Oxford Health
NHS Foundation Trust

General Meeting of
Council of Governors

3rd October 2024

AGENDA

A general meeting of the
Council of Governors will take place on
Thursday 3rd October 2024
from 17:30-19:30

via

Microsoft Teams virtual meeting
(by invitation only)

If you experience problems accessing the meeting please email
contactyourgovernor@oxfordhealth.nhs.uk

Agenda

No.	Item	Report	Led by	Time
1.	Introduction and welcome		Chair	17:30
2.	Apologies for absence and quoracy check[1] *Apologies to be sent to Nicola Gill* nicola.gill@oxfordhealth.nhs.uk		Chair	
3.	Declarations of interest 1. Matters pertinent to the agenda 2. Register of interests	Verbal CoG 14/2024	Chair	
4.	Minutes of last meeting on 12 June 2024 and matters arising – *to approve*	CoG 15/2024	Chair	
5.	Update Report from Chair • Deputy Lead Governor role appointments	CoG 16/2024	Chair	17:35
6.	Update Report from CEO	CoG 17/2024	CEO	17:45
7.	Update Report from Lead Governor	CoG 18/2024	Lead Governor	17:55
8.	Updates from sub-groups	Verbal	Sub-group chairs	18:05
9.	Questions arising from papers in the Reading Room	Verbal		18:10
10.	Workforce Race Equality Standards & Workforce Disability Equality Standard update *To include analysis of staff survey results in relation to protected characteristics*	CoG 19/2024	Chief People Officer	18:15
11.	Children & Adolescent Mental Health (CAMHS) – *Sharing of outcomes of Youth Action Group (ran by Unloc)*	CoG 20/2024	Donna MacKenzie	18:35
12.	Appointment of External Auditors – for decision	CoG 21/2024	Chief Finance Officer	18:50
13.	Non-Executive Director Update ○ Geraldine Cumberbatch – reflections of a NED ○ See below link for Geraldine's profile Board of Directors - Oxford Health NHS Foundation Trust	Verbal	Geraldine Cumberbatch	18:55

[1] Apologies received from: Charmaine De Souza, Chief People Officer; Karl Marlowe, Chief Medical Officer; and Philip Rutnam, Non-Executive Director.
Governor Apologies: James Campbell.

14.	Questions from the public		Chair	19:05
15.	Close of public meeting		Chair	19:10
Session in private – Chair and Governors only				
16.	Council and Board key roles		Chair	19:10
17.	Close of private meeting		Chair	19:30

Date of next meeting:

- CoG Meeting – 5 December 2024

READING ROOM/APPENDIX

Please find below information you may wish to access for information for questions and debate.

Quarterly Trust Performance supporting materials

- Integrated Performance Report (RR/App_CoG 07/2024)
- Finance Report (RR/App_CoG 08/2024)
- Quality Dashboard (RR/App_CoG 09/2024)

Council of Governors

Member Attendance 2024 - 2025

Name (Governor)	Term Ends	14 Mar 2024	12 June 2024	03 Oct 2024	05 Dec 2024
Evin Abrishami	31/05/2025	✓	Apols		
Dilshard Alam	31/05/2027		Apols		
Cllr Tim Bearder	19/12/2025	x	x		
Martyn Bradshaw	31/05/2025	✓	x		
Maud Bvumbe	31/05/2027		x		
James Campbell	31/05/2027				
Jonathan Cole	31/05/2024	x			
John Collins	31/05/2025	x			
Natalie Davis	31/05/2025	x			
Kate England	31/05/2025	Apols	x		
Gillian Evans	31/05/2024	x			
Julien FitzGerald	31/05/2027	x	✓		
Anna Gardner	31/05/2027	✓	✓		
Benjamin Glass	31/05/2025	✓	x		
Bernice Hewson	31/05/2027		✓		
Dr Mike Hobbs	31/05/2025	✓			
Nyarai Humba	31/05/2027	x	Apols		
Juliet Hunter	31/05/2027		✓		
Ekenna Hutchinson	31/05/2024	✓			
Christiana Kolade	31/05/2024	✓			
Carolyn Llewellyn	06/09/2026	✓	Apols		
Benjamin McCay	31/05/2027	✓	Apols		
Andrea McCubbin	31/12/2026	✓	✓		
Jacqueline-Anne McKenna	31/05/2024	x			
Cllr Zahir Mohammed	17/03/2027		✓		
Petr Neckar	31/05/2025	x	x		
Vicki Power	31/05/2027	✓	✓		
Paul Ringer	14/09/2026	✓	✓		
Srikesavan Sabapathy	31/05/2025	✓	Apols		
Emma Short	31/05/2025	Apols	✓		
Graham Shelton	30/07/2025	✓	✓		

Jules Timbrell	31/05/2027		Apols		
Name (NED)	**Term Ends**	**14 Mar 2024**	**12 June 2024**	**03 Oct 2024**	**05 Dec 2024**
David Walker	31/03/2025 (2nd)	✓	✓		
David Clark	16/07/2025 (1st)	Apols	✓		
Geraldine Cumberbatch	31/03/2025 (1st)	Apols	✓		
Chris Hurst	31/03/2023 (2nd)	✓	✓		
Philip Rutnam	31/12/2024 (1st)	✓	✓		
Mohinder Sawhney	31/12/2026 (2nd)	✓	Apols		
Richard Trainor	31/03/2025 (1st)	✓	Apols		
Lucy Weston	28/02/2025 (2nd)	✓	✓		
Andrea Young	31/12/2024 (1st)	✓	Apols		
Name (Executive)		**14 Mar 2024**	**12 June 2024**	**03 Oct 2024**	**05 Dec 2024**
Amelie Bages		✓	Maternity Leave	Maternity Leave	
Rob Bale		✓	Apols		
Georgia Denegri			✓		
Charmaine De Souza		✓	✓		
Britta Klinck		Apols	Apols		
Grant Macdonald		Apols	✓		
Karl Marlowe		✓	Apols		
Ben Riley		Apols	Apols		
Kerry Rogers		✓			
Heather Smith		Apols	✓		

Oxford Health NHS Foundation Trust

Register of Governor Interests

03 October 2024

CoG 14/2024
(Agenda item: 03)

Name	Position	Constituency	Interests Declared
Evin Abrishami	Governor	Staff: Mental Health Services Oxfordshire, BaNES, Swindon & Wilts	Volunteer Community First Responder with South Central Ambulance Service. Equality and Diversity Link Community Governor at Larkrise Primary School. Trustee at Donnington Doorstep Family Centre. Volunteer at Asylum Welcome. Volunteer and Freelance Interpreter at Refugee Resource. Member of Labour Party.

Date: 10/09/2024

Name	Position	Constituency	Interests Declared
Dilshard Alam (ceased to be a governor on 16/09/2024)	Governor	Staff: Mental Health Services Oxfordshire, BaNES, Swindon & Wilts	No declaration response received.

Date: 24/09/2024

Name	Position	Constituency	Interests Declared
Tim Bearder (Cllr)	Governor	Oxfordshire County Council	No declaration response received.

Date: 24/09/2024

Name	Position	Constituency	Interests Declared
Martyn Bradshaw	Governor	Staff: Mental Health Services Buckingshire	Declared None.

Date: 16/09/2024

Name	Position	Constituency	Interests Declared
Maud Bvumbe	Governor	Public: Rest of England & Wales	No declaration response received.

Date: 24/09/2024

Name	Position	Constituency	Interests Declared
James Campbell	Governor	Public: Oxfordshire	Declared None.

Date: 04/09/2024

Name	Position	Constituency	Interests Declared
Kate England	Governor	Carers	Declared None.

Date: 23/09/2024

Name	Position	Constituency	Interests Declared
Julien Fitzgerald	Governor	Patient: Service Users Buckinghamshire and other counties	Staff Experience Sub-Group Committee. Governor Champion for LGBTQ+ issues. Founder Aylesbury Vale LGBT Social Group. LGBTQ+ Community Engagement and support. LGBTQ+ Twice-Monthly Coffee Posse and other social events. Member Bucks Primary Care Mental Health Hubs (PCMHH) Phase 2 Working Group

Date: 28/08/2024

Name	Position	Constituency	Interests Declared
Anna Gardner	Governor	Public: Buckinghamshire	Declared None.

