Oxford Health NHS Foundation Trust

BOARD OF DIRECTORS' MEETING IN PUBLIC

Wednesday, 24 September 2025, 09:00-12:50

Microsoft Teams virtual meeting

AGENDA

No.	Item	Lead	Purpose	Paper	Time
Welcome					
1.	**#Hellomynameis** and apologies for absence[1]	Chair	Welcome	N/A	09:00
Patient and Staff Stories					
2.	Patient Journey – family experience of end-of-life care at home	Chief Nurse	Discussion	Enclosed	09:05
3.	Staff Story – Restorative, Just & Learning Culture	Chief People Officer	Discussion	Enclosed	09:20
Opening Items					
4.	Register of Directors' Interests and declarations on items on the agenda	Chair	Assurance	Enclosed	09:35
5.	Minutes of the meeting held on 23 July 2025		Approval	Enclosed	
6.	Action log and Matters Arising from the Minutes		Assurance	Enclosed	
Strategic, Regulatory & System					
7.	Trust Chair's report	Chair	Discussion	Enclosed	09:40
8.	Chief Executive's report [Link to Buckinghamshire, Oxfordshire & Berkshire West (BOB) Integrated Care Board (ICB) papers: https://www.bucksoxonberksw.icb.nhs.uk/about-us/board-meetings/board-papers/]	CEO	Discussion	Enclosed	09:50
9.	Corporate Affairs report: • Legal, Regulatory and Policy; and • Horizon Scanning	ED of Corp Affairs	Information & Assurance	Enclosed	10:05
10.	Board Assurance Framework	ED of Corp Affairs	Information & Assurance	Enclosed	
11.	OHFT Strategy and Medium Term Plan Development Approach	ED of Strategy & Partnerships	Information & Assurance	Enclosed	10:20

[1] No apologies received

Performance, Sustainability & Quality					
12.	Integrated performance and sustainability reporting: a. Integrated Performance Report (IPR) b. Quality & Safety Dashboard c. Finance report	Exec Team	Information & Assurance	Enclosed	10:40
10 minutes' break 11:00 – 11:10					
13.	Patient Safety Incidents (PSI) report	Chief Nurse	Assurance	Enclosed	11:10
14.	Mortality & Suicide Prevention report	Chief Medical Officer	Information & Assurance	Enclosed	11:20
Research & Education					
15.	Research & Development report	Director of R&D/ Chief Medical Officer	Information	Enclosed	11:30
Governance & Reports on recommendation of committees					
16.	Committee assurance reports (3As)[2]: a. Mental Health & Law Committee 22 July 2025 (*updated Terms of Reference available in the Reading Room*) b. Audit & Risk Committee 09 September c. Quality Committee 11 September 2025 (*Joint Children & Adults Safeguarding annual report in the Reading Room*) d. Finance & Investment Committee 16 September 2025 e. Charity Committee 23 September 2025 (verbal)	Committee Chairs	Discussion & Assurance	Enclosed & Reading Room	11:45
System					
17.	Oxfordshire County Council (**OCC**) - Director of Public Health annual report on Children & Young People's Mental Health	OCC Director of Public Health & Communities	Discussion	Enclosed	12:10[3]
Closing matters & Resolution to conduct private business					
18.	Any Other Business				12:40
19.	Questions from the public, governors or staff				
20.	Review of the Meeting				
21.	Confidential matters - Resolution by the Board to exclude the public, any observers and press from the remainder of the meeting and conduct its business in private for matters which may be prejudicial to the public interest if conducted in public or for other reasons				
	Close Date of next meeting – 26 November 2025				12:50

[2] No 3As report expected from the People, Leadership & Culture Committee which has not met since last reporting to the July 2025 Board.

[3] Timing to support attendance by OCC's Director of Public Health & Communities

READING ROOM/APPENDIX

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

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

23. Joint Children & Adults Safeguarding annual report (recommended by the Quality Committee)

24. Committee minutes, agendas and available Terms of Reference:
    a) Audit & Risk Committee 18 June 2025 and 09 September 2025
    b) Finance & Investment Committee 01 July and 16 September 2025
    c) Mental Health & Law Committee 13 May, 22 July 2025 and updated Terms of Reference
    d) People, Leadership & Culture Committee 24 June 2025
    e) Quality Committee 10 July 2025

Meeting:	Board of Directors' Meeting
Date of Meeting:	24 September 2025
Agenda item:	2
Report title:	My father's Journey, family experience of end-of-life care at home
Executive sponsor(s):	Britta Klinck, Chief Nurse
Report author(s):	Alex, Expert by Experience, Nicole Robinson, Patient Engagement and Involvement Lead Gabbie Parham, Senior Matron for Community Nursing/Trust End of Life Group Lead.
Action this paper is for:	☐ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the Board:	1. Service user story presentation. 2. Assurance and information for Board around Trust and system wide actions being led by OHFT End-of-Life Group to address themes arising from patient, family, and carer stories, incidents and complaints around palliative and end-of-life care.
Public or confidential	Public

Executive summary

- Service user story illustrates issues with end-of-life care across Oxfordshire services.
- Trust wide, all age Palliative and End-of-Life Strategy 2025-28 in place.
- Trust wide, all age End-of-Life care improvement programme in place:
  - With 9 workstreams to address themes for improvement
  - Responsiveness, medications and service co-ordination workstreams have been prioritised and are starting in September 2025
  - External partners attend relevant workstream groups
  - Escalations around system wide issues outside the remit of the Trust programme have been escalated to BOB ICB Lead and the Oxfordshire End-of-Life forum to be addressed in the BOB ICB Dying Well Strategy
- Trust wide End-of-Life group with senior lead representation from all relevant services meets monthly to review incidents and progress with improvement programme.

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

- Quality Senior Management Team Meeting

- Oxfordshire End-of-Life Forum – System wide issues escalated
- Shared with BOB ICB End-of-Life Leads – To incorporate into system wide Dying Well Strategy
- Will be presented at Trust End-of-Life Group – Leading improvement programme

Recommendation(s)
Trust End-of-Life group to continue leading improvement programme and reporting progress through Trust governance structures. Execs to liaise with Trust End-of-Life Group lead (Gabbie Parham) with any queries, support or information needed around palliative and end-of-life care, required for other purposes.

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

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

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	☐ **BAF**	☐ **TRR**
Equality, diversity and inclusion	Yes	
Legal and regulatory	Yes - CQC End-of-Life standards	

Trust End of Life (EoL) care improvement programme – Briefing paper

(Gabbie Parham, Senior Matron for Community Nursing and Trust EoL Group Lead, 15.9.25)

Palliative and end of life care incidents and complaints are reviewed monthly, for trends and themes and reported to the Trust EoL group, Community Directorate's Clinical Oversight and Assurance Group and Quality SMT.

Themes identified from the above, and through the Horizon review of service user stories, have been incorporated into the Trustwide all age palliative and end of life care strategy. The strategy was based on the national "Sunflower Standards" and co-produced with service users.

The strategy has now been developed into an all age Trustwide improvement programme with 9 workstreams:

1. Programme governance (supported by transformation team)
2. Identification and advance careplanning
3. Responsiveness (priority)
4. Medications (priority)
5. Communication and documentation
6. Co-ordination of services (priority)
7. Training, education and support for staff (priority)
8. Co-production with service users and wider community
9. Access and inclusion

Workstreams 3, 4, 6 and 7 have been agreed as initial priorities and task and finish workstream sub-groups set up. First meetings will be completed by end of September. Three of these sub-groups include external partners.

Work within workstreams 2, 5 and 8 have specific actions being progressed in the meantime.

Highlight reports from workstreams and updates on the project plans are discussed each month at the Trust EoL group which is attended by senior leads from all relevant Trust services, across Directorates.

Issues outside the remit of the OH improvement programme have been escalated to the Oxfordshire system wide end of life forum and BOB ICB end of life care leads to be addressed through the BOB ICB dying well strategy.

For more detailed information:

- Please see (please press request access button if you have not already been added):
  - Programme Documentation
    - PEOLC programme plan.xlsx
  - OHFT PEOL Care Strategy 2025-2028, V1.pdf
    - PEOLC strategy 2025-28 - presentation slides Feb 25.pptx

- Contact: gabrielle.parham@oxfordhealth.nhs.uk / 07833295413

Meeting:	Board of Directors' Meeting
Date of Meeting:	24 September 2025
Agenda item:	3
Report title:	Our Staff Story
Executive sponsor(s):	Charmaine De Souza, Chief People Officer
Report author(s):	Zoe Moorhouse, Head of OD
Action this paper is for:	☐ Decision/approval ☑ Information ☐ Assurance
Reason for submission to the Board:	Regular sharing of Staff Stories for the Board.
Public or confidential	Public

Summary of the story

Today's staff story comes from J, who qualified as a mental health nurse in 1995.

He has worked with Oxford Health for over 25 years.

J will tell us about his experiences some ten or more years ago when he was part of the management team for an inpatient unit. J was the subject of a capability process which so deeply affected him that whilst he retained his employment with Oxford Health, he felt unable to move on with his career at that time and felt stuck. Now, J is flourishing in his role with the Patient Safety Team and has been able to reflect on this experience and consider how the work we have been doing on Restorative, Just and Learning Culture might have made a difference to him at that time.

Board members will be aware that in the People Plan 2022-24 Oxford Health NHS Foundation Trust (OHFT), have committed to developing and continuing to build our compassionate culture - a culture, focused on the key principles of kindness, civility, and respect. Civility and Respect is the foundation for a Restorative, Just & Learning Culture (RJLC).

RJLC recognises that humans are fallible and can make mistakes and errors without the intent to cause harm, with a focus on what is responsible instead of who is responsible.

It aims to create an environment to better support staff when things go wrong and to encourage learning from incidents. The aim is to restore trust and accountability in the organisation, fully embed the values of being a safe, caring, and excellent organisation and create a culture of continued learning and quality improvement with the goal of providing great patient care.

The RJLC programme was set up in 2023 with five working groups:

- Civility & Respect Working Group
- Incident & complaints learning working group
- Communications working Group
- Learning & Development working group
- HR Process & Policy working group

The HR Process & Policy working group which aims to support and promote RJLC culture in all HR Processes & Policy. This group launched a new Respect, Civility & Resolution Policy (in July 2024) , replacing the previous Disciplinary policy and introducing a new four step process which focuses on;

1. Fair and reasonable process,
2. accountability,
3. learning,
4. Implementation of practices that prevent unfair treatment after incidents – just culture

It emphasizes accountability and learning and recognizes the complexity of systems involved in the process. This approach helps maintain a respectful and constructive disciplinary process.

Priorities for this group in 2025/26 are;

- Respect, Civility & Resolution Policy (Grievance Process)
- Capability Policy
- Dignity at work policy

The four step principles when applied to capability are;

1. Recognition of when change is needed and where improvements can be made.
2. Using processes that support new ways of working and learning.
3. Creating a supportive culture where staff learn from mistakes instead of being blamed.
4. Make sure everyone understands their role in building a fair, learning culture.

We are keen to learn from Js experience to help us learn and shape our work in creating a Restorative, Just & Learning Culture (RJLC).

Report history / meetings this item has been considered at and outcome
Our Staff Story has been prepared solely for the Board.

Recommendation(s)
The Board is asked to receive this report, and take the opportunity to hear directly from J during the Board meeting.

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

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

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

(Agenda item: 4)

REGISTER OF DIRECTORS' INTERESTS

September 2025

PART A – CURRENT BOARD MEMBERS

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

DECLARATION OF INTERESTS
PART A – CURRENT BOARD MEMBERS

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

[1] Interim since October 2023.

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

[2] Interim since 01 March 2025

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

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

		Partner is a member of the **NHS Assembly** - created 2019 to advise NHS England on delivery of improvements in health and care, potential to influence NHS policy affecting the Trust.
Lucy Weston	Non-Executive Director	Chair of Trustees at **Response** (appointed 10 July 2025) – a charity providing housing and support across Oxfordshire, Buckinghamshire, Berkshire, and the South West of England for people with mental health and complex needs. Collaborative working partnerships with the Oxfordshire Mental Health Partnership (includes Oxford Health NHS FT), Oxford Health NHS FT's Child & Adolescent Mental Health Service (CAMHS) and the Young People's Supported Accommodation Service (YPSA) (commissioned by Oxfordshire County Council in partnership with district councils). Other stakeholders include Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board. Chair of **Red Kite Community Housing Ltd** (registered charitable housing association based in Buckinghamshire) and Director of Twenty11 (Homes) Ltd (subsidiary of Red Kite Community Housing Ltd). Formerly Chair of **Soha Housing** (stepped down in September 2023). Self-employed - **Lucy Weston Consulting.**
Andrea Young	Non-Executive Director	Member of the **Independent Reconfiguration Panel**, providing independent advice to Ministers on changes to health services (4-year appointment starting 18 March 2024). Self-employed independent coach/mentor and member of the **Critical Coaching Group**, a professional body for independent coaches and mentors. Partner owns/runs **Wantage Natural Therapy Centre** and is a practicing chiropractor with referrals from Oxfordshire GPs. Listening volunteer with the **Samaritans** (starting June 2024).

Meeting of the Oxford Health NHS Foundation Trust Board of Directors

[DRAFT] Minutes of a meeting held on Wednesday, 23 July 2025 at 09:00 Unipart Conference Centre, Garsington Road, Cowley, Oxford OX4 2PG

Present:[1]

David Walker (**DW**)	Trust Chair (the Chair)
Grant Macdonald (**GM**)	Chief Executive Officer
Amélie Bages (**AB**)	Executive Director of Strategy & Partnerships*[2]
Rob Bale (**RB**)	Interim Chief Operating Officer for Mental Health & Learning Disability
Charmaine De Souza (**CDS**)	Chief People Officer
Taff Gidi (**TG**)	Executive Director of Corporate Affairs*
Chris Hurst (**CMH**)	Non-Executive Director
Britta Klinck (**BK**)	Chief Nurse
Karl Marlowe (**KMe**)	Chief Medical Officer
Mohinder Sawhney (**MS**)	Non-Executive Director – *attending virtually over Microsoft Teams*
Heather Smith (**HS**)	Chief Finance Officer
Rick Trainor (**RT**)	Non-Executive Director
Lucy Weston (**LW**)	Non-Executive Director – *part meeting*
Andrea Young (**AY**)	Non-Executive Director

In attendance[3] (in person or virtual):

Attendees/observers from Oxford Health NHS FT staff

Charlotte Adamson	Senior Programme Manager – Planning – *part meeting*
Laura Bartlett	Retention Programme Lead – *part meeting*
Lianne Bowes	Freedom to Speak Up Guardian – *part meeting*
Rita Bundhoo-Swift	Freedom to Speak Up Guardian – *part meeting*
Ben Cahill	Deputy Director of Corporate Affairs – *part meeting*
Laura Carter	Head of Strategy – *part meeting*
Martin Crabtree	Communications Manager
Rachel Garnett	Senior Project Manager – *part meeting*
Matt Knight	Patient and Carer Experience and Involvement Lead – *part meeting*
Zoe Moorhouse	Interim Head of Organisational Development
Benita Olivier	Professor of Rehabilitation (Oxford Brookes University) and Co-Director: Centre for Healthy Living Research (Oxford Health NHS FT)
Deimante Pelakauskaite	Commercial Contracts Manager – *part meeting*
Hannah Smith	Assistant Trust Secretary (Minutes)
Bill Tiplady	Director of Psychological Professions – *part meeting*

Attendees/observers from Oxford Health NHS FT governors

Colleen Jones	Public Governor, Buckinghamshire

[1] Quorum is 2/3 of the whole number of members of the Board (including at least 1 NED and 1 Executive) i.e., where voting members of the Board are 15 (from April 2025), quorum of 2/3 with a vote is 10

[2] * = non-voting

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

External/Public observers

Nicola Howells	Associate Director of Organisational Development, Culture & Learning, Salisbury NHS Foundation Trust
Nyasha Mapuranga	Associate Director of Corporate Governance, Coventry and Warwickshire Partnership NHS Trust
Jeanette Tulloch-Jordan	

BOD 63/25	**Welcome and Apologies for Absence**	
a	The Trust Chair welcomed Board members and attendees to the meeting.	
b	Apologies for absence were received from: Geraldine Cumberbatch, Non-Executive Director; Emma Leaver, Interim Chief Operating Officer for Community Health Services, Dentistry & Primary Care; and Kamal Mahtani, Non-Executive Director appointee of the University of Oxford.	
BOD 64/25	**Patient Story - building relationships between patients, carers and staff in the Forensic service**	
a	The Patient and Carer Experience and Involvement Lead introduced the patient to the meeting and engaged them in discussion about their recovery pathway and the support they had received from their father as part of this. The patient shared their history and its impact upon their father with the Board and expressed powerfully their gratitude to their father for having been there for them as part of their recovery and the positive emotional impact that this had had. They also emphasised the benefit of involving families in care and supporting sharing of experiences.	
b	The Patient and Carer Experience and Involvement Lead explained the context in which families, patients and staff engaged in social events and gatherings to foster positive relationships outside of high-pressure situations and which may make it easier to navigate future challenges together. This also linked with Triangle of Care work which underscored the partnership between staff, patients and families in supporting recovery. He described opportunities for family members to engage through attending clinical team meetings, family therapy sessions, ward social events and carers' get togethers which could provide platforms to meet staff and other carers and share experiences.	
c	The Director of Psychological Professions invited the patient to discuss their experiences of family therapy. The patient praised the family therapist that they had worked with and noted that they had found this to be helpful, therapeutic and that it had made relationships even better; they had also found it helpful when friends came to visit. The Patient and Carer Experience and Involvement Lead added that although some participants could be nervous about opening up in family therapy, the strength of character of the patient and their father had made a positive difference. The Chief Nurse noted that it took confidence to engage in family therapy and the Trust expected that most clinical staff would be able to facilitate even brief interventions with family members to help to repair relationships which may have become strained.	
d	In response to questions from the Board, the patient noted that they: • would recommend that a new patient on a ward have the confidence to talk to people, not be shy, trust the process, follow the treatments and engage in the therapies (especially group therapy). They noted that even though medication may have side effects and be subject to stigma, it was there to help; • had learned and developed confidence and people skills on the ward and this had helped them to become more capable, articulate and adaptable; and	

	• suggested that the Trust work on how wards could cope most efficiently with unexpected events or disturbances, consistency of staffing and accessibility of Patient Advice and Liaison Services for patients. e **The Board thanked the patient for sharing their experience and attending the meeting in person to discuss.**	
BOD 65/25 a b	**Staff Story – Buckinghamshire Older Adults Community Team** The Chief People Officer introduced the registered psychiatric nurse who discussed her career pathway from agency working to a substantive role, praising the management and mutually supportive culture of the Buckinghamshire Older Adults Community Team and the opportunities to participate in research, particularly Quality Improvement, projects and further training. She highlighted that the positive and supportive team culture, with colleagues being more than willing to lend a hand to get through challenging situations, had been significant in her decision to apply for a substantive role. Although she had a significant commute and there would have been other employment options closer to home, she had preferred to stay with this team and had also been supported through flexible working arrangements which allowed her to work condensed hours with a day off mid-week. **The Board thanked the registered psychiatric nurse and for attending the meeting in person to share her Staff Story.** *The patient who had attended for the Patient Story, the Patient and Carer Experience and Involvement Lead, the Director of Psychological Professions and the registered psychiatric nurse who had attended for the Staff Story left the meeting*.	
BOD 66/25 a	**Register of Directors' Interests** No interests were declared pertinent to matters on the agenda.	
BOD 67/25 a b	**Minutes and Matters Arising of the meeting held on 21 May 2025** The Minutes of the meeting were approved as a true and accurate record. Actions were noted as complete further to updates provided on: • BOD 51/25(e) – Intensive Case Management (Adult Mental Health Community Provision Transformation Programme), update to be brought to the Quality Committee, rather than to the Board, early in 2026; and • BOD 15/25(a) – Charity Committee Terms of Reference were under review and would be available after September 2025.	
BOD 68/25 a b	**Trust Chair's Report** The Trust Chair took his report as read and urged the Board to consider the NHS 10 Year Health Plan, 'Fit for the Future', and implications for organisations such as the Trust. **The Board noted the report.**	
BOD 69/25 a	**Chief Executive's report** The Chief Executive took his report as read and highlighted: • the Trust's engagement with the NHS 10 Year Health Plan, 'Fit for the Future', and how the 'three shifts' of the plan already aligned well with the Trust's ongoing work in providing community-based services; and	

	• the Care Quality Commission (**CQC**) had rated Trust Forensic inpatient services as 'good' in all domains, further to publication of the inspection report at the end of June 2025. This was a testament to the leadership of the team which operated in challenging circumstances.	
b	The Chief Executive invited the Chief Medical Officer to provide an update on pending industrial action by Resident Doctors. The Chief Medical Officer reported that the British Medical Association had decided to proceed with industrial action and the first of a series of actions would commence later this week; the Trust was preparing to cover all shifts and no cancellations for non-elective lists were anticipated. In response to questions from the Chief People Officer and Mohinder Sawhney, he noted that: (i) August tended to be a period of change as new Resident Doctors would rotate into the organisation and the Medical HR team was prepared for this and to check who would be participating in action so that payroll would be accurate; and (ii) good working relationships were being maintained with trade unions and professional bodies to support working productively.	
c	**The Board noted the report.**	
BOD 70/25	**Corporate Affairs report - Legal, Regulatory and Policy; Horizon scanning; and Fit & Proper Person annual submission**	
a	The Executive Director of Corporate Affairs presented the report which provided: (i) insights from horizon scanning; (ii) legal and regulatory updates together with any specific actions being taken by the Trust in response; and (iii) the Fit & Proper Person (**FPP**) annual submission report (no concerns were flagged from the FPP reviews).	
b	He highlighted: • pending segmentation under the NHS Oversight Framework and both Interim Chief Operating Officers had met with NHS England (**NHSE**) regional and national teams to go through the data, correct potential inaccuracies and work was ongoing to reconcile internal data with that used for the segmentation; and • a summary of the CQC's 2023/24 annual report on the use and oversight of the Mental Health Act 1983 had been reviewed by the Mental Health & Law Committee at its meeting on 22 July 2025 and would be circulated to the Board for information.	**TG**
c	Andrea Young referred to the Dash review of patient safety and noted that the Quality Committee would receive an update and that Board members could attend the Quality Committee for this rather than the Board needing a separate update. The Chief Executive agreed.	
d	Further to a question from Andrea Young on the FPP submission, the Chief People Officer confirmed that NHSE's Board member appraisal framework would be implemented for the 2025/26 appraisals as the guidance had been issued too late to implement in the 2024/25 process. The Executive Director of Corporate Affairs added that the FPP process was robust, monitored by him and the Chief People Officer and included checks for disqualifications, bankruptcy and ongoing professional registration.	
e	**The Board noted the report.**	

BOD 71/25	**Board Assurance Framework (BAF)**	
a	The Executive Director of Corporate Affairs presented the report which provided a further iteration of the BAF and the Executive's proposed top three strategic risks: BAF A1 - Timely Access to Services; BAF A2 – Quality, Safety & Experience; and BAF A3 – Financial Sustainability. He provided additional context and noted that, from a well-led perspective, the Board was invited to reach an aligned position on the top three strategic risks for the organisation, prior to the commencement of reporting into Board committees. *The Deputy Director of Corporate Affairs joined the meeting*.	
b	The Board supported the revised BAF. Chris Hurst commented that the revised BAF may be of more utility to the Board as a framework within which to manage risks but it could not substitute for having the right conversations at the right time in order to operate within a dynamic world. Mohinder Sawhney agreed, as the Trust operated within a fast-paced environment, but noted that the revised BAF could be a way of provoking helpful conversations. The Chief People Officer added that the workforce risks were a more joined up and current reflection of the progress which had been made and the ongoing capacity challenges. The Chief Finance Officer noted that the revised BAF helped to provide assurance that the right control frameworks and mitigations were in place.	
c	The Board discussed the potential top strategic risks on the BAF. The Trust Chair noted that the proposed top three risks were not entirely within the Trust's ability to influence or mitigate as they were impacted more by the resources with which the Trust was provided by the system. In response to a question from Mohinder Sawhney on the selection of the proposed top three risks, the Chief Executive emphasised the importance of alignment with a shared sense of strategic risks, coherent identification of risks and focused attempts at mitigation.	
d	The Chief Finance Officer supported retaining Environmental Sustainability as a BAF-level risk but noted that on a daily basis it may have less impact than some other BAF-level risks, including the proposed top three risks. She noted that Reputational risk could also be a high priority risk in some organisations due to the potential impact but in the case of the Trust, Reputational risk may be more cross-cutting across a selection of risks. The Chief Executive also supported retaining Environmental Sustainability on the BAF, subject to more detailed review and consideration at Committee level. *Lucy Weston joined the meeting.*	
e	The Board considered whether to include a new BAF-level risk on Reputation. The overall consensus was that reputation risks would come through each of the existing risks or emerging issues and be addressed as befitted the specific context. Appropriate consideration of reputation and the Trust's ability to provide its services should be a golden thread running through mitigation of various risks, rather than meriting inclusion as a new standalone risk on the BAF.	
f	Lucy Weston added that although she would go with the consensus decision on the revised BAF, it may not be sufficiently discriminating or forwards looking. There may be more work to do on unpicking the value of the services which the Trust provided and demonstrating their positive impact, especially as delivering value may be a risk as the Trust moved into the shifts envisaged by the NHS 10 Year Health Plan. The Chief Executive acknowledged this and noted that the BAF would become further refined through ongoing discussion and development at Committee level.	

g	**The Board APPROVED:** • **the revised BAF;** • **the proposed top three strategic risks (BAF A1 - Timely Access to Services; BAF A2 – Quality, Safety & Experience; and BAF A3 – Financial Sustainability); and** • **retaining Environmental Sustainability as a BAF-level risk for the time being and subject to further Committee consideration.**	
BOD 72/25	**Integrated Performance, Quality and Sustainability reporting**	
a	The Executive Director of Strategy & Partnerships presented the Integrated Performance Report (**IPR**) on the strategic domains of Operational Performance, Quality and People. The Trust continued to perform well against the NHS National Oversight Framework metrics with the ongoing exception of: i. performance in relation to Black, Asian and Minority Ethnic representation in senior leadership roles (being addressed through High Impact Action 2 of the NHS Equality, Diversity and Inclusion (**EDI**) Improvement plan); and ii. inappropriate Out of Area Placement (**OAP**) adult acute bed days; there had been 3 inappropriate OAP bed days in Buckinghamshire and 221 in Oxfordshire in May 2025. Directorates continued to focus on reducing use of OAPs. The Interim Chief Operating Officer for Mental Health & Learning Disability added that there had been reduction in inappropriate OAPs and there were currently none in Buckinghamshire but 5 in Oxfordshire, with teams focusing upon addressing length of stay over 60 days.	
d b	Against the Trust's metrics to monitor clinical performance (derived from nationally reportable metrics, national objectives and locally agreed metrics) she highlighted: i. expanded service metrics for Community Health Services, Dentistry and Primary Care services. The list of metrics would continue to expand as digitisation improved data capture; ii. the Trust was actively rolling out the 'Making Data Count' approach, as set out in more detail in the report, which was the recommended method for interpreting performance data across NHS trusts and preferred over traditional RAG ratings; iii. Community Health Services continued to consistently meet or exceed the 2-hour Urgent Community Response standard and Minor Injury Units continued to perform above national averages in relation to patients being seen within 4 hours; iv. significant reduction in the percentage of patients waiting over 52 weeks for Community Health Services; and v. Children and Young People's services across Oxfordshire and Bath and North East Somerset, Swindon and Wiltshire had performed at lower than the national average for children being seen within 4 weeks of referral in May 2025. Addressing this was a priority and a high-level productivity review was being undertaken.	
c	In relation to delivery of the 'People' Strategic Objective, overall performance had been good, with some areas for improvement but none to highlight from the Chief People Officer.	
d	In relation to delivery of the 'Quality' Strategic Objective and Quality metrics, the Chief Nurse highlighted from the Quality & Safety Dashboard (which helped to identify wards/teams which may need support and provided an early warning system) that Mental Health inpatient wards had experienced a period of high acuity, with significantly higher levels of incidents over April-June 2025 although 94% were incidents of no or minor harm. Approximately half of the incidents related to self-harm, with 75% occurring in Child and Adolescent Mental Health Service (**CAMHS**) inpatient wards and mainly linked to 5 patients. There had also been increases in incidents of violence over the last year	

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	although these had reduced over the past 3 months. As reported previously, the higher number of incidents was mainly linked to the opening of the new CAMHS Psychiatric Intensive Care Unit (**PICU**) and a small number of patients with the majority of incidents resulting in no harm or minor harm. Use of restrictive practice and prone restraint continued to be reviewed in the Weekly Review Meeting (Clinical Standards).	
e	The Chief Nurse added that work was also taking place with the Buckinghamshire, Oxfordshire & Berkshire West (**BOB**) Integrated Care Board (**ICB**) on changes to the non-urgent patient transport contract. Patients had not been put at risk but the changes had impacted their ability to attend or be collected from appointments.	
f	Further to a question from Andrea Young on the experience of being on a ward which had had higher levels of incidents, the Chief Executive and the Interim Chief Operating Officer for Mental Health & Learning Disability reported from their recent visits to the CAMHS PICU that the ward had been calm and incidents had been kept contained as staff were mindful of the potential impact upon other patients. The Chief Nurse added that the number of incidents was also high because the Trust had a good reporting culture, even if incidents resulted in no harm or minor harm; some young people could have difficulty in regulating their emotions and would take action but subsequent therapeutic intervention would involve talking through their impulses.	
g	In response to a question from Lucy Weston on when outcome data would be included in routine reporting, the Executive Director of Strategy & Partnerships and the Chief Executive noted that although this data had not yet been aggregated, rollout would be through the Executive Forum and then the Quality Committee but a timeframe was not yet available. The Interim Chief Operating Officer for Mental Health & Learning Disability added that although approximately 20% in CAMHS had paired outcome measures, rollout had not yet been completed for every team and it would be important to understand what would be measured before considering the impact of those measures.	
h	Lucy Weston commented upon the volume of data in the IPR and the risk of losing a shared understanding of what the biggest issues may be. She asked what the most significant issues were, the Board's level of oversight of these and how or when they were expected to be resolved. The Chief Executive highlighted: (i) use of prone restraint; (ii) 52 week waits for Community Health Services (although as highlighted at item BOD 72/25(b)(iv) above, these had significantly reduced); and (iii) access to Podiatry and to Children's Speech and Language services. He noted that issues with access to services were linked to challenges with access to sufficient staffing; these were under review and the Directorate had managed well from a challenging staffing position. Andrea Young added that the Quality Committee had high-level oversight of use of prone restraint and reviewed the work taking place in this area albeit some of it was case sensitive around particular individuals.	
i	**The Board noted the report and that in due course outcome data would be included in routine reporting to the Executive Forum and the Quality Committee but a timeframe was not yet available.**	
BOD 73/25	**Finance and Sustainability**	
a	The Chief Finance Officer presented the Month 2 Finance Report and highlighted that: • the Month 2 position was a surplus of £0.7 million which was on plan for the Trust to meet its planned position for the financial year of a surplus of £4.75 million; and • progress was being made to deliver the updated capital plan of £23.2 million but there were challenges further to the implementation of the Procurement Act 2023. The Capital Programme Group would take stock in August 2025, as set out in the report.	

b	The Board reflected upon Financial Sustainability as one of the top three strategic risks in the BAF, as challenged by Rick Trainor and Lucy Weston further to the reassuring Month 2 Finance Report. The Chief Finance Officer emphasised that over the long term and in the face of external challenges, the Trust's ability to maintain financial sustainability was a top strategic risk. Chris Hurst agreed and noted that the Trust operated within a dynamic and changing world, making it important to have quality discussions at the right time. The Chief Executive reminded the Board that the Trust's resources were impacted by national policies and operational pressures which could have a particularly high impact upon staffing costs; he emphasised the importance of caution and concluded that Financial Sustainability was an appropriate top strategic risk.	
c	**The Board noted the report and that although the Month 2 position was on plan, Financial Sustainability remained an appropriate top strategic risk on the BAF.**	
BOD 74/25 a	**Patient Safety Incidents (PSI) report – May - June 2025** The Chief Nurse presented the report on learning identified from 2 patient safety reviews over the reporting period: (i) pulmonary embolism a few weeks after presentation at the Minor Injury Unit; and (ii) thematic review into detection and response to self-neglect (Mental Health services). The report also set out: wider learning from the local incident response plan for the national Patient Safety Incident Response Framework (**PSIRF**); a summary of a Prevention of Future Deaths notice received in June 2025 relating to a case in the community from 2022; and a summary of the Podiatry service thematic review. Improvement actions being taken were set out in the report.	
b	**The Board noted the report and was assured by processes and structure for the identification, review and learning from PSIs.** *The meeting took a break for 10 minutes and resumed at 11:13*	
BOD 75/25 a	**Guardian of Safe Working (GoSW) & Medical Education reports** The Chief Medical Officer took the reports as read and highlighted: • from the GoSW report, the pending implementation of the new Exception Reporting framework (published by NHS Employers) which would transfer the reporting process from Resident Doctors to the HR Medical Staffing team. Overall the level of exception reporting continued to be low, although with a slow upwards trend. He commented upon the robustness of processes to ensure that the Trust met its statutory responsibilities in accordance with the national Resident Doctor contract, including through the independent GoSW who must have no management role within the organisation and is therefore able to act independently in response to concerns raised. The Chief People Officer commented upon capacity in the HR Medical Staffing team and noted that consideration would be given to reallocating resources in order to provide support; and • from the Medical Education report: o the Quality Visit for the Senior Leadership Team by the Thames Valley Deanery Team in June 2025. Positive feedback had been received and he congratulated the team, noting that it had related not only to medical postgraduates but to all trainees including Allied Health Professionals and trainee Nurses; o the General Medical Council's National Training Survey results, noting that although there had been improvement in the Trust's trainees' reports, trainers especially amongst the consultant body were under pressure; o continuing investment into Simulation-Based Learning, primarily for undergraduates but with some expansion to postgraduate education; and o the pilot of a suite of Addiction Psychiatry scenarios for postgraduate training.	

b	The Board commented upon changes to Addiction service provision over the past decade, as referred to in the Medical Education report, and noted ongoing enthusiasm to expose some trainees to Addictions training given the Trust's history in formerly providing these services and the knowledge and expertise still retained amongst clinicians including the Director of Medical Education. Andrea Young was supportive of continuing to provide training in managing addictions needs especially in light of the warning against becoming siloed in Oxfordshire County Council's Director of Public Health annual report on Children & Young People's Mental Health ('A stitch in time: supporting the mental wellbeing of young people today to improve their prospects for tomorrow'[4]).	
c	Rick Trainor commented positively upon the appointment of a lead for Medical Undergraduate education. The Chief Medical Officer agreed and added that this also complemented the post of the lead for Medical Postgraduate education as the intention had been to appoint leads for both undergraduate and postgraduate medical education.	
d	**The Board noted the GoSW and Medical Education reports and was assured that statutory responsibilities were being met.**	
BOD 76/25	**Research & Development (R&D) report including: Biomedical Research Centre (BRC); and NMAHPPs[5] Research Capacity and Capability Development project**	
a	The Chief Medical Officer took the report as read and highlighted the updates on: • the National Institute for Health and Care Research (**NIHR**) Oxford Health BRC which was run in partnership with the University of Oxford and the shared infrastructure. Feedback on the BRC's 2023/24 annual report from the NIHR had been positive and the BRC was rated universally 'green'; • the NIHR Mental Health Translational Research Collaboration (**MH-TRC**) and MH-TRC Mission to increase capacity in mental health research through providing relevant training and creating better systems to support industry and academic-led research and investment across the UK; • progress on the application for the next NIHR Oxford and Thames Valley Applied Research Collaboration (**OTV ARC**), which had been recommended for the second stage with the team due to be interviewed this month. If successful, the new ARC award would commence on 01 April 2026 and again be hosted by the Trust; and • Research Informatics and cyber security including challenges for the R&D team in processing applications promptly through governance and cyber security requirements. The report referenced ongoing work to reduce cyber delays and ensure more rapid set up of research studies to make turnaround time more internationally competitive.	
b	The Executive Director of Strategy & Partnerships and the Chief Executive commented upon the importance of engaging with the R&D team in the development of the Trust Strategy and focusing more on Evidence-Based Healthcare and opportunities to improve getting evidence into frontline practice and using practice to inform evidence. The Board acknowledged the expertise of the most recent Non-Executive Director appointee of the University of Oxford, Kamal Mahtani, in this area as Professor of Evidence-Based Healthcare. In response to a question from Lucy Weston, the Chief Medical Officer explained that funding could be a barrier to the adoption of research innovations into mainstream practice and that external research funding needed to be applied for. However, he noted that the Trust was working on projects to develop research capacity	

[4] On the agenda for discussion with Oxfordshire County Council's Director of Public Health & Communities at the Board meeting in public on 24 September 2025.

[5] Nurses, Midwives, Allied Health Professionals, Healthcare Scientists, Pharmacists and Psychologists (**NMAHPPs**)

	and capability amongst frontline staff, such as the NMAHPPs Research Capacity and Capability Development Programme.	
c	Benita Olivier, Professor of Rehabilitation and Co-Director of the Centre for Healthy Living Research, presented the update in the report on the NMAHPPs Research Capacity and Capability Development Programme. She explained that the NMHAPPs Programme sought to address the research capacity gap among NHMAPPs compared to medics and aligned with the NIHR's five-year investment in this area. The programme therefore targeted a wider and more inclusive selection of healthcare staff. She provided an update on progress over the last year on the 4 projects which formed the programme and highlighted completion of the Self-Assessment of Organisational Readiness which therefore positioned the Trust ahead of comparable trusts and capable of mentoring others. The NMHAPPs Programme was also helping to bridge the gap between Quality Improvement and Research and to translate innovation into utility for the wider Trust. A focus for this year would involve consideration of how to measure and capture impact and outcomes.	
d	**The Board noted the report including: (i) the updated NIHR Oxford Health BRC Steering Committee Terms of Reference (ToR) and supporting ToR; and (ii) progress on the OTV ARC application and the NMAHPPs Research Capacity and Capability Development Programme.**	
BOD 77/25	**Board Committees' update reports – matters for Alert, Advice & Assurance (3As)**	
a	The Board took as read the 3As reports from the: Charity Committee; Audit & Risk Committee; People, Leadership & Culture (**PLC**) Committee; and Quality Committee. The Board received verbal updates from the Finance & Investment Committee (**FIC**) and the Mental Health & Law Committee (**MH&LC**).	
b	Committee Chairs highlighted from their respective 3As reports for the: • Charity Committee: the gradual decline in the resources of the Charity but also the pending commencement of the new Head of Charity in August 2025 which may support an expansion of the ambitions and activities of the Charity. The Executive Director of Corporate Affairs added that a Charity Fundraising post had also been filled which would accelerate fundraising activity; • Audit & Risk Committee: (i) the positive Head of Internal Audit Opinion of 'significant assurance with minor improvement opportunities' and progress on recommended management actions from Internal Audit reviews; and (ii) the External Audit process and review of the Trust's 2024/25 Annual Report & Accounts and assessment of arrangements for securing Value For Money. Subsequently, the Annual Report & Accounts had been approved by the Board, alongside a 'clean opinion' from External Audit and submitted in accordance with the national deadline; • PLC Committee: (i) the Freedom to Speak Up annual report (on the agenda at item BOD 80/25 below); (ii) focus on organisational development work including review of the Employee Relations annual report and consideration of use of formal resolution for staff with protected characteristics; and (iii) continued progress being made on temporary staffing/agency reduction; • Quality Committee: the Quality Impact Assessment (Annual Plan) on the agenda at item BOD 79/25 below;	

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	• FIC (verbal update – matters for advice or assurance, no alerts to raise): (i) discussion on the Trust's culture of financial management and how to upskill staff to manage in a complex environment and deliver Cost Improvement Programmes; (ii) Private Finance Initiative exit settlement ongoing; (iii) national corporate benchmarking had highlighted outliers in agency spend and digital spend; (iv) review of medium term financial planning and temporary staffing benefits realisation; and (v) digital, data and cyber resourcing pressures under review by the Information Management Group; and • MH&LC (verbal update from the Chief Medical Officer as Geraldine Cumberbatch, Committee Chair, had given apologies for this meeting): (i) consideration of CQC Mental Health Act visits (currently no open recommendations from these visits); (ii) national delay to the implementation of Liberty Protection Safeguards therefore ongoing use of Deprivation of Liberty Safeguards; and (iii) monitoring of the public Nottingham inquiry, utilisation of community treatment orders and the national Patient and Carer Race Equality Framework.	
c	Further to a question from Lucy Weston, the Board discussed sharing of learning from Internal Audit reviews for Committee Chairs, noting lead Executive responsibilities for sign-posting reviews to relevant Board Committees and sharing the Internal Audit Plan.	
d	**The Board noted the 3As updates from the Committees, with supporting minutes and agendas in the Reading Room.**	
BOD 78/25	**Board Committee annual reports**	
a	The Executive Director of Corporate Affairs took the report as read and confirmed that Board Committees' annual reports and updated ToR were available in the Reading Room (and listed at the end of the agenda) with the exception of the ToR for the Charity Committee and the MH&LC which would follow separately for the Board. The updated ToR for the MH&LC had been approved at the MH&LC meeting yesterday.	
b	**The Board received the Board Committees' annual reports and available ToR, was assured that authority had been delegated appropriately and noted that the ToR for the Charity Committee and the MH&LC would follow separately.**	
BOD 79/25	**Quality Committee recommendation: Quality Impact Assessment (Annual Plan)**	
a	The Chief Nurse presented the report and confirmed that the Quality Committee had reviewed the Trust's arrangements for assessing the impact of changes to services through transformation or financial savings that may impact on patients or staff with particular reference to those with protected characteristics or health inequalities. The process and arrangements were detailed in the report and she noted that she and the Chief Medical Officer had reviewed 54 Quality Impact Assessments of which 15 had no impact on care delivery, 7 had required additional information, 31 had been accepted with mitigations in place and 1 had been rejected (in relation to staffing in the district nursing service, this had subsequently been reviewed by the directorate and withdrawn).	
b	**The Board received the Quality Impact Assessment report, further to the recommendation of the Quality Committee, and was assured that an appropriate process was in place and had been actioned (as part of the financial planning round) to review the impact of suggested financial savings as well as service changes and transformation on the quality of care provided and any specific impact on patients and staff with protected characteristics, or health inequalities.**	

BOD 80/25	**PLC Committee recommendation: Freedom to Speak Up annual report**	
a	The Freedom to Speak Up (**FTSU**) Guardians, Lianne Bowes and Rita Bundhoo-Swift, joined the meeting and presented the FTSU annual report, which had been reviewed and recommended by the PLC Committee, noting the increase in case work from 290 over 2023/24 to 307 over 2024/25. Staff safety and wellbeing remained the highest reporting category, including cases citing incivility between staff. Due to the number of cases, 73% of the FTSU Guardians' work had been reactive, compared to 27% being proactive; however, they hoped to be able to work towards a 50/50 split. They highlighted staff frustration as to whether action would be taken or follow-up in response to concerns.	
b	The Board discussed whether staff frustration related to action or perceived impact from raising concerns and noted the importance of clarity on who would lead on communication. The FTSU Guardians acknowledged that there could be frustration with staff feeling stuck in a feedback loop or finding that the action proposed was not what they had been looking for. They confirmed that they did explore with staff what outcome they may be envisioning, what resolution may be helpful for them and what other actions or avenues may be available. They may need to consider further what support to provide to managers to enable them to have difficult conversations earlier and to upskill staff in listening to concerns.	
c	The Chief People Officer added that the Board had undertaken a FTSU reflection assessment at its Board Workshop on 27 June 2025 and at Executive level it had been agreed that focus would shift towards responsiveness, with FTSU quarterly reporting to be brought to the Extended Leadership Team to inform and enable a broader group of leaders, together with ongoing reporting into the PLC.	
d	**The Board received the FTSU annual report, further to the recommendation of the PLC Committee, and thanked the FTSU Guardians.**	
BOD 81/25	**Review of Trust Constitution**	
a	The Executive Director of Corporate Affairs presented the revised Trust Constitution and explained that updates had been made: in accordance with the 2022 amendments to the NHS Act and to update terminology generally; to align the section on Non-Executive Director appointments with that of other Board-level directors; to include a new section (at 5.3) on collaboration, joint working and delegation to facilitate system working; and in consultation with the Trust's solicitors.	
b	He drew the Board's attention to the updates, at 8.6.1.4 in the revised Constitution, on Non-Executive Director appointments. The Board considered the membership of the panel to shortlist Non-Executive Director candidates. Lucy Weston recommended specifying that the Chair and the Chief Executive be members of the shortlisting panel. The Executive Director of Corporate Affairs replied that the drafting provided for them to be included but without requiring them to be in all cases.	
c	**The Board noted the revised Constitution and that further comments may be submitted to the Executive Director of Corporate Affairs in advance of presentation to the Council of Governors' meeting on 18 September 2025 and ahead of consideration and, if appropriate, final approval at the Annual Members' Meeting and Annual General Meeting on 25 September 2025.**	
BOD 82/25	**Any Other Business/Questions/Review of the meeting**	
a	None.	

BOD 83/25 a	**Board resolution to conduct further business in private** The Board resolved to exclude the public and conduct its business in private for confidential matters which may be prejudicial to the public interest if conducted in public or for other commercial or financial reasons. The Trust Chair explained that any such private decisions taken would become public knowledge in due course and when appropriate and he would as usual provide an update to the Lead Governor afterwards.	
	The meeting was closed at: 12:30	

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Summary of Actions from the Board meeting on 23 July 2025

Relevant Item	Action	Responsibility:
BOD 70/25(b)	**Summary of the CQC's 2023/24 annual report on the use and oversight of the Mental Health Act 1983** To circulate to the Board for information. The summary of the CQC's annual report on the use and oversight of the Mental Health Act 1983 had been reviewed by the Mental Health & Law Committee at its meeting on 22 July 2025. **Status: *complete*** – *circulated over email on 25 July 2025*.	**TG**

Meeting:	Board of Directors' Meeting
Date of Meeting:	24 September 2025
Agenda item:	7
Report title:	Trust Chair's report
Executive sponsor(s):	N/A
Report author(s):	David Walker, Trust Chair
Action this paper is for:	☐ Decision/approval ☑ Information ☐ Assurance
Reason for submission to the Board:	For information/discussion
Public or confidential:	Public

Report

Looking outwards, can I begin by paying tribute to Claire Murdoch, who has stood down as national director for mental health at NHS England. Grant and I worked with Claire at Central and North West London NHS FT, where we witnessed her unflagging drive, seeking all the time to connect corporate processes and the business of a large trust to the patients, the wards and staff teams, especially nurses. As national director she worked with Simon Stevens then Amanda Pritchard and with ministers to secure (and enforce) the Mental Health Investment Standard. She personified the effort to secure 'parity' for mental health, which must continue.

In his report Grant mentions various institutional and policy changes in recent weeks but I'd highlight two. The Buckinghamshire, Oxfordshire and Berkshire West integrated care system is merging with most of Frimley (East Berkshire), which will start a new life as the Thames Valley system next April, by when the contours of the reformed South East region of the NHS will be clearer. We met recently with Frimley colleagues; there is much good will. We run children's and adolescents' mental health services in another new cluster, incorporating Dorset, Somerset and the existing Bath and North East Somerset, Swindon and Wilton integrated care board. Our BSW staff recently had an away day, which I was delighted to attend: although they cover a wide area, BSW staff radiate a palpable sense of togetherness, based on strong, local teams – and they seem to relish the connexion with Oxford Health, despite having sometimes to travel long distances to get their laptops fixed, something we are looking at.

The other concerns our constitution as a foundation trust. The NHS Confederation last week put out a briefing note predicting that forthcoming legislation promoted by the Department of Health and Social Care would remove governors. This confirms a suspicion many have had since the publication of the NHS Ten Year Plan. Inevitably this is causing concern and anxiety in foundation trusts.

If this is indeed what the government plans, it's shaping up as a regrettable example of policymaking. Good government would have looked at the intentions of the 2003 Health and Social Care Act, which created foundation trusts, then have examined how they have functioned, comparing them with non-FTs, appraising the work that governors have done, assessing alternative ways of securing accountability. (There are large open questions around the accountability of integrated care boards and any future integrated healthcare organisations.)

Instead it's policymaking by inference. The NHS Ten Year plan said foundation trusts are going to be reworked will have to reapply for some amended version of FT status, with the implication that their governance would alter. But why and how? With direct voting FTs did introduce a new element. Since 1948 the NHS has danced around democracy and whether its services should be subject to elections; the usual answer has been, only indirectly through the presence of local authority councillors. Their future role remains opaque, not least because the party-political contours of local government are changing radically, along with its shape. The upshot is we stick with the status quo. At last week's council of governors meeting I said that, until the government formally announces its plans, the legal status of governors is clear and they retain all their powers and responsibilities – which is critical in our case, given pending board appointments.

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

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

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

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

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

Meeting	Board of Directors
Date of Meeting	24 September 2025
Agenda item	8
Report title	Chief Executive Officer's report
Executive lead(s)	N/A
Report author(s)	Grant Macdonald, Chief Executive
Action this paper	☐ Decision/approval ☑ Information ☐ Assurance
Reason for submission to the Board	For information
Public or confidential	Public

Report

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.

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 (Norma) Zidlekhaya - Associate Practitioner (Nursing) - and were recognised at a presentation held in Oxford.

NHS 'league tables' - National Oversight Framework

Earlier in September, NHS England launched a new ratings system and associated league tables using metric information gathered via 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 indictors, however this first round of ratings has attracted national and local media attention about the placement of NHS providers.

Oxford Health'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, seek to understand where we can improve based on patient and staff experience and the outcomes of the care we provide.

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.

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.

Council of governors meeting - 18th September 2025

It's always good engage with and discuss a range of topics with governors. A few items I wanted to note from the 18th September governors meeting including an excellent talk and video from a young person learning from their experience of using our child and adolescent mental health services in Oxfordshire - what works well and what we can improve. We also had an update on plans for neighbourhood health and care from the transformation director for community health services. Neighbourhood working is a major

focus of the recent NHS 10 year plan and suits well how the Trust already works in many ways and seeks to develop, focusing on prevention and working locally in collaboration with public service and voluntary and community sector partners.

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 is planned with further information on these available via a dedicated website later this year.

Grant Macdonald, Chief Executive

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

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

Meeting:	Board of Directors' Meeting
Date of Meeting:	24 September 2025
Agenda item:	9
Report title:	Corporate Affairs Report
Executive sponsor(s):	Taff Gidi, Executive Director of Corporate Affairs
Report author(s):	Taff Gidi, Executive Director of Corporate Affairs
Action this paper is for:	☐ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the Board:	To update the Board on insights from horizon scanning and any new legal and regulatory updates.
Public or confidential	Public

Executive summary

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

Horizon Scanning

In addition to continuing updates on previous reported elements that are still open, we provide updates on the following:

- Quality Impact Assessment Framework and Tool
- Agenda for Change Job Evaluations
- Potential Nurses Strike Action
- Data (Use and Access) Act 2025
- Controlled drugs annual update report for 2024 published by the CQC
- 10-year Health Plan for the NHS: Fit for the Future
- Thematic report on mental health inpatient care from Health Services Safety Investigations Body (HSSIB)

Assurance on NHS England Core Standards for EPRR

The minimum requirements 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 Executive Director of Corporate Affairs, as the Accountable Emergency Officer for the Trust is responsible for ensuring these standards are met.

During quarter two, BOB ICB sought assurance regarding the Trust's preparedness in relation to the NHS England core standards for EPRR. Oxford Health NHS Foundation

Trust declared full compliance with all 58 core standards and submitted a statement of compliance to BOB ICB, following review of the self-assessment by the Accountable Emergency Officer and the EPRR Committee.

The self-assessment and supporting evidence will be subject to further scrutiny at a confirm-and-challenge meeting with the BOB ICB on 28 October 2025. In addition, the core standards self-assessment will be presented to both the Audit Committee and the Trust Board during November/December 2025.

Conclusion
The Board is asked to note the updates provided.

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

Recommendation(s)
1. The Board is asked to note the update provided through the horizon scanning 2. The Board is asked to note the update provided on the EPRR Core Standards self-assessment and process for getting Board approval.

Strategic objective this report supports	**Select**
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	☑

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

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

APPENDIX 1: HORIZON SCANNING REPORT (SEPTEMBER 2025)

Part A – recent insights

Item	Description	Lead	Actions	Due Date
Quality Impact Assessment Framework and Tool	NHS England published a new Quality Impact Assessment Framework and Tool which set out good practice principles and guidance for undertaking QIAs as part of the decision-making process for planning, approving and implementing changes to or commissioning new health and care services. https://www.england.nhs.uk/publication/quality-impact-assessment-framework-tool/	CNO	To review the new framework and report to Quality Committee in November 2025 how this will be implemented.	Dec 2025
Agenda for Change non-pay deal recommendations – NHS job evaluation	Letter sent to all Trusts reinforcing the importance of ensuring effective local implementation of Agenda for Change. All board members – but especially CPOs, CNOs and CFOs – will need to work closely to understand the Trust's current job evaluation position and the areas for improvement and all associated risks. NHS England » Letter: Agenda for Change non-pay deal recommendations – NHS job evaluation	CPO	We are reviewing our current practices to ensure they are in line with national guidance and will bring assurance to PLC.	Nov 2025
Potential Nurses Strike Action	Following votes to reject the pay offer for nurses, we now await further developments whether this will result in nursing strikes this autumn. https://www.nursinginpractice.com/latest-news/breaking-nurses-reject-nhs-pay-award-in-record-rcn-vote/	CNO CPO	Monitoring ongoing developments.	Dec 2025

Data (Use and Access) Act 2025	The DUAA updates UK digital information laws to promote innovation and economic growth, easing organisational processes while protecting individual rights. The changes, which will be phased in from June 2025 to June 2026, provide opportunities for organisations to operate differently without imposing strict compliance requirements. A key example of the change is that the ICO will now be required to have a regulatory enforcement approach that considers the public interest in driving innovation and supporting competitive markets. The Data Use and Access Act 2025 (DUAA) - what does it mean for organisations? | ICO	CMO DoCA	The Trust's Data Protection Officer to review the new law and advise how it impacts the Trust and what specific actios need to be taken to fully implement it in different areas of the trust.	Dec 2026
Controlled drugs annual update report for 2024 published by the CQC	Controlled drugs annual update report for 2024 published includes what CQC found from our inspection and engagement activity under the Health and Social Care Act as well participating in local controlled drug intelligence networks led by NHS England. Controlled drugs annual update report for 2024 published - Care Quality Commission	CMO	This was covered in the Medicines Management quarterly report to Quality Committee. The Trust will complete a self-assessment against this report to see if there is any learning or improvements we can adopt, then a summary of this will go to the Drugs and Therapeutics Group and then included in the quarterly paper that goes to QCGSG and Quality Committee.	Complete
10-year Health Plan for the NHS: Fit for the Future	The 10-year Health Plan for the NHS has now been published which has broad implications for the Trust.	Execs	Initial update provided in the Chief Executive's report. The Executive will be reviewing	Oct 2025

	10 Year Health Plan for England: fit for the future - GOV.UK		further and providing Board and committee updates on specific elements. It will also inform development of the Trust's new strategy.	
Thematic report on mental health inpatient care from Health Services Safety Investigations Body (HSSIB)	In June 2023 the Secretary of State for Health and Social Care announced that HSSIB would undertake a series of investigations focused on mental health inpatient settings. This overarching report brings together and explores cross-cutting patient safety risks across five individual investigations. https://www.hssib.org.uk/patient-safety-investigations/mental-health-inpatient-settings/	COO (MH)	This has been reviewed as part of the Mental Health Inpatient Programme as many of the themes identified fit with the work already being done under this programme.	Complete

Part B – Updates against previous insights and actions

Item	Description	Lead	Actions	Due Date
Board member appraisal framework	A new Board member appraisal framework with submission dates has been issued by NHSE. This covers both Executive and Non-Executive Directors.	CEO CPO DoCA	It has been agreed that full implementation will be completed for the 2025/26 appraisals. The guidance was issued too late to implement in the 2025 round of appraisals.	Mar 2026
NHS Foundation Trust found guilty of health and safety offences	North East London NHS Foundation Trust has been found guilty of a health and safety offence, following an investigation by the Metropolitan Police into the death of 22-year old Alice Figueredo at Goodmayes Hospital in 2015. A ward manager at the hospital was also found guilty of a health and safety offence. NHS Foundation Trust found guilty of health and safety offences | Metropolitan Police	DoCA	The review was completed and presented to the Executive Team. Actions have been agreed which will be reported to the appropriate committees via ELT in due course.	Closed
Urgent and emergency care plan 2025/26	The Department of Health and Social Care published *Urgent and emergency care plan 2025/26* in June 2025. NHS England » Urgent and emergency care plan 2025/26	COOs	The Trust will use this to inform winter planning for 2025/26. Winter planning process has now commenced.	Nov 2025
Sirona Care and Health CIC: enforcement undertakings	NHSE have put in place enforcement undertakings against Sirona Care and Health CIC related to their Board Governance arrangements. NHS England » Sirona Care and Health CIC: enforcement undertakings	DoCA	To review undertakings and report to Audit Committee if there are any areas identified in the undertakings that the Trust needs to act on.	Oct 2025
Resident doctors' potential industrial action	BMA has now announced strike dates for Resident Doctors in England over pay. Resident doctors are scheduled to strike from 7am on July 25 to 7am on	CMO DoCA	The Board was briefed on the last round of strike action. BMA has suggested this will be a series of strikes so we will	Jan 2026

	July 30. The mandate for industrial action will last from July 2025 to January 2026: https://www.bma.org.uk/news-and-opinion/resident-doctors-vote-yes-to-strike		continue to monitor until current mandate expires in January 2026.	
Oxford Health NHS Foundation Trust - 2025/26 Segmentation	The Trust has now been notified that that Oxford Health NHS Foundation Trust has been placed in segment 1 which is the highest rating. The Trust has been given an average metric score of 2.03, which gives a segment rating of 1 and our position in the non-acute hospital Trusts league table is 13 out of 61. Non-acute includes community, care, mental health and learning disability. NHS England » Non-acute hospital trust league table	CEO COOs	The latest segmentation ratings have been published.	Closed
Review of patient safety across the health and care landscape (Dash Review)	The report on the independent review of patient safety across the health and care landscape led by Dr Penny Dash was published on 7 July 2025. The review looked at 6 specific organisations that were established to either assure - or contribute to improving - the safety of care, while also making reference to the wider landscape of organisations influencing quality of care. The 6 organisations are: • CQC • Health Services Safety Investigations Body (HSSIB) • Patient Safety Commissioner • National Guardian's Office • Healthwatch England and Local Healthwatch • the patient safety learning aspects of NHS Resolution	Execs	The Executive is now reviewing the report. This will be presented to the Quality Committee in November.	Nov 2025

	https://www.gov.uk/government/publications/review-of-patient-safety-across-the-health-and-care-landscape/review-of-patient-safety-across-the-health-and-care-landscape			

Meeting:	Board of Directors
Date of Meeting:	24 September 2025
Agenda item:	10
Report title:	Board Assurance Framework
Executive sponsor(s):	Taff Gidi – Executive Director of Corporate Affairs
Report author(s):	Ben Cahill – Deputy Director of Corporate Affairs
Action this paper is for:	☐ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the Board:	Board Assurance Framework for Board of Directors' information and assurance.
Public or confidential	Public

Executive summary

This report provides the board with an update on the Board Assurance Framework (BAF) which was revised over Summer 2025. The July 2025 board meeting approved the revised BAF which began reporting to board committees over September 2025. The BAF is attached (appendix 1).

Report

The Board Assurance Framework (BAF) sets out to enable the board to identify, assess and monitor the principal risks to the Trust achieving its strategic objectives. The BAF is a collective board document with each BAF risk having an executive director owner and a nominated lead board committee for oversight for each risk.

The BAF sets out the controls, assurances, gaps and proposed actions for each BAF risk to assess and provide assurance on whether existing controls are working and, where they are not, enable an assessment about available actions.

Over Summer 2025, the Trust's BAF was revised. Through board-level discussions, eleven BAF risks were agreed and then developed with executive director leads to form the new BAF. A key objective of the revised BAF is to enable a clearer through-line for 'ward and board' and set out key information for oversight, assurance and decision-making. The revised BAF was approved at the July 2025 board meeting to begin reporting at the September 2025 committee and board meetings.

The revised BAF uses a PowerPoint format with two slides per BAF risk (slides 7-28 in appendix 1). The first slide in each pair sets out the risk description, scores (untreated, treated, and target), lead executive, risk appetite indication, trendline, and controls, assurances and gaps; the second slide sets out actions and related operational risks from the Trust Risk Register (TRR). Slides 4-6 of appendix 1 provide a summary of the 11 BAF

risks including the lead executive director(s), lead board committee, risk scores and risk appetite assessment for each BAF risk.

Each board committee is responsible for specific BAF risks and will receive an update on its allocated risks at each board committee meeting. The Audit & Risk Committee will review all eleven BAF risks spread over its four meetings per year.

Over September 2025 BAF risks have been reported to the Audit & Risk Committee (9 September); the Quality Committee (11 September); and the Finance & Investment Committee (16 September). The People, Leadership & Culture Committee will receive a BAF update on the 15 October 2025.

Board committee feedback on the revised BAF has been supportive with suggestions made for future developments. Committee feedback from the September and October meetings will be fed into the next round of Executive discussions and any resulting changes will be reported back to Board and committees in November 2025. The BAF will develop as it matures including trend reporting, detail added on performance information and operational risks where relevant for assurance, and in alignment with a new Trust strategy as this develops over 2026.

Report history / meetings this item has been considered at and outcome
This report has been prepared for the Board of Directors.

Recommendation(s)
The board is asked to note the Board Assurance Framework and to provide any comment on its development.

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

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

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

Oxford Health
NHS Foundation Trust

Board Assurance Framework

Board of Directors
24 September 2025

Board Assurance Framework – *Purpose & Process*

Oxford Health NHS Foundation Trust

OHFT's Board Assurance Framework (BAF) sets out to enable the Board of Directors to identify, assess and monitor the principal risks to the Trust achieving its strategic objectives.

OHFT's strategy is structured around four objectives with each BAF risk relating to a strategic objective:

1) Deliver the best possible care and health outcomes,
2) Be a great place to work,
3) Make the best use of our resources and protect the environment, and
4) Be a leader in healthcare research and education.

The BAF sets out the controls, assurances, gaps and planned actions for each BAF risk to assess and provide assurance on whether existing controls are working and, where they are not, enable an assessment about available actions.

Sides 4-6 summarise the current BAF risks including risk title, description and current scores.

Board Assurance Framework – *Definitions & Terms*

Oxford Health NHS Foundation Trust

The BAF risks are described using a model of '*If*' something happens / is not addressed (cause) '*Then*' a risk may occur '*Resulting*' in an effect. Risks are scored using a 5x5 scoring model indicating whether a BAF risk score is:

- Low (1-4),
- Moderate (5-9),
- High (10-14), or
- Extreme risk (15+).

BAF risks are scored three times as the:

- Inherent risk (untreated with no controls in place);
- Treated risk (with controls and mitigations applied seeking to address the risk); and
- Target risk (the risk score with improved controls in place if and when possible).

Each BAF risk describes controls and mitigations in place, how assurance on these is achieved, and identified gaps in controls.

Each BAF risk has a risk appetite indication. This may change however the intention is to indicate the degree of risk the Trust is willing to consider to realise a strategic objective. Risk appetite options range from: *avoid, minimal, cautious, open* or *seek*.

Each BAF risk has a lead committee e.g. A1 – *Timely access to services*, A2 – *Quality, Safety & Experience*, A6 – *Improvement, Research & Innovation*, and A9 – *Partnerships & System working* receive oversight at each Quality Committee. The Audit & Risk Committee will work through all eleven BAF risks over the course of a year.

Board Assurance Framework – *Summary (1)*

Ref.	Risk Category/ Overview	Risk Description	Strategic Aim	Executive Lead	Lead Committee	Prev. score	Current Score	Target Score	Risk Appetite
A1	Timely Access to Services	***If*** *demand for clinical services does not align with capacity* ***Then*** *patients will wait longer to start treatment, complexity / acuity may increase, and greater Trust resource will be required* ***Resulting in*** *breaches of constitutional (performance) standards, unnecessary use of Trust resources, poorer patient experience, and health outcomes.*	Quality	Chief Operating Officers	Quality Committee	-	**16**	**12**	Cautious
A2	Quality, Safety & Experience	***If*** *we fail to deliver against fundamental standards of quality and safety, to learn from patient safety incidents and experience and to continuously improve* ***Then*** *we will be unable to consistently deliver high quality and safe care* ***Resulting in*** *poor patient outcomes and experience, avoidable harm, regulatory intervention, and a failure to continuously learn and improve.*	Quality	Chief Nurse & Chief Medical Officer	Quality Committee	-	**10**	**8**	Minimal
A3	Financial Sustainability	***If*** *we fail to live within our means* ***Then*** *the Trust will become financially unsustainable* ***Resulting in*** *failure to deliver agreed financial plans, an adverse impact on service delivery, reputational damage, loss of autonomy and potentially leading to regulatory intervention.*	Sustainability	Chief Finance Officer	Finance and Investment Committee	-	**16**	**12**	Cautious
A4	Recruitment & Retention	***If*** *we are unable to recruit and retain a sustainable and skilled workforce aligned to our People Plan* ***Then*** *we will not have the right people in the right roles and face persistent staffing gaps* ***Resulting in*** *poor patient outcomes, poor operational performance and declining staff morale and experience.*	People	Chief People Officer	People, Leadership and Culture Committee	-	**12**	**9**	Open

Board Assurance Framework – *Summary (2)*

Ref.	Risk Category/ Overview	Risk Description	Strategic Aim	Executive Lead	Lead Committee	Prev. score	Current Score	Target Score	Risk Appetite
A5	Staff Experience & Culture	***If*** *the Trust fails to create a positive and inclusive culture where staff feel valued and heard* ***Then*** *issues affecting staff motivation, wellbeing and belonging will not be addressed* ***Resulting in*** *reduced staff motivation, engagement and satisfaction leading to higher sickness absence, higher staff turnover and greater reliance on agency staff.*	People	Chief People Officer	People, Leadership and Culture Committee	-	12	8	Open
A6	Improvement, Research & Innovation	***If*** *we fail to foster a strong culture of improvement, research and innovation* ***Then*** *we will not be able to transform services and realise opportunities to improve the quality and efficiency of care* ***Resulting in*** *failure to tackle long-term challenges and missed opportunities to enhance patient outcomes and organisational sustainability and a failure to meet the changing needs of our populations.*	Research	Chief Medical Officer & Chief Nurse	Quality Committee	-	12	6	Open
A7	Environmental Sustainability	***If*** *our decisions and actions fail to consider the impact on wider society and the environment* ***Then*** *we will fail to meet our obligations for NHS organisations to achieve Net Zero emissions* ***Resulting in*** *negative environmental and social impacts both now and in future and may also result in reputational damage and regulatory action.*	Sustainability	Chief Finance Officer	Finance and Investment Committee	-	12	8	Open
A8	Information & Data	***If*** *the Trust does not treat information as a critical asset and address information & cyber security threats* ***Then*** *patient and staff information will be insecure, and we will not maximise benefits from data* ***Resulting in*** *avoidable service interruption, patient & staff harm, missed opportunities to enhance patient outcomes and organisational effectiveness, regulatory action or reputational damage.*	Sustainability	Executive Director of Corporate Affairs (SIRO)	Finance and Investment Committee	-	12	9	Minimal

Board Assurance Framework – *Summary (3)*

Ref.	Risk Category/ Overview	Risk Description	Strategic Aim[s]	Executive Lead	Lead Committee	Prev. score	Current Score	Target Score	Risk Appetite
A9	Partnerships & System Working	***If*** *we fail to develop and maintain effective working relationships with system partners in both our ICSs* ***Then*** *we will likely be unable to develop comprehensive and credible plans that meet the needs of all our populations* ***Resulting in*** *worsening health, increased demands for healthcare, increased health inequalities and unsustainable services for the future.*		Chief Executive & Executive Director of Strategy	Quality Committee	-	12	6	Seek
A10	Digital Transformation	***If*** *we do not sufficiently invest in, transform and maintain digital technologies, IT systems and digital skills* ***Then*** *our digital capacity may become outdated and inefficient/or fail to fully realise the benefits of digital transformation* ***Resulting in*** *failure to fully realise the benefits of digital transformation of healthcare services including service quality, accessibility and efficiencies.*		Chief Operating Officers & Chief Finance Officer	Finance and Investment Committee	-	12	9	Open
A11	Infrastructure	***If*** *we do not invest in, develop and maintain our essential infrastructure, such as our estate and information systems* ***Then*** *our infrastructure may become unreliable, outdated, unprotected and unsafe* ***Resulting in*** *avoidable interruption to services, delays in treatment and may potentially lead to harm to patients or staff.*		Chief Finance Officer	Finance and Investment Committee	-	12	9	Minimal

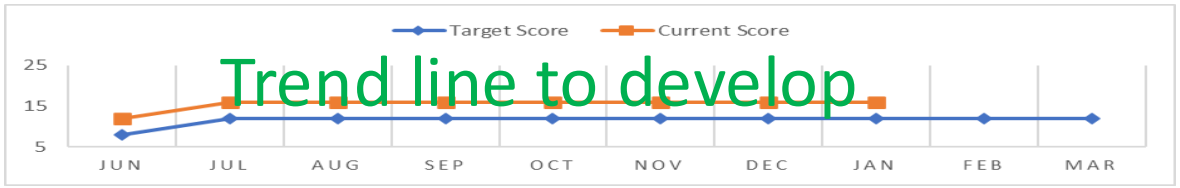
BAF A1 – Timely access to services: **If** demand for clinical services does not align with capacity, **Then** patients will wait longer to start treatment, complexity / acuity may increase and greater Trust resource will be required **Resulting** in breaches of constitutional (performance) standards, unnecessary use of Trust resources, poorer patient experience, and health outcomes.

Link to Strategic Aims:

Quality

Deliver the best possible care and health outcomes

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	5	4	20	Extreme
Current Risk (with controls in place)	4	4	16	**Extreme**
Target Risk (with improved controls)	4	3	12	High
			Risk Appetite	**Cautious**



Last Reviewed By		
Lead Committee	Quality Committee	11 September 2025
Exec. Dir. Leads	Chief Operating Officers	29 August 2025

Controls and Mitigation

(What we are currently doing about the risk)

1. Relevant clinical policies specific to access, eligibility, time to treatment
2. Waiting well support and advice – patients informed about waits and how to access resources for support during waits
3. Performance management framework tracking access, referral and treatment data
4. Workforce planning and skill mix work to review and seek to align capacity with demand and projected demand
5. Incident reporting
6. Patient Safety Incident Reporting Framework (PSIRF)
7. Digital strategy – focus on opportunities for improving access
8. Waiting list reduction initiatives are resourced when these can be delivered practically.

Assurance / Evidence

(How do we know we are making an impact)

1. Performance reporting against standards and indicators to directorate and Executive forums and relevant commissioners
2. Performance reporting against standards and indicators to Quality Committee and
3. Incident and Patient Safety reporting
4. Learning from patient feedback
5. CQC feedback and assessments
6. Clinical / Internal audit

Gaps in Control

(Actions to take to achieve target)

1. Standardise and reduce variations to improve patient experience e.g. simplifying pathway variation
2. Embed regular data reviews with a health inequality lens e.g. deprivation to strengthen approach to waiting lists
3. Embed alternative options as part of waiting time approach including digital transformation and tool
4. Development and implementation of processes for referral triage and safety netting across services lines
5. Work to fully align clinical strategy with workforce planning (and other enablers e.g. digital)
6. Across all services, working with EHR and Performance & information teams to address issues impacting wait list reporting including patients seen but remaining on waiting list
7. Continuing work in data quality improvement and timeliness of data reporting – input and data extraction

Executive Leads Narrative: Work is underway to improve the reporting of waits, shifting to a different model of reporting for oversight at service, directorate and Executive level to address existing waits and support of transformation of services in line with the NHS 10-year plan, to include directorates oversight of national indicators relating to access and waiting times.

BAF A1 – Timely access to services: **If** demand for clinical services does not align with capacity **Then** patients will wait longer to start treatment, complexity / acuity may increase and greater Trust resource will be required **Resulting** in breaches of constitutional (performance) standards, unnecessary use of Trust resources, poorer patient experience, and health outcomes.

Action to address gap in assurance/control	Lead	Date of implementation	Status Update
Standardise and reduce variations to improve patient experience e.g. simplifying pathway variation	Chief Operating Officers (COOs)	Ongoing initiative	*Ongoing initiative to improve patient experience and learning from practice.*
Embed regular data reviews across services to strengthen approach to waiting list initiatives	COOs	Q3 2025/26	Work in place to embed data reviews with services providing information on patient waits.
Embed alternative options as part of waiting time approach including digital transformation and tool	COOs	Q3 2025/26	Pilot has commenced, now awaiting evaluation for further roll-out.
Working with EHR and Performance & information teams to address issues impacting wait list reporting including patients seen but remaining on waiting list	COOs	Q3 2025/26	Development of standard operating procedures for data collection / validation is underway via Business Services with work expected to be complete by the end of the calendar year.
Development of standard operating procedures for data validation and completeness	COOs	Q3 2025/26	Standard operating procedure in development to guide required recording of outcomes including ethnicity data capture with EMIS, P&I and Business Services teams (anticipated implementation date Q3 25/26)

Link to the Board Risk Register

Ref	Risk Description	Score	Review status	Action
1194	Planned Care Provision (Community) is limited due to demand exceeding resource capacity	20	Review in date	Action in date
1178	Urgent Care Provision is limited due to demand exceeding resource capacity	16	Review in date	Action in date
1068	Waiting times (mental health services)	16	Review in date	Action in date
1164	Demand for assessment outweighing capacity in Adult autism spectrum disorder and ADHD	16	Review in date	Action in date
1001	Capacity - adult mental health beds	12	Review in date	Action in date
1165	Demand outweighing capacity in Child and Adolescent Mental Health Service Neuro Developmental pathway (Bucks)	12	Review in date	Action in date

BAF A2 - Quality, Safety & Experience: **If** we fail to deliver against fundamental standards of quality and safety, to learn from patient safety incidents and experience and to continuously improve **Then** we will be unable to consistently deliver high quality and safe care **Resulting in** poor patient outcomes and experience, avoidable harm, regulatory intervention, and a failure to continuously learn and improve.

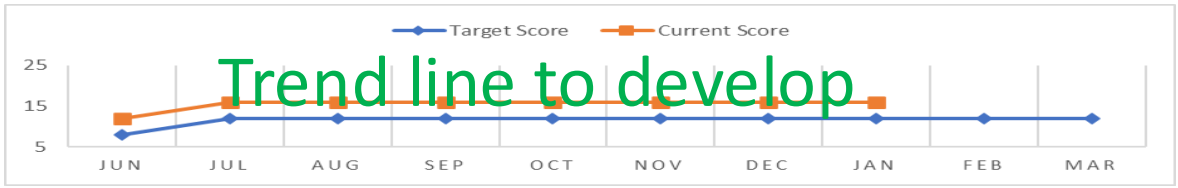
NHS Oxford Health NHS Foundation Trust

Link to Strategic Aims:

Quality

Deliver the best possible care and health outcomes

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	5	4	20	Extreme
Current Risk (with controls in place)	5	2	10	**High**
Target Risk (with improved controls)	4	2	8	Moderate
			Risk Appetite	**Minimal**



Last Reviewed By		
Lead Committee	Quality Committee	11 September 2025
Exec. Dir. Lead	Chief Nurse & Chief Medical Officer	27 August 2025

Controls and Mitigation

(What we are currently doing about the risk)

1. Clinical policies in place – reviewed and updated
2. Compliance with regulatory standards
3. Clinical & Quality governance arrangements in place
4. Infection Prevention & Control arrangements in place
5. Clinical Audits – Core Clinical Standards
6. Learning from complaints, serious incidents and patient feedback
7. Weekly Review Meeting
8. Directorate weekly safety reviews
9. PALS surgeries
10. I Want Great Care – learning from feedback
11. Patient & Family experience and involvement
12. Inpatient Transformation Programme
13. Health & Safety and Violence and Aggression programmes

Assurance / Evidence

(How do we know we are making an impact)

1. Directorate quality governance meetings / SMTs (performance reporting to Executive)
2. Reporting to Quality Committee (NED chaired) and Quality & Clinical Governance Sub-Group (CNO chaired)
3. Quality dashboard – captures and tracks key metrics
4. Annual Quality Account developed and published (reported to Council of Governors & Board of Directors)
5. Weekly patient safety meeting – learning from meetings and dashboard
6. Safer Staffing Report
7. Clinical audits
8. Inspections & regulator visits
9. Self-assessments against CQC standards
10. Quarterly Health & Safety and Violence & Aggression reports

Gaps in Control

(Actions to take to achieve target)

1. Embed a total Quality Management System across Trust governance, to balance Assurance, Improvement, Planning and Controls
2. Develop a Patient Experience reporting dashboard for all inpatient wards
3. Delivery of care reducing health inequalities and improves health equity.

Executive Lead Narrative: *The Dash Review of patient safety across the health and care landscape (July 2025), will help focus our planning and quality actions. The 10-year healthcare plan for England (July 2025) is due to publish its operating plan in Sept 2025, which will incorporate actions to improve quality and safety in the NHS.*

BAF A2 - Quality, Safety & Experience: **If** we fail to deliver against fundamental standards of quality and safety, to learn from patient safety incidents and experience and to continuously improve **Then** we will be unable to consistently deliver high quality and safe care **Resulting in** poor patient outcomes and experience, avoidable harm, regulatory intervention, and a failure to continuously learn and improve.

Action to address gap in assurance/control	Lead	Date of implementation	Status Update
Embed a total Quality Management System across Trust governance, to balance Assurance, Improvement, Planning and Controls	Chief Nurse & Chief Medical Officer	Q3 2025/26	Oxford Health Improvement (OHI) currently undertaking a review and gap analysis of governance structures to identify where the Trust needs to have initiatives to achieve a full quality management system – identifying gaps for continual improvement e.g. quality planning and horizon-scanning.
Explore options to develop a Patient Experience reporting dashboard including for inpatient wards	Chief Medical Officer	Q3 2025/26	Assess options and opportunities for a patient experience reporting dashboard – using/aligning with clinical auditors, core clinical standards and 'I Want Great Care'.
Delivery of care reducing health inequalities and improves health equity.	Chief Medical Officer	Q4 2025/26	Developing the means e.g. data gathering / datasets to identify where health inequalities are prevalent and the communities not accessing health care to develop plans to address these.

Link to the Board Risk Register

Ref	Risk Description	Score	Review status	Action
1194	Planned Care Provision (Community Services) is limited due to demand exceeding resource capacity (also in A1)	20	Review in date	Action in date
1178	Urgent Care Provision is limited due to demand exceeding resource capacity (also in A1)	16	Review in date	Action in date
1199	Harm To Staff; relating to violence and aggression.	16	Review in date	Action in date
1068	Waiting times (mental health services) (also in A1)	16	Review in date	Action in date
1334	Lack of appropriate room space in Bullingdon Prison risk of impacting patient and staff safety	15	Review in date	Action in date
1346	Pharmacy Standard operating procedures (Management capacity to update and reflect best practice)	12	Review in date	Action due

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

Link to Strategic Aims:

Sustainability

Make the best use of our resources and protect the environment

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	5	4	20	Extreme
Current Risk (with controls in place)	4	4	16	**Extreme**
Target Risk (with improved controls)	4	3	12	High
			Risk Appetite	**Cautious**



Last Reviewed By		
Lead Committee	Finance and Investment Committee	16 September 2025
Exec. Dir. Lead	Chief Finance Officer	29 August 2025

Controls and Mitigation

(What we are currently doing about the risk)

1. Annual financial planning (integrated with strategic planning)
2. Standing Financial Instructions & Scheme of delegation & reservations
3. Budget setting and sign off process
4. Agency controls
5. Vacancy control Board
6. Medium-Term Financial Plan produced annually and reviewed by FIC and the Board – including Cost Improvement Plan (CIP) work
7. Business case approval process
8. Procurement systems and processes
9. Quarterly review by Procurement of top 20 suppliers by spend
10. Finance and business services systems and processes

Assurance / Evidence

(How do we know we are making an impact)

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

Gaps in Control

(Actions to take to achieve target)

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

Executive Lead Narrative: *Reported to Finance & Investment Committee.*

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

Action to address gap in assurance/control	Lead	Date of implementation	Status Update
Planning process to identify CIPs and financial plans over the spending review period	Chief Finance Officer	December 2025	Initial planning framework has been released by NHS England which requires all providers to submit 5 year plans (Y1 defined, 3 years indicative, and 5yr strategic plan)
100% of FY25/26 CIPs in line with targets with quality impact assessments completed.	Chief Finance Officer	Complete	
Introduce costing and activity data to monthly board finance report and make available to teams via TOBI dashboard	Chief Finance Officer	December 2025	Finance team are considering how to respond to NHS England about breaking down block contracts
Improved workforce planning capability to deliver plans to reduce agency spend further in FY25	Chief Finance Officer / Chief People Officer	31 March 2026	Development of workforce planning underway to explore options for further agency spend reduction.

Link to the Board Risk Register

Ref	Risk Description	Score	Review status	Action
1236	Failure to deliver financial plan and maintain financial sustainability	16	Review in date	Pending action
1230	Inability to deliver required capital investments due to level of current capital commitments / constraints	12	Review in date	Action in date

BAF A4: Recruitment & Retention: **If** we are unable to recruit and retain a sustainable and skilled workforce aligned to our People Plan **Then** we will not have the right people in the right roles and face persistent staffing gaps **Resulting in** poor patient outcomes, poor operational performance and declining staff morale and experience.

NHS Oxford Health NHS Foundation Trust

Link to Strategic Aims:

People

Be a great place to work

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	4	4	16	Extreme
Current Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	3	3	9	Moderate
			Risk Appetite	**Open**



Last Reviewed By		
Lead Committee	People, Leadership & Culture Committee	
Exec. Dir. Lead	Chief People Officer	12 August 2025

Controls and Mitigation

(What we are currently doing about the risk)

1. Training, supervision and personal development reviews (PDR) processes in place to support retention and development
2. HR, health & wellbeing, Equality Diversity & Inclusion (EDI) and Occupational Health policies, initiatives and support in place available to staff
3. Substantive retention team in place - Targeted retention plan focused on reducing early turnover in specific groups and of black and minority ethnic colleagues
4. Trust is part of national Retention Exemplar Programme
5. Active learning from exit interviews
6. Delivering career development pathway for HCAs
7. Focus on EDI issues identified e.g. staff identifying as ethnic minority disproportionately represented in disciplinary processes
8. Freedom to Speak Up guardians identifying leaving factors
9. Enhancing staff voice via staff networks and union feedback

Assurance / Evidence

(How do we know we are making an impact)

1. Reporting against Retention Plan to People Steering Group (PSG) & Executive
2. Reporting of key recruitment and retention initiatives to People Leadership & Culture committee
3. Quarterly review by Retention team on reasons for leaving and reporting on reasons for leaving to PSG and Executive

Gaps in Control

(Actions to take to achieve target)

1. Development of segmented analysis of retention data following successful reduction of turnover rates
2. Focus on higher vacancies rates in specific professions and geographic locations
3. Review of retention programme to include initiatives that may improve retention inc. flexible working, staff recognition programmes
4. Review and revision of exit interview process
5. Review learning from April 2025 survey of black, Asian and minority ethnic staff on their work experience
6. Continued delivery of local induction project workstreams
7. Supporting managers with new onboarding process
8. Work to fully align workforce planning with clinical strategy (and other enablers e.g. digital)

Executive Lead Narrative: *To be reported to People, Leadership & Culture Committee.*

BAF A4: Recruitment & Retention: **If** we are unable to recruit and retain a sustainable and skilled workforce aligned to our People Plan **Then** we will not have the right people in the right roles and face persistent staffing gaps **Resulting in** poor patient outcomes, poor operational performance and declining staff morale and experience.

Action to address gap in assurance/control	Lead	Date of implementation	Status Update
Review of retention programme to include initiatives that may improve retention e.g. flexible working and recognition programmes	Chief People Officer (CPO)	*To confirm*	*People directorate to confirm for reporting to People, Leadership & Culture Committee*
Review and revision of exit process and how to increase learning from these.	CPO	*To confirm*	
Explore improvements to the current staff recognition process, specifically around long service milestones	CPO	*To confirm*	
Flexible working project – creation of a meaningful dashboard, review of flexible retirement, use of systems to support flexible working	CPO	*To confirm*	

Link to the Board Risk Register

Ref	Risk Description	Score	Review status	Action
1199	Harm To Staff; relating to violence and aggression (also in A2)	16	Review in date	Action in date
1146	Staff - Retention of staff	9	Review in date	Action pending

BAF A5: Staff Experience & Culture: **If** the Trust fails to create a positive and inclusive culture where staff feel valued and heard **Then** issues affecting staff motivation, wellbeing and belonging will not be addressed **Resulting in** reduced staff motivation, engagement and satisfaction leading to higher sickness absence, higher staff turnover and greater reliance on agency staff.

Link to Strategic Aims:

People

Be a great place to work

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	4	4	16	Extreme
Current Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	4	2	8	Moderate
			Risk Appetite	**Open**



Last Reviewed By		
Lead Committee	People, Leadership & Culture Committee	
Exec. Dir. Lead	Chief People Officer	12 August 2025

Controls and Mitigation

(What we are currently doing about the risk)

1. HR policies and strategies in place and reviewed
2. Freedom to Speak Up guardians
3. Health, wellbeing and support advice available to staff
4. Employee assistance programme
5. Occupational health service
6. Equality, Diversity & Inclusion (EDI) team, plans, training and groups, Staff Equality Networks
7. Training, supervision and PDR processes in place
8. Delivery of NHSE EDI improvement plan
9. Arrangements to tackle and address violence and aggression towards staff
10. People Promise, Staff Survey & Pulse surveys

Assurance / Evidence

(How do we know we are making an impact)

1. Reporting against HR policies, plans and programmes to People Steering Group (monthly) and Education Strategy Group
2. FtSU reporting to Executive and Board
3. Insight from and reporting on staff survey results
4. Assurance and reporting to People, Leadership & Culture Committee (quarterly)

Gaps in Control

(Actions to take to achieve target)

1. Complete / develop response to Enabler 3 Programme Supporting our people and Teams e.g. connection between 'shop floor' and leadership
2. Improve staff experience and response to issues identified via staff surveys
3. Score for 'flexible working' domain with People Promise element
4. Address gaps identified in Sexual Safety charter
5. EDI – address identified gaps from quality improvement work from WRES and WDES pay gap data
6. TBC Development of Organisational Development plan

Executive Lead Narrative: *To be reported to People, Leadership & Culture Committee.*

BAF A5: Staff Experience & Culture: ***If*** *the Trust fails to create a positive and inclusive culture where staff feel valued and heard* ***Then*** *issues affecting staff motivation, wellbeing and belonging will not be addressed* ***Resulting in*** *reduced staff motivation, engagement and satisfaction leading to higher sickness absence, higher staff turnover and greater reliance on agency staff.*

Action to address gap in assurance/control	Lead	*Date of implementation*	Status Update
Response to Enabler 3 Programme – Supporting our people and teams	Chief People Officer (CPO)	*To confirm*	*People directorate to confirm for reporting to People, Leadership & Culture Committee.*
Respond to staff experience issues identified in staff surveys and People Promise elements	CPO	*To confirm*	
Address gaps in Sexual Safety charter	CPO	*To confirm*	
Address identified gaps from QI work from WRES and WDES pay gap data	CPO	*To confirm*	

Link to the Board Risk Register

Ref	Risk Description	Score	Review status	Action
1199	Harm To Staff; relating to violence and aggression	16	Review in date	Action in date
1078	Staff wellbeing impacted by demand exceeding capacity	9	Review in date	Action in date

BAF A6 – Improvement, Innovation & Research: **If** we fail to foster a strong culture of improvement, research and innovation **Then** we will not be able to transform services and realise opportunities to improve the quality and efficiency of care **Resulting in** failure to tackle long-term challenges and missed opportunities to enhance patient outcomes and organisational sustainability and a failure to meet the changing needs of our populations.

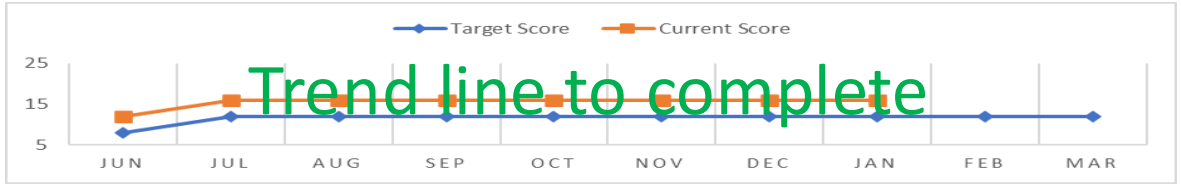
NHS Oxford Health NHS Foundation Trust

Link to Strategic Aims:

Research

Be a leader in healthcare research and education

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	4	4	16	Extreme
Current Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	3	2	6	Moderate
			Risk Appetite	**Open**



Last Reviewed By		
Lead Committee	Quality Committee	11 September 2025
Exec. Dir. Lead	Chief Medical Officer & Chief Nurse	27 August 2025

Controls and Mitigation

(What we are currently doing about the risk)

1. Internal Research & Development (R&D) senior management team in place reporting to Chief Medical Officer (CMO)
2. R&D operational and strategic plans in place or under development
3. Collaborative working with Oxford Joint Research Office (JRO) partners (OUH, OHFT, Oxford University and Oxford Brookes)
4. OHFT-Biomedical Research Centre (BRC) Steering Group
5. Oxford Applied Research Collaboration (ARC) and ARC Board.
6. Toronto collaboration – Oxford Psychiatry
7. *Count Me In* (CMI) programme redeveloped and due to be relaunched over 2025
8. Quality Improvement hubs & work programme
9. Chief Nurse Research Fellowship
10. Nurses, Midwives & Allied Health Professionals (NMAHP) research engagement programme
11. Close working with Trust to maximise use of research funding

Assurance / Evidence

(How do we know we are making an impact)

1. R&D reporting to Quality Committee and Board (bi-annual)
2. ARC, BRC, CRF, HRC and MHM annual reporting to National Institute for Health & Care Institute (NIHR)
3. Application for ARC2 submitted and through to interview stage. (outcome expected in October 2025).
4. OH-BRC midterm review recently undertaken in conjunction with external advisory group
5. Annual report research capability submitted to DHSC
6. R&D finances audited
7. Quality Improvement programme updates and reporting to Executive forums and Quality Committee
8. Regulatory returns / feedback on quality and innovation work
9. OH-led research translated into patient care and best practice, e.g. OCAP research informing NICE guidance, 'Tune-Up' clinics for triage and better outcomes in early intervention in psychosis

Gaps in Control

(Actions to take to achieve target)

1. R&D Strategy in development for Community Services research. This will include a greater focus on Community Services, aligning with UK Government strategic shifts and NIHR RDN 'place-based' initiatives. A greater strategic focus will be placed on OHFT's portfolio of studies.
2. Improved R&D governance arrangements to enable more timely approvals for contracts and delegations. (Work with JRO for includes an additional 1.0 WTE post in contracts team to support OHFT studies)
3. Funding sustainability for research – organisational & system
4. Undertake clarification around intellectual property ownership and processes
5. Opportunities to increase Mental Health research collaboration

Executive Lead Narrative: We continue to reduce the time to approve and set up trials, which has to balance risks of financial, Information Governance and capacity. This drive is linked to the UK Government's Office of Life Sciences Strategy and the 10-year healthcare plan for England, boost innovation and effectiveness across the NHS.

BAF A6 – Improvement, Innovation & Research: **If** we fail to foster a strong culture of improvement, research and innovation **Then** we will not be able to transform services and realise opportunities to improve the quality and efficiency of care **Resulting in** failure to tackle long-term challenges and missed opportunities to enhance patient outcomes and organisational sustainability and a failure to meet the changing needs of our populations.

Action to address gap in assurance/control	Lead	Date of implementation	Status Update
R&D Strategy development / link to Trust strategy development	Chief Medical Officer & Head of Research	Q1 2026/27	Development of new R&D strategy underway with scoping to align with development of the Trust's organisational strategy over 2026
R&D Operational plan development, including review of governance arrangements to support timely decision-making	Chief Medical Officer & Head of R&D	Q4 2025/26	Operational plan development and governance arrangements review underway
Financial planning & funding sustainability for Quality Improvement & Research	Chief Medical Officer & Chief Nurse	Q4 2025/26	

Link to the Board Risk Register

Ref	Risk Description	Score	Review status	Action
1326	Research & Development training matrix	12	Review in date	Action pending
1251	Not meeting the Regional Research Delivery Network target of 80% and Referral To Treatment target.	8	Review in date	Action pending

BAF A7 – Environmental sustainability: **If** our decisions and actions fail to consider the impact on wider society and the environment **Then** we will fail to meet our obligations for NHS organisations to achieve Net Zero emissions **Resulting in** negative environmental and social impacts both now and in future and may also result in reputational damage and regulatory action.

Link to Strategic Aims:

Sustainability

Make the best use of our resources and protect environment

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	4	4	16	Extreme
Current Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	4	2	8	Moderate
			Risk Appetite	**Open**



Last Reviewed By		
Lead Committee	Finance & Investment Committee	16 September 2025
Exec. Dir. Lead	Chief Finance Officer	29 August 2025

Controls and Mitigation

(What we are currently doing about the risk)

1. Board commitment to Zero Carbon Oxford Charter (2021)
2. Trust Green Plan 2 2025-2028 and action plans
3. Full time sustainability manager
4. Green Task Force Benchmarking and reporting (to CFO)
5. Procurement Policy – sets out sustainability commitments required by suppliers
6. Green Energy Supplier for electricity via CCS
7. Regular review of corporate business mileage
8. New developments to accord with NHS Net Zero Buildings Guidance
9. OHFT is part of ZCOP 'sprint group' with Oxford University to review how to adapt building estates to climate change
10. Active communications to promote sustainability and environmental culture

Assurance / Evidence

(How do we know we are making an impact)

1. Internal oversight of Green Plan action plans - CFO chaired Green Task Force and to Finance and Investment Committee and Board of Directors
2. Attendance at and reporting to Integrated Care System (ICS) Net Zero Programme Board (OHFT is leading on the system Sustainable Travel Group)
3. Reporting to national NHS Total Carbon Footprint Plus and in Strategic Dashboard

Gaps in Control

(Actions to take to achieve target)

1. Current resources may be insufficient to implement Green Plan 2 - in particular, a Heat Decarbonisation plan for the estate
2. Awareness and culture varies across the Trust

Executive Lead Narrative: *Reported to Finance & Investment Committee.*

BAF A7 – Environmental sustainability: **If** our decisions and actions fail to consider the impact on wider society and the environment **Then** we will fail to meet our obligations for NHS organisations to achieve Net Zero emissions **Resulting in** negative environmental and social impacts both now and in future and may also result in reputational damage and regulatory action.

Action to address gap in assurance/control	Lead	Date of implementation	Status Update
Resourcing to implement a Heat Decarbonisation Plan	Chief Finance Officer	*Q4 2025/26*	*Scoping of plan in development*
Green Plan Capital & Revenue Budget	Chief Finance Officer	*Q4 2025/26*	

***BAF A8 - Information & Data: If** the Trust does not treat information as a critical asset and address information & cyber security threats **Then** patient and staff information will be insecure and we will not maximise benefits from data **Resulting in** avoidable service interruption, patient & staff harm, missed opportunities to enhance patient outcomes and organisational effectiveness, regulatory action or reputational damage.*

NHS Oxford Health NHS Foundation Trust

Link to Strategic Aims:

Sustainability

Make the best use of our resources and protect the environment

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	5	4	20	Extreme
Current Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	3	3	9	Moderate
			Risk Appetite	**Minimal**



Last Reviewed By		
Lead Committee	Finance & Investment Committee	16 September 2025
Exec. Dir. Lead	Executive Director for Corporate Affairs (SIRO)	18 August 2025

Controls and Mitigation

(What we are currently doing about the risk)

1. Information Governance (IG) and Data Protection policies and procedures in place
2. Cybersecurity systems, policies and procedures
3. Senior oversight roles inc. Senior Information Risk Owner (SIRO) Caldicott Guardian, Chief Nursing Information Officer, Chief Clinical Information Officer & Data Protection Officer
4. Information Management Group chaired by SIRO
5. In-house teams supplemented with external capability
6. Mandatory IG training for all staff – compliance reviewed
7. Strong incident reporting culture (active review of near misses)
8. Assessments and tests in place e.g. phishing tests
9. Information assets are risk assessed using Data Protection Impact Assessment tool
10. Third party cyber security assessment
11. Cyber Security & Data protection awareness/comms to staff
12. Resilience and business continuity arrangements in place

Assurance / Evidence

(How do we know we are making an impact)

1. Exec chaired Information Management Group (IMG) - 4 times/yr
2. IMG reviews Information Asset Register (with each main information asset area reported on by an IA owner)
3. IMG receives standing items from CCIO, CNIO, DPO, Caldicott Guardian and on IG training compliance rates
4. Data Security Protection Toolkit developed, reviewed and submitted annually
5. Internal audit reviews of information governance, IT systems and cybersecurity
6. IMG 3As report to Finance & Investment Committee
7. Regular penetration testing in line with national guidance
8. Monitoring of timeliness of implementation of patches

Gaps in Control

(Actions to take to achieve target)

1. Digital Maturity Assessment completion
2. Continued data quality reviews/work
3. Strengthening where possible supplier diligence pre and post-implementation
4. Continued awareness of good cyber security practice recognising ongoing risks of user error
5. Regular SIRO reporting to be strengthened
6. Strengthening of external access to clinical systems by partner organisations

Executive Lead Narrative: We continue to see cyber-attacks increasing in frequency and complexity targeting different organisations and sectors across the UK including more disruptive and disabling, coupled with loss / theft of data in serious targeted attacks. This requires increased diligence by the Trust to understand the risk that we as an organisation face and ensure the right mitigations are put in place. From a strategic perspective, it will continue to be imperative for the foreseeable future to consider the level of investment required in cyber defence and how our defensive posture is balanced with the need to use data and information effectively to maximise the benefits for patients and staff.

