. Risk with reliance on agency staff including medics (16% in May 2025) who can leave with no notice leaving patients unallocated and pressure on existing staff. Risk in relation to delays in treatment. Clinical supervision rate improved, 89% as of May 2025. 2 rapid resolution complaints received in May 2025. Last 3 months – 5 rapid resolutions and 1 low complaint. Relating to care, access to treatment, communication and attitude of staff. As of 15th June 2025 – 76 patients are waiting for treatment breaching our internal target. Reduction from last month. This doesn't include patients that might not be allocated a key worker which is also an issue due to capacity in the AMHT. 	<p><u>Witney</u> Actions from whistleblowing are now in progress.</p> <p>New Team manager in post, temporary manager finishing 20th June.</p> <p>LTS consultant has returned to work and completing phased return. But has now handed notice in. Substantive consultant post has been offered and accepted following interviews, awaiting start date. Ongoing vacancies in medics, backfilled with agency.</p> <p><u>Banbury</u> Increase in long-term sickness in the team, and also short term.</p> <p><u>Witney and Banbury</u> All agencies are now on CAP price, adverts out for substantive posts.</p> <p>Interim service manager has now left and substantive post holder over seeing role and will recommence in the role fully on 30th June.</p> <p>Management and clinical supervisions have dropped from 87.3% to 80% this month, but on review due to staff being off sick. PDRs currently 55.8%. Service review meetings are supporting the monitoring of breaches and delays accessing treatment.</p>
City and NE AMHT	Yes	<ul style="list-style-type: none"> Vacancies in May 2025 28% (worse than last month 25%) resulting in some patients with no allocated worker. High 	Supportive package in place including senior/experienced manager and project manager working alongside leadership

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
		<p>agency use for medics.</p> <ul style="list-style-type: none"> • Clinical supervision rate in May 2025 low, 68%. • 2 suspected suicides identified in May 2025. • Concerns raised by patients/families in 3-month period March-May 2025; 4 early resolutions, 10 rapid resolution complaints and 3 low level complaints. Predominantly about insufficient care/delays in treatment or staff behaviour. • As of 15th June 2025 – 167 patients are waiting for treatment breaching our internal target. This doesn't include patients that might not be allocated a key worker which is also an issue due to capacity in the AMHT. • Recent deep dive work identified improvement work. 	<p>team to embed and promote improved MDT working. Reporting to Senior Directorate team 2-weekly.</p> <p>Clinical supervision currently(18th June) - 70.45%</p> <p>New internal KPIs identified to ensure basic processes are embedded and staff are following to improve patient care and access to services. Reported on weekly to Katrina Anderson.</p> <p>Plan to be developed and agreed with senior directorate team in May 2025.</p> <p>City is now operating as three distinct teams Willow, Aspen & Oak.</p> <p>Nurses forum to support and identify training needs commenced.</p> <p>Medicines management working group has been convened to understand the incidents, processes and training gaps across the teams.</p> <p>Service review meetings supporting the monitoring of breaches and delays in treatments.</p>

Appendix A. Data Indicators reviewed

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