Date: 16/09/2024

Name	Position	Constituency	Interests Declared
Benjamin Glass	Governor	Patient: Service Users Buckinghamshire and other counties	Member of National Survivor User Network Member of Rightful Lives

Date: 16/09/2024

Name	Position	Constituency	Interests Declared
Bernice Hewson	Governor	Public: Buckinghamshire	Declared None.

Date: 05/09/2024

Name	Position	Constituency	Interests Declared
Nyarai Humba	Governor	Patient: Carers	PCREF Advisory Board.

Date: 27/09/2024

Name	Position	Constituency	Interests Declared
Juliet Hunter	Governor	Public: Oxfordshire	Trustee of AGE UK Oxfordshire. Self-employed management consultant.

Date: 16/09/2024

Name	Position	Constituency	Interests Declared
Carolyn Llewellyn	Governor	Oxford Brookes University	Declared None.

Date: 25/01/2024

Name	Position	Constituency	Interests Declared
Benjamin McCay	Governor	Patient: Service Users Oxfordshire	Co-Chair of Trustees – My Life My Choice

Date: 24/09/2024

Name	Position	Constituency	Interests Declared
Andrea McCubbin	Appointed Governor	Buckinghamshire Mind	Chief Executive at Buckinghamshire Mind

Date: 27/08/2024

Name	Position	Constituency	Interests Declared
Zahir Mohammed (Cllr)	Governor	Buckinghamshire County Council	Buckinghamshire Council Councillor. Trustee at Wycombe High School. Employed at UCL – University College London.

Date: 16/09/2024

Name	Position	Constituency	Interests Declared
Petr Neckar	Governor	Staff: Specialised Services	No declaration response received.

Date: 24/09/2024

Name	Position	Constituency	Interests Declared
Vicki Power	Governor	Staff: Community Health Services Oxfordshire	Declared None.

Date: 27/08/2024

Name	Position	Constituency	Interests Declared
Paul Ringer	Governor	AGE UK Oxfordshire	Declared None.

Date: 27/08/2024

Name	Position	Constituency	Interests Declared
Srikesavan Sabapathy	Governor	Public: Oxfordshire	Declared None.

Date: 16/09/2024

Name	Position	Constituency	Interests Declared
Graham Shelton	Governor	Appointed: Oxford University Hospitals NHS Trust	Director, owner or part owner of:

			Oxford PharmaGenesis Holdings Ltd Oxford PharmaGenesis Limited Oxford PharmaGenesis Inc Oxford PharmaGensis AG Oxford PharmaGenesis Pty Limited Northmoor Lion Limited Director of the Oxford Health Policy Forum Partner: Northmoor Enterprises Chairman of Northmoor Parish Council Member of the Conservative Party

Date: 04/09/2024

Name	Position	Constituency	Interests Declared
Emma Short	Governor	Staff: Specialised Services	Declared None.

Date: 24/09/2024

Name	Position	Constituency	Interests Declared
Jules Timbrell	Governor	Staff: Corporate Services	Declared None.

Date: 27/08/2024

Oxford Health NHS Foundation Trust

Council of Governors

CoG 15/2024
(Agenda item: 04)

Minutes of the meeting held on 12 June at 17:30 The Conference Room, The Whiteleaf Centre, Bierton Road, Aylesbury, HP20 1EG

In addition to the Trust Chair and Non-Executive Director, David Walker, the following Governors were present:

Present:	
Anna Gardner (**AG**)	Public: Buckinghamshire (Lead Governor)
Julien FitzGerald (**JF**)	Patient Governor: Service Users Buckinghamshire & other counties
Bernice Hewson (**BH**)	Public: Buckinghamshire
Juliet Hunter (**JH**)	Public: Oxfordshire
Andrea McCubbin (**AM**)	Buckinghamshire MIND
Zahir Mohammed (**ZM**)	Buckinghamshire Council
Vicki Power (**VP**)	Staff: Buckinghamshire Mental Health Services
Paul Ringer (**PR**)	Age UK Oxfordshire
Graham Shelton (**GS**)	OUH
Emma Short (**ES**)	Staff: Specialised Services
In attendance from the Trust:	
Grant Macdonald (**GM**)	Chief Executive
Rob Bale (**RB**)	Executive Managing Director for Mental Health, Learning Disabilities and Autism
Geraldine Cumberbatch (**GC**)	Non-Executive Director
Georgia Denegri (**GD**)	Associate Director of Corporate Affairs
Charmaine De Souza (**CDS**)	Chief People Officer
Chris Hurst (**CH**)	Non-Executive Director
Philip Rutnam (**PR**)	Non-Executive Director
Heather Smith (**HeS**)	Chief Finance Officer
Lucy Weston (**LW**)	Non-Executive Director
Ben Cahill (**BC**)	Deputy Director of Corporate Affairs
Nicola Gill (**NG**) *(minutes)*	Executive Project Officer
Presenters:	
Susannah Butt	Transformation Director
Dr Owen Curwell-Parry	Consultant Psychiatrist
Dr Helena Laughton	Principal Counselling Psychologist Bucks Early Intervention Service
Bill Tiplady	Director of Psychological Professions
Observers:	
Ekenna Hutchinson	Deputy Team Manager, OHFT

1. a	**Introduction and welcome from the Chair** The Trust Chair welcomed all those present to the in-person Council of Governors' (**CoG**) meeting in Public.	**Action**
2. a b c d	**Apologies for absence and quoracy check** Apologies were received from the following Governors: Ben McCay; Carolyn Llewellyn; Sri Sabapathy; Jules Timbrell; Dilshard Alam; Evin Abrishami; and Nyarai Humba. Absent without formal apology: Tim Bearder; Martyn Bradshaw; Maud Bvumbe; Kate England; Benjamin Glass; and Petr Neckar. Apologies received from the Board: Rob Bale, Executive Managing Director for Mental Health, Learning Disabilities and Autism; Ben Riley, Executive Managing Director for Primary, Community & Dental Care Services; Andrea Young, Non-Executive Director; and Rick Trainor; and Non-Executive Director; Mohinder Sawhney, Non-Executive Director. The meeting was confirmed to be quorate.	
3. a	**Declaration of interests** None.	
4. a b	**Minutes of last Meeting on 14 March 2024 and Matters Arising** The minutes of the last meeting held on 14 March 2024 were approved as a true and accurate record, and there were no matters arising. **The Council approved the minutes and noted there were no matters arising.**	
5. a	**Patient Story – Buckinghamshire Adult Mental Health Services** This item was deferred to a future meeting due to technical difficulties.	
6. a b c d	**Update Report from Chair** The Trust Chair took his report as read. The Chair highlighted the constraint around the NHS due to the forthcoming election on 4 July noting that this had potentially coloured the resolution of the leadership of this Trust which currently was on an interim basis and had been since last July. We were hoping to have been able to move forward and make a substantive appointment this month, but due to the election this might slip. He thanked Grant Macdonald and his colleagues for dealing with the situation. The Chair reminded the Council that the Trust provided Children and Adolescent Mental Health Services (CAMHS) in Bath, Swindon, and Wiltshire Integrated Care System (ICS) as well as Buckinghamshire, Oxfordshire and Berkshire West noting the vast geographical area covered and the diversities of patients. The Chair spoke about the recent NHS staff survey observing that the position of Oxford Health was in the middle of the pack in terms of results but there were a number or large issues raised in terms of the feelings that a number of colleagues have about how those staff who are not white are treated their opportunities within the Trust and whether they experience a culture which is conducive to both their delivery of excellent services and their aspiration to progress. He assured the Council that this was an ongoing area of focus for the Board.	