***BAF A8 - Information & Data: If** the Trust does not treat information as a critical asset and address information & cyber security threats **Then** patient and staff information will be insecure and we will not maximise benefits from data **Resulting in** avoidable service interruption, patient & staff harm, missed opportunities to enhance patient outcomes and organisational effectiveness, regulatory action or reputational damage.*

Action to address gap in assurance/control	Lead	Date of implementation	Status Update
Completion of digital maturity assessment work (system coordinated)	Chief Digital Information Officer	*Annual*	Undertaken annually to meet NHS England requirements – scored out of top score of 5. OH target is 4 or above in all areas with this years' score (July 2025) given at 3.2.
Review of any options to strengthen supplier diligence pre and post implementation	Data Protection Officer / Chief Digital Information Officer	*31 Oct 2025*	SIRO met with DPO and CDIO over August. Specific action agreed regarding escalation process for when risks related to a specific information asset have been identified by the cyber team and a decision has potential organisational impact.
Review and refresh of Information Asset Register and owners providing assurance to Information Management Group	Head of Information Governance	31 October 2025	Review underway by Information Governance and Deputy Director of Corporate Affairs of register of Information Asset Owners – to confirm revised register at October Information Management Group
Strengthen governance of access to clinical systems by partner organisations	Data Protection Officer / Chief Digital Information Officer	*31 Oct 2025*	SIRO met with DPO and CDIO on 13th August to discuss current governance arrangements and agree actions to introduce independent senior review for new access requests and other actions to strengthen ongoing monitoring.

Link to the Board Risk Register

Ref	Risk Description	Score	Review status	Action
1356	Cyber attack is an ongoing threat/risk to the Trust and a successful attack is likely high impact (also in A11)	20	Review in date	Action in date
1355	Improvement of EMIS (electronic records system) functionality and interoperability	16	Review overdue	Action overdue
1396	Phishing and social engineering pose a continual risk to the trust	12	Review in date	Action in date
1400	Third-party externally hosted systems and infrastructure vulnerabilities	12	Review in date	Action in date

BAF A9 – Partnerships & System working: **If** we fail to develop and maintain effective working relationships with system partners in both our ICSs **Then** we will likely be unable to develop comprehensive and credible plans that meet the needs of all our populations **Resulting** in worsening health, increased demands for healthcare, increased health inequalities and unsustainable services for the future.

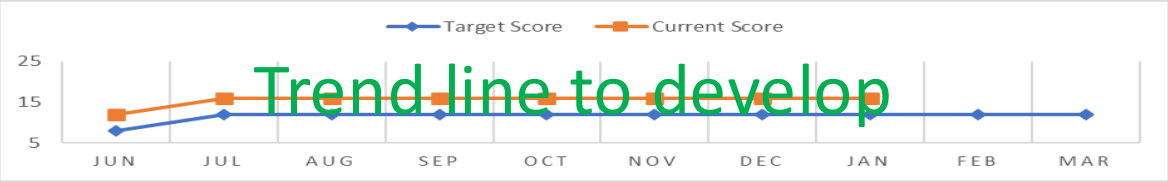
NHS Oxford Health NHS Foundation Trust

Link to Strategic Aims:

Quality

Deliver the best possible care outcomes

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	4	4	16	Extreme
Current Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	3	2	6	Moderate
			Risk Appetite	**Seek**



Last Reviewed By		
Lead Committee	Quality Committee	11 September 2025
Exec. Dir. Lead	Executive Director for Strategy & Chief Executive	21 August 2025

Controls and Mitigation

(What we are currently doing about the risk)

1. Via annual planning process - active participation and support to system planning, linking to internal plan development. Support takes place both at Integrated Care Board (ICB) and Place levels, driven by Trust senior leaders, supported by an integrated strategy and finance planning function;
2. BOB Mental Health Provider Collaborative - Joint leadership with Berkshire Healthcare and ICB of the system Mental Health agenda inc. transformation programmes, delivery of ICB mental health work programme and leadership of annual planning for MH work at both ICB and place levels. Work coordinated across Local Authorities, voluntary, community & social enterprise (VCSE) sector, and primary care;
3. Leadership of other and informal alliances via Provider Collaboratives, outcomes contracts etc;
4. Trust senior leaders are active at all ICB and Place forums e.g. Urgent & Emergency Care Board, Neighbourhood work, etc.

Assurance / Evidence

(How do we know we are making an impact)

1. Annual plan progress reporting to Executive & Board of Directors;
2. Reporting on specific programmes of work to Executive & Board of Directors;
3. Output of Annual Plan enabling us to address/ mitigate our challenges and improved system working;
4. Integrated Performance Report

Gaps in Control

(Actions to take to achieve target)

1. Formalising the role and operating model of the BOB Mental Health Provider Collaborative;
2. Developing our approach to neighbourhood working, including our approach to health inequalities and population;
3. Trust developing its strategic partnership approach with VCSE sector.

Executive Lead Narrative: *In the context of the development of the new Thames Valley ICB - that will seek to implement the model ICB – the current Buckinghamshire, Oxfordshire & Berkshire West (BOB(ICB is defining its operating model and has not yet confirmed the governance of planning arrangements going forward.*

BAF A9 – Partnerships & System working: **If** we fail to develop and maintain effective working relationships with system partners in both our ICSs **Then** we will likely be unable to develop comprehensive and credible plans that meet the needs of all our populations **Resulting** in worsening health, increased demands for healthcare, increased health inequalities and unsustainable services for the future.

Action to address gap in assurance/control	Lead	Date of implementation / Deadline	Status Update
Formalising the role and operating model of the BOB Mental Health Provider Collaborative	Associate Director of Mental Health	Q4 2025/26	• ICB operating model being reviewed in 2025/26, which in turn will help clarify current role that the BOB MH PC should play in the operating model • BOB MH PC has currently taken the lead on a joint £5m risk share between the IBC, OHFT and BHFT as an output of the 25/26 Planning process. It is expected that this work will lead to a better understanding and ability to influence jointly with partners the total ICB spend on Mental Health.
Developing our approach to neighbourhood working, including our approach to health inequalities and population.	Transformation Director - Community Health Services, Dentistry and Primary Care	Q2 2025/26	• Neighbourhood Health identified as one of our Trust-wide priority for 2025/26 and 2026/27. • Internal working group to the Trust established and actively linking with Place-level work, with a particular leadership role in Oxfordshire • Internal workstream on health inequalities and population started to define workplan.
Trust developing its strategic partnership approach with VCSE sector	Executive Director Strategy	Q3 2025/26	• As part of the development of the new Strategy for the Trust, engage with VCSE sector colleagues and explore with the Board appetite for developing a more strategic approach to engagement with the VCSE sector.

BAF A10 – Digital transformation: **If** we do not sufficiently invest in, transform and maintain digital technologies, IT systems and digital skills **Then** our digital capacity may become outdated and inefficient/or fail to fully realise the benefits of digital transformation **Resulting in** failure to fully realise the benefits of digital transformation of healthcare services including service quality, accessibility and efficiencies.

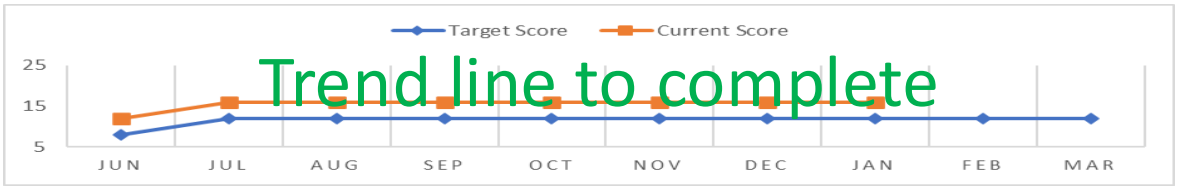
NHS Oxford Health NHS Foundation Trust

Link to Strategic Aims:

Quality

Deliver the best possible care outcomes

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	5	4	20	Extreme
Current Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	3	3	9	Moderate
			Risk Appetite	**Open**



Last Reviewed By		
Lead Committee	Finance & Investment Committee	16 September 2025
Exec. Dir. Lead	Chief Operating Officers & Chief Finance Officer	29 August 2025

Controls and Mitigation

(What we are currently doing about the risk)

1. Digital Strategy in place
2. Frontline Digitisation programme and project management
3. Digital maturity assessment
4. Senior digital leaders in place including Chief Digital & Information Officer (digital leadership team established)
5. Embedding the development and use of TOBI (Trust Online Business Intelligence) data from ward to Board level
6. Digital, Data and Technology Skills and Workforce Group
7. Innovation pipeline to facilitate oversight and prioritisation of resources for digital innovations
8. Work on corporate services responsiveness and coordination (Our central & Corporate Services enabler work)
9. Relationships and coordination with system, ICB, and Oxford universities for alignment, innovation & Quality Improvement
10. Artificial Intelligence strategic group
11. Interactions with other NHS organisations for data platforms – alert to and addressing gaps in control

Assurance / Evidence

(How do we know we are making an impact)

1. Digital strategy implementation reporting to Digital & Data Strategy Board (chaired by Chief Clinical Information Officer)
2. Frontline Digitisation programme reports to Executive and Finance & Investment Committee
3. Information Management Group oversight
4. Board level Digital Champion (Chair)
5. Where relevant, reporting to system / ICB digital reporting and assurance, and EPR benchmarking exercises

Gaps in Control

(Actions to take to achieve target)

1. Funding shortfalls to realise benefits of available digital capabilities
2. Digital skills and capabilities of the Trust workforce, ongoing upskilling for clinical/corporate digital systems, and time lag in adoption of digital solutions
3. Continuing alignment of digital requirements and priorities with clinical needs assessments and workforce planning
4. Sustainability of available investment for digital transformation
5. Residual risk of cyber attacks on increasingly digitised organisations (*cross-reference with A11 – Infrastructure*)
6. Co-pilot policy in place but development of wider AI policies in development

Executive Lead Narrative: *Reported to Quality Committee.*

***BAF A10 – Digital transformation: If** we do not sufficiently invest in, transform and maintain digital technologies, IT systems and digital skills **Then** our digital capacity may become outdated and inefficient/or fail to fully realise the benefits of digital transformation **Resulting in** failure to fully realise the benefits of digital transformation of healthcare services including service quality, accessibility and efficiencies.*

Actions to address gap in assurance/control	Lead	Date of implementation	Status Update
Complete NHS England / ICB Digital Maturity Assessment	Chief Digital Information Officer (CDIO)	*To confirm*	*See A8 relating to digital maturity assessment.*
Optimisation of core clinical systems to underpin clinical needs and delivery.	CDIO	*Ongoing – annual work programme*	*New clinical systems were established in 2022 and over the last 3 years functionality has been developed to meet clinical needs. Full programme of work in place for coming years, prioritised by clinical staff with clinical governance in place.*
Focus on realising benefits of the optimisation programmes	CDIO	*Ongoing - annual prioritisation place*	*Significant work has been undertaken to understand and report benefits realisation (reported to Finance & Investment Committee). Benefits realisation work is reviewed and reprioritised annually linking to annual planning processes.*
Digital infrastructure and architecture	CDIO	*Ongoing – with refresh points*	*Work completed to understand Trust digital architecture and process improvement opportunities and prioritisation and to inform IT infrastructure needs are met (e.g. network capacity).*
Development of Artificial Intelligence policy	CDIO	*Q2 2025/26*	*Policy drafted drawing on sector good practice (The Hill) and being reviewed with expectation to be approved and in place over September/October 2025.*

BAF A11 - Infrastructure: **If** we do not invest in, develop and maintain our essential infrastructure, such as our estate and information systems **Then** our infrastructure may become unreliable, outdated, unprotected and unsafe **Resulting in** avoidable interruption to services, delays in treatment and may potentially lead to harm to patients or staff.

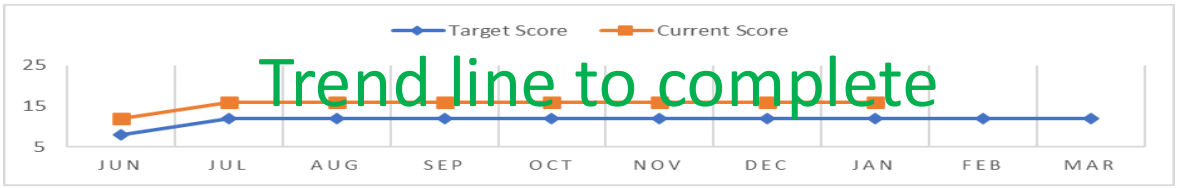
NHS Oxford Health NHS Foundation Trust

Link to Strategic Aims:

Sustainability

Make the best use of our resources and protect the environment

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	5	4	20	Extreme
Current Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	3	3	9	Moderate
			Risk Appetite	**Minimal**



Last Reviewed By		
Lead Committee	Finance & Investment Committee	16 September 2025
Exec. Dir. Lead	Chief Finance Officer	29 August 2025

Controls and Mitigation

(What we are currently doing about the risk)

1. Specific policies (e.g. Fire, Estates, etc) in place and reviewed
2. In-house teams supplemented with external capability
3. Annual maintenance plan for estates safety improvements inc. Fire and anti-ligature work
4. Fire risk assessments, drills and training programmes Strong incident reporting culture (active review of near misses)
5. Risk assessments, testing and training undertaken for key areas such as fire, asbestos, and water & electrical safety
6. Authorising Engineers appointed in accordance with Health Technical Memoranda to conduct independent reviews
7. Occupational Health activities
8. Cyber resilience teams and cyber assessment activities
9. Insurance cover & service and maintenance contracts in place
10. Quarterly review by Procurement of top 20 suppliers by spend
11. IT infrastructure investment planned being delivered

Assurance / Evidence

(How do we know we are making an impact)

1. Quarterly H&S reporting to Fire, Health & Safety, Occi Health and Security Group and Executive
2. Reporting to Finance & Investment Committee of capital planning, Estates, Health & Safety, Digital programmes, & Cyber
3. Annual report on Estate condition
4. External fire service inspections (Oxfordshire Fire & Rescue)
5. Data Security & Protection Toolkit - includes cyber assessments and penetration testing
6. Annual Patient Led Assessment of Care Environments reviews
7. Estates Return Information Collection (ERIC) & Place Assurance Model (PAM) reports submitted annually
8. Quality Committee (QC) review of physical estate risks, Fire, and Health & Safety reports
9. Internal Audit reviews
10. Reporting of supplier and third-party risks assessments
11. External inspections and reviews of assessments relating to fire, water, electrical safety (inc. Health & Safety Executive)
12. Regular interaction with ICB/NHSE region Estates & Facilities

Gaps in Control

(Actions to take to achieve target)

1. Estates strategy to maximise quality and functionality of the estate within achievable parameters
2. Security risks at some parts of Estate, e.g. lighting, CCTV (wards and external) etc need improvement.
3. Estates re-organisation in process
4. Estates, Fire and H&S teams below required staffing and have a backlog of actions and audits to complete
5. Warneford inpatient wards recognised as not fit modern therapeutic environments
6. Asset registers for physical estate incomplete. Regular checks are conducted for highest risk assets, but a more comprehensive approach is required
7. Reporting on compliance with Health Technical Memoranda (HTMs) and Health Building Notes (HBNs) together with other statutory instruments is not fully in place
8. Authorised Persons to be assessed and formally appointed
9. Ongoing opportunities to improve digital infrastructure

Executive Lead Narrative: *Reported to Finance & Investment Committee.*

***BAF A11 - Infrastructure: If** we do not invest in, develop and maintain our essential infrastructure, such as our estate and information systems **Then** our infrastructure may become unreliable, outdated, unprotected and unsafe **Resulting in** avoidable interruption to services, delays in treatment and may potentially lead to harm to patients or staff.*

Action to address gap in assurance/control	Lead	Date of implementation	Status Update
Finalise development of Estates Strategy (part of Annual Plan)	Director of Estates	Q4 2025/26	*DoE providing update.*
Complete asset registers for physical estates (to include improvement of known security risks and lone-working device pilot)	Director of Estates	Q4 2025/26	
Establish Safe working Groups for various disciplines in accordance with HTMs	Director of Estates	Q4 2025/26	
Complete process to assess Authorised Persons to formally appoint by Designated Person	Director of Estates	Q4 2025/26	
Complete Estates re-organisation, staff teams and fill staff posts	Director of Estates	Q4 2025/26	
Progression of Warneford Park business case and planning permission	Warneford Programme Director	Ongoing	Underway – joint investment committee completed, and planning application submitted.
Take account of future digital infrastructure and cyber needs and address in digital planning	Chief Digital Information Officer	Q4 2025/26	*See A10 action relating to digital infrastructure and architecture. Digital infrastructure needs recognised as key enabler for Trust planning*

Link to the Board Risk Register

Ref	Risk Description	Score	Review status	Action
1356	Cyber attack is an ongoing threat/risk to the Trust and a successful attack is likely high impact (also in A11)	20	Review in date	Action in date
1354	Non-Compliance to Fire compartmentation	15	Review in date	Action in date
1375	Completion of necessary maintenance works	12	Review in date	Action in date
1077	EMIS (electronic records system) optimisation	12	Review in date	Action in date

Meeting:	Board of Directors' Meeting
Date of Meeting:	24 September 2025
Agenda item:	11
Report title:	OHFT Strategy and Medium Term Plan Development Approach
Executive sponsor(s):	Amélie Bages, Executive Director of Strategy and Partnerships
Report author(s):	Rachel Pirie, Head of Planning Laura Carter, Head of Strategy
Action this paper is for:	☐ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the Board:	For information and discussion.
Public or confidential	Public

Executive summary

Overview

The paper outlines the approach for Oxford Health's Strategy and Medium-term plan development approach, aligned with the NHS's new 10-Year Health Plan and Planning Framework. The focus is on moving towards multi-year planning and ensuring Oxford Health's new Strategy (from 2026) is supported by a clear medium-term delivery plan.

Key points

- The NHS requires organisations to align strategies with the 10-Year Plan and develop 5-year plans (2026/27- 2030/31).
- Boards are expected to sign off fully developed medium-term plans (with year-one detail) in December 2025, with further iteration until March 2026 and annual refresh thereafter.
- Neighbourhood Health Plans will be produced at Place level, setting out joint working across NHS, local authorities, social care, and VCSE partners.
- Oxford Health's own new Strategy (from 2026) will respond directly to the 10-Year Plan, with the medium-term plan serving as its delivery plan.

Timeframes and national/ICB asks remain uncertain; Oxford Health's Finance and Strategy planning team will coordinate updates as guidance develops.

Report

Background

1. Oxford Health's current strategy runs until 2026 and sets out the vision, values and ambitions that the Trust and our teams are currently delivering. This paper sets out the proposed approach to delivering a new strategy and planning approach going forward, taking into account the following national drivers:
   a. Government has set out its vision for the NHS in the **10 Year Health Plan for England** (https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future), including the expectations that NHS organisations, working with partners, deliver the 3 shifts: from hospital to community; from analogue to digital; from sickness to prevention.
   b. NHS England have also shared a **Planning Framework** (https://www.england.nhs.uk/long-read/planning-framework-for-the-nhs-in-england/), which includes an expectation to move to multi year planning over the five year period from 2026/27 to 2030/31.
   c. NHS England have also set out the intention for **Neighbourhood Health Plans**, these are expected to be at place level setting out how partners will work together to design and deliver neighbourhood health services. This will be supported by separate guidance.

2. These timelines align well with Oxford Health's strategy development timelines and provide the opportunity to bring together our planning and strategy processes. Our new strategy will be developed in response to the 10 Year Health Plan for England, with our medium term plan forming the delivery plan for the strategy.

Planning process

3. Currently, no final timelines have been set at a national or ICB level for the development or submission of annual or multi year plans. NHS England have indicated that there will be a deadline for submission of plans in December 2025 and that this should include firm financial, workforce and operational plans for 2026/27, with the following years' indicative and a 5 year strategic plan. The indicative planning timeline that has been shared by NHS England is attached as **Appendix 1.**

4. The Planning Framework shared by NHS England sets out the expectation that NHS providers (and ICBs) will set plans that are outcome focused; accountable and transparent; evidence based; co-ordinated across multi-disciplinary teams; and credible. Boards are expected to play an important role in setting the direction for planning, and ensuring plans are both realistic and deliver continuous improvement.

5. Building on our experience of planning processes in recent years, we expect that multi year plans will need to demonstrate the ability to meet minimum national efficiency targets, productivity improvements and workforce planning whilst maintaining financial balance.

6. Oxford Health's planning team are working with directorates to capture their long term visions, aligned with 10 Year Health Plan priorities and – where relevant - aligned with Oxford Health's 6 strategic priorities. The planning team will support teams to develop their visions and plans and work with the Executive Team for early review and challenge of emerging priorities.

7. We will use this input to develop both the national returns required for NHS England and in the development of the Oxford Health future strategy.

Strategy development

8. Refreshing Oxford Health's strategy provides an opportunity to build on the Government's vision for the NHS as set out in the 10 Year Health Plan, and also to create a strategy that reflects the ambition and expertise of our Board and teams. We plan to engage widely across the Trust and with stakeholders to ensure we hear a range of voices to inform strategy development.

9. We will be engaging on our new strategy between September 2025 and March 2026 with an indicative timeline for Phase 1 of the engagement process set out in **Appendix 2.** Through this approach, we plan to hear views from all stakeholders including:
   - Staff
   - Patients, families and carers – represented by experts by experience and peer support workers
   - Volunteers
   - Oxford Health Board, Council of Governors and membership
   - Partner organisations, including our Voluntary and Community Sector (VCSE) partners

10. We will also seek feedback from the wider public within the populations we serve and work with partners including across the voluntary and community sector to reach 'seldom heard groups'. More detail is set out in **Appendix 3**.

11. The Strategy engagement process will run into 2 phases:

    a) The first phase aims to collect general views on what can be improved over the next 5 years and our long-term vision in line with the 10-year plan. We will capture a range of internal feedback from Teams and Directorates throughout the organisation, as well as general feedback from patients, carers and their families, wider communities and partner organisations. This phase will run until December 2025 and aligns with the NHS England Medium-Term Plan return timeframe. Its aim is to inform the Board's thinking to identify draft strategic priorities.
    b) The second Phase, from January to March 26 will test the Board's proposed priorities and objectives with specific group to develop the final wording of the strategy.

Next steps

12. Strategy engagement was launched for Oxford Health staff via our intranet on 11th September. The central strategy team is supporting team leaders to have conversations with teams, and a toolkit is available to support these conversations. We welcome the Board's views on Phase 1 of the strategy engagement approach as set out above and in Appendix 2 and Appendix 3.

13. We have also begun work internally with clinical directorates to develop the content for the 5-year plan. The Board is asked to note that the proposed plan will be considered by the Board before submission to NHS England in December.

Report history / meetings this item has been considered at and outcome
Oxford Health's Strategy and Medium-term plan development approach has been shared and discussed at: • Board workshop (30th April 2025) • Board workshop (27th June 2025) • Extended Leadership Team (1st September 2025) • Finance and Investment Committee (16th September 2025) • Council of Governors (18th September 2025)

Recommendation(s)
The Board is asked to: • Note the approach to strategy development and medium-term planning • Provide feedback on the high-level Strategy Engagement process (See Appendix 2 and Appendix 3 for details)

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

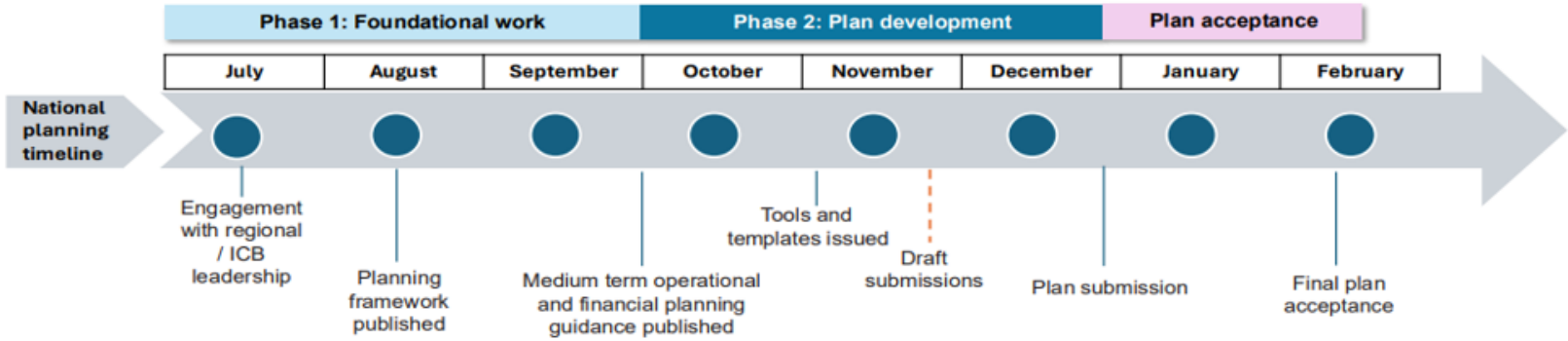
Link to CQC domain – where applicable				
☐**Safe**	☐**Effective**	☐**Caring**	☐**Responsive**	☑**Well-led**

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

Appendix 1: Indicative planning timeline from NHS England

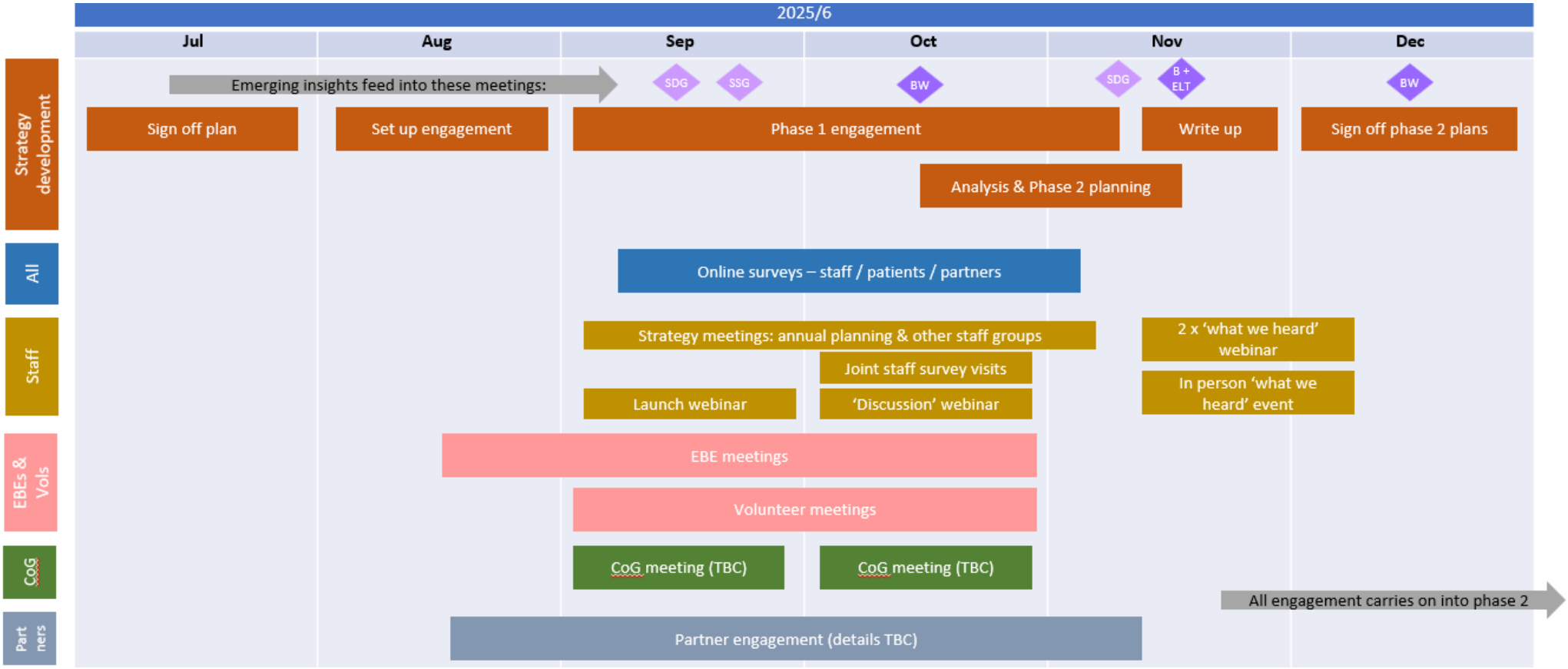
Planning Framework for the NHS in England

Indicative timetable for 2026/27 – across two phases



Regional activities	Develop medium-term strategic framework Engage with ICBs and providers to identify support needs		Risk-based planning support to ICBs and providers		Review of draft plans	Plan assurance and acceptance	
ICB activities	Set up process, governance and build a robust evidence base	Create outline commissioning intentions and discuss with providers	Integrated planning		Finalise plans & board sign-off	Respond to outcome of plan assurance	Prepare to implement plans
Provider activities	Set up process, governance and build a robust evidence	Complete foundational work	Integrated planning		Finalise plans & board sign-off		
Outputs		Underlying financial position Block contract reviews		Draft Planning returns	Five year plans National returns		

Appendix 2: Indicative Timeline for Strategy Engagement – Phase 1



Governance – key:	
B	Board
BW	Board Workshop
ELT	Extended Leadership Team
SDG	Strategy Delivery Group
SSG	Strategy Steering Group
CoG	Council of Governors

Appendix 3: The engagement approach, what we aim to learn and from whom

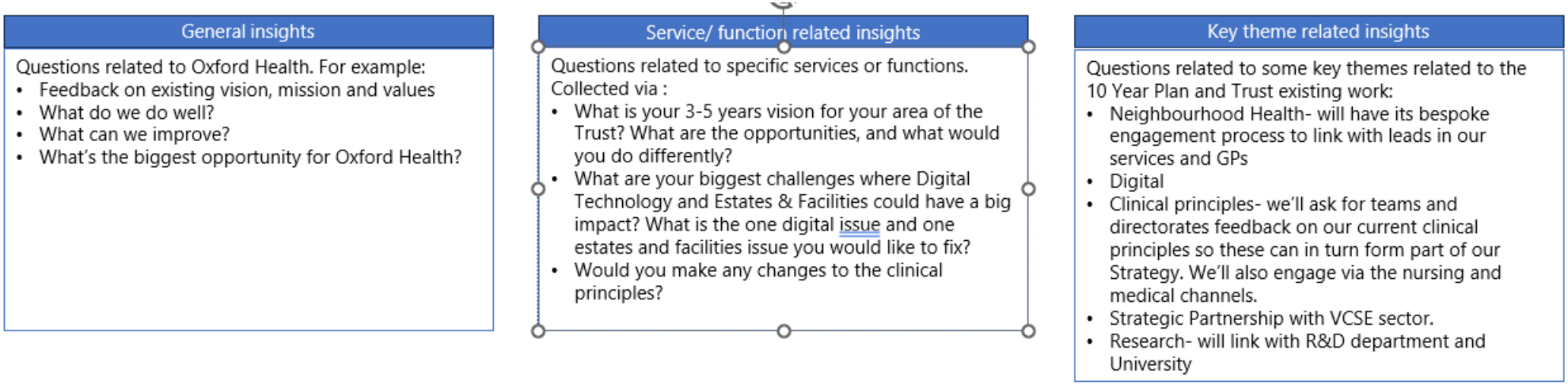
The main groups impacted by our strategy, and thus the key stakeholders we want to hear from during the strategy development process, are:

- Staff
- Patients, families and carers – represented by experts by experience and peer support workers
- Volunteers
- Council of governors and membership
- Partner organisations

We will also:

- Seek feedback from the wider public within the populations we serve
- Work with partners to reach 'seldom heard groups'

Phase 1 engagement will gather insights from key stakeholders, allowing us to shape the key strategic questions for phase 2. Insights can be grouped into three areas



Stakeholder group	How we will engage
Staff	•Overall: Align timings around staff survey and annual planning. Overall communications message – how can we improve things for staff and patients? •All staff: o Online survey (September) followed by 3 wrap-up sessions to share findings (2 online and 1 face to face) o Teams channel for discussion o Strategy team facilitated sessions: webinars, joint visit with staff survey team, sessions with professional groups, session with staff networks •Directorate/ Team lead, aligned to annual planning and national request to develop mid-term plan.
Patients / families / carers (represented by EBEs and peer support workers)	•Trust wide: o Email to all on databases to ask limited number of questions •Bespoke: o E&I team to facilitate sessions with existing groups o Strategy team to attend some EBE meetings o Involve EBEs in strategy development governance (starting with SDG)
Volunteers	•Share survey, attend bespoke event, invite to survey wrap-up sessions
Council of Governors and members	•Survey to members •Use CoG meeting (18 September) or open session in October for a facilitated discussion on inputs to strategy
Partner organisations	•Exec lead interviews with specific partners, TBC Exec to Exec or Board to Board session for other providers •Joint session with Directorate Senior Leadership where most appropriate for Place-based meetings and organisation •Executive Director of Strategy and Strategy team to join Directorate session with Partners wherever appropriate. •Explore potential of bespoke engagement with specific groups: e.g. VCSE sector, University etc.
Seldom heard groups	•Phase 1 – engagement with ICB / prevention and health inequalities forum to identify focus areas for Phase 2 engagement •Build relationships with and work with intermediaries to gather input and insights to inform phase 2
Wider public	•Online survey on website •Social media engagement – communications team can highlight survey to specific local groups

Meeting:	Board of Directors' Meeting
Date of Meeting:	24 September 2025
Agenda item:	12(a)
Report title:	Integrated Performance Report – September 2025
Executive sponsor(s):	Amelie Bages, Executive Director of Strategy
Report author(s):	Vicki Bull, Head of Business Services
Action this paper is for:	☐ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the Board:	The Integrated Performance Report (IPR) report provides the Board of Directors with an integrated view of the strategic domains of Operational Performance, Quality and People
Public or confidential	Public

Executive summary

The Integrated Performance Report (IPR) provides Board of Directors with an integrated view of the strategic domains of Operational Performance, Quality and People. September's IPR contains July 2025 data (unless stated otherwise within the report).

The IPR has been developed for an improved alignment with Trust strategic ambitions, national and local reporting performance requirements. It underwent a further re-design in the current financial year 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 changes agreed during the internal review of the IPR in November 2024.

The Report continues to be developed further to provide a comprehensive and reassuring oversight of Trust performance measures.

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

In summer 2025, NHS England published an updated version of the NHS National Oversight Framework (NOF). Under the new framework, NHS England will assess provider performance against a defined set of metrics to determine segment scores. These scores will inform where targeted improvement is required. The resulting improvement interventions will be tailored based not only on performance but also on an assessment of each organisation's leadership, governance, and overall capability, ensuring a balanced and proportionate approach to oversight and support.

On 9th September 2025 NHS England published a NOF league table, where every provider was scored against a set of metrics that target the 2025-26 NHS priorities and operational planning guidance. Each organisation was placed in a segment ranging from 1 (no support) to segment 5 (intensive support through Provider Improvement Programme). Oxford Health NHS Foundation Trust has been placed in segment 1.

The Integrated Performance Report has undergone an initial review to align current metrics with the updated NOF (such metrics are clearly marked as NOF within the IPR). NHS England is expected to finalise its methodology for assessing provider capability and publish associated technical guidance during Quarter 2. A further review will take place once the final guidance, including the technical specifications, has been issued and made available on Model Hospital*. To ensure ongoing alignment and visibility, a dedicated NOF dashboard will be incorporated into future iterations of the Integrated Performance Report.

** The NHS Model Hospital is a digital benchmarking and improvement platform developed by NHS England to help Trusts and systems identify opportunities for improvement, increase efficiency, and improve patient care. It provides comparative data, analytics, and insights across a wide range of operational and clinical areas.*

(2) Clinical performance

The Trust has a set of metrics to monitor clinical performance derived from nationally reportable metrics and locally agreed metrics. Reporting against some of the metrics is still in development and will be introduced to the Board on a phased approach. The below table provides a high-level overview of the metrics that necessitate exception reporting, as well as other metrics that, while not requiring exception reporting, contain additional information pertinent to the Board of Directors. For a comprehensive narrative, please refer to the full Integrated Performance Report (IPR).

<table>
<tr><th>Service area</th><th>Comments</th></tr>
<tr><td>Child and Adolescent Mental Health Services (CAMHS)</td><td>
<table>
<tr><td>No significant change and consistently* failing the target</td><td>• % referred (routine cases) with suspected eating disorder that start treatment within 4 weeks - Bath & North-East Somerset, Swindon and Wiltshire</td></tr>
<tr><td>Concerning nature and inconsistent passing or failing target</td><td>• % referred (urgent cases) with suspected eating disorder that start treatment within 7 days - Bath & North-East Somerset, Swindon and Wiltshire</td></tr>
</table>
*Consistency is determined by a certain number of consecutive data points.

Bath and North-East Somerset, Swindon and Wiltshire CYP Eating Disorders service have not met the 3-month rolling position for both urgent and routine referrals – details provided within the IPR.

The Board of Directors are asked to note that CYP services in Oxfordshire and Bath & North-East Somerset, Swindon and Wiltshire have performed at lower than national average (62%) rate with 58.48% and 52.07% respectively of children being seen within 4 weeks of referral in July 2025.

To note: waiting time standard for meaningful contact and outcome measure still in development to be reported on IPR. As an interim solution, the Trust is monitoring the four week wait as one meaningful contact within the pathway.
</td></tr>
</table>

	P Data Quality (Process and System) – Oxfordshire's CAMHS access rate metric is appearing as underperforming in July 2025. However, once data from AnDY* Research Clinical is added (125 patients as of July 2025), the access rate will be exceeding the trajectory. Data from the Clinic has been omitted due to it being reported on a different system/different dataset. **AnDY – Anxiety and Depression in Young People*
Talking Therapies	• Buckinghamshire's Talking Therapies service is generally performing well. • Three of Oxfordshire's Talking Therapies service metrics have been flagged by the algorithm as requiring attention due to concerning nature and inconsistent passing or failing the target: 1. Meet and maintain at least 50% recovery rate does not warrant an investigation due to % being on a lowering trajectory, but still above target 2. Reduction in Reliable improvement and 3. Reliable recovery rates are deemed to be mostly a seasonal variation with year to date performance being on track to remain above target.
Adult and Older Adult Community Mental Health Services	None of Oxfordshire's and Buckinghamshire's adult and older adult community mental health services are flagged as requiring attention and are either generally performing well or within expected variation without cause for concern currently. Buckinghamshire perinatal access rate is not highlighted by the algorithm as requiring attention; however, it continues to be below trajectory – please see IPR for details.
Mental Health Urgent Care Services	• Urgent Mental Health Care service across Oxfordshire and Buckinghamshire are performing generally well or within expected variation without cause for concern currently. One metric breached the target in July 2025 – the breach is attributed to a single patient, whom has been seen within 25 hours instead of targeted 24 hours by the Mental Health Psychiatry Liaison Service. To note: not all activity undertaken in the urgent care pathway is represented in the Mental Health Urgent Care waiting standards reported in the IPR due to specific national definitions. Peer review of how urgent care standards are applied across Oxfordshire and Buckinghamshire mental health crisis services has concluded. In addition, we also undertook a high-level performance review of mental health crisis services in South East and South West regions. Interim findings suggest that whilst there is national guidance in relation to urgent mental health care standards, interpretation of it can vary due to clinical triage. A Quality Improvement (QI) project was set up in late August to look at the referral process/system.
Adult and Older Adult acute/inpatient services	• Inpatient services across Oxfordshire and Buckinghamshire are performing generally well or within expected variation without cause for concern currently apart from inappropriate out of area placements (see IPR for details) and the percentage of acute admissions with no prior contact with community mental health services in Oxfordshire. For the latter indicator narrative will be no longer provided within the IPR as no recurring themes have been identified and there are no actionable levers within our control.
Community Health Services, Dentistry and Primary Care	A proportion of service 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 to them. Out of those currently available for reporting, the following metrics have been flagged as requiring attention: No significant change and consistently* failing the target • Percentage 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 • 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) • Percentage of 6 – 8-week reviews completed (Healthy Child Programme) • Percentage of 12-month development reviews completed by the time the child turned 12 months (Healthy Child Programme) • Percentage of 2-to-2.5-year reviews completed (Healthy Child Programme)

**Consistency is determined by a certain number of consecutive data points.*

- Out of hours palliative care response time of 60 minutes is a metric with an intentionally ambitious target. Performance against the target is partly affected by data quality described below and physical distance to the patient requiring a home visit. Target of 60 minutes will be changing to 120 minutes to align with reporting practices adopted by other Trusts and to allow benchmarking. Performance against the 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. Reporting of 120-minute metric is currently in development.
- Achieving the target for Children Looked After to be receiving an initial health assessment within 20 working days has been challenging since May 2024 due to an increase in the number of looked after children and on-going issues with getting information and consent from Social Services in a timely manner.
- A number of Healthy Child Programme metrics are underperforming – please see IPR for comprehensive narrative.

T

Data Quality –

- Several same-day care services and healthcare teams should be contributing to the 2-hour Urgent Community Response target (i.e. UCR itself, District Nursing, Community Therapy Service etc.) but currently are not due to data recording code development and therefore only a proportion of activity is being reported. Actions underway to address this by end of quarter 2. Please note that the 2-hour Urgent Community Response is now a NOF metric.
- Investigation of Out of Hours palliative care referral response times resulted in the need of several process changes related to timely update of patient records and redefinition of End-of-Life patients in scope of this metric (where end of life means an imminent action required and palliative – chronic palliative illness).

Community Health Services, Dentistry and Primary Care waits	• Snapshot of Community Health Services monthly waits sitrep reporting on IPR commenced with May data reporting alongside percentage of patients (adults and CYP combined) waiting over 52 weeks for community services metric. Percentage of patients waiting over 52 weeks for community services is now a NOF metric; the Board is asked to note improvement (reduction) in the number and percentage of long waiters with activities for further improvement underway. To note: national monthly sitrep reports on those currently waiting snapshot end of month position. • Metrics monitoring performance against range of waiting time targets (for those patients who have already been seen) for community health services currently in technical development and will be introduced in the IPR on a phased approach throughout the year. T Data Quality – on-going data validation by Services, specifically for those 52+ weeks will be undertaken in quarter 2

(3) Quality and People

General exception reporting rules do not apply to metrics reported in Quality and People sections – narrative is provided for all measures. Board of Directors are asked to note that patient and carer experience graphs showing the percentage of patients responding that overall, the care was good or very good and percentage of patients reporting being involved in their care have been temporarily removed from the IPR as the reporting system is being updated following a recent procurement exercise.

Quality:

In July the Trust continued to report a comparatively high level of restrictive practice, A notable proportion of these related to the Child and Adolescent Psychiatric wards and Intensive Care Unit (CAMHS PICU) with prevention of self-harm being by far the biggest cause. Please see detail in the IPR and the Quality & Safety Dashboard for more details. Work is ongoing across the Trust to reduce the use of restrictive practice, incidents and violence and aggression with a focus on supporting a small number of acutely unwell young people in the CAMHS PICU that require both therapeutic and physical interventions to maintain safety and well-being.

People:

Overall People metrics continue to improve in range of areas. Agency usage remains better than target and further interventions are planned for Quarter 3 that are aimed at making savings in relation to Healthcare Assistant (HCA) agency usage – this is complemented by further increases in our usage of bank staff to cover shifts and reflects the Bank First Approach the Trust implemented 18 months ago. Reflecting trends in the wider economy, turnover continues to fall with a notable reduction in the number of vacancies in the Trust – both pointing to a more stable workforce. Work will continue to target roles, professions and locations where hotspots remain. Changes are planned for Quarter 3 whereby supervision will be recorded differently with the aim of increasing in the overall supervision rates and a comms campaign is planned once the system change has been made. Whilst the gap

between white and ethnic minority colleagues in relation to turnover has closed, the Trust still lags behind target in relation to representation at all pay bands and in particular Band 8a and above roles – work continues in a range of ways to support the progression and retention of ethnic minority colleagues and improve their staff experience. Finally, the Trust exceeded its target to have more than 95% of Personal Development Reviews (PDRs) completed by the end of July with 96.7% staff having their PDRs.

(4) Delivery of Strategic Objectives

The Trust has around 40 strategic metrics to track performance against set strategic objectives and ambitions. Strategic Dashboard inclusive of all strategic metrics representing annual position was presented to Board in May 2025. In-year strategic metrics continue to be reported on IPR where possible. Next reporting of full Strategic Dashboard representing 6-month position is expected to take place in November 2025.

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

The IPR is continuously reviewed to identify improvements to be made and incorporated when and where possible. It now provides a better insight into Community Health Services, Dentistry and Primary Care clinical performance with a further phased expansion over the next two quarters, inclusion of metrics for Forensic and Learning Disabilities are in the pipeline to be reported during financial year 2025-26. NHS England has published an updated NHS Performance Assessment Framework for 2025/26 (framework title used interchangeably with National Oversight Framework - NOF) following a test with pilot organisations during quarter 1. Once all guidance is finalised and published, the IPR will be reviewed again and fully aligned with the Framework. As a result of the new Framework, the total number of performance measures within the IPR and the context of certain measures will change over the next few months.

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

The Trust has made specific local adaptations to the Making Data Count (MDC) approach and is actively rolling it out as it is now the recommended method for interpreting performance data across NHS trusts in England. NHS England promotes MDC as a superior alternative to traditional Red-Amber-Green (RAG) ratings and two-point comparisons, which can often lead to misinterpretation and ineffective decision-making. MDC encourages the use of Statistical Process Control (SPC) charts to analyse data over time, helping to distinguish between normal (common cause) variation and significant (special cause) changes. This enables more informed and effective decision-making. The approach is designed to be accessible to all NHS staff, including analysts, clinicians, and managers. MDC is systematically integrated into NHS performance reporting practices to enhance data interpretation and support better patient outcomes. It is closely aligned with NHS England's Insightful Board guidance, both emphasising the use of data to drive informed decision-making at the Board level. The Trust's

local adaptations further enhance the effectiveness of MDC, ensuring that it meets the specific needs of our organisation and supports our ongoing commitment to data-driven decision-making.

Directorate-specific versions of the IPR continue to be shared and discussed with relevant Senior Management Teams within the two Mental Health directorates and Community Health Service, Dentistry and Primary Care directorate. Service Review meetings, where tailored pathway/service level versions of the IPR with additional workforce, finance, quality information are shared and discussed, have been taking place since April 2024 in both mental health directorates. Interim impact assessment of outputs suggests a notable improvement in team level data accuracy, increase in staff levels of confidence when interpreting data and created opportunities for targeted initiatives to improve work practices and service delivery. Such approach is now being actively embedded within the Community Health Services, Dentistry and Primary Care directorate with similar positive impact expected within a year.

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

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

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

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

Integrated Performance Report (IPR): September 2025

July 2025 data unless stated otherwise



Quality



People



Sustainability



Research

Oxford Health NHS Foundation Trust

Contents

Oxford Health NHS Foundation Trust

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

Guide to the Integrated Performance Report

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

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

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

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

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

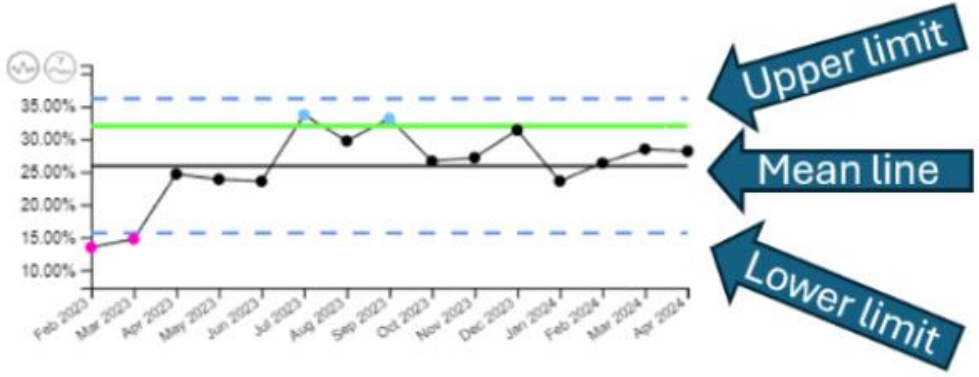
Clinical metrics can either be *National* (e.g. set out in the operational planning guidance, reported on Future NHS platform, National Oversight Framework (NOF) etc.) or *Local* (set at Trust or ICB level).

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.

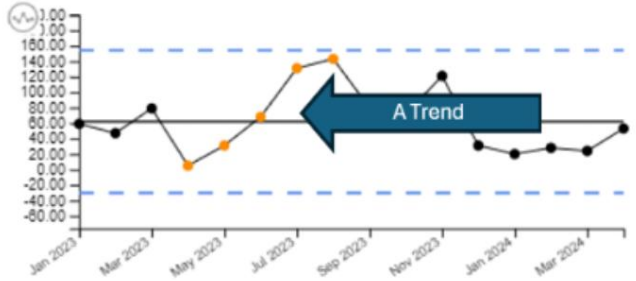
The SPC chart has three lines on it: central line (mean line; black) is the average of data and blue are upper and lower control limits. If data points are within the control limits, it indicates that the activity is within normal range. If the data points are outside of these control units, it indicates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



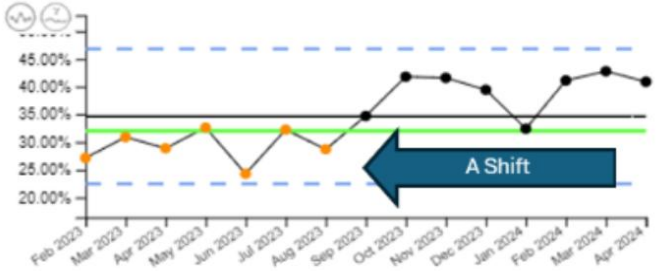
Upper and lower limits on an SPC chart are calculated using statistical formulas based on actual data, typically, by measuring the average and natural variation, to identify the range within which the process should operate if it remains stable.

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

Variation	P	?	F	No target
H / L	• Improve access to mental health support for children and young people – Buckinghamshire, Oxfordshire and Bath & North-East Somerset, Swindon and Wiltshire • Response from Mental Health Psychiatric Liaison within 1 hour – Buckinghamshire and Oxfordshire	• CYP % referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks – Oxfordshire • CYP % referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days – Buckinghamshire and Oxfordshire • Response from Mental Health Crisis Service within 24 hours (urgent) – Buckinghamshire and Oxfordshire		
	• % 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 and Buckinghamshire 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 Talking Therapies • Response from Mental Health Psychiatric Liaison within 24 hours – Buckinghamshire	• CYP Four week wait (interim metric – one meaningful contact within pathway) – Buckinghamshire, Oxfordshire and Bath & North-East Somerset, Swindon and Wiltshire • CYP % referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks – Buckinghamshire • Increase the number of adults and older adults completing a course of treatment for anxiety and depression – Buckinghamshire and Oxfordshire Talking Therapies • 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 • 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 and Buckinghamshire	• **CYP % referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Bath & North-East Somerset, Swindon and Wiltshire**	• % of those completing a course of treatment for anxiety and depression who are older adults (65 and over) – Buckinghamshire and Oxfordshire Talking Therapies
H / L		• **CYP % referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Bath & North-East Somerset, Swindon and Wiltshire** • **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 – Oxfordshire Talking Therapies** • **Meet and maintain at least 50% Talking Therapies recovery rate – Oxfordshire** • Response from Mental Health Psychiatric Liaison within 24 hours – Oxfordshire*		

Mental Health Services – Matrix (1/2)

Assurance

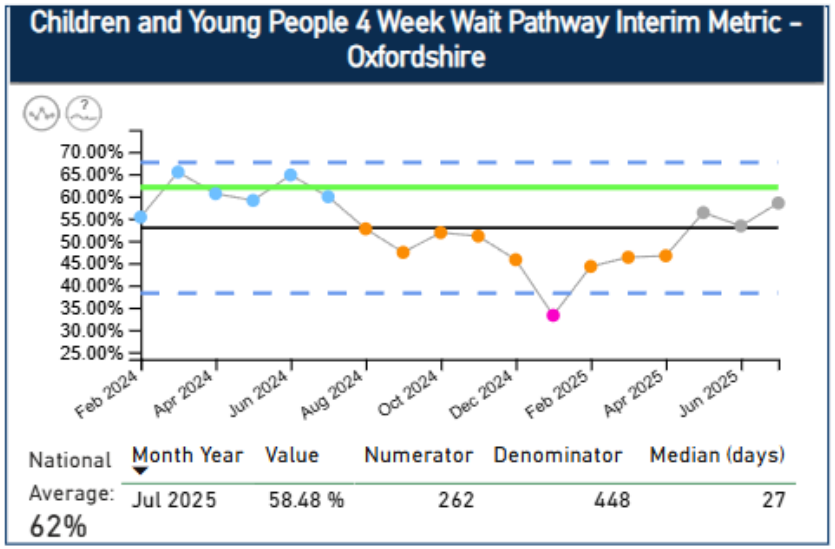
Variation	P	?	F	No target
H / L	• Improve access for Adults and Older Adults to support by community mental health services – Buckinghamshire and Oxfordshire • Four week wait standard (interim metric – two contacts within pathway) – Oxfordshire and Buckinghamshire • Improve access to perinatal mental 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 • 72 hour follow up for those discharged from mental health wards – older adults – Buckinghamshire • 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	• Mean Length of Stay Mental Health acute, older adult acute and Psychiatric Intensive Care (PICU) discharges (combined; rolling three months) – Oxfordshire		• Inappropriate older adult mental health out of area placements – bed days in month – Buckinghamshire and Oxfordshire • % older adult readmission within 30 days for mental health – Buckinghamshire
	• Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements – snapshot last day month – Buckinghamshire	• Improve access to perinatal mental health services – Buckinghamshire (rolling 12 months) • 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 • 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 and Buckinghamshire • Mean Length of Stay Mental Health acute, older adult acute and Psychiatric Intensive Care (PICU) discharges (combined; rolling three months) – Buckinghamshire • 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 • Inappropriate adult acute mental health out of area placements – snapshot last day month – Oxfordshire • % 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 – Adult (acute & Psychiatric Intensive Care units) – Oxfordshire**	• Inappropriate adult acute mental health out of area placements - beds days in month – Buckinghamshire and Oxfordshire • Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month – Buckinghamshire and Oxfordshire • % 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 – Oxfordshire and Buckinghamshire
H / L				

Mental Health Services – Children and Adolescent Mental Health Services - summary

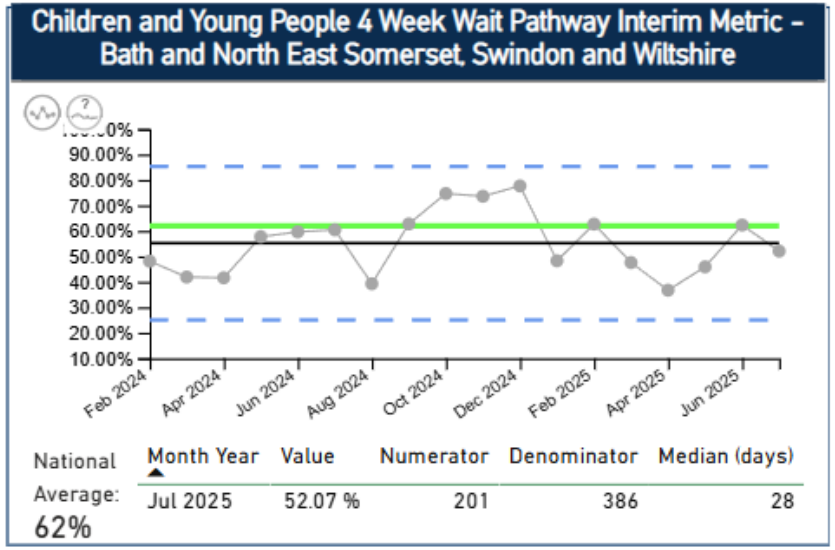
S T P

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National	Improve access to mental health support for children and young people - Buckinghamshire	>=6406	Jul-25	6799	H	.	6028
National	Improve access to mental health support for children and young people - Oxfordshire	>=8510	Jul-25	8415	H	.	7588
National	Improve access to mental health support for children and young people - Bath & North-East Somerset, Swindon and Wiltshire	tbc	Jul-25	6520	H	n/a	6257
National Strategic - Quality	Four (4) week wait (interim metric - one meaningful contact within pathway) - Buckinghamshire	>=62% National average	Jul-25	76.84%		?	65.19%
National Strategic - Quality	Four (4) week wait (interim metric - one meaningful contact within pathway) - Oxfordshire	>=62% National average	Jul-25	58.48%		?	52.91%
National Strategic - Quality	Four (4) week wait (interim metric - one meaningful contact within pathway) - Bath & North-East Somerset, Swindon and Wiltshire	>=62% National average	Jul-25	52.07%		?	55.15%
National	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Buckinghamshire (rolling 3 months position)	>=95%	Jul-25	100%		?	90.67%
National	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Oxfordshire (rolling 3 months position)	>=95%	Jul-25	92.59%	H	?	88.55%
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%	Jul-25	86.44%		F	78.66%
National	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Buckinghamshire (rolling 3 months position)	>=95%	Jul-25	100%	H	?	92.40%
National	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Oxfordshire (rolling 3 months position)	>=95%	Jul-25	100%	H	?	83.15%
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%	Jul-25	75%	L	?	88.54%

Mental Health Services – Children and Adolescent Mental Health Services



National Average:	Month Year	Value	Numerator	Denominator	Median (days)
62%	Jul 2025	58.48 %	262	448	27



National Average:	Month Year	Value	Numerator	Denominator	Median (days)
62%	Jul 2025	52.07 %	201	386	28

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 and Bath & North East Somerset, Swindon and Wiltshire CAMHS have not achieved the national average in July 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.

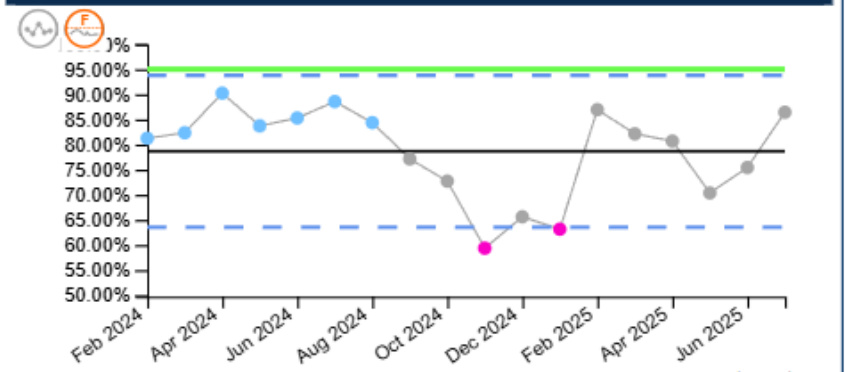
Risks

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

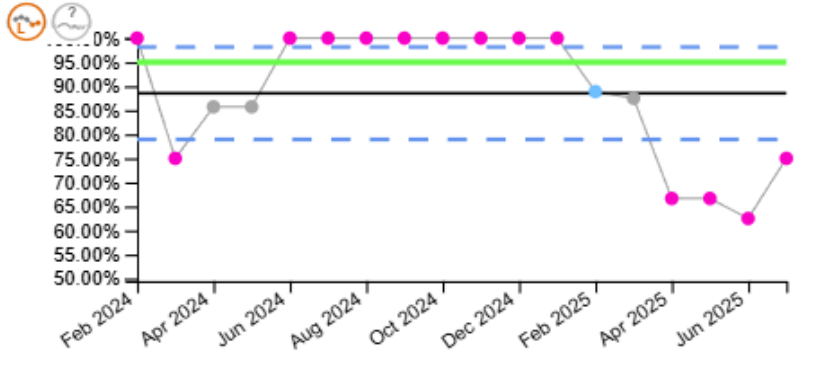
Mental Health Services – Children and Adolescent Mental Health Services

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



Target:	Month Year	Value	Numerator	Denominator	Median (days)
95%	Jul 2025	86.44 %	51	59	14

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



Target:	Month Year	Value	Numerator	Denominator	Median (days)
95%	Jul 2025	75.00 %	6	8	6

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 July 2025 performance includes May, June and July 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.

Six out of eight routine breaches were attributed to patient choice and two were seen outside of the timeframe due to capacity . Two out of two urgent breaches were attributed to patient choice.

**SNOMED is a comprehensive, multilingual clinical terminology system used in healthcare.*

Actions (SMART)

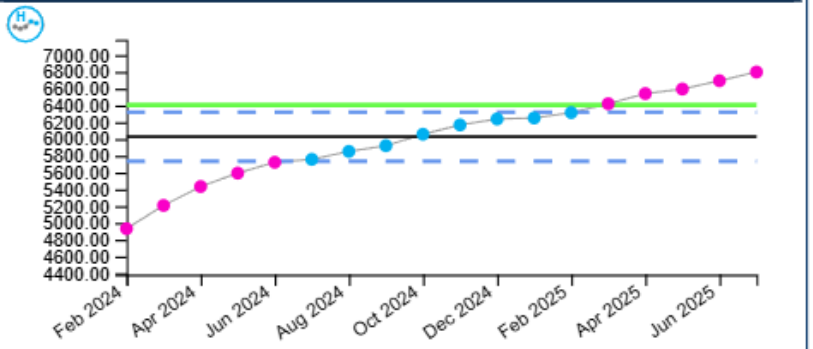
- Continuation of Internal team level performance monitoring and improvement meetings taking place regularly to support teams with data recording, reporting, identifying causes and solutions for improvement.
- Review of capacity in each of the Eating Disorders teams to improve forward planning
- Explore possibilities to reduce patient choice breaches including offering Initial Assessments in another Eating Disorders clinic that may be somewhat further from patient, but still within locality

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

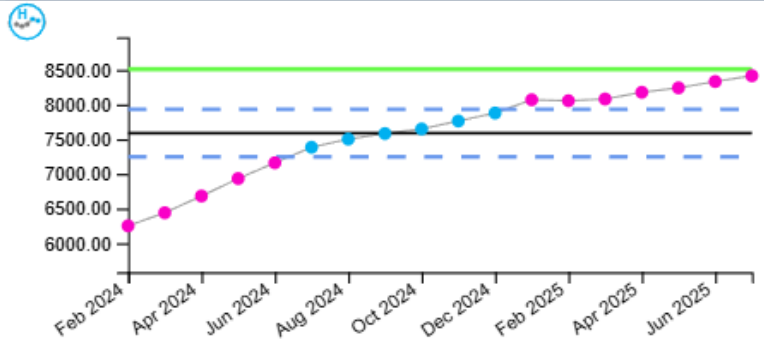
Improve access to mental health support for children and young people – Buckinghamshire



Target (Bucks sub ICB):
6406 July

Month Year	Value
Jul 2025	6,799

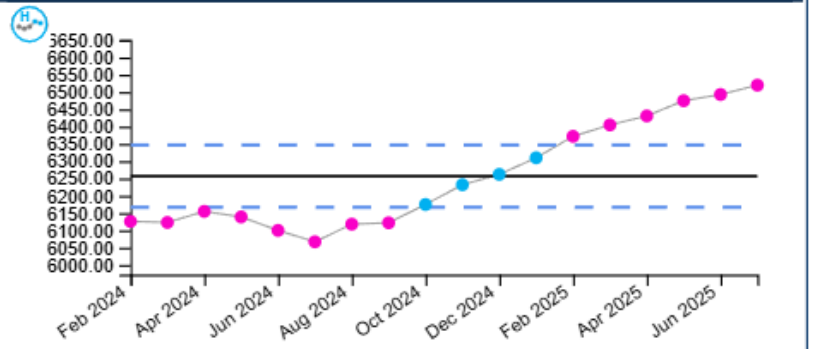
Improve access to mental health support for children and young people – Oxfordshire



Target (Oxon sub ICB):
8510 July

Month Year	Value
Jul 2025	8,415

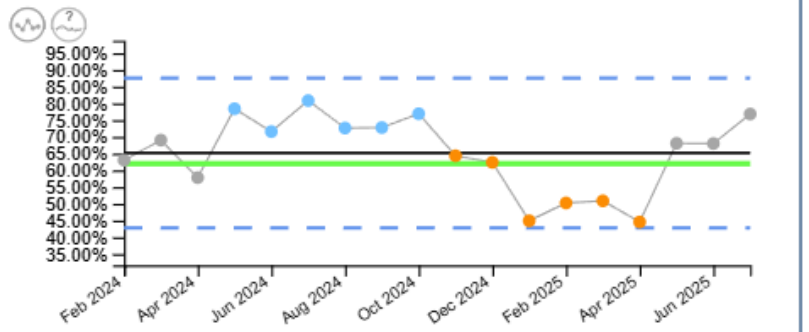
Improve access to mental health support for children and young people – Bath and North East Somerset, Swindon and Wiltshire



Target (BSW):
tbc

Month Year	Value
Jul 2025	6,520

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

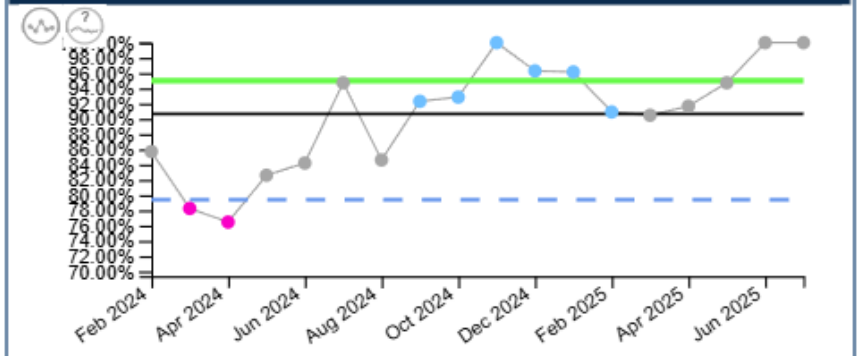


National Average: 62%

Month Year	Value	Numerator	Denominator	Median (days)
Jul 2025	76.84 %	408	531	22

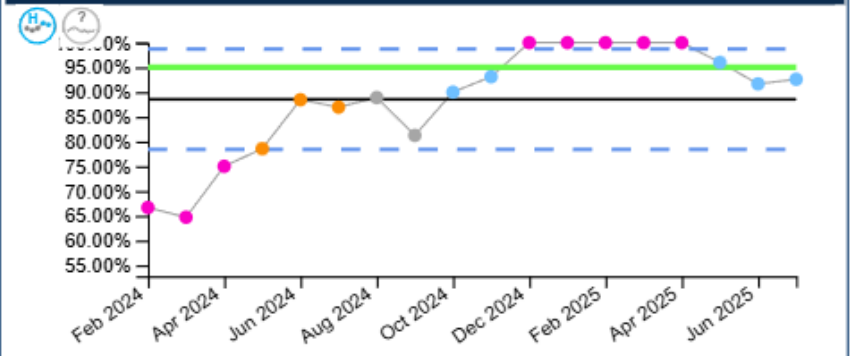
Mental Health Services – Children and Adolescent Mental Health Services - appendices

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



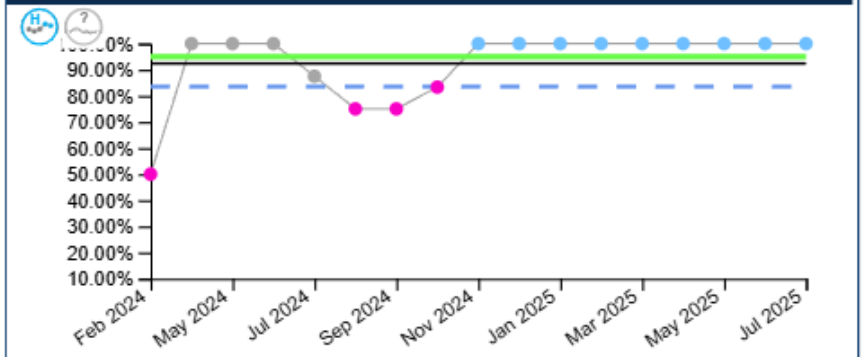
Target:	Month Year	Value	Numerator	Denominator	Median (days)
95%	Jul 2025	100.00 %	14	14	20

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



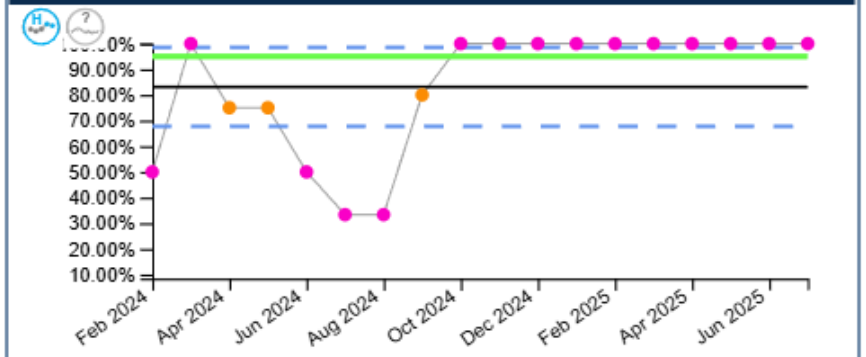
Target:	Month Year	Value	Numerator	Denominator	Median (days)
95%	Jul 2025	92.59 %	25	27	13

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



Target:	Month Year	Value	Numerator	Denominator	Median (days)
95%	Jul 2025	100.00 %	5	5	4

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



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

Mental Health Services – Talking Therapies- summary (1/2)

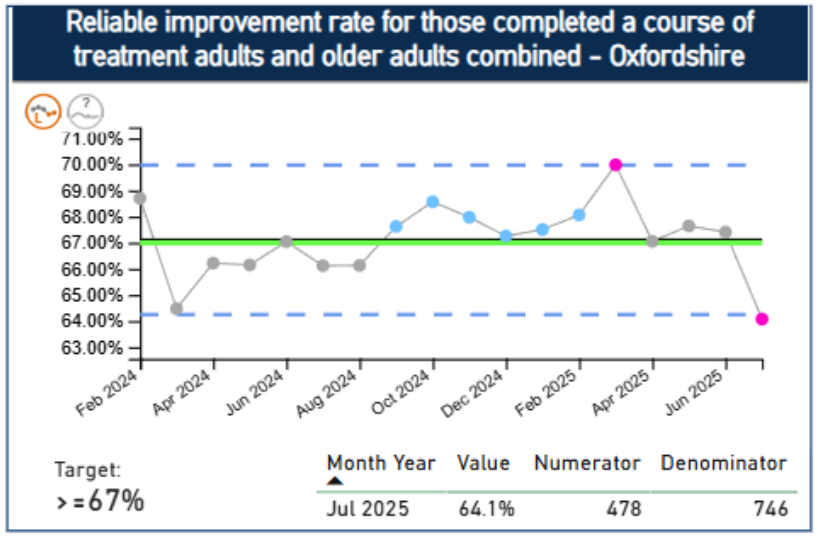
S T P

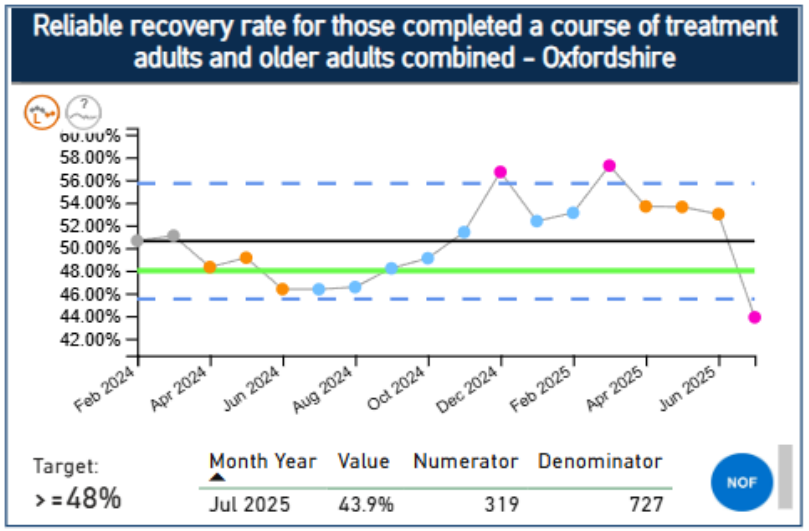
Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Buckinghamshire	515	Jul-25	737		?	633
National	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Oxfordshire	687	Jul-25	746		?	685
National	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Buckinghamshire	.	Jul-25	9.20%		n/a	11.53%
National	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Oxfordshire	.	Jul-25	7.40%		n/a	7.42%
National	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Buckinghamshire	>=67%	Jul-25	67.20%		?	66.41%
National	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Oxfordshire	>=67%	Jul-25	64.10%	L	?	67.11%
National	% of people receiving first treatment appointment within 6 weeks of referral - Buckinghamshire	>=75%	Jul-25	98.90%		P	97.99%
National	% of people receiving first treatment appointment within 6 weeks of referral - Oxfordshire	>=75%	Jul-25	99.60%		P	99.69%
National	% of people receiving first treatment appointment within 18 weeks of referral - Buckinghamshire	>=95%	Jul-25	100%		P	99.97%
National	% of people receiving first treatment appointment within 18 weeks of referral - Oxfordshire	>=95%	Jul-25	100%		P	99.96%
National	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) - Buckinghamshire	<=10%	Jul-25	2.90%		P	2.42%
National	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) - Oxfordshire	<=10%	Jul-25	6.30%		P	3.91%

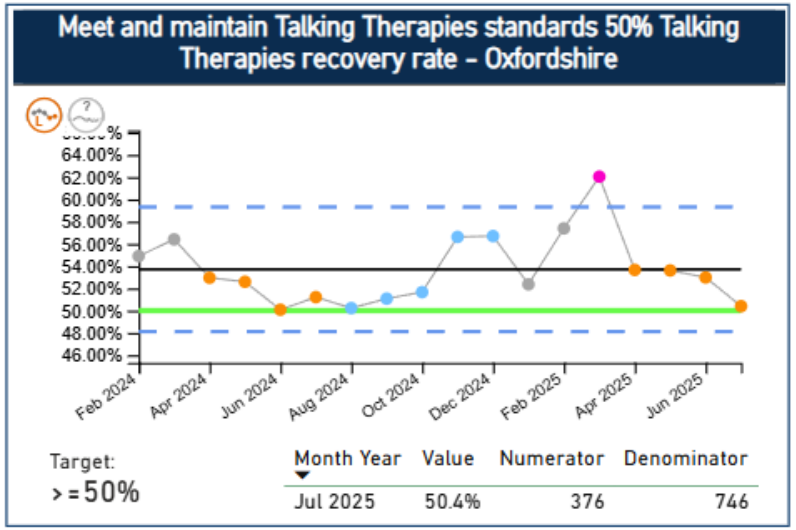
Mental Health Services – Talking Therapies- summary (2/2)

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National NOF	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Buckinghamshire	>=49%	Jul-25	50.40%			50.52%
National NOF	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Oxfordshire	>=48%	Jul-25	43.90%			50.59%
National	Meet and maintain at least 50% Talking Therapies recovery rate - Buckinghamshire	>=50%	Jul-25	52.20%			53.59%
National	Meet and maintain at least 50% Talking Therapies recovery rate - Oxfordshire	>=50%	Jul-25	50.40%			53.72%
National	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined - Buckinghamshire	>=50%	Jul-25	48.30%			51.22%
National	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined - Oxfordshire	>=50%	Jul-25	43.20%			48.90%
National	Recovery rate for White British - complete a course of treatment, adult and older adult combined - Buckinghamshire	>=50%	Jul-25	53.70%			54.81%
National	Recovery rate for White British - complete a course of treatment, adult and older adult combined - Oxfordshire	>=50%	Jul-25	53.60%			55.22%

Mental Health Services – Talking Therapies







Understanding the performance

In July 2025, both Reliable Recovery and Reliable Improvement rates in Oxfordshire's Talking Therapies Service declined with analysis indicating this may be partly seasonal. Contributing factors include higher Did Not Attend (DNA) rates and challenges in rebooking appointments, compounded by a significant number of students leaving the area before completing their course of treatment. Despite these setbacks, year-to-date data shows the Service remains on track to meet key performance indicators (KPIs) by year end. However, this projection carries some risk due to increasing wait times at Step 3* services, driven by limitations in utilising digital provider options for trainee backfill, currently impacting 28 whole-time equivalents (WTE).

**Step 3 services refer to high-intensity psychological interventions for people with moderate to severe mental health problems, typically depression and anxiety disorders.*

Actions (SMART)

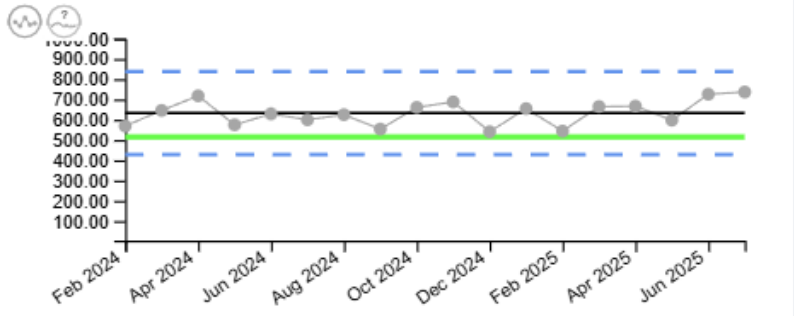
Continue to actively monitor and evaluate recovery outcomes for individuals from ethnically and culturally diverse communities (ECDC) through a dedicated workstream. Recent findings highlight that ECDC patients, particularly those requiring interpreters, are disproportionately located in the most deprived areas, with this intersection of ethnicity and deprivation adversely affecting their access, engagement with talking therapies, and recovery rates. Additionally, non-binary individuals from non-White British backgrounds face further barriers to recovery. In response, we are developing targeted strategies to improve engagement and support for these groups, especially interpreter-dependent patients, with robust tracking mechanisms to measure the effectiveness of these interventions.

Risks

Patients may continue to suffer from mental health symptoms, leading to worsened wellbeing, reduced quality of life and increased risk of crisis. Poor improvement may also increase long-term health and social care costs due to on-going treatment needs, disability or even hospital admissions. Low or incomplete recovery rates could increase chances of relapse, recurrent episodes or chronic mental illness. Finally, mental health outcomes may affect wider determinants of health, including employment, relationships and physical health; poor recovery may impact community wellbeing and productivity.

Mental Health Services – Talking Therapies - appendices

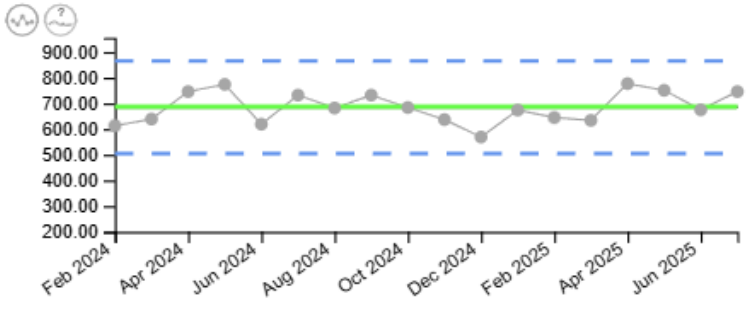
Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies - Buckinghamshire



Target:
>=515 in month

Month Year	Value
Jul 2025	737

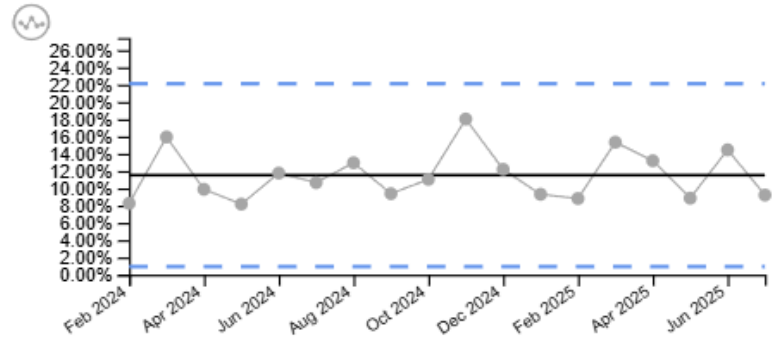
Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies - Oxfordshire



Target:
>=687 in month

Month Year	Value
Jul 2025	746

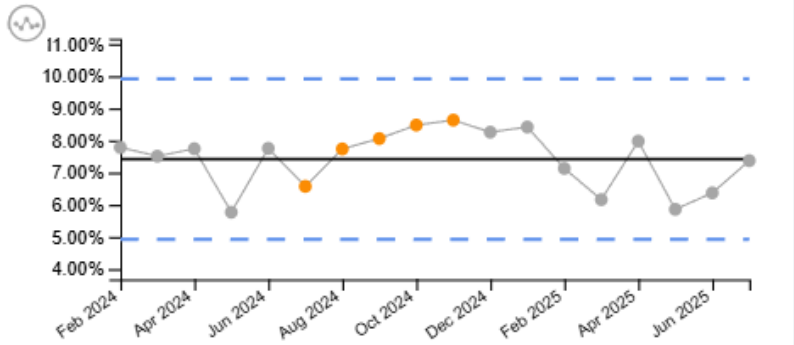
% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Buckinghamshire



Target:
baseline

Month Year	Value
Jul 2025	9.2%

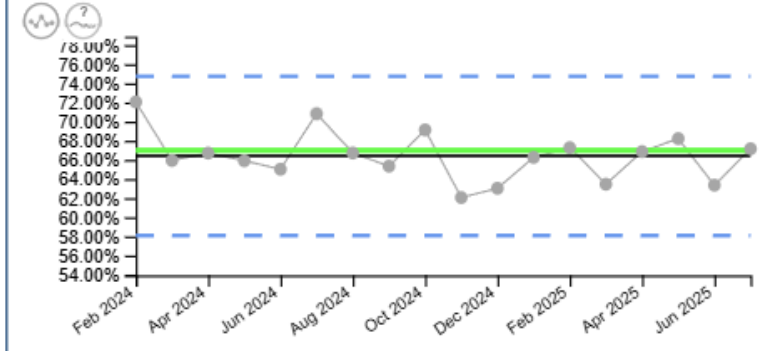
% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Oxfordshire



Target:
baseline

Month Year	Value
Jul 2025	7.4%

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

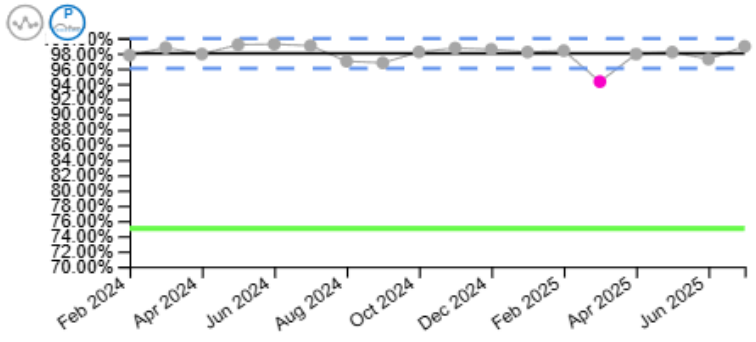


Target:
>=67%

Month Year	Value	Numerator	Denominator
Jul 2025	67.2%	495	737

Mental Health Services – Talking Therapies - appendices

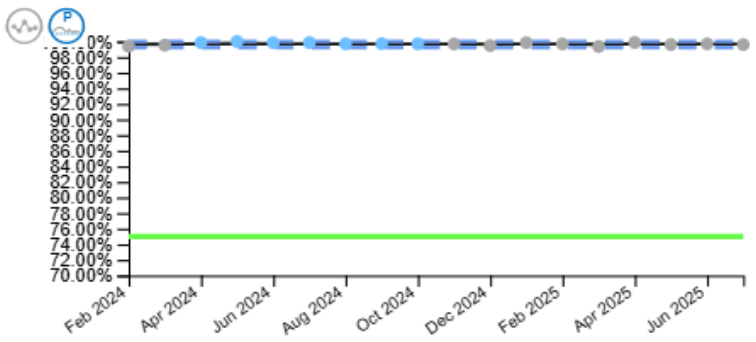
% of people receiving first treatment appointment within 6 weeks of referral - Buckinghamshire



Target: >=75%

Month Year	Value	Numerator	Denominator
Jul 2025	98.9%	729	737

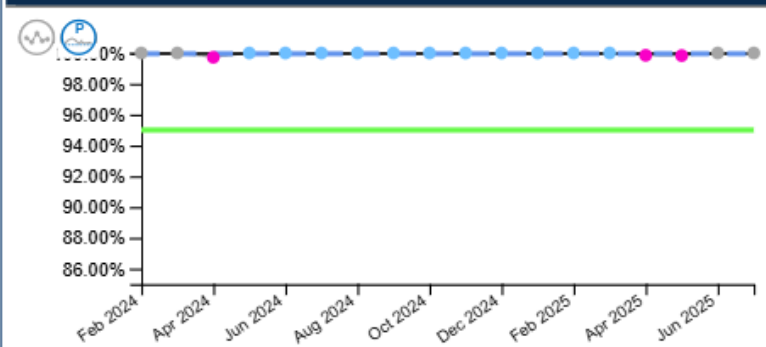
% of people receiving first treatment appointment within 6 weeks of referral - Oxfordshire



Target: >=75%

Month Year	Value	Numerator	Denominator
Jul 2025	99.6%	743	746

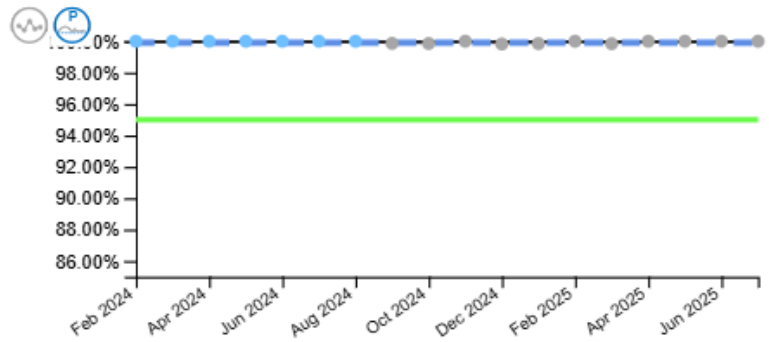
% of people receiving first appointment within 18 weeks of referral - Buckinghamshire



Target: >=95%

Month Year	Value	Numerator	Denominator
Jul 2025	100.0%	737	737

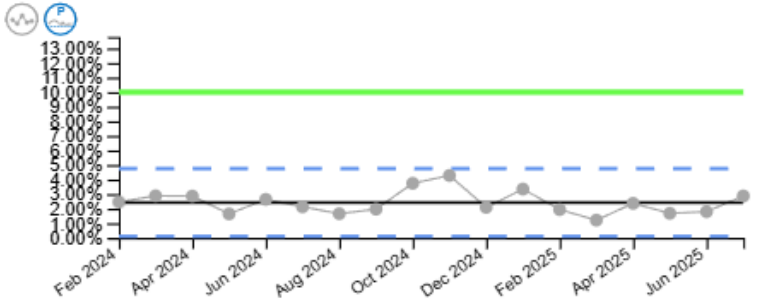
% of people receiving first appointment within 18 weeks of referral - Oxfordshire



Target: >=95%

Month Year	Value	Numerator	Denominator
Jul 2025	100.0%	746	746

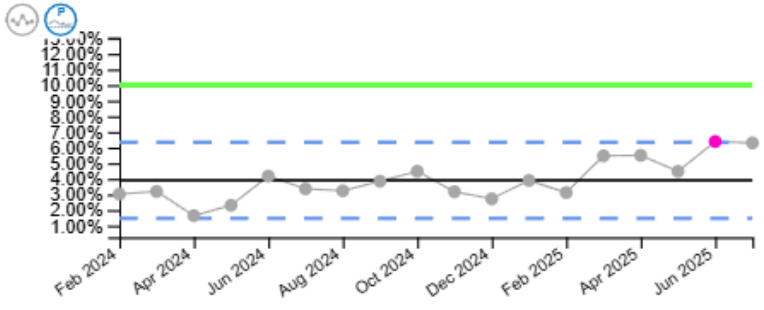
Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting no more than 90 days between treatments) - Buckinghamshire



Target: <=10%

Month Year	Value	Numerator	Denominator
Jul 2025	2.9%	25	870

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

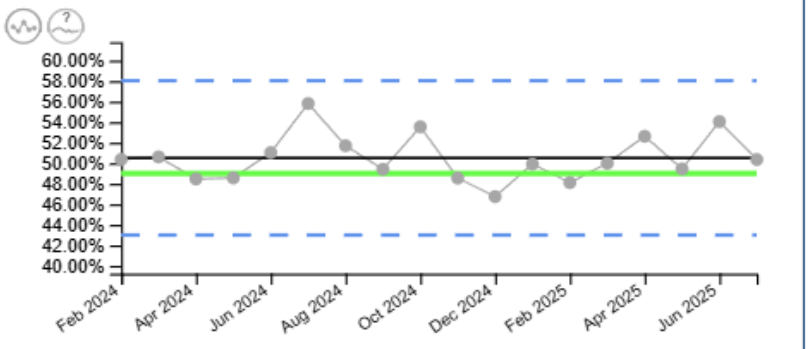


Target: <=10%

Month Year	Value	Numerator	Denominator
Jul 2025	6.3%	50	794

Mental Health Services – Talking Therapies - appendices

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

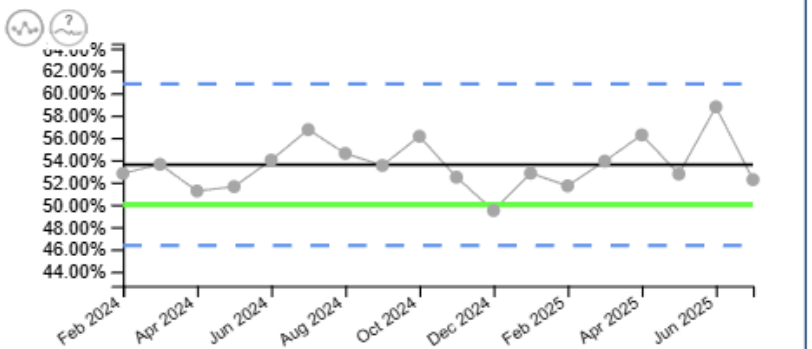


Target: >=49%

Month Year	Value	Numerator	Denominator
Jul 2025	50.4%	348	691

NOF

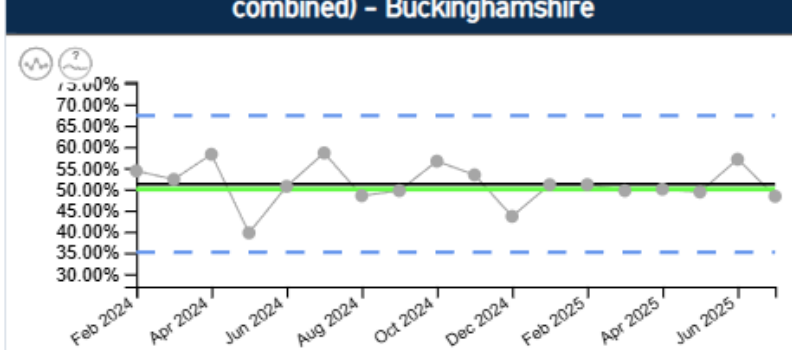
Meet and maintain Talking Therapies standards 50% Talking Thearpies recovery rate - Buckinghamshire



Target: >=50%

Month Year	Value	Numerator	Denominator
Jul 2025	52.2%	361	691

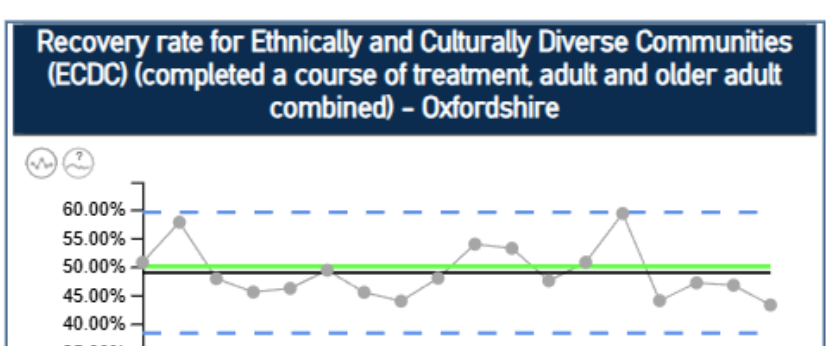
Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) (completed a course of treatment, adult and older adult combined) - Buckinghamshire



Target: >=50%

Month Year	Value
Jul 2025	48.3%

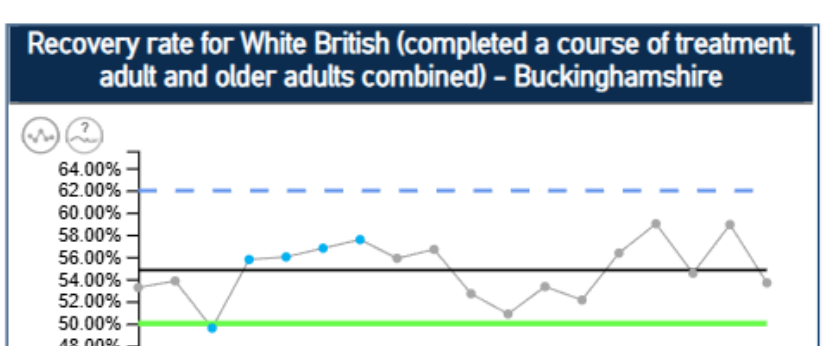
Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) (completed a course of treatment, adult and older adult combined) - Oxfordshire



Target: >=50%

Month Year	Value
Jul 2025	43.2%

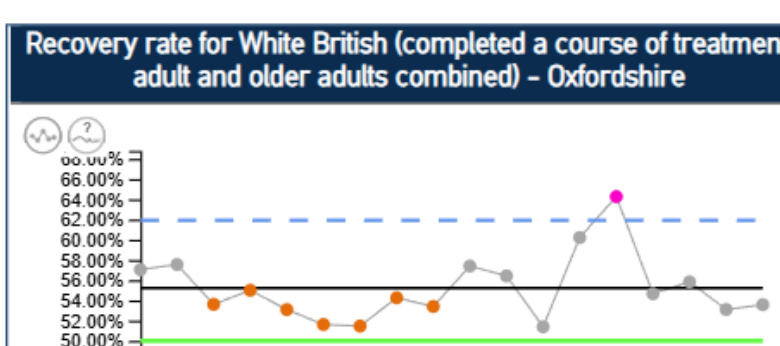
Recovery rate for White British (completed a course of treatment, adult and older adults combined) - Buckinghamshire



Target: >=50%

Month Year	Value
Jul 2025	53.7%

Recovery rate for White British (completed a course of treatment, adult and older adults combined) - Oxfordshire



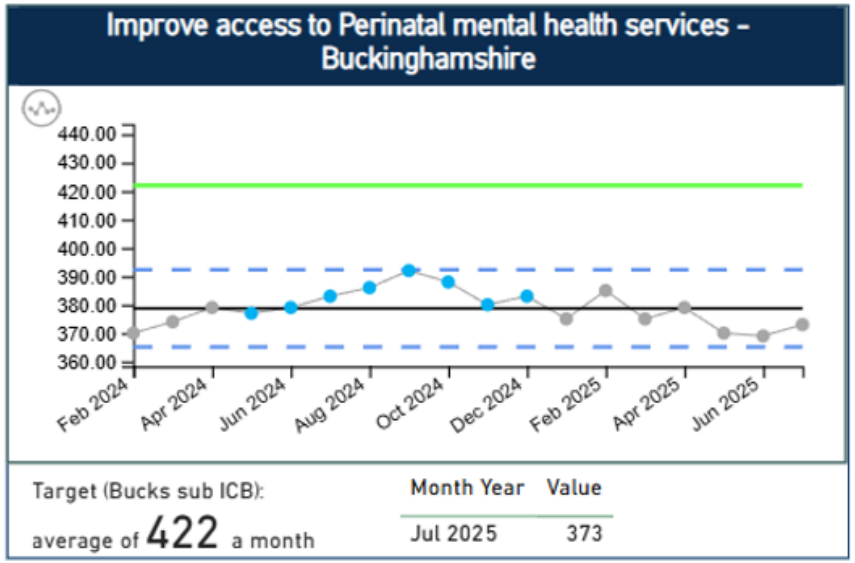
Target: >=50%

Month Year	Value
Jul 2025	53.6%

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	Jul-25	5429		.	4637
National	Improve access for Adults and Older Adults to support by community mental health services - Oxfordshire	>=6737	Jul-25	9330		.	7764
National	4 week wait (28 days) standard (interim metric - two contacts within pathway) - Buckinghamshire	>=36% National average	Jul-25	46.85%			46.03%
National	4 week wait (28 days) standard (interim metric - two contacts within pathway)- Oxfordshire	>=36% National average	Jul-25	84.87%			67.74%
National	Improve access to perinatal mental health services - Buckinghamshire (rolling 12 months)	>=422	Jul-25	373		.	379
National	Improve access to perinatal mental health services - Oxfordshire (rolling 12 months)	>=501	Jul-25	567		.	490
National	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral - Buckinghamshire	>=60%	Jul-25	100%			83.95%
National	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral - Oxfordshire	>=60%	Jul-25	92.86%			88.29%
National	Number of people accessing Individual Placement Support (IPS) - Buckinghamshire (rolling 12 months)	>=286	Jul-25	328		.	265
National	Number of people accessing Individual Placement Support (IPS) - Oxfordshire (rolling 12 months)	>=400	Jul-25	419		.	353
National	Recover dementia diagnosis rate (nationally reported system measure - Buckinghamshire)	>=63%	Jul-25	58.30%	n/a	n/a	57.94%
National	Recover dementia diagnosis rate (nationally reported system measure - Oxfordshire)	>=63%	Jul-25	63.70%	n/a	n/a	62.77%

Mental Health Services – Adult and Older Adult Community



Understanding the performance

Above metric measures how many women access specialist perinatal mental health services in Buckinghamshire in the rolling 12 months. Perinatal mental health services provide support during pregnancy and up to one year after childbirth for women experiencing moderate to severe mental health issues. In Buckinghamshire, 373 women accessed perinatal mental health services as of July 2025 (in the rolling 12-month period), which is below the target of average of 422 per month.

In June 2025 the Trust has identified a coding error which resulted in a number of contact being wrongly coded towards the access rate. Since the access rate trajectory was set before the error was identified, the Service is appearing to be not achieving the target. Work with the Integrated Care Board is required to rebase the trajectory on a realistic expectation.

Collectively, the Trust is meeting the perinatal access target.

Actions (SMART)

- Demand and capacity exercise underway with a meeting with the Service schedule in September 2025 to discuss interim findings to inform future discussions with regards to reviewing the trajectory.
- On-going system-wide work to raise awareness of perinatal mental health services.