e	Emma Short noted that recent conversations had taken place around the data coming through from the staff surveys and the difficulty of interpretating it. One of the actions from the last Staff Experience Group was about trying to understand the data, what QI projects the Trust are undertaking to enable the staff governors to have an opinion and be able to talk with some knowledge about what is happening within the organisation and ensure meaningful conversations moving forwards.	
f	The Chair acknowledged the importance of staff governors and the need to help them be more visible and become points of reference for staff.	
g	The Chief Executive suggested staff governors engage with staff networks as that would be the place to get the real staff view. Emma Short agreed this would be a useful source to tie in with. **Action: The Chief Executive committed to bring WRES/DES information to the next meeting.**	**GM/CDS**
h	The Lead Governor noted she could see the executive of the Trust acknowledged there was an issue committed to do something about it which was reassuring.	
i	**The Council noted the report.**	
7.	**Update Report from CEO**	
a	The Chief Executive took his report as read and welcomed new and returning governors. He also welcomed Georgia Denegri, Interim Associate Director of Corporate Affairs.	
b	Andrea McCubbin spoke about the keystone hubs in Oxfordshire and asked if the Trust was considering rolling this out in Buckinghamshire. The Chief Executive acknowledged that whilst there was a virtual offering in Buckinghamshire it was the ambition for the Bucks Leadership Team to have a presence on the high street.	
c	Julien FitzGerald asked what the initial feedback was from those who had attended the hubs. The Chief Executive commented that the peer support workers he had spoken to had said they were getting people in with ordinary concerns where an information leaflet was enough along with those people who were attending who were not receiving help from mainstream services. There was a formal valuation process going on. Julien FitzGerald asked how the hubs were working with primary care. The Chief Executive felt the hubs should be used as a gateway.	
d	The Chair commented on one potential benefit of the existence of the hubs was recruitment, if people see a mental health presence in the centre of towns, they might be more interested in taking jobs with the Trust which would be welcome.	
e	Emma Short asked if any young adults, 16–18-year-olds had attempted to use the service and was the service open to them. The Chief Executive commented that on the occasions this had happened they had been diverted to CAMHS. Emma Short commented that for the 16–20-year-old age group that kind of drop in scenario could be interesting for them. The Chief Executive noted it would be interesting to see the age profile.	
f	Julien FitzGerald asked about the transference of service users coming out of CAMHS into adult mental health and whether the hubs could assist in this. The Chief Executive responded that was not sure but did know there was good practice happening in BaNES where our 16-25 service in partnership with AWP where they were not worrying about transferring people at that age	

	but looking at what they needed, if it was better for them to stay in CAMHS until they were 22 then that would be looked at.	
g	The Director of Psychological Professions noted this was a key area of focus, there had always been an issue of 'fit' in terms of how adult mental health service define the shape of their doorway versus the way the CAMHS services define the shape of their doorway as they do not line up. There was work being undertaken on the transition and whilst the hubs were not the direct point for this, they were a visible point of contact, particularly for a younger generation of people who might feel more comfortable to get support and advice from them.	
h	**The Council noted the report.**	
8.	**Lead Governor update**	
a	Anna Gardner, Lead Governor provided a verbal update and welcomed newly elected and returning governors.	
b	The Lead Governor highlighted the recommendations from the Nomination and Remuneration Committee (NRC) to remove Natalie Davis as a governor due to non-attendance, lack of engagement and non-completion of statutory forms. She assured the Council that due process had been followed, contact had been made and no response had been received. Julien FitzGerald asked if all avenues had been exhausted and the Lead Governor confirmed this was the case. This was approved by the Council.	
c	The Lead Governor sought approval from the Council for Bernice Hewson, newly elected governor to join the NRC. This was approved by the Council.	
d	The Lead Governor provided the following perspective of what she was seeing in the Trust and ICS generally: • Immediate and long-term challenges being faced as a system: ageing population, increased demand, challenges of resources both money and staff, health inequalities which is a strategic initiative across NHS; • NHS England's strategy has been to create Integrated Care Boards (ICB) and she noted ours was quite behind and that within the structure there was no council of governor place; • Given that context, it was important to acknowledge the duty of each CoG within their foundation trust was to not just hold the trust to account but about finding ways to influence and inform what is happening in the ICS; • Going forward she requested the council sought ways to perform that dual process ensuring that service users, patients and the public at large were at the heart of the decision making for BOB; and • She noted the importance of the sub-committees and the need for proper engagement in these moving forwards.	
e	**The Council APPROVED the NRC's recommendation to end Natalie Davis's tenure as a governor on grounds of non-attendance and for Bernice Hewson to join the NRC.**	
f	**The Council noted the update.**	
9.	**Early Intervention in Psychosis this goes before NHS staff survey**	
a	The Director of Psychological Professions introduced the item noting the focus of the presentation was early intervention in psychosis which was a critical area of the Trust's service reaching out to people for whom the ongoing health toll was incredibly significant. He explained it was a crossover piece of work	

	between Children and Young Peoples services and adult services meaning they were seeing people at a critical period of their lives.	
b	Dr Owen Curwell-Parry, Consultant Psychiatrist and Dr Helena Laughton, Principal Counselling Psychologist, Bucks Early Intervention Service shared their presentation including a patient video on Early Intervention in Psychosis and explained that psychosis is an umbrella term describing a group of symptoms which arrive together and go away together but are not necessarily caused by any one underlying condition. It is characterised typically by symptoms like hallucinations, having sensory experiences generated in the mind, delusional beliefs, and non-specific symptoms. Anything that can be done to improve outcomes in psychosis is valuable to both the individuals and to society.	
c	The outcome studies for EIP group compared with standard care were: • Significant improvement in social, occupation and psychological functioning (GAF) and Symptoms of psychosis (PANSS) after 1 and 2 years; • 16% more likely to gain employment; • 52% more likely to become accommodated in a mainstream house; and • 17% more likely to have an improvement in the emotional well-being (HONOS).	
d	Dr Curwell-Parry concluded by talking about their new at-risk mental state services, Bucks Early Engagement and Prevention and Open Arms in Oxfordshire for those people who are at ultra-high risk of developing psychosis.	
e	The Lead Governor asked about clozapine and if they were able to pinpoint the biological reason for people having psychosis. Dr Curwell-Parry responded they could not, but this was no worse than any other mental health condition. There was plenty of hypothesis along with an understanding of some of the things that might be happening in the brain during psychosis. There was a prominent level of certainty that there is some dopamine dysfunction occurring in the brain during psychosis and that is where the anti-psychotics are working.	
f	The Lead Governor noted that early intervention was crucial and asked if a person is experiencing early signs of psychosis but was not aware of that yet and not surrounded by people who might notice the difference in behaviour, what was the ability to identify those people. Dr Helena Laughton acknowledged this was problem and identification could take longer. She noted that if people had been unwell for two years they could still attend and have their full three years of early intervention as that was still within the critical window confirming that better outcomes were achieved if treatment was within three months, but the critical period was within 3-5 years.	
g	Geraldine Cumberbatch asked about the sourcing lines in terms of referrals and how structured were they. Dr Curwell-Parry noted that they were developing the lines of referrals and that for young people they could piggyback onto the well-developed single point of access in Bucks for CAMHS and for adult services their single point of access service is still quite new and establishing and those lines could be improved.	

h	**The Council noted the presentation.**	
10.	**Council of Governors Engagement in Community Services Transformation Programme**	
a	The Transformation Director shared her presentation on the Oxfordshire Community Health Transformation Programme and explaining she would like to get a sense how the Council would like to be involved either individually in particularly workstream or equally how regularly you would like to be updated and engaged in the direction of travel.	
b	The Transformation Director highlighted the following 24/25 workstreams: • Start Well workstream: 0-19 healthy child and young person's new integrated service; and Children's Community Nursing include H@H. • Live Well workstream: Single Point of Access care co-ordination centre; and Wantage Community Hospital. • Age Well workstream: Adult Community Nursing; 24/7 home visiting and same-day care offer for patients; and streamlining inpatient rehabilitation alongside delivery of a full ambulatory/home care model. • Two key enabler areas of focus: Oxford City Hubs; and Primary Care and Integrated Neighbourhood Teams (INT).	
c	Emma Short, as Nurse Consultant for Learning Disabilities asked how they were engaging with accessibility, with equitable care, how was this managed with the estate and engagement. The Transformation Director responded that Wantage Hospital was a good example as it had been a community upwards approach so had been engaging through community groups and representatives along with focus sessions with groups who had not been involved in the engagement process. She acknowledged that Learning Disabilities was an area that had not been picked up on. Feedback was needed from children and young people, equally around perceptions of Wantage Community Hospital, as there is a very vibrant and nicely refurbished Health Centre in Wantage that has some other young people and youth focussed services based there. Currently they were engaging with young people on the reconfiguration of the downstairs of Wantage and would this be perceived by young people as somewhere they would want to and engage with or would we be better to co-locate more with children and young people's services at the Health Centre. The Transformation Director agreed to contact Emma Short to discuss this further out of the meeting.	
d	The Lead Governor noted the Council would think about their requirements and feedback to the Transformation Director.	
e	**The Council noted the update.**	
11.	**NHS Staff Survey results**	
a	The Chief People Officer took the paper as read and offered to share more data with governors should they require it.	
b	The Chief People Officer noted that the Trust had executed the national staff survey. She highlighted that the Trust scores increased from 2022 on all reported People Promise Indicators, which reflected all the work undertaken in the previous 12 months. Analysis of the results by profession, protective characteristics and directorate has been undertaken and will be used to work up a plan.	
c	In September they will provide an update on the areas to be investigated further and actions that will be taken against them.	

d	**The Council noted the report.**	
12. a b c d e	**Non-Executive Director update** David Clark, Non-Executive Director introduced himself explaining that he had worked on and off in Oxford Health for 30 years, but he had not been on the Board. He commented that they were a very impressive group of individuals, and it was a pleasure to see such a diverse range of experiences from the Non-Executive Directors and enjoyed the collaborative interactions with the executive directors. He spoke about the University research and how a lot of this was on mental health and improving treatments. Some good examples of this included a visit he had with Tony James, Consultant and seeing how the creative work has changed the treatment of young people with eating disorders, much more use of cognitive behaviour therapy for eating disorders and some of the digital versions of this therapy thereby only admitting onto the ward those people who absolutely need it. The Meadow Unit being perfectly designed for this means we do not have any out of area placement issues. Thought was being given to the new hospital and how could it be organised to further extend the seamless experience between inpatient and outpatient work. A negative which required work included outcome data e.g. the Early Intervention in Psychosis work did not have outcome data. This collection of data can help inform the improvement of services provided and reduce inequalities. His final observation was that this was an unusual Trust in the sense that it not only covers mental health provision but also covers community care which was a big challenge which the Trust achieved. **The Council noted the update.**	
13. a b c	**Governor elections, induction, and member engagement** The Deputy Director of Corporate Affairs welcomed new and returning governors and confirmed that induction sessions were underway and recommended the training available from NHS Providers. He noted that if any governors had queries to contact the team who would be happy to assist. Events coming up included: • A joint member engagement event with OUH on 29 July in Thame and governors from both trusts were invited; and • AMM/AGM on 10 September at Didcot. **The Council noted the update.**	
14. a	**Nominations & Remuneration Committee recommendation for appointments to the committee** This was covered in agenda item 8.	
15. a b	**Questions from the public** No questions asked. **Questions arising from papers in the Reading Room** Paul Ringer cautioned against complacency over mandatory training compliance. The Chief Executive concurred.	
16.	**Close of meeting**	

a	Meeting closed at 19:17	
Date of next meeting: 03 October 2024		

Oxford Health
NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust

CoG 16/2024
(Agenda item: 05)

Council of Governors

Thursday 03 October 2024

Trust Chair's Report

For: Information

Welcome to our first full meeting of the Council since the summer break – though it was great to see a number of you at the annual general meeting at Didcot Civic Centre last month, where we heard a set of fascinating presentations about aspects of the Trust's work, including research. (Recently, the knowledge frontier on the causes and treatment of schizophrenia seems to have opened out in an exciting way and our colleagues at Oxford University are advancing fast.) The centre is a welcoming space and our evening there reminded me that we do not share enough with our friends in local government, ambitions and care as well as buildings. We are hoping that next year the AGM can take place in the Rotunda, which is part of Buckinghamshire Council's HQ in Aylesbury.

On collaboration with councils and other public bodies depend the ambitions set out in the recent report by Lord Ara Darzi, the eminent surgeon and former health minister. In an ageing and unequal society such as ours, 'health' cannot just involve the NHS, which in most respects is a 'sickness' service. What we eat and drink, the condition of our homes, our jobs and income, our schooling, the cleanliness of the air we breathe and the concentration of micro-plastics in the water from our taps – these are well beyond the capacity of the NHS to do much about. Preventing ill health goes way beyond the capacity and training of our doctors and nurses, even our district nurses who visit people in their homes and often see at close quarters the besetting conditions of poor health. It is not that clinicians would not want to help reduce demand for their services; they are so busy coping, there is no time or energy to go much beyond our defined 'early intervention' and 'assertive outreach' work.

Private companies seek to expand demand for their goods and services. That is how they profit. The NHS has a profound interest in minimising people's need for appointments and treatment, without discouraging those who need help from coming forward. It is a tricky balance to strike, in which not only local authorities

but the voluntary, community and social enterprise sector along with the Department of Work and Pensions, schools, colleges and housing associations play a vital part.

The Darzi report has a lot to say about community and mental health services, which though welcome should not diminish our permanent effort to remind the system of their importance. And of the people who use them. These days you can attend umpteen events about the contribution of artificial intelligence and digitally-enabled patient engagement, but we cannot ever forget inequalities in access to and use of IT or the fact that – unlike across physical healthcare – some of our patients do not want to 'engage' with carers. Our systems must adapt to and accommodate them.

Since we last met, the new government has bedded in. Outstanding pay disputes with doctors have been settled. The government has promised no (further top-down) reorganisation even though in the past health secretaries have found fiddling with the controls all too tempting. Darzi uses ambiguous language about integrated care systems. The man who might claim to have invented foundation trusts – Alan Milburn – is said to be back in an advisory capacity. What all that adds up to may become clearer in a few weeks' time, when the Chancellor will be setting out the financial envelope for public services amid ominous noises about austerity and the famous black hole, which ministers say they have inherited.

Author and Title: David Walker, Trust Chair

Report to the Meeting of the

Oxford Health NHS Foundation Trust

Council of Governors

3 October 2024

CoG 16(ii)/2024
Agenda Item: 05

Deputy lead governor appointment

Summary

Over August 2024, governors were emailed by the Associate Director of Corporate Affairs for expressions of interest in the role of deputy lead governor. This paper sets out the background to the role, process and expressions of interest received, and an appointment recommendation.

Background

The role of deputy lead governor is not a required position, unlike the lead governor role which is set out in the Code of governance for NHS providers (2023). However, deputy lead governors can support the role of the lead governor in a range of ways and in periods when the lead governor is unavailable. In accordance with the NHS code, any governor can be appointed as lead governor (and in effect as deputy lead governor), i.e. not only the public and service user governors as was the case in the past. Therefore the invitation for expressions of interest included also staff and appointed governors.

Deputy lead governors will be appointed for a 1-year term with the option to extend beyond this with the support of the council. Once appointed, governors in the role of deputy lead governor may step down from the position following written notification to the Director of Corporate Affairs. See appendix 1 (role description for lead governor) for further information on appointment to and termination of the role.

Expressions of interest received

The deadline for expression of interests was the 20 September 2024 to enable consideration and appointment at the 3 October Council of Governors meeting.

Two expressions of interest were received - from Srikesavan Sabapathy (Public governor – Oxfordshire) and Vicki Power (Staff governor – Buckinghamshire Mental Health services) - and are set out below.

Srikesavan Sabapathy statement:

"I was elected as a Public Governor of Oxford Health NHSFT in June 2022 and have thoroughly enjoyed my role since then. I have actively involved myself in Governor related responsibilities including membership with the Staff experience subgroup and Safety and Clinical Effectiveness subgroup. I am a Physiotherapist and currently on a 12-month (Secondment) National Clinical Fellowship with the Chief Allied Health Professions officer at NHS England. Substantially I work at an Integrated Care Board as a Senior Commissioning Manager for Rehab and Clinical Lead therapist. I also volunteer as an elected board member of the Chartered Society of Physiotherapy. At home my wife and I care for our 22-year-old son who has learning disabilities and autism. The above experiences in leadership and governance and caring responsibilities give me a unique perspective which I will bring to the Deputy Lead Governor role if elected and request your support."