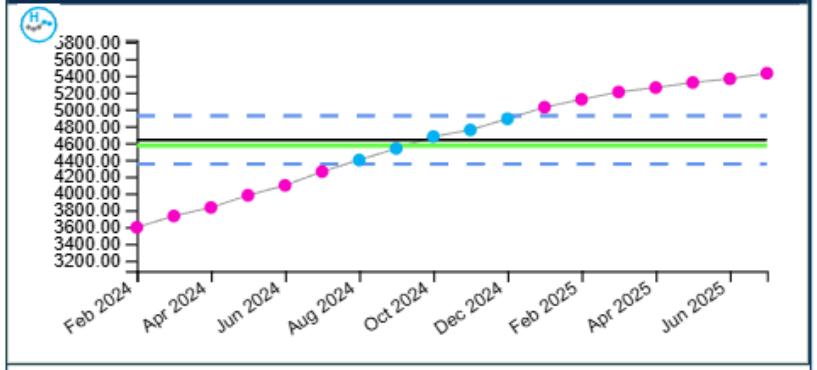
Risks

Work with the Integrated Care Board is now required to adopt a similar approach as done for Oxfordshire and rebase the trajectory on a realistic expectation.

In general, it is important to note that lower than trajectory access to perinatal mental health services can increase the risk of maternal and infant harm and result in escalation of illness requiring more intensive interventions. Finally, under-access often disproportionately affects vulnerable groups, including women from deprived backgrounds, minority ethnic communities and those with previous trauma or safeguarding concerns.

Mental Health Services – Adult and Older Adult Community - appendices

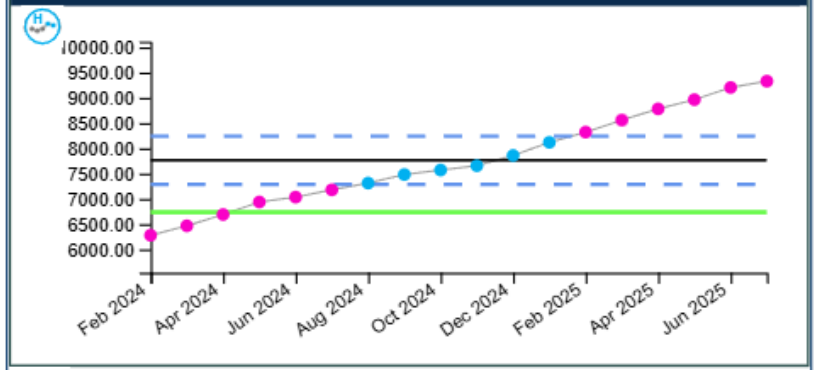
Improve access for Adults and Older Adults to support by community mental health services - Buckinghamshire



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

Month Year	Value
Jul 2025	5,429

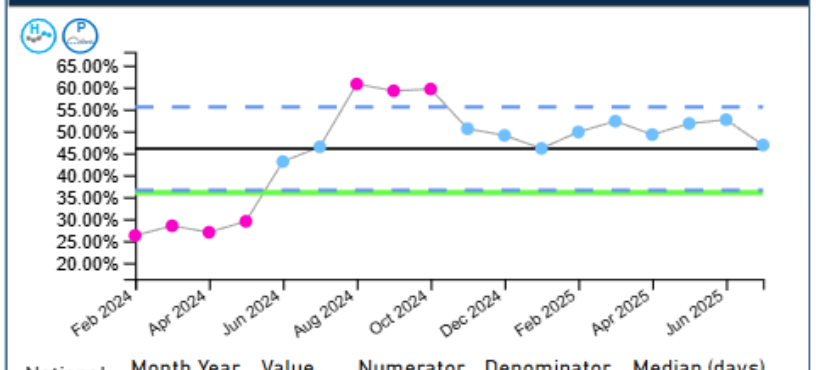
Improve access for Adults and Older Adults to support by community mental health services - Oxfordshire



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

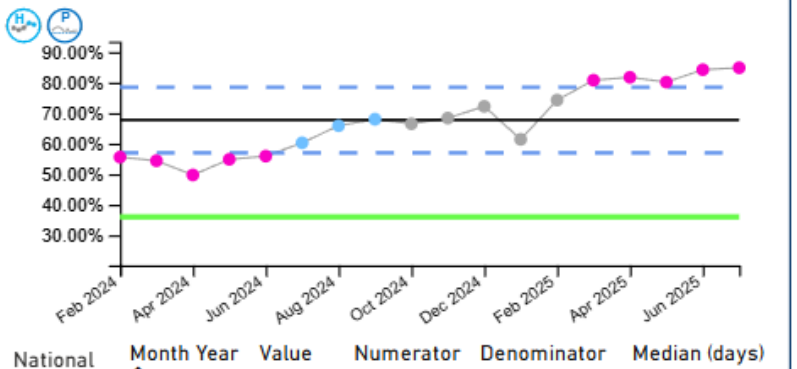
Month Year	Value
Jul 2025	9,330

Community Mental Health 4 Week Wait Pathway interim metric - Buckinghamshire



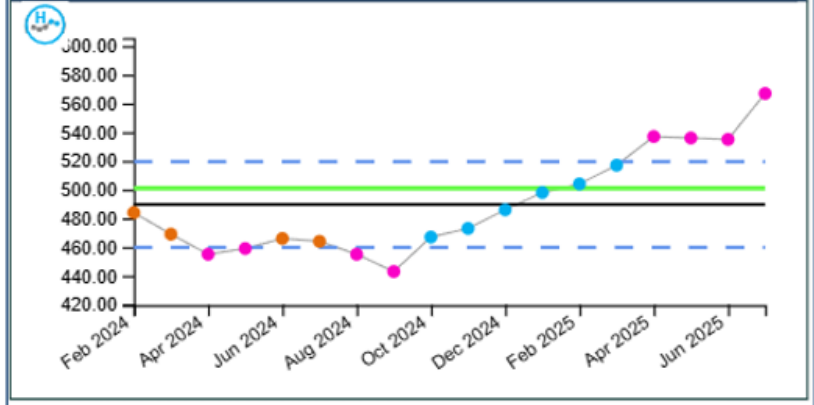
National Average:	Month Year	Value	Numerator	Denominator	Median (days)
>=36%	Jul 2025	46.85 %	156	333	34

Community Mental Health 4 Week Wait Pathway interim metric - Oxfordshire



National Average:	Month Year	Value	Numerator	Denominator	Median (days)
>=36%	Jul 2025	84.87 %	544	641	7

Improve access to Perinatal mental health services - Oxfordshire

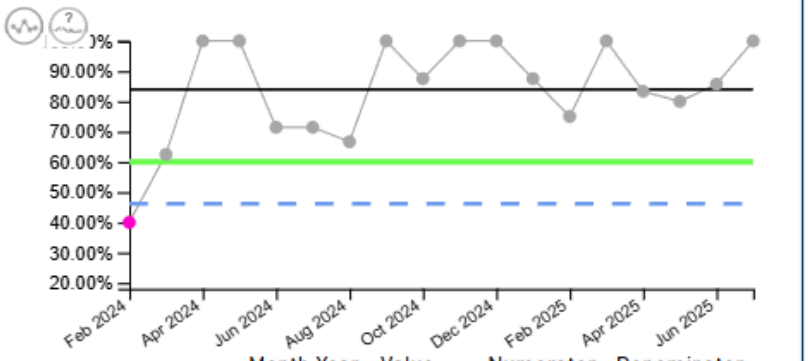


Target (Oxon sub ICB):
average of **501** a month

Month Year	Value
Jul 2025	567

Mental Health Services – Adult and Older Adult Community - appendices

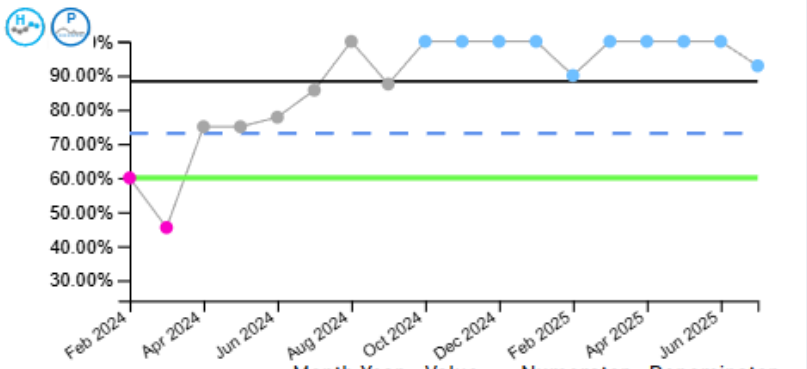
Early Intervention in Psychosis Waits (% of people with first episode of psychosis treated within 2 weeks of referral) – Buckinghamshire



Target:
>=60%

Month Year	Value	Numerator	Denominator
Jul 2025	100.00 %	6	6

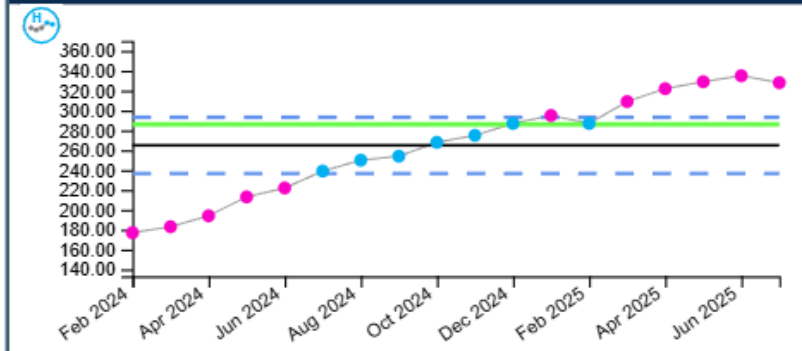
Early Intervention in Psychosis Waits (% of people with first episode of psychosis treated within 2 weeks of referral) – Oxfordshire



>=60%

Month Year	Value	Numerator	Denominator
Jul 2025	92.86 %	13	14

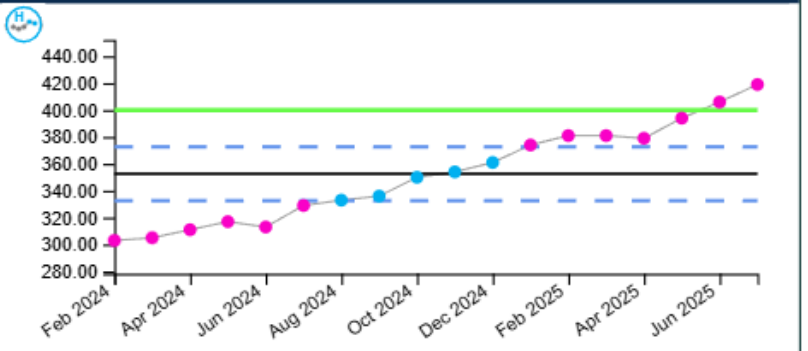
Number of people accessing Individual Placement Support (IPS) – Buckinghamshire



Target (Bucks sub ICB):
286 year end

Month Year	Value
Jul 2025	328

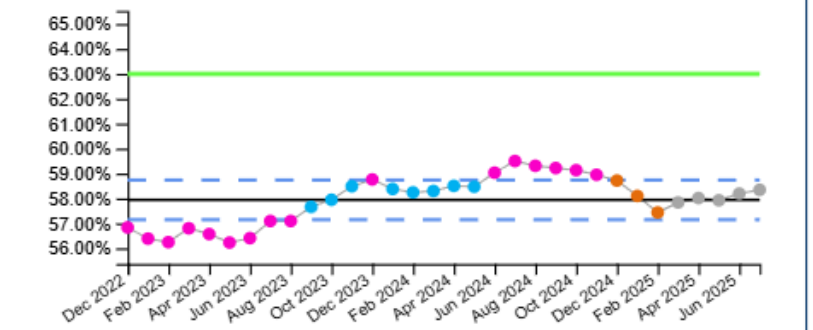
Number of people accessing Individual Placement Support (IPS) – Oxfordshire



Target (Oxon sub ICB):
400 July

Month Year	Value
Jul 2025	419

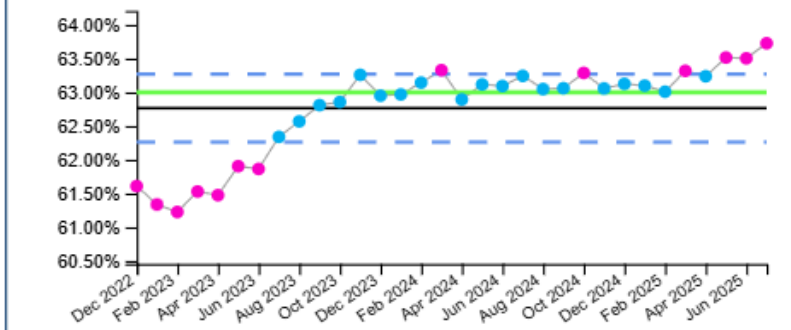
Recover the dementia diagnosis rate to 63-64%- Buckinghamshire (nationally reported system measure)



Target:
>=63%

Month Year	Value	Numerator	Denominator
Jul 2025	58.3%	4526	7757

Recover the dementia diagnosis rate to 63-64% – Oxfordshire (nationally reported system measure)



Target:
>=63%

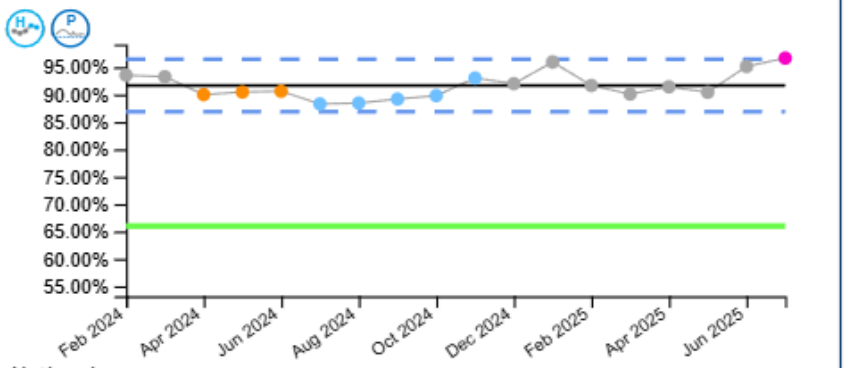
Month Year	Value	Numerator	Denominator
Jul 2025	63.7%	6288	9867

Mental Health Services – Urgent Care - summary

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	Jul-25	96.67%	H	P	91.67%
National	Response from Mental Health Psychiatric Liaison within 1 hour - Oxfordshire	>=66% National average	Jul-25	90.11%	H	P	83.74%
National	Response from Mental Health Psychiatric Liaison within 24 hours - Buckinghamshire	>=81% National average	Jul-25	100%		P	95.57%
National	Response from Mental Health Psychiatric Liaison within 24 hours - Oxfordshire	>=81% National average	Jul-25	0%	L*	?	85.42%
National	Response from Mental Health Crisis Service within 4 hours (Very Urgent) - Buckinghamshire	>=61% National average	Jul-25	100%		?	81.79%
National	Response from Mental Health Crisis Service within 4 hours (Very Urgent) - Oxfordshire	>=61% National average	Jul-25	28.57%		?	40.77%
National NOF	Response from Mental Health Crisis Service within 24 hours (Urgent) - Buckinghamshire	>=58% National average	Jul-25	67.36%	H	?	53.95%
National NOF	Response from Mental Health Crisis Service within 24 hours (Urgent) - Oxfordshire	>=58% National average	Jul-25	76.09%	H	?	69.87%

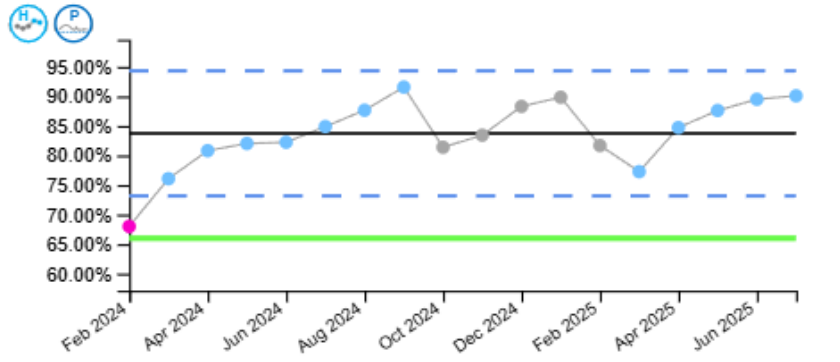
Mental Health Services – Urgent Care - appendices

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



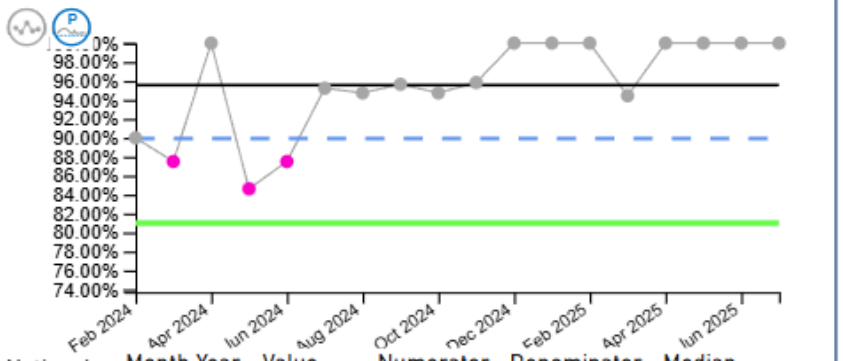
National Average:	Month Year	Value	Numerator	Denominator	Median (hours)
>=66%	Jul 2025	96.67 %	87	90	1

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



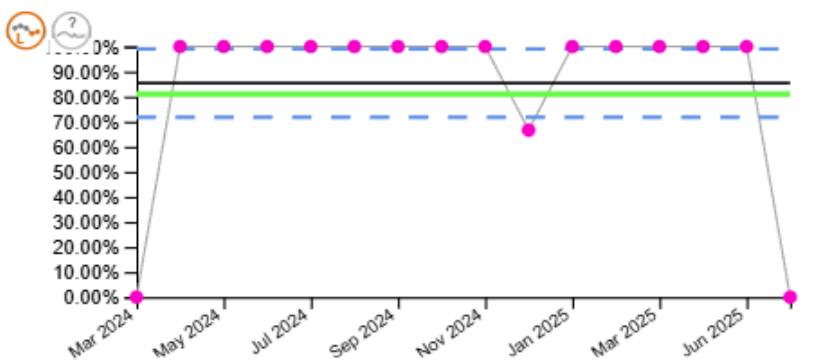
National Average:	Month Year	Value	Numerator	Denominator	Median (hours)
>=66%	Jul 2025	90.11 %	255	283	0

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



National Average:	Month Year	Value	Numerator	Denominator	Median (hours)
>=81%	Jul 2025	100.00 %	12	12	17

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

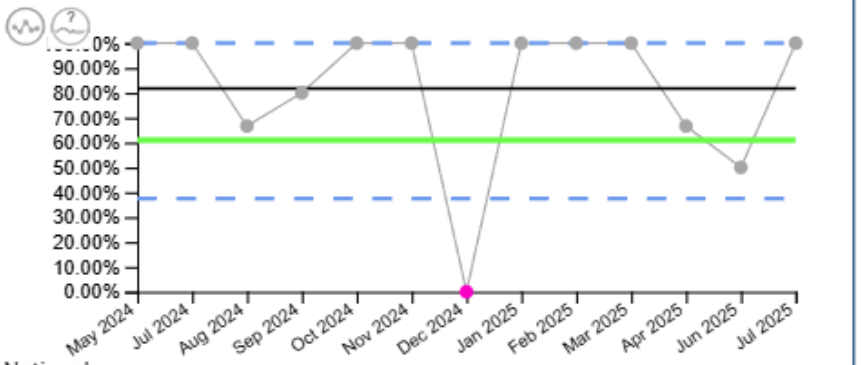


National Average:	Month Year	Value	Numerator	Denominator	Median (hours)
>=81%	Jul 2025	0.00 %	0	1	25

*Oxfordshire patient seen in Great Western Hospital by BSW CAMHS Liaison; breached by 1 hour

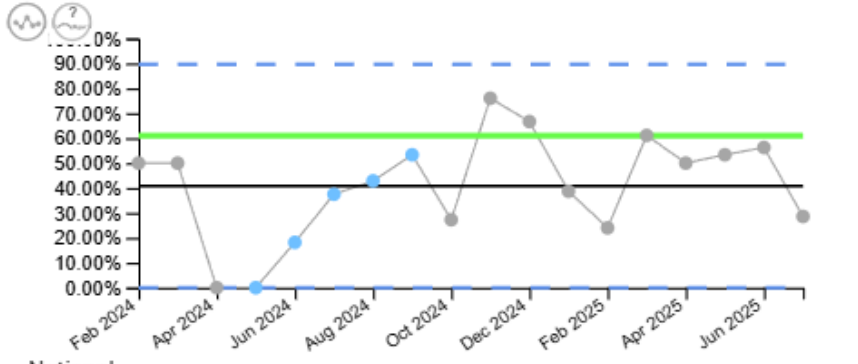
Mental Health Services – Urgent Care - appendices

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



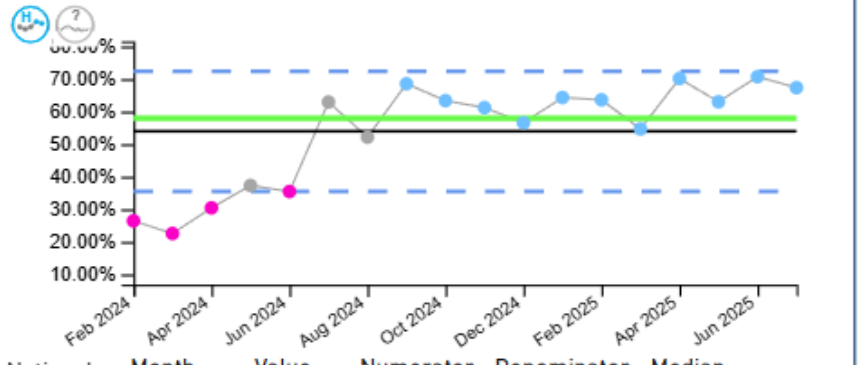
National Average:	Month Year	Value	Numerator	Denominator	Median (hours)
>=61%	Jul 2025	100.00 %	2	2	2

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



National Average:	Month Year	Value	Numerator	Denominator	Median (hours)
>=61%	Jul 2025	28.57 %	4	14	18

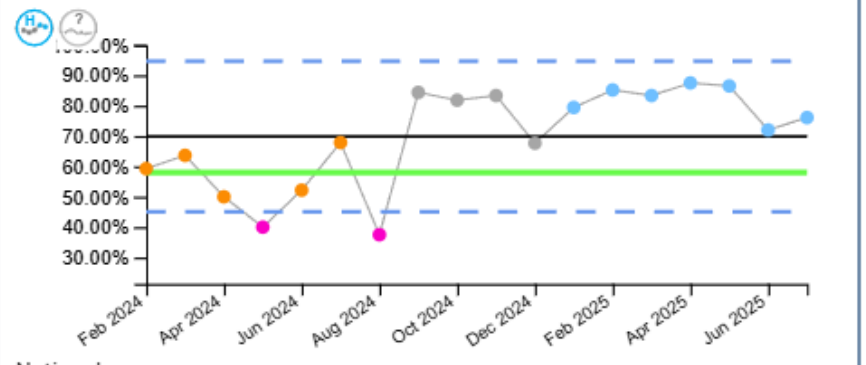
Response from Mental Health Crisis Service within 24 hours (urgent) - Buckinghamshire



National Average:	Month Year	Value	Numerator	Denominator	Median (hours)
>=58%	Jul 2025	67.36 %	97	144	19

NOF

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



National Average:	Month Year	Value	Numerator	Denominator	Median (hours)
>=58%	Jul 2025	76.09 %	35	46	17

NOF

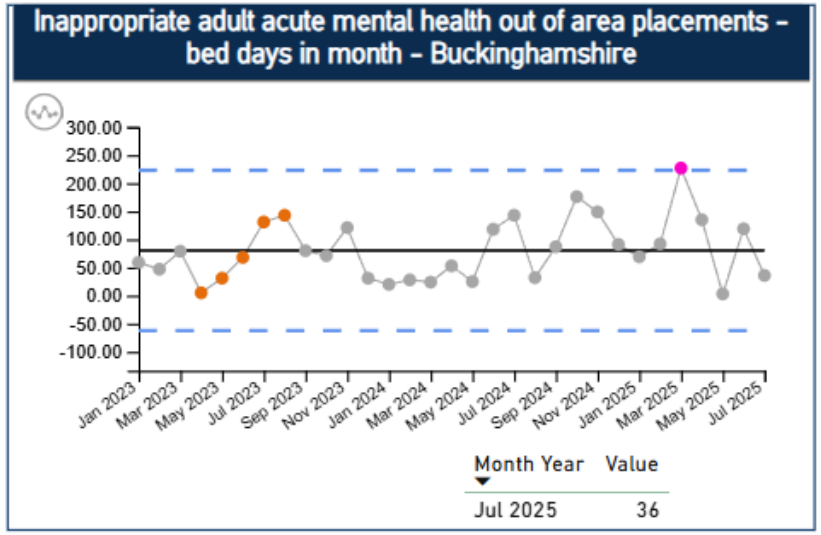
Mental Health Services – Acute/Inpatients (Adults and Older Adults) – summary (1/2)

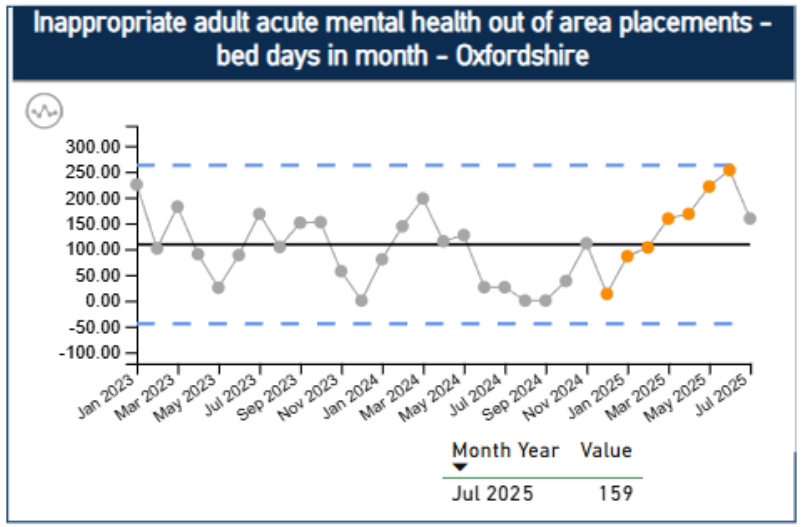
Type of metric	Service Area/Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter - Adult (acute & Psychiatric Intensive Care Units) - Buckinghamshire	<=12% National average	Jul-25	18%			16.79%
National	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	Jul-25	16%		F	18.08%
National	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	Jul-25	19%			16.83%
National	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	Jul-25	3%			14.49%
National	Mean Length of Stay Mental Health acute, older adult acute and Psychiatric Intensive Care Unit (PICU) discharges (combined; rolling 3 months) - Buckinghamshire	<=52 days	Jul-25	40			45.80
National	Mean Length of Stay Mental Health acute, older adult acute and Psychiatric Intensive Care Unit (PICU) discharges (combined; rolling 3 months) - Oxfordshire	<=52 days	Jul-25	48	L		56.43
National	72 hour follow up for those discharged from mental health wards - Adults - Buckinghamshire	>=80%	Jul-25	94.12%			89.20%
National	72 hour follow up for those discharged from mental health wards - Adults - Oxfordshire	>=80%	Jul-25	83.33%			88.83%
National	72 hour follow up for those discharged from mental health wards - Older Adults - Buckinghamshire	>=80%	Jul-25	100%	H	P	97.39%
National	72 hour follow up for those discharged from mental health wards - Older Adults - Oxfordshire	>=80%	Jul-25	100%			94.88%
Local	% adult acute readmission within 30 days for mental health - Buckinghamshire	.	Jul-25	10%		n/a	5.72%
Local	% adult acute readmission within 30 days for mental health - Oxfordshire	.	Jul-25	9%		n/a	5.02%
Local	% older adult readmission within 30 days for mental health - Buckinghamshire	.	Jul-25	0%	L	n/a	1.49%
Local	% older adult readmission within 30 days for mental health - Oxfordshire	.	Jul-25	0%		n/a	2.22%
Local	Average number of clinically ready for discharge patients per day - Buckinghamshire	.	Jul-25	8		n/a	8
Local	Average number of clinically ready for discharge patients per day - Oxfordshire	.	Jul-25	6		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
National	Inappropriate adult acute mental health out of area placements - snapshot last day month - Buckinghamshire	3	Jul-25	1			2.61
National	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Buckinghamshire		Jul-25	0		.	0
National	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Buckinghamshire		Jul-25	0		.	0
National	Inappropriate adult acute mental health out of area placements - snapshot last day month - Oxfordshire	1	Jul-25	5			3.29
National	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Oxfordshire		Jul-25	0		.	0
National	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Oxfordshire		Jul-25	0		.	0
National	Inappropriate adult acute mental health out of area placements - beds days in month - Buckinghamshire	.	Jul-25	36		n/a	80.42
Local	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Buckinghamshire	.	Jul-25	0		n/a	3
Local	Inappropriate older adult acute mental health out of area placements - beds days in month - Buckinghamshire	.	Jul-25	0		n/a	3
National	Inappropriate adult acute mental health out of area placements - beds days in month - Oxfordshire	.	Jul-25	159		n/a	108.71
Local	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Oxfordshire	.	Jul-25	0		n/a	4
Local	Inappropriate older adult acute mental health out of area placements - beds days in month - Oxfordshire	.	Jul-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).

Majority OAPs admitted are 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)

In July 2025 locally reported total bed day usage was 195 days (36 inappropriate adult acute OAP bed days in Buckinghamshire and 159 inappropriate OAP adult acute bed days in Oxfordshire) – a reduction of 177 bed days compared to June 2025.

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
- Continued use of action tracker for all patients in hospital to accelerate discharge planning

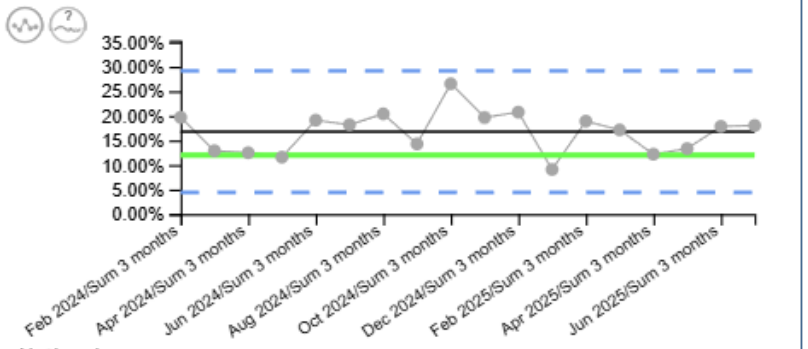
Risks

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

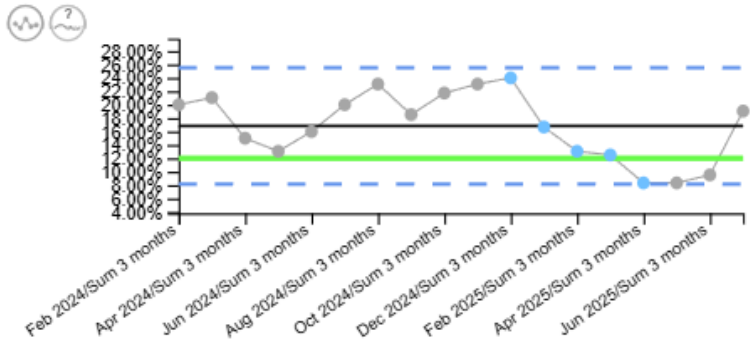
Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission (% of acute admissions with no prior contact) – Adult (acute & PICU) Buckinghamshire (reported as rolling 3 months)



National Average: <=12%

Month Year	Value	Numerator	Denominator
Jul 2025	18 %	11	61

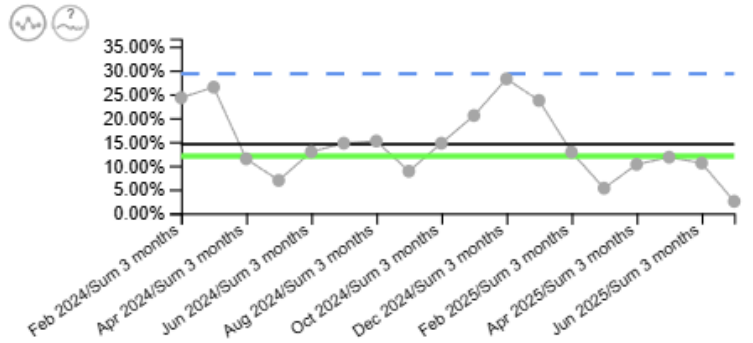
Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission (% of acute admissions with no prior contact) – Older Adult Buckinghamshire (reported as rolling 3 months)



National Average: <=12%

Month Year	Value	Numerator	Denominator
Jul 2025	19 %	4	21

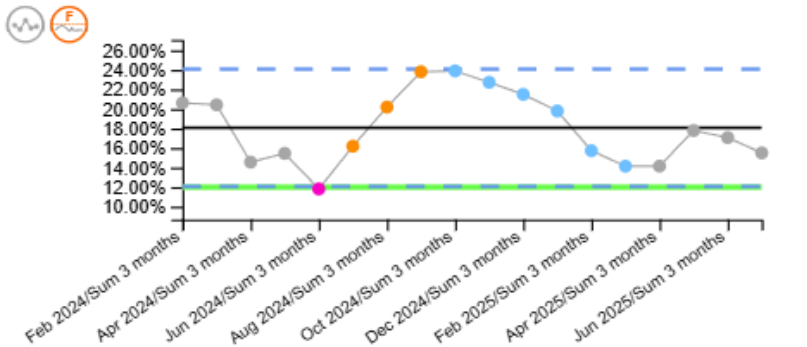
Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission (% of older adult acute admissions with no prior contact) – Older Adult Oxfordshire (reported as a rolling 3 months)



National Average: <=12%

Month Year	Value	Numerator	Denominator
Jul 2025	3 %	1	40

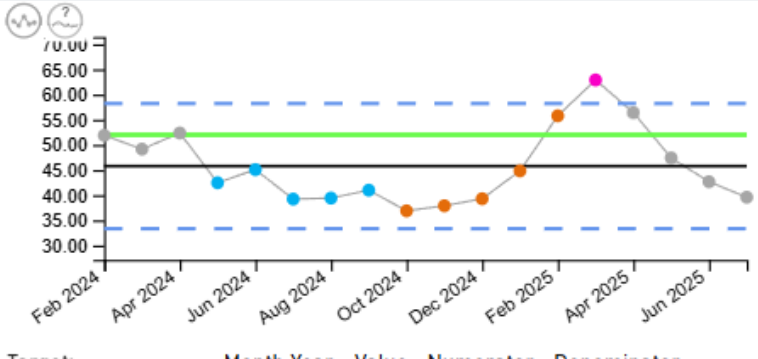
Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission (% of acute admissions with no prior contact) – Adult (acute & PICU) Oxfordshire (reported as rolling 3 months)



National Average: <=12%

Month Year	Value	Numerator	Denominator
Jul 2025	16 %	20	129

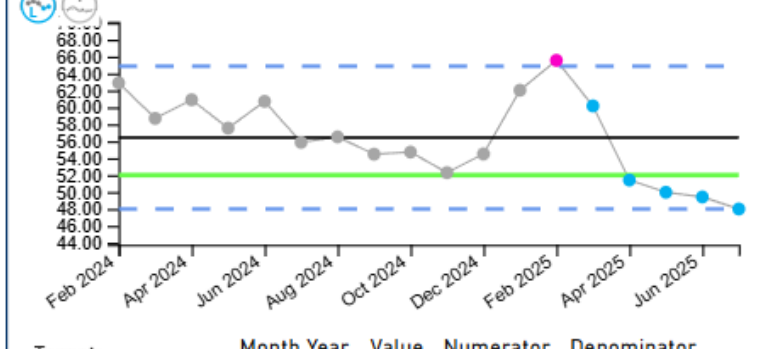
Mean LOS for MH adult acute, older adult & PICU dischrges combined (rolling 3 months) – Buckinghamshire



Target: July - Sept 52 days

Month Year	Value	Numerator	Denominator
Jul 2025	40	4,395	111

Mean LOS for MH adult acute, older adult & PICU dischrges combined (rolling 3 months) – Oxfordshire

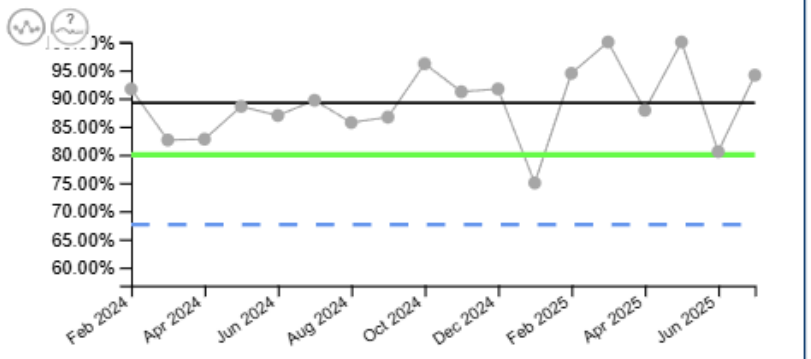


Target: July - Sept 52 days

Month Year	Value	Numerator	Denominator
Jul 2025	48	9,311	194

Mental Health Services – Acute/Inpatients (Adults and Older Adults) - appendices

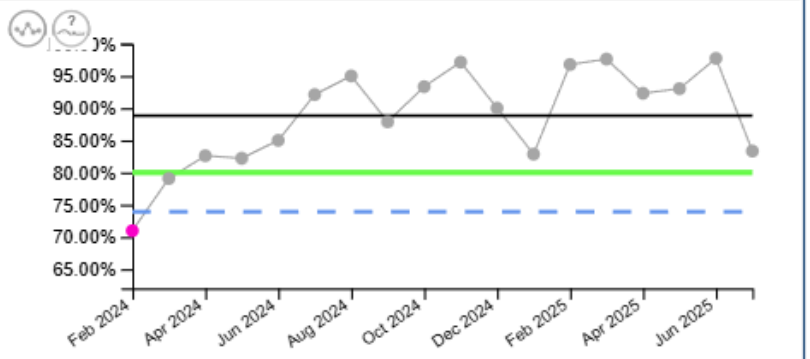
72 hour follow up for those discharged from mental health wards - Adult Buckinghamshire



Target: >=80%

Month Year	Value	Numerator	Denominator
Jul 2025	94.12%	32	34

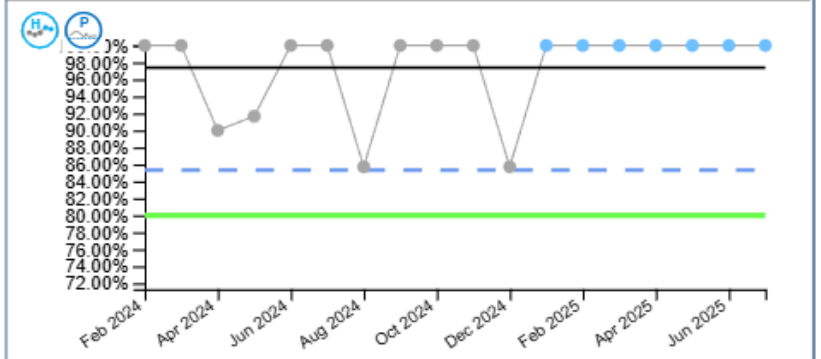
72 hour follow up for those discharged from mental health wards - Adult Oxfordshire



Target: >=80%

Month Year	Value	Numerator	Denominator
Jul 2025	83.33%	45	54

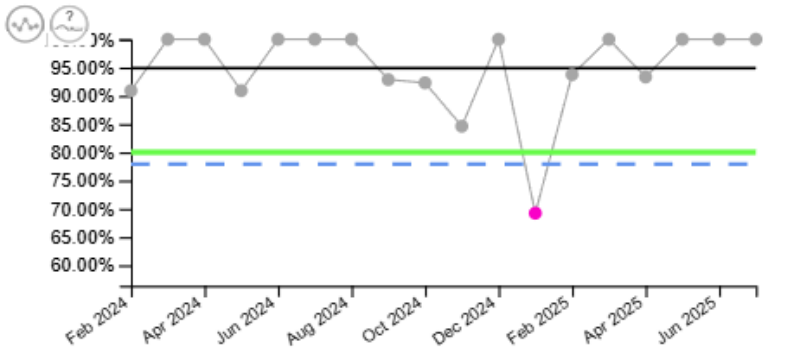
72 hour follow up for those discharged from mental health wards - Older Adult Buckinghamshire



Target: >=80%

Month Year	Value	Numerator	Denominator
Jul 2025	100.00%	7	7

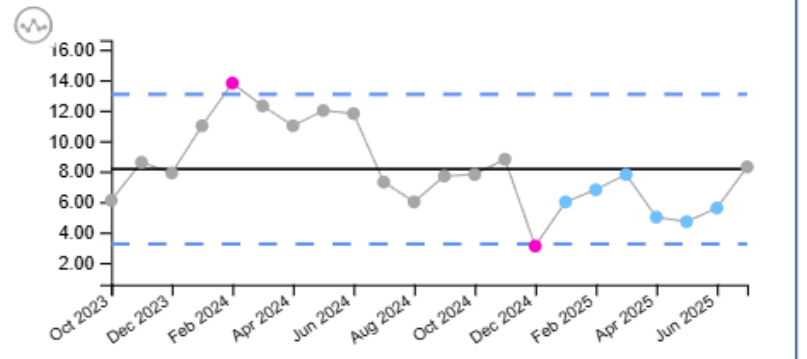
72 hour follow up for those discharged from mental health wards - Older Adult Oxfordshire



Target: >=80%

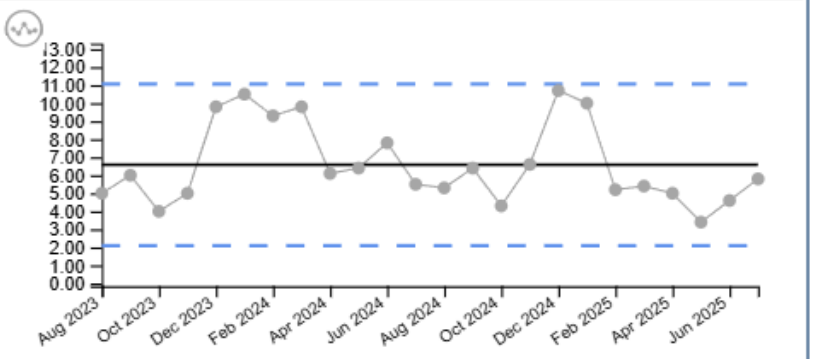
Month Year	Value	Numerator	Denominator
Jul 2025	100.00%	10	10

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



Month Year	Value
Jul 2025	8

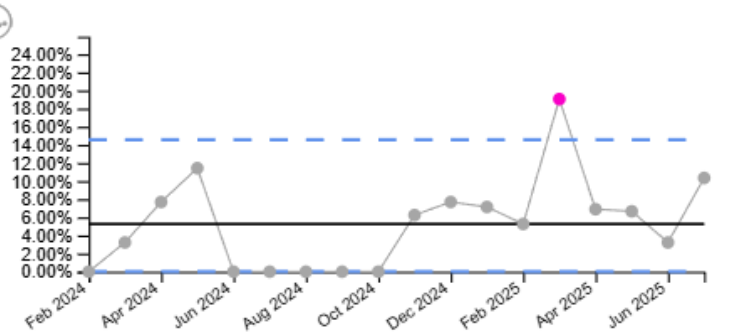
Average number of clinically ready for discharge patients per day - Oxfordshire



Month Year	Value
Jul 2025	6

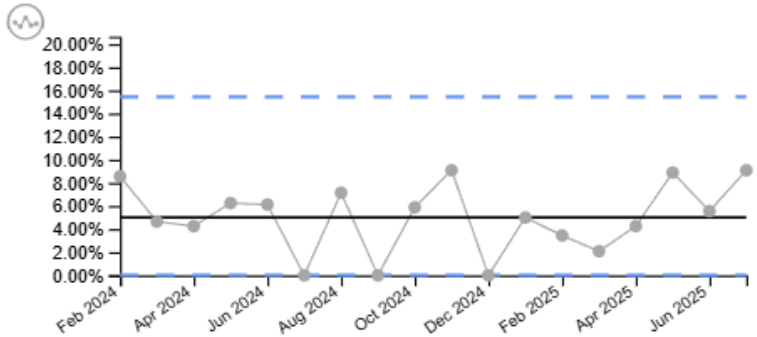
Mental Health Services – Acute/Inpatients (Adults and Older Adults) - appendices

% adult readmissions within 30 days for mental health - Buckinghamshire



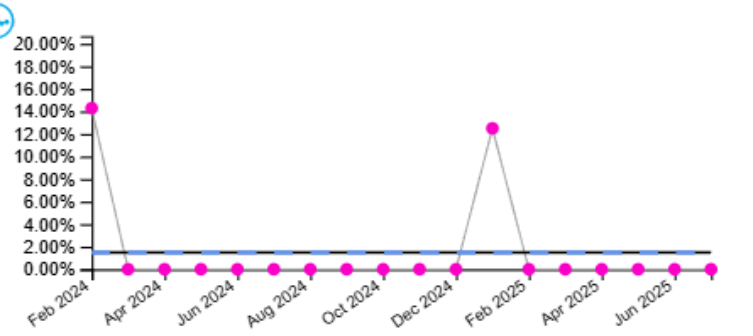
Month Year	Value	Numerator	Denominator
Jul 2025	10 %	3	25

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



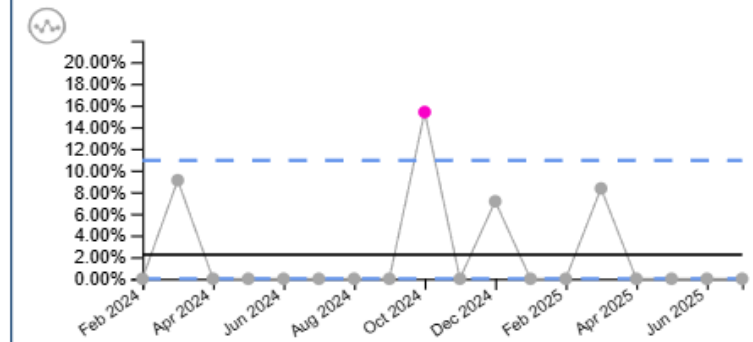
Month Year	Value	Numerator	Denominator
Jul 2025	9 %	5	44

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



Month Year	Value	Numerator	Denominator
Jul 2025	0 %	0	8

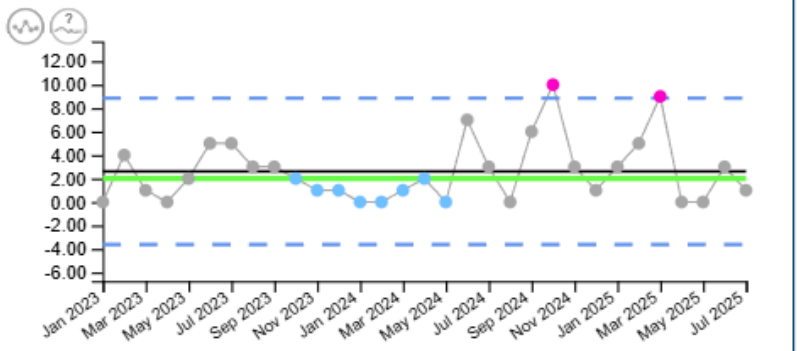
% older adult acute readmissions within 30 days for mental health services - Oxfordshire



Month Year	Value	Numerator	Denominator
Jul 2025	0 %	0	15

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



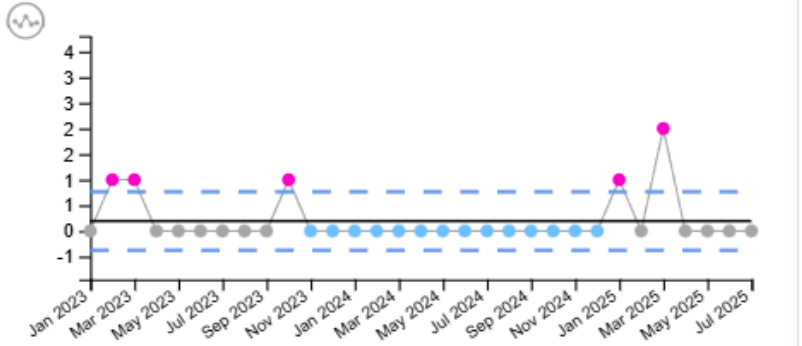
Target:

Average of 2 actual monthly targets:

1,2,5,3,1,2,4,2,0,1,3,1

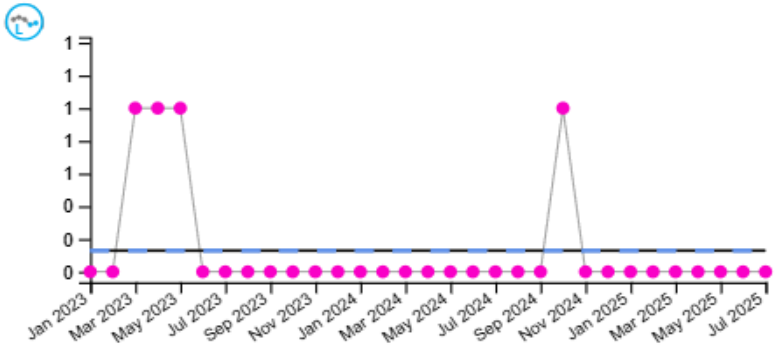
Month Year	Value
Jul 2025	1

Inappropriate Psychiatric Intensive Care Unit mental health out of area placements - snapshot last day of month - Buckinghamshire



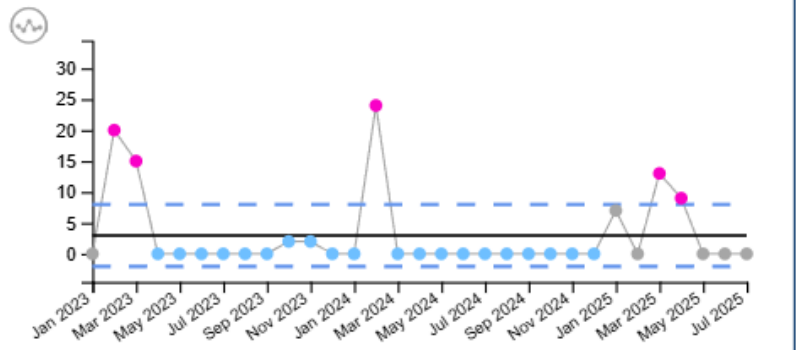
Month Year	Value
Jul 2025	0

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



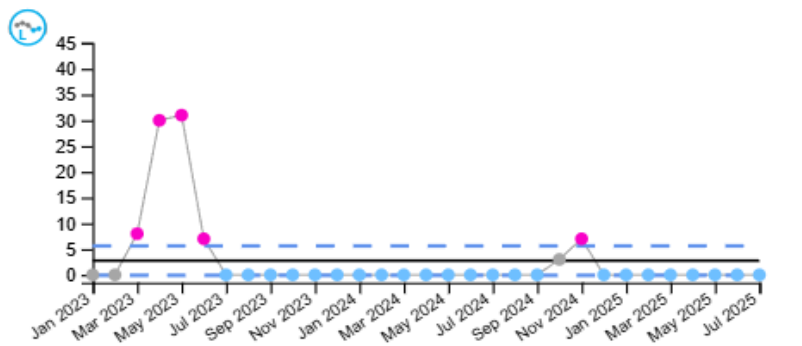
Month Year	Value
Jul 2025	0

Inappropriate Psychiatric Intensive Care Unit mental health out of area placements - bed days in month - Buckinghamshire



Month Year	Value
Jul 2025	0

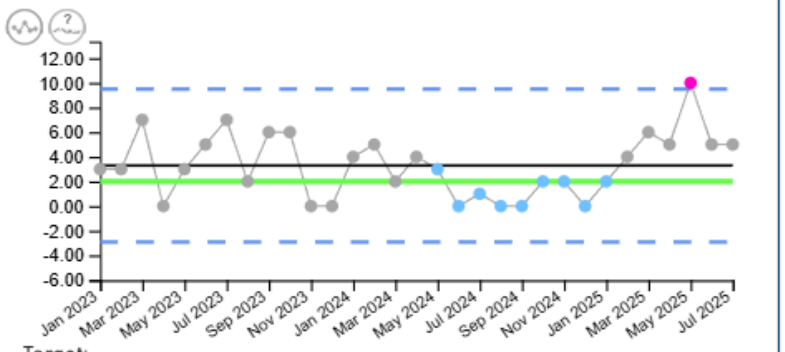
Inappropriate older adult acute mental health out of area placements - bed days in month - Buckinghamshire



Month Year	Value
Jul 2025	0

Mental Health Services – Acute/Inpatients (Adults and Older Adults) - appendices

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



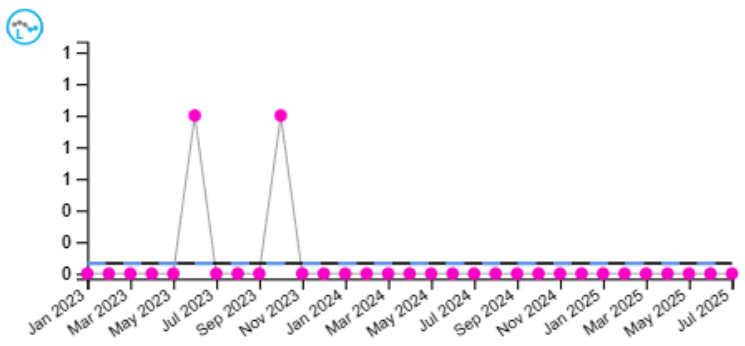
Target:

Average of 2 actual monthly targets:

3,1,2,1,2,1,2,1,2,2,1,1

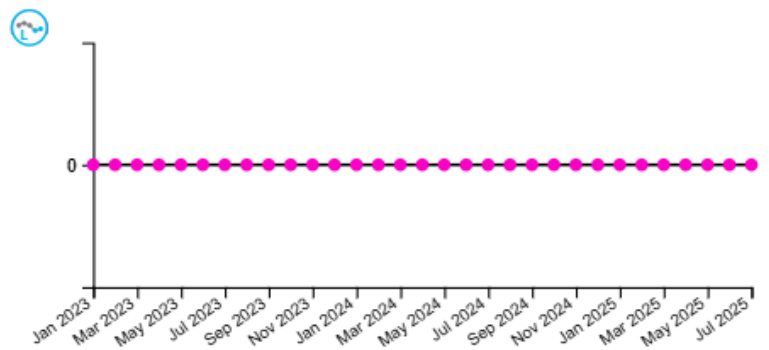
Month Year	Value
Jul 2025	5

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



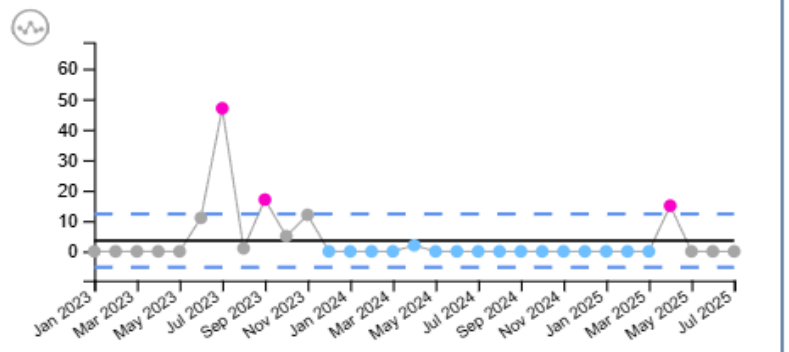
Month Year	Value
Jul 2025	0

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



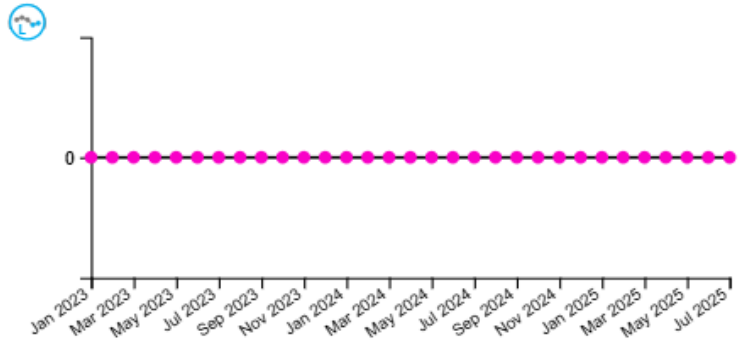
Month Year	Value
Jul 2025	0

Inappropriate Psychiatric Intensive Care Unit acute mental health out of area placements - bed days in month - Oxfordshire



Month Year	Value
Jul 2025	0

Inappropriate older adult acute mental health out of area placements - bed days in month - Oxfordshire



Month Year	Value
Jul 2025	0

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 *(none of the metrics selected to be reported on IPR fall into this category)*	
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 *(none of the metrics selected to be reported on IPR fall into this category)*

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	P	?	F	No target
H / L	• % of Minor Injury Unit patients seen within 4 hours			
		• Community Dentistry - Special Care - Core units of activity (UDA) • Community Dentistry - Urgent Care - Out of Hours units of activity (UDA) combined with main out of hours dental service • % 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 • Healthy Child Programme - % of breastfeeding prevalence at 6 – 8 weeks old • Healthy Child Programme - No. and % of families receiving a new birth visit within 14 days of birth • Community Dentistry - Proportion of patients accepted for care who are seen for an assessment within 12 weeks (Of those treated in period)	• **% 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** • **Healthy Child Programme - % of 6-8 week reviews completed** • **Healthy Child Programme - % of 12-month development reviews completed by the time the child turned 12 months** • **Healthy Child Programme - % of 2 to 2.5 year reviews completed** • **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)**	• Emergency Dental Service Waiting times to triage - % Patients triaged within 6 hours
H / L				

Community Health Services, Dentistry and Primary Care – Adults - summary

S T P

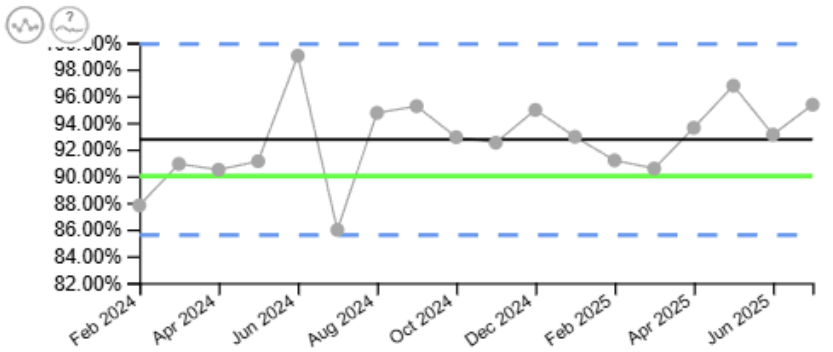
Adult Planned Care – episodic/specialist care							
Type of metric	**Metric**	**Target**	**Latest month**	**Measure**	**Variation**	**Assurance**	**Mean**
National	Community Dentistry - Proportion of patients accepted for care who are seen for an assessment within 12 weeks (Of those treated in period)	>=90%	Jul-25	98.30%			92.16%
National	Community Dentistry - Special Care - Core units of activity (UDA)	24085 UDAs per year	Jul-25	1283			1319

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%	Jul-25	95.30%			92.73%
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%	Jul-25	56.30%		F	46.50%

Adult Reactive Care – urgent care							
Type of metric	**Metric**	**Target**	**Latest month**	**Measure**	**Variation**	**Assurance**	**Mean**
National NOF	Consistently meet or exceed the 70% 2-hour Urgent Community Response (UCR) standard	>=70%	Jul-25	76%	n/a*	n/a*	76.24%
National	Community Dentistry - Urgent Care - Out of Hours units of activity (UDA) combined with main out of hours dental service	4000 UDAs per year	Jul-25	2018			251
National	Emergency Dental Service Waiting times to triage - % Patients triaged within 6 hours	.	Jul-25	97%		n/a	98.45%

* - 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

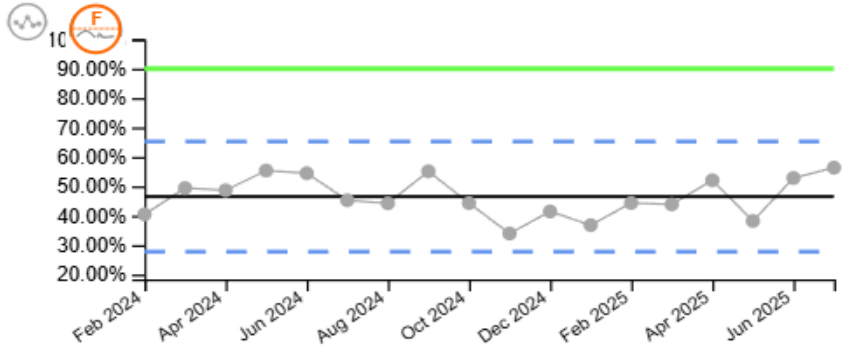
% of out of hours palliative care referrals responded to within 30 mins: the time from receipt of the call from 111 to the start of the telephone consultation was within 30 mins



Target: >=90%

Month Year	Value	Numerator	Denominator
Jul 2025	95.3%	82	86

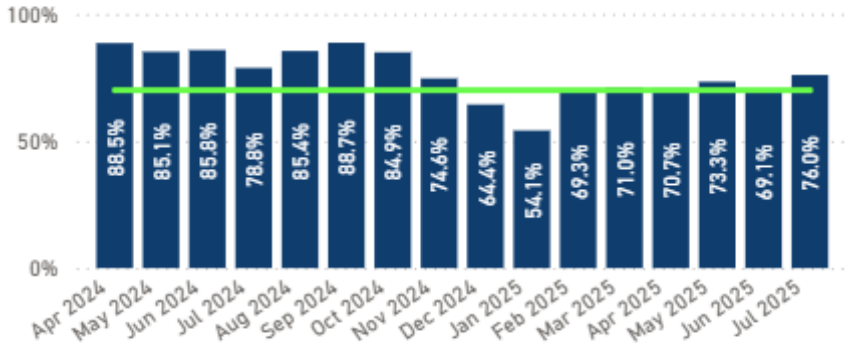
% of out of hours palliative care referrals responded to within 60 mins: the time from completion of that triage call to the start of the home visit consultation was within 60 mins



Target: >=90%

Month Year	Value	Numerator	Denominator
Jul 2025	56.3%	71	126

Consistently meet or exceed the 70% 2-hour Urgent Community Response (UCR) standard

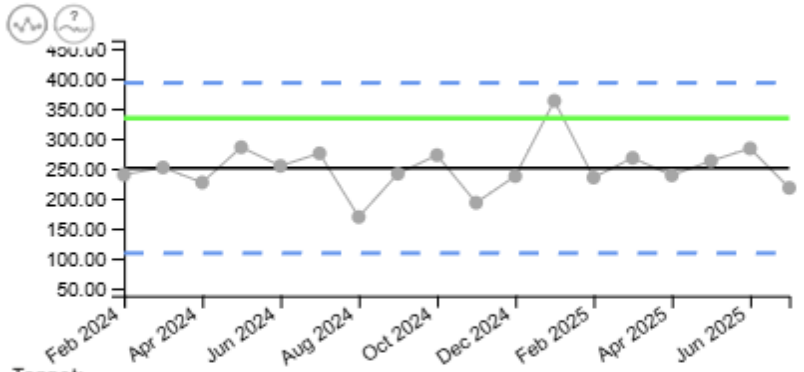


Target: >=70%

Month Year	Value	Numerator	Denominator
Jul 2025	76.0%	171	225

NOF

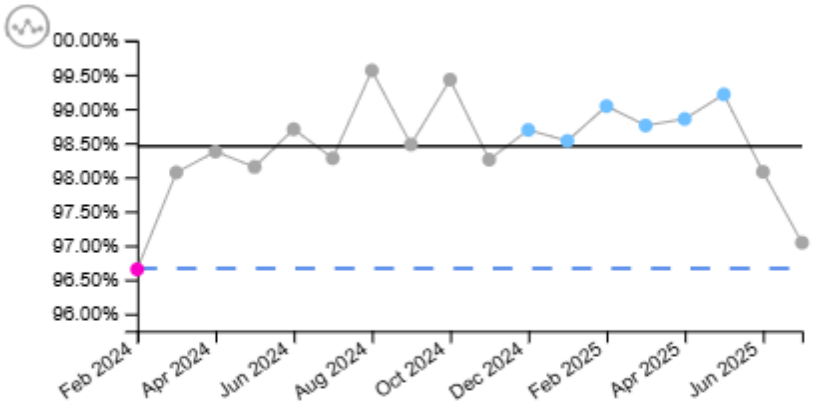
Dental – Urgent Care Out of Hours combined with Main Out of Hours dental service



Target:
4000 a year (line set at average of 334 per month)

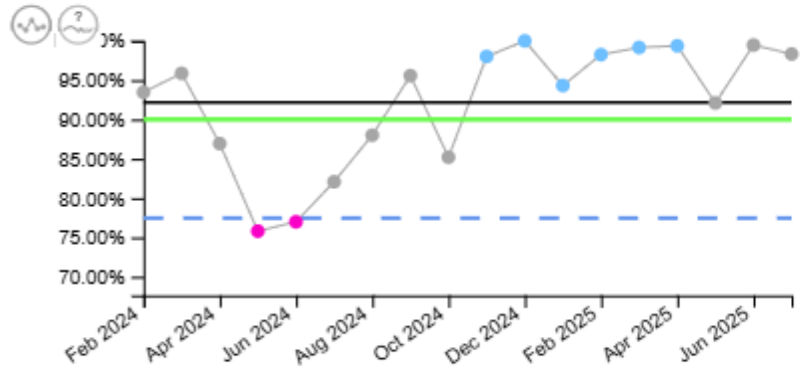
Month Year	Value	FYTD
Jul 2025	218	1003

Dental – % of patients triaged within 6 hours



Month Year	Value	Numerator	Denominator
Jul 2025	97.0%	164	169

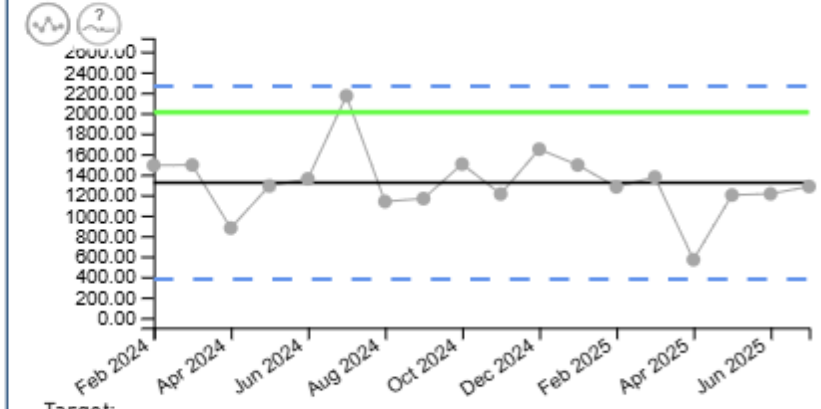
Dental – proportion of patients accepted for care who are seen for an assessment within 12 weeks (of those treated in period)



Target:
90%

Month Year	Value	Numerator	Denominator
Jul 2025	98.3%	176	179

Dental – Special Care – Core



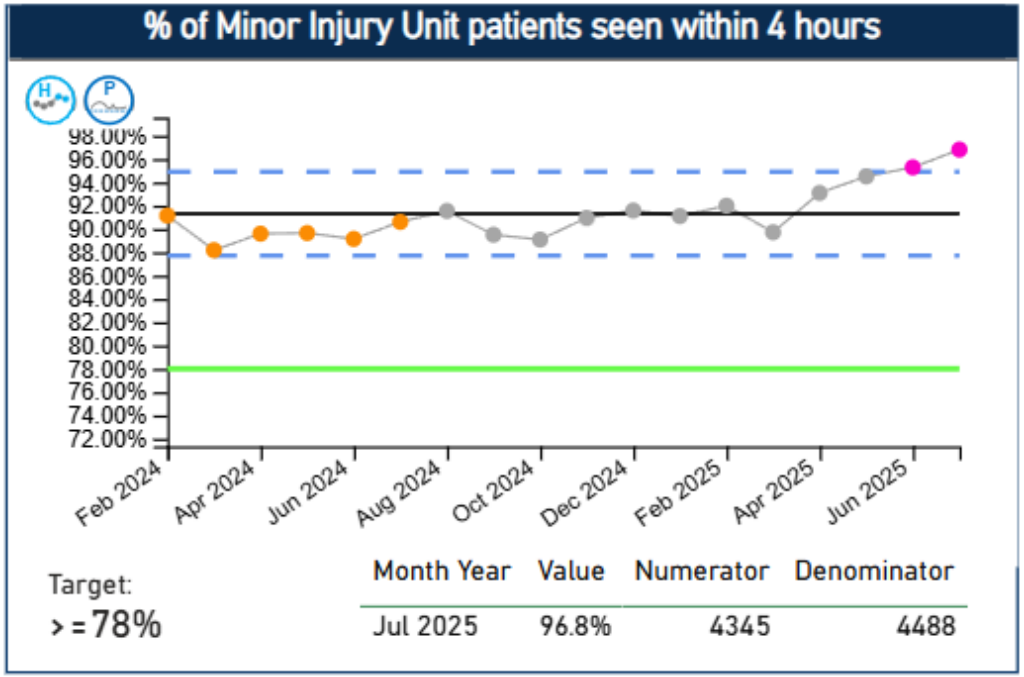
Target:
24085 a year (line set at average of 2008 per month)

Month Year	Value	FYTD
Jul 2025	1283	4261

Community Health Services, Dentistry and Primary Care – Adult and Children and Young People reactive care - urgent care - summary

S T P

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National	% of Minor Injury Unit patients seen within 4 hours	>=78%	Jul-25	96.80%			91.31%

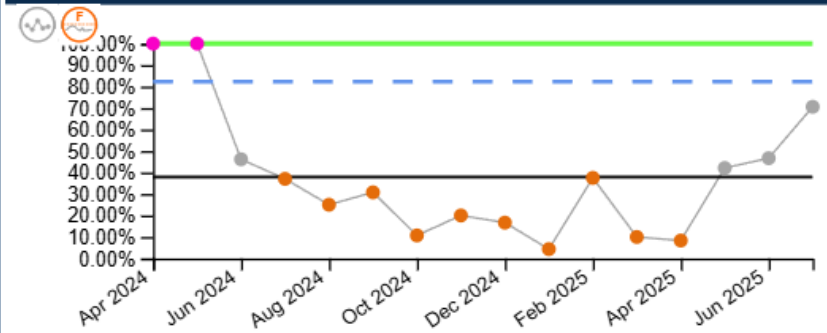

% of Minor Injury Unit patients seen within 4 hours
98.00%
96.00%
94.00%
92.00%
90.00%
88.00%
86.00%
84.00%
82.00%
80.00%
78.00%
76.00%
74.00%
72.00%
Feb 2024
Apr 2024
Jun 2024
Aug 2024
Oct 2024
Dec 2024
Feb 2025
Apr 2025
Jun 2025
Target:
>=78%
Month Year
Value
Numerator
Denominator
Jul 2025
96.8%
4345
4488

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
Strategic - Quality	% of breastfeeding prevalence at 6 - 8 weeks old	60%	Jul-25	64%		?	60.78%
National	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%	Jul-25	70.60%		F	37.87%
National	Healthy Child Programme - No. and % of families receiving a new birth visit within 14 days of birth	>=90%	Jul-25	80.40%		?	82.22%
National	Healthy Child Programme - % of 6-8 week reviews completed	>=93%	Jul-25	81.00%		F	82.05%
National	Healthy Child Programme - % of 12-month development reviews completed by the time the child turned 12 months	>=90%	Jul-25	81.60%		F	83.37%
National	Healthy Child Programme - % of 2 to 2.5 year reviews completed	>=90%	Jul-25	77.20%		F	80.62%

% 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)



Month Year	Value	Numerator	Denominator
Jul 2025	70.6%	12	17

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 in not statutory. Meeting the target continues to be a challenge due to:

- Demand and capacity unpredictability and mis-match due to fluctuations in the number of children becoming looked after and requiring a health assessment each month;
- Ongoing issues with getting information and consent from Social Services in a timely manner;
- Reduction in medical capacity due to ongoing staff sickness.

Continuous performance improvement noted.

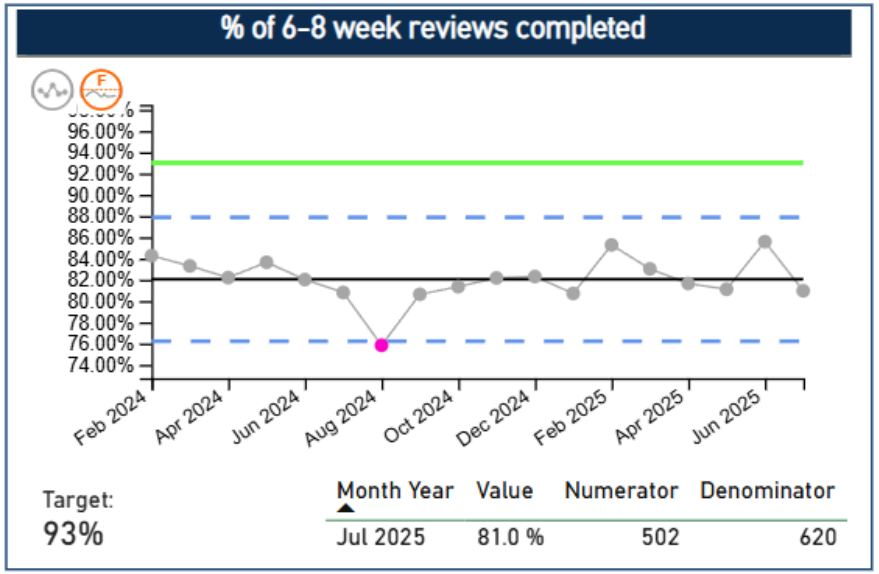
Actions (SMART)

- 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.

Community Health Services, Dentistry and Primary Care – Children and Young People Planned Care (Specialist, including management of long-term conditions)



Understanding the performance

The 6–8-week review is a universal health check offered to all babies in England, carried out by a health visitor. The metric tracks the percentage of eligible babies who received this review within the designated time window (between 6 and 8 weeks after birth). Performance against this metric is within expected statistical range, however, is consistently under the target.

In July the team completed 81% of the 6-to-8-week reviews within the timeframe. The team continues to deliver the reviews even if they are slightly before or after the target timeline. Service continues getting requests from clients for continuity of professional which aids the development of the therapeutic relationship but may result in appointments taking place outside of the timeframe. The workforce in this service is largely composed of part-time staff, which can make completing the review within the required ten (10) working day window challenging.

Actions (SMART)

The Directorate is rolling out a system that automatically reminds families of upcoming appointments, with the aim to reduce the number of missed appointments.

There are other more informal routes to contact the team such as weekly weigh-in and infant feeding clinics or the text messaging service ChatHealth Parent line.

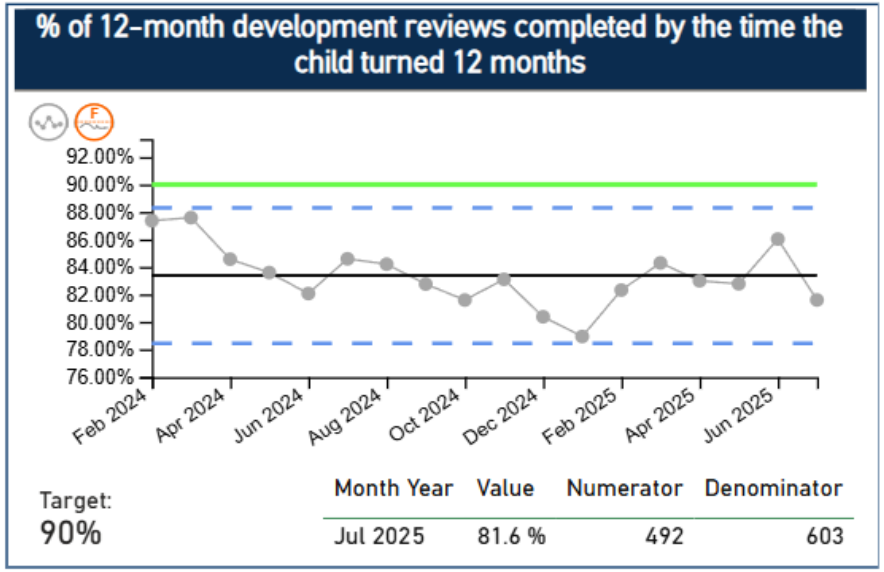
Currently visits are made directly between mother and the Health Visitor at a mutually agreed time. Service is to trial appointments being sent out via the SPA (Single Point of Action) directly to parents within the 6 weeks to 7 weeks and 5 days window.

All new babies are invited to attend an early days health promotional sessions which take place between 12-20 weeks post birth.

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 review, safeguarding concerns may not be identified early and put the child or a young person at risk until the 12-months review.



Understanding the performance

This metric tracks the proportion of children who receive their 12-month developmental review by the time they turn 12 months old. It is usually conducted by a health visitor or another appropriate member of the 0–19 public health nursing team. Performance against this metric is within expected statistical range, however, is consistently under the target.

The team completed 81.6% of the 12-month developmental reviews within the timeframe in July 2025.
Service continues to deliver the reviews even if they are slightly before or after the target timeline.

The number of declines and missed appointments for developmental reviews is typically higher for the 12-month and subsequent reviews due to parents returning to work.

Actions (SMART)

The directorate is rolling out a system that automatically reminds families of upcoming appointments, with the aim to reduce the number of missed appointments.

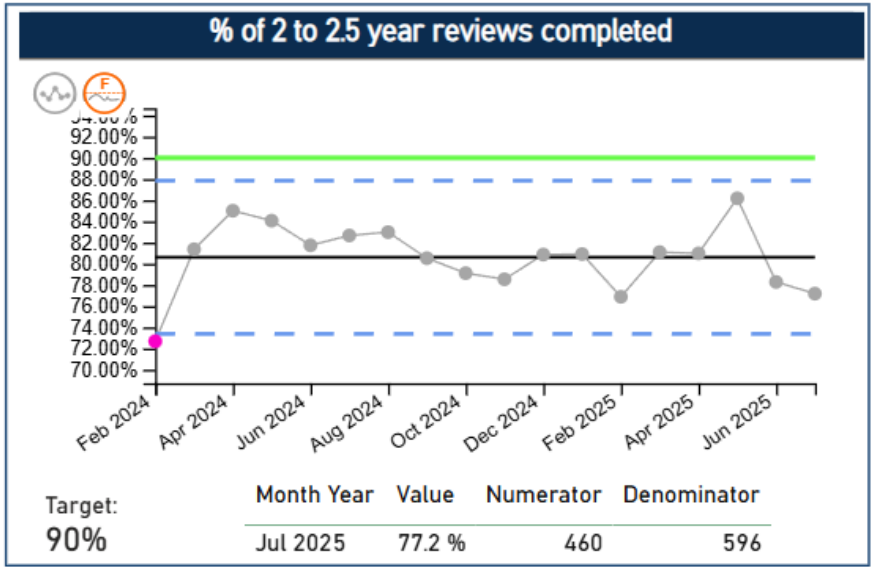
There are other more informal routes to contact the team such as weigh-in clinics or the text messaging service ChatHealth Parent line.

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 review, safeguarding concerns may not be identified early and put the child or a young person at risk until the 2 to 2.5 year review.

Community Health Services, Dentistry and Primary Care – Children and Young People Planned Care (Specialist, including management of long-term conditions)



Understanding the performance

This metric records the proportion of children aged between 2 and 2½ years who received their developmental review within this timeframe. The review is typically delivered by health visitors or early years public health nurses. Performance against this metric is within expected statistical range, however, is consistently under the target.

The team completed 77.2% of the 2- to 2.5-year developmental reviews within the timeframe in July 2025.
Service continues to deliver the reviews even if they are slightly before or after the target timeline. Large proportion of the breaches is due to patient choice.

Actions (SMART)

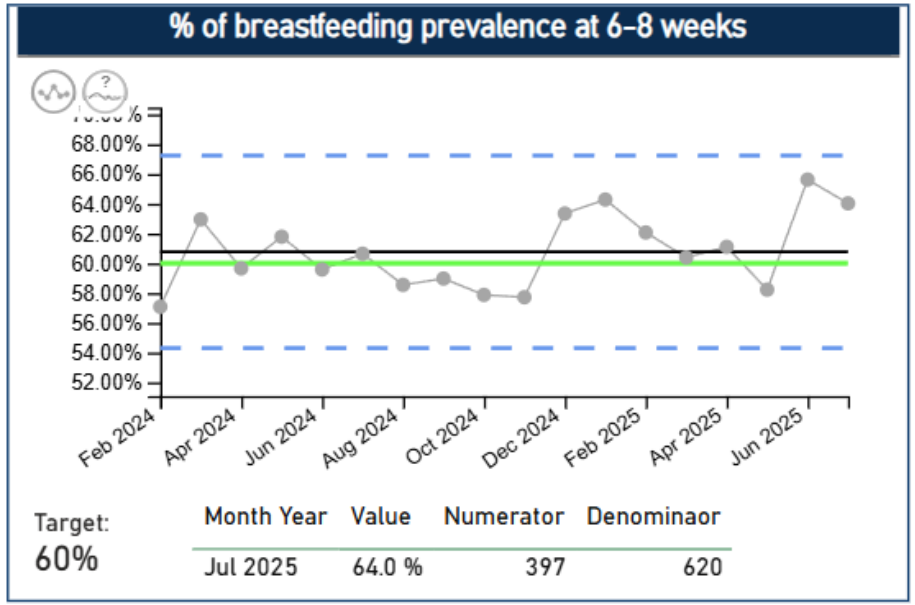
The directorate is rolling out a system that automatically reminds families of upcoming appointments, with the aim to reduce the number of missed appointments.

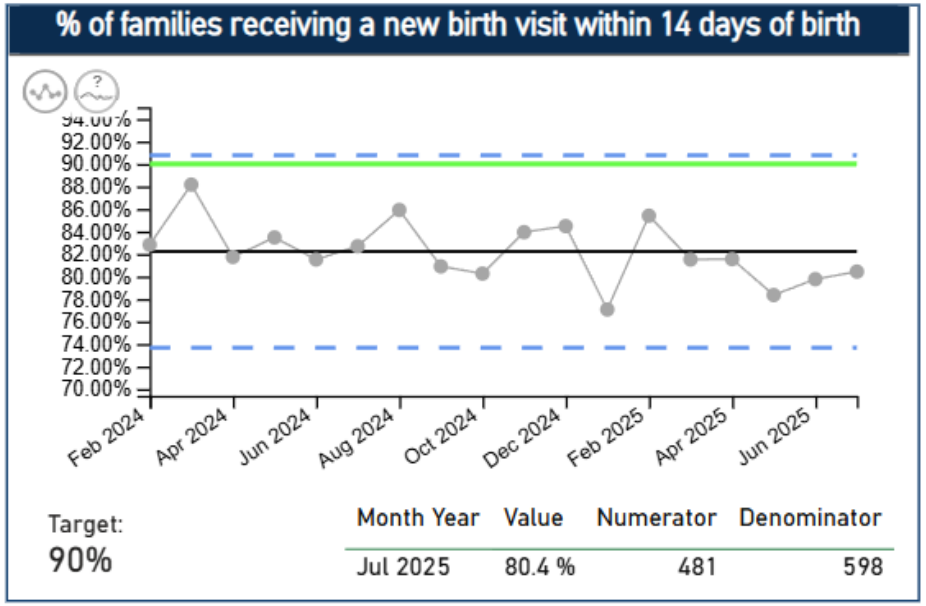
There are other more informal routes to contact the team such as weigh-in clinics or the text messaging service ChatHealth Parent line.

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 review, safeguarding concerns may not be identified early and put the child or a young person at risk until the 4-year review.


% of breastfeeding prevalence at 6-8 weeks
68.00%
66.00%
64.00%
62.00%
60.00%
58.00%
56.00%
54.00%
52.00%
Feb 2024
Apr 2024
Jun 2024
Aug 2024
Oct 2024
Dec 2024
Feb 2025
Apr 2025
Jun 2025
Target:
60%
Month Year Value Numerator Denominaor
Jul 2025 64.0 % 397 620

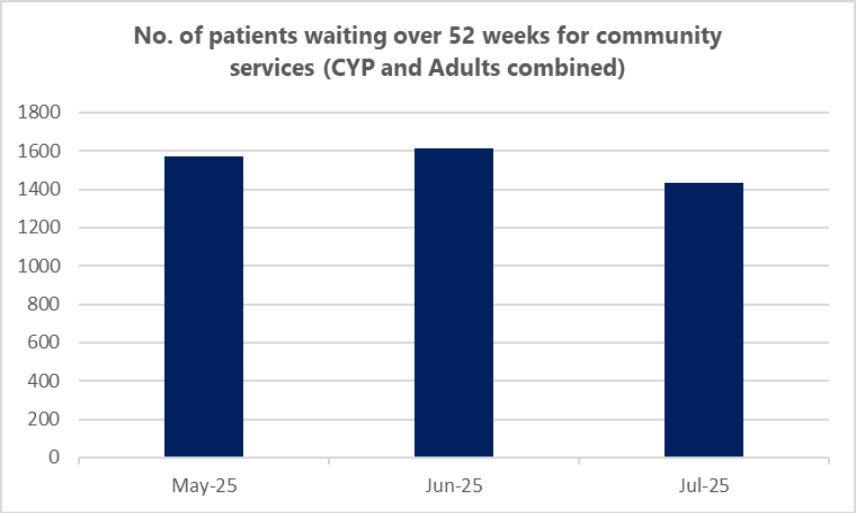

% of families receiving a new birth visit within 14 days of birth
92.00%
90.00%
88.00%
86.00%
84.00%
82.00%
80.00%
78.00%
76.00%
74.00%
72.00%
70.00%
Feb 2024
Apr 2024
Jun 2024
Aug 2024
Oct 2024
Dec 2024
Feb 2025
Apr 2025
Jun 2025
Target:
90%
Month Year Value Numerator Denominator
Jul 2025 80.4 % 481 598

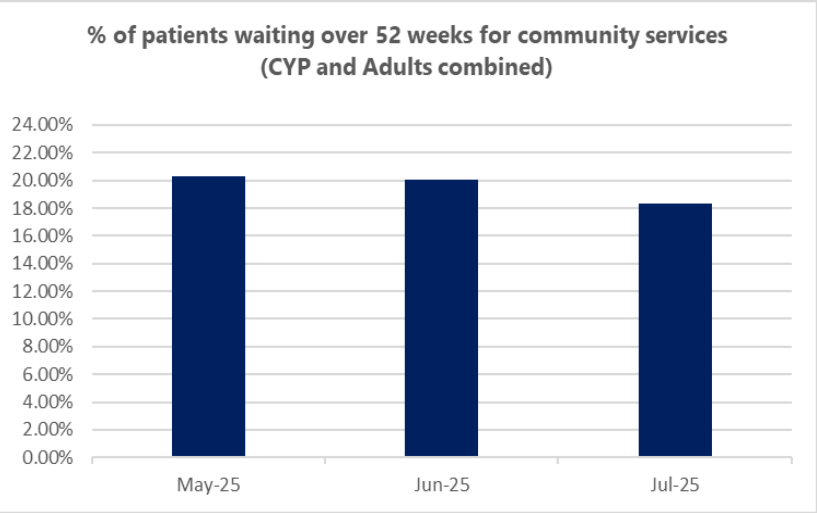
Community Health Services, Dentistry and Primary Care – Other

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National NOF	Percentage of patients waiting over 52 weeks for community services (Children, Young People and Adults combined)	.	Jul-25	18.33%	n/a*	n/a*	n/a*
National	Number of patients waiting over 52 weeks (Children, Young People and Adults combined)	.	Jul-25	1431	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	Jul-25
Childrens Int Therapy Services - Dietetics	0
Childrens Int Therapy Services - OT	38
Childrens Int Therapy Services - Physiotherapy	11
Childrens Int Therapy Services - Speech & Language	830
Adult Speech & Language	103
Bladder and Bowel - Adult	0
Care Home Support Service	0
Community Therapy Service	0
Falls	0
Heart Failure	0
Nutrition & Dietetics	18
Physical Disability Physiotherapy Service	0
Podiatry	293
Tissue Viability	0
Community Respiratory Service	138
Total	1431





Section 2

1. Quality
2. People

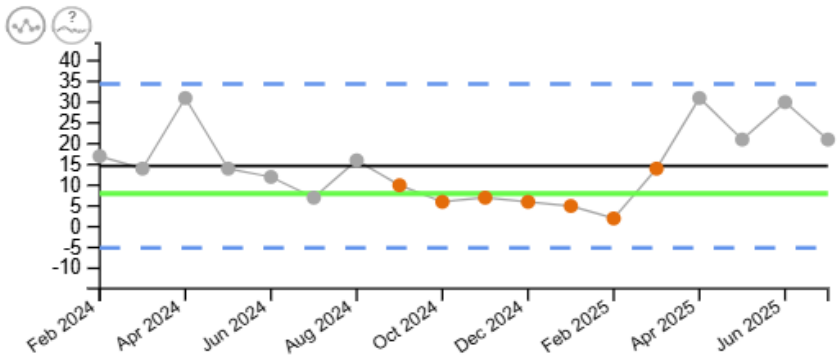
2.1 Quality - Deliver the best possible care and health outcomes

Quality - summary

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
Local Strategic - Quality	Reduction in the use of prone restraints (number of incidents involving prone restraint)	Less than 8 per month	Jul-25	21			15
Local Strategic - Quality	Reduction in the use of seclusion (number of incidents involving seclusion)	Less than 25.25 per month	Jul-25	61			41
Local	Total number of patient incidents (all levels of harm excluding inherited pressure damage)	-	Jul-25	1690		n/a	1374
Local	Total number of unexpected deaths reported as incidents (by date of death, including natural and unnatural)	-	Jul-25	18		n/a	21
Local	Total number of suspected suicides	-	Jul-25	3		n/a	5
Local	Total number of incidents involving physical restraint	-	Jul-25	420		n/a	261
Local	Total number of violence, physical, non-physical and property damage incidents (patients and staff)	-	Jul-25	537		n/a	347
Local	Total number of complaints and resolutions	-	Jul-25	88	-*	n/a	75

** - not enough data points to determine variation and apply Making Data Count algorithm*

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



Target:	Target:	Month Year	Value	FYTD value
<97	<8	Jul 2025	21	103
in year	in month			

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 the Trust saw a sustained reduction in prone restraint until March 25, when the Trust saw a steep increase, which has continued. There has been a reduction in July 25 from the rates in June, however they remain at increased levels. July saw 21 episodes of prone restraints involving ten (10) patients across six (6) wards. The areas with the highest use of prone was Meadow (Child and Adolescent Mental Health (CAMHS) Psychiatric Intensive Care Unit (PICU)) (n=10) uses of prone and adult male acute ward in Buckinghamshire Sapphire (n=5).
The highest reason for prone was for the administration of Intramuscular Medication (IM) (n=16) and then 'unintentional led by patient' (n=2). There was one (1) for seclusion exit procedure.

Actions (SMART)

The Positive and Safe 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 (weekly review meeting).

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.

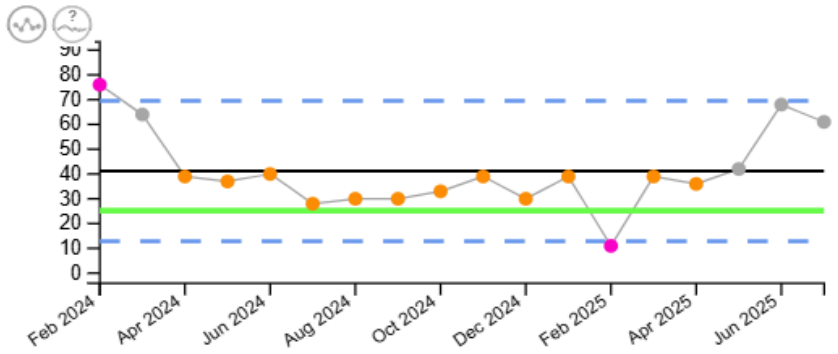
The use of the safety pod in supporting the use of alternative injection sites and the exit of seclusion without prone is being reviewed in teams where the safety pod has not been used in episodes of restraint that have resulted in prone restraint.

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.

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



Target:	Target:	Month Year	Value	FYTD value
<303i	<25.25	Jul 2025	61	207
n year	in month			

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.

June saw a sharp increase in seclusion episodes which has been maintained in July 2025, with only a slight reduction from June. July saw sixty-one (61) episodes which is significantly above the target of 25 seclusions per month.
The sixty-one (61) episodes of seclusion in July were across nine (9) wards involving twenty-five (25) patients. The highest use of seclusion within the month of July 2025 was Meadow (CAMHS PICU) with ten (10) episodes, involving five (5) patients. There continues to be a long-term seclusion on Evenlode (medium secure) ward for one individual with a special package of care.

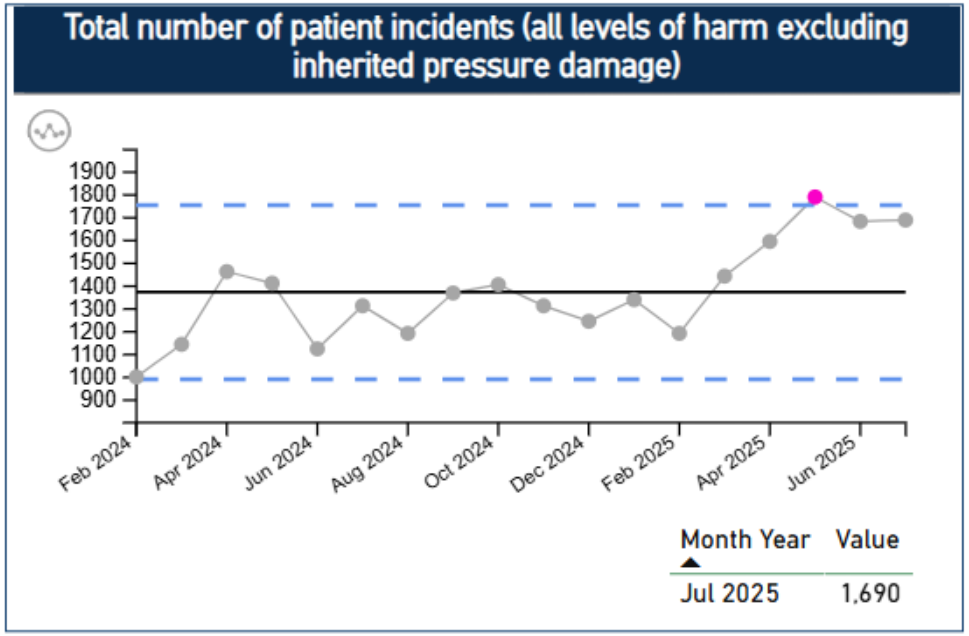
Actions (SMART)

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, and August data should be available. 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 changed/increased over time.

All incidents are reviewed at time of reporting. There are regular weekly patient safety forums that oversee incidents, and the oversight of patterns/trends are reviewed at the Quality and Clinical Governance Group quarterly.

Understanding the performance

The number of incidents has shown an increase in May, June and July 2025, mainly due to an increase in the number of self-harm incidents on the Child and Adolescent (CAMHS) Psychiatric Intensive Care Unit (PICU) called Meadow Unit. Meadow Unit accounted for 13% of all patient incidents in July 2025. The incidents relate to a small number of acutely unwell young people with high levels of self-harming behaviours, requiring therapeutic intervention as well as physical intervention at times. All incidents resulted in no specific harm or a minor/low level of harm to patients.

Overall, the most common incident categories are; self harm by patients, violence by patients towards staff, community pharmacy medicine supply delays and pressure ulcers. The majority of incidents had no harm or a minor/ low level of harm (94%), this compares to the national figure of 93.7% taken from the latest published national statistics for Quarter 4 2024/25.

There was one (1) significant incident in July 2025 related to a patient open to the Homeless General Practice (GP) who allegedly murdered another person open to the same GP. The person has been arrested by the Police.

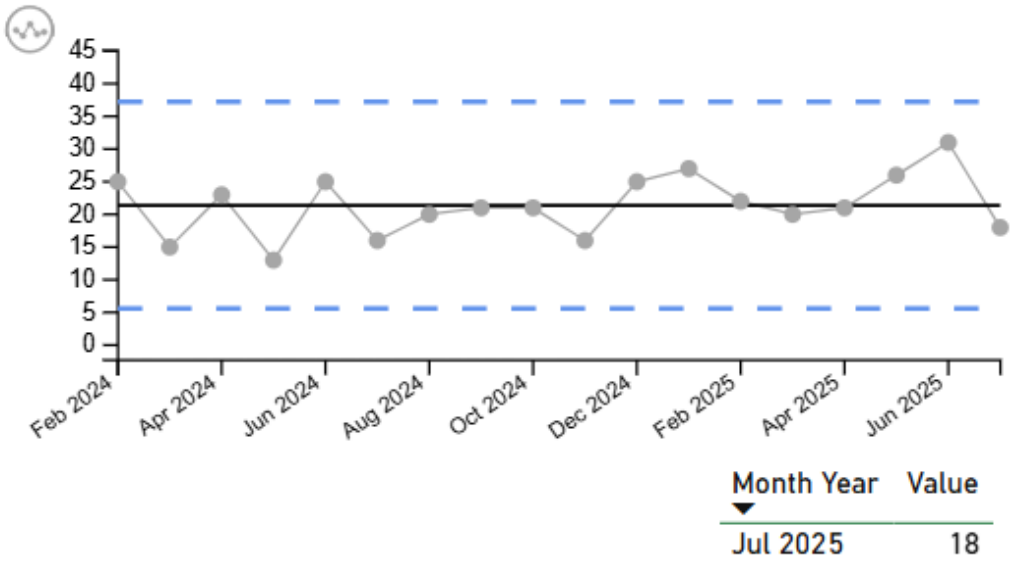
There is no increase or significant change in moderate or severe harm incidents in the last 6 months.