Vicki Power statement:

"I would like to apply for the role of deputy lead governor, I have been an elected staff member of the Council of Governors for 18 months and believe I have helped energise the participation of colleague employees in the governance of the Trust, within my term we've instigated a governor stand at the new staff induction days. I hope colleagues have found me enthusiastic and effective, I've been able to attend all meetings required of me within my role and extra such as the financial and investment committee. Oxford Health, like other NHS organisations, faces big challenges around recruitment and retention of staff. As a governor we can see and influence the Trust's wider governance through its relationship with the chair and the non-executive directors, I believe that being a deputy lead governor would help give colleagues an assurance that their voice is being listened too."

<u>Recommendation</u>

Governors are asked to consider the statements of expression of interest received and to appoint to the role of deputy lead governor for the period of 1-year. Given that there have been two expressions of interest from governors from different constituencies (public and staff) which may add wider experience and support to the lead governor role, it is recommended that the council agree to having two deputy lead governor roles and to appoint both Srikesavan Sabapathy and Vicki Power with both having 1 year terms.

Author: Ben Cahill, Deputy Director of Corporate Affairs

Lead executive: Georgia Denegri, Associate Director of Corporate Affairs

Appendix 1 – Oxford Health Lead Governor role description

Lead Governor

Role Description

Accountability:

The Lead Governor is accountable to the Council of Governors collectively as a serving Member of the Council. Any governor can be appointed as Lead Governor and only the Council of Governors can appoint the Lead and Deputy Lead Governor.

The Role:

- To be an external point of contact for NHS England where it may be considered inappropriate for the Chairman or his nominated deputy, or for the Director of Corporate Affairs to deal with a particular matter.

- To chair meetings of Council of Governors where the Trust Chair, Vice-Chair or other Non-Executive Director cannot chair the meeting due to a conflict of interest.

- To facilitate communications and a good working relationship between the Governors and the Board of Directors including acting as the principle independent channel for communications between the Governors and Board of Directors through the Chairman, Chief Executive, Director of Corporate Affairs or Senior Independent Director.

- To consult routinely with the Governors, Chair and Director of Corporate Affairs regarding the planning and preparation of the Council of Governors agenda.

- To be an ex-officio member of the Nominations and Remuneration Committee.

- To contribute to the appraisal of the Chairman by the Senior Independent Director, supported by the Director of Corporate Affairs, in accordance with the process determined by the Council of Governors including the collation of input from other Governors and the Nominations and Remuneration Committee on the performance of the Chairman.

- To contribute to the determination of the appraisal process of the Non-executive Directors to be undertaken by the Chairman and supported by the Nominations and Remuneration Committee.

- To recommend to the Council of Governors on behalf of the Nominations and Remuneration Committee any appointments/reappointments of Chair and/or Non-executive Directors.

- To take an active role in the activities of the Council of Governors and to meet with the Chairman and Director of Corporate Affairs on a regular basis to discuss relevant issues.

- To support the Chairman and Director of Corporate Affairs in any action to remove a Governor due to unconstitutional behaviour in accordance with the Code of Conduct.

- To be involved in the induction process for any newly appointed Governors.

- The Lead Governor may call upon the support of the other Governors, the Chairman, the Director of Corporate Affairs and the Senior Independent Director to carry out their role effectively for the benefit of the Council of Governors.

- In liaison with the Chairman and Director of Corporate Affairs, support the development of the skills and strengths of the Council of Governors and raise public awareness of Governors.

- Other duties as requested by the Council of Governors or the Chairman.

The Person:

To fulfil this role effectively, the Lead Governor will need to:

- Have the confidence of Governor colleagues and members of the Board of Directors

- Understand NHS England's role, the available guidance and the basis upon which NHS England may take regulatory action

- Be committed to the success of Oxford Health and understand the Trust's Constitution

- Have the ability to influence and negotiate

- Be able to present a well-reasoned, unbiased argument

The Appointment:

The tenure is one financial year with the option for re-election annually in accordance with due process, for a period up to the full tenure of the elected Governor's 'appointment'.

In accordance with a process agreed by the Council of Governors, the Director of Corporate Affairs' office will administer an annual nomination and election/re-election procedure that will require: -

- Submission of an expression of interest (for re-election and for new election candidates)
- Submission of a statement for support of no more than 150 words supporting candidature (only for NEW nominations and/or contested elections);
- Presentation of a 5-minute address to the relevant Council meeting;
- Election by 'show of hands' or by secret ballot as determined by the relevant Council meeting.

Deputy Lead Governor:

The Lead Governor will be supported and deputised for by a Deputy Lead Governor whose appointment will follow the same procedure above. It is anticipated, where terms of office accord, that the Deputy Lead Governor will put themselves forward for Lead Governor position when that position becomes vacant, remaining subject to the appointment/election process above.

Termination of 'designation of Lead and Deputy Lead Governor:

A Governor may resign from the Lead/Deputy Lead Governor role at any time during the term of their office by giving notice in writing to the Director of Corporate Affairs.

The Governor shall cease to be a Lead/Deputy Lead Governor if they:

- resign by notice in writing to the Director of Corporate Affairs; or
- cease to fulfil the eligibility requirements set out in 'the Person' section above or cease to be Governor of the Trust.
- The Council of Governors may also terminate a Governor's designation as Lead/Deputy Lead Governor by a resolution approved by not less than two-thirds of the Governors present and voting at a Council of Governors' meeting if in the reasonable opinion of the Council of Governors the Lead/Deputy Lead Governor:

    a. has conducted themselves in a manner which has caused or is likely to cause material

prejudice to the best interests of the Trust or of the Council of Governors; or,

b. no longer holds the confidence of the Council that he can fulfil the role.

- The Council of Governors or the Lead/Deputy Governor may request that before any resolution to the Council, the CoG's Nominations and Remuneration Committee investigates any matter which would give rise to them exercising their powers to remove the Lead/Deputy Lead Governor designation and to receive the representations of the relevant Lead/Deputy Governor and any representative appointed by him/her for that purpose except to the extent that the Code of Conduct for Governors provides a procedure for the same in which case such procedure must be followed.

- Any engagement of the CoG's Nominations and Remuneration Committee pursuant to the above shall make such report and recommendations to the Council of Governors as it deems fit and shall, as far as practicable, submit any report and recommendations to the Council of Governors within 4 months of commencing their investigation.

Updated in August 2024 in line with the updated Code of Governance for NHS Provider Trusts, issued by NHS England, which came into effect from 1 April 2023.

Report to the Meeting of the

Oxford Health NHS Foundation Trust

Council of Governors

3 October 2024

CoG 17/2024
Agenda item: 06

Chief Executive's Report

Civil unrest

Over August the country experienced violent, racist riots, periods of civil unrest and protests. The acts and crimes committed were truly appalling and caused significant distress and anxiety for communities across the country and of course for our colleagues and the people we serve.

In response we focused on providing support for colleagues and patients affected and in put in place an emergency planning response to plan and prepare for any instances of civil unrest that could have affected Trust services and the safety of patients and staff, including relocating services from areas of risk.

In particular, I would like to thank colleagues from our race equality, and religion and spirituality networks who supported colleagues and their loved ones. The lasting message from colleagues is that as an organisation Oxford Health must be actively anti-racist in all that we do, acknowledge the impacts of racism in our own organisation, in the NHS and in the communities where we live, and be conscious in how we can perpetuate structural racism. The Chief People Officer Charmaine de Souza will update the board on how we bring greater intentionality and focus to our work in this area in the coming months and Charmaine or I would be happy to discuss this work with governors.

Annual General Meeting

It was my pleasure a few weeks ago to speak at the Trust's Annual General meeting and Annual Members Meeting. The meeting - held at the Didcot Civic Hall on the 10th September - was chaired by David Walker and heard presentations from Trust services

as well as looking back over the previous year and the presentation of the Trust's Annual Report & Accounts 2023/24 and independent auditors report.

The evening captured the essence of the Trust - combining mental and physical health services and vital research into these areas - and demonstrated the continued passion and commitment demonstrated of our colleagues.

I would particularly like to thank our staff speakers – Dr Monty Lyman on the connection between mental and physical illnesses; Family Nurse Partnership colleagues Rhiannon Griffin and Helen Spencer on the important work of supporting first-time young mothers and their babies in getting a good start in life; Stephanie Oldroyd on the Buckinghamshire Primary Care Mental Health Hubs, with Michelle O'Sullivan and Cordy Williams on the work of the Service User Networks (SUN); and Katharine Smith & Deborah Mol on the Clinical Research Facility on their recent and forthcoming mental health research.

Board of Directors meeting

Following the summer break the board covered a range of topics at its 25 September 2024 meeting. This included two informative presentations – one from our School Nursing team and hearing about the important preventative work for children and young people, and the other a staff story from a colleague who now works in the Talking Therapies service and came to the Trust from working in the Police. We also discussed the Lord Darzi report into the NHS including in particular its considerations on mental health and community services and historic static funding for these, an update on using outcome data to innovate Talking Therapy services, a mortality and suicide prevention report from the Chief Medical Officer, updates from the chairs of the board's committees, and the integrated performance report – a copy of which is included in the reading room papers for this meeting.

Minister for Health visit to Buckinghamshire Talking Therapies

Baroness Gillian Merron, Minister for Health with mental health in her portfolio, visited Buckinghamshire Talking Therapies in August to meet the team and learn about how the service is delivered. It was good to hear that she was very complimentary about the holistic approach taken by the team to treat the whole person and thanked for team for an enjoyable and though provoking visit. My thanks to all the team there and for taking the time out of their day for the visit.

Member of Parliament visit to Townlands Hospital

In a further visit to Trust services over August, recently elected MP for Henley and Thame, Freddie van Mierlo, visited the rapid access care unit at Townlands Hospital in Henley. He was keen to see what services are delivered from that site, reducing the need for people to be seen at an emergency department. He was also shown around the

services provided there by Royal Berkshire Hospitals, showing how NHS organisations partner to provide a wide range of care and treatment. My thanks to the Trust staff at the Townlands site.

Adult speech and language therapy team gains national recognition

I was pleased to hear of the national interest in Oxford Health's speech and language therapy supporting adults service (ASALT). Last year this service received Better Care Funding to improve the management of swallowing difficulties (known as dysphagia) for people being looked after in care homes. The service receives around 265 referrals a month with 35% of these being from care homes. The funded pilot aimed to improve efficiency and to test new ways of working with four of Oxfordshire's care involved. The success of the pilot – which has now been rolled-out to many more care homes in Oxfordshire – is generating interest from other NHS organisations to learn from its work. This is an example of the valuable innovative work undertaken by the Trust.

System-wide review of community nursing

The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB) is supporting a review of how community nursing works across its three counties, starting with a workshop of service leads in late September. The aim of this work is to help shape the future of community nursing across the ICB geography – which includes everything from district nursing to more specialist nursing services such as respiratory and heart failure – through the development of a long-term plan.

Oxford Health Charity & Volunteering

It has been a busy few months for the Trust's charity and volunteering teams with highlights including: summer arts activities including arts sessions at the Children and Adolescent Mental Health units in Oxfordshire and Wiltshire and intergenerational arts at Bicester Community Hospital (both funded by the charity); a new volunteer to career role in Speech and Language Therapy developed with the team at the Oxford Stroke Recovery Unit (at Abingdon Community Hospital); and the official opening of Lucy's Room at the Warneford site (providing a space for those receiving care where they can make and play music and receive music therapy sessions) – this will also mark the passing of Lucy's Room from the charity to the Trust following extensive family fundraising and support from the Trust's charity, Portakabin, Chiltern Rangers, the Trust's Estates team, and a wide range of volunteers.

Grant Macdonald, Chief Executive

Report to the Meeting of the
Oxford Health NHS Foundation Trust

Council of Governors

Thursday 03 October 2024

CoG 18/2024
(Agenda item: 07)

Lead Governor Update

For: Information

The theme of this quarter's Council of Governors meeting has coalesced around the important issue of race and structural inequalities. The CEO's report opens by explaining how the Trust sought to mitigate the impact on staff of the appalling racist riots this summer and the Chief People Officer addresses the issues raised in the 2023 Staff Survey WRES and WDES results.

The focus of my report is on the Patient and Carer Race Equality Framework (PCREF). There is concern as reported in parts of the media that some trusts are treating this as a "tick-box" exercise as they do not recognise and/ or accept that structural inequalities exist within the NHS. The data tells a different story. Within mental health services for example, Black and Black British groups are 4 or 5 times more likely to be detained under the Mental Health Act, experience higher rates of being detained in inpatient units and are more likely to encounter mental health services through the criminal justice system. Rates of self-harm are highest in racialized communities, for instance in young Black females aged 16 – 34 compared to White females.

People from other racialised communities have poorer mental health and access to mental healthcare, including increased use of crisis pathways, leading to more negative experiences and outcomes compared to the majority of white British groups.

This is why PCREF, the NHS England's anti-racism framework for Mental Health, is critical to services being responsive in offering culturally appropriate care. It is intended to improve access, experience, and outcomes for racialized, ethnically, and culturally diverse communities.

I would therefore like to invite the Trust's PCREF lead executives to update Council when we meet in December on the progress of the PCREF working group.

In other news, I have been impressed by the Trust's commitment to collaborative working within the BOB ICS. This seems to be across multiple areas, from the Board down. In keeping with this ethos, the Trust organized a very successful and well-attended joint (Oxford Health and Oxford University hospitals) membership engagement event at Thame Barns Centre in July, co-hosted by the trusts' respective lead governors. In September, the entire leadership team in Buckinghamshire attended MIND Bucks 110th anniversary. It is a measure of the value that MIND place on the relationship with the Trust that our CEO was the only speaker from a partner organization. With BOB leadership now confirmed, I look forward to seeing more collaboration across the System.

Author and Title: Anna Gardner, Lead Governor

Oxford Health
NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust

CoG 19/2024
(Agenda item: 10)

Council of Governors

03 October 2024

WRES/WDES update and analysis of staff survey results in relation to protected characteristics

For: Assurance

Executive Summary

The Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) Reports were reviewed and approved the July Trust Board meeting and have been brought to the Council of Governors for their oversight and comment.

The NHS places equity and fairness at the heart of its Constitution, and the NHS People Plan identifies 'belonging in the NHS' as one of its four pillars, firmly placing equality, diversity and inclusion at the heart of this aspiration and expectation of NHS Trusts.

Eliminating the inequalities and discrimination that staff experience because of their ethnic background or disability will unequivocally serve to actualise the word and spirit of the NHS Constitution and the NHS People Plan, and moreover give voice to our anthemic call: 'We all belong to the NHS and the NHS belongs to us all.'

Two key instruments in helping us to achieve this aim are the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES).

The council of governors requested assurance that the 2023 Staff Survey results on protected characteristics had been reviewed and action taken and asked for information on how these were used in the development of the WRES and WDES.