Risks

No specific risks identified, each incident is reviewed by a range of staff, immediate actions are taken and any further work required is identified.

Quality

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 and Clinical Governance Group and at the 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 patient's 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.

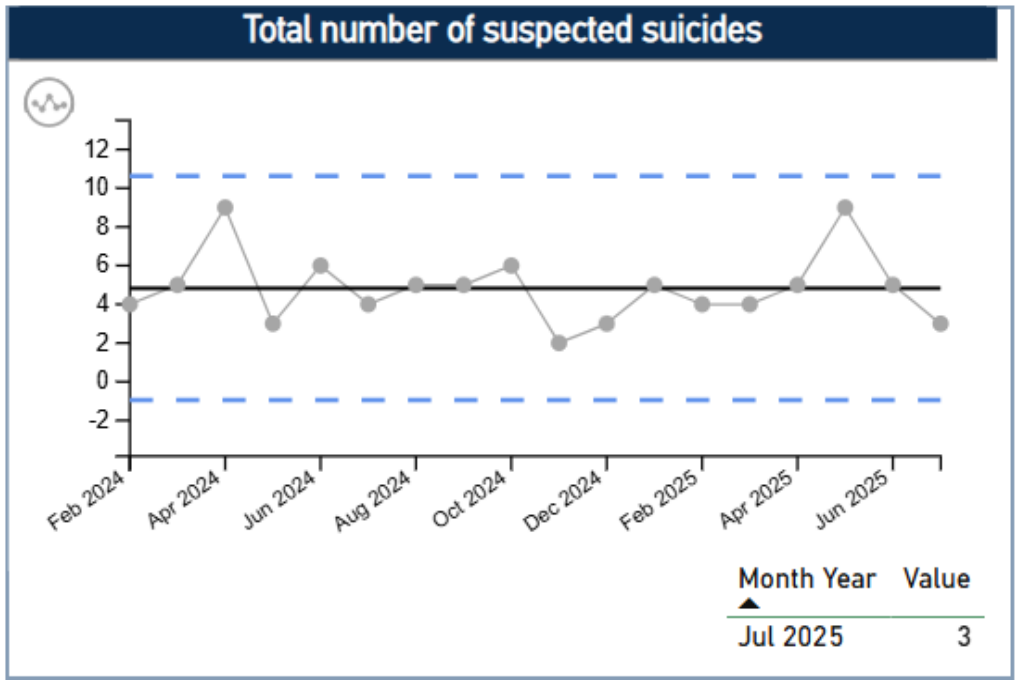
Our internal process involves two senior clinicians screening every known patient death and then depending on the outcome of this initial review and/or the circumstances of the death this is then reported onto Ulysses (graph based on unexpected deaths reported onto Ulysses – both patients open and discharged at time of death). All unexpected deaths are then scrutinised by the Directorate senior management team through their weekly patient safety forums, 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. This includes natural cause deaths. There has been no increase in suspected suicides, see next slide for detail.

No concerns are identified.

Risks

No specific risks identified.



Understanding the performance

The care provided and circumstances around every suspected suicide of a patient is reviewed, and the Trust offers families specialist support following a suspected suicide through the Trust's family liaison service.

There were fifty-three 53 confirmed/suspected suicides for open and recently discharged patients in the last 12 months, up to the end of July 2025.

The Trust is part of two Real Time Surveillance Systems to improve the sharing of information across agencies so that we can learn and act as timely as possible. One of the systems covers the Thames Valley for all suspected suicides and the other is a national system focused on inpatient suspected suicides.

Actions (SMART)

The Trust has strong processes in place to review and learn from all suspected suicides through the national Patient Safety Incident Response Framework, which also includes engaging with families affected.

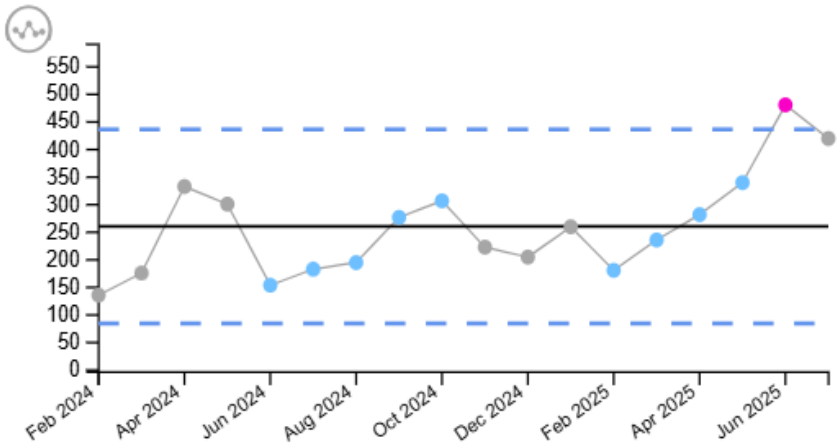
The Trust has a Suicide Prevention Group to steer improvement activity. We are also part of the local authority and national forums to work on the prevention of suicides.

No further actions identified.

Risks

No specific risks identified.

Total number of incidents involving physical restraint



Month Year	Value	Numerator	Denominator
Jul 2025	17.31%	420	2,427

Understanding the performance

Increase in physical restraints since April 2024 is largely attributable to the increase in restraint across the Child and Adolescent Mental Health Services (CAMHS) pathway.

July 2025 saw a continued considerable increase with 420 restraints, involving 73 individuals.

The highest cause group for incidents involving restraint this month has changed from Self harm to violence and aggression. Violence & Aggression (n=159), with self harm second with Self Harm (n=142) followed by Health (n=66). There were sixty-five (65) incidents of restraint that involved administration of medication and twenty-eight (28) 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. July is the first month Violence and aggression has been higher than Self harm.

The areas with the highest use in July 2025 continues to be across the Child & Adolescent pathway with 262 of the 421 being across inpatient CAMHS services. CAMHS Meadow (PICU) (n=178), CAMHS Marlborough House (n=12) and Highfield (n=72). The older adult pathway continues to be the next highest area for the use of physical restraint. Cherwell (older adults) were the third highest with 34 incidents of physical restraint and Ashurst (PICU) fourth with 28 restraints.

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. A focussed report of this work is reporting to the Quality and Governance Sub-group in September 2025.

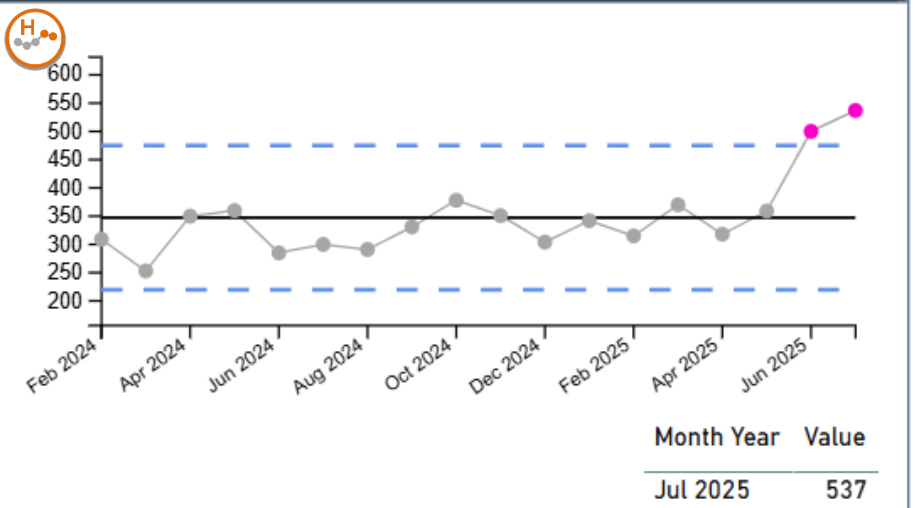
Physical restraint is always a last resort, and the lowest level of holds is always used. The implementation of the safety pod has supported this.

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.

Total number of violence, physical, non-physical and property damage incidents (patients and staff)



Month Year	Value
Jul 2025	537

Actions (SMART)

Violence towards our staff as they carry out their work is not acceptable.

The Trust has established a 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.

Understanding the performance

The number of violent incidents in June and July 2025 have increased, mostly from patients towards staff or members of the public. The majority of the violent incidents in June and July 2025 were on the Child and Adolescent (CAMHS) Psychiatric Intensive Care Unit (PICU), followed by a CAMHS general acute ward, and then the Adult PICU and 1 Forensic secure ward.

Most of the incidents were patients being violent or verbally abusive to staff. 97% of the violent incidents in June and July 2025 resulted in no harm or very minor harm. The majority of violent incidents happen on our mental health inpatient wards.

There have been six (6) severe harm incidents in the last 12 months up to the end of July 2025; three (3) incidents involving patients assaulting staff leading to an injury across two of our mental health wards, one (1) patient on patient assault in the community, and two (2) patient assaults on members of public assaulted in the community.

Two (2) RIDDORs (incidents as per Reporting of Injuries, Diseases and Dangerous Occurrences regulations) were reported to the Health and Safety Executive (HSE) for incidents in July 2025 relating to violence. This was one (1) incident affecting two (2) staff members on a forensic ward.

9% of violent incidents had a racial element in July 2025. The majority of racial violent incidents relate to verbal abuse from patients to staff, and occurred mostly on 4 wards; Adult PICU and forensic services.

Risks

Staff being injured by patients during their work, resulting in sickness and possible issues with retention.

Quality



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 July 2025 there were seventeen (17) early resolution cases, fifty-nine (59) rapid resolution complaints, twelve (12) low level complaints, and fifteen (15) Member of Parliament (MP) enquiries. The top teams with three or more complaints were AMHT Bucks Aylesbury Team, AMHT Bucks Chiltern Team and Wintle Ward.

During July 2025, the Trust received two -hundred and ninety-two (292) 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

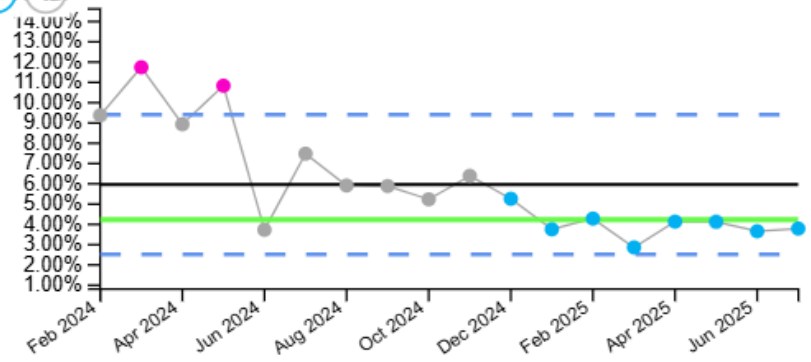
None requiring consideration by the Board.

2.2 People - Be a great place to work

People - summary

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
Strategic - People	Reduce agency usage to meet target (% of agency used)	<=4.23%	Jul-25	3.80%	L	?	5.97%
Strategic - People	Reduction in % labour turnover	<=14%	Jul-25	10.00%	L	P	11.61%
Strategic - People	% of staff completing Quality Improvement Training Level 1	-	Jul-25	Interim measure - 1151 completed in July 2025			
Strategic - People Local	Black, Asian and Minority Ethnic (BAME) representation across all pay bands including Board level.	>=19%	Jul-25	26.60%	H	P	24.71%
Strategic - People Local	Black, Asian and Minority Ethnic (BAME) representation in senior leadership roles (Bands 8a-8d, Band 9, Very Senior Management).	>=19%	Jul-25	14.44%	H	F	13.08%
Local	Proportion of staff in senior leadership roles (bands 8a - 8d, 9 and Very Senior Manager) who are women	-	Jul-25	77.33%		n/a	77.81%
National NOF	Reduce staff sickness to 4.5%	<=4.5%	Jul-25	4.95%		?	4.51%
Local	Personal Development Review (PDR) compliance (PDR season is between April – July)	95%	Jul-25	96.68%		?	75.11%
Local	Reduction in vacancies	<=9%	Jul-25	9.05%	L	F	11.59%
Local	% of early turnover	<=14%	Jul-25	11.66%	L	?	13.65%
Local	Statutory and mandatory training compliance	>=95%	Jul-25	92.44%	H	F	90.66%
Local	Clinical supervision completion rate	>=95%	Jul-25	79.60%		F	77.95%
Local	Management supervision rate	>=95%	Jul-25	75.60%	H	F	72.79%
Local	Staff leaver rate	-	Jul-25	6.19%	L	n/a	6.87%
Local	Relative likelihood of white applicant being appointed from shortlisting across all posts compared to Black, Asian and Minority Ethnic (BME) applicants	1	Jul-25	1.88		?	1.74
Local	Relative likelihood of non-disabled applicant being appointed from shortlisting compared to disabled applicants	1	Jul-25	1.04		?	0.97

Reduce agency usage to meet target (% of agency used)



Target:	Month Year	Value	Numerator	Denominator
<=4.23%	Jul 2025	3.80 %	£ 1,396,347.84	£ 36,786,076.13

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 July 2025 declined to 3.8% of total pay bill. The Trust is £0.55m better than plan for agency spend Year to Date.

Agency Spend as a % of Temporary Staffing was 30.9% (£1,396k) and Bank was 69.1% (£3,128k).

Fill rates :
NHS People shifts only (excluding Medical & Dental): In July, 78.7% of our temporary staffing shifts (based on hours) were filled by bank workers, above the 78% target. 18.9% were filled by agency workers and 2.47% were unfilled.

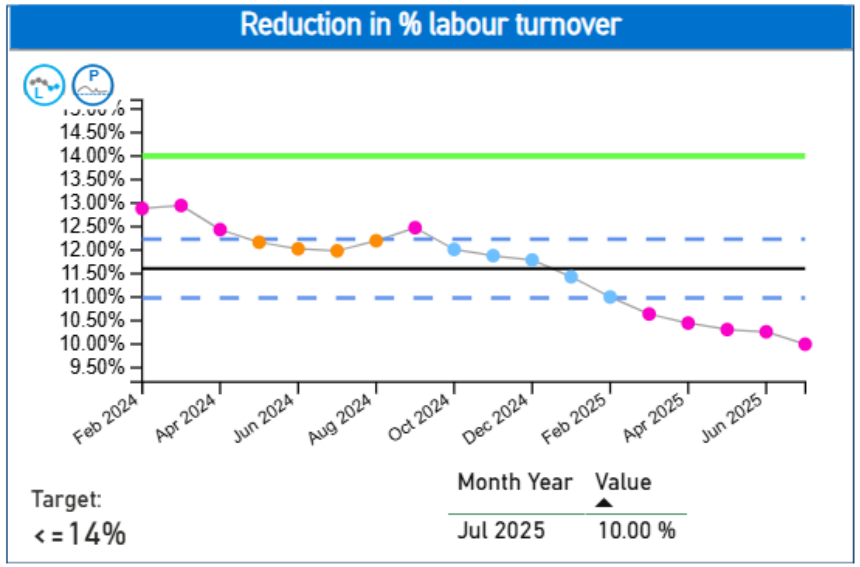
Medical & Dental (ID Medical, Allocate and Patchwork): In July 2025, 41.7% of our temporary staffing shifts (based on hours) were filled by bank workers; 48.3% were filled by Agency workers and 10.0% were unfilled.

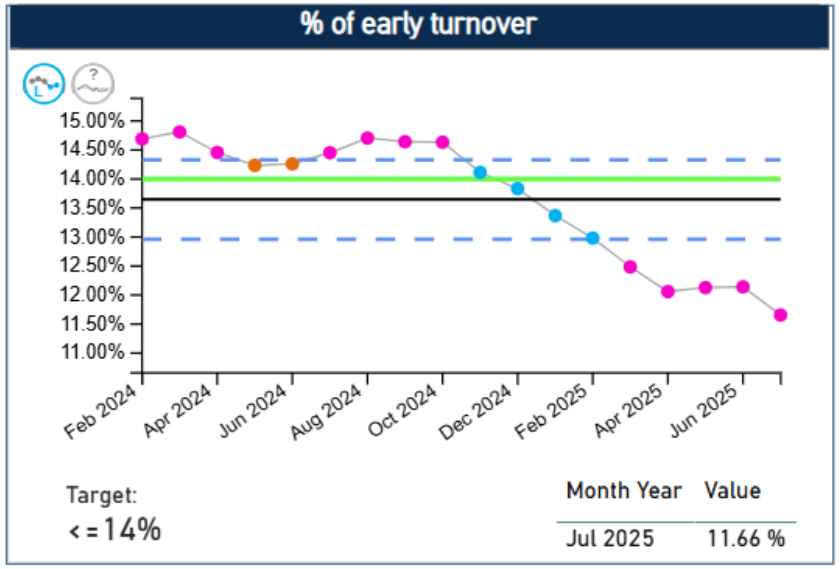
Actions (SMART)

- A paper was approved by Executive team to stop the utilisation of Agency Healthcare Assistants (HCA's) from 17th November 2025, all directorates are aware and supportive of the change. Communication will be shared across the Trust week commencing 25th August with further communication being prepared for all agency workers currently being utilised to encourage them to join NHS People (NHSP) or the Trust in a substantive position, via the Assessment centre being held by the Talent Acquisition team on 23rd September 2025.
- We are continuing to monitor the direct booking of agency workers into NHSP, which continues to improve. Work is now being undertaken to move the Flexi rosters where utilised onto Healthroster, thereby further ensuring utilisation of additional workforce is recorded accurately for safe staffing purposes.
- A pilot has been started in Buckinghamshire between the Temporary Staffing and Talent Acquisition teams to report on and monitor agency and bank usage against substantive HC and vacancies that are actively being recruited to. This joint approach will support the fulfilment of substantive posts, the longevity of Lines of Work, and the continued reduction in bank and agency utilisation.
- We currently have 48 Lines of Work for qualified staff in Agenda For Change
- Current utilisation of Locums is at 31 with 6 due to end in September due to substantive staff having been appointed, we have 2 further Locums in discussion about joining us substantively.

Risks

- Agency HCAs do not take up the opportunity to move to NHSP or join us substantively leaving us short of cover and reducing care for our patients. This is being mitigated by a process whereby clinicians can engage agency HCAs and appropriate controls have been put in place to monitor.
- Turnover of substantive Medics continues, and we are therefore unable to reduce our agency spend. We plan to fill the Talent Acquisition role which is a new role dedicated to proactive medical recruitment.





Understanding the performance

Staff turnover has shown a sustained reduction since Oct 24. In July it has decreased from 10.2% to 10.0% and remains below the 14% target.

Staff Turnover of Black, Asian and Minority Black, Asian and Minority Ethnic staff is 9.32% (lower than total turnover). White staff turnover is 10.52%.

Early turnover has decreased from 12.14% to 11.66% and remains below target. The early turnover of Black, Asian and Minority Ethnic staff is now lower than the early turnover of white staff at 9.74% compared to early turnover of white staff 13.94%

Actions (SMART)

The retention programme has been reviewed, several workstreams have been closed and the work will now focus:

Flexible Working:

Whilst the organisation is using Electronic Staff Records (ESR) to record all NEW flexible working requests, a pilot is taking place in Human Resources and Learning & Development to consider ALL flexible working. This will help us learn about the system, understand more on what data might be available through reports and create a series of FAQS to support managers and staff.

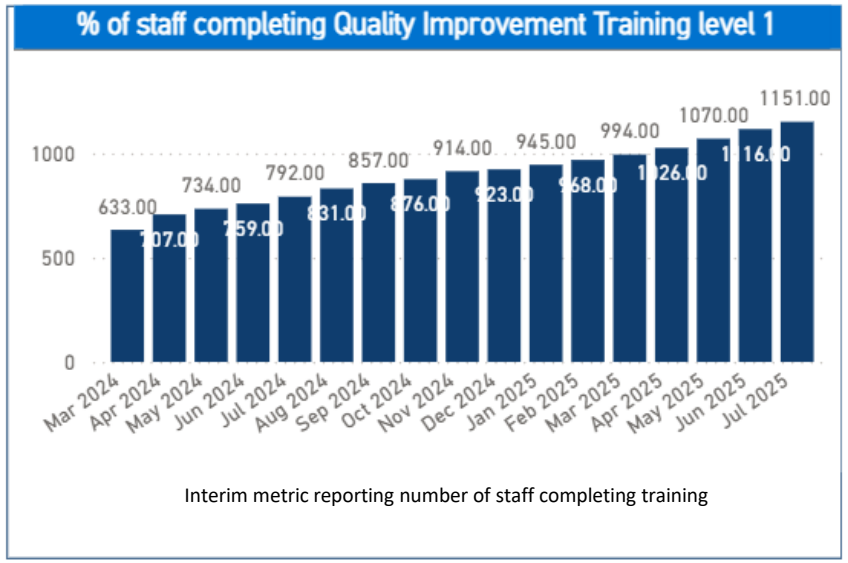
Staff Recognition:

A period of discovery is now taking place to review what Oxford Health does to recognise its staff and discover what other NHS trusts do in this space.

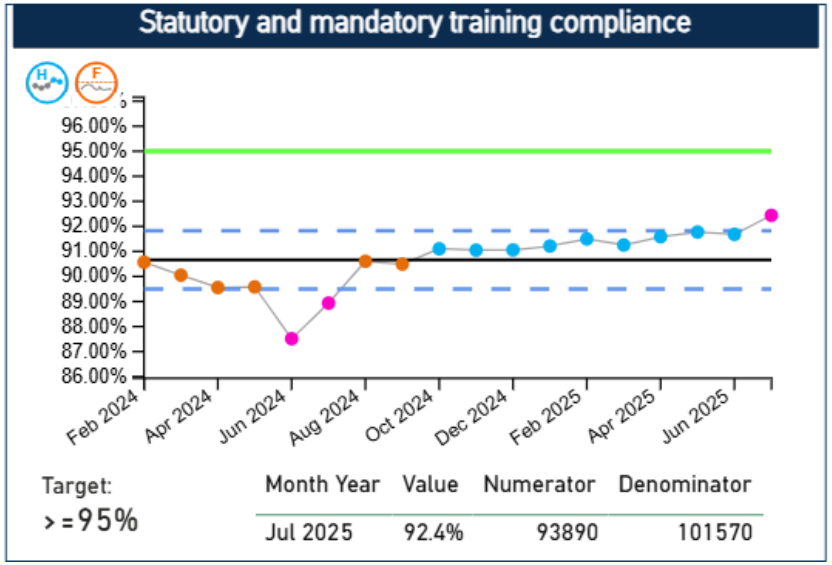
A quarterly update on retention is taken to the People Steering Group to update on progress.

Risks

Turnover may be higher is some areas which is masked by the average. This may impact on vacancies and quality of care provided to patients. Continued work will be done to focus on location and professions where turnover is higher than average.



Interim metric reporting number of staff completing training



Understanding the performance

The Statutory and Mandatory training compliance rate remains consistent with a small increase from 92.12% to 92.44. Three Directorates, Oxford Pharmacy Store and Learning Disabilities and Provider Collaborative Commissioning are above 95% completion for their overall compliance whilst the rest are circa 90%. Corporate Directorate which is the only outlier in compliance and currently sits at 88.6%.

10 out of 12 pieces of Mandatory training have a compliance rate above 90%. Compliance for Fire awareness, Resus and PEACE (Positive Engagement and Caring Environments; for the mental health services directorates only) remains under 90% and are being monitored.

National NHSE alignment programme currently reviewing M&H, resus, safeguarding and sexual safety training.

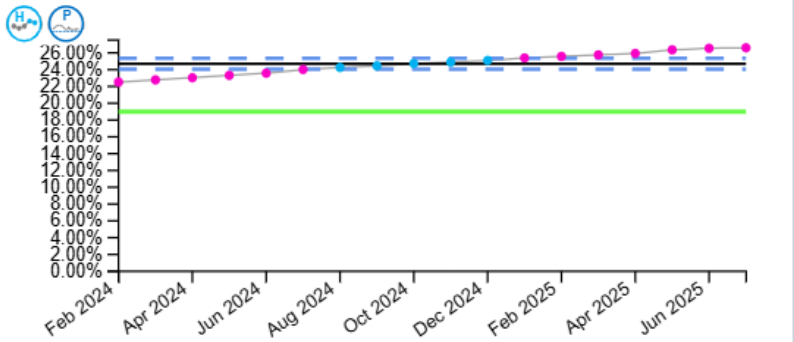
Actions (SMART)

- Fire safety (including fire awareness and fire warden training) 89.34% - Changes to fire warden training audiences underway and to be reviewed and agreed by Execs prior to roll out
- Resus 81.16% - Resus training currently being reviewed as part of the 1st tier of training within the NHSE National alignment programme with several changes being proposed to reduce burden of training including reduction in frequency from annually to 2 yearly, massively reducing the number of staff currently being trained in Advanced Life Support and Immediate Life Support for all Trusts and considering focus to be on the deteriorating patient that response to resus events. The Trust is also expected to fully align to Core Skills Training Framework (CSFT) by introducing L1 e-learning for all staff with no resus training currently.
- PEACE (only for Mental Health inpatients) 80.83% - additional training dates are available, and improved attendance is resulting in improvements in compliance. DNA (Did Not Attend) rates increased during summer months but are being monitored.

Risks

- Trust will need to consider any cost implications to proposed changes in model of training delivery – this is most likely to affect M&H training.
- If people have not attended training, there is a risk that quality of care and patient safety may be affected.

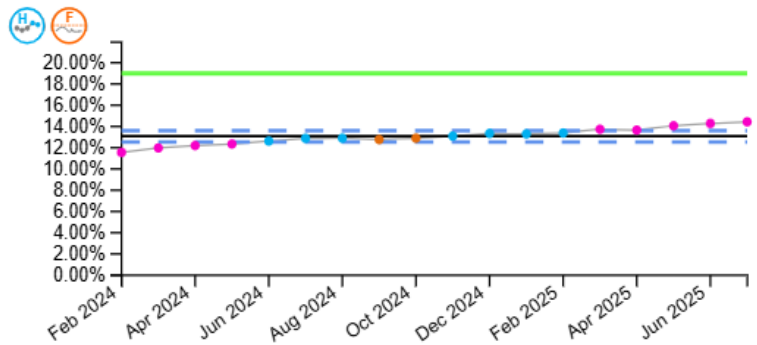
% of BAME (black, Asian and minority ethnic) representation across all pay bands including board level



Target: >=19%

Month Year	Value	Numerator	Denominator
Jul 2025	26.60 %	1,999	7,515

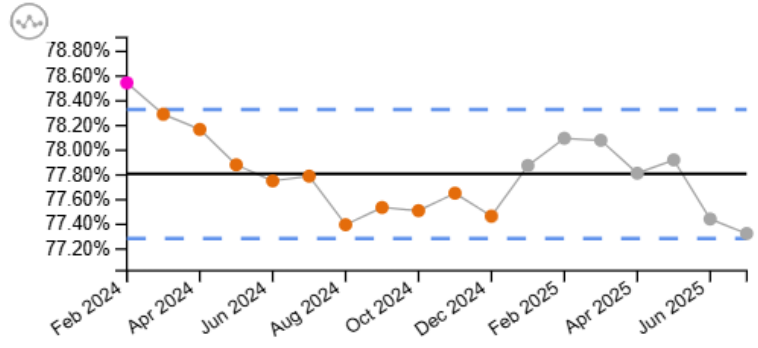
% of BAME (black, Asian and minority ethnic) representation in senior leadership roles (8a -8d, B9 & Very Senior Manager)



Target: >=19%

Month Year	Value	Numerator	Denominator
Jul 2025	14.44 %	135	935

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



Month Year	Value	Numerator	Denominator
Jul 2025	77.33 %	723	935

Understanding the performance

- There has been an increase of 0.06% in the representation of Black, Asian and Minority Ethnic staff across all pay bands in July 2025 reporting period.
- There has been an increase of 0.15% in the representation of Black, Asian and Minority Ethnic staff in senior leadership roles (bands 8A-8D, B9 and Very Senior Manager) in July 2025 reporting period.
- There has been a decrease of 0.12% in the representation of Female staff in senior leadership roles (bands 8A-8D, B9 and Very Senior Manager) in the July 2025 reporting period.

Actions (SMART)

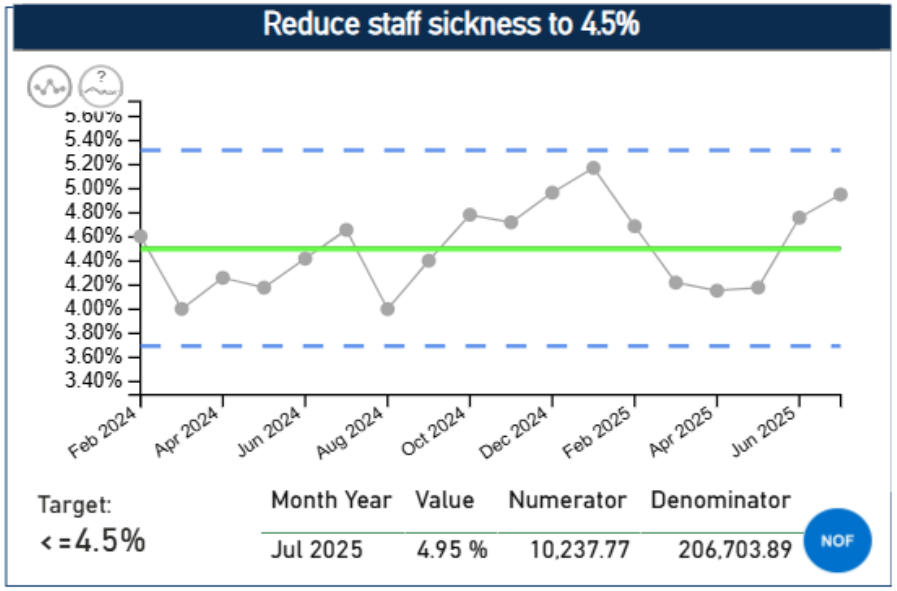
Organisational wide actions have been taken as guided by the NHS Equality, Diversity and Inclusion (EDI) - High Impact Actions. These actions are focused on: Leadership Accountability, Fair recruitment & development, Closing pay gaps, Addressing health inequalities, support for international staff and the creation of a safe workplace.

Actions have been included within the NHS Workforce Race Equality Standard (WRES) report that was presented at the Equality, Diversity and Inclusion Steering Group 12 June 2025. we are now focusing on reviewing current actions and will report back via the same Steering Group.

Work has just commenced on creating a single plan pulling together all EDI actions.

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 4.74% to 4.95%, 0.45% above target (4.5%).

The proportion of long term versus short term cases remains broadly consistent with the previous month. Long term absence was recorded as 3.09%, medium term – 0.71% and short-term absence - 1.15%.

The most common reasons for absence based on number of cases were Gastrointestinal, Cold/Cough/Flu and Headache and Migraine.

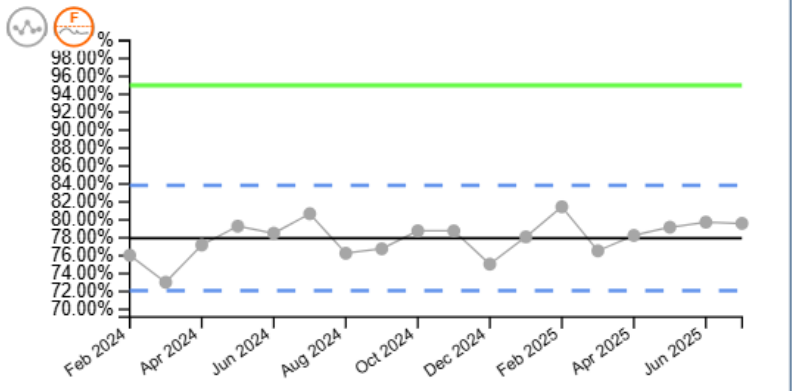
Actions (SMART)

- 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.
- The completion of Return-to-Work Interviews is encouraged, and information is being disseminated within the directorates on any outstanding Return to Work Interviews. There is a focus on recording and providing clear reasons for absence so that there are accurate data records.
- 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.

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.

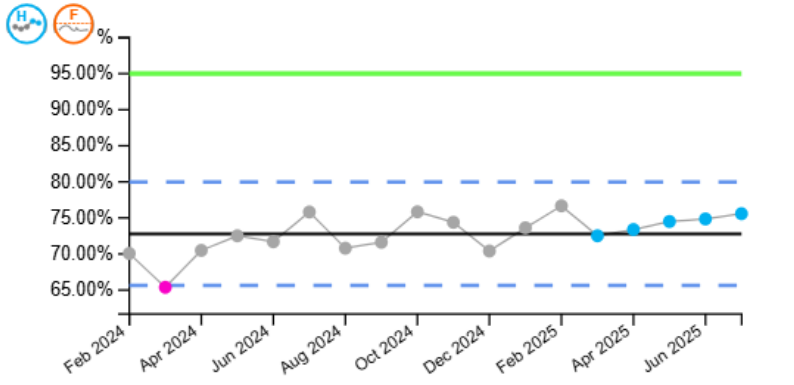
Clinical supervision completion rate



Target: >=95%

Month Year	Value	Numerator	Denominator
Jul 2025	79.6%	3710	4661

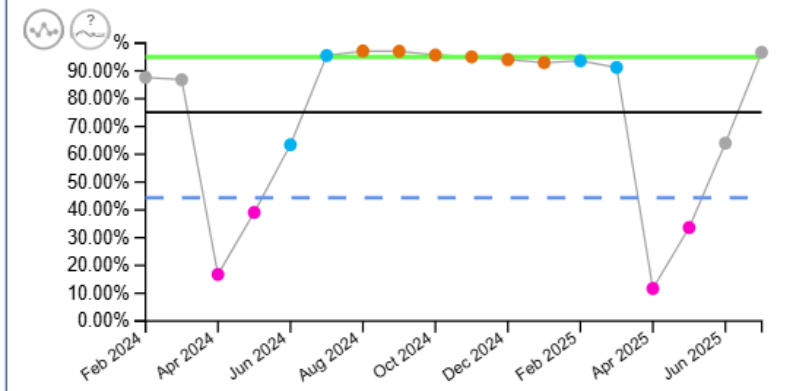
Management supervision completion rate



Target: >=95%

Month Year	Value	Numerator	Denominator
Jul 2025	75.6%	5040	6668

PDR Compliance



Target: >=95%

Month Year	Value	Numerator	Denominator
Jul 2025	96.7%	5774	5972

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 decreased slightly from 79.7% to 79.6%. Management supervision rate has increased from 74.9% to 75.6%.

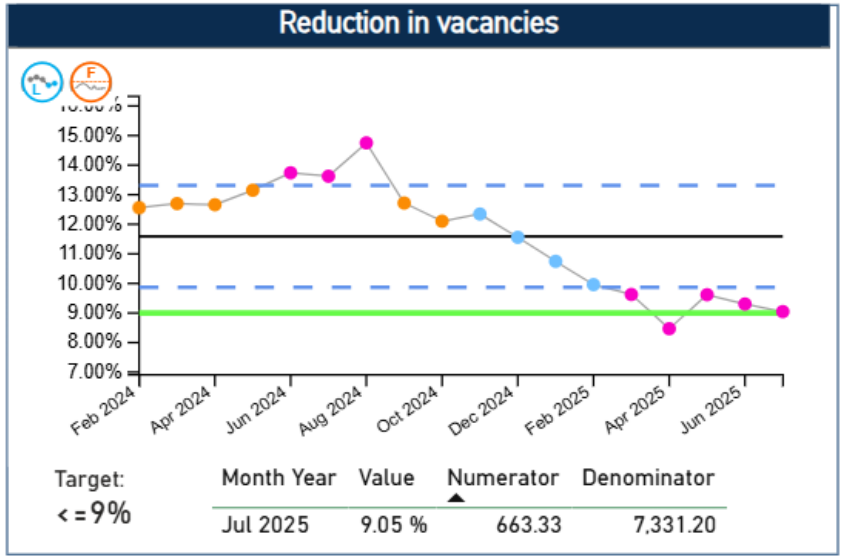
Personal Development Review compliance for the month is 96.7% and is currently higher than at the same time last year (95.5%).

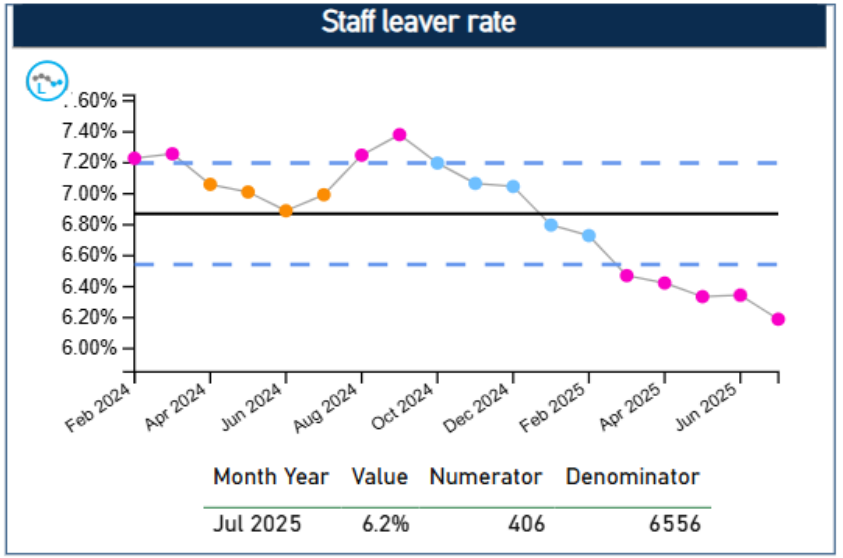
Actions (SMART)

- Changes to Learning & Development 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.
- We have consulted operational leaders on the reporting they require and will put that in place to allow this change in the system which we have ensured is Care Quality Commission (CQC) compliant.
- Changes to be implemented by 1st October and comms plan to be agreed prior to go-live date to ensure all staff are aware of the changes.

Risks

- Failure to provide regular clinical or managerial supervision or conduct Personal Development Reviews (PDRs) 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 August 2024, with an increase in May 2025, July 2025 has seen a continued fall since then, from 9.29% to 9.05%, which is just above the 9% target.

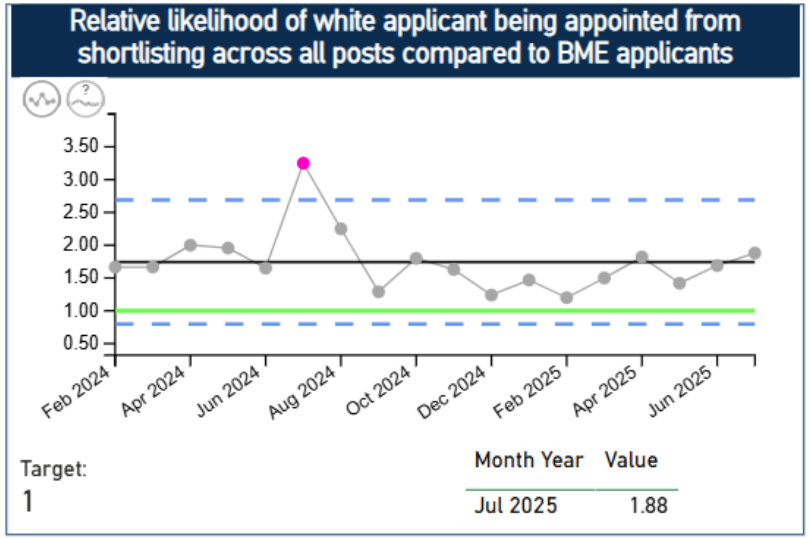
Tighter controls on vacancies, particularly newly created vacancies, a reduction in employee turnover and an improved recruitment process through a Talent Acquisition team mean that vacancies are well managed and vacancy rates are being kept low.

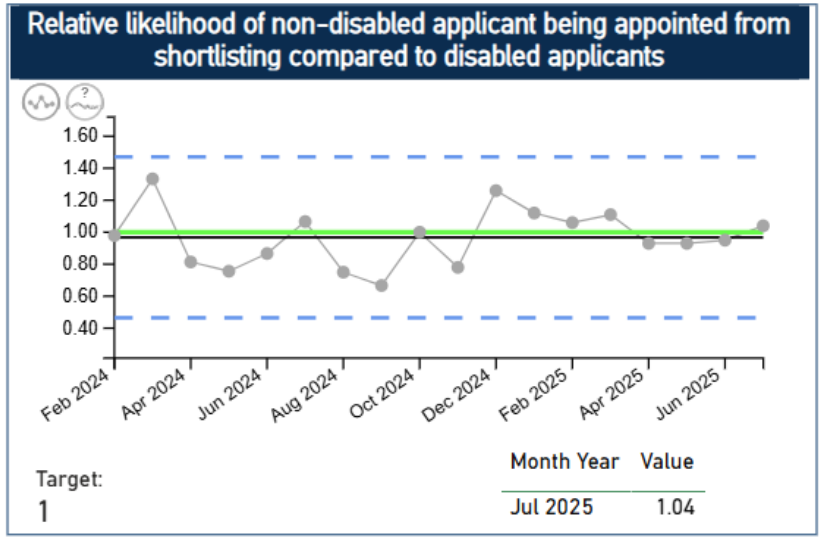
Actions (SMART)

- The Talent Acquisition Team are using vacancy data to target service areas with the highest vacancy rates, working closely with directorates to understand the challenges and to create recruitment action plans, along with using much more proactive methods to source prospective candidates. One of the Talent Acquisition Team objectives is to reduce the number of roles that close with no suitable applicants and need to be readvertised, ensuring a focus on 'hard to fill' vacancies.
- The team continue to develop practical and useful content for the monthly 'Hiring Manager Bulletin' with a focus on improving hiring manager capability by providing guidance and education, leading towards better quality of hire with an aim of lowering turnover, particularly early turnover. The August edition focuses on providing constructive feedback to unsuccessful candidates to ensure we continue to be an employer of choice whilst building a pipeline of future employees.
- The first assessment centre for the new Trust-wide centralised HCA recruitment program takes place in September, then monthly thereafter, reducing the workload for hiring managers in this high-volume area of hiring, whilst delivering a more robust recruitment process and improving the candidate experience.

Risks

- Changes (and proposed changes) to our ability to hire workers requiring sponsorship may impact on our ability to hire into certain roles following the new immigration changes that came into effect on 22nd July.
- The immigration changes may also impact on qualified nurses deciding to leave the UK for other countries where immigration is more favourable.





Understanding the performance

The relative likelihood of white applicants being appointed from shortlisting compared to Black, Asian and Minority Ethnic applicants has increased from 1.69 in June 2025 to 1.88 in July 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 increased from 0.95 in June 2025 to 1.04 in July 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.

Inclusion representatives now sit on all recruitment panels for leadership positions at Band 8a and above. This will support inclusive decision making and improve diversity in senior leadership positions as identified within the High Impact Actions. This work is reported via regular updates into the Equality, Diversity and Inclusion Steering Group.

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

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.

Oxford Health NHS Foundation Trust

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

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	Latest ICB Target	Apr-25				May-25				Jun-25 - Quarter 1			
		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 (target changing periodically)	49	**51**	50	50	53	**51**	48	46	59	**47**	48	40	53
72hr Follow-up	null	**79%**	81%	71%	84%	**87%**	85%	83%	93%	**84%**	85%	85%	80%
CMH 2+ contacts (transformed)	null												
CMH 2+ contacts	null	**18955**	8805	5390	4770	**19175**	8915	5460	4810	**19430**	9055	5520	4875
CMH referral-spells waiting for a full clock stop	null	**9915**	4435	3445	2035	**9840**	4430	3455	1955	**9680**	4380	3395	1905
CMH referral-spells waiting more than 104 weeks for a 2nd contact	null	**135**	85	40	10	**140**	90	40	10	**125**	90	30	*
Open CMH referral-spells waiting for a 2nd contact	null	**3010**	1035	1125	850	**2890**	1015	1090	780	**2810**	995	1050	765
Open CMH referrla-spells with 2+ contact that have had a full meaningful help clock stop	null	**31%**	23%	21%	56%	**32%**	23%	21%	58%	**33%**	23%	21%	59%
CYP 1+ contacts (changing target)	25411	**25865**	8495	7505	9885	**26040**	8605	7570	9875	**26190**	8700	7685	9820
CYP Paired scores (%)	null	**18%**	*	*	*	**15%**	*	*	*	**12%**	*	*	*
CYP Self-rated measurable improvement (%)	null	**37%**	*	*	*	**37%**	*	*	*	**33%**	*	*	*
CYP referral-spells waiting for a full clock stop	null	**26360**	9940	6710	9710	**26360**	9850	6735	9775	**25950**	9715	6755	9480
CYP referral-spells waiting more than 104 weeks for a 1st contact	null	**2670**	1070	830	770	**2750**	1110	785	855	**2825**	1145	765	915
Open CYP referral-spells waiting for a 1st contact	null	**11965**	3750	2500	5720	**11850**	3645	2460	5700	**11565**	3475	2530	5560
Open CYP referral-spells with 1+ contact that have had a meaningful help clock stop	null	**13%**	11%	8%	21%	**14%**	12%	8%	21%	**14%**	12%	9%	22%
CYP ED Routine (interim)	null	**97%**	100%	91%	100%	**94%**	90%	94%	100%	**94%**	87%	100%	100%
CYP ED Routine (interim)	null	**100%**	*	*	100%	**100%**	*	*	100%	**88%**	*	100%	88%
Dementia: 65+ Estimated Diagnosis Rate	null	**61.90%**	63.20%	58%	64.70%	**62%**	63.50%	57.90%	64.80%	**62.10%**	63.50%	58.20%	64.80%
EIP 2 week waits	null	**78%**	80%	77%	*	**86%**	81%	88%	*	**88%**	89%	83%	100%
Inpatient No Contact BME	null	**12%**	12%	*	11%	**17%**	16%	23%	13%	**16%**	18%	22%	*
Inpatient No Contact White British	null	**9%**	9%	*	12%	**9%**	9%	*	13%	**12%**	11%	11%	14%
Inpatient No Contact	null	**10%**	10%	10%	11%	**12%**	12%	10%	13%	**14%**	14%	15%	13%
Individual Placement and Support (IPS, rolling 12 month)	1031	**1340**	545	365	430	**1405**	590	375	440	**1455**	615	385	460
OAPSs bed days (inappropriate only)	null	**480**	85	225	170	**605**	95	215	295	**430**	95	155	180
OAPs active at the end of the period (inappropriate only)	4	**5**	*	*	*	**5**	*	*	*	*****	*	*	*
Perinatal access (rolling 12 month)	1379	**1565**	540	435	590	**1580**	550	430	600	**1580**	545	425	605
Restrictive Interventions per 1,000 bed days	null	*	*	*	*	*	*	*	*	*	*	*	*
SMI PH (quarterly metric)	null									**48%**	38%	55%	60%
Talking Therapies Completing a course of treatment	1902	**1945**	780	700	465	**1805**	750	630	425	**1905**	680	760	460
Talking Therapies Completing a course of treatment 65+(quarterly metric)	null									**495**	160	250	85
Talking Therapies Completing a course of treatment (YTD) (target changing monthly)	5790	**1945**	780	700	465	**3760**	1535	1335	890	**5670**	2215	2100	1355
Talking Therapies Reliable Improvement (target changing monthly)	67.4%	**67%**	67%	65%	70%	**68%**	68%	66%	72%	**64%**	66%	60%	69%
Talking Therapies Reliable Recovery (target changing monthly)	49.4%	**50%**	48%	51%	50%	**49%**	49%	47%	53%	**50%**	48%	51%	50%
Talking Therapies Reliable Recovery BME (quarterly metric)	null									**46%**	43%	47%	49%
Talking Therapies Reliable Recovery White British (quarterly metric)	null									**51%**	51%	51%	52%
Talking Therapies 1st - 2nd Treatment >90 days	null	**8%**	4%	3%	23%	**8%**	5%	2%	22%	**11%**	7%	3%	25%
Talking Therapies 6 week waits	null	**97%**	100%	98%	92%	**98%**	100%	97%	95%	**96%**	100%	97%	88%
Talking Therapies 18 week waits	null	**100%**	100%	100%	99%	**100%**	100%	100%	100%	**100%**	100%	100%	99%
Mental Health A&E 12hr breaches - Adult (%)	null	**15%**	10%	15%	21%	**15%**	13%	20%	16%	**12%**	9%	17%	14%
Mental Health A&E 12hr breaches - CYP (%)	null	**7%**	9%	*	*	*****	*	*	*	**8%**	13%	*	*
Referrals to LPS from A&E (contacts within 1hr)	null	**84%**	82%	90%	77%	**83%**	85%	86%	75%	**86%**	88%	89%	77%
Urgent referrals to CCS (contacts within 24hrs)	null	**65%**	70%	63%	66%	**63%**	80%	59%	61%	**65%**	48%	68%	68%
Very Urgent referrals to CCS (contacts within 4hrs)	null	**60%**	*	86%	58%	**63%**	50%	*	77%	**58%**	50%	*	58%

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

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 communitu 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.

Meeting	Board of Directors Meeting
Date of Meeting	24 September 2025
Agenda item	12(b)
Report title	Quality and Safety Dashboard
Executive lead(s)	Britta Klinck, Chief Nurse
Report author(s)	Jane Kershaw, Head of Patient Safety
Action this paper	☐ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the group	Regular report to each meeting to be viewed alongside the Integrated Performance Report.
For disclosure or confidential	For disclosure to group members.

Executive summary

The information in the Quality and Safety Dashboard is up to 31st July 2025. The list of indicators reviewed are provided in Appendix A these cover workforce and the quality domains of safety, clinical effectiveness and patient experience.

From reviewing the indicators, the below wards and community teams are highlighted by exception as flagging based on the position in July 2025 and a review of any trends from the last 3 months (May to July 2025). The mitigations and actions in place for the wards/teams in enhanced support are included in the body of the report.

There are no changes to the teams/wards highlighted in enhanced support. The following areas have moved out of early warning this month are: Bucks Aylesbury AMHT, Witney Wenrisc ward, Cotswold House Oxford and Oxon Cherwell ward. New teams that have moved into early warning are: Wintle, and Bucks and Oxon Adult PCMHT.

Highlighted wards/teams by exception:

	Enhanced Support	Early Warning	
Inpatient Wards	• CAMHS PICU Meadow Unit • CAMHS Highfield	• Ruby • Sapphire • CAMHS Marlborough House, Swindon • Ashurst PICU • Wintle	
Community Teams	• Oxon North and West AMHT • Oxon City and NE AMHT	• Bucks Chiltern East and West AMHT • Bucks and Oxon CAMHS ADHD and Autism service • Bucks and Oxon Adult ADHD and Autism • Bucks Complex Needs Service • Bucks OA Memory Clinic Service • Adult PCMHT • 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 • Adult PCMHT (Keystone teams) • Oxon Adult Psychological therapies

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	☑
People (Workforce) - Be a great place to work	☐
Sustainability - Make the best use of our resources and protect the environment	☐
Research & Education - Be a leader in healthcare research and education	☐

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

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	☐ **BAF**	☐ **TRR**
Equality, diversity and inclusion	No	
Legal and regulatory	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. Inpatient fill rates is an indicator considered in the dashboard.	

1. Introduction

The information in the Quality and Safety Dashboard is up to 31st July 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 indicators reviewed are provided in Appendix A these cover workforce and the quality domains of safety, clinical effectiveness and patient experience.

2. Interactive Contents Page

3. Overall summary of highlighted wards/community teams 3
4. Buckinghamshire Mental Health Services 4
5. Community Health Services, Dentistry and Primary Care 6
6. Forensic Services 10
7. Learning Disability Services 10
8. Oxfordshire and BSW Mental Health Services 11

3. Overall summary of highlighted wards/community teams

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 July 2025 and a review of any trends from the last 3 months (May to July 2025).

There are no changes to the teams/wards highlighted in enhanced support. The following areas have moved out of early warning this month are: Bucks Aylesbury AMHT, Witney Wenrisc ward, Cotswold House Oxford and Oxon Cherwell ward. New teams that have moved into early warning are: Wintle, and Bucks and Oxon Adult PCMHT.

	Enhanced Support	Early Warning	
Inpatient Wards	• CAMHS PICU Meadow Unit • CAMHS Highfield	• Ruby • Sapphire • CAMHS Marlborough House, Swindon • Ashurst PICU • Wintle	
Community Teams	• Oxon North and West AMHT • Oxon City and NE AMHT	• Bucks Chiltern East and West AMHT • Bucks and Oxon CAMHS ADHD and Autism service • Bucks and Oxon Adult ADHD and Autism • Bucks Complex Needs Service • Bucks OA Memory Clinic Service • Adult PCMHT • 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 • Adult PCMHT (Keystone teams) • Oxon Adult Psychological therapies

The rest of the report is organised by clinical Directorate.

4. Buckinghamshire Mental Health Services

4.1 Performance on inpatients followed up within 48/72 hours of discharge

The performance for July 2025 is 41 eligible discharges in the 'Bucks Place' commissioning area.

2 breaches to follow up within 72 hours: 1 patient was discharged out of area and 1 patient there were attempts to see them in the time period but these were unsuccessful.

3 breaches to follow up within 48 hours: in addition to detail about 2 patients above there was another patient where there was an attempt to see them but this was unsuccessful so they were seen next day/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	• High vacancies 23% (same as last month). Safe staff fill rates met. High turnover 19% and sickness at 15%. Bed occupancy at 98%. • 62 incidents in July 2025, increase since March 2025 relating mostly to 1 patient. Small reduction in July 2025. Most relate to self-harm ligature incidents and result in no harm or minor harm. • 6 uses of physical restraint, 3 uses of rapid tranquillisation and 3 seclusion episodes in July 2025. Increase in use of physical restraint from March 2025. 1 patient accounted for most of the restrictive practice. • 2 early resolutions and 5 rapid resolution complaints received between May-July 2025. 0 low/high complaints. Concerns relate to insufficient care, behaviour of staff and environmental issues. • Core standard clinical audit results Jan-June 2025 (6 months) overall lower than other wards.
Sapphire	• High vacancies 21% (same as last month). Safe staff fill rates me. High turnover 15% and sickness at 12%. Bed occupancy at 92%. High use of agency for medics (24% in July 2025) • 2 moderate harm incidents in July 2025 relating to violence from patients. Increase in incidents from April 2025 onwards. • 13 uses of physical restraint of which 5 were in the prone position, 12 uses of seclusion and 1 use of rapid tranquilisation in July 2025. • 1 low complaint, 5 rapid resolutions complaints and 1 early resolution received between May-July 2025. Mostly about the admission and discharge processes.

Community Teams at Early Warning

Team	Reason for highlighting
Chiltern East and West AMHT	• Vacancies Chiltern West AMHT 23% similar to last month (East 14%) in July 2025. Agency for medics 41% in July 2025, reduced from June. • 0 high/low complaints, 8 rapid resolution complaints and 1 early resolution received between May-July 2025, predominantly about communication and discharge process. • 1 suspected suicide between May-July 2025. • Core standard clinical audit results for East and West between Aug 2024-May 2025 overall lower than other teams.
CAMHS ADHD and Autism service	As of 5th August 2025 – 3,558 patients waiting for assessment (last month 4,532). Mean wait time 78 days. 267 new referrals received this month.

Team	Reason for highlighting
	Vacancies high in CAMHS Neuro ADHD, 49% in July 2025. 2 rapid resolution complaints received May-July 2025 about medication and waiting time.
Adult ADHD and Autism	As of 5th August 2025, • Adult ADHD: 1,000 patients waiting for assessment (last month 1,004). Mean wait time 115 days. 0 new referrals received this month. • Adult Autism: 464 patients waiting for assessment (last month 472). Mean wait time 87 days. 4 new referrals received this month. 3 rapid resolution complaints received May-July 2025 about waiting time/communication.
Bucks Complex Needs Service	• As of 12th August 2025 – 175 patients waiting against the reporting specification for the 4-week wait target by episode. People are mostly waiting for triage and assessment. 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. • Vacancies 18% in July 2025. • Service improvement work is underway and Oxon/Bucks split of line management has now been implemented.
Memory clinic services	As of 12th August 2025 – 860 patients waiting for 60 days or longer against wait standards.
Adult PCMHT	As of 12th August 2025 – 370 patients waiting against internal waiting standards. Most of the waits are in the North (n=202). Vacancies in July 2025 at 20% (same as last month).
Adult Psychological therapies	As of 12th August 2025 – 240 patients waiting against the reporting specification for the 4-week wait target by episode. By pathway this reduces to 106 patients.

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,

Team	Reason for highlighting
District Nursing Service	• 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. • Clinical supervision rates vary by team from 37% to 79% in July 2025. • 24 moderate harm incidents in July 2025, predominantly related to category 3 and category 4 pressure damage developed whilst the patient was under out care (n=21). On average there are 20 moderate harm incidents for the whole service a month. • There was an increase in incidents in Q1 (April-June 2025) for the DN SW locality with 184 incidents reported in Q1 (compared to 96 in the same period in 2024), mostly related to issues with medicines supply from community pharmacists and category 2 pressure ulcer developed during care. The number remains high in July 2025 but has slightly reduced. • 2 staff RIDDORs reported for the SW team between May-July 2025 (involving different teams and incidents) • Gap between capacity and demand for service well known. BOB Community Nursing Strategic Review underway. Executive team agreed additional funding at risk to increase staffing and to explore new technologies such as scheduling tools and purchase eKare wound app to support the service.

Team	Reason for highlighting
Children's Integrated Therapies – speech and language	• There are a high number of children waiting to be seen (n=1,567 as of 12th August 2025), the mean waiting time is around 45 weeks. Data quality work is underway to ensure the figures are correct. • Vacancies are low.
Adult speech and language	• There are a high number of adults waiting to be seen (n=405 as of 12th Augst 2025). Most for routine care. Mean waiting time 19 weeks. Data quality work is underway to ensure the figures are correct. • Vacancies were 19% in July 2025 (higher than the last month). • Clinical supervision rate at 50% in July 2025, was 70% in June.
Community Respiratory service (respiratory, COPD and home oxygen assessment)	• There are a high number of adults waiting to be seen (n=673 as of 12th August 2025, most waits are for the respiratory/COPD service – mean waiting time 28 weeks). Data quality work is underway ot ensure the figures are correct. • Vacancies are low.
Podiatry	• High vacancies 40% in July 2025, although a number of new staff have been recruited including diversifying roles due to local/national challenge in recruiting and retaining podiatry staff. • 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. As well as new patient referral waits (n=1,382 as of 12th August 2025, mean waiting time 30 weeks). Data quality work is underway to ensure the figures are correct. • The service has introduced safety netting communication 'waiting well' for current and new patients as well as updated their referral form to communicate waits with referrers. • 3 moderate harm incidents between May-July 2025 related to timely access/treatment and transport issue. On average there are 31 patient incidents a month with the majority resulting in no harm or minor harm. • 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	• 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. Current patients waiting for treatment 44 - as of 12th August 2025 - data quality work is underway to ensure the figures are correct. • 0 complaints/rapid resolutions or early resolutions between May-July 2025. • Between May-July 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. New funding request was submitted at the request of the ICB for FY25-26. • 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.

Team	Reason for highlighting
Special Care & Paediatric Dentistry	• Waits for treatment under general anaesthetic (GA) for both children and special care adults as of 20th August 2025; ○ 166 children on the waiting list, with waiting times of up to 5 months (reduction) ○ 13 adults who have been assessed and are waiting for treatment at the Horton Hospital. 5 adults assessed and waiting for treatment at the JR Hospital. Additional 4 patients assessed but medically too complex to proceed with treatment at this time. 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 Additional GA weekend sessions are continuing in 2025-26 (using carried over Restoration & Reset funding). 3 additional full day weekend GA list was carried out year to date and 2 full day lists provisionally booked in September 2025.

6. Forensic Services

6.1 Detail about wards and community teams highlighted

There are no wards/teams identified at Early Warning or Enhanced Support.

There are some high vacancies across some of the wards (Kingfisher and Evenlode) however these are being managed so safe staff fill rates are met, as well as bed occupancy being low.

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 48/72 hours of discharge

The performance for July 2025 is 64 eligible discharges in the 'Oxon Place' commissioning area.

4 breaches to follow up within 48 hours and 72 hours: 3 patients DNA and refused to see worker and 1 patient was discharged with community team not aware so delay in follow up.

8.2 Detail about wards and community teams highlighted

There are four wards/teams identified at Enhanced Support, listed below, the mitigations and details are also included in the report;

- CAMHS PICU Meadow Unit
- CAMHS Highfield
- North and West AMHT
- City and NE AMHT

In addition, the following wards/teams are identified at an Early Warning level;

Wards at Early Warning

Ward	Reason for highlighting
CAMHS Marlborough House Swindon	• Fill rates over expected levels due to patient need. Vacancies low. Agency spend 12% and sickness 3.7% in July 2025. 85% bed occupancy. • 144 incidents in July 2025, most relate to violence from patients or self-harm. 7 moderate harm incidents related to violence and a sexual assault from patients to staff. All involved the same patient. No real change over time. • Restrictive practice use has been reducing. In July 2025 there were 12 uses of physical restraint (0 in the prone position) and 5 uses of rapid tranquilisation. • Clinical supervision rate as of July 2025 66% (57% in June 2025). • 1 rapid resolution complaint received between May-July 2025, no other

Ward	Reason for highlighting
	concerns/complaints.
Ashurst PICU	• High vacancies at 24% (same as last month). Turnover at 12%. Sickness 3%. High use of agency for medics (54% in July 2025). Safe staff fill rates met. Bed occupancy at 68%. • Majority of incidents in July 2025 were related to violence to staff (n=36) and then medicines administration (n=9). 3 staff RIDDORs reported between May-July 2025 (2 different incidents), all related to patient assaults on staff. • 28 physical restraints involving 4 patients (1 use of prone position), 2 seclusions and 11 rapid tranquilisations in July 2025, excludes PoS. Use of physical restraint has increased in June and July 2025. • 0 high/low complaints, 2 rapid resolution complaints and 0 early resolutions received between May-July 2025, about a delayed discharge and side effects from medication. • Work identified around team culture coming out from FTSU listening events.
Wintle ward	• Vacancies 16% and sickness 10% in July 2025. Safe staff fill rates met. • Restrictive practice – 21 physical restraints, 0 use of prone position (involving 5 patients) and 2 uses of rapid tranquilisations in July 2025. Increase in use of restrictive practice in June and July 2025. • 2 low complaints, 4 rapid resolution complaints and 1 early resolution received between May-July 2025. 2 of the low complaints and 2 of the rapid resolution complaints were received in July 2025 about insufficient care. • Patient incidents have increased in June and July 2025. In July there were 36 incidents, with 10 about medication administration (8 no harm and 2 minor harm).

Community Teams at Early Warning

Team	Reason for highlighting
Oxon CAMHS ADHD and Autism service	As of 5th August 2025 – 4,630 patients waiting for assessment (last month 4,539). Mean wait time 100 days. 80 new referrals received this month. The service receives a number of early resolutions, rapid resolution complaints and low-level complaints related to waiting times and access to treatment (n=7 from May-July 2025). The following improvement work is underway to reduce waits; • ADHD clinic pilot success with capacity expected to increase with wider roll out. Uplifted capacity increase with 30% time on assessment and 70% of time on treatment. 60-80 assessments a month. Hoping to expand to 90 a month. Positive experience from YP. Limiting factor maybe enough clinic space. • Moving from 5 MDT assessment clinics a week to 10 a week from Nov 2025. • Social prescriber and NMP embedded in team, working really well. • Updated while you wait support package for parents and carers on the wait list has been launched. SMS trial sent to all those waiting, 31% response rate – following responses 100 families waiting removed from list. Safeguarding mitigations are in place around this. • Purchased 1000 NDC assessments from external provider to help with longest waiters. • Proposal for revised psychosocial interventions pathway for the most complex YP- hope to implement September 2025.
Oxon CAMHS	As of 12th August 2025; • 218 patients waiting for Getting Advice (SPA) against national/local waits standards. • 87 patients waiting for getting help teams against national/local waits standards. • 64 patients waiting for getting more help teams against national/local waits standards. • 50 patients waiting for MHST against national/local waits standards. Clinical supervision rate in July 2025 low in GH South (50%) and GH North (38%). Some vacancies across the CAMHS teams, highest in July 2025 across SPA (26%), Getting Help South (25%) and Crisis team (38%). High use of agency staff for medics.

Team	Reason for highlighting
	Past changes include; • Launch of the AnDY Research Clinic in collaboration with the Uni of Oxford and Uni of Reading to develop new mental health interventions. Clinic offers assessments and evidence based psychological treatments • SHaRON platform available for parent and carers to have a support network online The following improvement work is underway to reduce waits: • The trialled Supportive Steps model is now a mandatory offer for all families after SPA triage • Transformation work for GH/GMH assessment clinics due in September 2025 • Planning neighbourhood hubs to bring all specialist CAMHS services together accessed via a SPA
BSW CAMHS	As of 12th August 2025; • 226 patients waiting for Getting Advice (SPA) against national/local waits standards. • 40 patients waiting for getting help teams against national/local waits standards. • 46 patients waiting for getting more help teams against national/local waits standards. • 100 patients waiting for MHST against national/local waits standards. Clinical supervision rate in July 2025 low in Swindon (54%) and Banes (54%) community teams as well as Wiltshire MHST (56%). Some vacancies across the CAMHS teams, highest 13% for Swindon team. High use of agency for medics in Banes, Marlborough, Melksham and Swindon.
Adult ADHD	As of 5th August 2025 – 2,269 patients waiting for assessment (last month 2,346). Mean wait time 129 days. 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. 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). Annual reviews have never been provided by the Oxford ADHD service, following agreement between Oxford Health and commissioners. Increasing numbers of Oxfordshire GPs (approx. 47%) are declining to prescribe on-going adult ADHD medication, stating that the shared care arrangements in 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.
Oxon Complex Needs Service	As of 12th August 2025 – 550 patients waiting against national/local waits standards. Mostly waiting for triage and assessment rather than treatment. 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 is work underway and Oxon/Bucks split of line management has now been implemented.
Memory clinic services	As of 12th August 2025 – 416 patients waiting for 60 days or longer against wait standards. Waits across South, Central and North clinics.
Adult PCMHT (Keystone teams)	As of 12th August 2025 – 831 patients waiting against internal waiting standards. Most of the waits are in the City North/North East (n=134), Blackbird Leys/East Oxford (n=132), Oxon City (n=114) and Banbury (n=104).
Adult Psychological therapies	As of 12th August 2025 – 154 patients waiting against the reporting specification for the 4-week wait target by episode. By pathway this reduces to 19 patients. Most patients are waiting for assessment psychodynamic therapy followed by individual CBT treatment.

Wards and Community Teams identified at Enhanced Support

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
CAMHS PICU Meadow Unit	Yes	• High vacancies 33.6% (same as last month) and high agency use 25%. Staff turnover at 19% (reducing). Sickness at 7%. Safe staff fill rates have been met and often about establishment. Overall bed occupancy at 72% with 5 admissions/transfer in July 2025. • No complaints, rapid resolution complaints or early resolutions raised between May-July 2025. • A high number of patient incidents involving a small number of patients (294 incidents for 6 patients in July 2025, significant reduction from June), 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 from April 2025 and peaked in May 2025, with June and July reducing but still at a high level. • 2 staff RIDDORs reported between May-July 2025. • 2 AWOLs in July 2025 (2 in May and 1 in June), involving 2 patients. • High use of restrictive practice since March 2025. In July 2025 – 178 uses of physical restraint of which 10 were in prone position (61% of incidents involved restraint), 26 seclusions commenced, 68 uses of rapid tranquilisation and 2 uses of LTS. • Clinical supervision rate at 61% in July compared to 72% in June 2025.	Staffing and recruitment remain a challenge and there are ongoing incentives and campaigns to address this, and plans are in progress to allow for over-recruitment to band 6 posts. Sept 2025 – new starters due. Admissions are capped to 6 patients due to staffing challenges. 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. The unit are part of a regional headbanging QI project to develop best practice guidelines for management.
CAMHS Highfield	Yes	• High vacancies 26% (27% last month), agency use 15%, turnover 16% and sickness 3.7%. Although safe staff fill rates were met, with the exception of skill mix change for night shifts with more unregistered and less registered staff than planned. Bed occupancy 74% in July 2025 with 2 admissions/transfers in. • A high number of patient incidents, increased in June and July 2025. In July 2025 – 153 incidents involving a small number of patients. Most incidents relate to violence by patients towards property followed by self-harm incidents. Majority resulted in no harm or minor harm. • High use of physical restraint (n=72 in July 2025 involving 10	Ongoing recruitment process – 4 newly qualified nurses due to start in Sept 2025. Whilst awaiting appointment of Modern Matron consideration given to additional 0.4 band 7 hours clinical nurse lead. Use of long lines of agency agreed. 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.

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
		patients and 3 in prone position), 10 seclusion episodes, 10 uses of rapid tranquilisation and 5 uses of LTS in July 2025. Most common reason to prevent self-harm. Use of physical restraint has increased and in July is the highest it has been for 12 months. • 0 high/low complaints, 1 rapid resolution complaint and 1 early resolution received between May-July 2025. • Modern Matron and Clinical Nurse Lead left in July 2025.	The unit are part of a regional headbanging QI project to develop best practice guidelines for management.
North and West AMHT	Yes	• Between May-July 2025 there have been 2 PSIRP cases identified 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. • 5 unexpected deaths between May-July 2025, of which 3 were suspected suicides (all in May 2025). • Vacancies in July 2025, 18.5% (same as last month). Higher in the Witney team for clinical staff. Sickness 11%. Risk with reliance on agency staff including 2 consultant posts who can leave with no notice leaving patients unallocated and pressure on existing staff. • Last 3 months May-July 2025, 7 rapid resolution complaints and 0 low complaint/early resolutions. Of which 3 received in July 2025. Mostly relating to insufficient care.	<u>Witney</u> Actions from whistleblowing investigation are being implemented, with many now complete. New Team manager in post and 2 new substantive consultants have been appointed and waiting for start dates. Currently backfilled with agency. <u>Witney and Banbury teams</u> All agencies are now on CAP price, adverts out for substantive posts. New service manager started from June 2025. Service review meetings are supporting the monitoring of breaches and delays accessing treatment.
City and NE AMHT	Yes	• Vacancies in July 2025 18% (improved from last month). Turnover 19% and sickness 3% in July 2025. High agency use for medics. • Increase in incidents in July 2025 (n=35), most relating to medication prescribing and administration. Between May-July 2025 there have been 2 PSIRP cases identified for the team relating to access to treatment and joint working with other organisations. • 4 moderate harm and 1 severe harm incident in July 2025 relating to violence from patients, delay in treatment and	Supportive package in place including senior/experienced manager and project manager working alongside leadership team to embed and promote improved MDT working. Including review of caseload using a weighting tool and monitoring any unallocated cases. Reporting to Senior Directorate team against plan weekly. 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.

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
		medication administration. • 7 unexpected/unnatural deaths between May-July 2025, of which 4 were suspected suicides, 2 in May and 2 in June 2025. • Concerns raised by patients/families in 3-month period May-July 2025; 5 early resolutions, 3 rapid resolution complaints and 3 low level complaints (all low complaints received in May). Related to a range of topics, no themes. • As of 12th August 2025 – 128 patients are waiting for treatment breaching our internal target of 4 weeks. • Patients not allocated a key worker has significantly improved in the last month, there are less than 6 patients currently unallocated. • Recent deep dive work identified improvement work. • Core standard clinical audit results Aug 2024-May 2025 for Aspen and Willow teams overall lower than other community mental health teams.	Focus on medication management with actions around training, monthly medication overview meetings with nurse leads and 6-weekly nurses forum started from June 2025.

Appendix A. Data Indicators reviewed

	Inpatient Wards	Community Teams
Workforce Measures	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%)
Safety 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/unnatural and suspected suicides
	Number of physical restraint episodes (less than 10)	
	Number of prone restraints (1 or less)	
	Number of seclusion episodes (less than 4)	
	Number of uses of LTS (less than 2)	
	Intelligence from the Freedom to Speak up Guardians	Intelligence from the Freedom to Speak up Guardians
Clinical Effectiveness 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%)
Patient 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) not available in July 2025	Formal surveys received via IWGC in month- yes or no (no will be flagged) not available in July 2025

For Information

Finance Report
July 2025 (Month 4), FY26
Report to Board of Directors

Contents

Executive Summary

1. Income Statement
2. Risks and Opportunities
3. Change from previous month's forecast
4. Capital Investment Programme
5. Directorate Financial Performance Summary
6. Provider Collaboratives Financial Performance Summary
7. Agency Analysis
8. Cost Improvement Plan
9. Statement of Financial Position and Cash Flow Summary and Working Capital Indicators

Annexes (private report only)

A. Directorate Financial Performance Detail
B. Block Income Variances
C. Provider Collaborative Financial Performance
D. New & Existing Business Opportunities
E. Statement of Financial Position
F. Cash-flow
G. Pay Expenditure analysis
H. Non-Pay Expenditure analysis
I. Out of Area Placements
J. Pay Trends Analysis
K. Activity and Unit Cost Trends
L. Detailed Directorate Financial Performance (in separate file)

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

Executive Summary



Income & Expenditure position
- YTD – £1.2m surplus, on plan
- Forecast £4.8m surplus, on plan



Capital Expenditure
- Full Year Outturn –£23.0m £0.2m favourable to plan



Cash
- Actual £97.7m

Key messages:

1. The YTD and Forecast positions are on plan. There are £10.1m of risks and £9.4m of opportunities to the forecast position.

2. The position includes £2.7m forecast overspends in mental health directorates driven by out of area placements, medical agency staff and inpatient staffing due to acuity. It also includes £1.8m of costs for a risk share with the BOB ICB for savings in ICB – while work is ongoing to identify these savings, nothing has been identified so far. These are being offset by one-off benefits this year including deferred income, depreciation income relating to FY25 and higher than planned interest receivable.

3. YTD net capital expenditure of £1.8m (including £1.0m of IFRS16 dilapidations). Programme activity and spend will increase over the coming months.

4. The cash position remains strong and has only decreased by £0.2m in-year.

1. Income Statement

INCOME STATEMENT	Month 4				Year-to-date				Forecast			
	Plan £m	Actual £m	Variance £m	Variance %	Plan £m	Actual £m	Variance £m	Variance %	Plan £m	Forecast £m	Variance £m	Variance %
Clinical Income	48.1	47.5	-0.6	-1.3%	189.2	185.8	-3.4	-1.8%	592.0	559.6	-32.4	-5%
Other Operating Income	12.1	13.1	1.0	8.2%	47.1	51.3	4.3	9.1%	140.7	153.0	12.2	9%
Operating Income, Total	**60.2**	**60.6**	**0.4**	**0.6%**	**236.2**	**237.1**	**0.9**	**0.4%**	**732.8**	**712.6**	**-20.2**	**-3%**
Employee Benefit Expenses (Pay)	36.7	36.8	-0.1	-0.2%	144.2	142.6	1.6	1.1%	432.5	433.3	-0.8	0%
Other Operating Expenses	21.6	22.0	-0.4	-1.9%	85.3	88.2	-2.9	-3.4%	278.7	258.3	20.4	7%
Operating Expenses, Total	**58.3**	**58.8**	**-0.5**	**-0.8%**	**229.5**	**230.8**	**-1.3**	**0.6%**	**711.2**	**691.6**	**19.6**	**3%**
EBITDA	**1.9**	**1.8**	**-0.1**		**6.7**	**6.3**	**-0.4**		**21.5**	**21.0**	**-0.6**	
Financing costs	1.4	1.4	0.0	1.0%	5.5	5.0	0.5	9.0%	16.8	16.2	0.6	3%
Surplus/ (Deficit)	**0.4**	**0.3**	**-0.1**		**1.2**	**1.3**	**0.0**		**4.7**	**4.7**	**0.0**	
Adjustments	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0
Adjusted Forecast Surplus/ (Deficit)	**0.4**	**0.3**	**-0.1**		**1.2**	**1.2**	**0.0**		**4.8**	**4.7**	**0.0**	

The month 4 position is a **£1.2m** surplus which is **£9k** better than plan. EBITDA is **£0.4m** adverse to plan and Financing costs are **£0.5m** favourable to plan. The underspend on Financing costs is due to higher than planned interest receivable (**£0.3m**) and lower than planned depreciation costs (**£0.3m**), offset with higher than planned interest payable costs (**£0.1m**). The underspend on depreciation is offset with an adverse variance on clinical income as NHS England now fund actual depreciation costs.

Income is **£0.9m** favourable to plan YTD. The main drivers are a **£2.3m** favourable variance in Oxford Pharmacy Store due to higher than planned sales and a **£0.2m** favourable variance in Research & Development. These are offset by a **£1.4m** adverse variance on Provider Collaboratives where income has been matched to spend and a **£0.3m** adjustment to match depreciation income to spend. There is a **£0.1m** net favourable variance across other areas.

Operating expenditure is **£1.3m** adverse to plan YTD. This is mainly due to higher than planned cost of sales in Oxford Pharmacy Store (**£2.3m**) and an overspend in Research & Development due to additional income (**£0.1m**). This is offset with a **£1.4m** underspend on Provider Collaboratives. There is a net **£0.3m** adverse variance across other areas.

The forecast is a **£4.8m** surplus, which is on plan.

2. Forecast Risks & Opportunities

Risks	£'000	Likelihood
Balance Sheet changes	3,000	Medium
Learning Disabilities OAPs	1,000	Medium
Clinical income risks	920	Medium
Mental health out of area placements	750	Medium
OCC decommissioning CAMHS services	750	Medium
Increased costs in directorates	550	Medium
Change in Community Equipment supplier	500	Medium
Aylesbury options appraisal project	300	Medium
Profit on disposal assumed in plan	207	Medium
PFI consultancy and legal costs	100	Medium
Clinical income risks	2,046	Low
	10,123	

Opportunities	£'000	Likelihood
Balance Sheet changes	3,000	Medium
Risk Share on ICB MH spend	1,800	Medium
Secure PC gain share	1,304	Medium
IT licenses VAT saving	1,079	Medium
Improved directorate positions	800	Medium
Clinical income not confirmed	550	Low
Learning Disabilities OAPs	350	Low
Warneford Park contingency not used	300	Low
Improved directorate positions	200	Low
	9,383	

Forecast range - all risks and opportunities

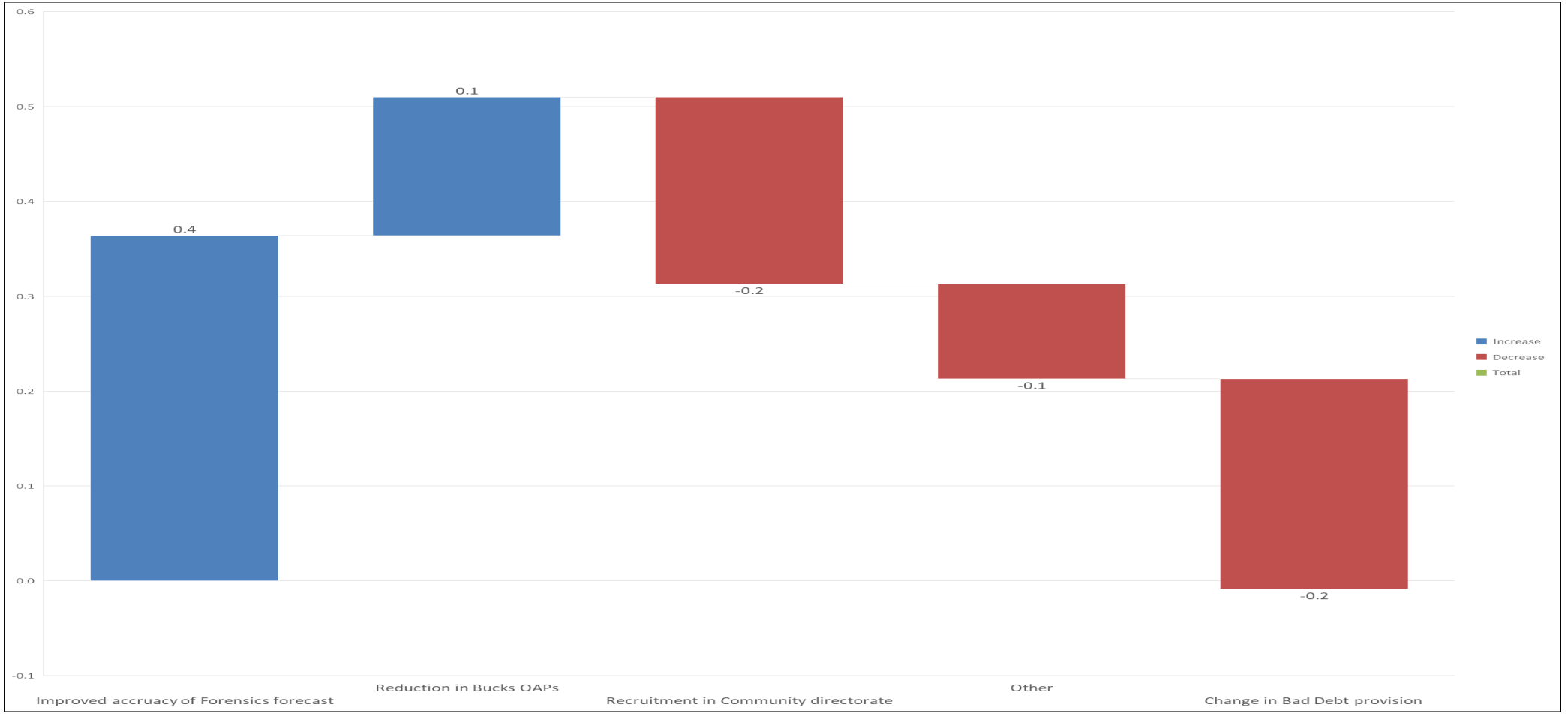
£'000	Full Year Budget	Full Year Forecast	Forecast Outturn to Plan
Upside Forecast	-4,750	-14,133	9,383
Downside Forecast	-4,750	5,373	-10,123

The Trust's Forecast Outturn is for a **£4,750k** surplus, which is on plan.

There are **£10.1m** of risks and **£9.4m** of opportunities to the forecast. This gives a forecast range of between **£9.4m** better than plan and **£10.1m** worse than plan. There are no high likelihood risks and opportunities.

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

3. Change from Previous Month's Forecast



4. Capital Investment Programme – 2025/26

	Month 4				Year to Date				FY26					
Capital Projects	Plan	Acutal	Variance	Variance	Plan	Acutal	Variance	Variance	Original Plan	Latest Plan	Forecast	Variance	Variance	Commitments
	£,000	£,000	£,000	%	£,000	£,000	£,000	%	£,000	£,000	£,000	£,000	%	£,000
Capital														
Operational	322	(12)	333	1.04	568	(59)	627	1.10	1,585	1,595	1,596	(1)	(0.00)	314
Transformation	325	109	216	0.67	1,341	585	756	0.56	6,410	6,110	5,889	221	0.04	341
Sub-Total	647	97	550		1,908	526	1,383		7,995	7,705	7,485	220		655
Critical Infrastructure Risk														
Operational	716	-	716	1.00	756	-	756	1.00	3,487	3,487	3,487	-	-	678
Transformation	-	-	-	-	-	-	-	-	1,707	1,707	1,707	-	-	-
Sub-Total	716	-	716		756	-	756		5,194	5,194	5,194	-		678
Bid														
UEC - Transformation (Witney MIU)	-	-	-	-	-	16	(16)	-	690	690	690	-	-	19
NHSE Transformation (Solar PV)	15	-	15	1.00	30	-	30	1.00	343	343	343	-	-	-
Sub-Total	15	-	15		30	16	14		1,032	1,032	1,032	-		19
Other														
Oxford Pharmacy	-	-	-	-	-	(0)	0	-						-
PFI Exit	-	-	-	-	2,000	-	2,000	1.00	2,000	2,000	2,000	-	-	-
IFRS16 new leases	300	-	300	1.00	1,300	1,000	300	0.23	1,300	1,300	1,300	-	-	-
IFRS16 existing lease remeasurement	100	-	100	1.00	278	333	(55)	(0.20)	900	900	900	-	-	-
Sub-Total	400	-	400	2	3,578	1,333	2,245		4,200	4,200	4,200	-	-	-
IM&T														
IT	-	(105)	105	-	240	(54)	294	1.23	1,750	1,750	1,750	-	-	58
Clinical Systems	10	-	10	1.00	170	-	170	1.00	750	750	750	-	-	151
Sub-Total	10	(105)	115		410	(54)	464		2,500	2,500	2,500	-		210
Total Agreed by FIC & Exec's	1,788	(8)	1,796		6,682	1,821	4,862		20,922	20,632	20,411	220		1,561
Additional Projects														
UEC - Transformation (Abingdon)	-	-	-	-	-	-	-	-	-	1,200	1,200	-	-	-
Contingency Capital Transformation (Aylesbury Ops App	-	-	-	-	-	-	-	-		305	305	-	-	-
Wantage Capital Transformation (Additional budget - Ori	-	-	-	-	-	-	-	-	-	1,050	1,050	-	-	-
Sub-Total	-	-	-		-	-	-		-	2,555	2,555	-		-
Grand Total	1,788	(8)	1,796		6,682	1,821	4,862		20,922	23,187	22,966	220		1,561

- The Trust's original capital plan of £20.9m was approved by Execs and FIC in May.
- The plan has now been updated to include £2.6m of additional transformation projects for Abingdon and Wantage, with funding confirmed by NHSE. **The updated capital plan now stands at £23.2m**
- **The YTD net spend is £1.8m (£1.7m in June)**
- **The forecast outturn currently stands at £23.0m**

The 3As from Capital Programme Group are:

Alert

Assurance

- Aylesbury Master plan – has been confirmed as revenue expenditure and referred to Executive meeting for next steps.
- 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 and updated forecast due at September CPG.

Advise

- Savernake Ward: Engagement with landlord to progress Oxevision. Confident anti-ligature work will be completed this year now.
- PFI Exit Settlement: The arbitration process for the PFI exit settlement is still ongoing. Currently we are in the process of independent experts completing their review and reports on the state of the building at transfer.
- Wantage Community Hospital Project: Trust confirmed Community Infrastructure Levy **funding drawdown request** of £459k to Council. Council to confirm approval of project within 28 days of application.

5. Directorate Financial Performance Summary

	Month 4				Year-to-date				Forecast			
	Plan	Actual	Variance	Variance	Plan	Actual	Variance	Variance	Plan	Forecast	Variance	Variance
Directorate	**£m**	**£m**	**£m**	**%**	**£m**	**£m**	**£m**	**%**	**£m**	**£m**	**£m**	**%**
Oxfordshire & BSW Mental Health	12.5	13.0	-0.5	0.0%	49.1	50.4	-1.4	-2.8%	147.3	149.0	-1.7	-1%
Buckinghamshire Mental Health	6.0	5.9	0.1	1.3%	24.0	23.8	0.2	0.8%	72.0	72.1	-0.1	0%
Forensic Mental Health	2.9	3.1	-0.2	-7.0%	11.6	12.2	-0.6	-5.0%	34.8	35.3	-0.5	-1%
Learning Disabilities	0.6	0.7	-0.1	-17.5%	2.2	2.5	-0.2	-10.5%	6.7	7.0	-0.3	-5%
Provider Collaboratives	0.0	0.0	0.0	0.0%	-0.2	-0.2	0.0	0.0%	-1.5	-1.5	0.0	0%
MH Directorates Total	**21.8**	**22.6**	**-0.8**	**-3.4%**	**86.8**	**88.7**	**-2.0**	**-2.3%**	**259.2**	**261.9**	**-2.7**	**-1%**
Community Health Services, Dentisty and Primary Care	8.8	8.9	-0.1	-0.7%	35.1	34.7	0.4	1.1%	104.3	104.5	-0.2	0%
Corporate	6.6	5.6	1.0	15.1%	25.9	25.1	0.7	2.9%	77.5	77.8	-0.3	0%
Oxford Pharmacy Store	-0.1	-0.1	0.0	3.8%	-0.4	-0.4	0.0	2.1%	-1.2	-1.2	0.0	-2%
Research & Development	0.1	0.1	0.0	12.4%	0.3	0.2	0.0	19.5%	0.8	0.7	0.0	3%
Covid-19 Costs	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0	0.0	
Reserves	0.6	0.9	-0.3	51.5%	4.5	4.2	0.3	7.5%	14.4	14.6	-0.2	-1%
Block Income	-39.7	-39.7	0.0	0.0%	-158.8	-158.8	0.0	0.0%	-476.6	-479.4	2.8	-1%
EBITDA	**-1.9**	**-1.8**	**-0.1**		**-6.7**	**-6.3**	**-0.4**		**-21.5**	**-21.0**	**-0.6**	
Financing Costs	1.4	1.4	0.0	1.0%	5.5	5.0	0.5	8.2%	16.8	16.2	0.6	3%
Adjustments	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0	0.0	
Adjusted (Surplus)/Deficit	**-0.4**	**-0.3**	**-0.1**		**-1.2**	**-1.2**	**0.0**		**-4.8**	**-4.7**	**0.0**	

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

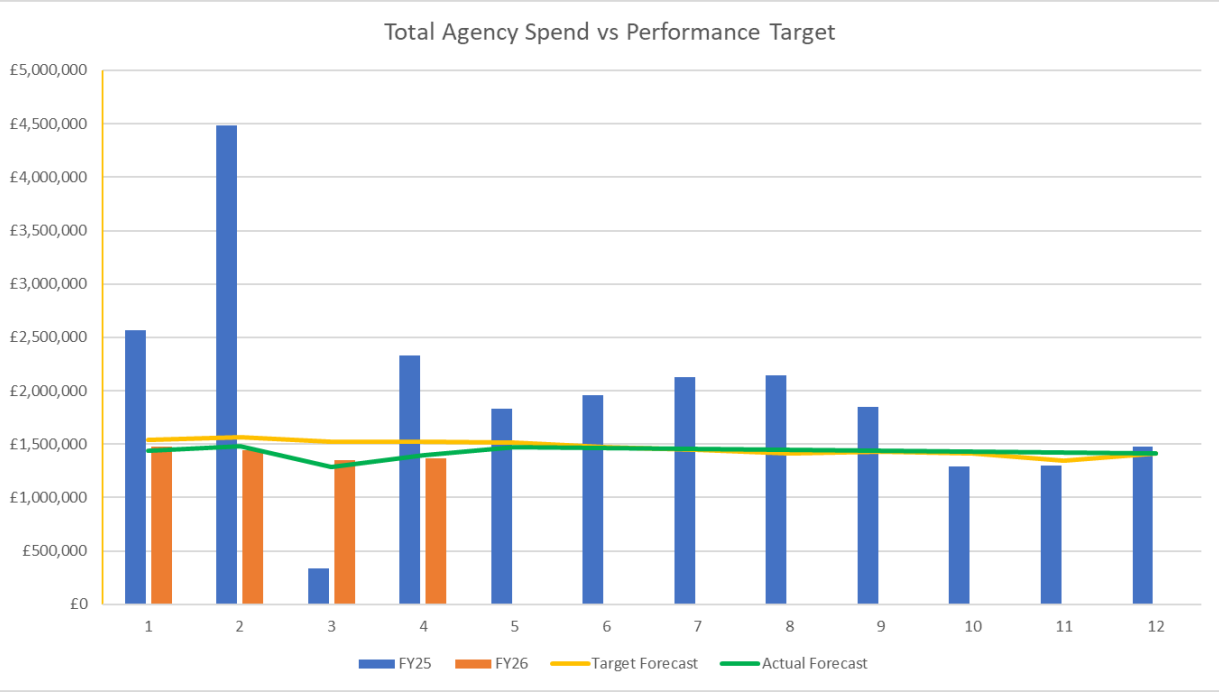
6. Provider Collaboratives Financial Performance Summary

	Month 4			Year-to-date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Secure	8.6	8.8	(0.2)	33.6	33.3	0.3	100.8	99.4	1.4
CAMHS	2.6	2.3	0.3	10.2	9.3	0.9	30.7	28.6	2.1
Adult AED	0.8	0.5	0.3	3.1	2.5	0.6	9.4	8.7	0.6
Provider Collaboratives FY26	**12.0**	**11.6**	**0.4**	**46.9**	**45.2**	**1.8**	**140.8**	**136.7**	**4.1**
FY26 b/f	0.1	0.1	0.0	3.6	3.6	0.0	29.1	15.4	13.6
Provider Collaboratives I/E FY26	**12.1**	**11.7**	**0.4**	**50.5**	**48.8**	**1.8**	**169.9**	**152.1**	**17.8**

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 **£1.8m** favourable to plan YTD. It is reported as breakeven in the Trust overall position in line with the principles of the PC to reinvest savings into services.

7. Agency Analysis



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.*

	FY25 Apr - July	FY26 Apr - July	Change from FY25
Medical	£4,367,623	£3,078,387	-£1,289,237
Nursing	£4,585,592	£2,349,898	-£2,235,693
AHP/HSS	£551,553	£87,018	-£464,535
Admin & Clerical	£52,879	£84,645	£31,766
Estates	£15,017	£3,203	-£11,814
Total	**£9,572,664**	**£5,603,152**	**-£3,969,512**
FY24 VC's & FY25 Retros	£145,642	£0	-£145,642
Prior year/Finance adjustments	£0	£0	£0
Total Reported	**£9,718,307**	**£5,603,152**	**-£4,115,155**

YTD Target Forecast vs Actual Spend M4			
Staffing Type	**FY26 Target April - July**	**FY26 Actual April - July**	**FY26 Variance April - July**
Agenda for Change	£3,194,488	£2,524,800	£669,688
Medical	£2,958,318	£3,165,088	-£206,769
Total	**£6,152,806**	**£5,689,887**	**£462,919**

Full Year Forecast Actual vs Full Year Target			
Staffing Type	**Full Year Target Spend**	**Full Year Forecast Spend**	**Full Year Forecast Variance**
All Agency Staff	£ 17,604,024	£ 17,804,605	-£ 200,581
Total	**£ 17,604,024**	**£ 17,804,605**	**-£ 200,581**

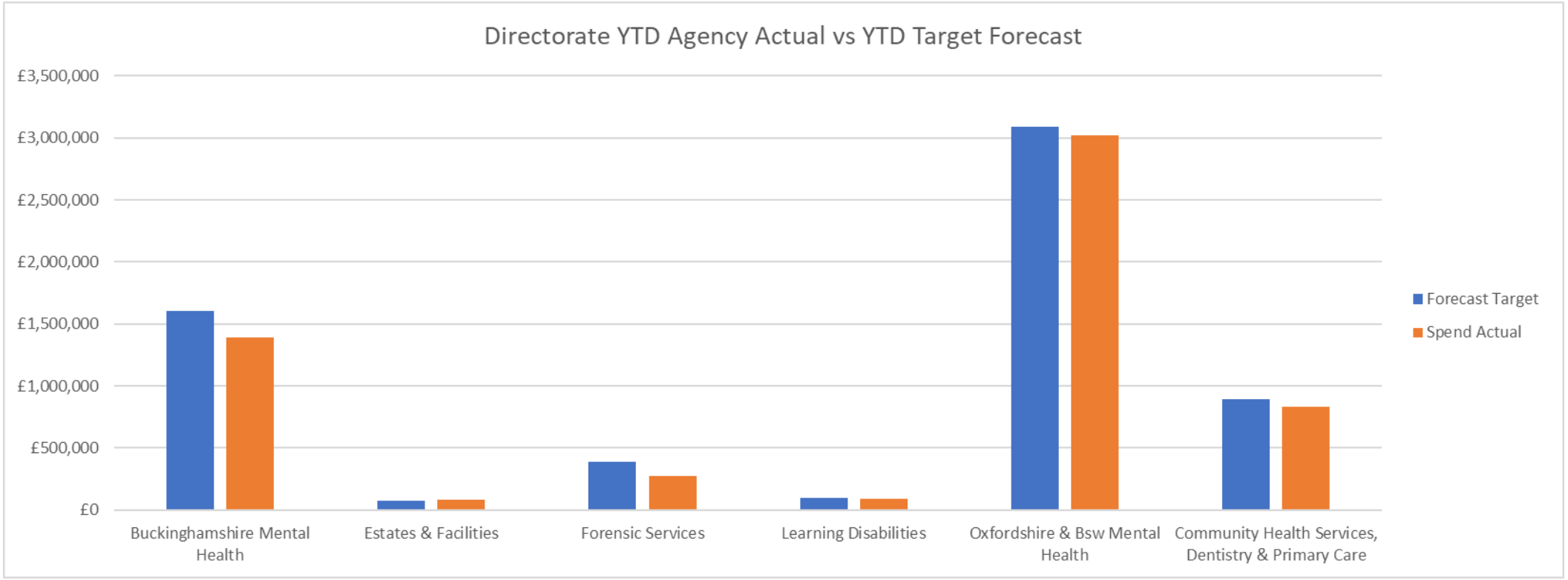
In Month 4 temporary staffing was **12.3%** of the Trust total pay bill with Agency at **3.8%** and Bank at **8.5%**.

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 **£0.5m** better than plan and **£4.1m** better than the same period in FY25.

The Full year forecast spend for Agency is **£17.8m** which is **£0.2m** worse than the target forecast spend of **£17.6m**

Agency Analysis Continued



Directorates have been allocated targets to reduce agency spend in line with the submitted plan of **£17.6m.**

All Directorates except for Estates and Facilities are delivering within the target forecast year to date at month 4.

8. 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 M4 £000	YTD Actual M4 £000	YTD Variance M4 £000	Full Year Plan £000	Full Year Forecast £000	Full Year Forecast Variance £000
Non-Recurrent	Pay	6,558	5,019	-1,181	18,295	19,614	1,320
	Non Pay	381	111	-270	3,500	1,800	-1,700
	Income - Non-Patient Care	0	0	0	0	0	0
Total Non-Recurrent		**6,939**	**5,130**	**-1,451**	**21,795**	**21,414**	**-381**
Recurrent	Pay	1,780	3,616	1,479	9,020	9,808	788
	Non Pay	1,400	1,372	-29	4,839	4,428	-411
	Income - Non-Patient Care	117	118	1	350	354	4
Total Recurrent		**3,296**	**5,106**	**1,451**	**14,209**	**14,590**	**380**
Grand Total		**10,235**	**10,236**	**-0**	**36,004**	**36,004**	**-0**

Cost Improvement Programme (CIP) Cont.

As well as the **£9.6m** FY26 contract requirement, **£2.1m** FY25 CIPs were not delivered recurrently last year, making the total directorate CIP target **£11.7m**.

£10m 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 mitigations 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.