A summary of the results are:

Workforce Race Equality Standard (WRES)

In this reporting period, the WRES 2024 Report sets which indicators have:

- **Improved:**
    - Indicator 1 (increases in BME staff in some clinical and non-clinical AfC Bands)
    - Indicator 2 which relates to likelihood of staff being appointed from shortlisting
    - Indicator 4 which relates to likelihood of staff accessing non mandatory training/CPD
    - Indicator 5 which relates to staff experiencing harassment, bullying or abuse from patients, relatives or the public
    - Indicator 6 which relates to staff-on-staff experiences of harassment, bullying or abuse
    - Indicator 7 which relates to staff perceptions related to equal opportunities for career progression or promotion
    - Indicator 8 which relates to percentage of staff experiencing discrimination at work.
- **Remained the same:**
    - Indicator 1 – Some bands have remained the same in the representation of non-clinical and clinical BME staff
- **Worsened:**
    - Indicator 1 which relates to representation (decreases in BME staff in some clinical and non-clinical AfC Bands)
    - Indicator 3 which relates to likelihood of staff entering the formal disciplinary process
    - Indicator 9 which relates to the percentage difference between the organisations Board membership and its overall workforce in relation to ethnicity

Workforce Disability Equality Standard (WDES)

In this reporting period, the WDES 2024 Report analyses which indicators have:

- **Improved:**

- Metric 1 which relates to representation at each band (increases in disabled staff in some clinical and non-clinical AfC Bands)
- Metric 2 which relates relative likelihood of non disabled staff compared to disabled staff being appointed from shortlisting
- Metric 4 which relates to staff experiencing harassment, bullying or abuse and the reporting of it
- Metric 5 which relates to percentage of staff who believe that the Trust provides equity in relation to career progression and training
- Metric 6 which relates to percentage of staff who feel pressured to come to work if unwell
- Metric 7 which relates to percentage of staff who believe their work is valued
- Metric 8 which relates to percentage of staff who feel adequate adjustments have been put in place
- Metric 9 which relates to staff engagement
- Metric 10 which relates to difference between the organisations Board membership and overall workforce in relation to disability.

- **Remained the same:**
  - Metric 1 which relates to representation at each band (Bands 8A, 8C, 9 & VSM non-clinical and Bands 8D, 9 & VSM clinical disabled staff)

- **Worsened:**
  - Metric 1 which relates to representation at each band (decreases in disabled staff in some clinical and non-clinical AfC Bands),
  - Metric 3 which relates to the likelihood of disabled staff entering the formal capability process
  - Metric 4 which relates to staff experiencing harassment, bullying or abuse and the reporting of it

The full analysis of these Indicators and metrics are presented in Appendix 1, however the overall theme is one of incremental improvement. The focus of the areas that have worsened form central parts of the action plans which are presented later in the paper.

2023 Staff Survey - Review by Protected Characteristics

An overview of the 2023 Staff Survey results are presented here which showed an improvement across all indicators, and significant improvement across 8 of the 9 indicators.

People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?*
We are compassionate and inclusive	7.63	3275	7.72	3321	Significantly higher
We are recognised and rewarded	6.28	3274	6.52	3328	Significantly higher
We each have a voice that counts	7.01	3258	7.08	3312	Not statistically significant
We are safe and healthy	6.20	3258	6.38	3314	Significantly higher
We are always learning	5.51	3049	6.00	3108	Significantly higher
We work flexibly	6.51	3264	6.75	3314	Significantly higher
We are a team	7.10	3272	7.22	3320	Significantly higher

Themes	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
Staff engagement	7.09	3276	7.19	3330	Significantly higher
Morale	5.95	3275	6.16	3330	Significantly higher

The OD team presented the Staff Survey information to PLC in April with a review in July with an in-depth break down of the staff survey results by protected characteristics. The full results can be found in Appendix 2.

The summary of the 2023 Staff Survey results by protected characteristics summarized here, with the full results being found in Appendix 2.

Disability

Results **improved** across **all elements**, with the biggest increase being 'We are recognised and rewarded' which improved from 5.89 to 6.19. These results will be used in the ongoing disability equality work and will be a core part of the upcoming WDES benchmarking in 2024.

Ethnicity

Results **improved** across **the majority of elements** for all staff, apart from 'We are a Team' from Staff from 'Mixed/Multiple ethnic groups' which fell from 7.35 to 7.31. When looking across the experience of different groups it is interesting to note that 'Black, African, Caribbean/Black British' 'We are always learning score' is 6.90 which is 1.00 above the 'White' score of 5.90. A lot of analysis is taking place as part of the ongoing Race equality work and these results have been used as part of the WRES benchmarking in 2024.

Sexual orientation

Results improved apart from 'Bisexual' whose 'We are a Team' score dropped from 6.95 to 6.93. It needs to be highlighted that the scores deteriorated across all People Promise elements for people who described themselves as 'Other'. This is currently being investigated by the EDI Team and the LGBT+ network.

Religion

Results improved across all elements across all faiths, apart from the Hindu score for 'We work flexibly' which dropped from 6.72 to 6.60.

Gender

Results improved across all genders and it was positive to get results for non-binary staff who numbered above the 11 cut off number so we were able to see results for the first time.

Age

The scores **improved** on the **majority** of People Promise elements with the notable exceptions being 'We are a Team' for age range 16-20 which dropped from 6.43 to 6.29. For age range 66+ 'We are compassionate and inclusive' dropped from 7.73 to 7.61 and 'We are a Team' dropped from 7.22 to 7.12.

Race Action Plan and Disability Action Plan

The action plans have been developed in line with the data received from the WRES/WDES and Staff Survey to ensure the intervention being deployed are focused on the areas of the highest need.

Race Action Plan

QI Project Title	Corresponding WRES Indicator	Rationale

Increasing workforce diversity	**Indicator 1** Percentage of staff in each of the AfC Bands 1 to 9 or medical and dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by: non-clinical staff and clinical staff (non-medical staff, medical and dental staff).	Since the introduction of the three workstreams under this QI project, the Trust as a whole has met and exceeded the 19% target set by NHSE, from 17% to 23%. However, there continues to remain AfC bands and occupational groups that either do not meet the 19% target or do not have any BME staff in their workforce. This QI project needs to continue to deliver targeted interventions to teams that would benefit from the 'Inclusive Recruitment' package of support in the next PDSA cycle. Furthermore, it will need to continue to be worked on under High Impact Action 2: *Embed fair and inclusive recruitment processes that target under-representation and lack of diversity.* BOB ICB Equality Objective 2024/25: Supporting career progression for ethnic minority staff to address the race disparity ratio: • Indicator 1: Career progression in non-clinical roles (lower to middle levels) • Indicator 1: Career progression in clinical roles (middle to upper levels) and lower to upper levels)
De-biasing the disciplinary process	**Indicator 3** Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	There has been an increase of 1.06 from 2.08 to 3.14. The actions from EDI QI Project 2 have only recently been implemented, so they will be monitored to see if they have any impact on this indicator before further action in planned.
Improving equal opportunities in career development and progression	**Indicator 7** Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.	There has been an increase of 4.4% from 50.1% to 54.5% in the percentage of BME staff believing the organisation provides equal opportunities for career progression or promotion. This is the highest % the indicator has achieved for BME staff since the introduction of the WRES in 2015 which needs to be sustained and progressed. Furthermore, it will need to continue to be managed under High Impact Action 2: *Embed fair and inclusive talent management strategies that target under-representation and lack of diversity.*

		The introduction of the 'South-East 90 Day Leadership Programme' to support the career progression of BME clinical staff means that this project will need to continue for another PDSA cycle. BOB ICB Equality Objective 2024/25: Supporting career progression for ethnic minority staff to address the race disparity ratio.

Disability Action Plan:

The 'Disability Confident' accreditation is a nationally recognised scheme run by the Department of Work and Pensions (DWP) and is conferred on organisations who achieve the required standards in employment for disabled people.

The three levels are designed to support organisations on their 'Disability Confident' journey, and each must be completed before moving on to the next level:

- Level 1 = Committed
- Level 2 = Employer
- Level 3 = Leader

The Trust has held the 'Level 2: Disability Confident - Employer' accreditation for a number of years, and the current award is due to expire in March 2025.

The 'Disability Confident' scheme is an evidence-based framework that will help to drive improvements in the Workforce Disability Equality Standard (WDES) and thereby, improve the workplace experience, opportunities, and treatment of disabled staff.

The evidence-gathering process has been underway to prepare the submission for the re-accreditation of the 'Disability Confident Level 2: Employer' level, but the EDI Team need time to complete this process for us to begin the work in earnest towards attaining the 'Disability Confident Level 3: Leader' accreditation.

The EDI Steering Group has approved in principle the recommendation for the EDI Team to complete the re-accreditation of the 'Disability Confident Level 2: Employer' level with a view to developing a Disability Equality Action Plan based on a gap analysis of the Level 2 and Level 3 criteria requirements.

The trust submitted its application in Julu 2024 and is waiting the outcome from the DWP.