Forensic Mental Health and Pharmacy within Medical services are reviewing options to mitigate the shortfall in forecast CIP delivery

£'000						
Directorate	**CIP Target**	**Planned Delivery**	**Recurrent Delivery**	**Non Recurrent Mitigation**	**Total Delivery**	**Variance to Plan**
Community Health Services, Dentistry & Primary Care	3,677	3,677	3,371	307	3,678	1
Oxon & BSW MH	3,436	3,436	2,663	773	3,436	-0
Bucks MH	1,728	1,728	1,307	422	1,728	0
Forensic MH	865	865	585	0	585	-281
Learning Disabilities	143	143	143	0	143	0
Corporate	1,802	3,271	1,941	1,098	3,039	-232
Total CIP	**11,652**	**13,121**	**10,009**	**2,600**	**12,609**	**-512**
			86%	22%	108%	-0

9. Statement of Financial Position and Cash Flow Summary and Working Capital Indicators

Statement of Financial Position - Headlines

Net assets have increased by £1.3m YTD. This is represented by:

	£m
Decreases in net capital assets	(£3.7m)
Increases in current assets	£7.0m
Increases in net liabilities	(£2.0m)
Net increase	**£1.3m**

Cash Flow - Headlines

Cash balance of **£97.7m** at the end of July

Forecast year-end cash balance of **£81.4m**

Net cash has decreased by (£0.2m) YTD. This is represented by:

Net Cash used in operations	£2.9m
Net Cash used in investing activities	(£0.6m)
Net Cash used in financing activities	(£2.5m)
Net decrease	**(£0.2m)**

Working Capital Ratios

Ratio	Target	Actual	Risk Status
Debtor Days by value	30	35	
Debtor Days by number of inv's	30	30	
Debtors % > 90 days	5.0%	14.5%	
BPPC NHS - Value of Inv's pd within target (ytd)	95.0%	96.5%	
BPPC Non-NHS - Value of Inv's pd within target (ytd)	95.0%	94.9%	
Cash (£m) - per year-end forecast	87.4	97.7	

Working capital ratio's

- Debtor days by number of invoices on target, and debtor days by value below target.
- Debtors % over 90 days is below target, due to unpaid invoices. These are mainly various ICB's £774k (£296k in M03), OUH £198k (£184k in M03), Central & NW London £117k (£117k in M03), Bucks Healthcare £169k (£169k in M03), University of Oxford £29k (£87k in M03), Salary overpayments £241k (£245k in M03), and other £212k (£317k in M03).
- NHS BPPC (Better Payments Practice Code) is ahead of target.
- Non-NHS BPPC (Better Payments Practice Code) on target.
- Cash is ahead of the year-end target.

Oxford Health NHS Foundation Trust

Meeting	Board of Directors' Meeting
Date of Meeting	24th September 2025
Agenda item	13
Report title	Patient Safety Reviews in July and August 2025
Executive lead(s)	Britta Klinck, Chief Nurse
Report author(s)	Jane Kershaw, Head of Patient Safety Victoria Harte, Patient Safety Service Manager
Action this paper	☐ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the group	This paper follows the last report to the meeting in July 2025. The purpose of the paper is to share learning from incidents and actions being taken to improve the safety of care.
For disclosure or confidential	Disclosure to group members.

Executive summary

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

Key Highlights:

- Five patient safety reviews were identified in July and August 2025 meeting our patient safety incident response plan and where we believe there is potential for significant learning. Since 1st April 2025, 15 reviews have been identified falling under the plan, seven of the 15 cases have been under the local safety area of access to care/treatment.

- We use a range of learning response approaches which all use a systems focused methodology. Incident learning huddles continue to be well used to identify learning, with 27 huddles completed in July 2025 and 18 in August 2025.

- Below is a summary of the key learning identified for the last two months, the safety actions being taken are in the body of the report;
  - CAMHS to Adult transition processes – preparing parents and young people better for transition and having a clear escalation route to support more complex patients.
  - Joint working with local drug and alcohol services
  - Effective coordination of care and communication with patients/families on an end-of-life care pathway.
  - Scheduling and triage of appointments in the District Nursing service.
  - Clinical documentation in mental health teams: collaborative care plans

○ Detecting and acting on concerns around domestic abuse

Report history / meetings this item has been considered at and outcome
The Trust has a series of weekly patient safety forums which review the detail of the information summarised in this report. A monthly report goes to the Quality and Clinical Governance Group and a quarterly report to the Quality Committee.

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

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

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

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	☐ **BAF**	☐ **TRR**
Equality, diversity and inclusion	No	
Legal and regulatory	Yes, national regulation from CQC and NHSE.	

1. Introduction

We are embedding a safer culture through safer systems to provide safer patient care. The Trust transitioned to working under the Patient Safety Incident Response Framework (PSIRF), part of the National Patient Safety Strategy from December 2023. A summary of our approach and way of working under the PSIRF, as well as our local incident response plan is published on the Trust's website and available here Patient Safety Incident Response Framework (PSIRF) - Oxford Health NHS Foundation Trust.

The four key aims of PSIRF are:

- Compassionate engagement and support for all affected
- Application of a range of system-based approaches to learning
- Considered and proportionate responses to incidents
- More attention to learning and identifying the right actions to take
- Continually making changes to improve the safety of systems

We have support mechanisms to help patients, families and staff affected by incidents. These mechanisms are invaluable and enable those affected to be involved and engaged in patient safety reviews.

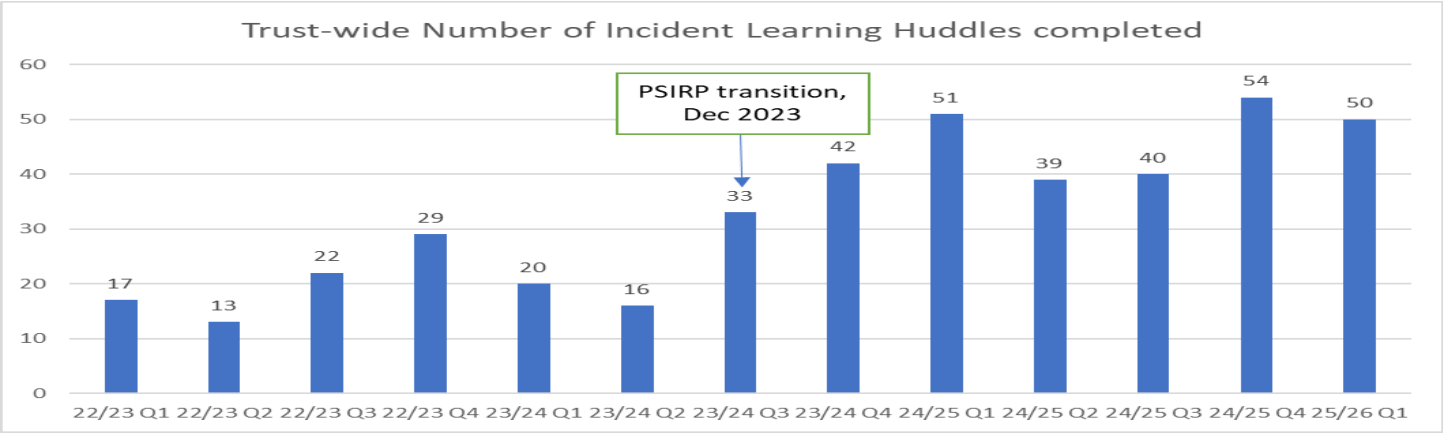
The Trust's PSIRF programme board meets regularly attended by the Chief Nursing Officer and Chief Medical Officer, to oversee how we are embedding PSIRF and realising the above aims. Our main commissioner and NHS England provide external scrutiny and challenge in a quarterly meeting (last held 3rd July) and there is support and forums for regular sharing across the NHS Trusts in the BOB region.

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

Progress with Incident Learning Huddles

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

There were 27 ILH completed in July 2025 and 18 in August 2025. We are increasing the capacity for ILHs through increasing the number of staff who can facilitate the group discussions, because the approach has proven to be an effective way to identify learning quickly and to improve staff engagement in identifying and acting on learning. We completed 183 incident learning huddles in 2024/25, with around 70% of the huddles including more than one clinical team and 27% of huddles including an external organisation to help maximise our understanding of an incident and to share learning across organisations. The graph below shows the number of ILH by quarter up to June 2025.



2. Cases declared under our Patient Safety Incident Response Plan

Following the last report there have been five patient safety reviews identified in July and August 2025 within our patient safety incident response plan (PSIRP) and where we believe there is potential for significant learning. The cases are listed below with the planned learning review we intend to take.

Between 1st April-31st August 2025 we have identified 15 cases falling under our PSIRP, of which seven have been in the local safety area of access to care/treatment.

Table 1.

Incident description	Type of service	PSIRP safety area	Planned Learning Response	Status of review
Unexpected Unnatural Death (Chiltern CMHT)	Mental Health Service	Access to care/treatment	Patient Safety Incident Investigation	Open
Retained dressing from vacuum assisted closure (VAC) therapy to promote wound healing (Oxford Uni Hospitals NHS FT, District Nursing and Tissue Viability Team)	Physical Health service	Concern effecting pt journey between different organisations	ILH	Completed
Patient assault of two family members (CAMHS, Thames Valley Police, Crisis Team, Social care Approved Mental Health Professional service)	Mental Health Service	Concern effecting pt journey between different organisations	Extended ILH	Open
Physical health deterioration of a mental health patient, with multiple transfers between organisations (Oxon NE AMHT, Elysium private healthcare, Barnett NHS Hospital)	Mental Health Service	Concern effecting pt journey between different organisations	Patient Safety Incident Investigation	Open
10-day delay from abnormal blood results being processed to being actioned. The patient required admission for blood transfusion and antibiotics. (Care Home Support Service, OA CMHT, Care Home)	Mental Health Service and Physical Health service	Physical health deterioration/communication around and access to blood results	ILH followed by case record review	Open

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

The key areas for learning identified from the patient safety reviews and the incident learning huddles completed in July and August 2025 are detailed below in table 2. The CAMHS to Adult Transitions thematic review was completed in July 2025 with the outcome summarised in more detail in the next section of the report.

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

Table 2. Key areas for learning and good practice identified from reviews and the Incident Learning Huddles

Type of service	Improvement area	Safety Action(s)
Mental Health services	Joint working between mental health services and local drug and alcohol services	Review effectiveness of the current protocol with the local drug and alcohol and identify opportunities for shared training to build relationships and share knowledge.
Physical Health services	Theme in a number of reviews completed in July - **End of life care** pathway challenges	Palliative Care Lead and EOL Champions to take a proactive role in liaising with the Palliative and Anticipatory Care Specialists (PACS) team for family support and information. Palliative and EOL referrals and DTA requests are to be emailed and telephoned through to SPA to ensure they are triaged promptly. The team plan to raise awareness of controlled drug for TTO and ensure medication training is up to date. The team can improve on experience and training across the service, with current training being supported by the PACS. To discuss complex end of life situations in clinical supervision. There are increased numbers of EOL incidents, so the directorate is completing a review of all improvement happening in EOL pathway.
Good Practice - Good working relationships between AMHT with patient and family. As well as effective communication and working between OHFT teams, Physical Health Team and the AMHT.		
Physical Health services	**Scheduling and triage of appointments** (District Nursing teams)	To review and update the Prioritisation Framework and align the EMIS scheduling system with changes. To review the coordinator role for clinical and administrative requirements alongside training and supervision. To review centralised Duty Desk process to include

Type of service	Improvement area	Safety Action(s)
		supporting information such as photos to improve triage assessments. To contact the patient and rebook visits where a visit has failed to address the task and to request photos to support risk assessment and prioritisation of visits.
Mental Health services	CMHT and CRHTT – Completing and recording **Care Planning and Risk Assessment**	There is currently work being undertaken to support teams to improve clinical documentation, to ensure every patient has an appropriate plan of care/care plan documented. The technical platform for collaborative care planning and patient reported outcomes via True Colour is available and supported by training. There is monitoring of completion and quality of documents through clinical audits and performance reports on number/% of risk assessments, care plans and safety plans completed. As well as a caseload dashboard on RiO to support clinicians and their supervisors.
Mental Health services	**Domestic Abuse** – Training, Awareness and Recording	Training is being strengthened. Domestic abuse policy training sessions are being developed to focus on documentation and routine inquiry questions. The safeguarding level 3 has been updated to include more content on detecting and considering domestic abuse.
Good Practice – The CMHT showed an assertive approach working with a patient who was not responding.		
Good Practice –Good teamwork across a number of teams and use of supervision structure to improve the quality of care planning.		

The key learning and actions from patient safety reviews are shared in a number of ways and through a series of forums. These include;

- monthly learning summaries shared directly and discussed with team/ward managers at monthly meetings
- written learning summaries posted on the staff intranet
- 6-weekly patient safety webinars themed around our key areas for learning
- the outcomes from reviews are shared in each Quality Improvement hub in the clinical directorates
- sharing themes with learning advisory leads to bring into regular staff training

4. CAMHS to Adult Transitions thematic review

The following thematic review was completed in July 2025.

The review was completed following identifying a cluster of young patients whose transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services at 18 years old resulted in incidents. These five patients resided in both Buckinghamshire and Oxfordshire. It was identified that transition processes were not clear and in particular complex patients (those with neuro developmental conditions) were having delays in their transitions and not receiving appropriate care.

The cases reviewed all had complicated needs including mental health, emotional and social needs. Their transitions involved decisions not being timely and differences between the services provided by CAMHS and Adult services. Patients and families did not feel that plans nor the pathway were clear.

5 themes were identified from the review;

- Engagement and communication with patient and families
- Continuation of care; criteria, thresholds and service provision CAMHS to Adult services
- Planning for Transitions
- Transition processes
- Complex and individual needs of a young person

It was found that there was work already underway to improve a number of these themes identified, including a Transitions to Adulthood Project. In addition to existing work there were two areas for improvement identified from the thematic review:

Area of Improvement 1: Transition Panel Processes
Across the Trust the transition panel processes need clear terms of reference for the panel including an escalation process for complex young people. Transitions planning should be started when the young person is 17.5 years and consideration given to earlier planning for very complex patients.

Safety Action:
Transition panel protocols to be reviewed and updated in Oxon and Bucks services. The escalation process through the complex case panel was agreed and to be added to the protocol.

Area of Improvement 2: Communication with Patients and Families
Communication with patients and families needs to improve the understanding of the transition process. Appropriate information packs may help to inform young people and families.

Safety Action:
Review of referral questionnaire to include a section to prepare parents/carers for transition period. Develop a plan on a page which is shared with parents (and young people) about a transition. Support resources are also being developed for clinicians to start transition conversations earlier.
All work will be shared and distributed across both counties.

Meeting:	Board of Directors' Meeting
Date of Meeting:	24 September 2025
Agenda item:	14
Report title:	Mortality & Suicide Prevention report
Executive sponsor(s):	Karl Marlowe, Chief Medical Officer
Report author(s):	Benedict Ssentume, Lead for Suicide Prevention and Clinical Risk Jane Kershaw, Head of Patient Safety
Action this paper is for:	☐ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the Board:	6-monthly update provided to the Board of Directors.
Public or confidential	Public

Executive summary

This 6-monthly report provides details of how we review and learn from the review of deaths. The Trust has an internal review process and is also actively involved in a number of external multi-agency reviews so that we continually improve the care provided.

The paper is split into two parts, firstly looking at the themes and learning for all types of deaths over time and then the second part focuses on the work we are doing to continually prevent suicides.

There are no concerns identified when looking at the trend and pattern for the number of deaths over time looked at from various different perspectives.

Some of the key areas we are actioning following reviews into deaths include;

- Proactive discharge planning for mental health inpatient wards (part of the inpatient transformation programme)
- Developing how we involve and work with families about their loved ones care
- Working on communication between OHFT teams and implementing single points of access.
- Continued work around early recognition and responding to soft signs of sepsis and physical deterioration (inpatient and community teams). Trust has rolled out eLearning on sepsis for all clinical staff.
- Improving the quality of clinical documentation (co-produced care plans) and how easy it is for staff to use our electronic patient record systems. There has been a lot of work in the last 12 months to improve the link to the Thames Valley and Surrey shared care record from within Trust systems to improve information sharing.
- End of life care pathway improvement plan with a focus on better coordination and communication of care across teams and agencies.

The Suicide Prevention Strategy Group has updated the terms of reference to link with the National Suicide Prevention Strategy (Sept 2023) and the NHS England Staying Safe from Suicide Guidance (April 2025), with membership from public health colleagues based in the Buckinghamshire and Oxfordshire Local Authorities.

The Trust has supported two recent national programs; training developed by the organisation Making Families Count called "Life Beyond the Cubicle" which focuses on the importance of listening to, supporting and involving families and friends during a mental-health crises, and guidance around "Staying Safe from Suicide." The guidance identifies 11 local actions for implementation, we have shared our self-assessment which shows many of the elements have already been implemented.

The paper provides an update on new training available on the impact of suicides on clinicians and suicide awareness and prevention for healthcare support workers, as well as the 2025 annual report findings from the National Confidential Inquiry in Suicide and Safety in Mental Health (NCISH). The NCISH annual safety scorecard is shared which shows the Trust's suicide rate for 2020-2022 is very similar to the median for all mental health providers in England.

The Trust continues to collaborate with the Oxford Centre for Suicide Research under the leadership of its new Director, Professor Seena Fazel, to advance suicide prevention research in partnership with Oxford University. Three research studies are currently underway.

Lastly, it is World Suicide Prevention Day on 10th September a chance to promote awareness, share the work happening to reduce suicides and to remember a loved one. The Trust is hosting a live webinar and running a communication campaign throughout September.

Report history / meetings this item has been considered at and outcome
The details within the paper have been shared at the Trust's Mortality Review Group meeting in July 2025 and/or the Suicide Prevention Steering Group meeting in August 2025.

Recommendation(s)
To note and support the work that is happening.

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

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

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	**☐ BAF**	**☐ TRR**
Equality, diversity and inclusion	No	
Legal and regulatory	Yes NHSE and CQC Learning from Deaths requirements, Duty of Candour requirements	

1. Introduction

This is a 6-monthly paper and follows the last update provided in March 2025.

The contents of this paper were presented and discussed at the Trust's last **Mortality Review Group** (MRG) meeting in July 2025 and/or the **Suicide Prevention Steering Group** meeting in August 2025. The focus of the Trust's MRG is to review trends and to share learning from the reviews of deaths across the Trust, our patient safety partners with lived experiences of healthcare are part of the membership. The Suicide Prevention Steering Group includes public health colleagues and is co-chaired with a family member who had a loved one die by suicide.

The Trust is active members of multi-agency review processes for, all child deaths, for people who are homeless or in temporarily accommodation at the time they die and for those people with autism or a learning disability. As well as attending the Buckinghamshire and Oxfordshire suicide prevention multi-agency groups and the BOB[1] integrated care system Learning from Deaths Network. The Coroner and Medical Examiner processes run in parallel.

The deaths of all patients under the Trust's care at the time they die are screened by at least two senior clinicians to decide whether a further review of care is required, the outcome of the screening feeds into our weekly patient safety forums. The majority of deaths are expected but where there is; a concern about the care provided, the death relates to a specific trigger such as a suspected suicide, or a patient comes from a particular vulnerable group we then review these deaths further. The level of review required will depend on various criteria such as age, the setting they die in, the circumstances surrounding their death and whether the family have concerns about the care provided. We always complete a mortality review for all patients who are aged under 18, if they had a learning disability, a diagnosis of autism, died on a mental health ward, died whilst detained under the Mental Health Act, or died after we suspected they took their own life.

The paper is split into two parts, firstly looking at the themes and learning for all types of deaths over time and then the second part focuses on the work we are doing to continually prevent suicides.

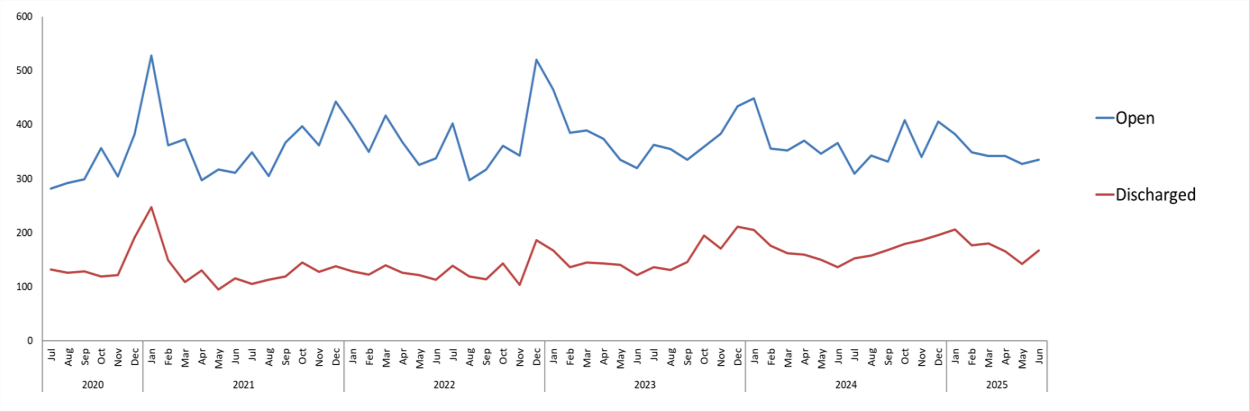
[1] BOB describes a geographical area covering Buckinghamshire, Oxfordshire and Berkshire West

2. Summary of Mortality Themes and Learning

This is a summary of all deaths over time with a specific focus on the last 12 months up to 30th June 2025.

- Similar pattern over time for number of deaths across all services including patients open to services at the time they have died and those discharged from services within 12 months. Average 511 deaths per month. 71% of deaths were for patients open to one of our services at time of death. We saw an even split between male (49%) and female (51%) deaths.

Number of deaths over time, all settings, services and causes. Includes patients open to services at the time they die and those discharged from services within 12 months of their death.



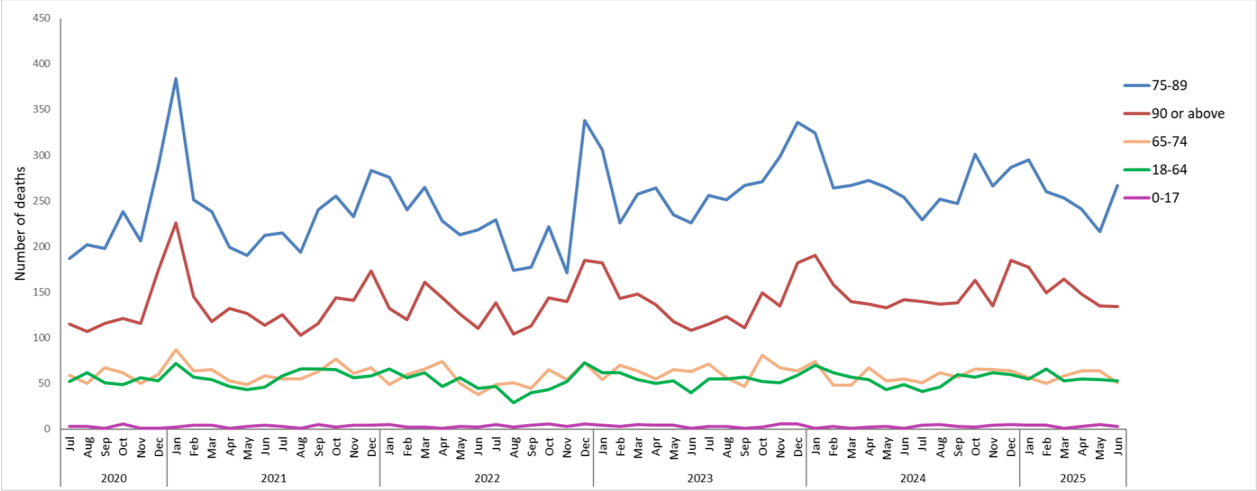
- There are some data quality limitations with looking at deaths by ethnicity, however where this is captured the ethnicity picture for deaths mirrors the patient caseload and the census data in each county, with most deaths for people from a white ethnic background.
- Compared to the pattern for total deaths in England and Wales (ONS) the Trust sees a similar pattern over time.

Number of deaths over time for patients known to Trust services compared to the national trend in England and Wales. Includes patients open to services at the time they die and those discharged from services within 12 months of their death.



- The majority of deaths are for patients last seen by services in the Community Health Services, Dentistry & Primary Care Directorate such as District Nursing. Most deaths are for patients aged 75+. Over the last few years we have seen a lower number of deaths in May for the age bracket 75-89. In June 2025 we have seen a slightly higher number of deaths for this age bracket but then the number of deaths in May was also lower than usual.

Number of deaths over time by age bracket. Includes patients open to services at the time they die and those discharged from services within 12 months of their death.

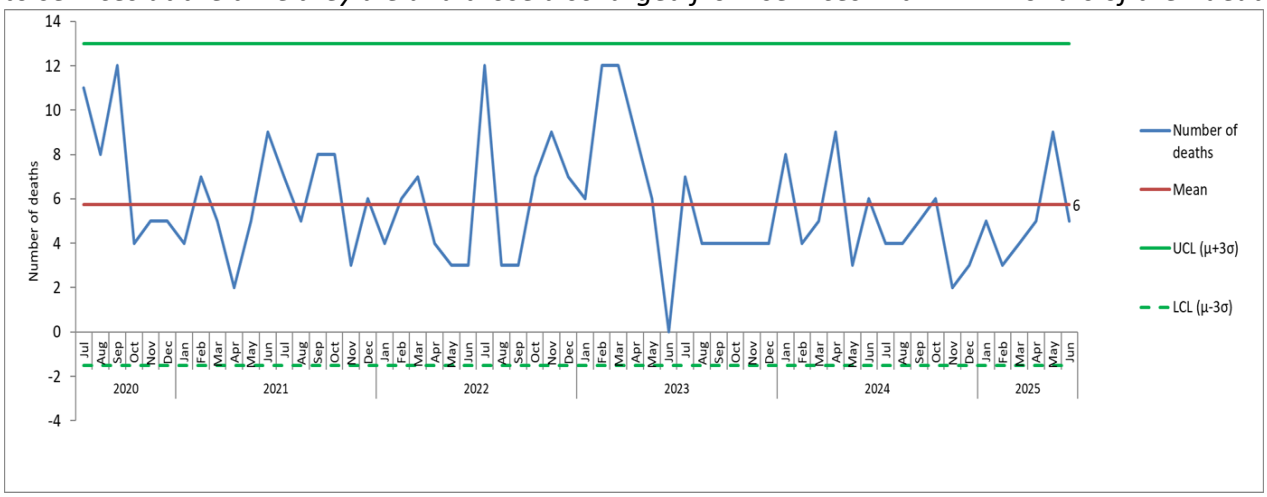


- No significant changes in deaths for patients aged between 18-64, seen either by or mental health or physical healthcare services.
- There have been 43 deaths of patients aged 0-17 in the previous 12 months, of which 17 were unexpected and 3 were suspected suicides. In Q1 (April-June 2025) there were 11 deaths, of which 10 patients were open to physical health services and 1 to CAMHS. 5 of the 11 deaths were unexpected and 1 was a death related to sepsis. 7 deaths were for patients aged 2 or under and 1 was a suspected suicide.
- In the last 3 months (April-June 2025) there were 8 deaths of someone known to our learning disability teams of which 7 were open to services at the time they died. All deaths were from natural causes. The age range for those who died was between 61-68. 6 of the deaths related to males and 2 females. Most common cause of death was Alzheimer's. There are currently long delays with the completion of the multi-agency reviews into the deaths in Oxfordshire as part of the LeDeR programme due to capacity in the integrated care board who led the reviews. NHS England are aware of the issues and Buckinghamshire Oxfordshire and Berkshire West integrated care board are not the only area struggling. In the Trust we continue to do a local learning review after every death.
- There were 81 community hospital ward deaths in the last 12 months, all natural cause deaths, 9 were unexpected. In Q1 (April-June 2025) there were 21 deaths compared with 24 in Q4 (January-Marach 2025).
- There have been 4 unexpected/detained inpatient mental health deaths in the last 12 months, 2 deaths in Q1 (April-June 2025), both were detained patients. 1 of the 4 patients was AWOL from Section 17 leave and died from suspected suicide (forensic ward) and 3 patients died unexpectedly of natural causes on 3 different wards.
- 2 patients died on a Community Treatment Order living in the community in the previous 12 months. 1 patient died in Q4 (January-March 2025) unexpected/unnatural likely to have drowned at home on their houseboat, which was not thought to be a suicide attempt. 1 was a suspected suicide of a forensic patient and we are waiting for the coroner's inquest.
- There have been 55 confirmed/suspected suicides for open and discharged patients in the last 12 months, of which 28 were open at the time to secondary mental health services. There were a higher number of male suspected suicides (35 males/20 females). In Q1 (April-June 2025) there were 19 confirmed or suspected suicides, 7 with open referrals to a mental health service. We had a lower number of deaths by month between Feb 2024 – March 2025 however an increase in May 2025. The reduction we saw for more than 12 months was also seen in the whole population figures for suspected suicide rates for Oxfordshire and

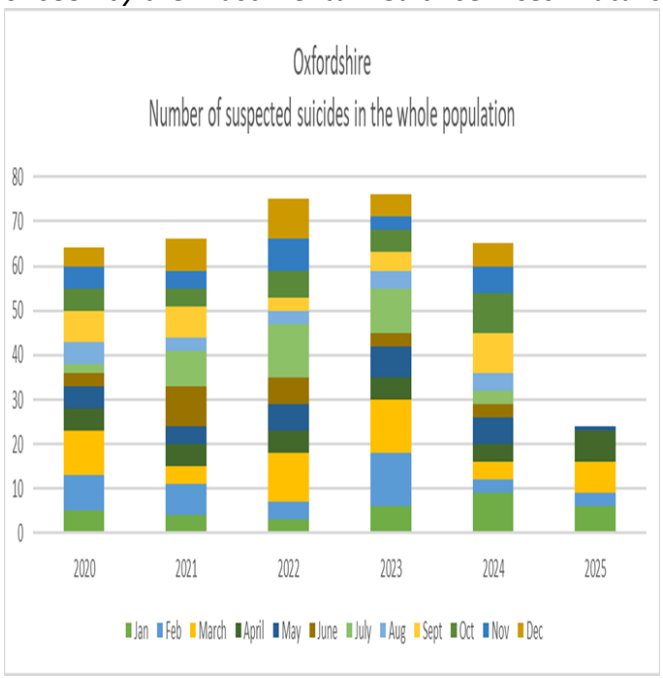
Buckinghamshire, which includes people not known or seen by mental health services. See the detail about the suicide prevention work below.

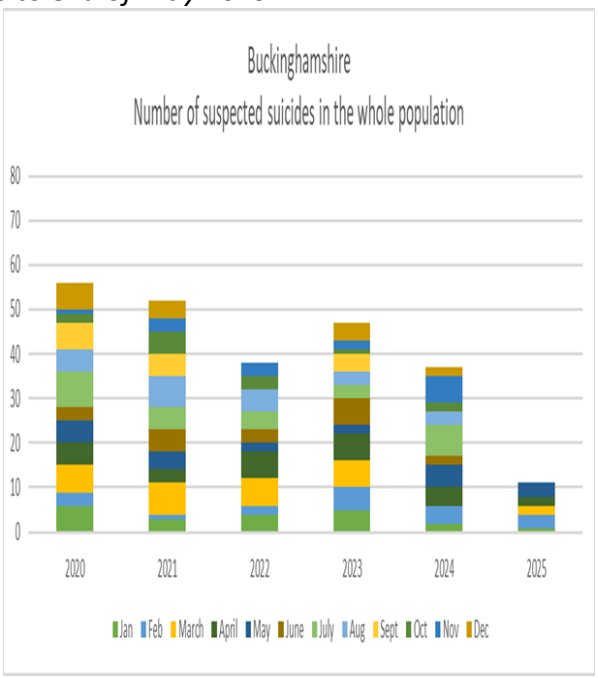
- We have had 1 suspected suicide for a patient within 14 days of an inpatient discharge in the last 12 months, the death was in Q1 (April-June 2025). The patient had a short admission, was seen shortly after discharge however died 12 days after their discharge date, we are waiting for the coroner's inquest.

Number of suspected suicides over time for patients known to Trust services. Includes patients open to services at the time they die and those discharged from services within 12 months of their death.



Number of suspected suicides over time for all people in the population, this includes people not known or seen by the Trust mental health services. Data is up to end of May 2025.





- Since the introduction of the independent Medical Examiner process from September 2024, we have had one piece of feedback identifying a concern, received in May 2025 related to end-of-life care where there was input from our GP OOH, District Nurses and end of life matrons. The concern was from the patient's daughters about pain management and distress/agitation their mum was in at her end of life. Did not feel listened to by services and felt how they responded was inadequate. Since receiving the feedback we have completed an incident learning huddle and identified learning related to fragmentation of teams and

coordination of care. A series of actions have been identified and this work is also feeding into a wider improvement programme on end of life care.

- The Trust received two Regulation 28/Prevention of Future Death reports in 2024/25 related to a suicide in April 2023 and a suicide in Feb 2024. The learning related to discharge processes from the ward to the community team, access to clinical information across different patient record systems and documentation of risk assessment. We also received in May 2024 following the Forbury Garden inquest (where a man attacked members of the public in 2020) a report from the coroner because although the Trust did not know the victims or perpetrator, since 2022 the Trust has provided the mental health in-reach service to the identified prison. The Trust was asked to respond about the provision of psychological therapies to prisoners as there were concerns in 2020 about access to psychology. So far in 2025/26 we have received 1 PFD report in June 2025 which identified a need to develop inpatient discharge processes (although in a different county and ward to the previous report received in 2024/25) and medication supervision in the community.

3. Key Actions Taken in response to Learning Themes

Below is a summary of some of the key actions being taken.

- 3-year mental health inpatient transformation programme started in April 2024 with a workstream around proactive discharge.
- Developing how we involve and work with families about their loved one's care. In mental health services we are using the national Triangle of Care standards from the Carers Trust to guide the work.
- Working on communication between OHFT teams and implementing single points of access.
- Learning disability deaths: work is happening around lung health, bowel and bladder learning disabilities pathway and embedding the use of health passports.
- Continued work around early recognition and responding to soft signs of sepsis and physical deterioration (inpatient and community teams). Trust has rolled out eLearning on sepsis for all clinical staff.
- Improving the quality of clinical documentation (co-produced care plans) and how easy it is for staff to use our electronic patient record systems. There has been a lot of work in the last 12 months to improve the link to the Thames Valley and Surrey shared care record from within Trust systems to improve information sharing.
- End of life care pathway:
    - Work is happening for children to improve access to expert advice on specialist medications and more in-reach to improve coordination of support on discharge from the acute hospital. This includes review of medication guidance used across the system.
    - Clarity of each OHFT teams role and remit when caring for an end-of-life patient
    - A response telephone line for out of hours has been established for patients at end of life and professionals to use. The service aims to respond to patients within 30 minutes. We are receiving 60+ calls a month and responding to 90%+ of these within 30 mins.
    - Implementing ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) documentation across BOB ICS providers. Training has been completed. Digital colleagues are working with the Thames Valley Shared Care Record team to plan for implementation of ReSPECT digitally. This will mean one copy, available to all colleagues, avoiding version clash and unnecessary phone calls to find out information.

4. Suicide Prevention

The Trust is committed to supporting the national suicide prevention strategy as well as local authority action plans led by public health, and actively contributes to the multi-agency suicide prevention groups to strengthen collaboration and joint working. The Oxfordshire action plan is currently being updated to 2028 (Oxford Health colleagues have been part of this work) and the Buckinghamshire plan is available here, Buckinghamshire-Suicide-Prevention-Action-Plan-2024-2028.pdf. The Trust's suicide prevention steering group oversees the work with the aim of reducing suicide rates and improving support systems.

The 5-year national strategy (Suicide prevention strategy for England: 2023 to 2028 - GOV.UK) to 2028 focuses on:

1. Making suicide prevention everyone's business so that can maximise the collective impact and support to prevent suicides.
2. Data and evidence
3. Priority groups and risk factors such as middle-aged men and autistic people, and financial difficulties
4. Stigma and language
5. Improve support for people bereaved by suicide

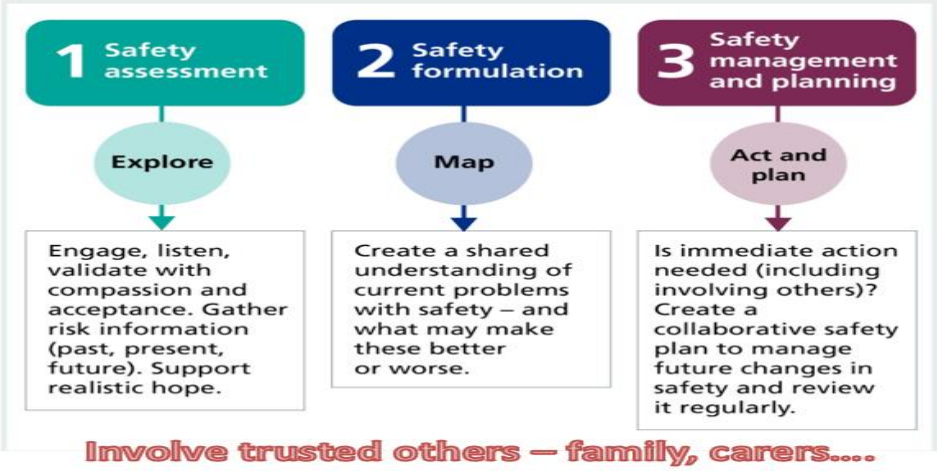
The Trust has supported two recent national programs;

- Sponsoring and helping to shape the training developed by the organisation Making Families Count called "Life Beyond the Cubicle" which focuses on the importance of listening to, supporting and involving families and friends during a mental-health crises.
- We have supported the development of the guidance Philip Pirie's has led around Staying Safe from Suicide: Best Practice Guidance for Safety Assessment, Formulation and Management.

The rest of the paper provides updates on key pieces of work.

Staying Safe from Suicide Guidance

Staying Safe from Suicide: Best Practice Guidance for Safety Assessment, Formulation and Management was published in April 2025 https://www.england.nhs.uk/long-read/staying-safe-from-suicide/. The guidance promotes a person-centred collaborative approach to safety assessments to understand a patients situation, changeable risk factors and co-produce a safety plan, rather than relying on risk prediction tools, scales and static stratification which is proven to be unreliable as suicidal thoughts can change quickly. Three key elements are described in the guidance – assessment, formulation and safety planning (summarized below).



The guidance identifies 11 local actions for implementation. Largely the Trust has already implemented the guidance into training, policy, risk assessment/management templates, as we have been moving towards co-produced safety planning ahead of the guidance being published. Our self-assessment is included below;

	Action	Self-assessment
1	Secure senior leadership support, including an executive lead for implementation	The Trust Chief Medical Officer, Dr Karl Marlowe, is the Executive lead for suicide prevention.
2	Create a detailed implementation strategy with clear timelines	This is covered in the workplan of the Trust's suicide prevention steering group. The key changes we have made include; • Our patient Electronic Patient Record (EPR) system has been updated to eliminate risk stratification. • Review of the Trust Clinical Risk Assessment and Management (CRAM) policy is underway to bring it in line with the new guidance. • The new guidance has been incorporated in our key safety assessment trainings i.e. CRAM training, Suicide Awareness and Prevention training and Assessment Skills Training.
3	Appoint local champions to drive implementation	The Trust has recruited Clinical Practice Educators for suicide prevention who are key in supporting the implementation of the guidance.
4	Involve service users and stakeholders in the process	The Trust greatly values the voices and contributions of people with lived experience in all aspects of our work. The co-chair of the Trust's Suicide Prevention Steering Group is a mother bereaved by suicide, and we also actively involve people with lived experience in the delivery of our training programmes. Life Beyond the Cubicle training, which the Trust helped to develop, draws on peoples lived experience to encourage clinicians to reflect on the importance of listening to, supporting, and involving families and friends during a mental health crisis. Vicky Naidoo, the Trust Recovery and Lived Experience Involvement Lead, has led the development of a video featuring reflections from a person with lived experience on the use of language in clinical practice. The recording also references the new NHSE guidance. This video is to be launched by the end of September 2025.
5	Provide training and supervision for all mental health practitioners	Training is already available as mentioned above. We have so far delivered training to over 1,000 staff. Supervision is managed within practitioners' teams.
6	Prioritise staff well-being during safety assessments and planning	We have a range of support mechanisms in place for staff including Trauma Risk Management (TRiM), Post Incident Psychological Support (PIPS), Pastoral support and support through supervision and reflective practice sessions. Additionally, we have developed a training package on the impact of patient suicides on clinicians. First session is to be delivered on 4th November 2025.
7	Align training and education programs with the guidance	In addition to training within the Trust, we collaborate with our feeder universities i.e. The University of Bedfordshire and Oxford

	Action	Self-assessment
		Brookes University, where we provide suicide awareness and prevention training sessions to mental health nursing students. We have now incorporated the new guidance into the sessions we deliver to University students.
8	Collaborate across disciplines and teams	We work collaboratively across disciplines, and our Learning and Development department is liaising with specialist services to ensure that colleagues receive the right level of training.
9	Update record systems to eliminate risk stratification	This has been done as aforementioned.
10	Monitor progress (including patient experiences) and evaluate outcomes	This an ongoing piece of work and part of the workplan of the suicide prevention steering group.
11	Share knowledge, including through the Staying safe from suicide resource hub	We are focusing on communicating the new guidance and sharing knowledge. We have added the guidance on our Trust intranet suicide prevention page and will be promoting it on and around World suicide prevention day on 10th September.

Training & Learning.

In addition to the two-day suicide prevention and awareness training for qualified staff, two additional sets of training have been recently developed as below;

1. Impact of suicide to clinicians – 3hr online session.
2. Suicide awareness and prevention for healthcare support workers -1 whole day session.

National Confidential Inquiry in Suicide and Safety in Mental Health (NCISH)

The NCISH study has collected in-depth information on all suicides in the UK since 1996, establishing the Ten Ways to Safety, summarised below.

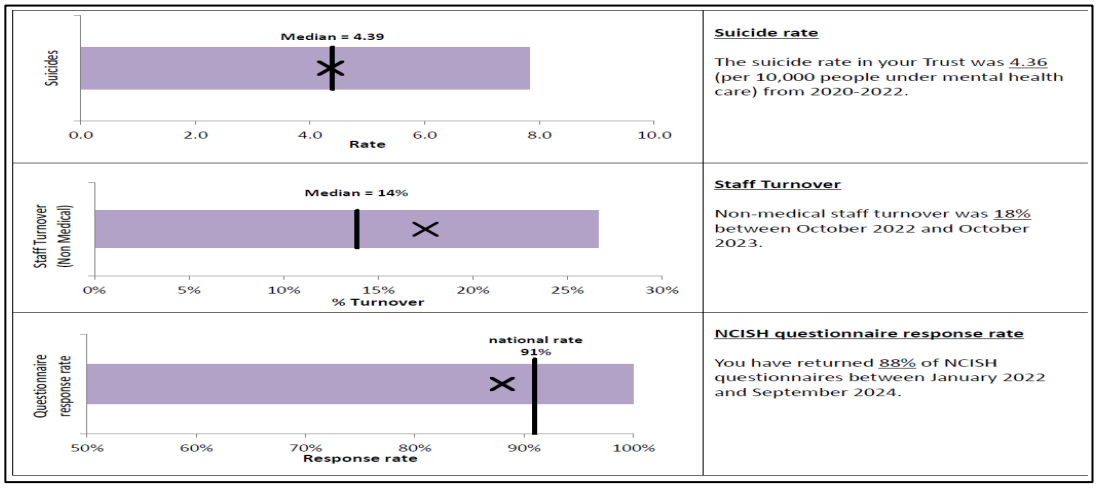


The latest NCISH annual report published in February 2025, is based on data for confirmed suicides from 2012-2022 highlighted across the UK, a summary of the findings is provided below;

- 26% of suicides were by people who had contact with mental health services in last 12 months
- Nearly half, 47% lived alone and abused alcohol
- 31% there was recent self-harm or a risk.
- A third of inpatient suicides involved patients in out of area placements.
- Inpatient suicides and deaths after discharge have recently increased.

- High number of suicides by patients with bipolar disorder– often women middle aged and living alone. With many patients not receiving treatment in line with NICE best practice.
- Importance of family involvement to support missing appointments and non-adherence with medication.
- Bereavement adds to risk of suicide. 7% of deaths by suicide were near an anniversary of a bereavement. Important to enquiry about significant dates during assessments and risk assessment.

The NCISH annual safety scorecard was shared with each NHS Trust in May 2025 this provides some benchmarking data across all mental health providers in England. The suicide rate provided is for a 3-year period 2020-2022 and is based on date of death. The Trust's rate is very similar to the median; the scorecard is shared below.



Research

The following research is underway related to preventing suicides and the impact of suicide.

The RAPID trial RAPID TRIAL – Remote Approaches To Psychosocial Intervention (psychosisresearch.com) is ongoing. Recruitment is finished but therapy and follow-ups are ongoing. The results will be known in the first half of next year. 119 participants were recruited from our Trust.

A research study funded by Sir Halley Stewart Trust investigating the spiritual needs of people bereaved by suicide is in the design phase.

NCISH - Clinician bereavement study: A study to examine the effects of patient suicide on clinicians is in its initial phase.

Meeting:	Board of Directors' Meeting
Date of Meeting:	24 September 2025
Agenda item:	15
Report title:	Research and Development (R&D) report to the Meeting of the Oxford Health NHS Foundation Trust
Executive sponsor(s):	Dr Karl Marlowe, Chief Medical Officer
Report author(s):	Professor Vanessa Raymont, Director of R&D Dr Martin Batty, Head of R&D
Action this paper is for:	☐ Decision/approval ☑ Information ☐ Assurance
Reason for submission to the Board:	Board Request
Public or confidential	Public

Executive summary
To draw board attention for information on R&D Teams areas of work: • **COMPASS Study Update:** build evidence for therapeutic use of psychedelics. • **Biosample Storage Facility (BOSS):** to increase research on biomarkers. • **Digital Update: TriNetX platform** with international database for research • **Appointment of Consultant Pharmacist** who is also a prominent research pharmacist.

Report history / meetings this item has been considered at and outcome
This report has not been submitted elsewhere and has been written specifically to update the board of developments within R&D and its related NIHR infrastructure.

Recommendation(s)
Not applicable. This report is intended solely for information.

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

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

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

This report covers recent activity related to Oxford Health Research and Development (R&D) under the direction of Professor Vanessa Raymont, R&D Director. This report focuses on progress of an innovative clinical trial conducted at OHFT, updates to OHFT's digital platform, expansion of biosample provision, and key appointments.

Update on the COMPASS Study

The Study: The COMPASS Study is a phase 3 study (the final research step before consideration of licensing for a drug) investigating a novel drug treatment for depression.

The study focusses on 'treatment resistant' depression (TRD); i.e., for those people who have not responded to at least two antidepressant treatments. It is a large, international, multisite study, aiming to examine the efficacy, safety, and tolerability of psilocybin at different doses. It is novel because psilocybin is an example of a psychedelic drug. In therapeutic uses, psilocybin works on the serotonin system in the brain, which is linked to the regulation of mood and other processes such as sleep and thinking. The drug used in this study is a synthetically produced formulation of psilocybin and it is given alongside psychological support from specially trained therapists during the trial. OHFT, and specifically the NIHR Oxford Health Clinical Research Facility (OH CRF), is providing the Oxford site for the study.

The Challenges: This was a challenging study in several ways:

- Psilocybin requires a Schedule I license issued by the UK Home Office in order to receive, store and use the drug. The OH CRF worked closely with the OHFT pharmacy team to apply for the license, meet with the Home Office, host their inspection and eventually receive the license. The whole process took over a year, but now granted, this will hopefully facilitate future licenses for other research into psychedelic drugs.
- The trial requires that the drug is given with psychological support throughout the whole of the dosing day. This is usually provided by a psychedelic therapy trained doctor or clinical psychologist (who are generally less available for day long therapy in the NHS). In collaboration with the sponsor, we have developed and delivered a successful and more sustainable model of therapy support, by training instead a team of our OH CRF research assistants, each with a psychology background and NHS in- and outpatient experience. They are equivalent to the more readily available mental health practitioners in the NHS. We are the only centre to have piloted this model, which is the first example of a more sustainable route for translation into NHS care. To describe our approach and start a debate about implementation of psychedelic drugs in real-world clinical settings, we have written a paper, which is now under consideration with an international, high-impact, scientific journal.
- Recruitment for these studies on psychedelic drugs is always challenging. Although many people are interested in the trial, the inclusion and exclusion criteria are very strict. The recruitment and CRF team together telephone pre-screened (each for 40-45 minutes) over 220 interested participants in order to find participants who were broadly suitable for the study. However, this effort

was effective, as we far exceeded our recruitment target. The target across all sites was 1 randomised participant every two months. We were confident we could recruit more and set an ambitious target with the sponsor of 1 per month. In fact, we exceeded even this, by successfully randomising and looking after 16 participants in just 13 months since we opened the trial in Oxford.

How Does This Benefit Patients?

- The recruitment has now ended for this trial, and we have contributed by recruiting to time and exceeding all targets. The follow up for all participants is a year and so the results of this phase 3 trial should be available and informing treatments as planned.
- The OH CRF now has a dedicated psychedelic treatment room (specifically designed and furnished for these studies), we have gained a wealth of experience in psychedelic trials and have already been approached and are setting up others (both commercial and academic-led).
- We have a group of highly trained therapists and an experienced Principal Investigator within the OH CRF (Dr Katharine Smith), which places us in an excellent position to advise on and host future psychedelic trials.
- Most importantly, the trial has real clinical implications. Within the design, the study involves a year's follow up, with the option of repeated doses – initially double blind and then the option of a final open label higher dose for all participants. This mimics the options which would exist in a clinical pathway for someone with depression, with the option for 'top-up' doses if needed, and will inform how psilocybin could be used in real world healthcare settings.

BOSS Biosample Storage Facility

A biosample storage facility is being set up within OH-CRF to increase the provision of sample storage within OHFT. This facility will enhance the Trust's capacity for, and participation in research, generating income and increasing opportunities for patients to participate in studies of severe mental illness, particularly among under-served groups. In the short-term, the project will enable OHFT to support and deliver two large portfolio supported key studies: READ-OUT and STEP.

READ-OUT is a landmark national observational research programme to evaluate the real-world utility and cost-effectiveness of blood-based biomarkers in the diagnosis and monitoring of dementia, supported by a consortium of funders, including Alzheimer's Research UK, Alzheimer's Society, and Gates Venture. OHFT was the first site to open for recruitment and is the lead for the study. STEP comprises 3 sub-studies targeting different aspects of care in early psychosis, which, like READ-OUT, will be adopted onto the NIHR Regional Research Delivery Network (RRDN) portfolio. STEP is closely linked with the NIHR BioResource, and OHFT is actively leading national planning and funding model workshops to position the Trust to align biorepository operations with national standards and contribute to long-term sustainability.

This work is being supported in the short-term by an in-year Clinical Support Services funding award of £44k from the South Central RRDN to part-fund two members of staff within the CRF. A separate application for two -80 freezers was made as part of a larger OHFT R&D application to the NIHR Capital Funding Call

(reported in the 26 March 2025 Board report), the outcome of which is currently awaited. If the freezers are awarded this will enable further expansion and futureproofing of the facility, but will also necessitate building work within the CRF to knock down an internal wall to house the equipment (the cost of the building work is estimated at ~£20k). As the CRF is a Grade II listed building, permission is needed to do this work, which has been granted from the Council but is time limited. A request for this work to be included in the Trust's 2025/26 Capital Programme has been made and will be reviewed by the Capital Programme Group (GPG) on 16 September for financial sign off. Should this be favourable, funding will be awarded this financial year. This will further help the generation of commercial income into R&D and will make the resource self-sustaining for the future.

Digital Update: TriNetX

A membership agreement has been signed with TriNetX to further augment OHFT R&D's digital capabilities. TriNetX is an ISO certified federated network that provides users with access to data from over 280 million patients/120 billion clinical facts from over 7000 sites across more than 30 countries (including 22 Trusts and >14 million patients in the UK). The TriNetX platform can used to query anonymised global data for research purposes and has been used to great success by researchers within the OH-BRC. Dr Maxime Taqeut and Professor Paul Harrison have been prolific users of the platform, publishing 18 papers, including two in Nature Medicine, three in Lancet Psychiatry (including the top two ranked papers in the journal), two in BJPsych, and one in PLoS Medicine. This includes:

1. Nature Medicine paper (2024) showing that the new shingles vaccine reduces the risk of dementia. This work was covered in Science, JAMA, and over 300 news outlets, with an Altmetric score of >3400.

2. Lancet Psychiatry paper (2021) showing the neuropsychiatric consequences of COVID-19. This was the first study to robustly demonstrate that COVID-19 leads to greater risk of neurological and psychiatric disorders compared to other infections and health events. The paper has been cited over 2300 times to date, featured in over 640 news outlets, cited in several guidelines of NICE, CDC, NIH, and the WHO, by various national health and scientific agencies, in a World Bank policy paper and in several US Supreme Court testimonies and evidence, with an Altmetric score of >12,000, ranking it in the all-time top 100 across disciplines (out of 27 million) and as the number one from Lancet Psychiatry.

3. Lancet Psychiatry paper (2022) showing the long-term neuropsychiatric consequences of COVID-19 in children, adults, and older adults, mentioned in 580 news outlets and cited by the EU commission, in the US Senate, and by various governments around the world. It received an Altmetric score over 10,000 ranking in the all-time top 150 highest scores across disciplines (out of 27 million) and being the #2 highest score from Lancet Psychiatry (just after the previous publication mentioned above).

4. Nature Medicine paper (2023) showing the first biomarkers of post-COVID cognitive deficits featured in the science community (including editorials in Science,

Nature Neuroscience, and NEJM Journal Watch) and discussed with and within patients organisations (including Headway and Long COVID support).

5. BJPsych paper (2022) showing the increased risk of eating disorders during the pandemic. This was the first study to show the increased incidence and poorer outcomes of eating disorders during the COVID-19 pandemic, and was cited in guidelines of the American Psychiatric Association.

Appointment of Consultant Pharmacist

Orla Macdonald, OHFT Lead Research Pharmacist, has recently been appointed as a Consultant Pharmacist in Learning Disability. Consultant Pharmacist positions are relatively new in the UK, and this is the first Consultant Pharmacist post in Learning Disability in the country. These posts are designed to bring research and innovation together with expert clinical practice, with a focus on medicines' optimisation. Orla's ambition within this role is to engage in and inspire pharmacy-led research in mental health. For several years Orla has worked closely with the Oxford Precision Psychiatry Lab (Department of Psychiatry) and with the Bennett Institute for Applied Data Science (Department of Primary Care), with whom she has led and contributed to mental health projects using the OpenSAFELY database. She has published two peer-reviewed papers on prescribing trends of psychotropics in people with a learning disability and has recently been awarded a grant to explore factors associated with mortality in people with learning disability and epilepsy. Within the trust, Orla has been a Principal Investigator (PI) for two medicine-focussed studies: MOLGEN; and the Pharmacy Prioritisation Study. As part of her consultant role, Orla will continue to actively support and advise academics, clinicians and pharmacy staff who engage in research that uses medicines or aims to improve medicines use. Orla also manages the Clinical Trials Lead Pharmacist, who leads the Trust's clinical trials team.

Meeting:	Board of Directors' Meeting
Date of Meeting:	24 September 2025
Agenda item:	16(b)
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:	☐ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the Board:	For Board Alert/ to Advise/Assurance or recommendation for Approval
Public or confidential:	Public

Executive summary

The most recent meeting of the Audit & Risk Committee was held on 9th of September 2025, at which it considered matters set out in the agenda (attached in the Reading Room) and reviewed and confirmed the minutes of its previous meeting (also included in the Reading Room).

This paper summarises the significant matters reviewed and discussed by the committee at the meeting. The report is provided for the Board's information, to provide assurance on specific matters. It also highlights two issues for the Board's awareness regarding the Board Assurance Framework and cyber security.

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

N/A

Recommendation(s)

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

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

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

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

For Alert (may require discussion)

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

To Advise (to monitor)

Board Assurance Framework (BAF)

The Audit & Risk Committee (ARC) reviewed the outputs of the revised Board Assurance Framework (BAF), which were shared in draft form with the Board at a recent workshop. Following discussion, the committee confirmed that it expects the revised framework to be of greater utility to the Board than its previous model.

It is important for the Board to note that further work will be required (in part through the Board's sub-committees) to determine the Board's risk appetite across the 11 risks included in the BAF. In the interim, the revised BAF includes management's draft assessment of the Board's likely risk appetite to help stimulate discussion at sub-committees. The revised BAF is to be reported and discussed at sub-committees from September 2025.

Cyber security

In addition to receiving a regular update on the Trust's cyber security risks and the actions to manage and reduce them, ARC was briefed on the most recent attempt to compromise the Trust's cyber security arrangements and to gain access to Trust systems.

While the committee noted the speed and effectiveness of the cyber team's response to this threat, this experience is an important reminder to us all of the seriousness and ever-present danger of external cyber threats directed at the Trust and the wider NHS. It is essential that all sub-committees continue to be vigilant and alert to the potential for cyber security to be weakened inadvertently as proposals to deliver change and improvement are evaluated.

For Assurance (to note)

Internal Audit (KPMG)

1) Internal Audit Plan and outstanding audit recommendations

   ARC received and reviewed KPMG's 2025-26 internal audit progress report and is assured that work to date is "on plan". For Board members' information, current progress across the seven reviews included in this year's Internal Audit Plan is summarised in the table overleaf:

2025-26 INTERNAL AUDIT PLAN

CURRENT STATUS

		Planning	Fieldwork	Report	AC review
1	AI Benchmarking				
2	Risk Management: Board Assurance Framework				
3	Core Financial Controls				
4	Access and Activity Data: Talking Therapies				
5	Oxford Pharmacy Stores (joint with LCFS)				
6	Staff Retention				
7	DSP Toolkit				

Not yet due

Key:

Completed

In progress

There are no high priority actions outstanding in respect of completed audits; however, nine medium priority audit recommendations are overdue. All nine of these recommendations are targeted for completion by the end of September 2025 and comprise:

- **Health & Safety review** (report presented to the Audit & Risk Committee in Dec 2024) – 2 recommendations outstanding.

  The work has been completed but is awaiting the formal ratification of the Safety & Security Committee (at its September 2025 meeting) before being formally confirmed as having been completed.

- **Frontline Digitisation review** (report presented to the Audit & Risk Committee in Jun 2025) – 7 recommendations awaiting completion.

  All actions are currently in progress and scheduled for completion by the end of September 2025.

2) 2025-26 audit review of the Operation of data quality systems

ARC received and discussed KPMG's final report on the Operation of data quality systems (included in the 2024-25 audit programme). KPMG's assessment provides "Partial assurance with improvements required" and sets out 4 medium priority recommendations - the review…

"…has identified a number of opportunities to enhance how data is collated for Integrated Performance Report (IPR) reporting, as well as the effectiveness of the validation controls in place, which have driven this rating".

The committee obtained explicit assurance from KPMG colleagues that the impact of weaknesses highlighted by the review solely concerns the accuracy of two statistics routinely reported in the Integrated Performance Report. These issues do not impact on the management of patient care in any way.

All of the recommended actions are targeted for completion during Q3 of this financial year.

3) Counter Fraud

ARC received an update on KPMG's Counter Fraud work for this financial year. KPMG's planning work for two of the three pro-active reviews included in this year's plan has been completed (see table below):

2025-26 COUNTER FRAUD PROACTIVE REVIEWS		CURRENT STATUS			
		Planning	Fieldwork	Report	AC review
1	Estates: Maintenance Contracting	*deferred to 2026-27*			
2	Recruitment				
3	Oxford Pharmacy Stores (joint with Internal Audit)				

Key:

Completed

In progress

The committee was advised that the Executive team has agreed with KPMG that the third review (in respect of Estates maintenance contracting) be deferred to 2026-27 due to the current scale of challenges faced by the Department. ARC has been aware of the considerable work in progress to help strengthen the capability, capacity, and resilience of the Trust's Estates Department. However, being mindful of the risks being managed in this area, the committee has invited the Head of Estates to attend its next meeting to provide an update on progress and outline the actions yet to be taken.

4) New fraud legislation

Following a request made at the committee's June meeting, KPMG briefed the ARC on the provisions of **The Economic Crime and Corporate Transparency Act 2023** (ECCTA), which came into effect on September 1st of this year. At the meeting, the committee approved minor updates to the Trust's Counter Fraud policy which include the relevant changes to take account of the new Act.

A copy of KPMG's briefing is attached as an Annex to this report for colleagues' information and awareness.

External Audit (Ernst & Young)

ARC received Ernst & Young's final report in respect 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. As Board members are aware, the Trust received a "clean" audit report.

Clinical Audit and NICE guidance annual report

In receiving and discussing this report, the committee noted a number of positive developments. While the outputs and findings of clinical audit activity are primarily a matter for the Board's Quality Committee, ARC is charged with obtaining assurance that the arrangements for planning and undertaking this work are appropriate, effective and add value.

In November 2024, the clinical audit team became part of the Oxford Healthcare Improvement team. The annual report sets out how this change is already demonstrating benefits for the Trust and patients.

Previously, ARC had expressed a view that it would be beneficial for the number of annual clinical audits to be reduced and for the work to be re-focused to add value beyond the simple "assurance of compliance". The committee was pleased to note that good progress is being made to deliver these positive changes.

Sharing of learning

None identified.

Annex

Failure to prevent fraud offence

Failure to prevent fraud offence

The Economic Crime and Corporate Transparency Act 2023 (ECCTA) aims to strengthen corporate governance and tackle economic crime in the UK. Section 199 created a new corporate criminal offence of 'failure to prevent fraud'. Under the legislation, an organisation will be criminally liable where:

- a fraud offence is committed by an employee, agent or other 'associated' person, with the intention of deriving a benefit for the organisation or a related body; and
- the organisation did not have 'reasonable' fraud prevention procedures in place.

The offence sits alongside existing law; for example, the person who committed the fraud may be prosecuted individually for that fraud, while the organisation may be prosecuted for failing to prevent it. The fraud committed must be one of the fraud offences identified in the act. The offence will make it easier to hold organisations to account for fraud committed by employees, or other associated persons, which may benefit the organisation, or, in certain circumstances, their clients and will come into effect on the 1st September 2025.

Impact on the NHS

The legislation aims to address particular challenges related to cryptocurrencies, money laundering, and foreign companies operating within large organisations. However, there are few fraudulent activities that will effectively benefit an NHS Trust in practice. Nevertheless, In the event of prosecution, an organisation would have to demonstrate to the court that it had reasonable fraud prevention measures in place at the time that the fraud was committed.

The Home Office Guidance is statutory guidance issued under Section 204 of the Act, which the NHSCFA have adopted as part of their June 2025 guidance issued to Local Counter Fraud Specialists; Chief Finance Officers; and Audit Committee Chairs. The guidance sets out six principles that are intended to help organisations work towards the creation of reasonable prevention procedures before September 2025. Consideration and application of the Home Office Guidance is likely to be a critical consideration of any court in determining whether or not an organisation had in place expected prevention procedures.

Next Steps

The counter fraud team have reviewed the 60 guidance points in the NHSCFA's Failure to Prevent Fraud Offence, June 2025 guidance (available on NHSCFS website). We identified that a majority of the areas for assurance are part of the current counter fraud provision, Trust policy, or freedom to speak up service. However, some additional actions may be required to ensure compliance with the guidance points, which has been highlighted on the following page.

KPMG
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Meeting:	Board of Directors' Meeting
Date of Meeting:	24 September 2025
Agenda item:	16(c)
Report title:	Report from Quality Committee on matters to Alert, Advise or Assure
Executive sponsor(s):	N/A
Report author(s):	Andrea Young Non-Executive Director and Chair of the Quality Committee
Action this paper is for:	☐ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the Board:	For Board Alert/ to Advise/Assurance or recommendation for Approval
Public or confidential:	Public

Executive summary

The Quality Committee continues to meet five times a year, and at its recent meeting on 11 September has considered an agenda, which is attached, and the minutes of the last meeting in July 2025.

There are no matters to alert the Board for this meeting (September 25), five matters to advise and four matters where assurance has been provided to the Committee.

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

N/A

Recommendation(s)

The Board is asked to note areas of progress on quality improvement (restraint), teams on enhanced monitoring, and to confirm assurance has been provided on our safeguarding activity and that the Trust Policy register is being actively updated and managed.

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

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

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	☑ **BAF**	☑ **TRR**
Equality, diversity and inclusion	Yes	
Legal and regulatory	Yes Safety of the Physical Estate annual report, Trust Policy Register, Safeguarding Annual report.	

For Alert (may require discussion)

There are no matters to alert the Board.

To Advise (to monitor)

The Committee wish to advise the Board on five matters. These include community equipment in patients' homes, the use of restraint in child and adolescent inpatient wards, mental health teams in enhanced monitoring, the newly revised Board Assurance Framework, and the annual review into safety of our physical estate.

In July we saw the collapse of a national provider of specialist community equipment, a new provider has been identified but this has led to delay in access to equipment which is crucial for the delivery of care. We are actively working to support the new company to provide timely access and are carrying out clinical harm reviews in relation to lack of equipment.
In addition to this the committee agreed the closure of a patient safety alert issued in 2023 in relation to the management of risks of entrapment due to bed rails. We have completed all actions, we prescribe and do the initial safety review, however the ongoing annual reviews are carried out by Adult Social Care and our assurance only dates back to October 2023 because prior to this there was no system in place. Most other Trusts are in a similar position and. the risk has been added to the Trust risk register, and the Committee was advised about further mitigations including falls prevention work, harm review processes, and policy updates. This relates to our Community Directorate.

Further to significant **increases in use of restraint on Child and Adolescent Inpatient wards (Highfield and Meadows unit, Oxford, and Marlborough House, Swindon),** the Committee received a deep dive into the model of care in inpatient settings, the changing and increasing complexity of patient needs, and challenges in balancing safety, welfare and the rights of patients.

Most restraint is used to protect patients from self-harm (54%) or to contain violence (33%). With 438 incidents reported over a 13-month period (July 24 to July 25) Oxford Health during the last quarter of 24/25 is represented in the upper range for restraint incidents on the NHS Minimum data set. Clinical teams are aware that the setting itself, irrespective of its therapeutic offering, can be traumatic and that peer behaviour is frequently unsettling. Staff demonstrated care, compassion and professionalism in talking about their patient group and presenting their improvement opportunities. These include further training, engaging patients and their families in safety planning, environmental improvements, educational and social therapeutic activities, and a QI project aimed at reducing headbanging activity.

A business case has been submitted to the Provider Collaborative to support training and increase staff establishment on Highfield and Marlborough House. For the longer term the team were keen to look at alternatives to admissions – where this could be managed safely and were overwhelmingly backed by the Committee in doing so. We agreed to review progress in 9 months' (June '26).

In reviewing the quality and safety dashboard (a composite of indicators) we were encouraged by **no new additions to the teams under enhanced review** – two of which are already mentioned in this report as above, the other two include Adult Community mental health teams in Oxfordshire. While the the Committee noted the significant amount of support which has been provided, we remain concerned that those 2 teams may require deeper transformation. We will take a longer discussion on these teams at the next meeting – meanwhile the City and NE Oxon AMHT is now fully recruited on the medical side. There are no teams in the Community Directorate on enhanced monitoring.

The Committee **discussed and agreed ratings for strategic risks falling within its remit on the Board Assurance Framework**. These include timely access to services (16), delivery of quality and safety standards (10), partnerships and system working (12) and delivering culture of improvement, research and innovation (12). We will review each risk in more detail over our next four meetings.

The committee received a report on **the safety of the physical estate**, an annual report reviewing activity in the previous year. As the team are in transition to a new structure and computer aided FM system, there is a need to rethink reporting requirements and overarching governance. This will be actioned before the next QC.

For Assurance (to note)

The Committee wishes to assure the Board of the following three areas of work.

We received and discussed the **Safeguarding Annual Report 2024/25** aimed at supporting our staff and partners across 5 counties. As expected, this activity continues to increase -referrals to the team for adult enquiries from 687 to 955 over the last year, and for child enquiries from 220-274. We received a detailed report and were assured that as a Trust we are well led in this domain and meet statutory obligations. Staff are better trained, the focus has been on mental capacity act, with evidence of increasing awareness, active reporting and a culture of openness. For 25/6 the team will continue to focus on domestic violence, exploitation, neglect and seeking evidence of practice change following learning events/ safeguarding reviews.

We reviewed progress with the **Patient, Carer and Race Equality framework and were assured that there are clear and trackable workstreams** falling under this programme, including focus on data quality. Aspects of the programme that fall within the Mental Health Act (e.g. detentions) are reported via the Mental Health and Law board subcommittee.

The Committee received the **Trust Policy Register Q2 report** which identified 11policies out of 172 which have lapsed review dates. There are plans to bring these in line in the next quarter.

Children and Young People's Mental Health

Director of Public Health Annual Report 2024/2025



A stitch in time:

Supporting the mental wellbeing of young people today to improve their prospects for tomorrow

OXFORDSHIRE COUNTY COUNCIL

Foreword from Ansaf Azhar



It is that time of the year again where I launch my Director of Public Health report for year 2024/25. As I do every year, I use my report to shine the spotlight on an important issue to create a call for action across all our partners in Oxfordshire.

Last year, we focused on the interplay between climate and health, and we reframed the debate on how climate interventions not only improve our environment across the globe over the long term but also improved our own health and wellbeing immediately.

This year, as we become a "Marmot County", I want to focus on the mental wellbeing of our children and young people as a means to positively influence their future opportunities. Again, like last year, I would like to reframe our thinking around this.

Over the last few years, we have seen significant increase in the referral of young people into specialist mental health service provision. The drivers for this are multifactorial, complex and not fully understood. However, they will include an element of real increase in children and young people with mental health problems as well as an increase in diagnostic classifications and awareness.

Firstly, there is likely to be a small but significant increase in mental health conditions in young people for which mental health services are required.

However, it is likely that there is also a significant increase in lower level emotional and mental wellbeing issues coupled with anxiety disorders amongst our young people.

With support and early intervention, these cases often do not require referral to specialist clinical interventions. There is also a need to recognise that mental health, like physical health, can vary day to day and this is a normal part of life. It's important that our young people have the right tools to deal with their mental health fluctuations enabling them to build their resilience and deal with the day-to-day challenges of life and to realise their potential. The vast array of preventative and self-help wellbeing provisions available in Oxfordshire can be extremely helpful in these circumstances.

In some cases, these programmes can also help young people while they wait to be seen by a specialist.

It is important we see all our young people from diverse backgrounds as assets and their mental health is not a barrier to reaching their full potential. For this, all statutory partners and settings have a key role to play in maximising the potential of young people taking their differences into account and ensuring they are ready for the future in a way that reflects their individuality. In addition to this, our families, friends and communities can play a vital role in encouraging these preventative wellbeing approaches.

During the post COVID years we have seen a substantial rise in economic inactivity in both young people and older adults, reducing the growth of the working population significantly. This is happening at a time when healthy life expectancy is declining across country. This means we see a rising number of people living with long term ill health and having caring needs. In young people, one of the main drivers for economic inactivity is poor mental wellbeing.

2024/25 Director of Public Health Annual Report



We also know that economic inactivity as well as unstable and unsatisfying employment can lead to poor mental and emotional wellbeing amongst our young people, thus creating a strong viscous cycle.

We can better address this issue by looking at the situation in a different way. We need to embed mental wellbeing support across the county, particularly supporting children and young adults in early years, throughout education and through the transition from education to employment.

We know the needs of Oxfordshire in the next couple of decades is going to be widely variable and we must map these skills and roles required to fulfil these needs. They are unlikely to come solely through traditional academic qualifications.

Our apprenticeships model should recognise the value of diversity in our society, and in meeting the community, skills and economic development needs of Oxfordshire. Our anchor institutions should come together in creating career opportunities for all, with a particular focus on transition to employment and on retraining to meet the future skills demands of the county.

As we become a "Marmot County" and have agreed to focus on early years as part of this, it feels timely that we come together to not only protect and improve the wellbeing of our young people, but also to create a productive and inclusive workforce that is fit to meet the challenging future needs of Oxfordshire.

I hope you enjoy this report, and it inspires you to capitalise on this moment and come together to make a once in a generation positive change to our young people's mental wellbeing and the future of Oxfordshire.

Ansaf Azhar

Director of Public Health and Communities

Contents

1 Introduction **7**

1.0 Mental health and wellbeing in children and young people 7

1.1 Defining mental health 8

1.2 What are the consequences of poor mental health in children and young people? 9

1.3 What are the objectives and aims of this report? 10

2 Changing mental health among children and young people **11**

2.0 What is the global and national picture of mental health in children and young people? 11

2.1 What is happening in Oxfordshire? 13

2.2 What could be behind the rise in mental health problems in Oxfordshire? 16

3 Mental health and unemployment **18**

3.0 Why is economic activity important for mental health? 18

3.1 What barriers prevent young people from being economically active? 19

3.2 How does unemployment also act as a precursor to mental health problems? 20

3.3 How does poor mental health lead to unemployment or low-quality employment? 22

3.4 What are current trends in young people who are not in employment, education or training? 24

2024/25 Director of Public Health Annual Report

4 What do we know works? **27**

4.0 What interventions can tackle mental health problems in children and young people? 27

4.1 What works for individuals and families? 28

4.2 What works at the community and wider environment and society level? 29

5 What's happening in Oxfordshire **30**

5.0 What are we doing in Oxfordshire 30

5.1 Actions at the individual level 31

5.2 Actions at the interpersonal relationship level? 34

5.3 Actions at the local community level 36

5.4 Actions at the broader environment and society level 42

6 Recommendations **46**

6.0 Introduction 46

6.1 Key recommendations 46

Acknowledgements **49**

References **50**

2024/25 Director of Public Health Annual Report

1 Introduction

1.0 Mental health and wellbeing in children and young people

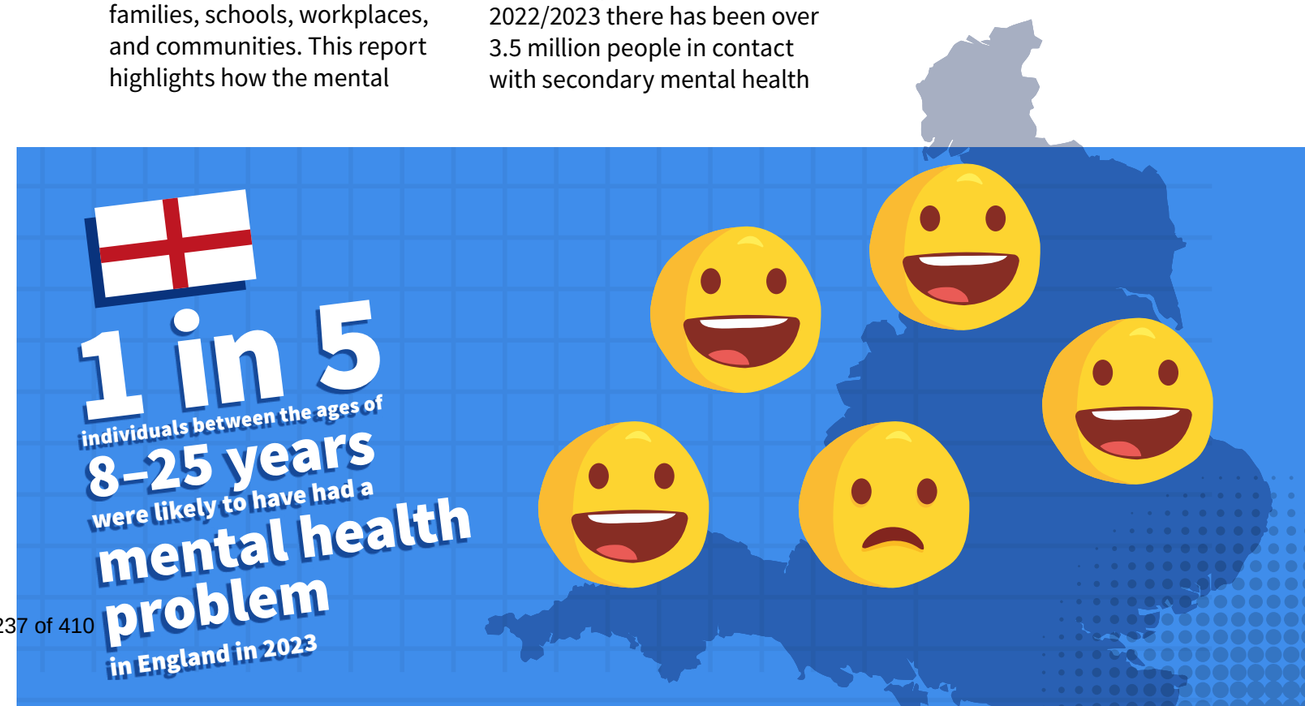


For children and young people to lead healthy, fulfilling, and happy lives, good mental health is essential.

It is central to overall wellbeing and allows children and young people to take advantage of opportunities that present throughout life. However, providing support for children and young people facing mental health problems and fostering good mental health is complex, and remains an ongoing challenge that demands collective effort from the individual, their families, schools, workplaces, and communities. This report highlights how the mental health of children and young people in Oxfordshire – those aged up to 25 years – is changing and what can be done to manage this change.

Improving the population's mental health has been a national priority in the past decade[1]. Despite this, the burden of mental health problems remains substantial and continues to grow for individuals of all ages, with 10 per cent of working age people reporting signs of a mental health problem[2] and this number has grown fastest in those aged 16–34. Also, in 2022/2023 there has been over 3.5 million people in contact with secondary mental health services, a 10 per cent increase compared to 2021/2022[3].

An estimated 1 in 5 individuals between the ages of 8–25 years were likely to have had a mental health problem in England in 2023[4], with referrals to child and adolescent mental health services (CAMHS) in England increasing by around 12 per cent each year since 2016[5].



1.1 Defining mental health

The World Health Organisation[6] defines mental health as 'a state of wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community'.

This definition references how mental health relates to the person themselves, their relationships, and their ability to function in and contribute to a society.

Because mental health affects how people experience and respond to the world around them, it influences all aspects of life and is integral to individual and collective decision making.

Discussion of mental health is therefore complex, and it is important to acknowledge that definitions of mental health problems can differ between contexts.

This report includes data from various sources that are sometimes not directly comparable.

For example, some sources record mental health based on patients reporting their own experiences, where in other contexts, rates of prescriptions for commonly used drugs are used as an indicator for mental health problems or mental health problems are differentiated by whether or not they limit capacity for work. We aim to make this clear throughout the report where necessary.

The landscape of mental health can include discussion of wellbeing, and emotional wellbeing.

Therefore, interventions intended to support wellbeing may be different to mental health interventions. There is frequently crossover, and these can be protective of, or beneficial to mental health.

Additionally, mental health problems frequently occur alongside other conditions. Certain diagnoses, such as autism or attention deficit hyperactivity disorder, are widely acknowledged to increase the risk of mental health problems but are not in themselves mental health problems.

The mental health landscape includes self-harm, suicide, and severe mental health problems. These are important and Oxfordshire's Suicide and Self-Harm Prevention Strategy is currently being refreshed and will be published in 2025.

The scope of this report does not focus on clinical management of mental health problems, but on the wider picture of mental health including exploring the factors influencing trends in mental health, and potential systems approaches to protecting and supporting the mental health of children and young people.



Mental Health Language



While we all have different ways of talking about our mental health, some words and phrases are more respectful and widely accepted by others.

As more people talk about their mental health, the language we use about mental health is changing. This can have a positive impact on the stigma of mental ill health. Mental health problems is a phrase that many people who experience them have said feels appropriate and helpful for them, we therefore use this phrase throughout this report.

Mind[7] and the Mental Health Foundation[8] .

2024/25 Director of Public Health Annual Report

1.2 What are the consequences of poor mental health in children and young people?

Mental health problems in children and young people are interlinked with physical and emotional wellbeing, and impact individuals, families and surrounding communities.

For instance, mental health problems in childhood have been linked with a wide range of emotional and behavioural impacts such as reduced sleep quality[9], increased risk of self-harm and suicide[10], greater rates of alcohol or illicit drug use[11] , and challenges with attention and conduct at school[12].

There is growing awareness of the physical health consequences of mental health problems, including difficulties with maintaining a healthy weight[13], issues with sticking to treatment for medical conditions such as type 1 diabetes mellitus[14] and higher risks of developing chronic conditions such as heart disease in adulthood[15].

Mental health problems in children and young people are also linked with social outcomes such as lower school readiness, higher school absenteeism and lower educational attainment[16].

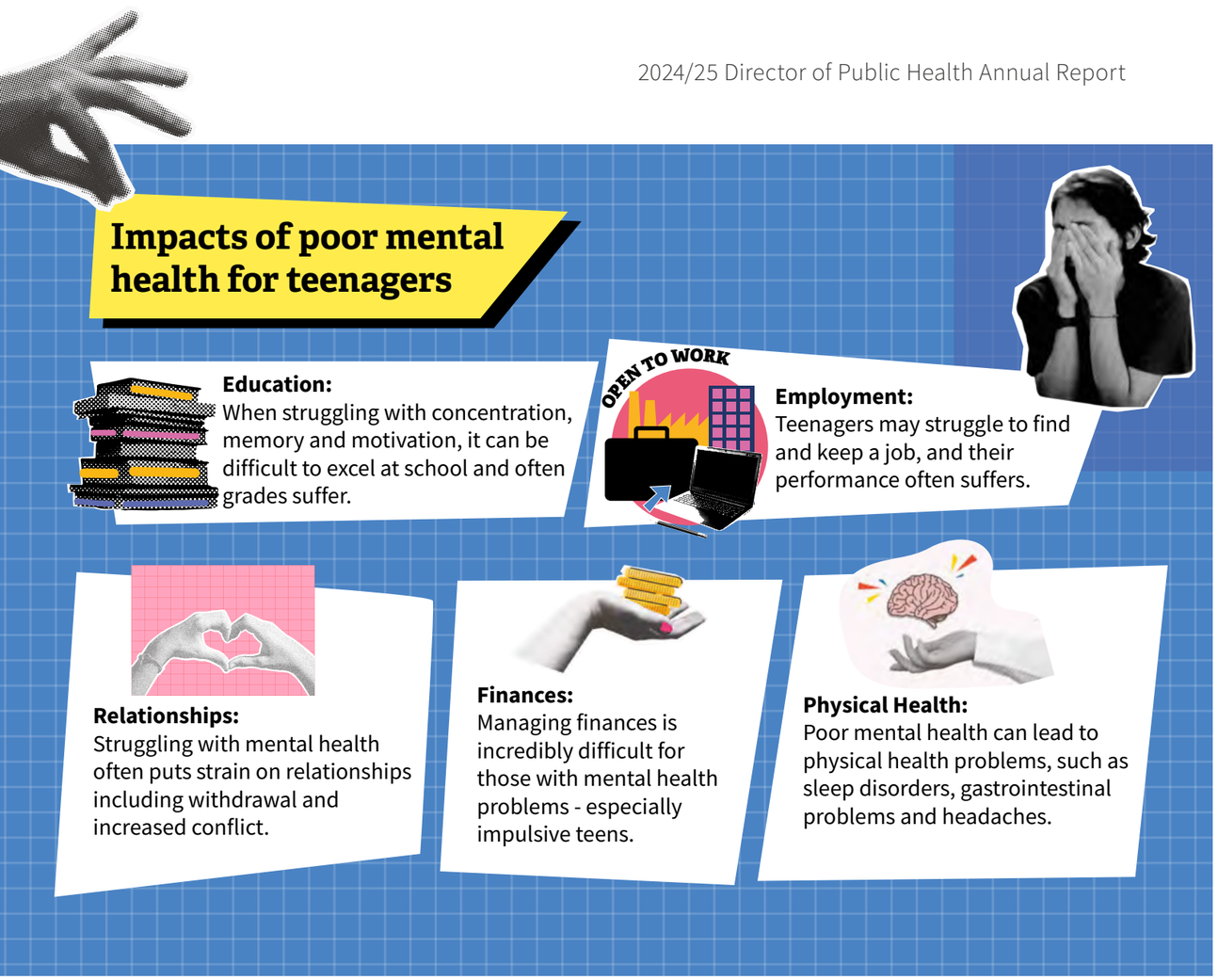
Difficult family environments including domestic violence, abuse, or neglect are also strongly related to mental health problems in children, with individuals in such family conditions being more than twice as likely to have a mental health problem than those in more stable families[17].

This can have significant implications for employment and training opportunities, with adults that report mental health problems at an early age less likely to be in employment, education and training, and more likely to hold lower-quality jobs[18].

Finally, mental health problems are strongly linked to inequality, with children from lower-income families around four times more likely to experience mental health problems than those from higher-income families.

This can be cyclical, with mental health problems being worsened by factors associated with deprivation such as unemployment or poor housing, while also being a barrier to taking actions to improve living conditions.

Promoting and enabling good mental health is therefore a vital component to reducing health differences within communities to break the cycle of negative thoughts reinforcing each other.



1.3 What are the objectives and aims of this report?

Supporting and improving the mental health and wellbeing of children and young people is paramount to building a thriving society.

This report provides an overview of mental health and wellbeing of children and young people in Oxfordshire, highlighting the potential drivers for changes in mental health over the past decade.

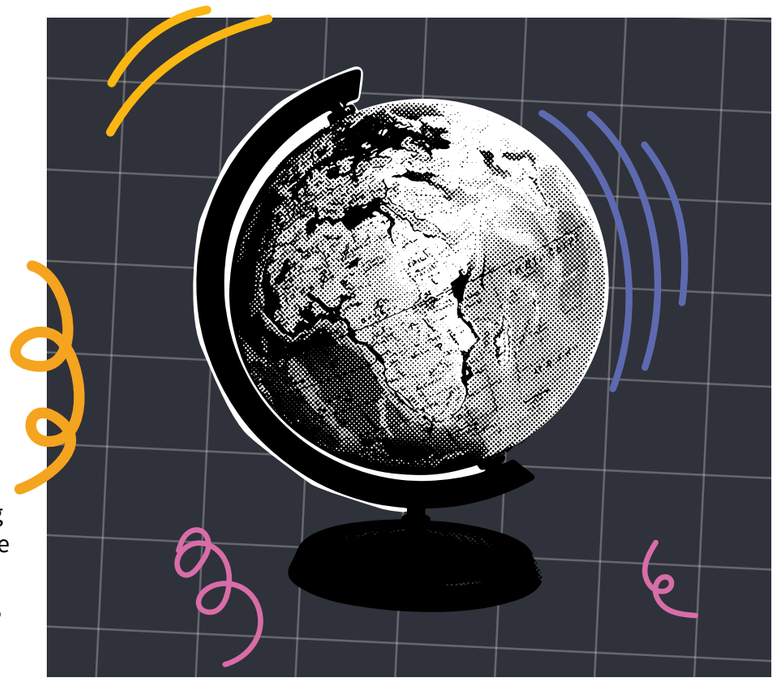
It will also explore the intricate relationship between mental health and employment, emphasising the challenges and barriers that young people with mental health problems face during this transition period to adulthood.

This report describes what we can do to tackle this growing issue, examining the current evidence base behind interventions aimed at improving mental wellbeing, and showcasing the ongoing efforts in Oxfordshire to support local children and their families.

Lastly, it will outline the recommendations aimed at improving the mental health of all children and young people in Oxfordshire.

2 Changing mental health among children and young people

2.0 What is the global and national picture of mental health in children and young people?



Mental health problems among children and young people have been increasing at an alarming rate over the past few decades, with an estimated 166 million young people suffering from a mental health problem in 2019 – roughly equivalent to 1 in 7[19].

Depression and anxiety are now ranked as the fourth and seventh biggest contributors to poor health in children globally. In comparison to 1990, the overall burden from mental health problems in children and young people has grown by 15 per cent, with the United Kingdom having one of the higher rates of young people diagnosed with new mental health problems compared to other countries in western Europe[20].

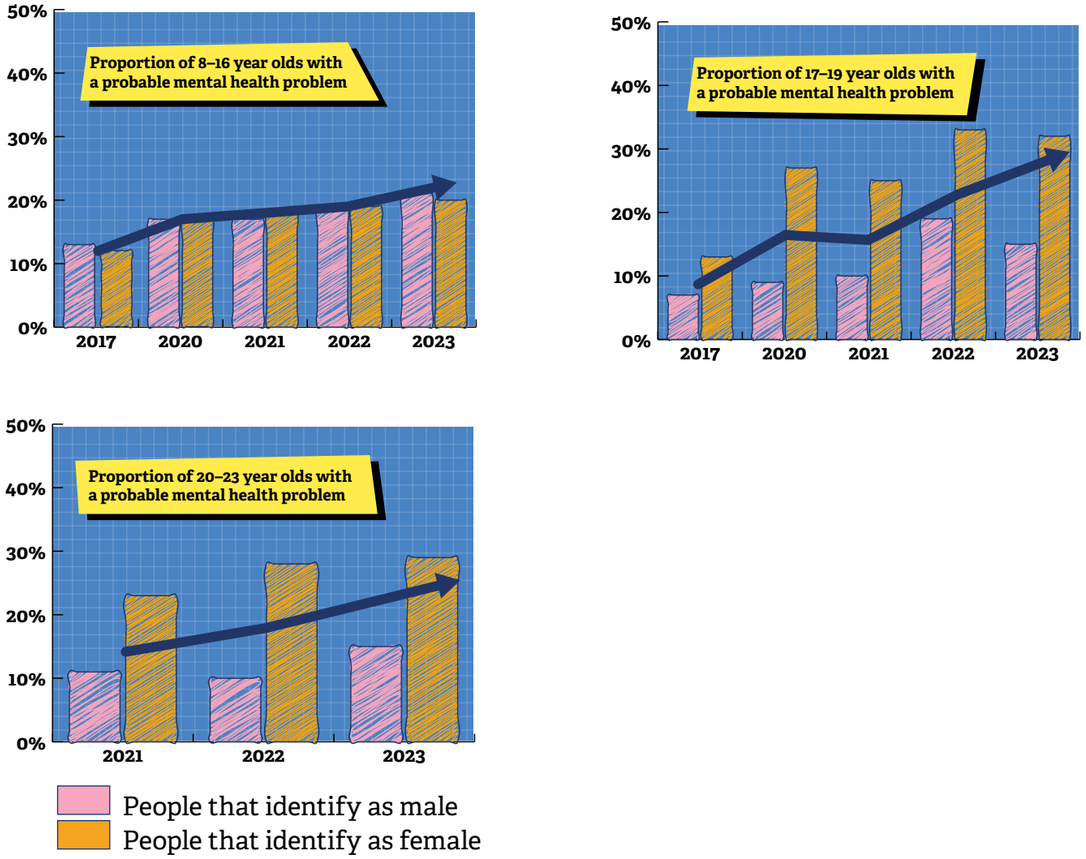
In England, it is estimated that approximately 1 in 5 children and young people aged 8–25 had a probable mental health problem in 2023, as defined by scoring highly on the strengths and difficulties questionnaire – a questionnaire used to assess children's mental health[21].

This has risen sharply in recent times, with around a 66 per cent increase in 8–16 year olds and more than a doubling in 17–19 year olds since 2017. Since 2021, there has also been a 30 per cent increase in probable mental health problems amongst those aged 20–23, with young women experiencing approximately twice as many probable mental health problems as young men.

The rise in mental health problems in children and young people in England between 2017 and 2023

Graphs showing the rise in mental health problems in children and young people in England between 2017 and 2023.

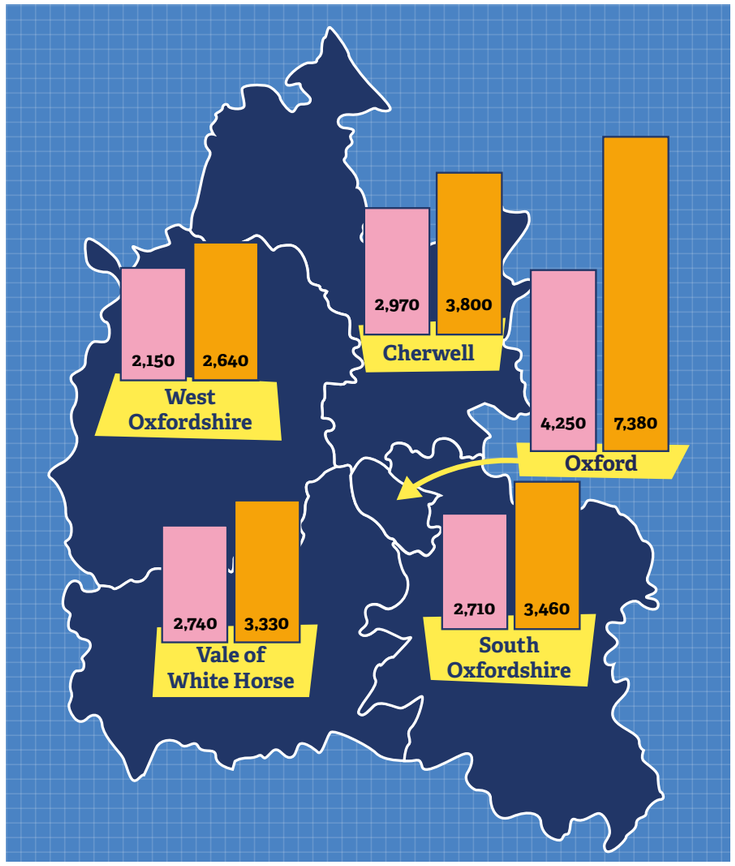
Source: Mental health of children and young people in England 2023 survey[22].



2.1 What is happening in Oxfordshire?

Oxfordshire has also observed changes in the mental health and wellbeing of its children and young people. This is particularly important given the high proportion of students in the county. Using national estimates, around 35,000 of Oxfordshire's children and young people were likely to have had mental health problems in 2023.

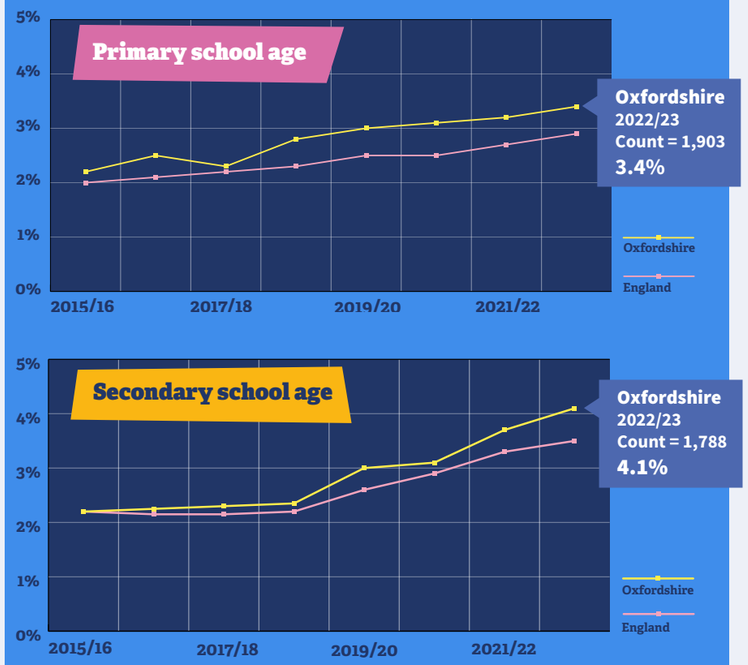
Caption: These numbers have been generated by applying national estimates of prevalence of probable mental health problems in children and young people (from Mental Health of Children and Young People in England Survey 2023) to the ONS mid-population estimates for Oxfordshire in 2023. This estimate includes the student population.



Estimated burden of mental health problems in children and young people by Oxfordshire districts in 2023.

2024/25 Director of Public Health Annual Report

The number of school children with special education needs (SEN) who are identified as having social, emotional and mental health as the primary type of need, as a percentage of all school pupils (academic years).



Referrals to secondary mental health services have steadily increased across all childhood age groups, with an 83 per cent rise between 2016/2017 and 2019/2020 for ages 0–9, a 58 per cent rise for ages 10–19, and a 36 per cent rise for ages 20–24[23].

These increases are significantly greater than those seen in individuals aged 25 and older. Overall, an estimated 11 per cent of 0–19 year olds were referred to secondary mental health services in 2022/2023, one of the highest rates in the south east region[24,25].

The proportion of children receiving support in school for a special educational need, with social, emotional and mental health identified as the primary need, has also been steadily rising in Oxfordshire and nationally, with growth in Oxfordshire outpacing the national trend.

In Oxfordshire, we have observed not only an increase in the number of children requiring specialist mental health support, but also a growing number of children and young people with mental health needs below the threshold for referral for clinical services.

Approximately 48 per cent of referrals to CAMHS were assessed as needing alternative support pathways rather than specialist CAMHS care, suggesting a rising number of children who may be living with mild-to-moderate symptoms of mental health problems[26]. This also suggests challenges in identifying appropriate alternative support for these young people from other relevant organisations in the county.

The 2023 OxWell School Survey provided deeper insights into the mental health and wellbeing of children in Oxfordshire. A significant proportion of pupils reported that mental health problems impact their daily lives, including over half of pupils aged 17–18 years. Additionally, around one in five students reported feeling lonely and one in four reported often or always feeling sad or empty [27].

Special educational needs are distinct from (although they can occur alongside) mental health problems. However, the number of children with special educational needs that impact their educational experience has also risen. The prevalence of autism among students known to schools is significantly higher in Oxfordshire compared to the national average.

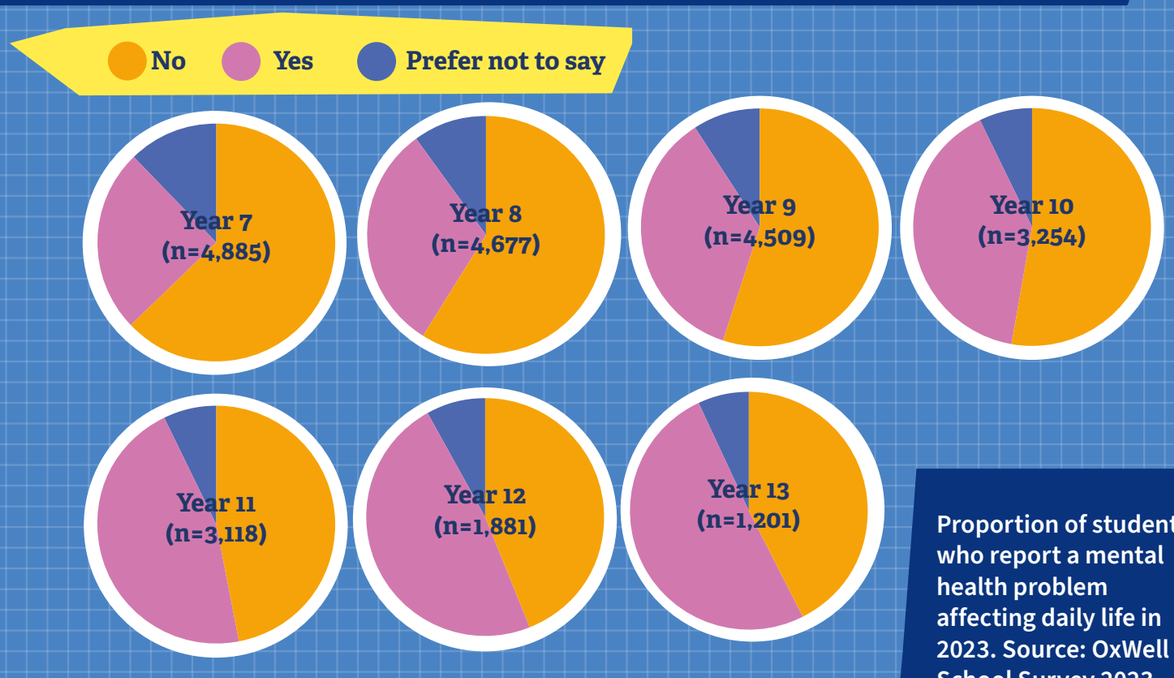
In 2020, approximately 20 out of every 1,000 pupils in Oxfordshire were recorded as having autism, a figure that has more than doubled since 2015[28]. Though this should not be conflated with the rise in mental health problems, it is relevant to the discussion around diverse needs in education, as well as demand for services such as CAMHS and educational psychology.

Within Oxfordshire, striking inequalities in mental health and wellbeing are evident.

Around a quarter of children aged 8–16 years with mental health problems have a parent who is unable to afford out of school activities, compared with around 1 in 10 children who do not report mental health problems [29]. More deprived areas such as Greater Leys have approximately 6.5 times the rate of self-harm as less deprived areas such as north central Oxford[30].

Student responses to mental health, self-harm, and mental health services questions

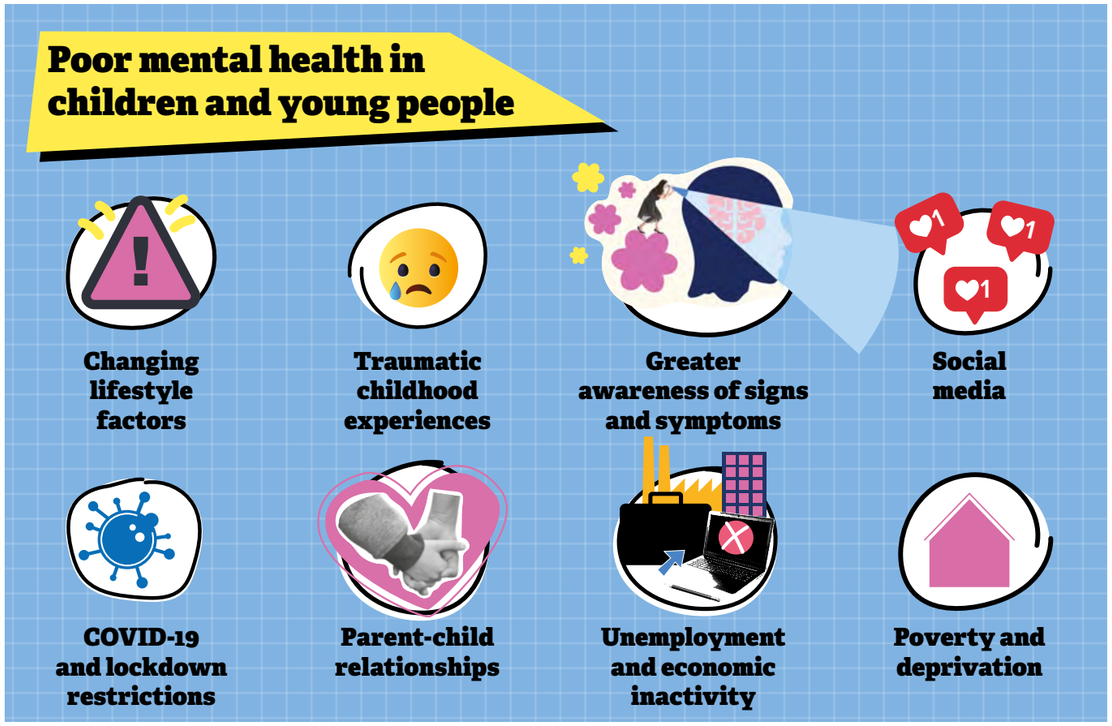
Have a mental health problem affecting daily life (n=23,525)



Proportion of students who report a mental health problem affecting daily life in 2023. Source: OxWell School Survey 2023.

2.2 What could be behind the rise in mental health problems in Oxfordshire?

Due to the wide range of drivers that can affect and impact youth mental health, several factors are likely to have contributed to the rise in mental health problems in children and young people in Oxfordshire.



Changing behaviours

Changing behaviours have played a key role in the worsening mental health in children and young people. Reduced levels of physical activity have been linked with mental health problems[31]. Recent survey data suggesting that children aged 11–16 with a likely mental health problem were more than four times more likely to not have exercised in the previous seven days than children without a probable mental health problem[32]. Although Oxfordshire still has a higher proportion of children and young people who are physically active than nationally, this has declined since 2019[33].

Rising costs of living especially in counties such as Oxfordshire, where the cost of housing is high relative to incomes has also played a role. This has led to changes in family dynamics with young people living with families for longer, which can impact on their lifestyles and their mental health.

Substance use also continues to an important contributor to mental health problems, with nearly half of young people starting substance use treatment reporting a co-existing mental health problem[34].

2024/25 Director of Public Health Annual Report

Traumatic childhood experiences

Stressful and traumatic events during childhood are strongly linked to mental health problems in childhood and later in life. An estimated 3 in 4 adolescents who have experienced traumatic childhood experiences develop mental health problems by the age of 18[35]. Prevention of these events remains a priority in Oxfordshire, where the number of domestic abuse crimes involving children in Oxfordshire has been increasing since 2012[36].

Better awareness of mental health problems in children and young people

Greater awareness of the symptoms suggestive of mental health problems in children has contributed to higher referral rates and demand for services.

A growing awareness of the support available and a reduction in the stigma attached to mental health support may also be contributing to the growth in people seeking help. This has also been seen in other areas, such as higher rates of referral for autism spectrum disorder and attention deficit hyperactivity disorder [37].

Social media

The growth of social media has helped children and young people to connect with others and develop relationships and communities. However, social media has also provided a platform for harmful content such as harassment and cyberbullying, which can have severe detrimental effects on a person's health and wellbeing and has been significantly linked with depression and anxiety[38]. This is an important factor for Oxfordshire, where an estimated 37 per cent of children aged 8–18 years spend around four hours on social media each day[39].

COVID-19 pandemic and lockdown restrictions

A particularly important factor has been the consequences from lockdown restrictions during the COVID-19 pandemic – symptoms of social isolation, depression and post-traumatic stress disorder were found to have increased substantially during lockdown compared to before the pandemic[40]. In particular, evidence has suggested that the pandemic was more likely to impact girls and young women, disadvantaged children and those with special educational needs and disabilities (SEND) requirements, contributing to the rise in mental health problems in these specific populations[41].

Parent child relationships

There is a growing understanding of the importance of a strong parent-child relationship for the wellbeing of children. Factors such as family disruption, parenting distress, and the use of harsh discipline are linked with a greater risk of developing behavioural problems, whilst nurturing and responsive parenting are associated with better wellbeing during childhood[42]. Recent research has also highlighted that relationships, emotional wellbeing and development in the earliest years of life predict later learning, earning, emotional and social skills and mental and physical health [43].

Unemployment, poverty and deprivation

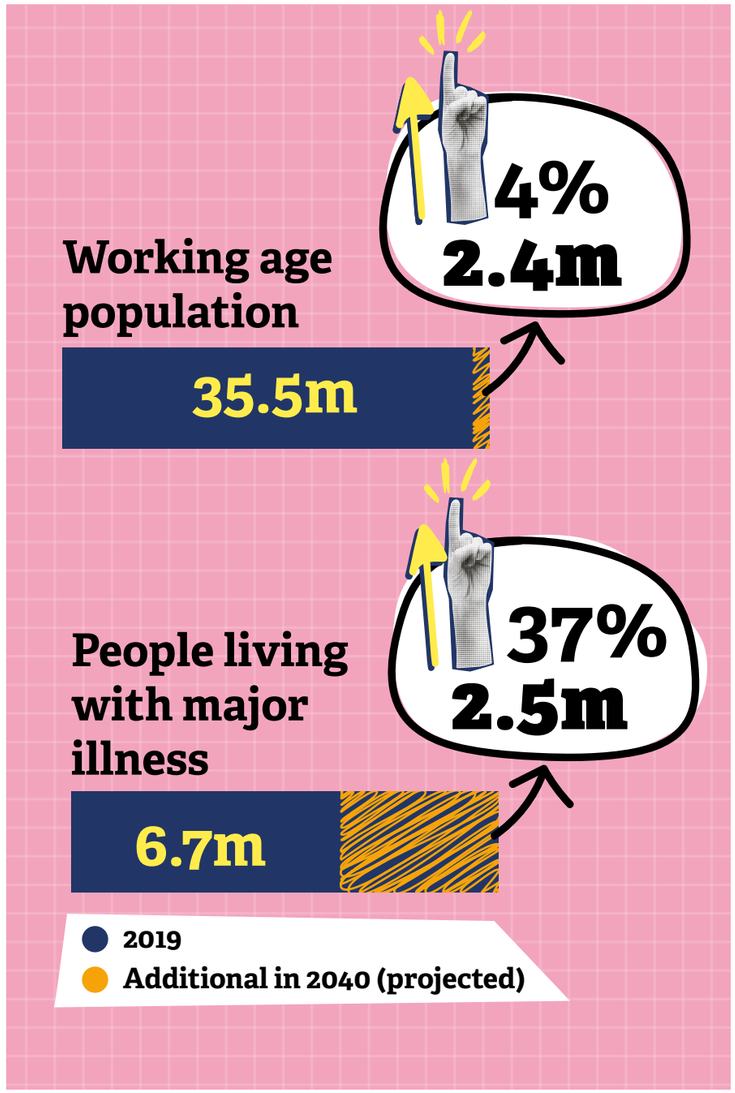
Unemployment can have a significant impact on young people's mental health, leading to challenges such as financial stress and social isolation. It can also lead to poverty and deprivation, which continue to be a significant area of concern for children and young people. The importance of this issue is explored in more detail in the next chapter.

3 Mental health and unemployment

3.0 Why is economic activity important for mental health?

Research has highlighted the harmful effects of unemployment on both physical and mental health[44]. Being unemployed or working in poor-quality jobs can result in financial strain, increased stress, and a heightened risk of mental health problems such as depression. In turn, mental health problems can significantly impact a person's capacity to find and maintain employment[45].

Mental health among working age people is critical to economic growth. It is particularly important as an ageing population and rising levels of chronic conditions are forecast to increase the number of people living with illness by 37 per cent by 2040, a rise which will not be matched by the estimated four per cent growth in the working population[46].



Source: Health in 2040: projected patterns of illness in England - The Health Foundation.

3.1 What barriers prevent young people from being economically active?

The current generation of young people face several challenges to entering the employment market and remaining in education and training.

The transition into adulthood can be a highly stressful period of life, marked by challenges such as gaining independence, maintaining relationships, and managing finances, with support often being limited or difficult to access.

This has become more difficult in recent years due to a variety of factors including where salaries have failed to keep up with rising costs of areas such as groceries and housing[47].

Competition ratios for entry-level jobs, particularly for recent graduates, have also grown substantially in some sectors, making it more difficult for young people to find quality employment opportunities[48].



Source: Youth employment outlook report 2024 – Youth Futures Foundation[49].

3.2 How does unemployment also act as a precursor to mental health problems?

Unemployment and lack of opportunities in education and training also drives poor mental health through several other mechanisms.

Intergenerational influence

Intergenerational influence refers to the impact that previous generations have on the children and young people of today, particularly on aspects such as behaviours, values, and socio-economic status.

Worklessness in the previous generation in a family can lead to financial strain, exposing children and young people to stressors such as inadequate housing and poor nutrition, as well as impacting on their expectations and aspirations.

The effect of intergenerational worklessness shows that children raised by parents who have been out of work were more likely to have poorer educational attainment and to not be in education, employment or training[50].

Deprivation and poverty

Unemployment can lead to deprivation and poverty, which has subsequent negative impacts on mental health. There is a strong association between poverty and domestic violence. While domestic violence affects all types of people, its occurrence is higher among those living in more deprived neighbourhoods, lower income households, and among those experiencing severe debt[51].

It is also more difficult for individuals in more deprived areas to reach mental health support because there can be fewer services available, a stigma around poverty, and additional barriers such as lack of transport options.

In Oxfordshire, areas with higher rates of deprivation and unemployment also tend to have higher rates of children and young people with mental health problems and higher rates of unemployment[52].

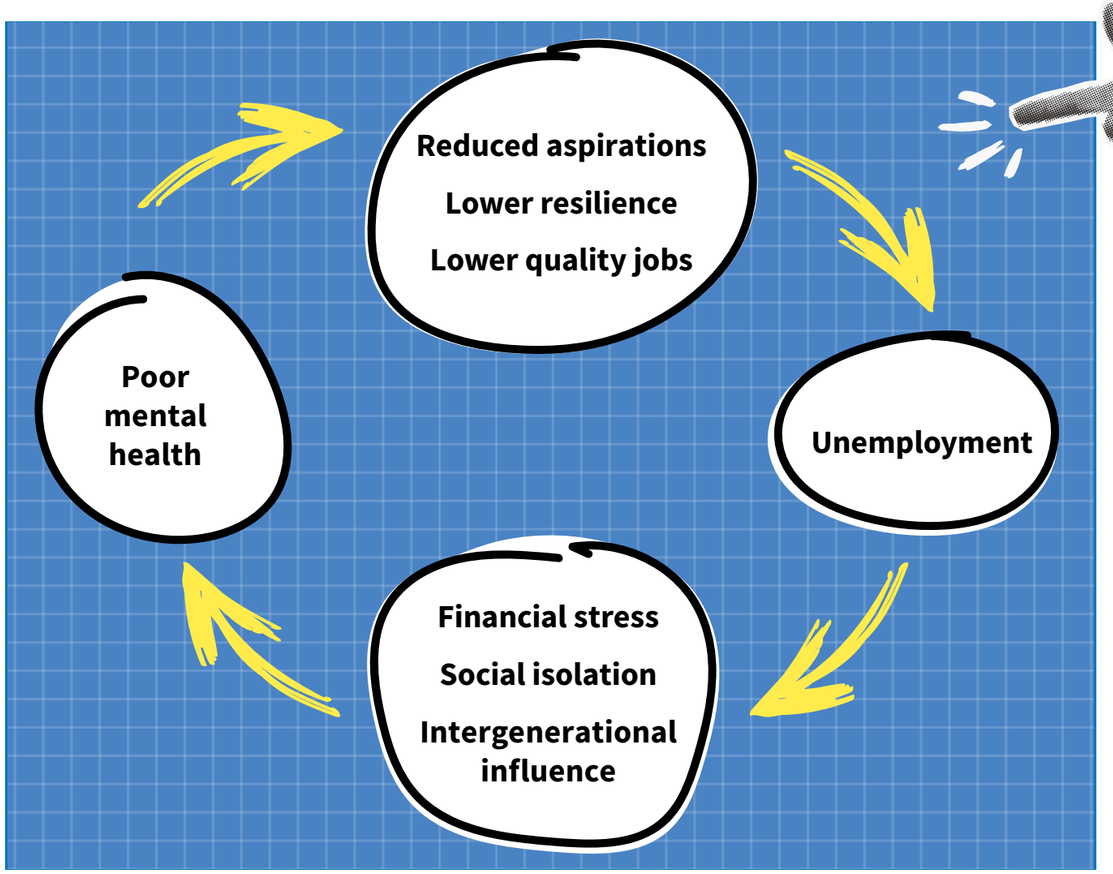
Social isolation

Loneliness is a key risk factor linked with mental health problems in young people, with strong associations to depression and anxiety[53].

Being in employment, education and training can be protective through providing opportunities to socialise, interact and connect with others, and in many cases having access to employee or student support and wellbeing programmes.

Furthermore, unemployment is associated with societal stigma, making it more difficult for individuals to seek support from others as well as financial strain that may exclude them from social activities.

2024/25 Director of Public Health Annual Report



Negative cycle of unemployment and poor mental health.

3.3 How does poor mental health lead to unemployment or low-quality employment?

A recent report from The Health Foundation[54] outlines the link between mental health and economic activity and highlighted some particularly worrying trends in the 16–34 age group.

It discusses mental health problems which are 'work-limiting' (where it is the primary health condition, and it affects the amount or type of work an individual can do) alongside mental health problems which are 'non-work-limiting'.

While both types have increased in frequency, the growth is larger in non-work-limiting mental health problems. The report discusses that their impact can be greatest among people with fewer qualifications further exacerbating inequalities.

Aspiration and resilience

Good mental health and wellbeing is important for fostering a person's resilience, aspiration and ability to look forward to the future.

Symptoms associated with poor mental health such as lack of energy, negative self-esteem, and excessive anxiety, can make it challenging to maintain motivation and engagement during employment and training. This can be especially important when seeking work.

A survey carried out in England in 2023 found less than a third of young people aged 17–23 years with a mental health problem reported a positive outlook on their job prospects, whilst more than two-thirds without mental health problems are optimistic about their future[55].

Educational attainment

Mental health problems significantly impact educational opportunities for children and young people, negatively affecting attendance and being related to lower educational achievement[56].

In turn, this impacts future employment opportunities where lower qualifications are associated with lower wages and employment rates[57].

Furthermore, the negative impacts of both reduced educational achievement and mental health problems can compound, with 33 per cent of non-graduates with mental health problems reporting unemployment compared to 19 per cent of non-graduates without such problems[58].

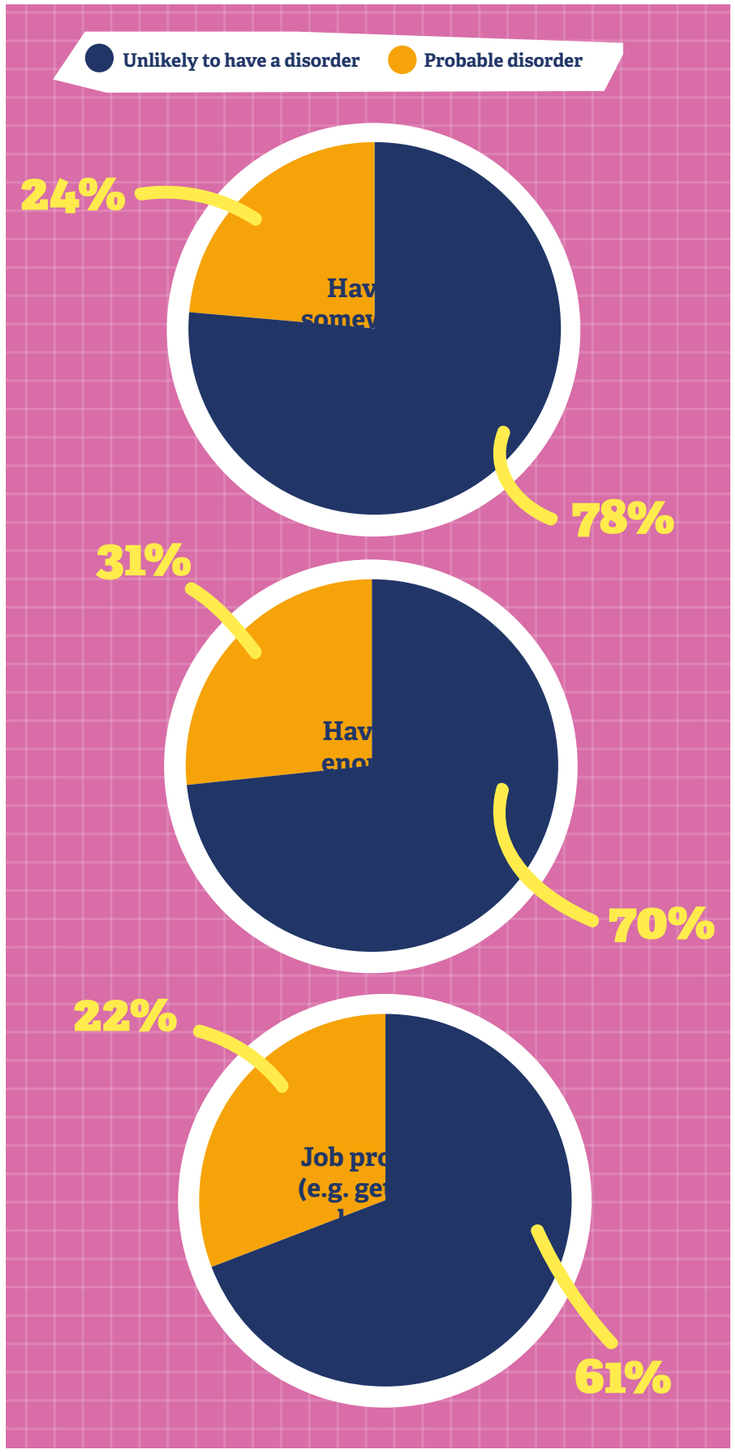
Quality of employment

The influence of mental health problems on aspiration, resilience and educational attainment, in addition to potential symptoms such as low energy, reduced concentration, and social anxiety can make it difficult to obtain and retain work.

This is particularly true of good quality jobs that are paid well, are secure and have regular hours[59]. 40 per cent of employees aged 18–24 years with mental health problems were on low hourly pay, compared to 35 per cent of employees without mental health problems. Additionally, 11 per cent of employees aged 18–24 years with mental health problems were on zero hours contracts, compared with six per cent of their peers[60].

Mental health problems can lead to more time away from work and the need for part-time or flexible working arrangements, making it challenging to sustain employment.

As individuals aged between 18–24 years report greater stress-related impacts due to work compared to those aged 55 and over[61], reasonable adjustments and workplace wellbeing is increasingly a priority.



Proportion of young people aged 17–23 years who feel optimistic about the future, by topic and mental health of young people.

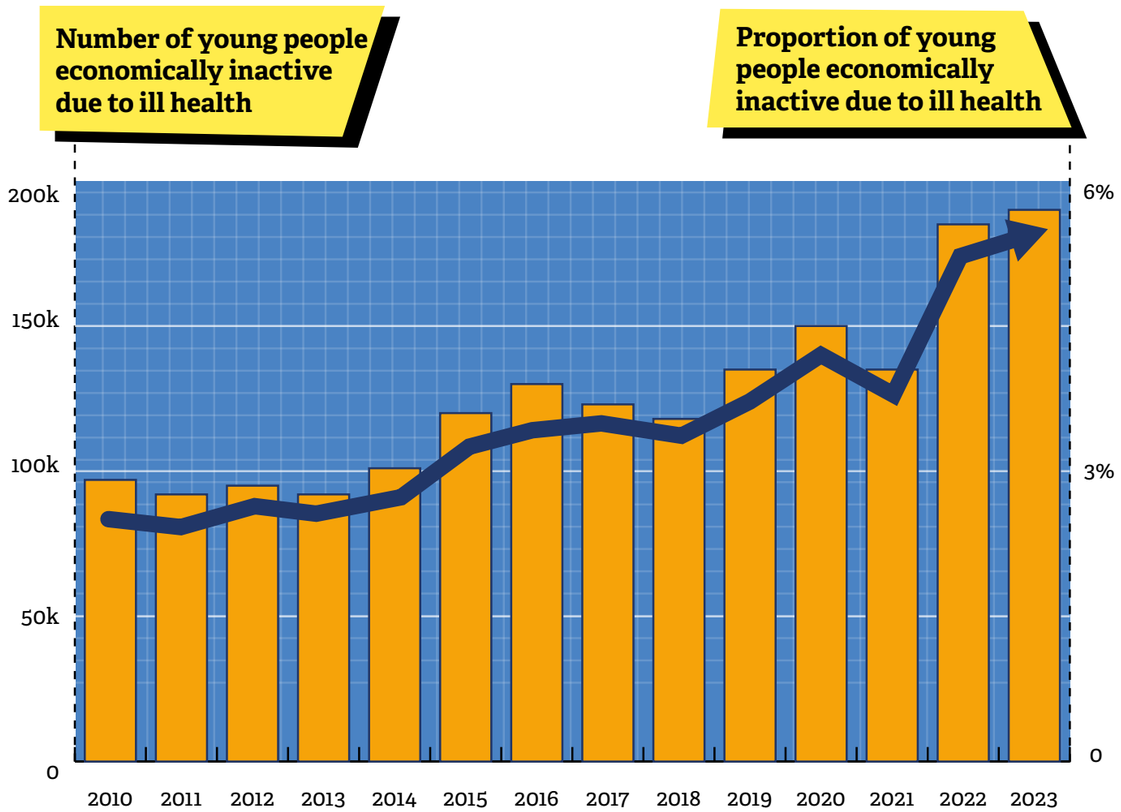
Source: The Resolution Foundation[62]

3.4 What are current trends in young people who are not in employment, education or training?

Overall, the percentage of young people in the United Kingdom aged 16–24 years who are not in education, employment or training (NEET) has decreased in the past decade, from 16 per cent of people aged 16–24 years in 2011 to 12 per cent in 2023[63].

However, the number of young people who are not working due to long term sickness has increased dramatically, almost doubling from around 93,000 in 2013 to around 190,000 in 2023 with mental health problems being the most common reason[64,65].

In 2023, 45 per cent of young people out of work aged 18–24 years reported a mental health problem compared to only 27 per cent of young people in work, a difference that has widened since 2014[66].



Graph showing economic inactivity due to ill health in young people between 2010-2023 in the UK. Source: The Resolution Foundation.

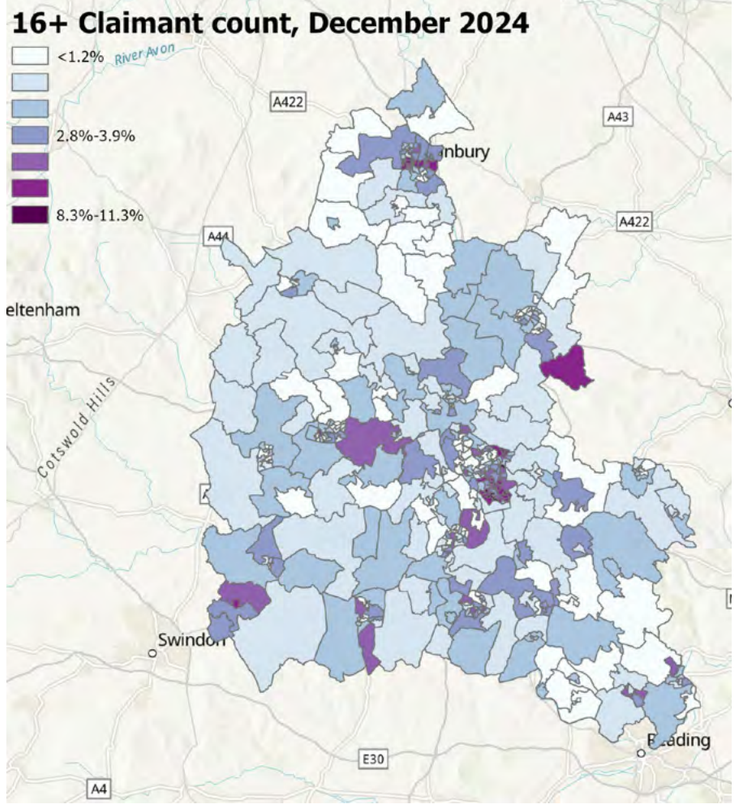
In Oxfordshire, the overall proportion of young people who are not in education, employment or training (NEET) is lower than other parts of England – around 4.4 per cent of 16–17 year olds in Oxfordshire were classified as NEET compared to 6.9 per cent regionally and 5.2 per cent nationally[67].

However, this has started to increase, and the number of students aged 16–18 who are NEET and reporting CAMHS input or mental health problems has risen since 2022.

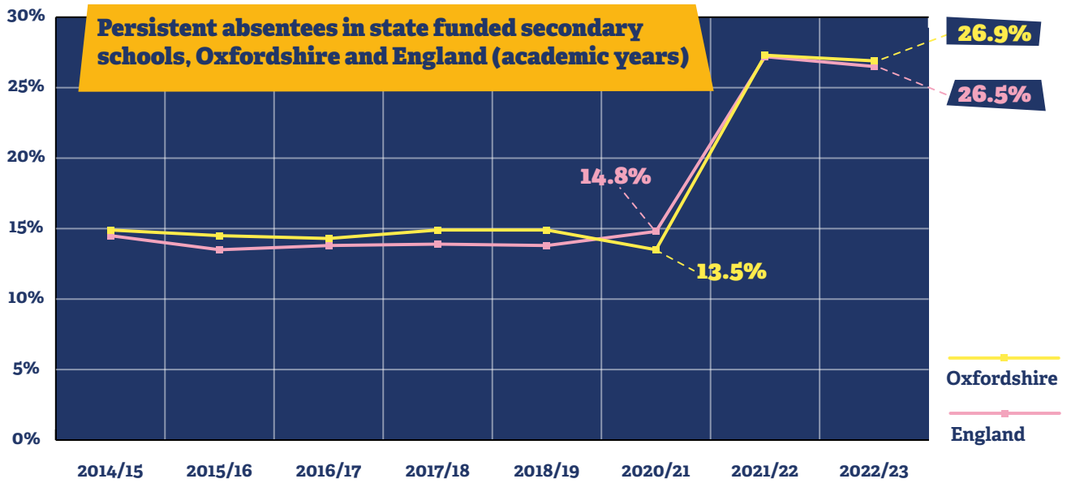
Although the proportion of individuals aged 16–24 years claiming unemployment in Oxfordshire is lower than the national average (3.6 per cent compared to 7.6 per cent), there remains significant differences in the proportion of unemployment between districts.

For example, the lowest rate in south Oxfordshire is at 1.8 per cent whilst the highest rate in Oxford city is at 5.2 per cent[68].

Inequalities are even greater when looking at some of the different communities in the county, with the number of claimants being much higher in more deprived areas such as Littlemore, compared to less deprived areas such as north Oxford[69].



Map showing the differences in proportion of working age population that are unemployed in Oxfordshire in 2024. Source: Oxfordshire County Council Data Hub



Percentage of children who are persistently absent (missing 10 per cent or more sessions / seven days across a term) from secondary schools. Source: Oxfordshire County Council Data Hub

When it comes to education, an issue of growing concern for Oxfordshire is the increase in rates of persistent absenteeism in secondary schools. If a pupil is persistently absent it means they miss 10 per cent or more of possible sessions at school or miss seven days or more across a school term.

The persistent absence rates in secondary schools in Oxfordshire for academic year 2022 to 2023 was 26.9 per cent[70] or 10,177 pupils which was similar to England at 26.5 per cent.

For primary schools pupils in Oxfordshire, 14.6 per cent or 6,806 children were persistently absent compared to 16.2 per cent for England.

2022 data showed the educational attainment of disadvantaged young people in Oxfordshire at GCSE level and the A-level point score are below national averages[71], and below that of their peers in other areas considered 'statistical neighbours' to Oxfordshire.

The same report showed that Oxfordshire ranks in the lowest 25 per cent nationally for educational attainment for disadvantaged children in early years development, Key Stage 1, Key Stage 2, and Key stage 4.

The gap between this disadvantaged cohort and their peers is greater in Oxfordshire than nationally, with disadvantaged pupils achieving 27 per cent below their peers in Oxfordshire in Key Stage 1 compared with 17 per cent nationally. Nationally this gap is reducing, however in Oxfordshire it has widened from 20 per cent in 2019 to 27 per cent in 2022.

Diverse educational and vocational routes - including apprenticeships - are vital to ensuring that young people have an accessible route to skilled employment. Oxfordshire has seen a slight decline in the number of people starting apprenticeships over the last five years, with a total of 3,640 in 2022/2023 compared to 3,771 in 2018/2019[72]. More encouragingly, the number of young people completing their apprenticeships has been gradually rising. Understanding the factors underpinning what makes an apprenticeship successful could provide insight into the training and employment landscape and suggest how apprenticeships can fit into a vision to fill our skills gaps in Oxfordshire.



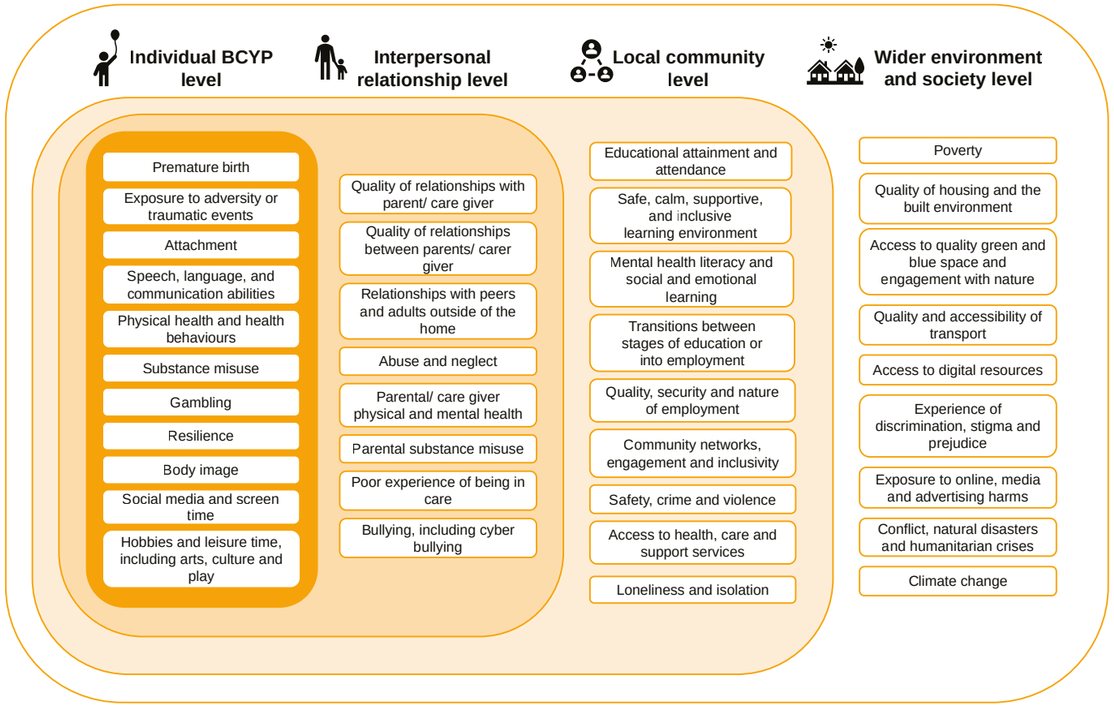
4 What do we know works?

4.0 What interventions can tackle mental health problems in children and young people?

As discussed in previous chapters, multiple factors including an individual's life circumstances, social relationships, and broader environment can influence their overall mental health and wellbeing. This has been outlined by the Department of Health and Social Care's Improving the Mental Health of Babies, Children, and Young People framework published in 2024, which highlight factors that can be targeted to improve mental health and wellbeing throughout childhood at the individual level, the interpersonal relationship level, the local community level, and the wider environment and society level[73].

Research is underway investigating the diverse and wide-ranging interventions that could positively impact the lives of children and their families, particularly for those that are at greater risk of developing such issues. This section explores the growing evidence base behind such interventions.





Improving the Mental Health of Babies, Children and Young People framework. Source: UK Government.

4.1 What works for individuals and families?

At the individual level

Interventions focusing on individuals aim to strengthen resilience and reduce the impact of stressors that negatively affect mental health.

Psychosocial interventions such as social-emotional learning and cognitive behavioural therapy are commonly utilised for treatment of mental health problems such as anxiety and depression, and have been shown to be effective with both short and longer term benefits[74].

Community-provided cognitive behaviour therapy can be particularly helpful early in the development of mental health problems and for those below the threshold for referral for specialist mental health clinical services[75,76]. Other approaches for children and young people who do not need specialist clinical support include initiatives that promote general wellbeing, such as sports, creative activities, supported access to nature, and participating in community or social groups. These have been shown to have direct mental health benefits and can complement more traditional interventions. This can be especially beneficial for people who may experience barriers asking for or accessing traditional mental health support[77].

Interpersonal relationship level

Given the importance of family throughout childhood, strengthening family dynamics has been a key area of interest for interventions aimed at improving mental wellbeing of children. There is strong and consistent evidence supporting interventions that focus on building parenting skills and enhancing parent-child relationships through behaviour management techniques. Emerging research suggests that in some cases these can be effectively delivered using technology such as online platforms, thereby improving accessibility for parents and carers[78]. Evidence also supports interventions to improve the health and wellbeing of parents as a way to improving the mental wellbeing of their children[79].

Protection from bullying is also important to supporting mental health. This can include cyber bullying. Schools and families can have a role in this, and in cultivating opportunities for positive relationships with peers[80].

2024/25 Director of Public Health Annual Report

4.2 What works at the community and wider environment and society level?

Schools and communities

Community-level interventions highlight the role that neighbourhoods play in shaping the mental health and wellbeing of children. Key to this are schools, where providing programmes such as social and emotional learning has shown evidence for short-term benefits and some signs of longer-term impact[81].

Interventions that are focused on the school environment and incorporating a whole-school approach to mental health, such as cultivating an anti-bullying culture and a sense of community, have demonstrated potential benefits for overall student wellbeing within schools[82,83].

Additionally, access to nature and green space have been repeatedly shown to be beneficial to mental health as well as to learning. Initiatives such as Forest School have the potential to support mental health in young people through strengthening access to nature, and this is the subject of ongoing research[84].

Among local communities, it is widely acknowledged that strong community networks, a sense of belonging, access to social activities and to safe spaces to independently play and socialise can benefit and protect mental health[85].

Supporting local communities to grow and develop these assets is complex and requires a collaborative approach, centred on the communities themselves. Community safety, spaces, events and activities, as well as community-based services such as libraries, youth groups, and sports and leisure facilities all contribute to a thriving community. This, in turn, can increase a sense of belonging, safety and social cohesion with an associated reduced risk of mental health problems[86].

Place-based approaches (community led initiatives that target the specific circumstances of a place) have seen increasingly supportive evidence for improving mental health in children and young people[87]. Known as 'healthy place shaping', this holistic view of local areas and communities and how they can influence the health of their residents can also support good mental health[88].

Environment and society level

The building blocks of health such as housing, poverty, deprivation, income, and access to greenspace are important factors in the mental health of children and young people[89]. However, evidence about what works to address these factors is still emerging. Initiatives that address poverty and income inequality have found small positive impacts on mental health through initiatives improving access to income support[90]. As previously discussed, interventions to improve access to nature and green space can also be beneficial, although understanding the exact mechanism remains limited[91].

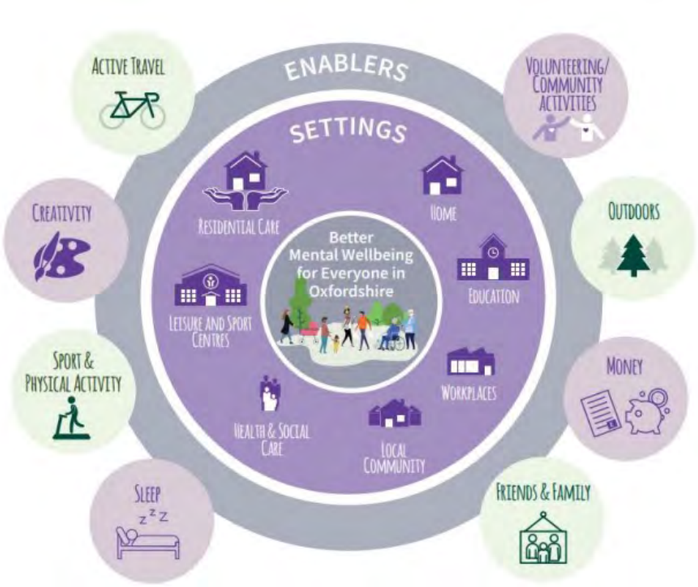
Economic environments should also be considered. The Organisation for Economic Cooperation and Development published recommendations in 2022 aimed at 'creating better opportunities for young people'. These emphasised the importance of fulfilling employment to mental health and life chances, and specified systems targets to build towards an inclusive economic environment, aiming to reduce inequalities and improve wellbeing through a productive, diverse and sustainable economy[92].

5 What's happening in Oxfordshire?

5.0 What are we doing in Oxfordshire?

Organisations in Oxfordshire have been working together to improve health and wellbeing based on shared ambitions outlined in the Oxfordshire Mental Health Prevention Framework 2024–2027.

This section outlines just some of the initiatives implemented by employers, NHS organisations, local authority, district councils, voluntary organisations and others to promote and enable good mental health among children and young people in Oxfordshire.



Oxfordshire's Mental Health Prevention Framework 2024–2027

5.1 Actions at the individual level

Self-help services

Self-help services are essential in managing acute stress as well as offering longer term guidance for maintaining good mental health.

In Oxfordshire, there are various resources available that provide children and young people with easy, low-barrier access to support without the need for a referral.

Below are some examples of these services. As identified in the Oxfordshire Mental Health Prevention Framework, these are accessible through a 'no wrong door' single point of access approach.

OXME.info

is a digital resource that provides an online central hub for information on health, lifestyle, and employment opportunities for young people in Oxfordshire.

It includes dedicated sections on wellbeing and offers detailed advice for individuals who are NEET.

Additionally, OXME.info has a presence on social media platforms, such as TikTok and Instagram, to further increase engagement and awareness.

Tellmi

is a free app that provides a safe and supportive space for young people aged 11–18 living in Oxfordshire to discuss issues affecting their mental health with others in the community.

It is fully anonymous and moderated, with additional support via professional counsellors available for individuals with more severe symptoms

Additionally, it has a detailed resource library with articles and information on mental health topics relevant to children and young people, with integrated access to over 700 vetted resources and support services.

Oxfordshire's 24/7 Mental Health Helpline

provides support for people of all ages experiencing a mental health crisis or emotional distress, with a specialised service for individuals under 25 years old.

It offers a range of support using trained mental health professionals, including immediate help and advice as well as signposting to additional services that are more suited to the individual's needs.

Transition into young adulthood

To ease the transition into adulthood, Oxfordshire has implemented several targeted services to help young people navigate this period.

OXFORDSHIRE COUNTY COUNCIL

The Targeted Youth Support Service (TYSS)

by Oxfordshire County Council works with young people aged 11–18 (up to 25 with an Education, Health and Care Plan) across Oxfordshire to grow aspiration, develop resilience during challenging times, and reduce the risk of mental health problems.

The service offers both group work and one-on-one support to address social and emotional needs, with an overall goal of helping young people transition into fully engaged, active adults who can make positive choices for their lives and communities. In 2024, over 120 young people received one to one support.

OXFORDSHIRE COUNTY COUNCIL

The Migrant Career & Employability Support Programme

is an initiative designed to provide targeted and specific career guidance to students from migrant families.

It acknowledges the additional and unique challenges students from migrant families face and aims to supplement and enhance the support such individuals receive in schools.

Typical services provided include career guidance workshop, mentorship opportunities, and work experience placements designed to the needs of the students.

The Oxfordshire Supported Internship Programme

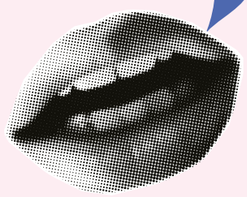
supports young people aged 16–24 with learning difficulties/disabilities with an Education, Health and Care Plan who need extra assistance with transitioning into employment.

This one-year placement connects individuals with employers, providing them the opportunity to acquire essential skills and practical experience, with the goal of securing paid employment.

Delivered in partnership with local organisations like Activate Oxford and Abingdon and Witney College, the program focuses on work readiness and employability skills, as well as offering additional support for mentors and financial support for additional costs such as travel. In 2024, 52 per cent of individuals who completed the programme received an offer of employment following the end of their internship.

“It’s a great bridge between college and work and they make sure you aren’t thrown completely into the deep end. It has helped boost my confidence and I am sure it would help others as work can be seen as very scary. I feel it’s not as scary anymore, it’s getting better. I’m not completely thinking about it all the time anymore. It’s been a good experience overall.”

Experience of a local young intern



Case study from Oxfordshire Supported Internship Programme

2024/25 Director of Public Health Annual Report

Substance use issues

Substance use can be both a major contributing factor to, and consequence of, poor mental health.

CRANSTOUN Here4YOUth

Cranston’s Here4Youth

provides a specialised support service for children and young people aged between 8–25 years affected by their own or someone else’s substance use.

A range of personalised services are provided including one-to-one support in safe spaces, education about alcohol and drugs, as well as the use of psychological therapies such as motivational interviewing.

Additional support is provided to parents affected by such issues, with the Moving Parents & Children Together Programme providing a whole family-based approach to reducing the harms of substance use.

Since April 2024, over 140 children and young people have been seen by the service, with over 550 intervention sessions delivered.

5.2 Actions at the interpersonal relationship level?

Interventions targeting families

Family interventions are essential in supporting disadvantaged children at risk of developing mental health issues, as well as their parents and carers.

Oxfordshire offers several initiatives designed to provide timely and appropriate support for these families. Below, we highlight some of the many available programs across the county.

Bounce Back 4 Kids (BB4K)

is a recovery service provided by Parent and Children Together for children who have witnessed or experienced domestic abuse, alongside their non-abusive parents.

The service aims to help families heal from trauma, focusing on safety, emotional readiness, and empowerment, typically through a 10-week program.

The service also offers a range of other support, including individual therapy, group interventions, and online resources.

BB4K also provides domestic abuse training for practitioners and access to a private online community for continued support.

The Oxford Parent-Infant Project (OXPIP)

Several organisations specifically target the earliest years and provide early and effective support for families.

The Oxford Parent-Infant Project (OXPIP) promotes and enables closer parent-child relationships through specialised therapy sessions designed for parents with infants up to the age of two, with over 700 families supported in 2023.

Additionally, Home Start Oxford has provided 470 struggling families with emotional support, practical advice and guidance with accessing additional services.

The Growing Minds

programme is delivered in partnership between Peeple, Home Start Oxford and The Berin Centre focusing on school readiness and educational attainment in Oxfordshire through activities such as free books for children, group workshops to share practice advice, and individualised home support.

YouMove

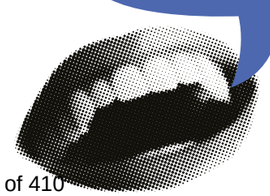
is an activity programme providing low cost and free activities for local families in Oxfordshire.

So far, more than 2,700 families have been provided with access to a wide range of different activities, such as swimming and badminton, that are aimed at improving both the physical and mental wellbeing of families through promoting a more active lifestyle.

In addition, local YouMove activators in each district of Oxfordshire provide local guidance and advice, particularly supporting disadvantaged families such as refugee families and those with SEND requirements.

From September 2024, the program has also expanded to include activities for children under five to encourage healthy and active habits from an early age.

> **"It gives us the chance to do something as a family that we couldn't normally do because of finances."**
>
> **Cherwell family**



Quote regarding YouMove

Children Heard and Seen

is a charity service dedicated to supporting children and families affected by parental imprisonment.

Established in 2014, it has worked alongside over 300 families and helped over 1,250 children with the negative impacts of parental incarceration, by using a child-centred approach to listen to and support the needs of the children.

The Oxfordshire Parent Carers Forum webinars (delivered by CAMHS)

is a series of online sessions aimed at providing educational information to individuals and the wider public regarding all aspects of mental health for children and young people.

The webinars invite expert speakers to discuss changes in clinical practice, current research and up to date best practices in managing common mental health problems such as anxiety and depression.

Oxfordshire's ATTACH team

is composed of clinical psychologists, senior social care workers and educational psychologists which use attachment theory to provide specialised support to adoptive parents, special guardians and foster care families.

The team utilises a variety of evidence-based methods such as trauma focused cognitive behaviour therapy to help parents and carers build better relationships with their children and aims to reduce the risk of developing future mental health problems.

Mentoring services

Aside from parent child relationships, additional mentoring support can be crucial for inspiring young people to build aspiration and develop resilience.

Oxford Hub's Big Brothers Big Sisters mentoring initiative

aims to foster supportive, long-term relationships between volunteer mentors and children aged 7–11 years.

Launched in 2017, this programme pairs mentors with local children to help boost their self-esteem, provide guidance, and facilitate personal growth through various fun activities, with 86 children supported and over 3,800 outings within the five years of the programme's inception.

Mentors typically spend around four hours a week with their mentees, engaging in outings, assisting with homework, and introducing new interests.

Individuals have reported both positive short-term outcomes such as better self-esteem and confidence, as well as longer term outcomes such as greater resilience and determination.

5.3 Actions at the local community level

Communities play a vital role in the promotion of good mental health in children and young people.

Below, we highlight several examples from various sectors that demonstrate the positive impact that communities can have on mental wellbeing.

Services by Oxford Health NHS Foundation Trust

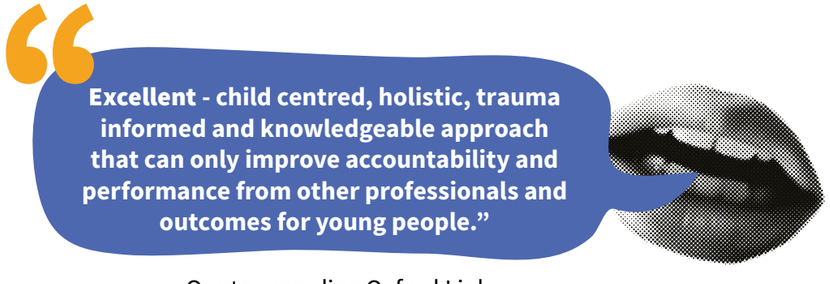
NHS Oxford Health NHS Foundation Trust

Oxford Link Programme

is a service established in 2022 that provides extra support to young people with high complex needs within Oxfordshire, often when routine services are finding it challenging to provide the appropriate help needed.

With over 280 individuals already supported, the multidisciplinary service collaborates with organisations across the sector and helps people access the care and support they need by bridging the gap between individuals, their families and different agencies such as health and social care, youth justice, and educational institutions.

Additionally, the service has a strategic aim focussing on developing a cross-agency collaboration programme, identifying gaps in provision and acting as an information resource for allied professionals.



Quote regarding Oxford Link

2024/25 Director of Public Health Annual Report

NHS Oxford Health NHS Foundation Trust

Children and Young People Healthy Child Programme

provides 11 integrated teams covering Oxfordshire, consisting of school nurses, health visitors, and family nurses who provide support for a range of health-related issues, including mental health.

More specifically, school and college nurses have responsibilities in identifying and helping children and young people at risk of developing mental health problems, as well as supporting transition into secondary school and adulthood. Family nurses provide additional support for first time mothers under 19 years of age, with a specialised pathway that prepares young parents for parenthood.

The School In-Reach Team

works with schools to provide students, parents/carers and staff with advice, training and education on common mental health problems such as anxiety.

It delivers a variety of workshops and group sessions that improve mental health literacy in schools, as well as signposting to other services and assisting with CAMHS referrals for individuals who require specialised support.

Parents are further supported via monthly webinars providing practical guidance and help on a variety of common children's mental health issues.

The Mental Health Support Team Programme

enhance the support already available in schools by offering specialised expertise and resources to deliver faster mental health assistance to individuals who may not meet CAMHS thresholds but would benefit from early evidence-based intervention.

This typically involves psychological therapies such as cognitive behaviour therapy and mindfulness sessions with a focus on supporting children and young people with common issues such as anxiety, behavioural difficulties, low mood, and phobias.

Services by the voluntary sector

Oxfordshire Youth

is a leading youth charity that aims to enable best-practice youth work to be fully accessible to children and young people aged 8–25 years in the region.

The charity focuses on providing safe spaces, fostering strong and healthy relationships, and creating opportunities for young people to develop essential skills.

It has reached over 32,000 young people through their extensive network and programs.

Key initiatives of Oxfordshire Youth include:

- **Youth Voice Network:** This network promotes the lived experience and opinions of young adults, enabling young people to guide the charity's work. Initiatives include the Oxfordshire Youth Podcast which explores a wide range of challenges that young people face, as well as the Mental Health Ambassador project which delivers a 10-month programme to build confidence, mental health resilience, and leadership skills.
- **Supported housing:** Young People's Supported Accommodation is a service that has supported around 130 young people aged 18–24 years, particularly care leavers or unaccompanied asylum seekers, with housing needs. Such work has been key in enabling such young people to live in appropriate housing and the opportunities to further develop their life skills.
- **Support for third-sector organisations:** Oxfordshire Youth provide support for over 150 youth sector organisations through programmes, such as the Wellbeing Programme, that deliver skill-based sessions on managing complex issues, as well as mentoring and leadership training workshops to help develop future leaders in the youth sector. Organisations supported are then linked and connected through the Changemaker Network, allowing for greater collaboration between different sectors.
- **Skills development:** Several development opportunities and programmes are offered to children and young people such as the Transition Through Leadership programme which has enabled over 70 children aged 11–13 years to develop leadership skills and self-confidence as they transition into secondary education.
- **Connecting sectors:** In conjunction with Oxfordshire Mind, the annual Youth in Mind conference brings together individuals from all sectors focusing on the mental health and wellbeing of children and young people. In 2024, 16 workshops were delivered to share insights, discuss emerging issues and explore innovative approaches to improving the mental health of young people.

2024/25 Director of Public Health Annual Report

Oxfordshire Mind

is a voluntary organisation that collaborates with various sectors to promote mental health and wellbeing among children and young people.

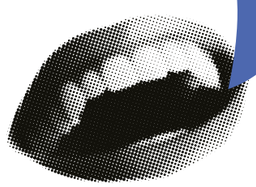
A key initiative provided is the Children and Young People Supported Self-Help programme designed for young people aged 7–17 years to help manage mental health challenges through a six-week guided course based on cognitive behaviour therapy principles.

Delivered in 15 GP surgeries across five primary care networks in Oxfordshire, it has triaged and assessed over 1,280 young people across the county, with 73 per cent of those who completed the programme reporting improvements to their wellbeing.

Additionally, Oxfordshire Mind provides specialised youth mental health first aid training sessions aimed at improving the ability of individuals from a wide range of disciplines to spot, manage and support young people in mental health crises and at high risk of suicide, with over 50 people since June 2024.

"Made me feel really comfortable from the beginning. Always listened and had nice general chats with me, the resources my CYP wellbeing worker provided were always helpful and relevant. It helped when we did them together and my wellbeing worker always felt she understood me."

Young Person



Oxfordshire Mind's Children and Young People Supported Self-Help programme feedback

SOFEA (Social Opportunities For Education and Action)

is a charitable organisation established in 2014 that works to transform the lives of vulnerable young people in Oxfordshire by providing educational, employability and wellbeing programmes.

They provide tailored support programmes such as the Powerhouse Pathway to help connect local young people in Didcot with local employers, as well as promoting mental health through wellbeing programs and outreach services such as the Transitional Support Programme which offers one-to-one mentoring to 11–16 year olds.

In 2022-2023, SOFEA supported over 500 young people, with a significant improvement in overall mental wellbeing from young people participating in their programmes.

Banbury Young Homelessness Project (BYHP)

is a charity based in north Oxfordshire that is part of the Youth Access Network and provides young people struggling with information, counselling and advice services.

Interventions include one-to-one therapy sessions to tackle common mental health issues, as well as mentoring and coaching sessions for individuals who are NEET.

SAFE!

is an independent charity in the Thames Valley region that supports young people aged 5–18 (up to 25 for those with additional needs) who have been impacted by crime.

Since its founding in 2008, SAFE! has helped young people rebuild confidence and quality of life through services such as the Support After Crime service, which offers one-to-one and group sessions for individuals who have witnessed or been a victim of abuse.

2024/25 Director of Public Health Annual Report

School based approaches

The Early Years toolkit

Promoting good mental health remains a primary strategic goal for Oxfordshire schools.

The Early Years toolkit developed by Oxfordshire County Council, supports a whole-school approach to wellbeing and includes 31 core building blocks which include fostering effective leadership, enhancing engagement and learning strategies, and providing training and support for staff.

Training Senior Mental Health leads

As of August 2024, 69 per cent of all Oxfordshire schools have taken up national grants to train senior mental health leads in order to provide better oversight and strategic leadership on a whole-school approach to mental health and wellbeing.

Nurture Group Practitioners

support students with social, emotional, and behavioural difficulties through short-term interventions that have a holistic approach, combining academic teaching with developing social skills, confidence-building, and self-respect.

The Oxfordshire Virtual School

is an educational service that supports over 500 children and young people in the care system and provides educational programmes to suit their needs.

It aims to reduce the attainment gap is decreased, by working alongside schools and carers to provide specific education support such as personal education plans and additional academic tutoring.

Services in higher education

Mental health support services in universities

Both Oxford University and Oxford Brookes University provide a comprehensive range of mental health support services to support students facing mental health difficulties and to help them achieve their academic and personal goals.

Such services include dedicated welfare teams, confidential counselling sessions, wellbeing drop-in sessions, and access to online resources such as self-help advice.

The Oxfordshire Recovery College

offers a unique educational approach to mental health recovery for anyone over 16, focusing on co-production and shared learning by involving individuals with lived experiences to co-design and co-facilitate courses with trained professionals.

It provides free courses aimed at empowering individuals by enhancing their knowledge and skills related to mental health and wellbeing, with targeted courses for young adults aged 16–25.

5.4 Actions at the broader environment and society level

Marmot Place partners from across Oxfordshire have committed to work together to develop the county as a "Marmot Place".

At its heart, this work involves working together to address the underpinning social determinants, or building blocks, of health that drive much of the poor health and health inequality we see in Oxfordshire. System partners have agreed to focus on three key areas.

The first of these principles is "give every child the best start in life" and good mental wellbeing is fundamental to achieving this. As already identified in this report the prevalence of poor mental health in children and young people in Oxfordshire is not equally distributed but clustered in certain communities and population cohorts.

The Marmot approach will help tackle these inequalities through partners working more closely together on the issues that cause these mental health inequalities.

The second priority principle is "create fair employment and good work for all" and the third priority "ensure a healthy standard of living for all"

Oxfordshire is prioritising children and young people's mental health through the Oxfordshire Children and Young People's Plan 2024–2028 and the Oxfordshire Health and Wellbeing Strategy 2024–2030.

Economic policy

The Oxfordshire Future Generations initiative

a part of the Future Oxfordshire Partnership, focuses on creating a sustainable and thriving future for the region for generations to come. It serves as a long-term strategic goal to address social, environmental, and economic challenges through collaborative efforts to enhance future health and wellbeing.

This strategy aligns with Oxfordshire's vision of building healthier, fairer, and more resilient communities, ensuring a better quality of life for both current and future generations.

The Oxfordshire Local Enterprise Partnership (OxLEP)

plays a crucial role in addressing barriers to education, training, and employment to have a sustainable and inclusive economy in Oxfordshire. By collaborating with various stakeholders such as local schools, businesses, and training providers, they provide career guidance and employability training to young people, particularly those impacted by unemployment or who are not in education or training.

For example, the Social Contract Programme is a £1.7m initiative that specifically supports vulnerable groups impacted by COVID-19 by developing key skills and providing mentoring services and apprenticeships.

Furthermore, OxLEP provides resilience-building activities which support mental health and personal development.

Environment and culture

The Oxfordshire Local Nature Partnership (OLNP)

plays a vital role in promoting mental health and wellbeing through nature-based initiatives in Oxfordshire.

The partnership collaborates with various stakeholders and local organisations to enhance community engagement with the environment, such as improving access to greenspaces.

Key initiatives of the approach include green social prescribing which involves enabling individuals facing mental health problems to access and connect with the environment through community-based activities in nature. Such activities include group gardening, walking groups, and other outdoor engagements that support physical and mental wellbeing.

The partnership also has a role in fostering community networks and supporting local group initiatives to combat feelings of loneliness and isolation.

Case study of Greenspace & Us[93]

Greenspace & Us is a community insights partnership project that aimed to understand the barriers and enablers impacting access to greenspace for young women in East Oxford.

A focus was placed on examining the potential wellbeing benefits of greenspace and nature for young people in Oxfordshire, with respondents reporting the following:



Priorities resulting from the project included providing a greater range of activities that integrate greenspaces, creating inclusive and safe environments, and empowering and supporting young women to connect with nature.

The Oxfordshire Libraries and Museums service

promotes arts, culture and history in Oxfordshire.

It has a focus on improving mental wellbeing and health through workshops and activities that engage children and young people to connect and reflect on their culture and experiences.

Additionally, volunteering opportunities at local museum services have been provided to young people to help develop their workplace skills and resilience.

The museum is able to provide something truly special for my son and me. It gives us encouragement, inclusion and the patience he needs. There is a wonderful person there, leading the archaeology team.

I watched the first meeting of my son and her and felt my shoulders relax as I could see she 'got it' and that this was a place I could leave my son.

It gives him some space and independence. Somewhere he can calmly and quietly contribute, be appreciated and understood.

Long periods of illness mean that he often misses going and the manager of the team keeps in touch with us via WhatsApp. This means so much, because illness can be so isolating and being given the opportunity to be part of something he is interested in means a great deal.

I would like to take this opportunity to thank the museum staff for all they do for us."



Case study of a young adult with mental health problems volunteering with the museum service, reported by the parent.

Community safety

Community safety is an important aspect of enabling children and young people to feel comfortable in their community and access local activities and resources.

Safer Oxfordshire Partnership

The Safer Oxfordshire Partnership

acts as a strategic board that comprises of representatives from public health, youth justice and exploitation services, and police services to help shape and deliver the community safety agenda. Initiatives include bespoke substance misuse and exploitation workshops to school aged children, as well as the development of a multi-agency place-based Community Safety Framework for addressing crime and anti-social behaviour in the region.

Transport

The Oxfordshire Bus Service Improvement Plan

aims to improve access to key services, including mental health support, by making buses a more accessible, affordable, and sustainable transportation option. Since 2021, over £8m has been allocated to the initiative, with the addition of 25 new bus routes. The plan also promotes affordable fares, including £1 fares on Sundays in December 2024. Additionally, over £100,000 is being invested to explore ways to improve travel options for work-related journeys, aiming to reduce barriers that prevent access to employment.

Research and academia

To deepen our understanding of how broader factors influence the mental health of children and young people, several research initiatives are currently underway to explore the local impact of these determinants.

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The Flourishing and Wellbeing Programme

in Oxfordshire is a research initiative led by the Oxford Health Biomedical Research Centre and funded by the National Institute for Health Research. Its primary focus is on developing evidence-based strategies and interventions to promote mental health and wellbeing for both patients and the public, using local infrastructure and resources in Oxfordshire. One example of such workstreams is Living Laboratories, where community resources like Oxford Botanical Garden and Harcourt Arboretum are used to investigate the best ways to improve individuals' mental health and wellbeing.

OxWell Student Survey
Young People's Health and Wellbeing

The OxWell Survey

is an initiative between University of Oxford psychiatric department, the NHS, schools and local authorities to undertake a large scale survey of the mental health and wellbeing of school aged children and young people. As well as academic research, the team report the anonymous survey results to schools and local authorities, enabling them to use the information to identify and address wellbeing needs.

Optimising cultural ExpeRiences for mental health in underrepresented younG people onLiNe (ORIGIN)

is a research programme led by the University of Oxford and in collaboration with several NHS trusts, museums, and charity partners. This research study aims to investigate the impacts of co-designed online arts and culture intervention aimed at reducing anxiety and depression in 16–24 year olds. It particularly focuses on community engagement and collaboration, for young people facing challenges such as being a disadvantaged background, unemployment or from minority ethnic backgrounds. The effectiveness of such an intervention will be investigated in around 15,000 young people from all types of backgrounds.

Department of Psychiatry
Medical Sciences Division

Oxfordshire's Educational Psychology Service

works with children and young people facing difficulties and helps the individuals achieve the best possible outcomes at school using evidence-based psychological interventions.

Additionally, the Emotional Literacy Support Assistants (ELSA) training program has developed practitioners that provide tailored low-level interventions for pupils that help them to understand and manage difficult emotions, whilst building resilience.

6 Recommendations

6.0 Introduction

This report has highlighted the importance of children and young people's mental health - not only for the physical and psychological health of future generations, but also for the broader benefits to society. We showcase just some of the wide range of initiatives, actions, and policies in Oxfordshire that contribute to supporting mental wellbeing and preventing mental health problems, emphasising the shared role that everyone can play.

Nonetheless, there remains much to be done. This report has four key recommendations for ensuring the mental health of our children and young people is effectively supported for years to come. We also highlight actions that can be taken at the individual, interpersonal relationship, local community, and wider environment and society level to support progress in promoting better mental health among children and young people in Oxfordshire.

6.1 Key recommendations

1. Strive to reduce mental health problems by addressing wider factors

Mental health problems are closely linked to the building blocks of health such as deprivation, income, housing, and access to green spaces.

In Oxfordshire, this is reflected in the varying rates of mental health problems across the county, which align with differences in deprivation.

By collaborating with system partners, we can address these building blocks to create conditions that can prevent mental health problems arising and give us the best opportunity to improve mental health outcomes in the county.

The success of this endeavour will hinge on meaningful partnerships and collaboration with the NHS, county and district councils, universities, businesses, educational institutions, and the voluntary sector.

Wider environment and society

Organisations across Oxfordshire are collaborating with the University College London, Institute of Health Equity on a Marmot Place project to address health inequalities in local communities.

Community

There is an increasing emphasis on empowering and supporting local communities to develop and maintain what is important and beneficial to them. Strengthening communities can lead to more opportunities for community events and regular activities, providing children and young people with a sense of belonging. These mechanisms have been shown to support good mental health. This report recommends prioritising work with local organisations such as community action groups, parish councils, schools and faith organisations.

2. Prioritise opportunity, activity, independence, and community

Evidence in this report raises concerns around increasing isolation, reductions in physical activity, and excessive time spent on social media as contextual factors in the rise of mental health problems. Yet taking part in social activities including community-based arts and sporting clubs, and unstructured outdoor activity and play can be protective for mental health and wellbeing.

Young people are often dependent on adult family members for funds, transport, and organising activities outside the home. Prioritising public and active transport solutions and safe community spaces can help young people have safe places to socialise outside of the home, and provide opportunities for independent travel for social, education or economic purposes.

Wider environment and society

Improving access to safe, inclusive spaces by addressing barriers such as transport links and ensuring that greenspaces and outdoor activities are available to all.

Community

Provision of community hubs, family hubs and outdoor recreation and socialising spaces which are accessible for families, will enrich the choices available to families in terms of social and cultural opportunities.

Strengthening our youth communities and increasing access to group activities, such as after school clubs, that build resilience, set habits for greater independence in young adulthood, and tackle social isolation.

Individual

Targeted schemes for young people to reduce barriers to accessing activities, social or economic opportunities should be prioritised. This may include free or subsidised bus travel, provision of cycling equipment or secure storage for cycles, and the provision (and targeting) of subsidised or free activities. A partnership approach should be taken to ensure that these measures can reach their intended audience.

3. Prioritising early and effective intervention

By providing timely, appropriate, and evidence-based family and individual support, we can address challenges before they escalate and when it is often at its most effective in fostering positive mental health and wellbeing.

This can reduce the risk of developing more severe consequences of poor mental health in the future.

Wider environment and society

Fostering collaboration between academic institutions and various sectors to advance research and the evidence base on interventions that address the root causes of mental health problems among children and young people.

Community

Developing and empowering senior mental health leads at schools to ensure delivery of early and effective support and intervention.

Interpersonal relationships

Improving skills training, such as mental health first aid training, for parents, caregivers, and professionals working with young people. Provide pathways for struggling families to access early support through initiatives like family hubs and parenting programmes.

Individual

Increasing awareness of the signs and symptoms of mental health problems among children through universal health and wellbeing promotion. Expand mental health support options, including using digital platforms, to improve access for all individuals who needs it.

4. Ensuring diverse career and training opportunities are available for all young people

By offering a greater range of alternative training and career pathways such as apprenticeships, we can help young people identify and pursue goals and aspirations that align with their interests. This is crucial in empowering young people and equipping them with the tools to succeed both personally and professionally over the long term.

Wider environmental and social

Prioritising mental health and workplace wellbeing to ensure everyone has access to quality education, employment, entrepreneurship opportunities and financial resources.

Community

Partnering with local businesses to increase the range of employment opportunities available for young people, including apprenticeships and supported placements for those with mental health problems.

Interpersonal

Providing mentorship programmes to engage children and young people, especially those without strong family support networks, to foster resilience and aspirations.

Individual

Ensuring mental health support and career advice is available throughout childhood, with a particular focus during transition periods, to prevent individuals from falling through the cracks.

2024/25 Director of Public Health Annual Report

Acknowledgements

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Meeting:	Board of Directors Meeting in Public
Date of Meeting:	24 September 2025
Agenda item:	23 (Reading Room)
Report title:	Safeguarding Service Annual Report
Executive sponsor(s):	Britta Klinck, Chief Nurse
Report author(s):	Lisa Lord, Head of Safeguarding
Action this paper is for:	☐ Decision/approval ☐ Information ☑ Assurance
Reason for submission to the Board:	Regulatory requirement
Public or confidential	Public

Executive summary

The 2024/25 Safeguarding Service Annual Report highlights the strategic initiatives, operational achievements and future priorities of Oxford Health NHS Foundation Trust's Safeguarding Service. The Service continues to play a critical role in supporting staff with safeguarding issues involving children, adults and families across five counties, ensuring compliance with statutory obligations and national safeguarding frameworks.

Key Highlights

- Mental Capacity Act training compliance increased to 86–90%, with new tools and guidance developed for staff and increased availability for staff support via consultation and supervision.
- Embedding of learning and actions from Child Safeguarding Practice Reviews and Safeguarding Adult Reviews into trust processes including monitoring of actions.
- Safeguarding activity showed an increase in adult safeguarding incidents, which increased from 687 in 2023/24 to 955 in 2024/25; children's incidents rose from 220 to 274 for the same period. This may be due to increased complexity of patients or improved incident reporting or both.

Areas of Risk

- Ongoing issues across MASH in relation to increasing demand and complexity of cases/ family circumstances. Mitigations are in place and options for operational changes are being worked through.
- Exploitation: Ongoing risks from criminal/ sexual exploitation and modern slavery require stronger systems integration.

Regulatory & National Context

- Government Reform (Children's Wellbeing and Schools Bill, 2024): Anticipated legislative changes to children's social care, including multi-agency child protection teams and stronger data sharing duties.

Areas of Good Practice

- Strong evidence of multi-agency collaboration, particularly in neglect and exploitation audits.
- Improved audit processes and assurance mechanisms to demonstrate impact of safeguarding work.

Future Priorities (2025/26):

- Focus on neglect/self-neglect, domestic abuse, exploitation, mental capacity act, enhancing staff training and evidence change in practice as a result of learning from safeguarding adult and children reviews.

Report history / meetings this item has been considered at and outcome
Safeguarding Committee 9th July 2025.

Recommendation(s)
The report demonstrates a robust safeguarding framework underpinned by collaborative practice, ongoing training, and governance. The Trust is committed to continuous improvement and embedding a culture of safety, learning, and support for vulnerable populations. The Quality Committee was asked to confirm that it was assured that there are systems in place to protect service users from abuse and improper treatment.

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

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

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	**☐ BAF**	**☐ TRR**
Equality, diversity and inclusion	Yes/No	
Legal and regulatory	Yes - Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework.	

Safeguarding Children and Adults

Annual Report 2024/25



 # Think Family

SUPPORTING AND ENABLING STAFF TO KEEP ADULTS, CHILDREN AND FAMILIES SAFE

Authors: Lisa Lord- Head of Safeguarding, Elizabeth Navrady-Wilson- Deputy Head of Safeguarding

Contents

1 Introduction 6

2 Safeguarding Service Priorities for 2024/25- We Said-We Did 8

3 Learning from Safeguarding Adults Reviews (SARs) and Child Safeguarding Practice Reviews/Rapid Reviews 10

Learning Identified from 2024/25 10

Implementing learning from SARs 10

Learning Identified from CSPRS/Rapid Reviews 2024/25 11

Implementing learning from CSPRs 11

4 Safeguarding Priorities 2025/26 13

5 National context 15

Key national guidance 15

- Prevent -Forbury Gardens Prevention of Future Deaths Report- May 2024 16
- Working Together to Safeguard Children Dec 2023- implementation workshops 16
- Adult Safeguarding: Roles and Competencies for Health Care Staff Second Edition – July 24 17
- New guidance around legal duty to prevent sexual harassment – Sept 2024 18
- The safeguarding role of public health 0-19 service- Nov 2024 18
- Keeping Children Safe, Helping Families Thrive- Nov 2024 19
- National review into child sexual abuse within the family environment- Nov 2024 19

6 Inspections 20

6.1 OFSTED- Inspection of Buckinghamshire Local Authority Children's Services January 2025 21

6.2 BANES Youth Justice Services February 2025 22

It was noted support from child and adolescent mental health services (CAMHS) and a speech and language therapist (SALT) is available and delivered well 22

An inspection of youth justice services in Bath and North East Somerset – HM Inspectorate of Probation 22
6.3 Children We Care For- Phoenix Team 23
7 Safeguarding Service 24
7.1 Accolades 25
7.2 Safeguarding Service Structure 25
8 Safeguarding Activity/ Core Work 28
8.1 Adult Activity 28
8.2 Safeguarding Adults Incidents 2024/25: 30
8.3 Safeguarding Adult Consultation Line Data 31
..... 32
8.4 Mental Capacity Act 33
8.5 Children Activity 37
8.6 Safeguarding Childrens Incidents 38
8.7 Safeguarding Incidents involving children 2024/25 (Total 274): 38
8.8 Safeguarding Children Consultation Line Data 40
8.9 Training 41
8.9.1 Safeguarding Learning Passport 44
8.9.2 Evaluation of training 44
8.9.3 Multiagency training 45
8.10 Supervision 46
8.11 Audits 49
8.11.1 Trust wide Audits 49
8.11.2 Safeguarding Service Audits 53

8.11.3 Multi-Agency Audits 55
9 Policy and Procedures 58
10 Multi-agency Working 59
10.1 Multi-agency Safeguarding Hub (MASH) 59
10.1.1 Oxfordshire 60
10.1.2 Buckinghamshire 60
10.1.3 BSW 61
10.2 Safeguarding Adult Reviews (SAR) 62
SARs and Rapid Reviews undertaken in 2024/25 with Trust service involvement: 62
10.3 Child Safeguarding Practice Reviews (CSPR) 63
10.3.1 Child Safeguarding Practice Review (CSPR) Activity Which Has Involved Trust Services 63
10.3.2 CSPRs and rapid reviews undertaken in 2024/25 with Trust service involvement: 64
11 Child Death Review Process 65
11.1 Data Breakdown 2024-25 65
11.2 Joint Agency Review (JAR) Meetings 70
11.2.1 Child Death Review Meetings (CDRM) 71
11.2.3 Child Death Overview Panel (CDOP) Meetings 71
11.2.4 Thematic Reviews 73
12 Partnership Working 74
12.1 Neglect Work 74
12.1.1 Oxfordshire 74
12.1.2 BSW 75
12.1.4 Buckinghamshire 75

13 Public protection Work 77
13.1 Prevent 77
13.2 Domestic Abuse 78
13.2.1 Domestic Abuse Adults DASH Checklist for Adults, and Domestic Abuse Children and Young People (CYP) DASH Checklist 81
13.2.2 Domestic Abuse Strategic Board and Operational Groups 81
13.2.3 Multi-agency risk assessment conference (MARAC) 82
13.2.4 Multi-Agency Task and Coordination (MATAC) 83
13.2.5 Domestic Abuse Perpetrator Panel (DAPP) and DRIVE program 83
13.2.6 Multi-agency public protection arrangements (MAPPA) 84
13.2.7 Female Genital Mutilation (FGM) 84
13.2.8 Serious Violence 86
13.2.9 Child Exploitation 86
13.2.10 Oxfordshire 86
13.2.11 Buckinghamshire 87
13.2.12 BSW 87
13.2.13 National Referral Mechanism Pilot 88
13.2.14 Buckinghamshire 88
14 Appendix 1 89

1 Introduction

The Safeguarding Service support staff in dealing with complex safeguarding concerns. In 2024/25 the picture remains the same as 2023/24 with local authorities continuing to report high level of referrals to both adult and children's social care. The complexity of cases is reflected in the concerns discussed with staff on the safeguarding consultation lines, through discussion at safeguarding supervision and direct support to staff who are managing complex cases. This is alongside increase in demand for services, staff turnover and service transformation internally and in some partner agencies. In addition, there have been changes to the children's safeguarding partnership arrangements in response to the recommendations laid out in Working Together 2023.

The Trust is regulated by the CQC and must demonstrate compliance with Regulation 13. The intention of this regulation is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, including unlawful deprivation of liberty.

The Trust has a statutory duty under Section 11 of the Children Act 2004 to make arrangements to work together with other partners locally including education providers and childcare settings, to safeguard and promote the welfare of all children in their area. Under the Care Act 2014 the Trust has a statutory duty to work co-operatively with partners to ensure the welfare of adults at risk.

The aim of the Safeguarding Service is to provide high quality advice, training and support to practitioners across the Trust to keep children safe and safeguard adults with care and support needs. Safeguarding should be integrated into people's day to day practice. The Safeguarding Service also has a key role in working with partners representing the Trust in multi-agency fora including Safeguarding Adult/ Children Partnerships.

This report provides the Trust Board with an overview of the activity led by the Oxford Health NHS Foundation Trust Safeguarding Service and identifies the progress and accomplishments made within the Trust during 2024/25 and provides details regarding the key safeguarding priorities for the year ahead. It explains the structure of the safeguarding children and adult teams, and how they work in partnership with other Trust services and local agencies to influence positive change and support the most vulnerable in society.

2 Safeguarding Service Priorities for 2024/25- We Said-We Did

Further development of the role of Oxford Health in the Multi-agency Safeguarding Hubs (**MASH**) across Buckinghamshire, Oxfordshire and Wiltshire.

Work on building relationships and governance frameworks within Bucks MASH saw a significant increase in requests for information shares from mental health. Regular audit meetings have taken place to identify learning.

Oxon MASH- Governance frameworks re-introduced and the introduction of MASH audits.

Introduction of a quarterly dip sample audit of health information shares. This has promoted consistency of quality across health information shares.

Processes now in place for safeguarding service to manage information share requests from Swindon and Wiltshire.

Promoting knowledge base of the **Mental Capacity Act** in Oxford Health re 16 and17 year olds. Aim to improve training compliance. Create recording tools.

MCA Lead has made significant progress with training including refreshing and updating the training packages, introducing MCA training for medical staff, delivering sessions for CAMHS inpatient units and improving training figures to 86% (90% in community hospitals).

Continued development of MCA intranet pages.

Creation of DoLS and MCA forms on electronic patient record systems (and on the intranet).

Increased Staff support via consultation/supervision.

Promoting “think family” and the “early help” agenda for children and supporting the development of processes in services.

Embedding of Strength and Needs early help assessment with teams in Oxon.

Development of *Adult mental illness and the impact on children that they care for* guidance and plan to roll out workshops for adult mental health and children’s social care.

Promote learning from child safeguarding practice reviews (**CSPR**) and safeguarding adult reviews (**SAR**s) and embedding the process to provide oversight within Oxford Health.

Embedding of learning and actions from CSPR & SARs into trust processes including monitoring of actions.

Involvement of Quality Leads and Quality Improvement team to have oversight of learning.

Working with the Oxford Health directorates and Learning and Development to provide safeguarding training that is consistent with the Intercollegiate Documents re the roles and competencies for healthcare staff in Safeguarding.

This includes the introduction of a learning passport to support the recording and evidencing of training/competence as required by the Intercollegiate Documents.

Developed 3 new training packages.

Introduction of adult & children workshop.

Supporting neglect simulation training.

Supporting multi-agency child exploitation training.

Safeguarding stand at induction.

More face-to-face sessions.

Improvement in training figures.

3 Learning from Safeguarding Adults Reviews (SARs) and Child Safeguarding Practice Reviews/Rapid Reviews

Learning Identified from 2024/25

The learning identified from reviews included:

- To review wording on websites and in publicly shared information to ensure that it is clear:
  • What is safeguarding?
  • How can a safeguarding be raised?
  • What to do if you're not happy with the response?
- Building in questions on whether professional curiosity has been demonstrated as part of agency case auditing processes.
- Assurance that case information has a clear pen portrait of the person's life story beyond their presenting issues.
- Reviewing core clinical standards audit and peer reviews to ensure they include questions that provide evidence of person-centred care.
- To review internal self-neglect guidance for staff, ensuring it provides clear guidance aligned with the OSAB resources and organisational duties.
- To review business continuity plans to ensure clear plan for uploading of documentation in the event of a cyber-attack or other failure in IT and how legible any uploaded documentation is.

Implementing learning from SARs

- Dip sample of 12 records completed and there were no concerns regarding legibility of uploaded documents.
- Assurance provided regarding the redesign of the mental health core assessment to make it easier for staff to use which starts with personal, family and forensic history. The risk assessment now has functions for staff to access previous risk history incidents easily.
- Assurance given by Trust quality leads regarding peer reviews include questions around involving family in planning and also service users feel listened to and involved in their care. Service users and family are interviewed as part of that Peer review process. Also

includes questions if the care that has been received has helped them with their difficulties.

- Mapping of use of self-neglect tools carried out with services in the Community Directorate Safeguarding Committee in March 2025. These indicated that work was needed to highlight these tools to staff. They will be highlighted in Governance meetings, training and supervision.

Learning Identified from CSPRS/Rapid Reviews 2024/25

- To increase staff's understanding of a child's lived experience and traumatic events which could inform assessments and intervention.
- Access to and recording of attendance at groups will support information sharing and good record keeping for any future requests for service into CAMHS, for the triage team to understand what has previously been offered and be able to offer appropriate intervention to meet the individual's needs.
- Assurance where there is direct work with children there is an offer of various methods to encourage and facilitate engagement.
- Community Children services to review what to do with the information when received of a child going off school roll and/or being electively home educated.
- Improving transition planning from children to adult inpatient services to help children and families understand changes.

Implementing learning from CSPRs

The Safeguarding Children Team has been actively involved in sharing learning from CSPR both internally and in conjunction with the LSCB/LSCPs. This has included, informing service development and changes in practice, promoting awareness of themes of learning. Some examples are listed below.

- To increase staff's understanding of a child's lived experience and traumatic events which could inform assessments and intervention questions are now included in 0-19 service referral form.

- Consent letter for parents and a SOP for Mental Health Support Team (MHST) and youth worker school in reach developed to gain consent for access to child's records to support decision to attend group and record group attendance to support any future requests for service into CAMHS, for the triage team to understand what has previously been offered.

- CAMHS revisiting outreach offer to bring a more trauma informed lens. To have trauma informed practice as a fundamental principle and how contextualises and move from more what's wrong to what's happened. Thinking more of history and context of a child's life. To match the offer to the child, to look at flexibility, rather than the same thing for all.

- CAMHS Clinical Lead for PTSD and Trauma. Purpose of the post is to look at how to continue to bring trauma informed care into CAMHS.

- 0-19yrs service- All nurses are Solihull trained which is an early invention and impact of trauma/ life events approach. Considers the number of ACES which can impact on lives and how the accumulation is considered in assessments.

- 0-19 service now receive a report from Oxfordshire County Council every term of those children who are electively home educated (EHE). This information is added to the child's records to alert staff.

- Transition transformation group is in place and the learning from reviews is fed into this working group.

4 Safeguarding Priorities 2025/26

These priorities will be included in the Safeguarding Service workplan, and actions monitored quarterly and reported to the Safeguarding Committee.

The organisational priorities for the Safeguarding Service are:

- **Mental Capacity Act**
    - Continuing to focus on promoting knowledge and confidence in applying the Mental Capacity Act in Oxford Health for 16- and 17-year-olds.
    - Review work already started on patient electronic record forms for MCA, DoLS and best interests' decisions and make any necessary improvements.
    - Gather examples, stories and key issues from supervision, clinics and consultations to inform MCA training packages and make the content relevant and identifiable to a wide range of teams.
    - Develop tools to support Staff when involved in Court proceedings.

- **Neglect and Self-neglect**
    - Promoting neglect to have an all-age focus.
    - Promoting awareness of tools to recognise and respond to neglect and self- neglect.
    - Engage, support and lead multi-agency work around neglect.
    - Equipping our staff with the knowledge and skills.
    - To include tools within IT systems.
    - Strengthening connections with partner agencies such as LCSS

- **Domestic abuse**

    - Promote awareness of domestic abuse as a critical agenda item.
    - Enhance performance and consistency in the response to domestic abuse.
    - Ensure that practitioners are well-equipped to handle disclosures of domestic abuse.
    - Support the development of the Domestic Abuse lead within the safeguarding service

- **Learning and development**

    - Demonstrate impact of training, evidence “so what”.
    - Improve capturing and reporting training evaluation from staff.
    - Enhance the quality assurance of trainers and training packages using peer review methodology.
    - Effectively work with Learning and Development team to ensure training capacity reflects the increase in workforce requirements as recommended in the intercollegiate documents
    - Ensure capacity within safeguarding service to deliver increased training courses needed to meet increased workforce demands.
    - Continue increasing knowledge and embed use of the Safeguarding Learning Passport.
    - Learning from safeguarding reviews- how can we improve getting learning to teams.
    - Safeguarding Boards/Partnerships Multi-agency training- support to develop and deliver training.

- **Safeguarding Adult Reviews/Child Safeguarding Practice Reviews**

    - Strengthen sharing learning from safeguarding reviews with safeguarding service for wider sharing.
    - Sharing chronologies and attendance at rapid reviews for team development and learning.
    - Building confidence of using Ulysses for monitoring actions from safeguarding reviews.
    - Continue to embed internal action planning with services.

- Share actions and learning with directorate quality leads to monitor actions via governance processes including safeguarding directorate meetings.
- Promote learning from child safeguarding practice reviews (CSPR) and safeguarding adult reviews (SARs) in governance meetings, training, consultation line, newsletter and supervision.
- Include questions in internal and multiagency audits to demonstrate changes in practice.
- To align action and learning with Trust incidents to focus on similar themes and avoid duplication of work.

- **Exploitation**

  - Promote awareness of all age Exploitation and Modern Slavery to staff.
  - Promote awareness of tools to recognise and respond to exploitation.
  - Support and lead multi-agency work around Exploitation including information shares at key meetings eg MACE across all areas.
  - Supporting multi agency training to equip our staff with the knowledge and skills required to recognise and act on indicators of Exploitation.
  - To include tools within IT systems.
  - Continue attendance at Partnership subgroups to ensure networking and information sharing.

5 National context

Key national guidance

New national guidance is available for the areas below. The guidance has been highlighted in governance meetings. Training, policies, and procedures have been reviewed in relation to any changes.

- **Prevent -Forbury Gardens Prevention of Future Deaths Report- May 2024**

Following the Forbury Gardens terror attack in June 2020, the Prevention of Future Deaths report (May 2024) resulted in a reminder from Prevent communications being circulated to restate the policy position on mental health and Prevent for all frontline practitioners. As set out in the statutory Prevent duty guidance, if there is a concern about potential radicalisation or a reason to believe that someone is at risk of becoming involved in terrorism or supporting it, a referral should be made. If other support mechanisms are simultaneously required or being considered, these should proceed unless there is a good reason not to do so.

The presence of mental ill-health does not exclude a person from being suitable for Prevent. Prevent does not only act as a safeguard to individuals, but it also manages the potential terrorist risk posed by those accessing support. This means that where both mental ill-health difficulties and radicalisation concerns are present, a Prevent referral should be made. Safeguarding (e.g. Social Care services) and Channel can run in tandem, as each hold different responsibilities. While safeguarding is concerned with risk to the person, Channel also considers the potential harm that could be caused by the person, in terms of their terrorism risk.

In summary, where Prevent concerns are present, these **MUST NOT** be dismissed or accounted for based on a person's mental ill-health.

- **Working Together to Safeguard Children Dec 2023- implementation workshops**

https://assets.publishing.service.gov.uk/media/65803fe31c0c2a000d18cf40/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf

Workshops have taken place in Swindon, Bucks and Oxfordshire to look at the maturity of the partnership and where there are strengths and areas of development. There are changes to board/partnership arrangements with lead and designated safeguarding partners being identified from the Integrated Care Boards (ICBs), police and local authorities.
New arrangements were published by safeguarding partnerships in December 2024. Discussions have been had around involving education and voluntary sector more in board/partnership processes.

Bucks Safeguarding Children Partnership requested assurance from OHFT around the 4 principles for practitioners working families which was provided.

- Effective partnership working with parents and carers;
- Verbal and non-verbal communication should be respectful, non-blaming, clear, inclusive, and adapted to parents and carers needs.
- Practitioners empower parents and carers to participate in decision-making to help, support and protect children.
- Practitioners involve parents, carers, families, and local communities in designing processes that affect them, including those focused on safeguarding children.

An organisational responsibilities assurance response has been provided to Wiltshire Safeguarding Vulnerable People Partnership.
B&NES Community Safety and Safeguarding Partnership have not made a request to OHFT to date.

- **Adult Safeguarding: Roles and Competencies for Health Care Staff Second Edition – July 24**

The second edition of Adult Safeguarding: Roles and Competencies for Health Care Staff was published in July 2024.
Changes include level 3 staff group expanded from registered professionals to include non-registered roles such as Support Workers and Health Care Assistants, aligning with the intercollegiate guidance for children and young people for level 3 staff which

is not limited to registered professionals. The impact for OHFT Safeguarding Service was the need to put on additional training sessions for safeguarding adults and safeguarding adult training being added to staff training matrices.

Supporting the move towards a life course approach, it is now recommended that all staff trained at level 3 or above "*understand* transitional safeguarding*, including the developmental phase of adolescence, and the specific safeguarding risks for young people as they emerge into adulthood*."
Adult Safeguarding: Roles and Competencies for Health Care Staff | Publications | Royal College of Nursing (rcn.org.uk)

- **New guidance around legal duty to prevent sexual harassment – Sept 2024**

The Equality and Human Rights Commission published a new eight-step employer guide and updated technical guidance to help employers understand their legal obligations in relation to The Worker Protection Act, which came into force on 26 October 2024. This has been picked up by the Trust sexual safety working group.
New guidance around legal duty to prevent sexual harassment

- **The safeguarding role of public health 0-19 service- Nov 2024**

The Safeguarding Role of Public Health 0-19 Services – Nov 2024 - IHV

A position statement was published by the Institute of Health Visiting highlighting the role of health visitors and school nurses in responding to families who require support and protection in the early help end of the safeguarding continuum and at the targeted and specialist level of the health child programme. There is recognition that taking on Lead Practitioner functions that were previously resourced by the DFE cannot be absorbed within existing health visiting and school nursing budgets. Also, designation

of the Lead Practitioner role to a health visitor or school nurse should be **"compatible with their own duties and obligations"** and should **"not interfere with the performance of their own functions".**

The 0-19 service are consulting with their workforce regarding the position statement and co-producing guidance with teams. There will be no changes to current practice before there is guidance. Anticipated time frame is for the summer 2025. Guidance will be discussed with local authority colleagues when the guidance is available.

- **Keeping Children Safe, Helping Families Thrive- Nov 2024**

The Department for Education has published a policy paper which sets out the Government's proposals to reform children's social care. "Keeping Children Safe, Helping Families Thrive" contains important information about proposed legislative changes to the child safeguarding system. This is important for senior leaders and professionals across all agencies.

The Government intends to create a new legal duty for local authorities to establish multi-agency child protection teams and require other named agencies to be part of this provision.

Other proposed reforms include:

- Legislative change to strengthen the role of education within multi-agency safeguarding partnerships.
- Creating local registers of children in elective home education and a new duty on parents where, if their child is subject to a child protection enquiry, or on a child protection plan, they will need local authority consent to home educate that child.
- Improving the accountability and oversight of providers of multiple residential children's homes.
- Introducing a Single Unique Identifier (which has also been referred to in the past as a 'consistent child identifier') to bring together data on children's interactions with different services.
- Improving data sharing by introducing a new duty that provides absolute clarity on the legal basis to share information for the purposes of safeguarding children.

The policy statement was laid in Parliament on 18 November 2024 and the legislative proposals within the paper will be taken forward by the Government when parliamentary time allows.
Discussions are starting in Oxfordshire and Buckinghamshire around the possible implications of this legislation and looking at feedback from the Pathfinder pilot areas which have introduced changes.

- **National review into child sexual abuse within the family environment- Nov 2024**

Findings include:

- Hearing children's voices and understanding their needs
- Understanding parents' and carers' needs and contexts
- Identifying signs, understanding risk and raising concerns
- Responding to concerns of intrafamilial child sexual abuse

There are 10 recommendations relating to national strategic plan; professional knowledge skill and competence; enquiries and investigations; assessment of people presenting risk of sexual harm; talking to children; criminal investigations and charging advice; family courts; CAFCASS; Inspectorates. The first 6 are specific recommendations to partnerships.
The specific recommendation for health is below.
Recommendation 6: Health
Government should ask NHS England and public health commissioners to audit local commissioning arrangements to ensure that pathways and services are in place to identify and respond to the health needs of sexually abused children (recent and non-recent).
National review into child sexual abuse within the family environment - GOV.UK
Task and finish groups to look at recommendations are set up in most geographical areas. This will be a gap analysis exercise. Findings will be shared with the Trust safeguarding committee when available.

6 Inspections

There has been inspection activity for local authorities in most of the geographical areas the Trust delivers services.
The Safeguarding Service has been involved in the Trust CQC preparation and has developed an assurance tool for services to identify areas of strength and development.

6.1 OFSTED- Inspection of Buckinghamshire Local Authority Children's Services January 2025

The Outcome of the inspection overall was Requires improvement to be good with the experiences and progress of children in care moving to be rated as Good.
The last full inspection of children's services in Buckinghamshire was in 2021 when all services were judged to require improvement to be good. Although some progress has been made since that inspection, including in assessments and private fostering, there remain areas of practice which still require more focused improvement, including for care leavers. More recent changes and increased capacity within the leadership team have brought new ideas and raised the pace of change. Leaders have provided an environment in which social workers have increased positivity and pride in their work and created a stronger child-centred culture. A transformation programme for services providing help and protection for children is showing promising signs of success. Workforce stability is improving. Most children in care are now receiving reliably good care and leaders have ambitious plans to enhance placement sufficiency. Unaccompanied asylum-seeking children receive sensitive and consistent support. Support for care leavers remains inconsistent, particularly for those aged over 21. Leaders are aware of the need to now prioritise the improvement of this service. Workers are well supported by their managers but do not consistently receive the reflective

supervision they need. Leaders are supported by an accurate and honest self-evaluation and an evolving quality assurance process. They also rightly recognise the need to strengthen the involvement of children and young people in corporate parenting and service development.

It was noted in the experiences and progress of children in care section that children's health needs are identified and responded to quickly. There are regular and timely assessments of children's physical health. Children are also linked to local doctors, opticians and dentists and are well supported in attending appointments. There is exceptional support for children's mental health needs. Children in care living within the local authority benefit from a specialist child and adolescent mental health service (CAMHS) for looked-after children. This is an accessible and flexible service for children that is successful at involving children in timely interventions.

LA NAME - standard-short inspection report - INSPECTION DATE

6.2 BANES Youth Justice Services February 2025

The outcome of the inspection was an overall rating of 'Good'

This inspection is part of our programme of youth justice service (YJS) inspections. We have inspected and rated Bath and North East Somerset (BANES) YJS across three broad areas: the arrangements for organisational delivery of the service, the quality of work done with children sentenced by the courts, and the quality of out-of-court disposal work. Overall, BANES YJS was rated as 'Good'. We also inspected the quality of resettlement policy and provision, which was separately rated as 'Good'. Children open to the YJS can expect to receive a strong offer of support. The service is led effectively by a knowledgeable and meticulous management team. There are appropriate resources in place. Staff are skilled and deliver evidence-based interventions. These

arrangements are supported by a well-functioning and curious management board and an integrated partnership. Consequently, outcomes for children are positive.

It was noted support from child and adolescent mental health services (CAMHS) and a speech and language therapist (SALT) is available and delivered well

An inspection of youth justice services in Bath and North East Somerset – HM Inspectorate of Probation

6.3 Children We Care For- Phoenix Team

The ability to offer the statutory initial health assessment within 20 working days of notification of a child becoming looked after remained challenging throughout the year. The overall number of children new to care each month exceeded capacity which was also impacted by long term staff sickness. The number of children new to care increased from 219 in April 2023- March 2024 to 336 in April 2024- March 2025. 35% of children were offered their IHA within timescale in 24/25 equating to 106 out of 306.

Completion of these assessments relies on the timely receipt of essential paperwork, including consent signed by an individual with parental responsibility (parent or Local Authority with a court order in place) and the child's demographic information.

The average time to receive consent for health assessments was 16 days over the year with a range from 1 to 132 days.

Other factors affecting completion include appointments cancelled at short notice due to illness or the child being unwilling to attend. Children placed out of area may experience additional delays. The team also completes initial health assessments for children placed into Oxfordshire from other areas, amounting to 35 in 2024/5.

Children requiring a review health assessment (RHA) face delays primarily due to reduced capacity out of area (46% of all delays) and delays in receiving information from Children’s Social Care (26% of all delays). Annual figures for the completion of the RHA are detailed below:

Children under 5 placed within Oxfordshire receiving their RHA within timescale	97%	85/88
Children under 5 placed outside of Oxfordshire receiving their RHA within timescale	43%	12/28
Children over 5 placed within Oxfordshire receiving their RHA within timescale	91%	301/329
Children over 5 placed outside of Oxfordshire receiving their RHA within timescale	44%	110/250

Children placed out of area continue to face delays due to limited capacity in receiving teams and differing commissioning arrangements. The Phoenix Team offers health assessments via TEAMS when the local area is unable to complete the assessment.

Quality monitoring includes reviewing all initial health assessments for children placed out of area to ensure they meet the standard identified in the Responsible Commissioner and statutory guidance. An audit was also undertaken of key quality indicators of IHAs completed by medical staff within the Phoenix Team which showed good compliance with only minor areas for improvement.

A comprehensive review of the communication and documentation used with Children's Social Care (CSC) was undertaken resulting in the development of new IHA paperwork for the child's social worker to complete. The changes were launched at the beginning of April and it is hoped that the information provided will be comprehensive and better inform the child's health

assessment, reduce the need for pre or post assessment clarification and reduce delays to arranging the child's appointment due to missing details.

7 Safeguarding Service

The safeguarding adult and children's teams are one service within the Corporate Nursing & Clinical Standards Directorate. This reflects the trust wide nature of its work and supports improved integrated working across adults and children and the cross-cutting public protection work such as domestic abuse, neglect, exploitation, modern slavery and prevent. Introduction of all age safeguarding nurses in 2024/25 has further promoted this way of working within the safeguarding service.

The safeguarding service is in regular attendance at directorate safeguarding meetings which were introduced in 2024/25 and now take place in all directorates. These provide a forum for directorates to consider their safeguarding practice, concerns and escalations and to provide assurance to the Trust Safeguarding Committee. Members of the safeguarding service also attend directorate operational governance meetings with safeguarding being a standard slot on agendas.

7.1 Accolades

Dr Nick Hindley received a letter of commendation from the OSCB for his services as lead named doctor safeguarding children for OHFT and his support to the partnership. Positive feedback has been received for trainers from the safeguarding service. Staff named included Caroline Smith and Katy Lay. Amy Allen in her MCA role received feedback that she "has been proactive, responsive, insightful and supportive in helping me navigate a request from ASC Legal department [..] in a complex community family case. Amy has not only advised but also co attended meetings to support me in advocating that correct processes are followed and guided me in responses from a legal perspective. I have been very grateful for her support and guidance".

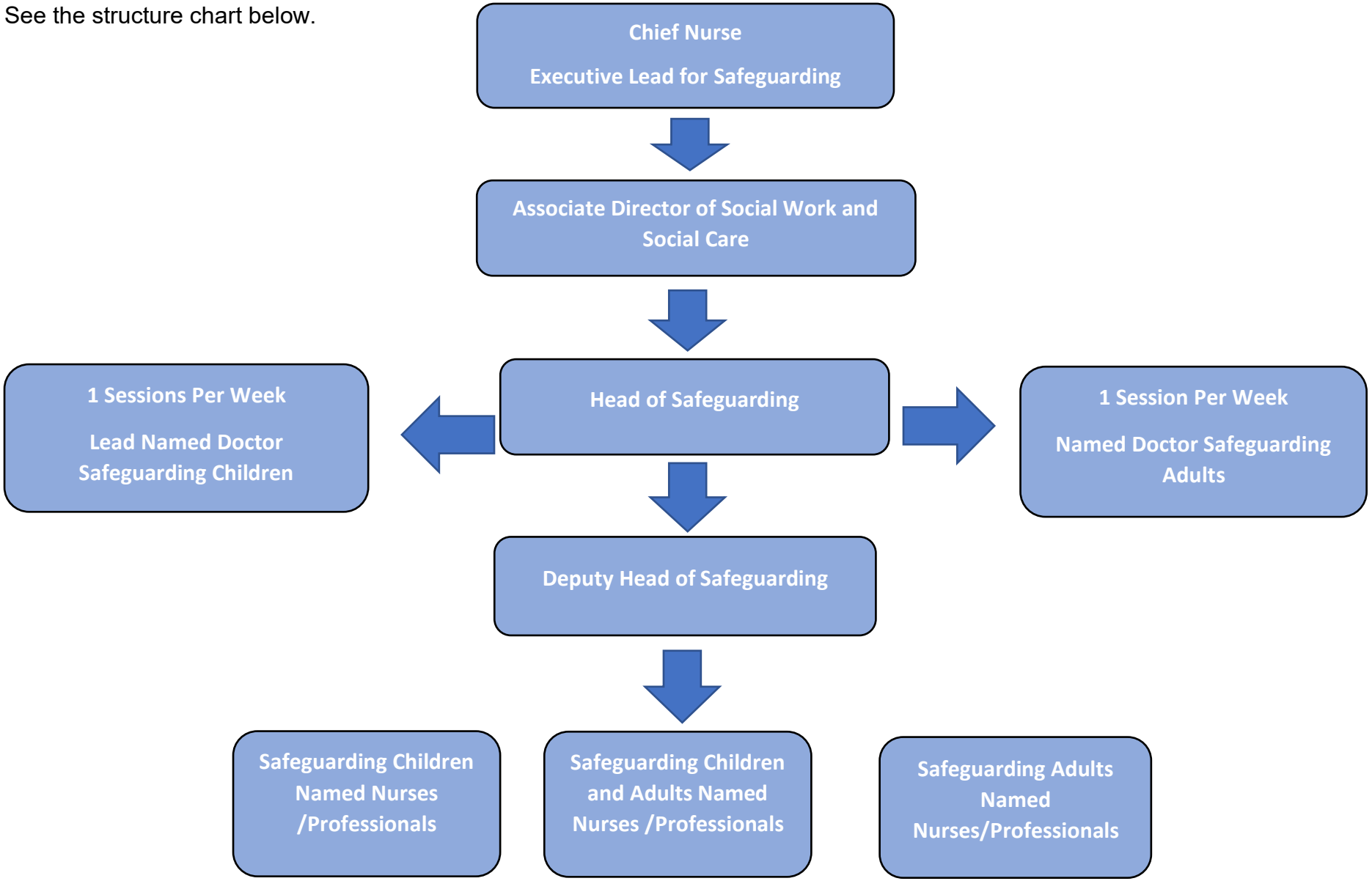
7.2 Safeguarding Service Structure

In 2024/25 the safeguarding service was led by Head of Safeguarding and the Lead Named Doctor, reporting to the Associate Director of Social work and Social Care with safeguarding responsibility sitting with the Chief Nurse. For the safeguarding of individuals, accountability remains with the clinical staff. The safeguarding teams do not carry caseloads.

The Safeguarding Service covers the five Local Safeguarding Children Boards/Partnerships (LSCB/LSCP) (Oxfordshire, Buckinghamshire, Bath and North-East Somerset, Swindon, Wiltshire) and two Local Safeguarding Adults Boards (LSAB) (Oxfordshire and Buckinghamshire).

The Social Care Professional Leads (Social Worker Leads employed by Oxford Health) provide safeguarding adult advice and support as part of their social care function but sit outside of the safeguarding service.

See the structure chart below.



8 Safeguarding Activity/ Core Work

8.1 Adult Activity

Safeguarding adult activity is core work for all clinicians. The Safeguarding Service provides additional and timely support to the workforce through telephone consultation and review of incidents notified to the team.

Key indicators of effective safeguarding are consultations; the number of referrals made to the local authorities and requests for information from the local authority as part of their further enquiry under s.42 of the Care Act 2014 (known as section 42 enquiries). Together this activity information demonstrates that the Trust has processes in place to prevent harm and clarify concerns, take actions to protect people and that services are accountable for actions taken (or not taken) and that it is working in partnership with other agencies. The service has developed a good working relationship with the Oxfordshire local authority and have attended their POD meetings to share processes for Sec 42 enquiries and to strengthen our joint working. Due to the Section 75 arrangements in Buckinghamshire links between the safeguarding service and the local authority social work services predominantly focuses on strategic working groups. There is strong liaison between the OHFT staff supporting the Section 75 delegated work (the s.75 of the National Health Services Act 2006) to support understanding of operational working practices to allow strategic partnership working to be effective.

The service is reaching out more to directorates, and we have an identified link for each of our community hospitals and some mental health wards. The team hot desk on site, are available for consultation and enable safeguarding discussions locally. This has enabled the team to reach out and support staff through supervision and guide the s.42 enquiries where these enquiries progressed, embedding process while improving documentation and decision making.

	2022/23	2023/24	2024/25
Referrals to local authorities	230	178	593
s.42 enquiries undertaken	22	11	40

The figures do not include any s.42 enquiries delegated to Oxford Health by the local authorities as part of the s.75 of the National Health Services Act 2006 agreements in place, whereby responsibilities of the Local Authority are delegated.

The outcomes of the Care Act s.42 enquiries are not always shared with Oxford Health although this communication has improved during the past year. There is a task and finish group with the local authority in Oxfordshire to look at resolving some of the areas that have been raised by the Community Directorate. The notification from outcomes of s.42 enquiries in Oxfordshire is increasing partly due to discussions held with the safeguarding POD and improved understanding of joint processes. There is also consideration of a Joint QI project with the Quality Team and Safeguarding Service, looking at the quality and standard of referrals. Additionally, work has also been ongoing to have referrals and recommendations from s.42 enquiries added to Ulysses incidents actions. This process is being embedded to enable teams to be aware of the recommendations and track progress.

8.2 Safeguarding Adults Incidents 2024/25:

The total number of Adult Safeguarding Incidents reported in 2024/25 was 955, up from 687 in 2023/24. This may be due to individual patients who have complex needs and better reporting. The safeguarding service have been working with the Patient Safety team and the Ulysses project team to enhance the accuracy of recording safeguarding risk in the system. Discussions within the Directorate safeguarding committee meetings regarding incident reporting has supported that development work. Recommendations from Section 42 enquiry outcomes have supported specific wards to review their reporting practice and lead to more incidents being reported.

The Safeguarding Service review safeguarding incidents and contact the staff member reporting the incident if required. The team are also linking in with the areas where there are increased levels of reporting and complexity to offer support, guidance, nurturing working relationships to bolster recognition of abuse and response.

Violence against staff by patients is the single biggest category of incident in the mental health directorates – this is recognised and there is trust-wide work to reduce violence in the workplace.

The main themes are:

Directorate	Total number	Main Themes
Bucks Mental Health	**83**	**Violence (20), Concerns of Abuse (11), Self-Harm (9), Sexual (8)**
Community	**349**	**Health (84), Skin Integrity (41), Communication/Confidentiality (40), Violence (34), Concerns of Abuse (33), Medication Incidents (17), Fall Related (13)**

(Includes minor injuries and out of hours)		
Oxon & West Mental Health	**185**	**Violence (40), Concerns of Abuse (25), AWOL or Missing (19), Sexual (18), Health (18)**
Specialised Services	**91**	**Violence (38), Concerns of Abuse (17)**
Forensics	**106**	**Violence (47), Concerns of Abuse (19), Sexual (12), Self Harm (11)**
Learning Disabilities	**40**	**Violence (15)**

8.3 Safeguarding Adult Consultation Line Data

The Adult Consultation Line receives calls from across the Trust localities. There has been a slight increase in consultations in all directorates in 2024/25. Domestic Abuse and Self Neglect are most dominant concerns discussed, with Exploitation also ***a*** prominen***t*** theme. There has been a small increase in consultations related to allegations against staff but some of this can be attributed to complex presentations in mental health wards.

	2022/23	2023/24	2024/25
Telephone Consultations	678	803	901

	Bucks Mental Health	Community Services	Oxon and BSW Mental Health	Specialised Services	Other – Not stated
Total 2024/25	298	173	355	58	17
Total 2023/24	276	156	307	51	13

The figures reflect the increase in consultations to the Safeguarding Service across all services. It illustrates that the staff are sensitive to concerns about service users. Each contact will be about considering how harm or further harm can be prevented and demonstrates that the clinical services place value on their discussions with the safeguarding service.

A review of the impact of the adult consultation line on practice was completed in December 2024. The feedback received indicated the majority of callers felt they received a reply from the team in a timely manner, with no scores lower that 6/10. Most callers felt they were supported by the safeguarding team, received helpful information and had a clear plan of care for their clients after speaking with the team.



One respondent reported

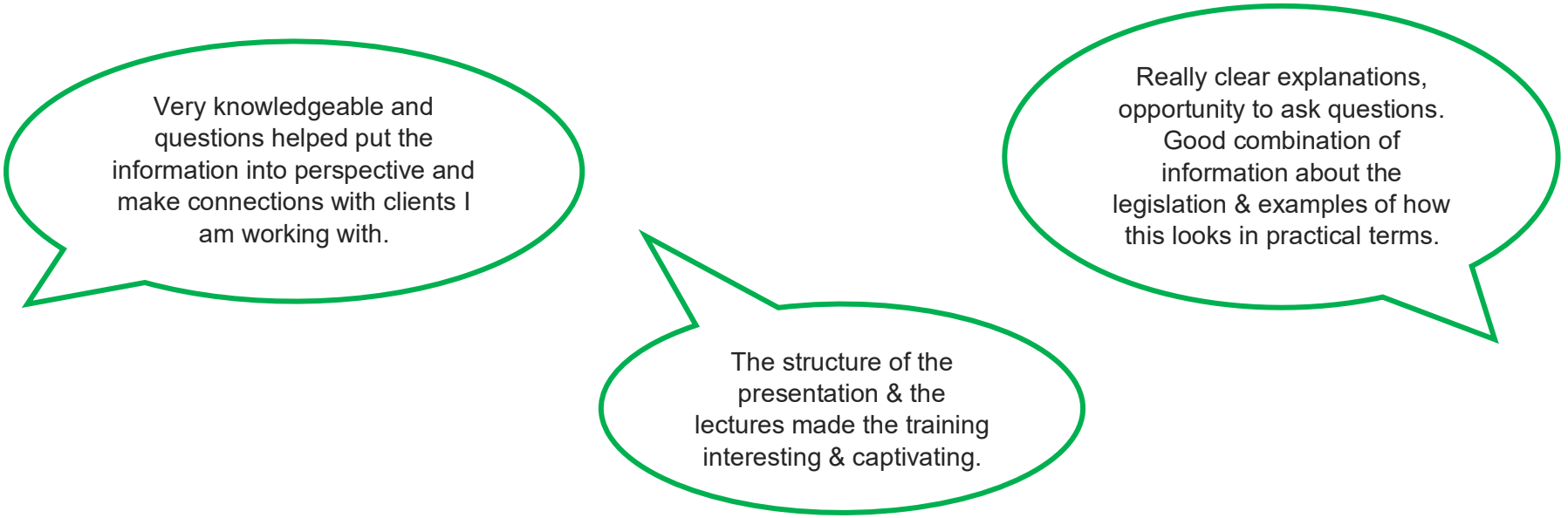
"The Safeguarding Consultation lines are invaluable to us as clinicians and to patients to ensure safety and best practice. I regularly have no-names discussions with the safeguarding clinicians and have always found them to be extremely helpful, thoughtful and knowledgeable. They have been an important part of safety planning for patients, especially when advice is needed urgently or if it is unclear on the best way forward clinically due to complexity. Thank you to this invaluable team and I hope the safeguarding consultation lines will continue to operate as we have always found them very useful and important for our whole team".

8.4 Mental Capacity Act

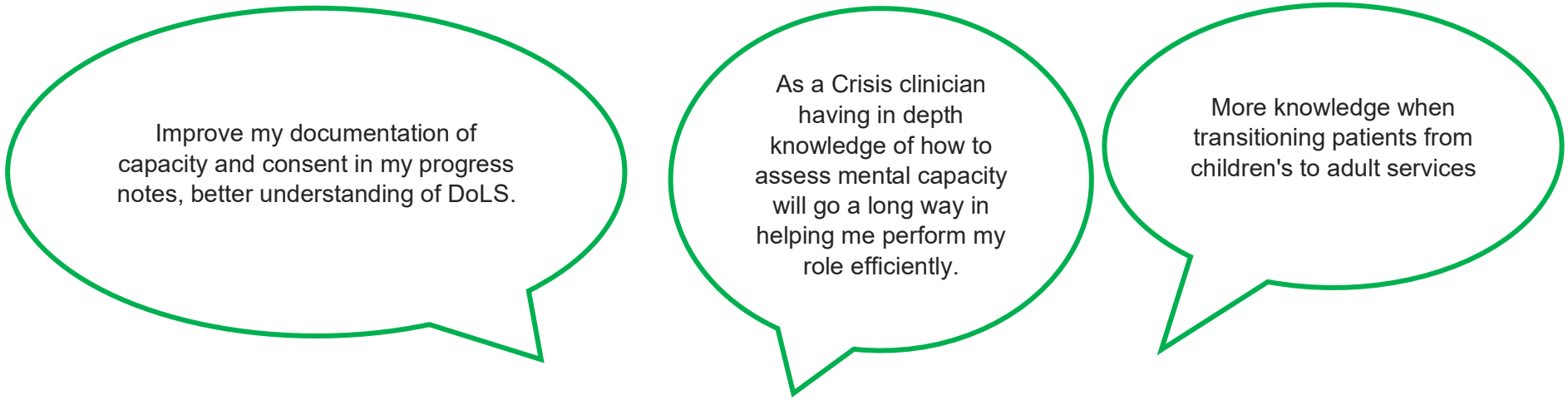
The Mental Capacity Act Lead has been in post since June 2023 and primary duties include Trust wide training development and delivery, provision of support, guidance and specialist advice on the Mental Capacity Act and Deprivation of Liberty safeguards (DoLS). This is a Trust wide role offering support across all Directorates via in person training and briefings, email, Teams and telephone consultations. The number of individual consultations in the year April 24 – March 25 has doubled compared to the previous (first) year. The consultations are received from the breadth of services as the role embeds with 57% from Oxon Mental Health teams, 19% from Buckinghamshire Mental Health Teams, 13% from specialised services (forensics and Learning Disability), and 9% community directorate. This compares to 80% of calls from Oxon Mental Health teams in the previous year demonstrating how awareness of the role and the support offer is increasing.

The training programme available to Trust staff includes MCA induction and refresher courses for all directorates and disciplines. The course content was completely refreshed and is updated as new policy or case law developments are published. Compliance with this mandatory training has improved significantly with 86% compliance at year end.

Training for the Community Hospital workforce is delivered in person on the wards and includes further information on Deprivation of Liberty Safeguards. Compliance is at 90% showing significant progress for this team. Additionally, medical staff now receive MCA training with more complex content to reflect the decision the doctors and dentists are responsible for making. Bespoke training is offered to teams on request responding to individual need and this year the focus has been on CAMHS inpatient units to cover competence and MCA for 16–17-year-olds, plus targeted sessions for community teams. The training packages continue to be positively received.



The evaluation form asks how attendance at training will impact practice:



As the role has become more embedded the complexity of advice required through consultations is increasing. There has been a shift towards a greater proportion of the MCA Lead's time spent advising on Court of Protection work. This includes supporting staff to provide witness evidence, capacity reports directed by the Court and attendance at legal meetings and Court hearings.

> Clinicians have felt very supported by the MCA lead to explain the legal proceedings, provide the necessary witness statement documents and also liaise with the local authority and legal representatives of the patient.

> The MCA lead role is invaluable in supporting the delivery of our (LD) service. You have been so approachable in both a proactive (delivering training and facilitating drop in supervision) and a reactive (responding to queries) way. You have helped us make sense of the MCA, ensuring that we follow appropriate processes and record our actions properly. You have been helpful in unpicking the more complex situations we come across, which undoubtedly has a positive impact on the support we provide to our vulnerable service users

Written guidance, presentations and templates are available on the Trust Intranet for all staff, and this is continually updated. Links and networks continue to build across the BOB and BSW systems promoting shared learning and partnership working. The MCA Lead has delivered training for the BOB ICB Mental Capacity Act programme and for the Buckinghamshire Safeguarding Adults Board.

8.5 Children Activity

The safeguarding children team's core work is supporting staff in managing highly complex cases through training, supervision and consultation. Another significant area is representing the Trust in multi-agency working. In addition, the Safeguarding Children Team support staff who are providing reports or attending the family courts. This year, 24 staff have been supported to write court reports compared to 18 last year. Assistance with 2 witness statements has been given and 2 attendances at court.

The information below gives an overview of the core areas of work undertaken by the Safeguarding Children Team.
Safeguarding supervision sessions have increased as we now offer supervision to more services.

There has been 1 allegation against staff in Oxfordshire in the past year, none of which proceeded to a formal investigation. There was 1 allegation in BSW which did not proceed to a formal investigation. There has been 1 allegation in Buckinghamshire which proceeded to formal investigation. All allegations are referred to the local area designated officer (LADO) for independent consideration of further investigation.

Previously referrals made by Oxford Health staff to Children's Social Care were captured via Carenotes electronic patient record. As a result of the IT outage in 2022 alternative electronic patient record systems were introduced. Ongoing work in 2024/25 has resulted in reports being built to extract data from the safeguarding children form on EMIS and the risk assessment/children's safeguarding form on RIO. In 2025 the safeguarding service is looking to streamline where referrals can be recorded to make this clearer for staff.

8.6 Safeguarding Childrens Incidents

Incidents that are identified as safeguarding are shared with senior members of the Safeguarding Service for review and followed up by the named nurses/professionals as required. Themes are collated and reported to the safeguarding committee as shown in the report below.

Reporting of these concerns as incidents is positive as it demonstrates issues are identified and action taken. Examples of this include:

Dog bite protocol being reviewed with partners to improve time taken to report to police and children social care.

Bruising protocol – practice embedded within services and from partners.

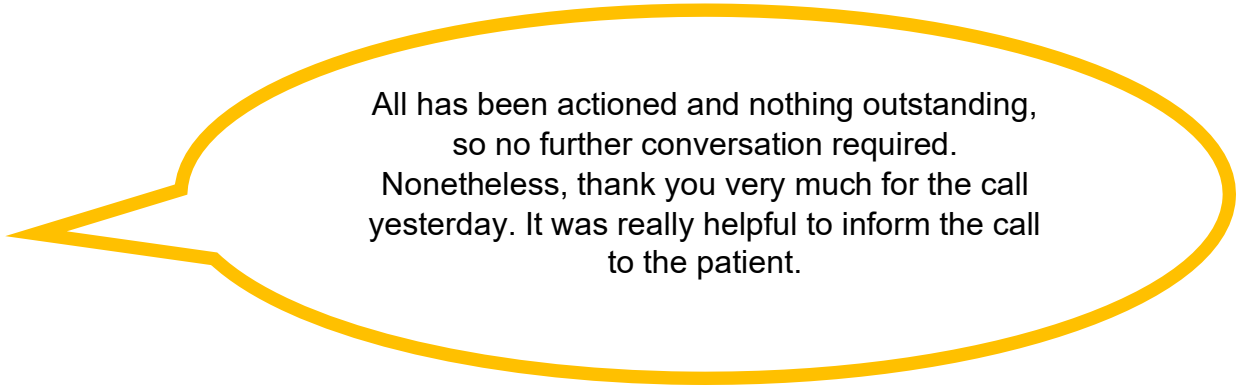
8.7 Safeguarding Incidents involving children 2024/25 (Total 274):

The number of reported incidents for children has increased in 2024/25. 274 compared to 220 in 2023/24. All of the directorates shown an increased reporting rate. The rates of reporting of self-harm incidents decreased. Communication/confidentiality increased in all directorates and was the theme reported most frequently. The concerns predominantly related to communication with professionals in other agencies impacting on care delivery by OHFT clinical staff. There were practice changes within the Community directorate to encourage recording those incidents which increased their reporting rate from 35 in 2023/24 to 55 in 2024/25. Management oversight of those incidents has supported discussions regarding practice changes needed in multiagency forums. There was a slight increase in the number of incidents related to violence reported apart from a decrease to 0 in the Forensic (specialised services).

Area	Total number	Themes
Bucks Mental Health	**24**	**Communication/Confidentiality (6), Violence (5), Concerns of Abuse (3)**
Community **(Includes minor injuries and out of hours)**	**153**	**Communication/Confidentiality (55), Health (29), Contact with Animals/insects (24), Violence (14), Self-harm (8)**
Oxon & West Mental Health	**61**	**Violence (20), Communication/Confidentiality (13), Self-harm (13)**
Forensics	**2**	**Communication/Confidentiality (1), Sexual (1)**

8.8 Safeguarding Children Consultation Line Data

Individual advice and consultation are available from the Safeguarding Children Team to all trust staff by telephone via a dedicated consultation line number and/or by face-to-face contact. This is available 9-5, Monday – Friday.



In 2024/25 there were 1385 calls to the consultation line, which is a similar number to the previous year. There has been an increase in calls from the mental health teams but a decrease from the community directorate. This may be due to the staff feeling more confident after internal and external service transformation.

Consultations regarding emotional abuse continue to be the category with the highest number of calls, with domestic abuse, neglect and physical abuse following.

	Oxon & South West Mental Health	Bucks Mental Health	Community Health	Specialised Services	Other/Partners	Total
2022/23 Total	758	393	275	14	14	1457
2023/24 Total	648	316	406	5	5	1380
2024/25 Total	732	353	283	9	8	1385

8.9 Training

Training Courses delivered	2024/25
Children Safeguarding Level 3	12
Adult Safeguarding Level 3	15
Combined Children's and Adults Level 3	21
MHA/MCA and MCA bespoke	25

Resident Doctors Training	5
HCA Clinical Induction	12
Induction Stand	12
Exploitation Training	3
Total	88

The Safeguarding Service is providing training both through MS Teams and face to face. It is anticipated that we will continue to provide training in this way. E-learning is available for some courses. The requirements for safeguarding training in relation to both children and adults are outlined in the intercollegiate documents (Adult Safeguarding: Roles and Competencies for Health Care Staff. Second Edition 2024: and Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. Fourth edition: January 2019). Safeguarding training is regularly reviewed to reflect national guidance, learning from reviews and the roles and competencies intercollegiate documents for adults and children. Level 2 children and adults is now delivered via Health Education England eLearning package. Level 2 induction training for Health Care assistants is delivered face to face in a classroom session.

Level 3 children's training package is available either virtually or face-to-face. The package has recently been updated to exclude pre-course learning, which was removed as it was considered a barrier to practitioners booking and attending the sessions. The training uses a case study to explore safeguarding themes, develop professional curiosity, and promote a "think family" approach among attendees from multi-disciplinary teams.

Level 3 Adult has been updated for 2024 and continues to be delivered face to face or via MS Teams. This uses a case study approach as a basis to consider safeguarding subject such as neglect, domestic abuse and exploitation whilst encouraging delegates to ‘think family’. Capacity in Level 3 courses has increased to reflect the increased numbers of staff required to access Level 3 Safeguarding courses.

In line with the ‘think family’ approach the safeguarding team have developed an Adult and Child level 3 Workshop, a safeguarding day. This day was developed to reflect the changes in the intercollegiate document and to encourage and embed a think family approach with OHFT staff who work in many different environments and reflects the complexity of the families and patients they work with. The day is based on scenarios to encourage multidisciplinary discussion and debate, as with the other training is designed to promote professional curiosity.

Key learning from Child Safeguarding Practice Review (CSPR)/ Safeguarding Adults Reviews (SARS)/Rapid reviews is included in the training packages. The packages are regularly reviewed and updated to include recent changes in legislation, guidance and policy.

8.9.1 Safeguarding Learning Passport

The Safeguarding Learning Passport has been launched to coincide with PDR season. The Team will join the Chief Exec briefing to raise further awareness and answer any questions staff may have. The Learning Passport set out the competencies required at each level and the required learning hours to keep up to date with changes in safeguarding practice. The team have developed a number of resources for staff and line managers, and these are hosted on the safeguarding intranet site.

8.9.2 Evaluation of training

Evaluations are compiled using a mixture of Teams forms, informal feedback and learning and development evaluation. The same form is used for all 3 packages to aid comparison. Feedback from these sessions has been very positive with practitioner valuing the real time safeguarding learning focus. Examples from course evaluation



Feedback on how the training will impact practice: 367 responses

"Confidence in dealing with safeguarding matters and professional curiosity"

"Safer practice and better able to consult junior members of the team."

Training levels have improved for 2024/25. The booking process has been improved, and the safeguarding adult training package has been refreshed and the requirement for pre-course eLearning has been removed to increase accessibility of the course. The development of the level 3 safeguarding adult and child workshop has improved course choice to appeal to a range of staff groups. The training sessions have been reviewed and mapped against the Core Skills Framework, Intercollegiate requirements, and NICE Guidance. A gap in the level 2 safeguarding adults' eLearning package related to Domestic Abuse was identified. This training does not meet the NICE guidelines, and mitigations have been put in place by the service. The new Domestic Abuse operation lead has developed a 45-minute Domestic Abuse recorded training package which has been uploaded to OH intranet safeguarding page. A request has been made to L and D to consider how this will be recorded and potentially rolled out trust wide.

8.9.3 Multiagency training

The safeguarding team have been involved in delivering Multiagency training and are part of the OSCB training pool. A package of training about child exploitation has been developed and delivered for the OSCB.

In Buckinghamshire the safeguarding team have developed and co-facilitate a half day for practitioners on, parental conflict and parental mental illness – impact on children. This is joint multi-agency training working with Buckinghamshire Council and OHFT.

Learning from LSCPRs Alan and Tristan multiagency online training session for Swindon Safeguarding Partnership was delivered in December 2024.

8.10 Supervision

Area of Work	Number completed 2022-2023	Number completed 2023-2024	Number completed 2024-2025
Safeguarding Children Supervision sessions	**210**	**220**	**237**

Safeguarding supervision is central to promoting robust safeguarding practice. It offers professionals a safe space to consider and reflect. Working Together to Safeguard Children 2023 states: 'Effective professional supervision can play a critical role in ensuring a clear focus on a child's welfare. Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family'. The Safeguarding Service Children's Team provides safeguarding supervision in line with the Trust Safeguarding Children policy which recommends that staff attend a minimum of 3 sessions per year.

The service currently offers supervision to 103 groups across clinical services and has seen a 23% increase in new groups receiving safeguarding supervision this year. This increase is driven by demand from service managers recognising the value of protected time for safeguarding supervision for their staff. Supervision sessions are offered face to face in staff basses and via MS TEAMs to fit the needs of individual services in different formats to maximise accessibility. The facilitators have been trained to a level 4 safeguarding standard and have received specific safeguarding supervision training. The safeguarding team also receive safeguarding supervision six times a year from an external psychotherapist who has also received and delivers safeguarding supervision training.

The Safeguarding adult's policy echo's that of the trust supervision policy, offering safeguarding supervision on request across adult teams. Uptake of this provision is on the increase after a sustained effort to raise the profile of this valuable resource. The safeguarding adult's team have continued to establish stronger relationships across the mental health, forensic and the community health directorates this year. We have proactively gone out to wards and departments to meet with managers and offer supervision; this personal approach has been well received.

We completed a safeguarding supervision audit in 2024 to evaluate individuals experience and provide assurance to the OHFT safeguarding committee and to the BOB ICB. Over 90% of those completing the audit indicated that they feel safe and listened to and are given the space to reflect and learn. Key learning points included the need to further raise the profile of safeguarding supervision across the trust in particular within adult services.

Forums for the community mental health teams have been set up in Buckinghamshire which have used a supervision approach to allow for reflection on safeguarding issues. These forums are not counted in the supervision sessions provided.

- **Community Directorate**

Supervision sessions have been initiated for District Nurses, and this has been very successful. Due to the success of these sessions the invitation was widened at the request of staff to include services such as the Care Home Support Service, Respiratory and Home Oxygen Service, Palliative and Anticipatory Care Service, Community Hospital, Emergency Multi-disciplinary Units and Urgent Care Response. These sessions are well attended and valued as a good collaborative space to have a wide range of discussions. These sessions are facilitated twice a month due to the large audience.

In addition to this each community hospital has a link member of the safeguarding team; we endeavour to each spend time 'hot desking' at these bases throughout the year and offer safeguarding supervision sessions ad hoc in addition to the community services drop-in. We are also in the process of setting supervision in the community Single Point of Access team.

- **Mental Health**

A monthly safeguarding drop-in supervision is in place for all staff from Buckinghamshire and there is an open invitation for the inpatient units to attend, these sessions may cover issues related to admission, discharge or disclosures. Aspects of the Mental Capacity Act and Deprivation of Liberty may also be discussed. We also discuss practice and process around all safeguarding themes.

We have recently started delivering face to face supervision on Ruby Ward, Saphire Ward, Amber Ward and Opal Ward at the Whiteleaf Centre in Buckinghamshire. This is still in its infancy, and we are in conversation with managers as to how we best capture a broad participation across all 4 wards. The forensic wards and the community forensic team in Oxford are also now accessing regular supervision. This interface and continuity with services experience high levels of risk is extremely valuable. We have added three more teams to the eating disorders service, including the community team and Step Up team in Oxfordshire and the inpatient and community team receive a joint supervision at Cotswold house in Marlborough. The Complex needs service is now receiving supervision for staff across Oxfordshire and Buckinghamshire teams and The Serious Mental Illness team (SMI) in Oxfordshire is now up and running and held quarterly. The adult learning disability team are receiving a joint MCA and safeguarding supervision on a quarterly basis; this team bring valuable discussions around complex cases.

8.11 Audits

The Safeguarding Service participated in multiagency audit work as part of its role as members of the Safeguarding Partnerships/Boards or in partnership with other health providers. Internal safeguarding audits are part of core work for the service, and some are required as part of the NHS contract requirements for safeguarding. The Safeguarding Service have been part of the Trust peer review program.

Learning from Safeguarding Service audits is shared with staff through the Safeguarding Service newsletter; governance reports; training and supervision sessions.

8.11.1 Trust wide Audits

Trust audits included:

- **Children Social Care Referral audit – March 2025**. The audit was completed using data from Tobi, the Rio reporting service and the reporting system from Emis across the Trust. This audit was the first time this was completed across the trust since 2022. We were able to identify 11 children social care referrals on Rio and Emis. This table shows the findings for where the children live, and which IT system was used.

Area The Child Lives In	RiO	EMIS
Oxon	1	2

Banes	4	
Swindon	1	
Wiltshire	3	
Total	9	2

Themes

1. Standard of clinical judgement and safeguarding knowledge was good on 10 of the referrals we were able to audit.
2. There is consistent evidence of good safeguarding practice in Banes Swindon and Wiltshire that has been recorded on Rio.
3. The children safeguarding form is not being used in some areas by clinicians for the purpose it was designed.

Recommendations

1. Use of the children safeguarding form – consider with the safeguarding service how we can communicate this to teams and individual clinicians.
2. Celebrate the good practice in BSW and consult with them on what is working for their service and clinicians.
3. Consider the training that is already delivered and if improvements around the referral process would be beneficial.
4. The Safeguard Service to implement a robust and timely audit process.
5. The Safeguarding Service continue to work and consult clinical teams at all levels to provide a reporting system that is accessible and does not make the official documentation more onerous.

- **Overview of Core Clinical Standards for the Inpatient settings, children and adult across Oxfordshire, Banes, Swindon, Wiltshire and Buckinghamshire.**

As part of the reassurance process, the Safeguarding Service have reviewed the core clinical standards data in the 16 in-patient settings across the Trust and made some observations below.

From the patient experience questions. “Treated with kindness,” and “Staff do enough to help me feel safe” Patients have responded positively with several of the settings at 100% and the mean score 90% for both therefore none of the settings fall below 81%.

Going on to the Rio questions we reviewed the following questions that reflect on both patient safeguarding and safety. 1. Quality of care plan, 2. Recent care plan review, 3. Physical heath in care plan, 4. Consent to share information with family, 5. Recent review of consent to share information, 6. Quality of risk assessment, 7. Quality of risk management plan, 8. Risk assessment of suicide or self-harm recorded, 9. Quality of safety plan and 10. Capacity to consent to treatment recorded. Patient responses were comparable to previous ones, the mean score across the above questions 85%. Notably, no 8 was 100% and the lowest with 72% was the quality of risk management plan.

Individual settings complete actions plan which are added to AMAT as part of a proactive approach to ensure patient safety remains at the forefront of the in-patients’ objectives. The plan for The Safeguarding Service over the year 2025-2026 is to review and audit the clinical standards quarterly to provide ongoing assurance and evidence that high standards are maintained across the inpatient settings.

- **Escalation/Resolve Audit 0-19 Pathway in Oxfordshire.**

This audit provides an overview of the implementation and effectiveness of the Oxfordshire Safeguarding Children Partnership OSCP Resolve policy within the 0-19 service. It was implemented to support contractual arrangements for the 0-19 service; and to begin assurance processes to the Oxfordshire Safeguarding Children Partnership the effectiveness of escalation processes which has been identified as an area of practice improvement from children safeguarding practice reviews. The audit was led by the Safeguarding Service in collaboration with the 0-19 Service Leadership Team.

A data set of 8 cases were reviewed in March 2025. 6 cases made up the final data set. The audit identified good outcomes for children which have increased their safety, supported access to health assessments and/or identified health interventions which can be provided to enhance their health and wellbeing.

Recommendations

1. 0-19 service leadership recording of escalation cases to be reviewed to ensure all stages of the Resolve policy are included; PID is included; Ulysses recording processes are included.

2. 0-19 service escalation practice guide to be available to all practitioners in the service.
3. 0-19 service leadership team and Safeguarding Service staff to discuss methodology of 2025-2026 escalation audit
4. Safeguarding Service to review application of escalation processes across the organisation.

- **Case File Audit for the 0-19 Years Children and Young People for the Public Health Service Contract**

The safeguarding case file audit was conducted to evaluate the quality and effectiveness of safeguarding assessments within the 0-19 years Children and Young People Public Health Service contract.

This audit highlighted strengths in documentation and assessment skills but identified some areas for improvement, such as the use of specific assessment tools, clearer recording of the voice of the child, and comprehensive information sharing. Implementing the recommendations above will enhance the quality and effectiveness of safeguarding assessments for children and young people.

- **Annual Audit of Supervision for children and adults- September 2024**

The Safeguarding Service conduct the supervision audit annually to ensure the service meets the needs of the clinician's and professionals it serves in the Trust and as part of the assurance and commissioning arrangements. There was a total of 180 respondents. There was a 75% response rate from children's services and a 29% response rate from adult services, 8 of the respondents were from all age services. An overview of the findings included, most participants were happy with the frequency of their supervision, with 12 practitioners wanting it more frequently. 6 reported they would prefer smaller groups. One practitioner noted that it is difficult when sometimes sessions are cancelled last minute due to conflicting demands on the Safeguarding Service. 96% of practitioners are happy with the length of their sessions, 6 advised that they would like longer sessions.
The action plan included,
1. Sessions cancelled by the supervisor are rescheduled in a timely manner.
2. Clarity and communication over the roles and responsibilities of the supervisor and supervisees.
3. Promotion of the safeguarding supervision offer.
4. Increased visibility of the Safeguarding Service and supervision offer.

8.11.2 Safeguarding Service Audits

Oxfordshire MASH Audit

An audit of Oxon MASH health shares has been completed biannually in the year 2024-25. This audit takes place to provide quality assurance that the Oxon health MASH information shares are consistent across the team and the information shared supports decision making within the MASH.

A System Engineering Initiative for Patient Safety Worksheet was also completed following identification of a small number of missing entries on patient's records. This highlighted lack of morning and afternoon breaks when engaged with intensive computer work impacts on concentration.

- **Key Success**
  Results evidence a good standard of quality and consistency of health information shares
  Mid-morning and afternoon screen breaks have been embedded. The second audit highlighted an improved 100% rate of the MASH entry being added to all clinical records.
- **Key Concerns**
  Health shares are not always returned within timescale. A mitigation process is in place with our partner agencies.
  Team name and contact details of health services working with the family are not always shared.
- **Key Actions**
  Continue to complete audits bi-annually and review the standard operating procedure accordingly.

An audit was requested by the Oxon MASH steering group to review referrals made by OHFT CAMHS teams that had resulted in the outcome of no further action, closure and or signposting only by Oxon CSC due to CAMHS being identified as a high referrer with this outcome. This was completed in November 2024.

- **Key successes** from the number of referrals into the MASH, 13 inappropriate referrals between January-October 2024 seems relatively low. Only 4 teams within the Oxon CAMHS services featured.

- **Key concerns** Early help should be considered before a MASH enquiry. Support for CAMHS with Early Help and strengths and needs form has been an outcome of a previous in August 2023. For 2 of the cases the practitioner used the safeguarding consultation line and was advised to complete a MASH enquiry. Parental consent is not always gained for a MASH referral.
- **Key actions** CAMHS to be supported regarding increasing knowledge of the Early Help offer in Oxfordshire – completed

Buckinghamshire MASH Audit

An audit of Buckinghamshire MASH health shares has been completed three times over the year 2024-25 to ensure good practice and understanding of the health shares completed. The audits identify actions that will enhance the service offered and provide assurance of quality and health information shares. The results of the audits are regularly shared with the Buckinghamshire operational meeting for MASH where it is reviewed by partner agencies.

- **Key Success** Consistently good. 11 of the 12 areas that are audited are 75% and above across the year.
  When there was an error in how we use the form it was corrected quickly due to the audit process and overview.
  Throughout the year the audit shows we have been improving the consistently of the health shares.
- **Key Concerns** The audit shows there are no ongoing concerns that we have not addressed throughout the year.
  We are aware that there are new members of staff who are still being trained which we endeavour to support.
- **Key Actions** Continue completing audits bi-annually and reviewing the standard operating process accordingly.

Banes Swindon and Wiltshire.

The Safeguarding Team participate in monthly MASH audits in Swindon.

8.11.3 Multi-Agency Audits

- **Oxfordshire Multi-Agency Audit Quality Assurance Report: Child Exploitation**

This report outlines the findings and lessons learned from a multi-agency audit conducted to assess how various agencies interacted with children and young people at risk of child exploitation between August 2024 and January 2025. The audit looked at 10 children, 5 boys, five girls. Seven identified as white British, one as dual heritage, one as Black African and one as Asian. There were many strengths identified from the records that showed good quality referrals were made and responded to in a timely manner and multi-agency support for one child helped him to understand that he was a victim of exploitation, and to process what had happened to him. There were 10 recommendations for the safeguarding system which have been presented to the Performance and Quality Assurance subgroup and the Business Delivery Group, and the Child Exploitation Subgroup will take the lead in responding to the findings and implementing recommendations. Additionally, the audit findings will be used to revise the partnership strategy for working with children who face harm outside the home in Oxfordshire.

- **Buckinghamshire Multi-Agency Audit on Police Protective Powers (PPP)**

5 Children were audited and reviewed with the focus on appropriateness, decision making, and interagency responses when the Police use their power to protect a child or young person. There was good practice identified with health and CAMH services communicating however none of the five children who were audited had a CP medical and no understanding of if this had been considered.

Recommendation – When a child/young person has been PPP consideration to whether a CP medical should be done at the strategy meeting and the outcome documented.

- **Buckinghamshire Neglect Audit January 2025**

This report outlines a multi-agency audit focused on the prevention of neglect in under 10-year-olds and the quality of plans where neglect is a presenting issue of unmet need for children. Five children were identified for the audit, but only two were focused on during the meeting due to the depth of discussion and time constraints. The completed audit tools for the other three children were reviewed by Oxford Health NHS Foundation Trust colleagues to identify any good practice and learning. These findings are included in the report.

Key successes include good analysis of current risk by the police and excellent joint working and communication between agencies. Key learning points highlight the importance of recognising and recording cumulative harm, understanding family context, and ensuring that plans are SMART (Specific, Measurable, Achievable, Relevant, Time-bound). The document emphasises the need for a holistic and multi-agency approach to safeguarding and addressing neglect.

The following recommendation were completed, 1. Conference and Review Service to ask for chronologies for all neglect cases that are on Child Protection Plans. 2. Agency representatives to take back to their agencies and the child neglect working group the key learning and findings from this audit including the need for common language and tools in relation to neglect.

- **Swindon Safeguarding Partnership Multi-Agency Response to the Exploitation of Children Audit.**

As part of the quality assurance work of the Swindon Safeguarding Partnership it was agreed that multi-agency audits would be undertaken to look at the experiences of children who are being exploited or at risk of being exploited in Swindon and how we as a Partnership are working together to support these children to reduce risk of harm. OHFT supported partners to complete this audit. This audit identified 26 children who had experienced criminal exploitation, sexual exploitation or modern slavery. The audit identified strengths and good practice across the agencies and included recommendations. Specifically, to CAMH's,

CAMHS

1. To ensure that copies of CERAFs are uploaded to the child's file.
2. To ensure that ADHD assessments consider how ADHD might impact on the risk of exploitation.

- **Audit plan for 2025-26**

The Safeguarding Service have used audits to identify gaps, assess compliance and ensure continuous improvements in the safeguarding services offered to clinicians and professionals across the Trust. They have also used them to provide assurance, transparency and accountability in safeguarding practices. Action plans are written, and learning is added to training, supervision and other work completed by the Safeguarding Service across the Trust. The development plan for this year is to develop a whole team approach to not only completing audits, understanding their meaning and writing action plans but also consider how we monitor and evaluate whether the changes have made children and adults safer.

9 Policy and Procedures

The following policy updates were completed in 2024/25

Safeguarding Adult Policy CP25 – changes included inclusion of homeless mortality review process; making a safeguarding adult alert; overview of SAR action planning processes; inclusion of making safeguarding personal guidance; inclusion of local induction safeguarding processes.

Mental Capacity Act Policy CP52 – A complete refresh of the policy content to reflect developments in case law application, national guidance and to make the policy easy to comprehend and use in practice. DOLDS flowcharts added.

The safeguarding service has supported the OSAB, OSCP, BSCB and BSCP to review and republish all of their multiagency safeguarding policies and procedures.

The safeguarding service and clinical leaders in the 0-19 pathway and CAMHS have supported the development and implementation of the Oxfordshire Early Help Strategy.

10 Multi-agency Working

10.1 Multi-agency Safeguarding Hub (MASH)

Safeguarding Service have improved quality assurance processes by biannually dip sampling health information returns. This has resulted in consistency of analysis in returns across geographical areas.

Area of work	Number completed 2021-22	Number completed 2022-23	Number completed 2023-24	Number completed 2024-25
MASH enquiries processed	Oxon: 4726 (average 18/day)	Oxon: 7356 (average 29/ day)	Oxon: 6867 (average 27/ day)	Oxon: 5306 (average 21/ day)
	Bucks: 638 (253 open cases)	Bucks: 459 (average 2/day) (213 open cases)	Bucks: 2027 (average 8/day) (959 shares sent) *	Bucks:1761 (average 7/ day) (967 shares sent)

*changed from reporting cases 'open' to 'shares sent' to include cases with historical information

Area of work- 2024-25	Oxfordshire	Buckinghamshire
Strategy meeting requests received		739
Strategy meetings attended	344	291

10.1.1 Oxfordshire

Oxfordshire completed MASH health shares in 2024/25 have reduced from 2023/24. There have been some staffing pressures but also it has been noted that cases are becoming more complex, therefore increasing the time to complete. Since the introduction of the Family Help Hub the Health shares are limited to the RAG rated red and amber therefore focusing on the complex, higher risk cases. A priority system has been agreed with MASH social care to ensure the most urgent cases are processed by health when shares are out of time. This process is evaluated by the Health MASH team and MASH Social care manager to ensure efficacy.

10.1.2 Buckinghamshire

The number of health enquiry requests has dropped in number throughout the year; however, the number of attended strategy meetings have remained consistent across the last year. This has been explored with partner agencies and adaptions made to the health share form, but also, we concurred that the reduction was appropriate with the change in the MASH dealing with only the higher risk rag rating red enquiries.

The monthly multi-agency audits have been on hold in 2024 and due to re-start in June 2025, the Safeguarding Service will contribute to the monthly multi agency MASH Audit. Dip sample audits have taken place three times over the last year and will continue bi-annually, by the Safeguarding Service looking at quality of health returns to MASH.

The operational MASH meeting is attended monthly, and regular communication is initiated when necessary to ensure smooth delivery of the service in Buckinghamshire. The Standard Operating Procedure has been updated throughout the year to support the induction and training of the new staff working in the Safeguarding Service who support and deliver MASH for OHFT.

10.1.3 BSW

Wiltshire MASH - The CAMHS clinician from the In Reach team retained responsibility for joint decision making in MASH where a mental health concern is present, attending complex strategy discussions. Contacts with the Trust Safeguarding Service have been infrequent and enquires from MASH may sometimes be made directly to CAMHS clinicians or general contacts with locality teams to ascertain whether young people are known to CAMHS. This is being explored to gain assurance that there continues to be effective information sharing with MASH services.

Swindon MASH- Requests for information from MASH to CAMHS go through the CAMHS admin team. If there is a CAMHS clinician required to give analysis of the information or attendance at a strategy meeting the admin team will contact them directly. The safeguarding service can be contacted to cover absence at strategy meetings if the CAMHS clinician is unable to attend and to share relevant information. The number of information shares requested from MASH for 2024-5 are lower than expected. This has been escalated and is being reviewed with MASH managers.

Changes to MASH operating arrangements have been supported as part of the Swindon improvement plan after their last Ofsted inspection. The Safeguarding service, CAMHS management and ICB staff have been supporting discussions to identify improvements in health provider involvement in the Swindon MASH.

BANES - There continues to be a system in place for duty CAMHs clinician to link with the children's social care teams across BANES front door.

10.2 Safeguarding Adult Reviews (SAR)

Safeguarding Adult Review (SAR) is a process through which the safeguarding board partners can identify lessons about the way local professionals and agencies work together to benefit adults with care and support needs. All SARs are by their very nature complex. Safeguarding adults' boards in Oxfordshire and Buckinghamshire and Swindon Safeguarding Partnership have all included Homeless mortality reviews (HMR) as part of their SAR Policy in 2024/25. The safeguarding service took over the HMR process for OHFT in Oxfordshire in July 2024 due to the process now sitting within the SAR sub-group. Activity for HMRs is substantial and it is recognised by the OSAB the impact of this activity on partners capacity. The process is to be reviewed.

The SARs or HMRs can be accessed on the website of the local safeguarding adult's board.

SARs and Rapid Reviews undertaken in 2024/25 with Trust service involvement:

Area	Rapid review completed	Published SARs	Published HMRs	Completed &/or awaiting publication	Ongoing SARs
Oxfordshire	**0**	**3**	**5**	**9**	**1**
Buckinghamshire	**0**	**0**	**0**	**4**	**1**
BaNES	**0**	**0**	**0**	**0**	**0**
Swindon	**1**	**0**	**0**	**0**	**1**
Wiltshire	**0**	**0**	**0**	**0**	**0**

10.3 Child Safeguarding Practice Reviews (CSPR)

The purpose of reviews of serious child safeguarding cases, at both local and national level, is to identify improvements to be made to safeguard and promote the welfare of children. Learning is relevant locally, but it has a wider importance for all practitioners working with children and families and for the government and policymakers.

Serious child safeguarding cases are those in which:

- abuse or neglect of a child is known or suspected **and**
- the child has died or been seriously harmed.

Serious harm includes (but is not limited to) serious **and/or** long-term impairment of a child's mental health or intellectual, emotional, social or behavioural development.

Activity around child safeguarding practice reviews and outstanding actions are included in quarterly reporting.

10.3.1 Child Safeguarding Practice Review (CSPR) Activity Which Has Involved Trust Services

In 2024/25 we have seen a decrease in child safeguarding practice reviews commissioned.

However, the rapid review process where safeguarding partners promptly undertake a rapid review of the case which involves gathering facts, discussing immediate actions, identifying improvements, and deciding next steps. When the rapid review is completed, a decision is made by those present whether a child safeguarding practice review should be commissioned. This decision along with supporting information is sent to the National Child Safeguarding Practice Review Panel who confirm if they agree and any comments or suggestions. The table below shows the rapid response and CSPR activity over the past year.

In 2024/25 the Safeguarding Service has been embedding a process to track actions from CSPRS on the incident reporting system Ulysses. Also meeting with directorates to agree actions achievable for the Trust that are in line with the action plans signed off for CSPRS. The system has allowed actions to be competed in a timely way for reviews completed in 2024-25. Reporting back Trust actions completed to the safeguarding children partnerships has been evidence informed because of this process. In 2024/25 the safeguarding service embedded this process to include safeguarding adult reviews and Section 42s enquiries. Impact of this change is being monitored.

A sign off process for safeguarding reviews has been agreed. The Associate Director of Social Work and Social Care reviews all safeguarding reviews. They decide if report needs to be signed off at the Exec PSI sign-off meeting.

10.3.2 CSPRs and rapid reviews undertaken in 2024/25 with Trust service involvement:

Area	Rapid review completed	Published CSPRs	Completed &/or awaiting publication	Ongoing CSPRs	Partnership review
Oxfordshire	1	0	1	0	4
Buckinghamshire	0	0	3	0	0
B&NES	0	0	1	0	0
Swindon	1	1	0	0	0
Wiltshire	0	0	0	0	0
West Berks	1	0	0	1	0

11Child Death Review Process

The safeguarding service co-ordinates the child death review process for the Trust when a child dies or if family members are known to our services and represent the Trust on the Child Death Overview Panel (CDOP) across all Trust geographical areas. There is also representation from the safeguarding service at the Trust Mortality review meeting to give feedback on themes of child deaths and any modifiable factors. In turn any learning from the Mortality review meeting is fed back to the CDOP meeting.

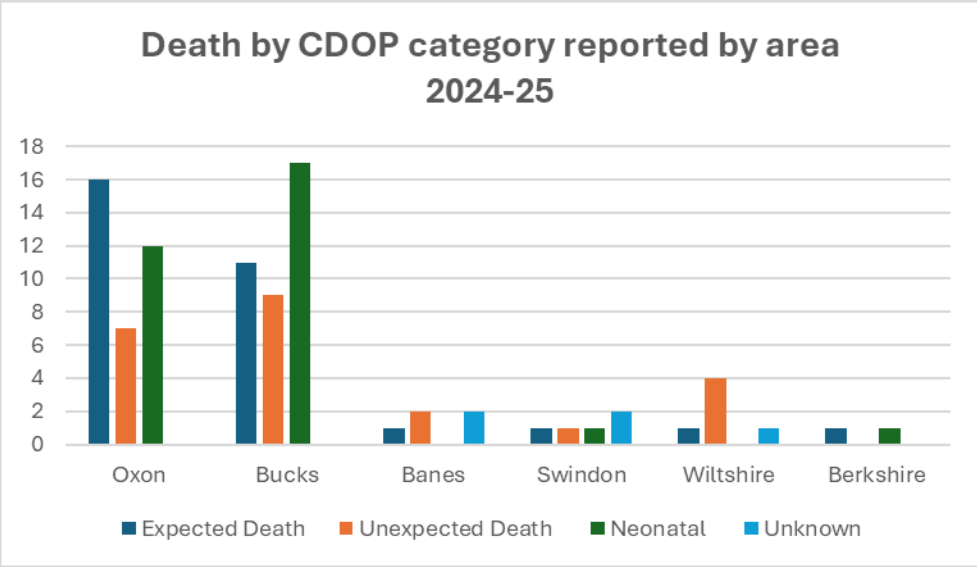
11.1 Data Breakdown 2024-25

In 2024-25 OHFT supported CDOP process for 90 children (77 children in 2023-24, 89 children in 2022-23 and 92 children in 2021-22)

Due to cross border services being accessed by families in South Oxfordshire and South Buckinghamshire, the Trust support CDOP requests from Berkshire so support to families can be maximised. However there has been a significant drop in the number of cases shared with OHFT in 2024-25.

Area	CDOP cases reviewed 2022-23	Known to OHFT services 2022-23	CDOP cases reviewed 2023-24	Known to OHFT services 2023-24	CDOP cases reviewed 2024-25	Known to OHFT services 2024-25
Berkshire	12	0	18	0	2	0
BSW	8	3	5	1	16	4
Bucks	32	1	25	3	37	1
Oxon	37	26	29	24	35	27

Death by CDOP category reported 2024-25				
Area	**Expected death**	**Unexpected death**	**Neonatal**	**Unknown**
Berkshire	1	0	1	0
Banes	1	2	0	2
Swindon	1	1	1	2
Wiltshire	1	4	0	1
Bucks	11	9	17	0
Oxon	16	7	12	0



Age range of children reviewed 2024-25	Total	Expected death	Unexpected death	Neonatal	Unknown
under 12 months	39	4	4	31	0
1 to 5	15	8	6	0	1
6 to 10	12	7	3	0	2
11 to 15	14	8	6	0	0
16 to 18	10	4	4	0	2

- **Oxfordshire**

	2021-22	2022-23	2023-24	2024-25
Oxon CDOP Cases reviewed by OHFT	33	37	29	35
Neonatal	11	9	11	12
Known to Community Services	21	26	21	26
Known to Mental Health services	2	2	3	1
Unknown to OHFT services at time of death	9	10	5	8

- **BaNEs, Swindon and Wiltshire (BSW)**

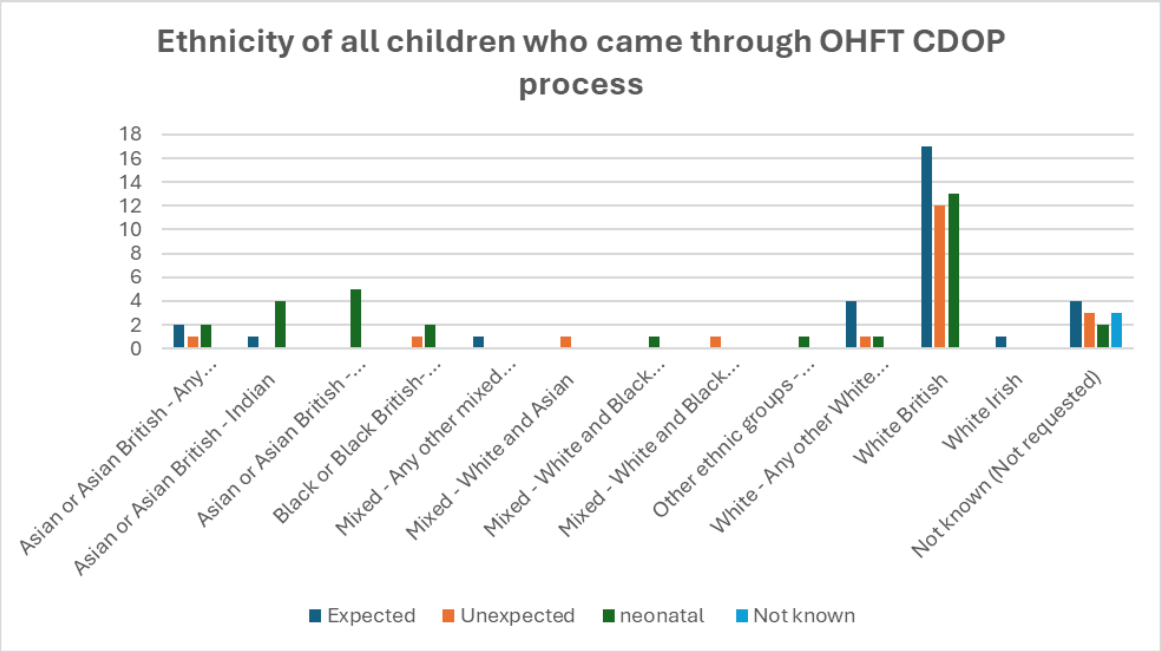
	2022-23	2023-24	2024-25
BSW CDOP cases reviewed	8	4	16
Not known to OHFT	5	4	12
Open to CAMHS at time of their death	3	0	4

- **Buckinghamshire**

	2022-23	2023-24	2024-25
Bucks CDOP cases reviewed 2022-23	32	25	37
Neonatal	8	10	17
Known to CAMHS	1	1	2
Family known to AMHT	0	2	0
Not known to OHFT	31 (8 neonatal)	22 (10 neonatal)	35 (17 neonatal)

- **Berkshire**

	2023-24	2024-25
Berkshire CDOP cases reviewed	25	2
Child or family member known to OHFT	0	0



Cases were reviewed using the latest information from the Office of National Statistics (ONS) regarding postcodes in each area that experience higher levels of deprivation. Almost 60% of the children who died in Buckinghamshire were living in areas of deprivation. This is noticeably higher than the 14% in Oxfordshire. 5 of the deaths were unexpected, 12 were neonatal and 5 were expected.

Area	CDOP cases reviewed 2024-25	Postcode identified as area of higher levels of deprivation	Percentage
Berkshire	2	1	50%
BSW	16	5	31.25%
Bucks	37	22	59.46%
Oxon	35	5	14.29%

11.2 Joint Agency Review (JAR) Meetings

Joint agency review meetings (JAR) are only called when a child dies unexpectedly. Neonatal and expected deaths do not have JARs within their CDOP pathway.

In Buckinghamshire the JARS are coordinated by the Buckingham Healthcare Trust Paediatric service. OHFT staff are not always invited to attend the meetings.

In BSW the safeguarding service attend the JAR. A CAMHS manager may also attend. JAR meetings are also attended in BSW when the child is not known to services to support actions for children attending the same school/ leisure activities who may be affected by the death of the child. The process for being invited to attend the JAR meeting has improved in Swindon. Work is occurring with the designated Doctor for CDOP for BSW ICB to ensure consistency of OHFT support to CDOP process in Wiltshire and BaNES.

The decision who should attend the JAR is made in collaboration with service leads and the Safeguarding Children Team. Factors taken into account in deciding who attend the JAR are the needs of the member of staff who know the family; the time and availability of people to attend the JAR as they need to occur within days of the child passing to offer the best support to the family and any additional internal processes being followed as a result of the child death.

11.2.1 Child Death Review Meetings (CDRM)

Meetings were re-established in 2022 after a pause during the Covid pandemic but not called for all cases. The Community Children Nursing team and Integrated therapies services supported CDR meetings lead by specialist teams i.e. oncology rather than the CDOP designated doctor. It was agreed in 2023 that OHFT Safeguarding Service would chair CDRM meetings for children known to CAMHs but no acute health services. No CDRM meetings have been chaired by OHFT in 2024-25.

11.2.3 Child Death Overview Panel (CDOP) Meetings

Panel meetings occur quarterly and are the final stage of the local CDOP processes. The Oxon and Bucks panel have combined to reflect ICB alignment of processes. Panel Meetings are not attended in BSW. The Trust has an internal mortality review process as well led by the Clinical Directorates which reviews the care and any learning for all unexpected deaths.

The OHFT mortality team had noticed an increase in the number of child deaths this year including an increase in neonatal reporting. One reflection was that the winter infection deaths may have presented earlier in the year. There has also been a shift in the number of children OHFT support, therefore, there are more reportable deaths within the organisation than previously because

those children may not have been seen in the same way. Oxon and Bucks CDOP Panel advised they have not identified an increase in child deaths over the reporting year 2024-2025. Oxon and Bucks child mortality rates are not indicating any statistical differences to the national picture.

Within the Oxon Bucks CDOP Panel completed reviews smoking was listed as a modifiable factor in 9 cases. 7 of those were smoking during pregnancy, 1 smoking within the household and 1 a young person directly smoking. High maternal BMI was identified in 7 cases (6 neonatal and 1 unexpected death).

Other modifiable factors identified were: Drug use in pregnancy (1), history of maternal drug use (1), prescription drug use throughout pregnancy (1), co sleeping in an adult bed (1), central line infection (1) self-harm (1), isolation (1) drug dependency (1) domestic abuse (1) physical environment (railway crossing) (1) Multi occupancy housing (1) forehead lesion, non-compliance with safeguarding protocols (1) bereavement support for bereaved young person (1).

Learning from one case noted that although appropriate co-sleeping advice was given, it was unclear if this was modified in view of mothers prescription medication which was known to cause drowsiness. Protocols have been updated in relation to safe sleeping.

A further learning point was that the use of multiagency tools should be strengthened e.g. graded care profile. Our 0-19 service practitioners are now in the process of being trained to use the graded care profile, therefore can contribute to assessments to effectively drive interventions and decision making.

One case highlighted that the necessity for the right health care teams who are directly involved with a child or family are invited to case conferences or professional meetings. Work to strengthen connections and communication between health and CSC has

taken place, CSC now have access to HIE and MASH health procedures have been tightened to ensure that names and contact details for services known to a family are shared.

Children who are removed from school should have risk assessments completed to ensure their safeguarding needs are met. There is now guidance in place where the 0-19 service are being updated when a child becomes Electively Home Educated.
5 Oncology children were reviewed. The exemplary and compassionate care delivered by the CCN team and palliative care pathway was acknowledged for the positive impact it had on the children and their families. Pain management medication access was raised in a number of these cases. This was a consistent message within a thematic review into life limiting conditions which is being published in July 2025 and is being raised as an action point to the National CDOP panel as a result. Guidance has been written in regard to Pharmacy for the CCN team by the palliative care lead which will support this issue in the future. It was noted that CCN's are not invited to participate in the oncology reviews, this was felt to be an omission which impacts learning as CCNs form an intrinsic, integral part of the child's end of life journey as the key professional liaising between many different services to provide safe and effective care. Invitation will be encouraged for future reviews.

11.2.4 Thematic Reviews

Thematic reviews were introduced when CDOP processes were updated in 2018. The reviews are supported at a regional level.

OHFT have not attended any thematic review events in 2024-25.

Working Together 2023 updated the guidance related to CDOP. Updates have been supported in the CDOP panels to reflect this update. OHFT safeguarding Children policy has been updated to included the guidance changes.

12 Partnership Working

Collaboration and working with partners is essential and a key part of the core work of the Safeguarding Service. This is through the Safeguarding Boards/Partnerships and sub-groups and other multi-agency forums.

Key pieces of work in addition to the areas below include work on developing a multi-agency template for case conferences; reviewing and revising pre-birth guidance; developing guidance for staff who work with adults with mental health issues who are parents/carers; Review of the Dog Bite Policy, Bruising Policy for mobile children and developing training with partners and supporting research. Oxford health is also involved with multi-agency audits including themes of pre-birth audit, MARAMP, neglect and exploitation.

12.1 Neglect Work

Neglect continues to be a priority for all of the LSCB/LSCPs covering the Trust's services.

12.1.1 Oxfordshire

As part of the Oxfordshire Neglect strategic plan, Oxford Health has continued to produce an action plan, that is updated every quarter and presented at the OSCB Neglect Strategic Meetings by a member of the children facing part of the safeguarding service.

The key priorities for 2025/26 have not been finalised. Previous priorities remain focus of work.

The use of the strengths and Needs form continues to be promoted in supervision and on the consultation line and Neglect cases are being detected earlier through these assessments. Data collection is in progress, and it is hoped that the new Early help portal from Children social care will make this easier.

The training programme for Health visitors across Oxfordshire community services to use and be train the trainer in the Graded care profile continues to be implemented.

Oxford Health have a lead partnership roll in the development and delivery of the Neglect Partnership forums. These forums aim to promote the key messages from the neglect strategic plan. It is an opportunity for practitioners from a range of agencies to learn, discuss and reflect on neglect practice issues.

The Early Help board has been set up to prioritise early help work across Oxfordshire and the identification of neglect early to improve outcomes for children and families. A member of the safeguarding service, 0-19 pathway and CAMHS attend this group with a focus on reviewing the current early help strategy and how it can be improved.

12.1.2 BSW

Swindon Safeguarding Partnership Neglect Subgroup continues to be supported. The partnership Neglect spotlight event led to the development of a multi-agency training session by a member of the safeguarding service in June 2024. The Neglect Strategy, Neglect toolkit and guidance has been shared with clinical teams in April 2024, although anecdotal information gathering has raised concerns that this has not been embedded in practice. A Neglect audit into the use of tools is planned for May 2025.

Wiltshire local authority are partners in the implementation of the NSPCC'S Graded Care Profile 2 (GCP2) and partners including CAMHS currently feed into the implementation group. Multi agency training is offered to all agencies and CAMHS staff have been encouraged to attend this.

BANES do not currently use a specific tool, but staff are aware of the trust use of the Neglect tool and are encouraged to use this as appropriate.

12.1.4 Buckinghamshire

Buckinghamshire Children Safeguarding Partnership tasked a group of multi-agency partners to develop the neglect policy with the aim of launching it to publicise the concerns of neglect. Alongside the policy, a neglect tool has been developed using the assessment framework triangle with the initial objective of all services in Buckinghamshire using the same tool. This newly developed tool will be specific to Buckinghamshire and trialled shortly by clinicians working with children and their families. The ongoing plan, is for the

group to consider local need and develop a package of tools that are appropriate to meet the demands of the professionals and identify neglect at the earliest stage. A member of the safeguarding service has supported the process.

13 Public protection Work

13.1 Prevent

The Counter-Terrorism and Security Act 2015 contains a duty on specified authorities to have due regard to prevent people from being drawn into terrorism. The Government's strategy, CONTEST, is the framework that enables the government to organise this work to counter all forms of terrorism. The Prevent programme depends on leadership and delivery through a wide network of partners which includes health organisations. Channel panels continue to take place virtually. Information is being shared by the Trust Prevent lead as required. The Trust Prevent lead sits within the safeguarding service and the safeguarding service has a deputy Prevent lead to ensure cover for Channel meetings. The Prevent Boards in Oxfordshire and Buckinghamshire are attended by the Head of Safeguarding and by the Prevent Lead in BSW.

There has been an increase in numbers of people being referred into the Prevent programme, this has seen an increase in Channel panel meetings across the geographical areas for the prevent lead. A new national referral form was introduced to enable the referrer to articulate why they consider the person susceptible to radicalisation. Due to recent high-profile events the Prevent Program is being reviewed with focus on individuals at risk of committing serious violence. The subject of a recent Safeguarding Adult Review, SAR DD is also being used as a case study to improve understanding and learning across the Thames Valley.

Locality	Number of PREVENT information requests completed		Open to services		Referrals from Oxford Health	
	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25
Oxfordshire	47	104	13	38	4	1
Buckinghamshire	34	66	8	22	2	1
BSW	14	44	8	6	0	0
Out of Area	2	0	0	0	0	0

13.2 Domestic Abuse

The Domestic Abuse Act 2021 introduced significant changes that require health trusts to prioritise domestic abuse awareness and responses.

NHS England have established their Domestic Abuse & Sexual Violence Programme which includes Violence against Women and Girls strategy with the aim of identifying addressing and responding to DA perpetrators in health.

Domestic Abuse has remained the most frequent reason for consultations with the Safeguarding Service over the past three years, highlighting its persistent prominence as a key area of concern, demonstrated in the table of data below.

Consultation Line data

Year Total 2024-2025	Oxfordshire		Buckinghamshire		BSW	Total 2024-25					
	Children	Adults	Children	Adults	Childrens	Children	Adults	Total	% of Total	% of Adult	% of Children
Emotional Abuse E	149		70		31	250		250	12%		20%
Neglect (N)	141	86	39	10	20	200	96	296	14%	12%	16%
Domestic Abuse (DA)	160	178	76	129	5	241	307	548	26%	38%	19%
Total number of consultations	450	264	185	139	56	691	403	1094	100%	100%	100%

Year Total 2023 - 2024	Oxfordshire		Buckinghamshire		BSW	Total 2023-24					
	Children	Adults	Children	Adults	Children	Children	Adults	Total	% of Total	% of Adult	% of Children
Emotional Abuse E	178		101		51	330		279	14%		24%
Neglect (N)	198	54	57	9	32	287	63	318	16%	8%	21%
Domestic Abuse (DA)	157	168	80	107	5	242	275	512	25%	35%	17%
Total number of consultations	870	511	370	278	152	1392	789	2046	100%	100%	100%

2022 - 2023	Oxfordshire		Buckinghamshire		BSW	Total 2022 - 2023					
	Children	Adults	Children	Adults	Children	Children	Adults	Total	% of Total	% of Adult	% of Children
Emotional Abuse E	235		127			362		362	18%		28%
Neglect (N)	156	41	50	6		206	47	253	13%	7%	16%
Domestic Abuse (DA)	159	126	80	92		239	218	457	23%	32%	18%
Total number of consultations	909	460	406	212		1315	672	1987	100%	100%	100%

In response the safeguarding service has allocated 0.25 WTE for a Domestic Abuse operational lead in Oct 24 from within the safeguarding service establishment, with strategic oversight from a senior named nurse in the safeguarding service.

This role is to provide effective leadership on trust wide arrangements on addressing Domestic Abuse and to ensure that the trust is compliant with relevant national and local Domestic Abuse legislation policy and guidance.

Domestic Abuse is one of the safeguarding service priorities and is included in the Trust safeguarding strategy. In line with this the key objectives of the new operation lead role within the safeguarding services are:

Key Objectives

- Promote awareness of domestic abuse as a critical agenda item.
- Enhance performance and consistency in the response to domestic abuse.
- Ensure that practitioners are well-equipped to handle disclosures of domestic abuse.

Mapping of domestic abuse knowledge and documentation across the trust is in progress to inform the above objectives.

A domestic abuse working group which has membership from services across the Trust has been established since February 2019 and is ongoing. The aim of the group is to be aware of work being undertaken around domestic abuse as a Trust and ensure a co-ordinated consistent response that links with national guidance and local areas strategic plans and safeguarding board priorities.

The focus of the work in 2024-25 has been to increase skills and knowledge of the champions with learning sessions. Meetings continue to be held quarterly to support to Domestic Abuse Champions. The Champions supported their clinical teams to identify changes in working practice around domestic abuse identification and management. The domestic abuse champions list has been updated recently on the Intranet with a number of new practitioners completing the Champions training.

Domestic Abuse bitesize training packages are being developed and will be accessible via the intranet to support staffs Domestic Abuse knowledge.

13.2.1 Domestic Abuse Adults DASH Checklist for Adults, and Domestic Abuse Children and Young People (CYP) DASH Checklist

The Domestic Abuse DASH Checklist for Adults, and Domestic Abuse DASH Checklist for CYP was available in Mental Health and Community Health Carenotes from October 2021. The adult check list is currently on EMIS with a plan in place to add the Young Persons DASH to this system. A request has also been submitted to enable reporting from EMIS on the number of DASHs that have been completed by the practitioners, its level of risk and the number yes on the form on questions related to having children, experiencing stalking and mental health issues. This EMIS request is in the process of being actioned. A similar request has been added to the Rio transformation programme work.

The DASH checklist assesses risk associated with domestic abuse and is also part of the process of referral to the multi-agency risk assessment conference (MARAC). MARAC is a multi-agency meeting to ensure there is a safety plan around victims considered at high risk from domestic abuse.

13.2.2 Domestic Abuse Strategic Board and Operational Groups

A new Domestic Abuse Act ("the Act"[1]), was enacted in parliament in April 2021 and confers additional responsibilities on County Councils within England. This includes appointing a Domestic Abuse Partnership Board with prescribed membership.

[1] https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted

Representation from the Trust in 2024/25 is by the Head of Safeguarding for Oxfordshire and Buckinghamshire. Delivery plans are in place for both Oxfordshire and Buckinghamshire**.**

There is representation from the safeguarding service at the Oxfordshire domestic abuse operational group, BaNES Domestic Abuse Partnerships subgroup and on the Bucks Domestic Abuse priority subgroups.

13.2.3 Multi-agency risk assessment conference (MARAC)

The safeguarding service is involved in supporting MARAC meetings in all geographical areas. Health staff attend MARAC to contribute to safety plans around those experiencing domestic abuse, with an aim for people to make changes and reduce their personal risk. The Safeguarding Service attend the MARAC meetings in Oxfordshire and Buckinghamshire. CAMHS or adult eating disorder service staff attend and input into MARAC processes relates to children in the family who may be open to BSW services. There is a representative from the safeguarding service on the Buckinghamshire and Oxfordshire MARAC steering group.

MARAC referrals made by the Trust

	2022/23	2023/24	2024/25
Oxfordshire	4	2	2
Buckinghamshire	1	0	1
BSW	0	0	0

13.2.4 Multi-Agency Task and Coordination (MATAC)

There is Safeguarding Service oversight of the cases discussed at Oxfordshire MATAC's (North, City and South) to provide safeguarding information. These are meeting where perpetrators and their families are discussed in order to disrupt their behaviour. Information is shared about known risks within the families. They are not at the risk level for MARAC but have frequent contact with the Police. Information sharing agreements are in place for both counties. Buckinghamshire meetings are attended by the team manager of the Early Intervention in discussion with the team manager it was felt that the Safeguarding Service was not needed to attend, but any escalation or issues with the MATAC meetings would be shared with the Safeguarding Service for oversight. MATAC happens monthly in the North, City and South of Oxfordshire.

13.2.5 Domestic Abuse Perpetrator Panel (DAPP) and DRIVE program

The Safeguarding Service is involved with supporting monthly DAPP meetings in Oxfordshire, Buckinghamshire and Milton Keynes. Health staff support through the proportionate and relevant sharing of information relating to the perpetrator/victim/children which can be used within the processes to identify need and assist in the facilitation of a management plan and also contribute to the decision making around a perpetrator's suitability for The Drive program.

The Drive program is an innovative domestic abuse intervention that aims to reduce the number of child and adult victims by disrupting and changing perpetrator behaviour and is delivered by Cranstoun.

The program commenced January 2024 and was in place until Dec 24. It was paused between Jan 25- March 25 due to evaluation and recommissioning process. Funding was agreed for another year and referrals restarted in April 25. Perpetrators are referred into DAPP via MARAC and MATAC meetings. Recent feedback from the Drive coordinator indicated that the safeguarding service are an important part of the risk assessment for this program.

13.2.6 Multi-agency public protection arrangements (MAPPA)

	2022/23	2023/24	2024/25
Multi-Agency Public Protection Arrangements (MAPPA) information shares	34	15	16

There is representation at MAPPA by adult mental health and safeguarding service as required. The safeguarding service reviews the agenda in Oxfordshire for any children of those people under MAPPA and provide information to support risk planning as appropriate. The MAPPA process within the safeguarding team has been reviewed and a procedure put in place.

The safeguarding service has supported the OHFT MAPPA task and finish group who are supporting the MAPPA lead review the MAPPA policy and processes across OHFT. Changes to the safeguarding service processes will be updated in 2025 to support updated OHFT MAPPA policy guidance is implemented and local MAPPA meeting changes to include review of people who are supported under Level 1 of the MAPPA framework.

13.2.7 Female Genital Mutilation (FGM)

A case discussion took place regarding a family between April 2024 to March 2025, a MASH referral was completed by a Partnership Agency, with safeguarding alerts being completed in electronic health records. This case led to an Oxfordshire Partnership FGM Learning Event.

In December 2024 an Oxfordshire Partnership FGM Learning Event took place following a MASH referral. Following this event, actions and recommendations were agreed. A review of our Trust's FGM Standard Operating Procedures (SOP) was initiated to ensure that practitioners upload the completed FGM Department of Health risk assessment tool to electronic health records and, when a MASH referral is submitted, the completed assessment must be included with the referral. It was also determined that including key professionals in the Strategy Discussion is crucial for effective decision-making. Continuous multiagency FGM training is needed to maintain education and understanding of communities affected by harmful cultural practices.

Before the Learning Event, the 0-19 services participated in local training on FGM provided by a charity specialising in education on harmful practices. Thereafter, a key consultant from the Rose Clinic has offered to deliver training, along with a specialist GP, on the health consequences of FGM to the Trust. The Trust’s FGM lead, alongside the Health Visitor and School Nurse practice educators, are collaborating to deliver bite-sized training and support for the 0-19 service, sharing updates on the Trust’s FGM SOP. This will also be implemented across the Trust.

Oxford Health participates in local FGM multi-agency consultation meetings. These quarterly meetings are led by specialist medical consultants and include the Trust's FGM Lead and an FGM champion from Children’s Social Care. This is an opportunity to review specific cases, reflect on any lessons learned, and consider local or national training available on FGM. No individual has been referred into this consultation meeting by Oxford Health. Discussion continues around improving support to families and lesson learnt from the Learning Event.

Multi-agency FGM training is available in Buckinghamshire and Swindon and Wiltshire through their Safeguarding Children Partnerships websites. Local training is also available via a specialist FGM charity. National multi-agency FGM training is available through the National FGM Centre.

No cases have been reported to NHS Digital between 1st April 2024 – 31st March 2025. Quarterly record reviews completed in conjunction with Performance and Information Team; ensures quality oversight of the return.

13.2.8 Serious Violence

The Government's Serious Violence Strategy sets out the government's response to serious violence and recent increases in knife crime, gun crime and homicide. The Strategy advocates a Public Health approach with a focus on early intervention, safeguarding and disruption activities with young persons under the age of 25 years.

In all Trust geographical areas providers offer suggestions, additions, and issues that they want to see as part of the strategic planning for the next year in relation to reducing serious violence. The Safeguarding Service representative promotes any local events that require dissemination.

13.2.9 Child Exploitation

The Trust are engaged at a strategic and operational level to respond to child exploitation. A senior member of the safeguarding team attends the partnership subgroups and cascades information across the trust via the newsletter and operational governance meetings.

13.2.10 Oxfordshire

Missing and Exploited Panel meetings continue to take place monthly in the North, City and South. The panel meetings are being attended by CAMHS team managers, team manager Phoenix team and the Specialist Nurse for Exploitation.

The Specialist Nurses within the Phoenix Team continue to address the health needs of children and young people who are at risk of exploitation and fall under the YJES. A senior member of the safeguarding team delivers supervision to this team to discuss complex cases. A member of the Safeguarding team attends the OSCB Exploitation subgroup. The focus for this group has been a multi-agency audit of MARAMP meetings, specifically attendance of practitioners and outcomes for the child. The numbers of Child Sexual exploitation has been consistently low over 2024-25 and so this is being monitored. The safeguarding team continues to be part of the development and delivery of multi-agency exploitation training with the OSCB.

13.2.11 Buckinghamshire

A member of the safeguarding team attends the Exploitation subgroup, and information is shared with relevant mental health services across the trust. Exploitation sits under the Harm reduction unit.

13.2.12 BSW

Swindon safeguarding partnership has an all age exploitation subgroup of which a member of the safeguarding team attends. A multi-agency audit reviewed a deep dive of ten cases in October 2024 where exploitation had been a factor. Findings highlighted that the Exploitation screening tool had not been embedded in practice. A relaunch of the tool and support networks for exploitation was shared with Swindon practitioners.

BANES –A member of the safeguarding team attend the Safeguarding Partnership Childrens Exploitation delivery group and information from this is shared with the BSW Governance meeting and in the Safeguarding newsletter.

13.2.13 National Referral Mechanism Pilot

The pilot study in Oxfordshire continues to run and there is no clear end date at this time. It has been successful as cases are being heard in a timely manner. Three members of the safeguarding team have now completed the NRM Home office training, including additional Kidnap and Ransom training.

A named nurse is the representative at the modern slavery network meeting and this information can be cascaded to

practitioners across the trust if relevant via the Trust safeguarding newsletter.

13.2.14 Buckinghamshire

A member of the Safeguarding service attends Multi-agency Child Exploitation (MACE) meetings weekly. Numbers of cases open to CAMHs and discussed at the MACE meeting are shared with Bucks Safeguarding Children's Partnership.

The exploitation and modern slavery sub-group is attended by the safeguarding service. Serious violence partnership meets as a separate meeting and is attend by the Safeguarding Service.

14 Appendix 1

Glossary	
CAMHS	**Child and Adolescent Mental Health Services**
CDOP	**Child Death Overview Process**
CSPR	**Child Safeguarding Practice Review**
CSE	**Child Sexual Exploitation**
DRIVE	**The Drive program is an innovative domestic abuse intervention that aims to reduce the number of child and adult victims by disrupting and changing perpetrator behaviour delivered by Cranstoun.**
FGM	**Female Genital Mutilation**
HMR	**Homeless Mortality Review**
ICB	**Integrated Care Board**
Intercollegiate Documents	**This refers to two documents developed by the Royal Colleges. There is one document for roles and responsibilities in safeguarding adults and one for roles and responsibilities in safeguarding children. They have been accepted by the NHS as the competency framework for safeguarding.**
LSAB	**Local Safeguarding Adults Board; Under the Care Act 2014 every local authority area has a safeguarding adults board in place. Its functions as set out in the Care Act are:**

	• assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance • assuring itself that safeguarding practice is person-centred and outcome-focused • working collaboratively to prevent abuse and neglect where possible • ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred • assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.
LSCP	**Local Safeguarding Children Partnership**
MAPPA	**Multi-Agency Public Protection Arrangements**
MARAC	**Multi-Agency Risk Assessment Conference**
MASH	**Multi-Agency Safeguarding Hub**
MATAC	**Multi-Agency Tasking and Co-ordination**
Prevent	**This is the term used to describe working with and responding to people who appear to be radicalised.**
SAR	**Safeguarding Adults Review**

Oxford Health NHS Foundation Trust

Meeting of the Audit & Risk Committee

Tuesday, 09 September 2025, 09:30-12:10[1]

Microsoft Teams virtual meeting

AGENDA

Apologies to: Hannah Smith, Assistant Trust Secretary, hannah.smith@oxfordhealth.nhs.uk

No.	Item	Lead	Purpose	Paper	Time
1.	Welcome and Apologies for Absence[2]	CMH, Chair		N/A	09:30 (10 mins)
2.	Confirmation of items for Any Other Business			N/A	
3.	Minutes of the Audit & Risk Committee meeting held on 18 June 2025		For approval	Enclosed	
4.	Summary of Actions and matters arising			Enclosed	
External Audit					
5.	Final External Audit results report and External Auditor's annual report to support the 2024/25 External Audit process and including commentary on Value For Money arrangements	EY	For assurance	Enclosed	09:40 (10 mins)
Internal Audit and Counter Fraud					
6.	Internal Audit updates: a) progress report b) Operation of Data Quality Systems review	KPMG PM/HeS	For information/ assurance	Enclosed	10:00 (20 mins)
7.	Counter Fraud progress report	KPMG/ PM/HeS	For information/ assurance	Enclosed	10:20 (10 mins)
8.	Counter Fraud policy	KPMG/ PM/HeS	For approval	Enclosed	10:30 (10 mins)

[1] 09:00-09:15 Non-Executive Directors only pre-meeting;
09:15-09:30 Auditors and Counter Fraud pre-meeting; and
09:30 main meeting starts.

[2] Apologies from Committee members: None
Apologies from regular attendees: Karl Marlowe, Chief Medical Officer, and Ali Corfield, Chief Digital Information Officer

Risk, Governance & Assurance					
9.	Board Assurance Framework report	TG	For information/ assurance	Enclosed	10:40 (15 mins)
10.	Clinical Audit & NICE[3] Guidance annual report	AH/VE/AF[4]	For assurance	Enclosed	10:55 (15 mins)
11.	Cyber Security update report and Cyber Incident draft report	WH/HeS	For information/ assurance	Enclosed	11:10 (15 mins)
12.	Frontline Digitisation Audit actions update	RH/HeS[5]	For information/ assurance	Enclosed	11:25 (10 mins)
13.	Single Action Tender Waivers report	JL/PM/ HeS	For information/ assurance	Enclosed	11:35 (10 mins)
14.	Losses & Special Payments report	PM/HeS	For information/ assurance	Enclosed	11:45 (10 mins)
Any Other Business					
15.	Any other business	CMH, Chair		N/A	11:55
16.	Questions from observing Governors			N/A	
Review and Close					
17.	Review of the Meeting a) any escalations to the Board or any risk escalations to the Trust Risk Register or Board Assurance Framework; b) any points to raise from the private pre-meetings; and c) content and behaviours.	CMH, Chair			
	Meeting Close Date of next meeting – 02 December 2025				12:10

[3] National Institute for Health & Care Excellence
[4] Apologies from Karl Marlowe, Chief Medical Officer. Attending to present: Ashley Harvey (Head of Improvement & Effectiveness), Vikki Ewing (Clinical Audit and NICE Guidance Manager) and Angie Fletcher (Deputy Chief Nurse)
[5] Apologies from Ali Corfield, Chief Digital Information Officer. Attending to present: Rachel Hanks, Head of Clinical Systems

Audit & Risk Committee
Minutes of the meeting held on
18 June 2025 at 09:00
via MS Teams

Present[1]**:**

Chris Hurst (**CMH**)	Non-Executive Director (the **Chair**)
Geraldine Cumberbatch (**GC**)	Non-Executive Director – *part meeting*
Kamal Mahtani (**KMi**)	Non-Executive Director
Rick Trainor (**RT**)	Non-Executive Director – *part meeting*

In attendance:

External Audit - Ernst & Young LLP (EY)	
Claire Mellons (**CM**)	External Audit - Partner, Ernst & Young
Daniel Edwards (**DE**)	External Audit, Ernst & Young
Internal Audit and Counter Fraud – KPMG	
Neil Thomas (**NT**)	Internal Audit – Partner, KPMG - *part meeting*
Gareth Hall (**GH**)	Internal Audit, KPMG
Oxford Health NHS FT	
Attending Board members	
Taff Gidi (**TG**)	Executive Director of Corporate Affairs
Grant Macdonald (**GM**)	Chief Executive (the **CEO**) – *part meeting*
Heather Smith (**HeS**)	Chief Finance Officer (the **CFO**)
Other Trust staff in attendance	
Ben Cahill (**BC**)	Deputy Director of Corporate Affairs
Peter Milliken (**PM**)	Director of Finance
Hannah Smith (**HaS**)	Assistant Trust Secretary (Minutes)
Michael Williams (**MW**)	Financial Controller – *part meeting*

[1] The quorum is 2 members (all Non-Executive Directors) and may include deputies.

1.	**Welcome and Apologies for Absence**	
a	The Chair welcomed attendees to the meeting.	
b	Apologies for absence from non-Committee members were received from: David Walker, Trust Chair; and Adam Makda, Counter Fraud – KPMG.	
2.	**Confirmation of items for Any Other Business (AOB)**	
a	The Chair referred to the Failure to Prevent Fraud offence coming into effect from 01 September 2025 under the Economic Crime and Corporate Transparency Act 2023 and requested an update on the implications for the NHS and whether the Trust needed to undertake any further actions in order to remain diligent. Neil Thomas commented upon the limited opportunities for this to be prevalent in the NHS and noted that an update could be included in the next Counter Fraud report.	**KPMG**
b	The Chief Finance Officer added that she would provide a verbal update on cash management in the local system under AOB.	
3.	**Minutes of the Meeting on 23 April 2025 and Matters Arising**	
a	The minutes of the Committee meeting on 23 April 2025 were approved as a true and accurate record.	
b	***Matters Arising*** The following actions were noted as complete (with supporting detail in the Summary of Actions document) or on the agenda for this meeting: • item 5(c) updated version of the Analytical Review FY25 had been circulated after the 23 April 2025 meeting; and • item 10(a) verbal update on revised BAF and processes on the agenda for this meeting. *The Chief Executive and Geraldine Cumberbatch, Non-Executive Director, joined the meeting.*	
SUPPORTING DOCUMENTS TO THE ANNUAL REPORT & ACCOUNTS		
4.	**Internal Audit annual report 2024/25 including final Head of Internal Audit Opinion and final Internal Audit reports from 2024/25**	
a	Neil Thomas presented: (i) the Internal Audit annual report and confirmed that the Head of Internal Audit Opinion was one of significant assurance with minor improvement opportunities on the overall adequacy and effectiveness of the Trust's framework of governance, risk management and control (the system of internal control); and (ii) the Internal Audit progress report and confirmed completion of the Internal Audit Plan 2024/25, with the final version of the Provider Collaboratives review and the Frontline Digitisation review available for this meeting.	
b	***Provider Collaboratives review (actions updated since last meeting – overall rating remained significant assurance with minor improvement opportunities)*** Neil Thomas presented the review on the design and operating effectiveness of processes and governance arrangements related to the Provider Collaboratives, noting further minor updates to the actions since the Committee's review at its meeting in April 2025.	

c	Rick Trainor queried whether the term 'conflict of interest' had been appropriately applied to the situation when the Trust acted as both Lead Provider and service provider for Provider Collaboratives, as opposed to a personal conflict of interest. The Chief Executive acknowledged this and noted that this type of situation could be mirrored throughout the wider NHS and in local authorities but that the key to managing it was appropriate checks and balances. He believed that the Trust had achieved this in its Provider Collaborative governance structures which provided cost effective and efficient high quality clinical engagement and involvement in commissioning. The Chair noted that the Internal Audit review had provided useful transparency and assurance that processes were improving the experience of patients and that resources, including staff, were being efficiently and appropriately utilised. ***Frontline Digitisation Programme report (assurance review focused on elements of programme governance and management, communications and benefits realisation)***	
d	Neil Thomas drew the meeting's attention to: • page 16 in the report which set out the framework which had been used to assess the Frontline Digitisation Programme and clarified those areas which had been included in the scope for review; • page 4 which set out the areas of good practice, underscored by the team's commitment and structured approaches, and the summary of actions; and • from page 5, the medium priority actions which were recommended to ensure that systems had time to embed and become business as usual.	
e	Further to an update from the Chief Finance Officer on progress being made against the actions, the Chair noted the achievements made by the team and requested an update to the next meeting on completion of the actions in the report.	**HeS**
f	**The Committee noted the reports and the Head of Internal Audit Opinion and the positive results which had been achieved. The Committee thanked Internal Audit for their work.**	
5.	**External Audit results report (including Value For Money (VFM) commentary and draft letter of representation)**	
a	Claire Mellons presented the provisional audit results report on the financial statement audit for the year ended 31 March 2025. The audit had gone well and was substantially complete but with some outstanding matters which were still under discussion; VFM was subject to final review and sign-off but there were no significant weaknesses to report and a clean audit opinion was anticipated ahead of submission. She highlighted the key areas of focus for the audit which had included: misstatement due to fraud or error; risk of fraud in revenue and expenditure recognition; valuation of Property, Plant & Equipment (changes in assumptions for the Warneford Hospital and Marlborough House had been reviewed); deferred income; the Annual Report including the Remuneration Report and exit package disclosures; and the Private Finance Initiative exit provision.	
b	The Chair thanked both Internal and External Audit teams for their work and reminded the meeting of the organisation's duty to produce accounts which provided a true and fair reflection of the business, subject to materiality and appropriate tolerances as set out in the report. The Committee was assured that the audit had highlighted only minor points and that no substantial areas of challenge were anticipated as it reached its conclusion.	

c	Claire Mellons and the Chief Finance Officer commented positively upon the process of this year's external audit. The Chief Finance Officer noted that although it had been useful not to implement a Modern Equivalent Asset basis of valuation for 2024/25, this adjustment was still anticipated to be made in the future and may impact upon future consideration of the valuation of Property, Plant & Equipment.	
d	**The Committee noted the draft External Audit results report and that the External Audit remained ongoing but would be complete by the end of June 2025. The Committee thanked External Audit for their work.**	
ANNUAL ACCOUNTS & ANNUAL REPORT		
6.	**Financial Statements and Accounts (audited) and Going Concern Statement 2024/25**	
a	The Financial Controller took the Committee through the updated financial statements and the changes log which set out changes since the draft financial statements presented to the Committee at its meeting in April 2025. He explained that most of the changes since April 2025 were re-classification changes or entries which had been omitted in error around disposals and depreciation. An updated analytical review was also presented which highlighted changes and movement between FY24 and FY25.	
b	The Financial Controller reported that there had been no changes to the Going Concern Statement since the draft presented at the last meeting in April 2025. The Chair reminded the Committee that assessment of the Going Concern Statement should be based upon anticipated continuity of the provision of services in the public sector therefore it was unlikely that any NHS organisation would prepare its accounts on anything other than a going concern basis. The key consideration was whether the services it was providing would continue to be provided in the public sector. The Financial Controller confirmed that the Trust could evidence this by reference to the sources and documentation listed in Appendix 1 which referenced contracts in place for FY26 and set out NHS commitments to mental health and community services and to Provider Collaboratives, including NHS England FY26 priorities, planning guidance and neighbourhood health guidelines.	
c	**The Committee scrutinised the draft Going Concern Statement, which formed the basis for preparation of the statement of accounts on a going concern basis, and confirmed that it was not aware of any material issues that had not been taken into account. The Trust was clearly a going concern, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual, and able to continue to provide services and, subject to conclusion of the External Audit and provision of the External Audit Opinion, it was appropriate for the accounts to be presented on a going concern basis.**	
d	**Subject to any material matters arising from the ongoing External Audit, the Committee RECEIVED AND APPROVED the preparation of the Annual Accounts on a Going Concern basis and RECOMMENDED the Annual Accounts to the Board for final approval and submission to NHS England.**	
7.	**Annual Report 2024/25 including: Annual Governance Statement (AGS) and timetable for laying of the Annual Report & Accounts**	
a	The Deputy Director of Corporate Affairs presented the audited draft Annual Report, including the AGS, and confirmed that there were no significant control weaknesses to disclose. Further to review by External Audit, some minor amendments had been made to	

	provide more detail on an escalation to the Information Commissioner's Office and further updates to the Remuneration Report. Next steps were for the audited Annual Accounts and final text of the Annual Report to be presented to the Board for final approval and then submitted to NHS England by 30 June 2025.	
b	The Committee commented upon its assurance with the comprehensive draft Annual Report and that it complied with requirements as set out in the NHS Foundation Trust Annual Reporting Manual 2024/25. The Chair noted that the AGS drew together reasonable evidence on the effective operation of governance, risk management and internal control processes over 2024/25.	
c	**The Committee APPROVED the text of the draft Annual Report and RECOMMENDED the Annual Governance Statement to the Board for approval and signature by the Chief Executive.** *The Financial Controller left the meeting.*	
8.	**'Oxford Health in Numbers 2024-25'**	
a	The Chief Finance Officer presented the draft 'Oxford Health in Numbers' publication which aimed to provide a simple overview of the Trust's activities, services and people (including new sections on volunteers and Provider Collaboratives) to complement documents such as the Annual Report. It would be published at the same time as the Annual Report & Accounts but was not a formal part of the Annual Report & Accounts. She recorded her thanks to the Acting Head of Communications for his work on the publication.	
b	The Chair commended 'Oxford Health in Numbers' and noted the potential benefits for recruitment and to provide various stakeholders, from Non-Executive Directors to researchers, with a concise but multi-faceted overview of the Trust.	
c	**The Committee supported and noted the draft 'Oxford Health in Numbers' publication.** *Rick Trainor, Non-Executive Director, and Neil Thomas, KPMG, left the meeting.*	
RISK, GOVERNANCE & ASSURANCE		
9.	**Whistleblowing arrangements annual report**	
a	The Chief Finance Officer presented the report on the whistleblowing arrangements in place and which also set out whistleblowing case conclusions and new cases raised over the last twelve months. The procedures were designed to encourage concerns to be raised before they became a serious problem and to enable the Trust to recognise and take appropriate action in relation to concerns which may put patient safety at risk, as well as to help to ensure that staff were working in safe and appropriate environments. She commented that cases had been appropriately raised and where necessary and appropriate, HR/line management processes and Freedom to Speak Up (**FtSU**) processes were also engaged; the report also provided an overview of the cases recorded by the FTSU Guardians. An open case related to a unit where a previous whistleblowing process had been undertaken; the recent investigation had also included a review of progress against previous recommendations and consideration of whether sufficient change and learning had taken place.	
b	The Chair commented upon the helpful analysis in the report and the assurance which this provided that appropriate procedures were in place and appropriate investigations had been undertaken when concerns were raised through those procedures. The Chair also	

	emphasised the importance of careful reflection in the unit which had experienced a recurrence of whistleblowing as well as thematically across incidents for early pattern recognition. He cautioned that the Trust could never be complacent in these matters and that whistleblowing arrangements were one of a number of processes and routes for raising concerns and improving culture. He recorded his thanks to the Head of HR (Corporate Services & Community) for the report.	
c	**The Committee noted the report and was assured of the effectiveness of the whistleblowing arrangements in place.**	
10.	**Revised Board Assurance Framework (BAF) report**	
a	The Deputy Director of Corporate Affairs and the Executive Director of Corporate Affairs provided a verbal update on progress since the Board Workshop on 30 April 2025 and through discussion with Executives to develop a new BAF framework and transform BAF risks. The revised BAF was anticipated to be presented to the July 2025 Board meeting in public in a slide deck reporting format; on this timeline it would not be possible to present draft BAF risks to Board committees before the July Board meeting but committees would be able to review their individual risks in the next round of reporting. The Chair noted that it was a sensible approach to proceed first through the Board before its committees, given Board participation in development, and this may represent a maturity in arrangements.	
b	**The Committee noted the update.**	
Any Other Business		
11.	**Any Other Business and Questions**	
a	The Chief Finance Officer gave a verbal update on system cash management and noted that the Trust and another local system provider had agreed to provide support (repayable in due course and underwritten by the local system) to another local provider, with more detailed updates to be provided to the Board if the support was required. She explained that this was in the context of national cash funding no longer being available. The Chair noted that the Finance & Investment Committee (**FIC**) had previously considered this in more detail and commented upon the importance of transparency and that appropriate consideration be given to impact as well as opportunity cost. Further to queries from Kamal Mahtani and Geraldine Cumberbatch, the Chief Finance Officer noted that repayment and underwriting mechanics were to be finalised but the FIC had previously reviewed the detail of the proposal and an update was being provided now for transparency and timeliness.	
12.	**Review of the meeting**	
a	The Chair confirmed that there were no questions or other matters which required discussion and thanked Kamal Mahtani and Geraldine Cumberbatch for joining the meeting.	
	Meeting Close: 10:18	
	Date of next meeting: 09 September 2025	

Oxford Health NHS Foundation Trust

Finance and Investment Committee

Microsoft Teams virtual meeting

09:00-12:00 on Tuesday, 16 September 2025

AGENDA

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

No.	Item	Lead	Purpose	Paper	Time
Standing items / Opening business					
1.	Apologies for Absence, and quoracy check	LW		N/A	09:00
Strategic					
2.	CFO report	HeS	Assurance	Enclosed	09:05
3.	Draft Medium Term Financial Plan	HeS/PM	Discussion	Enclosed	09:30
Annual Planning					
4.	OHFT Strategy and Medium-term plan development approach	AB	Assurance	Enclosed	10:00
Financial Management					
5.	M4 Financial Report (incl Capital Programme Group 3As)	HeS/PM/AG	Assurance	Enclosed	10:10
Programmes & Projects					
6.	Summary of programmes and project approvals	HeS	Assurance	Enclosed	10:30
7.	Warneford Park Programme, SOC and Funding	SC/HeS	Discussion	Enclosed	10:35
Break 10:50 – 11:00 (10 minutes)					
Operational and Strategic Risks					
8.	Board Assurance Framework: BAF risks delegated to FIC	TG/BC	Assurance	Enclosed	11:00
Policies					
9.	Investment Policy	PM/MW	Approval	Enclosed	11:15
10.	Treasury Management Policy	PM/MW	Approval	Enclosed	11:20
11.	Budgetary Control Policy	PM/AG	Approval	Enclosed	11:25
Governance					
12.	Procurement Report incl Single Action Tender Waiver (SATW)	JL/PM/HeS	Assurance	Enclosed	11:30
13.	Treasury Management annual report	MW/HeS	Assurance	Enclosed	11:35
14.	Inquests and Claims (Legal) annual report	NMcL	Assurance	Enclosed	11:40
15.	Minutes of Meeting held on 01 July 2025	LW	Approval	Enclosed	11:45

16.	Actions and Matters Arising	LW	Assurance	Enclosed	11:50
17.	Any other business	LW			11:55
18.	Brief reflections on today's meeting	All			12:00
19.	Date of next meeting – 18 November 2025, via MS Teams				
Reading Room/Appendix (supporting reports to be taken as read and noted)					
20.	Warneford Park Internal Programme Board minutes and agenda: June and July 2025		To note		
21.	Information Management Group minutes: April 2025		To note		

Oxford Health NHS Foundation Trust

Mental Health and Law Committee

(Conducted electronically via MS Teams)

13:30 on Tuesday, 13 May 2025

DRAFT AGENDA

Apologies to: Leanne.dunkley@oxfordhealth.nhs.uk

No.	Item	Lead	Task	Paper	Time
Standing items / Opening business					
1.	Chair's welcome and Apologies received	Geraldine Chair		N/A	13:30
2.	Minutes of meeting held on 13 May 2025 and actions arising	Geraldine Chair		enclosed	13:35
Agenda Items					
3.	Trends in Mental Health Act & CQC Activity/Compliance	Mark Underwood	Assurance	enclosed	14:00
4.	PALS update (Complaints and Concerns)	Angie Fletcher/Claire Price	Assurance	enclosed	14:10
5.	Patient Carer Race Equality Framework	Daniel Mercier	Assurance	enclosed	14:20
6.	Deprivation of Liberties update	Amy Allen	Assurance	enclosed	14:30
7.	True for Us report- an update on the Trusts position following Calocane report	Taff Gidi	Assurance		14:40
8.	Legal & Regulatory Update	Taff Gidi	Assurance		14:50
9.	MH&LC Annual Report	The Chair	Approve	enclosed	15:00
10.	MH&LC Terms of Reference	The Chair	Approve	enclosed	15:10
11	MH&LC Workplan 2025-26	The Chair	Approve	enclosed	15:20
12.	Any other business	The Chair			15:30
13.	Date of next meeting – 22 July 2025	The Chair			

[DRAFT] MINUTES of the Mental Health & Law Committee meeting held on Tuesday 13 May 2025 at 13:30 hrs via Microsoft Teams

Present:	
Geraldine Cumberbatch (**GC**)	The Chair
David Walker (**DW**)	Trust Chair
Karl Marlowe (**KM**)	Chief Medical Officer
Taff Gidi (**TG**)	Executive Director of Corporate Affairs
Mark Underwood (**MU**)	Head of Information Governance
Amy Allen (**AA**)	Mental Capacity Act/Liberty Protection Safeguards Lead

In attendance:	
Rob Bale (**RB**)	Interim Chief Operating Officer for Mental Health and Learning Disabilities
Daniel Mercier (**DM**)	Associate Director of Social Work and Social Care
Claire Price (**CP**)	Complaints & PALS Team Manager
Ben Cahill (**BC**)	Deputy Director of Corporate Affairs

Item	**Discussion**	**Action**
1. a b	**Welcome and Apologies for Absence (GC)** The Chair welcomed members of the Committee and confirmed the meeting was quorate. No apologies were received.	
2. a b	**Minutes of previous meeting held on 04 March 2025 and Matters Arising** The minutes of the meeting held on 04 March 2025 were approved as a true and accurate record. **Matters Arising from the minutes** The Chief Medical Officer provided updates on the following actions: i. **Inpatient Mental Health Survey:** the Chief Medical Officer reported that there was no inpatient mental health survey mechanism in place, and the action to create one was closed. They will work on finding another way to gather inpatient survey data. Consequently, the action to create one is closed; ii. **Patient Participation:** the Chief Medical Officer discussed patient participation and the involvement of the new patient peers for work lead. The Associate Director of Social Work and Social Care mentioned that Bill Tiplady, who handles involvement and engagement, can be involved where necessary; and iii. **Information Sharing:** the Chief Medical Officer mentioned that a discussion on information sharing among himself, the Head of Information Governance, the Associate Director of Social Work and	

	Social Care and the Executive Director of Corporate Affairs had not yet taken place, therefore it would be left as an open action.	**KM/TG/ DM/MU**
c	Other actions still open: i. **Mental Health Act Group:** to confirm if it has the independent mental health homicide report into the Calocane case and its actions on its agenda. In addition, the Chair had previously requested that a thematic review take place against the Trust's position when measured against the recommendations of the report.	**DM/MU**
3.	**Trends in Mental Health Act and CQC activity/compliance**	
a	The Head of Information Governance took the Committee through the presentation, Trends in Mental Health Act report at paper 03, noting any key highlights and escalations to the Committee.	
b	An overview of the ongoing risks and their management was provided. It was highlighted that Places of Safety (**POS**) continued to be used as admission beds, sometimes for lengthy periods. This process can tie up these beds for several days impacting their availability for new admissions. The Interim Chief Operating Officer for Mental Health and Learning Disabilities asked about the negative impact of using POS when there were no available beds, specifically enquiring about incidents where people end up in inappropriate places like police cars or ambulances. The Head of Information Governance acknowledged the question and agreed to look into the data to understand the impact better. **Action: MU to report back the findings at the next meeting.**	**MU**
c	On statutory duties, the Head of Information Governance reported that there had been only four invalid detentions this year, with lapses slightly better than before. He noted an increase in nearest relative discharge proposals, with 32 proposals this year compared to the previous year. Of these, only eleven were barred, showing a significant change in the handling of these proposals. The Associate Director of Social Work and Social Care and the Head of Information Governance discussed the management of Community Treatment Orders (**CTOs**) and the importance of actively discharging those who no longer need restrictions. The Head of Information Governance pointed out that some issues with CTOs arose from failures to renew them, leading to lapses. He stressed the need for responsible clinicians and teams to act promptly to avoid these lapses.	
d	The Head of Information Governance provided an update on the number of detained patients, which had fallen to 286, the lowest in years. This decrease was significant and reflected changes in patient management and bed occupancy. He noted that due to high bed occupancy, the proportion of detained patients remained high. This indicated that while the total number of detentions had decreased, the available beds were still predominantly occupied by detained patients.	

DRAFT

e	Attendance at the Legislation Group meeting had become an issue again and consideration needed to be given as to how to encourage participation.	
f	The Head of Information Governance and the Mental Capacity Act/Liberty Protection Safeguards Lead discussed the low compliance rate for medical training which was currently at 50%. They emphasised the need to address this issue to ensure that medical staff were adequately trained. They noted there was a plan to work with the Medical Education leads to improve attendance and compliance with the required training sessions. The Chief Medical Officer explained that a national directive to reduce training requirements for resident doctors had impacted training compliance. This directive aimed to reduce repetitive training for doctors who rotate frequently. The Chief Medical Officer and the Mental Capacity Act/Liberty Protection Safeguards Lead would collaborate to address the low compliance issue and explore ways to ensure that resident doctors receive the necessary training without overburdening them.	
g	The Head of Information Governance reported on recent CQC visits to Marlborough House and the eating disorders unit noting that most recommendations had been completed with only one overdue action.	
h	Data quality had improved which was crucial for accurate reporting and analysis. The Associate Director of Social Work and Social Care highlighted the importance of stratifying populations to better understand variations in outcomes. This approach helped in identifying specific needs and addressing disparities in care.	
i	The Executive Director of Corporate Affairs raised a question about recording ethnicities accurately. The Head of Information Governance explained that high-level categories were used but that they could look into subdivisions if needed.	
j	The Chair asked about the impact of the previous data outage. The Head of Information Governance confirmed that the impact had diminished, and they were now focusing on general improvement in data collection.	
k	**The Committee noted the update**	
4.	**PALS update (Complaints and Concerns)**	
a	The Complaints & PALS Team Manager explained that the annual report was a Trust-wide report rather than focused on the Mental Health Act and requested feedback on what data the Committee was interested in. She noted that currently they did not use their system to report on whether someone was detained under the Mental Health Act so did not have that data to share. She had reviewed whether last year they had received any complaints that they had recorded against the Mental Health Act and there were none.	
b	The Chair noted she was curious as to why this information was not being gathered and wondered if there was data available that could be looked at differently.	

DRAFT

c	The Complaints & PALS Team Manager explained that the team had not previously been asked to provide this information and this was the first time she had attended a meeting of this Committee. Information on detentions would not ordinarily be seen in a complaint.	
d	The Executive Director of Corporate Affairs asked if there could be a free text search where people had spoken voluntarily about being detained and the nature of complaints. Was there another way of trying to analyse the data. The Complaints & PALS Team Manager responded that currently the data was not available in this way as a person's complaint may not be about their detention.	
e	The Complaints & PALS Team Manager asked the Head of Information Governance whether the electronic patient record could or should be used by the Complaints team to find out if a person was detained. He responded that she would be able to access the information but noted that from an Information Governance perspective he would question the legitimacy of using the electronic patient record for this purpose/reporting on complaints.	
f	The Executive Director of Corporate Affairs spoke about Rapid Resolution noting he was encouraged to see the number of complaints using this process and asked whether we track whether any of these re-open. The Complaints & PALS Team Manager responded that the numbers re-opened through Rapid Resolution were low. They were receiving compliments about the team's work in resolving complaints quickly. There was a need to look at the data on Rapid Resolution to ensure they were hitting the target.	
g	**The Committee noted the update**	
5.	**Patient Carer Race Equality Framework (PCREF) and Independent Mental Health Advocacy (IMHA)**	
a	***PCREF*** The Associate Director of Social Work and Social Care presented the paper and provided an update on the PCREF delivery programme, reminding those present that this was NHS England's first ever anti-racism and accountability framework to tackle and eliminate unacceptable racial inequalities in access, experience and outcomes of using mental health services. He highlighted the progress made and the challenges in capturing data across various areas.	
b	The Trust's Race Action Plan was due to be published on 26 May 2025 and would outline specific strategies and actions to address racial disparities within services and ensure a more equitable and inclusive environment for all.	
c	***IMHA*** The Associate Director of Social Work and Social Care presented the paper and reported on the positive growth in referral rates for IMHA in Buckinghamshire and the plan to implement the opt-out approach in Oxfordshire.	

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d	**Actions:** • IMHA Reporting: standardise the reporting structure for advocacy services across different counties to ensure consistency; and • Peer Support Worker Role: develop a clearer remit for peer support workers in terms of advocacy and supporting the complaints system.	**DM** **DM**
e	**The Committee noted the PCREF and IMHA updates.**	
6.	**Deprivation of Liberty Safeguards (DoLS) update**	
a	The Mental Capacity Act/Liberty Protection Safeguards Lead provided an update on DoLS requests, training compliance and ongoing work with community hospitals and district nurses.	
b	**Action:** • DoLS Assessments in Oxfordshire: provide an update on the progress of using best interest assessors for DoLS assessments in Oxfordshire at the next meeting.	**AA**
c	**The Committee noted the update.**	
7.	**'True for Us' report – an update on the Trust's position following the independent report into Calocane**	
a	The Executive Director of Corporate Affairs discussed the importance of reviewing external reports, such as the independent mental health homicide report into Calocane, to determine if their findings were applicable to the Trust and to ensure that no critical points were missed, further to the ongoing action at item 2(c) above.	
b	**The Committee noted the update**.	
8.	**Legal & Regulatory Update**	
a	The Chief Medical Officer and the Executive Director of Corporate Affairs discussed the recent Supreme Court ruling on biological sex and its implications for the Trust. They emphasised the importance of managing cases individually and ensuring compliance with the law.	
b	**The Committee noted the update**	
9.	**MH&LC Annual Report, Terms of Reference (ToR) and work plan**	
a	The Chair and the Executive Director of Corporate Affairs reviewed the Committee's annual report, ToR and work plan. They highlighted the progress made but also further work to do, including on the terms of reference.	

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b c	**Action:** • Terms of Reference review: clarify the membership and attendance requirements in the terms of reference, distinguishing between board members and required attendees. **The Committee APPROVED its annual report and work plan, and noted that revised ToR would be brought back to the next meeting for approval and for the Committee to confirm its membership going forwards.**	**TG** [*complete and on the agenda for July*]
OTHER BUSINESS		
10. a	**Any other business** None.	
11. a	**Meeting Review (ALL)** The Chair thanked the Committee for their contributions to today's meeting.	
12. a	**Meeting Close** There being no other business the meeting closed at 15:17 hrs.	

The next meeting is scheduled to be held on Tuesday 22 July 2025 at 09:00 hrs via Microsoft Teams

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Oxford Health NHS Foundation Trust

Mental Health and Law Committee

(Conducted electronically via MS Teams)

09:00 on Tuesday, 22 July 2025

AGENDA

Apologies to: CorporateAffairs@oxfordhealth.nhs.uk

No.	Item	Lead	Task	Paper	Time
Opening items					
1.	Chair's welcome, apologies and quoracy check[1]	Chair		N/A	09:00
2.	Minutes of meeting held on 13 May 2025 and actions arising	Chair	Approval	Enclosed	
Ethical and lawful application of Mental Health legislation					
3.	Trends in Mental Health Act & Care Quality Commission (CQC) activity/compliance	Mark Underwood	Information/ Assurance	Enclosed	09:10
4.	Positive and Safe highlight report (use of force/restrictive practice)	Lynda Dix/ Daniel Mercier	Assurance	Enclosed	09:25
5.	Patient Carer Race Equality Framework (PCREF) report	Daniel Mercier	Information	Enclosed	09:40
6.	Independent Mental Health Advocate (IMHA) report (subject to receiving Q1 reporting from IMHA commissioners)	Daniel Mercier	Assurance	Enclosed	09:50
7.	Mental Capacity Act and Deprivation of Liberties update	Amy Allen	Information/ Assurance	Enclosed	10:05
Regulatory, Governance & Risk Management					
8.	True for Us reports and Legal & Regulatory update: CQC report on monitoring the Mental Health Act in 2023/24	Taff Gidi / Karl Marlowe	Assurance	Enclosed	10:20
9.	Committee Terms of Reference	Taff Gidi	Approval	Enclosed	10:35
10.	Any other business	Chair			10:45
	Close Date of next meeting – 21 October 2025				11:00

[1] Apologies from Committee members: none.
Apologies from regular attendees: Angie Fletcher, Deputy Chief Nurse, and Grant Macdonald, Chief Executive

Oxford Health
NHS Foundation Trust

Mental Health & Law Committee
Terms of Reference

Contents

1.	Purpose	2
2.	Constitution	2
3.	Authority	2
4.	Duties and responsibilities	3
5.	Other functions	4
6.	Membership and attendance	4
7.	Frequency of meetings	5
8.	Calling meetings	5
9.	Quoracy	6
10.	Decision making and voting	6
11.	Behaviours and conduct	7
12.	Accountability and reporting arrangements	7
13.	Administrative support	8
14.	Review of committee effectiveness and terms of reference	8
	Document management and revision history	9
	Appendix – Mental Health & Law committee membership 2025/26	9

1. Purpose

1.1 The Mental Health & Law Committee is established to:

- Provide assurance to the Board over the Trust's ethical and lawful application of all legislation governing the care provided to its service users and engagement with carers, friends, and family;
- Provide a forum for consideration of matters with a wide ethical and social impact (separate from clinical ethics) such as:
  - Population Health;
  - Health and Social care; and
  - Research and Development.
- Monitor, review, and report to the Board the Trust practice in relation to:
  - European Convention on Human Rights (Human Rights Act 2008)
  - Mental Health Act 1983;
  - Mental Capacity Act 2005;
  - Deprivation of Liberty Safeguards;
  - Care Act 2014; and
  - other related legislation, case law and practice

2. Constitution

2.1 The Board has established a committee known as the Mental Health & Law Committee (previously known as the Mental Health Act committee), as a standing assurance committee of the Board.

2.2 The Board has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation of Powers and may be amended from time to time. The Committee has no executive powers other than those specifically delegated in these Terms of Reference.

2.3 The Committee is a non-executive chaired committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders of the Board and other policies of the Trust.

2.4 The Terms of Reference for the Committee outlined below are defined by the Board and may be amended by the Board at any time.

2.5 These Terms of Reference, which will be published on the Trust's website, set out the membership, the remit, responsibilities, and reporting arrangements of the Committee and may only be changed with the approval of the Board.

3. Authority

3.1 The Committee is authorised by the Board to:

3.1.1 Investigate any activity within its Terms of Reference.

3.1.2 Seek any information it requires within its remit, from any employee or member of the Board (who are directed to co-operate with any request made by the committee) within its remit as outlined in these Terms of Reference.

3.1.3 Commission any reports it deems necessary to help fulfil its obligations.

3.1.4 Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the committee must follow any procedures put in place by the Board for obtaining legal or professional advice.

3.1.5 All procedural matters in respect of conduct of meetings shall follow the Board's Standing Orders, Scheme of Delegation and Reservation and/or Trust Constitution as required.

Limitations of Authority

3.2 The Committee shall be delegated the power of the Board of Directors to require the attendance of any member of the Trust staff.

3.3 Save as is expressly provided in the terms of reference, the Committee shall have no further power or authority to exercise, on behalf of the Board of Directors, any of its functions or duties.

3.4 For the avoidance of doubt, the Committee shall not itself be responsible for undertaking any operational involvement in the Trust's governance (internal control) or risk management systems. Its responsibilities shall be limited to providing strategic leadership or specific issues referred to the Committee, requiring directors and managers of the Trust to undertake certain work, to receiving their reports (both verbal and written), considering such and reporting to the Board of Directors, thereafter.

4. Duties and responsibilities

4.1 The Committee is responsible for providing assurance to the Board of Directors of the Trust's compliance with relevant legislation and case law relating to clinical care;

4.2 The Committee will monitor the Trust's provision of patient care and carer engagement in an ethical manner;

4.3 The Committee will promote Trust-wide education on human rights, ethics and legal matters;

4.4 The Committee will monitor coherent internal and external communication around Trust values, ethics and human rights;

4.5 The Committee will receive reports from the MHA/MCA Legislation Group

4.6 Monitor, review and report to the Board of Directors the Trust's implementation of, and compliance with, current mental health legislation and proposed changes to such legislation, in particular the Mental Health Act 1983 and the Mental Capacity Act 2005, taking into account best practice. This will include the implementation of the Liberty Protection Safeguards;

4.7 Keep under review the work of Associate Hospital Managers;

4.8 Monitor trends in the application of the Mental Health Act 1983 (and any new Mental Health Acts or revisions to the existing Act) within the Trust and make recommendations where necessary. Consider the implication of any changes to legislation and regulations within a local context;

4.9 Oversee the Trust's response to recommendations from CQC Mental Health Act visits, to ensure progress on action plans and to provide strategic thinking around recurrent themes and areas for improvement;

4.10 Scrutinise delivery against the Trust's action plan developed as a result of the Care Quality Commission's Annual Report as instructed by the Board of Directors;

4.11 Monitor the provision of adequate guidance, information, education and training on mental health legislation to staff, service users, carers and other stakeholders;

4.12 Monitor the application of Human Rights principles and frameworks across the Trust and draw attention to any shortcomings. In particular:

(a) Checking that patients receive information regarding their rights, especially at key points such as prior to a MHA Hearing or Tribunal. This includes checking that patients have access to papers prior to hearings and tribunals and are offered the support of an Independent Mental Health Advocate (IMHA).

(b) Checking that patients are given the opportunity to be involved in planning their care.

(c) Ensuring assurance that the application of the Mental Health Act and the Mental Capacity Act within the Trust does not disproportionately affect or disadvantage any groups as set out in the Equalities Act.

(d) Checking that, especially as regards the use of segregation and restraint, the principle of the application of the least restrictive option is always followed.

5. Other functions

5.1 The Committee will consider matters referred to it by the Board, the Audit Committee or any other Board Committee.

5.2 The Committee will refer relevant risks or other matters to appropriate Committees for information or mitigation and will oversee appropriate risks delegated to it from the Board.

5.3 The Committee can request a report on any subject or issue relevant to its Terms of Reference.

6. Membership and attendance

6.1 The Mental Health & Law Committee membership will be appointed by the Board and consist of:

- Two Non-Executive Directors, one of whom will be the Chair of the Committee
- Chief Medical Officer (Executive lead)
- Chief Operating Officer for Mental Health and Learning Disabilities
- Executive Director of Corporate Affairs

6.2 The Trust Chair, Chief Executive, other Non-Executive Directors and up to three governors at each meeting have standing invitations to attend any meeting.

6.3 The Board will review the membership of the Committee annually to ensure that it meets the evolving needs of the Trust. The Committee membership 2025/26 is presented at the Appendix.

6.4 An Executive or Non-Executive member of the Committee may nominate a named deputy to attend a particular meeting in their place, subject to the Chair's pre-approval. In the case of an Executive member that deputy could either be another Executive Director of the Trust or some other deputy as appropriate. The Non-Executive Director members of the Committee may nominate any other Non-Executive Director of the Trust as their deputy to attend meetings in their absence. A deputy should be nominated only in exceptional circumstances for a particular meeting, and in such circumstances would count towards the quorum for the meeting.

6.5 The Committee may invite non-members to attend, in a non-voting capacity, all or part of its meetings as it considers necessary and appropriate, at the discretion of the Chair of the Committee.

6.6 Regular attendees, who are not voting members unless formally deputising and exercising the vote of their principal, include:

- Deputy Chief Nurse
- Head of Information Governance & Mental Health Act/Legislation Manager
- Mental Capacity Act & LPS Lead
- Associate Director for Social Work and Social Care
- Associate Director of Nursing, Forensic Services

6.7 The Committee shall appoint one member to be the vice chair of the committee who shall exercise the powers and functions of the Chair of the Committee in their absence.

6.8 Attendance at the meeting may be by videoconferencing at the discretion of the Committee Chair.

6.9 Committee members are required to:

- Attend at least 75% of meetings, having read all papers beforehand.
- Act as 'champions', disseminating information and good practice as appropriate.
- If unable to attend, send their apologies to the Chair and Secretary prior to the meeting and, if appropriate, seek the approval of the Chair to send a deputy to attend on their behalf.

7. Frequency of meetings

7.1 Meetings shall be held not less than four times per financial year.

7.2 The frequency of meetings can be varied at the discretion of the Chair of the Committee.

7.3 An annual programme of business will be received by the Committee for assurance at the beginning of the financial year; however, this will be flexible to new and emerging priorities and risks.

8. Calling meetings

8.1 Meetings will be called and conducted in accordance with the Trust's Standing Orders. The notice period will be a minimum of ten days. Written reports are to be sent to members at least five clear days before the meeting.

8.2 Extraordinary meetings may be held at the discretion of the Chair. A minimum of two working days' notice should be given when calling an extraordinary meeting.

8.3 In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

9. Quoracy

9.1 The quorum for the committee is four members, to include at least one Non-Executive Director and at least one Executive.

9.2 Attendance will be monitored as part of the committee's annual report to the Board and will be reported in the Trust's Annual Report.

9.3 If any member of the Committee has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

9.4 If the Committee is not quorate then the meeting may proceed if those attending agree, but no decisions may be taken, or the meeting may be postponed at the discretion of the Chair.

10. Decision making and voting

10.1 The Committee must have regard to guidance issued by NHS England, the Care Quality Commission, and will also have regard to NHS policy and best practice.

10.2 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

10.3 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

10.4 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

10.5 If a decision is needed which cannot wait for the next scheduled meeting and it is not appropriate to call an extraordinary meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email, or other electronic communication.

10.6 Where committee members unable to attend a meeting have nominated a deputy to attend in their place, the name(s) of the nominated deputy(ies) will be recorded in the minutes of the Committee and deputies will exercise full voting rights at meetings and be included in the quorum. Where more than one individual attends to deputise for a committee member, they may between them only exercise the one vote of that member; the vote may not be divided between the deputies and if agreement upon exercise of the one vote cannot be reached then this will be recorded as the vote not being able to be cast.

11. Behaviours and Conduct

Benchmarking and guidance

11.1 The Committee will take proper account of National Agreements and appropriate benchmarking, for example guidance issued by the Government, the Department of Health and Social Care, NHS England, Care Quality Commission, and the wider NHS in reaching their determinations.

Conflicts of interest

11.2 All members and those in attendance must at the start of the meeting, declare any conflicts of actual or potential conflicts of interest (even if such a declaration has previously been made) in accordance with the Trust's policies and procedures. This will be recorded in the minutes.

11.3 Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

Trust values

11.4 Members will be expected to conduct business in line with the Trust values and objectives and the principles set out by the Board.

11.5 Members of, and those attending, the Committee shall behave in accordance with the Trust's Constitution, Standing Orders, and Code of Conduct.

11.6 Members of the Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which are selflessness, integrity, objectivity, accountability, openness, honesty, and leadership.

11.7 The Committee will apply best practice in its deliberations and in the decision-making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.

11.8 All members of the Committee are expected to comply with all relevant policies and procedures relating to confidentiality and information governance, noting the sensitivity of the information that will be considered by the Committee.

Equality and diversity

11.9 Members must demonstrably consider the equality and diversity implications of decisions they make.

12. Accountability and reporting arrangements

12.1 Meetings of the Mental Health & Law Committee will be formally recorded and once approved, submitted to the Board at the next opportunity.

12.2 After each meeting of the Committee, the Chair of the Committee will make a report (in the form of 3As – Alert/Advise/Assurance) to the next meeting of the Trust Board and draw to its attention any issues that require its particular attention or require it to take

action. Where the Chair of the Committee considers appropriate, s/he will escalate immediately any significant issue to the Chief Executive or Chair.

12.3 The Chair of the Committee will submit an annual report of the work of the Committee to the Board to include reports on frequency of meetings, members' attendance, any recommendations to address non-attendance or changes to membership, and business conducted by the Committee (cross referenced to its remit). The purpose of the Annual Report is to ensure that the Committee is working to its terms of reference and has appropriate membership.

13. Administrative support

13.1 The Committee will be supported administratively by the Director of Corporate Affairs or their nominated member of his/her team, whose duties in this respect will include:

13.1.1 Agreement of the agenda with the Committee Chair and lead Executive Director, collation and distribution of papers at least one week before each meeting.

13.1.2 Good quality minutes are taken in accordance with the Standing Orders, produced within ten working days of a meeting and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.

13.1.3 Action points are taken forward between meetings.

13.1.4 An annual work programme summarising those items to be considered during the year is provided to the Committee for assurance at the beginning of the financial year; however, this will be flexible to new and emerging priorities and risks.

13.1.5 Providing support to the Committee Chair and members as required.

14. Review of committee effectiveness and terms of reference

14.1 The Committee will undertake an annual self-assessment of its performance against its annual work programme, membership, and compliance with its Terms of Reference. This self-assessment will form the basis of its annual report to the Board.

14.2 The Committee's annual report will include details of its governance cycle, meeting dates, a summary of the business conducted, membership attendance, and whether meetings were held in quorum.

14.3 These Terms of Reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the Terms of Reference will be submitted to the Board for approval.

Date approved:	[•] 2025
Approved by:	Board of Directors
Next review date:	May 2026

Document management and revision history

Version	Date	Summary of changes
1.0	April 2022	Approved by the Board of Directors
1.1	xx May 2024	Reviewed by the Committee
1.2	July 2024	No material changes. TOR transferred onto new template and good practice governance clauses added for consistency across all committees terms of reference.
1.3	May 2025	No material changes.
1.4	July 2025	Amendments to membership.

Appendix

Mental Health & Law committee membership 2025/26

Non-Executive Director (Committee Chair)	Geraldine Cumberbatch
Non-Executive Director	David Walker
Chief Medical Officer (executive lead)	Karl Marlowe
Chief Operating Officer for Mental Health & Learning Disabilities	Rob Bale
Executive Director of Corporate Affairs	Taff Gidi
Regular attendees:	
Deputy Chief Nurse	Angie Fletcher
Associate Director for Social Work and Social Care	Daniel Mercier
Associate Director of Nursing, Forensic Services	Lynda Dix
Mental Capacity Act & LPS Lead	Amy Allen
Head of Information Governance & Mental Health Act/Legislation Manager	Mark Underwood

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NHS Foundation Trust

People, Leadership and Culture Committee
Tuesday 24 June, 0930-1300, virtual via MS Teams

Agenda

Item no:	Item:	Action: (for approval/ information/ assurance)	Paper / Reading Room/ verbal	Presenter:	Time:
1	**Welcome, introductions, apologies and quoracy** Apologies: Taff Gidi (Ben Cahill in attendance) Observers: Rachel Evans (CPO & Strategy Officer at Oxleas FT in South London) Joel Rose, Governor Marc Smith, Governor Tanveer Siyan, Governor James Brown, Governor		Verbal	**MS**	**09:30**
2	**Declaration of Interests**	For assurance	Verbal	**MS**	
3	**Minutes of previous meeting on 29 April 2025**	For approval	PLC 03/2025	**MS**	**09:35**
4	**Action tracker and matters arising from the minutes** • 2024 Staff Survey update	For assurance	PLC 04/2025	**CDS**	**09:40**
	Matters arising - actions/updates from previous meeting				
5	**PLC Workplan 2025/26** - Review and agree items	For discussion	PLC 05/2025	**MS/CDS**	**09:45** 5m
6	**Food Plan** - Update on what food we currently provide across our sites and how we intend to address the concerns raised by staff about warn food and quality etc - How long it will take us to understand our current offering across our sites and then what the plan would be for further rollout across the Trust	For assurance	PLC 06/2025	**NM**	**09:50** 5m
7	**Reflections from Psychological Professions Deep Dive** - Reflect on whole workforce approach/ representation of that profession at Board level etc	For assurance	Verbal	**BK/RB/EL**	**09:55** 5m
8	**Staff Survey results - Medics** - A view from the staff survey on Medics	For assurance	PLC 08/2025	**KL**	**10:00** 5m
	Improvement and transformation				
9	**Training budget and strategy alignment including Medics**	For information	PLC 09/2025	**CDS/BE/ AR**	**10:05** 10m

	- An understanding of whole Trust view of budget / degree of alignment around leadership interventions between AFC and Medical staffing				
10	**Medical Engagement and Wellbeing** - To assure the committee on the progress of ongoing work to improve medical workforce engagement and wellbeing within the Trust	For assurance	PLC 10/2025	**KL**	**10:15** 10m
11	**Employee Relations Annual Report** - To provide annual assurance on actions and interventions in relation to HR casework	For assurance	PLC 11/2025	**JC/JP**	**10:25** 10m
12	**Freedom to Speak up Guardian Annual Report** - To provide annual assurance	For assurance	PLC 12/2025	**RBS/LB**	**10:35** 10m
13	**HR Policies Annual Report** - To assure the Committee of Principles, Policies and annual programme priorities and then annual review against the same	For assurance	PLC 13/2025	**JC**	**11:45** 10m
14	**Medical Appraisal & Revalidation Report** - To provide an annual touchpoint	For assurance	Verbal	**KL**	**11:55** 5m
15	**Update on Culture & OD Programme** - Sense of timeline	For assurance	Verbal	**CDS**	**11:00** 5m
16	**Practical Workforce Planning** - Receive assurance on ongoing development work	For assurance	Verbal	**EL/RB**	**11:05** 5m
	BREAK				11:10 (10m)
	People insights				
17	**Deep Dive: Occupational Therapists** - an overview of the profession within OXH - how many, in which services etc - the extent to which this profession feels able to play its full role in the Trust and its work – what enables, what might get in the way - Strengths, weaknesses, opportunities and challenges/threats - The key things they want to work on over the next 12-18 months with indicative timetable - Anything else they want to raise to the Committee	For assurance	Presentation	**BK/EC**	**11:20** 30m
18	**Deep Dive: Red risk rated services**	For assurance	Verbal	**RB/EL**	**11:50** 10m
	Assurance				
19	**24/25 Retention Plan**	For assurance	PLC 19/2025	**ZM**	**12:00** 10m
20	**Strategic and Operational Risks** • Revised BAF scheduled to go to 23 July Board	For assurance	Verbal	**BC/CDS**	**12:10** 10m
21	**PLC Annual Report**	For assurance	PLC 21/2025	**MS/CDS**	**12:20** 15m
22	**Temporary Staffing update** To share and provide assurance of the 25/26 Plan and the targets for the year and any progress of new interventions to reduce agency that have taken place since the last committee together with an update on	For assurance	PLC 22/2025	**CDS/ JB**	**12:35** 10m

	Long Lines of Agency; and the NHSP Improvement Plan.				
	For information only – Papers in Reading room				
23	**Highlight / Escalation Report** a. People Steering Group (ZM)	For information/ assurance	*RR/App 23/2025*		
24	**ER Casework review Report** Associated risk: -Staff Wellbeing (TRR 1018) • To ensure that PLC has sight of numbers of staff currently suspended; and that their wellbeing is being supported	For assurance	*RR/App 24/2025*	***JC/JP***	
25	**Workforce Report –** Data packs - Cover sheet - Summary data - HR KPI review - HR & L&D - Whole Trust - Mental Health - Community Services	For information	*RR/App* *25(i)/2025* *25(ii)/2025* *25(iii)/2025* *25(iv)/2025* *25(v)/2025* *25(vi)/2025* *25(vii)/2025*	 ***SB*** ***SB*** ***SB*** ***SB*** ***SB*** ***RB*** ***EL***	
	Closing				
26	**AOB**		Verbal		**12:45** 10m
27	**New risks identified and actions for other Committees and the Board**	For assurance	Verbal		**12:55**
28	**Date of next meeting** 15 October 2025, 13:30-17:00				
	Meeting close				**13:00**

People Leadership and Culture Committee
Minutes of a meeting held on
Tuesday 24 June 2025 at 09:30
Via Microsoft Teams

Present:	
Mindy Sawhney	Non-Executive Director (Chair) (**MS**)
Geraldine Cumberbatch	Non-Executive Director (**GC**)
Charmaine De Souza	Chief People Officer (**CDS**)
Rob Bale	Interim Managing Director for MH and LD Services (**RB**)
Britta Klinck	Chief Nurse (**BK**)
Ben Cahill	Deputy Director of Corporate Affairs **(BC)**
Emma Leaver	Interim Chief Operating Officer for Community Health Services, Dentistry & Primary Care (**EL**)
Andrea Young	Non-Executive Director (**AY**)
In attendance:	
Grant Macdonald	Chief Executive Officer (**GM**)
Jane Blacklock	Programme Improvement Manager - Temporary Staffing **(JB)** *(part meeting)*
Lianne Bowes	Freedom to Speak up Guardian (**LB**) *(part meeting)*
Rita Bundhoo-Swift	Freedom to Speak up Guardian (**RBS**) *(part meeting)*
Jill Castle	Head of HR - Community & Corporate (**JC**) *(part meeting)*
Emma Croft	Head of Allied Health professions, Mental Health, and LD (**EC**) *(part meeting)*
Becky Elsworth	Head of Learning & Development (**BE**) *(part meeting)*
Kezia Lange	Deputy Chief Medical Officer, Professional Standards **(KL)** *(part meeting)*
Neil Mcgregor	Catering Lead (**NM**) *(part meeting)*
Zoe Moorhouse	Interim Head of OD (**ZM**)
Joanne Perkins	HR Business Partner *(part meeting)*
Nicola Gill	Corporate Governance Officer (**NG**) *(note taking)*
Apologies:	
Taff Gidi	Executive Director of Corporate Affairs (**TG**)

1. **a.** **b.** **c.**	**Introductions and apologies** The Chair welcomed the Committee members. Observers: Marc Smith, Joel Rose, and Tanveer Siyan (Governors). Apologies received from: Taff Gidi, Executive Director of Corporate Affairs.	**Action**
2. **a.**	**Declarations of Interest** No interests were declared.	
3. **a.**	**Minutes of the meeting 29 April 2025** The Chair proposed the minutes of the previous meeting were noted as an accurate record.	
4. **a.**	**Action tracker and matters arising from the minutes** The Chair handed over to the Chief People Officer (CPO) to update on the open actions on the log:	

b.	**7.j – Programme on supporting teams and culture change.** A more refined statement has been produced; there will be an audit of the current programmes that sit under the statement along with further engagement with Executives. An update will be brought to the Committee once the audit has been completed.	
c.	**18.a – Addition of new risk BAF 2.7 Health & Safety. As previously agreed, and noted by the Committee,** the Chief Executive (CEO) reiterated that violence was managed through the Quality Committee. He suggested that the rest of the risk was overseen at PLC. The Chair requested a conversation offline to discuss this further given previous discussions for which the CEO had not been present.	
d.	**11.o.** The CPO noted they were part way through the system changes that would change the way supervision was recorded which should be complete by beginning of Q2 and suggested that in October the compliance figures for both AfC staff and medics be brought back to see what the baseline is telling us.	
e.	The Chair asked that the completed actions be put into reverse date order. The Chair requested that the escalation data provided by the Interim Chief Operating Officer for Mental Health and Learning Disabilities (COO MHLD) and requested this be tabled for the October meeting.	**NG**
f.	**Matters Arising – Staff Survey update** The Interim Head of OD (IHOD) noting the staff survey was the largest feedback mechanism that the Trust had provided an update on actions that had been requested by the committee: • to come back with an action plan, this is now attached at Appendix A; the organisational actions are naturally aligned to the People Promise; • to look at what could be done to increase the response rate for the survey. To assist this a project plan was formulated which included discussing the results with the EDI networks to try and encourage more participation, particularly around the demographic data. As part of this a comms plan has also been produced to relay good news stories starting imminently and will allow us to report on how the organisation has used the results to inform the work it undertakes for staff experience across the whole of the Trust.	
g.	The Chair noted that the committee had invited a reflection on how the Trust improved the scores on where they improved them and provide reflective space to look at good practice and are we consciously embedding them in the future and it would be good to come back to this at some point. The Chair also noted that the Trust was performing well on its PDR scores in terms of completion but less well on peoples perception of the utility of those PDRs, there was the need to keep reflecting on this.	
h.	The CEO noted that it would be helpful to know the 'what' and suggested some focus group work to help understand this. The Chair agreed and requested that the CPO and IHOD propose a time for this to come back to the committee.	**CPO/IHOD**
i.	Geraldine Cumberbatch queried access to laptops and what the Trust could do to facilitate how it could make them accessible to staff to encourage participation. She also noted her curiosity around data coming from the 16-28 bracket as scores are lower and was there something that could be changed to improve the uptake. **Action: to look at the usefulness of PDR and understanding how we can increase people's perception of this along with reflections on what contributed to the improvements that have been seen.**	**IHOD/CPO**
5.	**PLC Workplan 2025/26**	

a.	The Chair advised that she along with the CPO and Executive Director of Corporate Affairs (EDCA) would be meeting next month to look at revising the forward plan and that this draft plan was a chance for the committee to feed into the plan.	
b.	Andrea Young noted there had been a concern about vaccinations last year and questioned whether October was the right time. She also highlighted that both Quality Improvement (QI) and staff safety were on the workplan and both of these regularly featured at Quality Committee, did they need to go to both committees.	
c.	Wellbeing and Freedom to Speak Up she was not sure if it was right to take them together and noted it sat later on the work programme and as FUTSU guardian she was aware that they produce a quarterly report to the Executive and queried whether the committee would follow their logical plan.	
d.	Andrea Young spoke about her understanding of the workplan was that this was work delegated or mandated by the Board to the sub committees, so the approval process is back to the Board who signs off the work plan. The Deputy Director of Corporate Affairs confirmed this was correct. Andrea questioned whether the committee should have a view on prioritisation as the workplan was still long, did they want to move to a lighter touch on those items that had improved allowing more substantial time on other areas of focus.	
e.	The Chair acknowledged that was a good challenge and noted that it was the focus of the conversation that will take place with the CPO and EDCA and needed to be looked at alongside QCs forward plan.	
f.	The Chief Nurse (CN) noted that there would not be any data on vaccinations in October as the campaign would have only just started, the January PLC would be the better meeting to provide an update. The Chair requested the conversation regarding vaccinations in general be taken offline.	
6.	**Food Plan**	
a.	The Catering Lead (CL) took the paper as read highlighting the requirements under the National Standards for Healthcare Food and Drink framework noting there were certain obligations within the legislation remit around the food the Trust should be providing. The vast number of sites and differences between these needed to be taken into consideration. As a Trust with a diversity of different sites one shoe size does not fit all meaning that different requirements and standards will be required across the Trust estate. They were currently reviewing the 24/7 provision of food and drink across the Trust along with looking at funding.	
b.	The Chair noted she had inherited this action commenting that it was one of the tangible ways in which the Trust manifests that they are taking staff wellbeing seriously. She noted the need to be able to understand what was currently provided, what the gap between provision and people's aspirations and desires were and within the means that the Trust has what it can do to practically improve.	
c.	The CEO asked about hydration in terms of water coolers and also the availability of microwaves, tea coffee etc. The CL confirmed he would be looking at this in the overall review. The CEO noted they would work within available resources to prioritise this.	
d.	Andrea Young spoke about what the Trust's aspiration for staff was and suggested the question for the Board was whether this was something where they just wanted to meet the essential or whether they wanted to stand out as somebody who values their staff, quality of food and breaks in general and what is on offer along with the social side of being part of a time. Andrea noted she was pleased to see that staff would be consulted on what they would like during the review. The Board should set a	

DRAFT

	standard/ambition that they have around what they would like to offer staff to keep them healthy.	
e.	The CPO highlighted the culturally diverse meals mentioned in the paper as she had heard at an even recently from a member of staff about how they felt seen when there was a diversity of food available, particularly for halal and other types of cultural needs that people have and suggested the CL engage with the cultural leads on this.	
f.	The Interim Chief Operating Officer for Community Health Services, Dentistry & Primary Care (COO CDPC) highlighted that a couple of main sites were missing from a community perspective and would pick up with him outside of the meeting. She also noted that she hears a lot from staff about food wastage, particularly on wards and staff being hungry, there was a poverty issue here for staff and questioned whether there could be a way to support staff.	
g.	The Chair noted that when the CL brought this back to committee (to be agreed with CPO offline), it would like to consider a statement of aspirations so it can seek assurance against this that the Trust was being sufficiently ambitious. There was the need to account for the 130 sites and were reflective of colleagues working in both the mental health directorate and those in community as well as corporate colleagues. Lastly the socio economic and cultural aspects of food provision – equalities impact assessment. At a later point staff facilities should be looked at.	
h.	The CL concluded that it was exciting and pleasing that everyone was so positive about food. He thanked the committee and looked forward to coming back with aspirational thought and work to progress this further. **Action: The CL/CPO to propose when this will return to PLC and add to forward agenda.**	**NM/CDS/ NG**
7.	**Reflections from Psychological Professions Deep Dive**	
a.	The Chair explained that following the good conversation at the previous meeting she offered clinical leads the opportunity to reflect what they had heard.	
b.	The CN noted that often people were surprised by the size of that workforce, it was the second largest workforce in the Trust. Following the meeting she had spoken with Bill Tiplady to think about how they might start to use the structure, how they might facilitate it and progress it.	
c.	The CEO commented he had met with the psychological therapies team in the Trust which had been quite challenging in how distant they were from the core teams. Clearly what was emerging was a sense of people were not allowed in but also stayed out and he was working with Bill Tiplady on how to change this and integrate them with an aspiration for multi-disciplinary team (MDT) working.	
d.	The Chair noted this referred back to the conversation with OD, the OD ought to be about prosecuting two or three maximum key areas we want to be reflected of our DNA and MDT is one of those, QI might be another along with anti-racism and how do we harness all of the levers within the organisation to deliver it.	
e.	The COO MHLD echoed the Chair's comments regarding OD and the need to get this right. There was a sense sometimes that medics feel out also and was not sure who felt in. There was something about a whole strategic approach and MDT and seeing it as core to our DNA of what the Trust does.	
f.	The COO CDPC reflected that they had one psychologist in their directorate who was a core leader and part of their MDT and wondered if they could be utilised to help other parts of the Trust implement this.	

DRAFT

8.	**Staff Survey results - Medics**	
a.	The Chair explained that twice yearly the committee took a deeper look at the engagement and wellbeing of medics. As a committee they wanted to ensure they had understood if there was anything that was an outlier, either positive or negative in terms of our medics and dentists from the staff survey.	
b.	The Deputy Chief Medical Officer, Professional Standards (DCMO) noted the following summary: • small but positive changes in engagement and satisfaction scores over the last few years; • consultants were less happy than SAS doctors or dentists; and • negative scores were mostly around demand and capacity – feeling overworked with insufficient staff resources.	
c.	The DCMO felt the gradual improvement seen reflected the work being undertaken in difficult circumstances. She noted that a change to team-based ESR hierarchies for medics would hopefully allow reporting of medics within teams (alongside AfC staff, and by directorate) and suggested considering repeating the medical engagement scale and ask for specific feedback where improvements could be made (this was last done in 2021).	
d.	Andrea Young queried undertaking another survey as she felt the Trust knew what the issues were. She felt dividends were achieved from the following areas: • work on teams, one of the key enablers – helping consultants to understand and feel supported in their teams, feel that their teams and managers are being developed to help all deliver the patient care they want to deliver is an important part of consultant satisfaction; • job planning – clarity around roles, structure, and remuneration; and • strategy – knowing where the organisation is going, your contribution to that and feeling proud, respected and valued in work is a key part of it.	
e.	Andrea's preference was directing energy into pushing those programmes of work that will make it clear to consultants that the Trust has heard what they have said.	
f.	The DCMO agreed that the organisational development aspect is the most important thing that will help.	
9.	**Medical Engagement and Wellbeing**	
a.	The DCMO took the report as read noting there had been progress on all areas of recruitment, retention, and reward, which were all essential for medical engagement and wellbeing, although significant challenges persisted both externally and internally.	
b.	The DCMO highlighted the following priorities for 25/26: **Recruitment – continue to reduce agency, recruit substantively** • New focus: European recruitment, discussions about new investment to support this, using broader HR directorate skills to enhance medical recruitment **Retention – continue programme of improving transparency and consistency across Trust, team leadership** • Improving quality of job plans with focus on productivity and objectives, policy updates – managing concerns re doctors and dentists, influence senior discussions on directorate organisation with regards to team leadership, mentoring focus and review, SAS doctor budget spend. • ? Repeat medical engagement scale (last 2021) and ask what we need to do next **Reward – continue to improve consistency across Trust** • Review of all APA's paid, identifying future leaders and encouraging leadership courses/roles	

DRAFT

	Focus on Community directorate – dental and medical colleagues • Engagement with wider medical community, meetings with senior leadership, publicising policies, IHPR	
c.	The DCMO also noted the following challenges: • Shifting priorities from e.g. NHSE mean that attention is constantly diverted from original plans • Financial constraints make bold initiatives difficult to realise • On-going national and international shortage of psychiatrists • Relationship with LNC/BMA	
d.	The Chair commented that she had seen in the report that NED availability for AAC panels was an inhibitor to recruitment efforts, how much of an issue was this? If it was an issue, then the committee would include it in its escalation report to Board.	
e.	The Chair noted that it would be good to understand if there was anything further the committee could do in terms of visibility and was there anything useful at a Trust and Board level that they should be doing to support improved relationships.	
f.	Andrea Young requested that medical recruitment be taken offline as although massively improved it is still not great. She had volunteered for nearly all of them but did not get a response for weeks and then get notified the week before. Suggest this was not flagged to board as need to unpick the issues first. **Action: take offline with AY and the Chair to meet with the CPO in the first instance to begin to review this.**	**AY/MS/ CDS**
g.	The CPO noted they were just at the end of finalising the change which impacts medical recruitment, talent acquisition partners have been brought in for the AfC part of the business and they are already having success in filling hard to fill roles. A careers page will be launched shortly.	
h.	The Chair requested this be brought back to the committee in six months' time. Thinking about the forward plan for next year she felt it would be useful to see a trajectory of the key things to be taken forward, particularly the specificity, making sure whilst we ask staff to get on with things we knit the actions together, so they feel coherent to the organisation and work on the areas that matter most first. **Action: for the DCMO.**	**KL**
10.	**Medical Appraisal & Revalidation Report**	
a.	The DCMO noted the formal update would be brought to the committee in the Autumn following which it would go to Board for approval. She commented that it was going fine and there was no one who had not engaged in the process. This had been moved onto an electronic format without any problems. They were fully recruited on appraisers for the time being which was pleasing and a significant improvement on previous years.	
b.	The Chair noted this was excellent news.	
11.	**Training budget and strategy alignment including Medics**	
a.	The Chair noted that one of the updates last time was that the team is putting in place a more strategic view of all the training and development demands to enable it to aggregate where it was sensible in terms of securing of provision whilst also allowing space for a Trust view of what priorities were as well as a service view. One of the ways of doing this was through the Education Steering Group and we were updated that medic engagement was at an early stage with this group.	
b.	The Head of Learning & Development (HLD) took the paper as read noting that from an overall education strategy group they recently had their NHS England Quality Audit and	

DRAFT

	one thing we were commended on was our CPD, and how we were spending our CPD budget in a more strategic way and explained in detail how they had been doing this. The HLD highlighted the apprenticeship levy which was another positive spend for them in terms of not just creating nursing pathways but looking at how else it is being spent including QI apprenticeships and data apprenticeships.	
c.	The links with medics was an area that NHS England highlighted as perhaps needing continued work on in terms of alignment which the Trust had noted itself as a risk. Steps have been made regarding this.	
d.	The Chair asked the following questions: • the shortfall in budget for statutory and mandatory training mentioned in the paper and sought assurance about what the risk was, and it could be covered through cross subsidisation; • impact on the withdrawal of funding for master's level apprenticeships and whether that was impacting the Trust; • in terms of the number of training requests having to be turned down, does that impact on particular groups of staff or the Trust's ability to improve services for patients; and • bigger picture question – for a Trust of our size, if we were in a different sector an organisation or our size would probably be spending significantly more on training and development – are we spending enough, should we be deciding that we should invest more and over time move to more funding.	
e.	The HLD responded noting that the risk in statutory and mandatory training shortfall was interesting, it had been a continued risk for at least five years plus. She commented that it had not been a risk as they had been very strategic in how they thought about their budgets so were able to cover it from other areas and had been able to continually do this. She acknowledged the only risks were in the changing landscapes of finances for all NHS trusts, would it be as simple as it has been in the past but currently. She felt there was a need for L&D to consolidate and think about the delivery of some of the statutory and mandatory training. She did not feel it was a big risk this year but was one that would be reviewed.	
f.	The HLD spoke about the master's level apprenticeships and withdrawal of funding noting that it would not necessarily affect our Trust but would affect NHS trusts overall for the advanced clinical practice pathways. In terms of other masters pathways, the Trust is able to still put people on them until January and are taking advantage of this. She spoke about the potential opportunity for gifted levy, we are in a position where we are spending our levy every year and if we want to expand further, we will need gifted levy from organisations who will no longer be spending it.	
g.	In relation to the number of training requests being turned down the HLD responded that due to the strategic oversight those decisions are made by services not L&D, so she was better assured they were not disadvantaging staff and were thinking about the risks associated with training requirements. As a Trust we have a better assurance that we are being more responsive. In terms of access the WRES and WDES data suggests that all our staffing groups access particularly higher education. One advantage of creating larger spend in the CPD budget means we can utilise the data to shows us who is accessing it.	
h.	For a Trust of our size the HLD acknowledged there was a shortfall in statutory and mandatory training which were being subsidised by other areas so potentially if they were more appropriately funded then actually, we would automatically be able to do more. She did feel there should be more training available but only in response to need not what people want.	

DRAFT

i.	The CPO's overall observation was the Trust should think about its broad universal offer was in a number of areas. In some areas there is high end learning taken up by fewer people, is that the right approach as there is the value for money element also. How do we guide the training requirement over the next five years given the changes seen from government.	
j.	The Chair asked the HLD to provide an update on the Education Steering Group and strengthening the participation of medics as part of the education report. It would also be good to have a similar insight from medical spend to take similar assurance. When next looking at Statutory and Mandatory compliance the Chair requested the committee take another look at resus and take assurance there. **Action: Update from ESG and Ed Report to be added to forward agenda**	**RE**
Break 11:10 (10 mins)		
12.	**Freedom to Speak Up Guardian Annual Report**	
a.	The Chair noted the paper as read and invited Andrea Young as Freedom to Speak Up (FTSU) NED to if there were any comments she would like to make. Andrea thanked the two guardians for their exceptionally hard work, noting it was as much about the pro-active work they do which laid the foundation for an organisation that valued voice. She noted that the self-assessment would be important and invited views from committee members.	
b.	The Chair noted that the National Guardians office had done some work on the key correlations from the staff survey and the actual freedom to speak up experienced by colleagues within an organisation and found that the People Promise 'we each have a voice that counts' was the single largest indicator and ours had improved significantly due in no small part to the work undertaken by the guardians and it was good to see this moving in the right direction.	
c.	Geraldine Cumberbatch noted staff confidence, and what happens when they do speak up. LB responded that it was about seeing action as a result, the report indicated they had worked hard to get a good speak up culture. Works needs to be done on how we listen, follow up, take action, and share that with those staff who do speak up. As part of the two-year plan the guardians were looking at a potential framework around timescale. RBS added that as a Trust clearer accountability was needed. Ensuring psychological safety within teams along with a culture of openness needed more work as there were pockets of teams who were not feeling empowered enough to speak up.	
d.	The COO CDPC spoke about the need for some space for reflective leaders for learning on case outcomes, what that looked like and how it felt. She felt this was part of the ongoing leadership development and build on real life examples.	
e.	The Chair noted that in some of the feedback there was a concern around how long it took from initial contact into the guardians and then the time that elapses until they respond to find out more. It would be good to understand what that gap was in the next report to see what the constraint was. LB responded that the comment had been included to show a balanced approach however when people do contact them, they usually get back to them within a couple of working days. This related to staff absence and annual leave which meant some people had to wait slightly longer.	
f.	The CPO spoke about conflict in the workplace and the fact she would like to undertake some work about reframing conflict and that conflict and disagreement can be healthy and that there is a way forward. It is not binary and there are ways where opposing views can be heard, and a way forward found with intra relationships between staff. This is one of the biggest reasons for staff contacting the guardians.	
g.	The CPO also noted the need to do more to show and demonstrate there are many places that people can go to for support. There are executive open-door sessions, line	

DRAFT

	managers etc so how do we get that more visibly heard in the organisation as there a range of safe places people can use rather than the perception of a single point of contact.	
h.	The Chair noted how to communicate the menu of support and ways of speaking up was something to reflect on.	
13.	**Deep Dive: Occupational Therapists (OT)**	
a.	The Chair thanked EC for the report and noted it is as read. EC highlighted the importance of celebrating the strengths, achievements, and opportunities that occupational therapists have and see how far as a workforce they have come. MDT working and the role of occupational therapy within that has to be part of the cultural recipe for change and what can be seen from the presentation in terms of some of the challenges that occupational therapists have across the Trust is not feeling part of an MDT, not always feeling valued and perhaps siloed in their working and having the opportunity to have their voice heard. As a workforce they are the only dual trained profession and as such if utilised better they could be the key to unlock some of the challenges, how do they get the committee's support to be able to do this.	
b.	The Chair noted the question of MDT working was the golden thread through many of the committee's conversations and how does the organisation move from an aspiration of this to reality was a real area of focus.	
c.	Andrea Young encouraged the use of data driven work as she felt they could genuinely measure the difference they make to patients and this was key. She observed that every profession felt they were excluded and noted this was a challenge for the people themselves, not the CEO and CPO, if they did not feel involved, they should not look up and wait for permission but lean in, be involved, step into leadership roles. EC acknowledged this was an important point and noted that she had been talking to the COO CDPC about what it was that stopped occupational therapists from stepping into that space, and she was trying to champion them to do this.	
d.	The CEO noted the need to improve the professional structure so that people can see where they can go within the organisation.	
e.	The CN noted the scope of OTs in the Trust was so wide and varied but at the core of OT was the therapy was a very individualised patient centred approach that they use. She spoke about the need to have confidence in your own profession and the fact it can be difficult to articulate what you do when you have such a wide scope. She noted that a leadership structure had been implemented recently which was step one and felt that EC and others had been instrumental in driving the feeling around a professional identity for OTs in the Trust and this needed to be built on.	
f.	The Chair noted that in the paper supervision had been identified as potentially problematic and it would be good to understand if there was a risk of some kind that was not being well mitigated due to reporting structures. On slide 16 the focus for the coming period looked sensible but felt it would be useful to add into this what they see as the priorities for recruitment, around turnover and feed into wider work in those areas.	
g.	EC responded regarding the supervision piece, noting that in terms of clinical and managerial supervision there were no concerns. It was the piece around professional supervision, how do OTs link to think about how they are developing themselves in their own profession and this goes back to the earlier conversation around the confidence in who they are and how they work as OTs. Work is being undertaken to implement peer supervision groups and learning sets to try and encourage and engage them in this. In terms of job planning, they know their risk area is around Band 6 but the apprentices are coming through which is the mitigation.	

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h.	The Chair noted that the committee would invite EC back to talk about the areas of focus had developed over the course of 12 months or so and in the October PLC colleagues would be invited to reflect on today's conversation.	
14.	**Employee Relations Annual Report**	
a.	The Head of HR took the report as read noting that casework numbers had broadly remained the same. They were still seeing some positive numbers around them working with managers to resolve situations informally rather than formally. She spoke about the disproportionate number of staff from BAME background that go through a disciplinary process which is going in the wrong direction and needs focus with the new anti-racism lead.	
b.	**Action: The CEO asked if the HHR to reconcile the cases that went through around BAME colleagues disciplinary cases with the data sent to himself and the CPO to review as he was surprised to see the number.**	**JC**
c.	The HR Business Partner noted they were also looking at trends and themes and had reached out to the FTSUG to look at any correlation.	
d.	The Chair noted it was clear that there was some correlation between protected characteristics and a lower percentage of informal resolution. She felt it would be useful going forward to formulate the hypothesis that we are testing through some actions – what do we think is driving some of these numbers and to make explicit what is causing it and what can be done about it.	
e.	Geraldine Cumberbatch noted what stood out to her was the increase in BAME cases and thought it would be useful to have a granular look at what was driving the complaints.	
f.	**Action: The Chair noted that JP would look at the trend data and asked that if there was work to report back on by the October meeting it be added to the agenda.**	**NG**
g.	Andrea Young noted that the numbers that resolve informally were interesting and wondered whether there was a link between the CPO's earlier point about having difficult conversations, how you have an environment where different points of view are respected, and you can have conflict but still be respectful. She wondered whether there was any correlation between those informal outcomes that may have never ended up in the disciplinary process in the first place if those difficult conversations had occurred.	
h.	The HHR commented that they were about to relaunch the management toolkit and early intervention was one of the areas of focus.	
i.	**Action: The Chair asked if the October report could include the number of cases per 1000 headcount.**	**JC**
j.	The COO CDPC reflected that she could not feel the impact of the restorative just culture work and wondered whether this could be included in the next report as it was an important strand we should be curious about. **Action: to be included in the October report.**	**JC**
k.	The CPO commented on the point about difficult conversations noting that at a previous organisation they had trained people up to come in and have a mediated conversation. This still takes investment, but it took away the approach of if we have conflict the only way forward is a formal grievance and was something she wanted to focus on in the future.	

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15.	**HR Policies Annual Report**	
a.	The Chair reminded colleagues that this committee no longer approved every single HR policy, but they do check that the principles that guide HR policy development are clear and considered and align with the strategy of the Trust and other requirements and the programme of work focusses on our priorities. The Committee can also choose to review any single policy and if any members felt a policy needed a closer view, this could be added to PLC's agenda. She took the report as read.	
b.	The HHR highlighted the priorities noting these were the areas they were working on currently.	
c.	The CPO felt they were in good shape and the team were working well with the national team with the HRR working on the portfolio going forwards.	
d.	The Chair challenged that the team should be thoughtful about the amount of work put into localising any of the national policies that are developed and being pragmatic about our focus. It makes it easier for staff moving between organisations if they have recognisable policies and there was the opportunity to be thoughtful about our workload.	
e.	The CPO confirmed that the restorative and just learning culture would be built into policies.	
f.	The HRR noted that of the policies done so far had been localised rather than making any significant changes. They would be reviewing the differing variations and streamline these.	
g.	The Chair reminded colleagues that the committee was able to ask for any policy to review at committee.	
16.	**Update on Culture & OD Programme**	
a.	This update was provided earlier as part of the action tracker.	
17.	**Practical Workforce Planning**	
a.	The CPO noted this was currently being reviewed and progressed by the COO MHLD and COO CDPC and would review again at either the October or January PLC meeting.	**RB/ELS**
18.	**Deep Dive: Red risk rated services**	
a.	This item was deferred to the October PLC meeting.	
19.	**24/25 Retention Plan**	
a.	The Chair noted the report was taken as read.	
b.	The Interim Head of OD highlighted the latest data around turnover and early turnover and how impressive the stats were. She noted that a number of workstreams had been closed down and the funding for the People Promise postholder had ended but that they had carried on the good work with two elements: the flexible working project and looking at staff recognition which will likely focus attention on long service awards.	
c.	The CEO requested that the certificates provided for long service awards and retirement were more elaborate as people did value them.	
d.	The Chair highlighted how she was struck by how having taken a segmented approach had allowed the Trust to be more discerning and discriminating about the actions being taken and to consider at some point whether there were other opportunities to take a segmented approach.	

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e.	Geraldine Cumberbatch spoke about the ethnic minority turnover and wondered whether linking in with the staff networks might be a way of unlocking the reasons or encourage people to respond. The IHOD responded that this would have been covered in her previous report looking at the staff survey and response rates. There were actions being taken to link in with all of the staff networks to champion the confidentiality and how important it was to pick up that demographic data for all of the protected characteristics. She noted that a specific questionnaire had been undertaken focussed around BAME colleagues with circa 500 responses and it has been looked at from a directorate perspective to allow us to take some actions that are segmented in approach and go to support staff experience in a positive way.	
f.	**Action: The Chair requested that some of those results and reflections at a future PLC meeting.**	**ZM**
20.	**Strategic and Operational Risks**	
a.	The Chair noted that this was still a work in progress and the People risks were being reviewed.	
b.	The Deputy Director of Corporate Affairs noted they were currently revising the whole Board Assurance Framework (BAF) with the aim being to make it a more practical and useful document. A big part of this is to get more equality of the assurance information that is looked at. From an assurance perspective the format proposed will help to achieve this. The draft will go to the 14 July Exec meeting and then the 23 July Board meeting.	
c.	The Chair reiterated that the BAF was significantly better and was moving in the right direction.	
21.	**PLC Annual Report**	
a.	The Chair thanked the CPO for the significant amount of work undertaken to create this report. She asked the committee if it resembled the work undertaken by them.	
b.	The Chair invited colleagues to reflect on the amount of work invested into these annual reports and wondered who was the audience, and how much of it was needed, and was it the best use of time. The Deputy Director of Corporate Affairs noted the comments.	
c.	**The Committee ACCEPTED the PLC Annual report.**	
22.	**Temporary Staffing Update**	
a.	The Programme Improvement Manager (PIM) took the report as read and noted they were starting the year on a positive trajectory with further plans in terms of agency reduction, along with the migration of agency workers to NHSP. Overall, at the end of M3 it was looking positive, medics were still slightly overspent but with a significant number of new doctors starting in August this should reduce medic locum use by about 30% which will help the Trust achieve the targets for this year, although it will be hard. Within the Southeast temporary staffing collaboration there is a project board specifically for mental health trusts, the first meeting was held last week and focussed on the rates they could start to drive those savings across mental health trusts as a group which will help the Trust.	
b.	The COO MHLD reinforced that whilst there had been movement around medical it remained challenging due to the national picture, and it was positive that the regional group was pushing on rates. There was the need to recognise the reality that despite the work undertaken on medical it will remain a pressure, but it felt there was more grip and clarity on the situation now.	

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c.	The CPO noted that NHSP had been invited into the formal union meeting and showed how far we had come. She noted it was important to take our staff side colleagues with us for next year. Growing our bank would be the main focus for the year ahead.	
d.	The Chair asked about the direct booking of bank shifts being identified as a risk. She asked for clarity on understanding the nature of the risk and what mitigations had been put in place. Was it an actual risk to patient care or was it about not being able to pay people accurately. The PIM responded that were was not a risk to patient care, invariably it leads to there being more staff on a shift than there needs to be. From a reporting point of view, it was a risk as the ward/unit will directly book a worker through the NHSP system without putting that shift onto the e-rostering system so when the systems team report on the safe staffing actually that person does not show on the safe staffing report. The risk is in terms of reporting. In terms of people being paid there was no risk. It was about reporting and being able to manage more effectively the volume of agency workers because if the worker is put directly onto NHSP and not e-rostering we do not know that person is there and whether they are needed or not. The CPO reiterated that the only way around this was a manual workaround as it has been escalated to NHSP and was due to technical issues on their part.	
e.	The Chair noted this was a positive demonstration of grip and control and noted the caution around the delivery of targets on medics. It was worth noting that the Trust remained one of the highest spenders in the group and there was more to be curious about how sister trusts achieve lower agency spend than us.	
23. **a.**	**Highlight/Escalation Report** This report was noted as read.	
24. **a.**	**ER Casework review Report** This report was noted as read.	
25. **a.**	**Workforce Report – Data packs** The Chair took this report as read and noted that retention rates were comfortably within target but highlighted that the vacancy rate within certain areas remained consistently high and felt the workforce planning template was a good way to get into focussing on these areas of anomaly which did present a risk and focus efforts on those. She also noted the change in supervision process recording coming into effect in August.	
26. **a.**	**AOB** The CN informed the committee that Pam Mariga was starting as the Associate Director of Nursing Workforce and Clinical and Regulator standards and would be a frequent visitor to this meeting.	
b.	The Chair mentioned the likely industrial action from resident doctors and consultants and confirm the Trust was underway with thinking about mitigations and sense of how well prepared we were. She also asked what Oxford Health's part was of reduction in overall head count and monitoring of this between Finance and PLC.	
c.	The COO MHLD responded regarding industrial action noting it was difficult not knowing about timings but that previously the Trust had a clear process which worked efficiently and effectively, and this process would be used again.	
d.	The CEO noted that there was no current plan to reduce staff.	
e.	The Chair reviewed the meeting, and all agreed it had run well.	
27.	**New risks identified and actions for other Committees and the Board**	

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a.	None identified.	

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Oxford Health NHS Foundation Trust

Quality Committee

(Conducted electronically via MS Teams)

10:00 on Thursday, 10 July 2025

AGENDA

Apologies to: CorporateAffairs@oxfordhealth.nhs.uk

No.	Item	Lead	Task	Paper	Time
Opening items					
1.	Chair's welcome, apologies and quoracy check[1]	Chair		N/A	10:00
2.	Confirmation of items for AOB	All		N/A	
3.	Minutes of meeting held on 01 May 2025	Chair	Approval	Enclosed	
4.	Action log and any matters arising	Chair	Approval	Enclosed	
SAFE					
5.	Quality & Clinical Governance Sub-Group (QGCSG) highlight report and Quality and Safety Dashboard	Jane Kershaw/ Britta Klinck	Information/ Assurance	Enclosed	10:10
6.	Patient Safety Incident (PSI) & Learning from Deaths report to include Mortality and Homicide review Q1	Jane Kershaw/ Britta Klinck	Information/ Assurance	Enclosed	10:30
7.	Safe Staffing report	Britta Klinck	Assurance	Enclosed	10:40
8.	Quality Compliance & Regulation update (CQC, NHSE/I etc)	Angie Fletcher	Information/ Assurance	Enclosed	10:50
QUALITY IMPROVEMENT					
9.	Quality Improvement direction update	Ashley Harvey/ Angie Fletcher	Assurance	Verbal	11:00
EFFECTIVE					
10.	Clinical Effectiveness Group update	Angie Fletcher (Karl Marlowe)	Information/ Assurance	Enclosed & Reading Room	11:05
11.	Medicines Management report	Michael Marven (Karl Marlowe)	Information/ Assurance	Enclosed	11:15

[1] Apologies from: Amélie Bages, Charmaine De Souza, Grant Macdonald and Karl Marlowe
Observers: from the Chief Nurse Fellowships and Governors

CARING & RESPONSIVE					
12.	Palliative and End of Life Care – report and deep dive	John Campbell/ Britta Klinck	Information	Enclosed	11:20
	BREAK 11:50-12:00				
ANNUAL PLAN & STRATEGIC PROGRAMMES					
13.	Provider Collaboratives and Strategic Partnerships: • 'For Me', HOPE[2] and CAMHS Provider Collaboratives update	Karen Drabble/ Britta Klinck	Information/ Assurance	Enclosed	12:00
14.	Quality Impact Assessment report for 2025/26 Financial/Operating Plan	Britta Klink	Assurance	Enclosed	12:15
RESEARCH					
STRATEGIES & POLICIES					
15.	Learning Disability Strategy	Kirsten Prance/ Rob Bale	Assurance	Verbal	12:25
GOVERNANCE & RISK MANAGEMENT					
16.	Board Assurance Framework (BAF) revision – Committee risks	Ben Cahill/ Taff Gidi	Assurance	Verbal	12:35
17.	Operating Framework - Ward to Board Governance	Taff Gidi	Assurance	Verbal	12:40
One-off reports/requested items					
Any Other Business					
18.	Management of plastic bags as banned items	Britta Klinck	Information	Enclosed	12:50
	Close Date of next meeting – **Thursday, 11 September 2025**				13:00

READING ROOM/APPENDIX

Supporting reports to be taken as read for information and/or to prompt discussion

19. Clinical Effectiveness Group meeting notes and action logs for 13 May and 10 June 2025

[2] Healthy Outcomes for People with Eating disorders (HOPE) Adult Eating Disorders Provider Collaborative

Meeting of the Oxford Health NHS Foundation Trust
Quality Committee

Unconfirmed Minutes of a meeting held on
Thursday, 10 July 2025 at 10:00
via Microsoft Teams

Present[1]:	
Andrea Young	Non-Executive Director (Committee Chair) (**AY**)
Britta Klinck	Chief Nurse (**BK**)
Rob Bale	Interim Chief Operating Officer for Mental Health and Learning Disabilities (**RB**)
Taff Gidi	Executive Director of Corporate Affairs (**TG**)
Emma Leaver	Interim Chief Operating Officer for Community Health Services, Dentistry and Primary Care (**EL**)
Lucy Weston	Non-Executive Director (**LW**)
In attendance[2]:	
Attending Board members	
David Walker	Trust Chair (**DW**)
Other Trust staff in attendance	
Hannah Smith	Assistant Trust Secretary (**HS**)
Nicola Gill Leanne Dunkley	Corporate Governance Officer (**NG**) Corporate Governance Officer (**LCD**) *minutes (generated from recording of meeting)*
Angie Fletcher	Deputy Chief Nurse (**AF**)
Michael Marven Pete McGrane	Chief Pharmacist & Clinical Director for Medicines Management (**MM**) Clinical Director of Community Health Services, Dentistry & Primary, Care (**PM**)
Tina Malhotra Lola Martos Karen Drabble Alicia Siraj Ben Cahill John Campbell Lynda Dix Robyn Harris Jane Kershaw Ashley Harvey Pamela Mariga Bill Tiplady Nanaamma	Clinical Director, Buckinghamshire Mental Health Services (**TM**) Interim Clinical Director, Oxfordshire, Bath, Swindon, and Wiltshire (**OBSW**) Mental Health Services (**LM**) Associate Director For Me Adult Secure Provider Collaborative (**KD**) Associate Director of Quality and Clinical Standards - Buckinghamshire, Oxfordshire, and Berkshire West (**BOB**) Integrated Care Board (**ICB**) (**AS**) Deputy Director of Corporate Affairs (**BC**) Head of Nursing Older People (**JC**) Associate Director of Nursing, Forensic Services (**LD**) Patient Safety Partner (**RB**) Head of Patient Safety (**JK**) Head of Improvement & Effectiveness (**AH**) Associate Director of Nursing, Workforce & Regulatory Standards (**PM**) Director of Psychological Professions (**BT**) Health Visitor, Chief Nurse Fellow (**NM**)

[1] Members of the Committee. The membership of the Committee will include at least three Non-Executive Directors and the Chief Nurse, Chief Medical Officer, both Chief Operating Officers and the Executive Director of Corporate Affairs. The quorum for the Committee is five members to include the Committee Chair (or vice chair), one Non-Executive and at least one Executive Director (Chief Nurse or deputy). Deputies will count towards the quorum and attendance rates.

[1] Regular non-member attendees and contributors.

Mensah Elsie Ekpenyong Dorothy Dan-Cooke Oana Codrea Samuel Agyapong Faustina AdinLarbi	 Deputy Ward Manager Opal Ward, Chief Nurse Fellow (**EE**) Operational Lead Single Point of Access CAMHS Community Service, Chief Nurse Fellow (**DD**) Interim District Nurse Locality Lead, Chief Nurse Fellow (**OC**) Clinical Research Lead, Chief Nurse Fellow (**SA**) Modern Matron Sapphire Ward, Chief Nurse Fellow (**FA**)
Governor Observer: Colleen Jones	

1.	**Apologies for Absence**	**Action**
a	Apologies for absence were received from: Karl Marlowe, Chief Medical Officer Heather Smith, Chief Finance Officer.	
b	Apologies for absence were noted from the following regular attendees: Grant Macdonald, Chief Executive Officer; Daniel Mercier, Associate Director of Social Work and Social Care; Amelie Bages, Executive Director of Strategy; Chamaine DeSouza, Chief People Officer; and Rami El-Shirbiny, Clinical Director and Consultant Forensic Services.	
c	**The Chair confirmed the meeting was quorate.**	
2.	**Confirmation of Any Other Business**	
a	Policy on Management of Plastic Bags-added to agenda.	
3.	**Minutes of the Quality Committee on 01 May 2025 and Matters Arising**	
a	The Chair welcomed all to the meeting.	
b	The minutes of the meeting on 01 May 2025 were approved as true and accurate.	
4.	***Matters Arising***	
a	The Action Log was reviewed and updated. The Committee agreed that the following actions could be closed and removed from the action log: • **10 (e-f) increasing levels of violence and aggression-to keep the Committee informed of incidents regarding violence and aggression-** agreed that this would be reported via the Quality and Clinical Governance Subgroup meeting escalation report with copies of violence and aggression group reports to be added to the reading room as needed as there has been a decrease in incidents. • **7(d)- CQC Forensic Service Assessment-** The report has been shared and completed. • **9(c)-OPS quality assurance report around the governance and quality of medicines regulation**-this has been added to the workplan for an annual update in May and interim update in November. • **13(c)-Clinical Audit-NICE technical appraisal-**The Chief Medical Officer confirmed via email that it is planned to be stopped. • **16(d)-Quality Impact Assessments for Financial/Operating Plan 2025/26**-On the agenda for today. **07 November 2024** • **9(b) Dual Diagnosis Policy**-on today's agenda so can be closed here.	

SAFE		
5.	**Quality and Clinical Governance Sub-Group (QCGSG) escalation report and Quality and Safety Dashboard**	
a	The Chief Nurse took the report as read, noting the key highlights and escalations from the meetings and welcomed Robyn Harris to the Trust as one of the new Patient Safety Partners.	
b	It was highlighted the Buckinghamshire, Oxfordshire, and Berkshire West (**BOB**) Integrated Care Board (**ICB**) nutrition contract is being discussed with the System Quality group and there should be an update soon on the gap in commissioning that has been identified.	
c	The Chair asked in relation to ICB contracts, where several quality issues have been raised since contacts have been re let, to what extend are providers of services involved in the selection of the suppliers' supplying services to the Trust. The Associate Director of Quality and Clinical Standards - Buckinghamshire, Oxfordshire, and Berkshire West (**BOB**) Integrated Care Board (**ICB**) explained that the quality team do support the procurement process, which is formal, strict, and rigorous and therefore does not allow for soft intelligence. The Trust Chair noted that this would be discussed with the Chair of BOB, as the Transport contract change, which the Trust has just learnt about has had huge consequences of service delivery and is causing considerable concern and disruption to patients**.** The Interim Chief Operating Officer for Community Health Services, Dentistry and Primary Care agreed to discuss with Alicia offline the issues with the contract and the communication from the ICB. The Committee also discussed that there is a need for understanding on the Trust's behalf of the ICB processes for procurement. There also needs to be some internal thought on who is involved in those procurement conversations and better internal communication following contact changes to those delivering services.	**EL/AS**
d	The Trust Chair noted that the Trust will need to consider how to improve relationships and communication with Primary care services as NHS England moves towards neighbourhood health approach.	
e	The Committee discussed that the governance route to Executive level has changed, and it is important that this Committee remains as effective as possible with good oversight of the Quality and Clinical Governance Subgroup. There is therefore a need to be clear in the escalation report what the Committee needs to take from it perhaps along the lines of a 3A's report. The Chief Nurse agreed to consider the escalation report and its format.	
f	It was suggested that the Committee should undertake deep dives into teams that have been flagged as requiring enhanced support on the Quality and Safety Dashboard to focus on how resolution of the issues is occurring.	
g	The Chair sought assurance in relation to Urinary Tract Infections (UTI) in inpatients, that this is being monitored. The Clinical Director of Community Health Services, Dentistry & Primary, Care replied that this is being tracked, the numbers are small currently and the reasons why people develop UTI's is known.	
h	The Committee discussed the Multi Agency Safeguarding Hub (**MASH**), which is a joint hub with Oxfordshire University Hospitals (**OUH**), where there have been issues with the OUH fulfilling their part of the partnership. There are operational changes that can be made to ensure that the Trust is seeing the right cases, and the Trust is working closely with the OUH to help find resolutions and conversations are also taking place with the ICB as to how develop a system wide approach to safeguarding.	

i	It was reported that a review of the clinical model of care in the Meadows unit is currently underway, this will be reported back to the committee. **The Committee confirmed the areas of escalation and noted actions in place.**	**RB/BK**
6.	**Patient Safety Incidents (PSI) & Learning from Deaths including Mortality & Homicide Review Q1**	
a	The Head of Patient Safety took the paper as read.	
b	The Chief Nurse highlighted that the Trust has been extremely successful in embedding the Patient Safety Incident Response Framework (**PSIRF**), and feedback from staff is that they really appreciate this approach to learning. The Trust received an email this week from the Director of Quality at the ICB commenting that their review of the implementation of PSIRF was like a masterclass due to the leadership and the Trust's approach. The next step is to start looking at improvements, considering those themes that are tricky and focusing Quality Improvement (**QI**) resources on some of those areas and tracking the improvement.	
c	The Chair asked whether in the future patients, families and carers would be invited to attend the learning huddles. The Head of Patient Safety explained the current process of taking the families and patients questions to the learning huddle. Inviting complainers is being considered however the safe space for the staff needs to be retained. When reviewing investigations and thematic reviews, people with lived experience are involved to bring in a different perspective.	
d	The Chair summarised that the report provided assurance that the Trust continued to strengthen and embed the new framework with clear processes in a sophisticated way. **The Committee noted the report.**	
7.	**Safe Staffing report-6 monthly**	
a	The Chief Nurse took the paper as read, noting any key highlights and escalations to the Committee.	
b	The Committee discussed the potential impact on quality when using temporary staffing, noting that many of these shifts are covered by substantive staff who are picking up additional shifts. Many of the other shifts are covered by regular experienced staff through NHS professionals who do not want a substantive post. Wards mitigate the risk by ensuring that there are staff on shift who know the patient group, especially due to the high acuity of patients. The Trust has made it easier for substantive staff to book bank shifts, which was previously complicated. It is about lining staffing up with what interventions the Trust is trying to deliver to meet patients' needs and to move patients safely through the pathway.	
c	In response to a question raised regarding monitoring of quality indicators to ensure that quality is not starting to slip, the Chief Nurse explained that this data is triangulated at the Quality and Clinical Governance Subgroup meeting monthly, and work is underway to strengthen the Dashboard to include new audits that are particularly around quality and measures such as care planning, risk assessment and complaints.	
d	The Committee discussed what is appropriate and inappropriate regarding over or under bed occupancy and what would trigger a review about an establishment. It was noted that there is a robust process in place if an area feels it needs to close to admissions via the Executive Directors, which would only be implemented if safe to do so. There are some areas that are consistently overstaffed, due to lack of demand, patient acuity and not having the clinical model right to begin with. A review of the	

	CAMHS PICU is planned to consider the service model, as it is consistently overstaffed. At times having more staff around in the team is a way to manage the patients safely.	
e	The Interim Chief Operating Officer for Mental Health and Learning Disabilities added that work is underway in the Learning Disability Pathway and Forensic Provider Collaborative looking at the women's pathway. This is a collaborative piece of work across the providers to look at what the needs are going to be over the next few years and how the beds across the system can be realigned to meet those needs. In terms of quality, he will discuss offline with the Deputy Chief Nurse and the Director of Psychological Professions how to demonstrate the outcomes and quality differently as part of the Mental Health Improvement Programme.	**RB/AF/BT**
f	The Trust Chair noted the recent Patient Safety report from the Chair of NHS England and highlighted the Trust should collectively say that there are significant differences in staffing in mental health from staffing in acute hospitals. The Chair added that our safer staffing report shows the Trust does not have chronically understaffed wards, however the picture may look different if community mental health services were included for example. **The Committee took assurance from the safe staffing report and noted points raised.**	
8.	**Quality Compliance & Regulation update**	
a	The Deputy Chief Nurse took the report as read, noting any key highlights and escalations to the Committee.	
b	The Chair congratulated the Forensic Directorate and Teams who contributed to a good outcome and requested a snapshot on the changes expected around quality regulation and oversight to be brought to the next meeting. **The Committee noted the update.**	**AF**
QUALITY IMPROVEMENT		
9.	**Quality Improvement direction update**	
a	The Head of Improvement and Effectiveness took the report as read, noting the key highlights and escalations to the Committee.	
b	The Chair summarised that this approach positions the Trust well in terms of the Chair of NHS England's recommendation to use data to inform quality management. It is helpful that this Committee maintains oversight of the direction of travel and continues to promote quality improvement within the Trust. **The Committee noted the update.**	
EFFECTIVE		
10.	**Clinical Effectiveness Group update**	
a	The Deputy Chief Nurse took the report as read, noting any key highlights and escalations to the group.	
b	The Chair asked regarding the implications of the policy change on dual diagnosis and to confirm that the approach has been changed and meets the need of patients, without affecting quality. The Chief Nurse responded that there had not been material changes to the policy that would be felt by patients or impact on quality. It was looked at in detail at the Quality and Clinical Governance Subgroup, where there were a few issues that were not achievable such as having somebody with dual diagnosis training. It is more important to have the correct structures and processes in place, so that staff have a first level understanding of dual diagnosis and understand how to access the expertise	

	when they need to. The Interim Chief Operating Officer for Mental Health and Learning Disabilities added that the "mind the gap" thematic review also highlighted some of these issues and generated actions. It is about how staff are supported; relationships built with services that are commissioned to work specifically around substance misuse and how we do that partnership working. There is also work underway around assertive outreach and intensive case management teams. At present It is not clear how quality will be measured and the outcomes demonstrated. The Clinical Director and Consultant Psychologist added that given recent incidents regarding dual diagnosis the directorate is considering undertaking a thematic review or a safety action review.	
c	In response to a comment raised by Non-Executive Director Lucy Weston regarding the role of the report and governance of the Clinical effectiveness group, noting it is difficult to have an understanding of the wider picture and journey against strategic ambition, The Executive Director of Corporate Affairs agreed to arrange a meeting offline with The Chief Medical Officer, the Interim Chief Operating Officer for Mental Health and Learning Disabilities, The Chief Nurse, The Chair and Lucy Weston, to consider how the group looks into efficiency from a resource perspective and how to demonstrate the governance and wider journey in reporting. **The Committee noted the report.**	**TG/KM/ RB/BK/A Y/LW**
11.	**Medicines Management report**	
a	The Clinical Director for Medicines Management and Chief Pharmacist took the report as read, noting any key highlights or escalations to the Committee.	
b	The Chair noted that elsewhere conversations are taking place within ICB's that they might outsource their medicines optimisation function to provider Trusts, and asked are these conversations happening locally, given the capability within the Trust. The Clinical Director for Medicines Management and Chief Pharmacist responded that this was highlighted in the blueprint work for ICB's, at present the detail of this is not known, however there certainly are some collective options. The key will be to things at scale, centrally to avoid duplication, which is what ICB's have been doing, so as long as it is transferable there are some options. The Associate Director of Quality and Clinical Standards - BOB ICB added that the ICB will be developing functional groups over the next few months and medicines optimisation has been linked to the quality and clinical leadership group.	
c	The Executive Director of Corporate Affairs asked for clarity around the safe and secure handling of medicines audit in relation to outpatients, which is showing an improvement, however the rag rating has reduced. The Clinical Director for Medicines Management and Chief Pharmacist, noted that this data is pulled from the Audit Management and Tracking Tool (**AMaT**), so it is a snapshot of which areas have completed the annual audit in quarter 1, this will improve over the course of the year as each team completes their audit. The Chief Nurse requested that once all audits are completed it would be useful to see a summary to identify any themes, especially as there are bits of intelligence around issues manging people's medication in the community.	
d	In response to a question raised by the Chair regarding a digital solution to controlled drugs, the Clinical Director for Medicines Management and Chief Pharmacist replied that the legal and regulatory components are being reviewed by IT in regard to wet signatures, which will only apply to primary care when the Trust transfers over to the Electronic Prescription Service. Hospital To Take Out (TTO) and outpatients still require a wet signature, however the same regulations will apply to secondary care, which will hopefully happen over the next 12 months. The Trust is also considering what can be done internally in terms of replacing paper-based systems with electronic systems and are currently reviewing various systems that could do this.	

	The Committee noted the report.	
CARING & RESPONSIVE		
12.	**Palliative and End of Life Care-reports and deep dive**	
a	The Clinical Director of Community Health Services, Dentistry & Primary Care took the Committee through the power point presentation, providing context that getting this correct is vital as it is one of the most important times in someone's life regardless of age. Getting this right involves anticipating needs, coordinating care, and offering a responsive service. He then provided some background to end of life care, who provides it, and the current challenges faced including the changes made in relation to out of hours care so that patients and families do not have to contact 111, which causes delays in care.	
b	The Head of Nursing for Older People took over the presentation highlighting the quality aspect of the service improvement approach that has started. It was noted End of Life care serves as litmus test around the quality of services, standards of care and responsiveness, which has increased the Trusts credibility in wider forums and with the third sector.	
c	The Clinical Director of Community Health Services, Dentistry & Primary Care commented on fragmentation, that there are a plethora of individual organisations and multiple small community-based services lines around a small number of practices and there are also various hospices involved, which has proven to be a challenge for the ICB to bring all of these services with a clear and consistent approach. The Trust Chair noted that the resource base of the voluntary sector needs to be considered and as an organisation there is responsibility at a certain level in sustaining these voluntary organisations.	
d	The Committee discussed whether there should be some high-level ethical conversation to capture some of the divides between Community Services and Mental Health Services, where there is a focus on preventing deaths and prolonging life however at some point all patients will require end of life care, especially in assisted dying bill going through.	
e	The Committee discussed that this presentation highlights a real focus on the patient lens and patient experience with a focus on understanding and improving and there is learning from this review that can be applied across other areas on how to use the patient lens and experience to develop services.	
f	The Committee discussed the audit findings, which demonstrates the Trust does well in terms of having plans in place, however, does less well in referencing the plan. The REPSECT digital tool is not going to resolve all the problems, as it will be the application of it.	
g	The Chief Nurse noted that in terms of getting feedback, it may be that in this group of individuals an alternative method may need to be adopted for example meeting with those involved afterwards.	
h	The Chair thanked the team for a useful deep dive and overview of the work taking place, using audit data and feedback to drive the future direction. **The Committee noted the report** *The group stopped for a 10-minute break.*	
ANNUAL PLAN & STRATEGIC PROGRAMMES		
13.	**Provider Collaborative (PC) and Strategic Partnerships**	
a	The Chief Nurse introduced the item providing some background on the Provider	

	Collaborative, the Trust's role in that and how quality and patient safety is monitored.	
b	The Associate Director for Me Adult Secure Provider Collaborative took the report as read, noting any key highlights and escalations to the Committee.	
c	It was highlighted that good progress has been made in terms of out of area placements. Currently within adult eating disorders there are four patients out of area, in CAMH's services there are eight patients and in secure services seven patients out of 350 are in an out of area bed, three of whom are there due to patient choice.	
d	The Committee discussed how the level of effectiveness of the Provider Collaboratives is monitored and evidenced, through the robust governance processes in terms of partnership boards and clinical governance forums which looks at outcomes and lengths of stay. Currently the teams are gelling and considering the pathways across the system and what services should look like. Within the Women's pathway there is strategic commissioning taking place, as they are three times more likely to be placed out of area, have longer length of stays and poorer outcomes, so considering how to provide a good secure service for these individuals that links with primary and secondary care providers. A clinical model has now been developed that requires implementing. It was noted that there is more trust and transparency within the Provider collaborative now, strengthening the partnerships. The Interim Chief Operating Officer for Mental Health and Learning Disabilities proposed the Committee takes a deep dive of the Provider Collaborative to understand the work taking place, as most of these services are currently being evaluated to review the impact on quality metrics and outcomes.	
e	It was noted there is a challenge within the ICB around money, as nationally there is a surplus in provider collaborative accounts, which could potentially be lost and is therefore a risk to the Trust. There are clear plans against some of the funds such as increasing the CAMHS tier 4 service.	
f	The Chief Nurse added that the Provider Collaborative can develop communities of best evidence practice and shared learning. There is more imagination about how CAMH's services are funded to ensure that children and young people are kept within their own environment as much as possible with enhanced support. this allows the opportunity to think differently and make use of the huge amount of expertise across those services.	
g	The Chair summarised the report provides assurance on the oversight of these collaboratives and noted that there is a lot to learn about the benefits of providers collaborating through this work over the past 2 years that have been seen in terms of supporting organisations that get into difficulty, protecting capacity and transforming services and care.	
h	The Chair and Chief Nurse to discuss offline the opportunity to undertake a deep dive, considering the lessons learnt and what can be taken from this approach and used in other areas.	**BK/AY**
	The Committee took assurance on the revised commissioning and governance arrangements for the Provider Collaboratives.	
14.	**Quality Impact Assessment report for 2025/26 Financial/Operating Plan**	
a	The Chief Nurse took the report as read, noting any key highlights and escalations to the Committee.	
b	The Chair summarised that this provides assurance that there are clear processes in place in terms of monitoring and reviewing proposed service changes in the plan for 25/26.	

	The Committee took assurance on the QIA process and noted reviews to date.	
STRATEGIES & POLICIES		
15.	**Learning Disabilities Strategy**	
a	The interim Chief Operating Officer for Mental Health and Learning Disabilities provided the Committee with a verbal update on the Learning Disability Strategy, noting that there are changes taking place within NHS England and the new national standards are due to be released soon.	
b	An update on the quality improvement work that has taken place over the past year was provided which included the work around improving physical healthcare, with a focus on clinical areas of practice and upskilling the workforce to meet those physical healthcare needs. It was noted that a lot of work within Learning Disabilities is supporting individuals to access mainstream services, so there is work under way with the OUH to improve those pathways through partnership working.	
c	There is also work underway on the Learning Disability contract for adults and older adults in Oxfordshire to align it with the Oxfordshire wide 10-year Learning Disability strategy. This strategy focuses on how to engage people in activities that are meaningful to support people to be healthy and have access to appropriate physical care. It is also about ensuring that they have the right housing, so that they can remain in their own homes. It was noted that the Executive team receives regular updates in terms of performance against several domains including quality; finance; staffing and annual plan.	
d	The Interim Chief Operating Officer for Mental Health and Learning Disabilities agreed to speak with the Clinical and Service Director for Learning Disabilities to provide the Committee with a more detailed view of the steps over the next year or so, how it aligns with the plan including the key quality elements to the November Committee meeting. **The Committee noted the update**	**RB/KP**
GOVERNANCE & RISK MANAGEMENT		
16.	**Board Assurance Framework (BAF) revision-Committee risks**	
a	The Deputy Director of Corporate Affairs provided an oral update and highlighted that following the Board meeting on 21st May 2025 there was support for a revision of the BAF structure and model. Over the past month the team have worked with relevant directors and service leads to revise those risks. Currently from revising the model, there are eleven new BAF risks. The main aim of this revision is to change the structure and ease the use of the document. Moving forward a dashboard approach, presented in a slide format with a view to equalising the degree of detail and assurance provided.	
B	The draft BAF proposal will be presented to Executives next week and following further revision a final draft will be taken to the Board meeting at the end of July 2025.	
c	The Quality Committee will be the Lead Committee on a number of risks that includes: timely access to services; quality; safety; experience; research and innovation; digital transformation; and partnership and system working. This will develop overtime, and the Trust Strategy revision will help sharpen some of those risks and add further detail.	
d	The Committee discussed that when the revised BAF is going to be presented in September, the Committee needs to allocate enough time to reflect on the risks allocated to the Committee including the actions to mitigate them and the expectations of effectiveness and timeframes. **The Committee noted the verbal update.**	

17.	**Operating Framework-Ward to Board Governance**	
a	The Chair introduced the item and provided some background context as to why this was requested, which included could the Quality Committee describe what Board to Ward Clinical Governance looks like in Oxford Health.	
b	The Executive Director of Corporate Affairs thanked the Chair for the introduction and context and noted that he would bring a snapshot of the operating framework, covering the quality elements to the next Committee meeting. This will demonstrate what is looked at a team level, a service level and at directorate and executive level.	
c	The Chief Nurse noted that it would be useful to see the operating framework alongside the quality management system as there have been some big strides forward with the quality dashboard which is now available at team level. The next piece of work is ensuring that there is oversight of the meetings that take place, to understand that there is a standard agenda that service and teams can add to but demonstrates that agenda runs all the way from quality to ward level.	
d	The Chair summarised that this will be helpful to see and fits with the recommendations that came out of the Penny Dash review that providers make sure their quality governance systems are in good shape.	
	The Committee noted the update.	
ANY OTHER BUSINESS		
18.	**Management of plastic bags as banned items**	
a	The Chief Nurse took the report as read, noting that plastic bags have been a banned item across the estate for several years, however it remains one of the most challenging banned items to manage as it is an everyday item, that people don't necessarily recognise it as something that would put people at risk. Work has been undertaken to renew the risk note, as through environmental searches, it shows that plastic bags do appear on the wards occasionally. There has been a previous death in the Trust that involved a plastic bag some years ago, so it is a matter of staying vigilant. There is oversight of the environmental checks and the management of banned items across the wards. This report was pulled together in the context of what has been a high-profile case within another organisation to provide assurance that the Trust has good systems and monitoring in place. This has provided the opportunity to review current practice and add in extra things to ensure there is a robust management in terms of the safe environment group overseeing some of the audits.	
b	The Committee discussed how it gets assurance that the controls are working as intended in an effective and robust method, is through the completion of an incident form when banned items are found during the environmental checks of the ward including all bedrooms. The checklist is like an audit; they are very clear and detailed about plastic bags and bin bags. Local audits are also completed regarding information given to staff, so there are a variety of mechanisms to ensure that the Trust is giving the right information and that it is being embedded in practice.	
	The Committee noted the update.	
19.	**Quality Committee Agenda planning**	
a	Non-Executive Director Lucy Weston asked whether the Committee is assured that it is focussing on the right things.	
b	The Chair noted that it is an issue between balancing making sure the Committee is appraised of the current risks and issues and how they are managed alongside the more insightful pieces of work and progress against strategy. This was considered as	

	the workplan discussion last meeting; however, the balance always needs to be reviewed. The Chief Nurse added that in terms of PSI's maybe the report contains the figures should be taken as read, to allow for more focus on the thematic reviews that have taken place.	
20.	**Meeting closed at 13:00** **Date of next meeting: 11 September 2025**	