Governance Route/Approval Process

The WRES and WDES 2024 Reports were presented to the Equality, Diversity and Inclusion Steering Group at the meeting held on 23rd May 2024.

The WRES 2024 Report was presented to the Race Equality Staff Network for information and consultation on the Race Equality Action Plan 2024/25 at the meeting held on 14th June 2024.

The WDES 2024 Report was presented to the Disability Equality Staff Network for consultation at the meeting held on 22nd May 2024.

The WRES and WDES 2024 Reports were presented to the Extended Leadership Team at the meeting held on 1st July 2024.

The WRES Action Plan 2024/25 was presented to the Equality, Diversity and Inclusion Steering Group at the meeting held on 2nd July 2024.

The WRES and WDES 2024 Reports were presented to the People, Leadership and Culture Committee at the meeting held on 10th July 2024.

The WRES and WDES 2024 Reports were presented to the Board of Directors at the meeting held on 24th July 2024.

Recommendation
The Council of Governors is invited to note the report.

Author and Title: Joe Smart – Head of OD
Lead Executive Director: Charmaine De Souza – Chief People Officer

Appendix 1 – WRES/WDES Board paper 24th July

24-July-2024-Board-Meeting-PUBLIC.pdf (oxfordhealth.nhs.uk) Agenda item 14

Appendix 2 – Staff Survey by Protected characteristics

Staff%20Survey%20
Results%20by%20pr

NHS
Oxford Health
NHS Foundation Trust

Oxfordshire & Buckinghamshire CAMHs

Unloc Project

Ffion Gore – Experience and Involvement Lead (Oxfordshire CAMHs)

CAMHS
Child and Adolescent
Mental Health Service

Unloc

What is the project?

Oxford Health NHS Foundation Trust

- Unloc is a leading education nonprofit organisation helping schools, colleges and organisations inspire and empower young people to be changemakers.
- Unloc and OXHFT have been working together since 2021 to provide young people the opportunity to work collaboratively with their local health trusts and improve the services available to them.
- 2023-24 they launched a ‘Youth Action Group’ with the aim to be action focussed rather than consultation focussed as previously. They asked us in CAMHs to formulate project ideas for the group to choose from and work on.

How did the sessions work?

Oxford Health NHS Foundation Trust

- Unloc advertised the project through schools and posters to recruit the young people. They shortlisted alongside us from 80 applications, and recruited 15 people, taking the total number up to 21.
- Each year they work towards keeping the group as diverse as possible across gender, race, neurodiversity and other factors the trust may highlight.
- There were 8 sessions in total, with 21 members across Oxfordshire & Buckinghamshire , 3 dropped out despite attempts to reengage;18 in total attended consistently.
- All sessions were held virtually.
- Unloc hosted and ran the sessions, with representation from Oxford health attending each session – usually someone from both Bucks & Oxon.
- Unloc maintained contact with the group in between sessions and provided them with extra support.

What did we ask them to do?

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Project 1

Collaborate and design a resource that could consist of workshops, podcasts and videos to offer out to young people and parents while they are waiting for CAMHs:

- Mythbust the stereotypes about CAMHs
- How young people can start to support themselves so that they might not need CAMHs support or feel cared for while they are waiting.
- What CAMHs offer to young people and families so they are not disappointed when they get to the top of the waiting list.

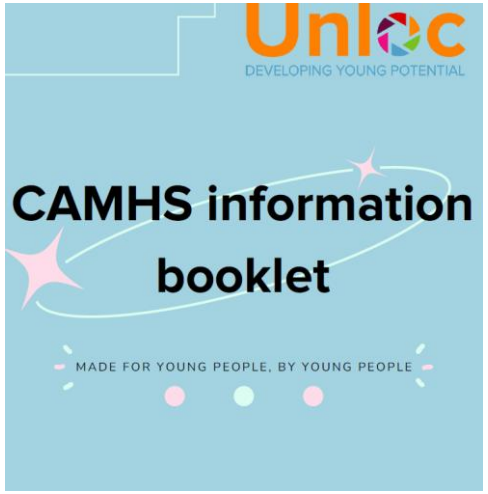
Project 2

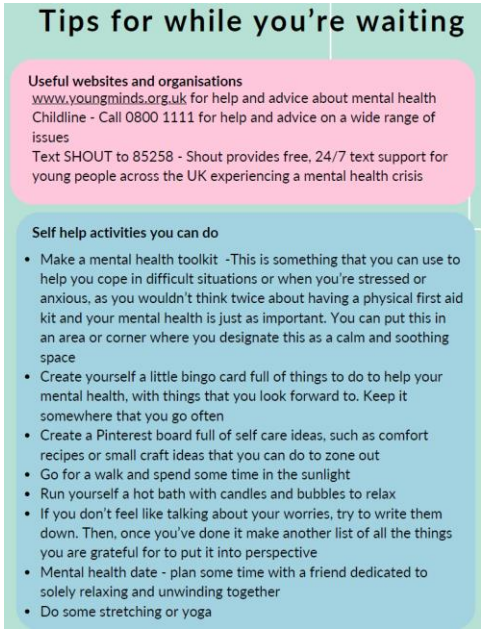
Reviewing our current feedback system – 'I want great care' which is currently used for patients:

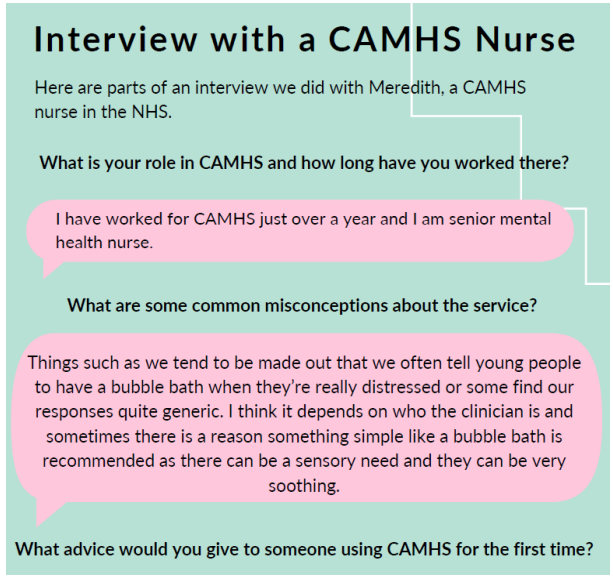
- How can we use this more effectively so young people tell us about their experiences ?
- How can we ensure that young people are involved in the feedback received and actions taken by CAMHS?
- Is there another method that would work more effectively that CAMHS can trial?

Project One

- One group decided to create a leaflet and worked on this resource, this was aimed at young people, to explain about what CAMHs is and what the service offers. They thought this could be left in waiting rooms or handed out in certain areas. They created the content and the design, used their own words, and interviewed a CAMHS clinician.

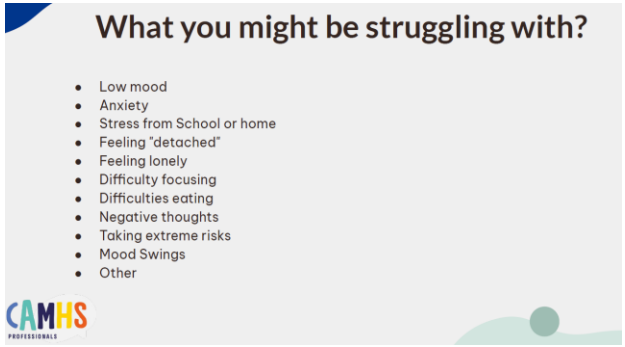






Project One

- The second group created PowerPoint slides, again as an introduction to CAMHs, to be used as a webinar or something similar. They also designed and created the content, and the idea was for this to be aimed at young people, and hopefully delivered by young people.



Project Two

- The group reviewing the IWGC system did a survey and gathered information and feedback to share with us regarding this. They highlighted the positives and outlined the main issues. They created a poster for us to use to encourage young people to leave feedback.

Here we have a series of Evaluations completed including a brie analysis of our poster and why we designed it as we did.

Evaluation:

What they have at the moment: Positives

- Different versions for different ages (more colorful)
- Paper forms or QR code for each team
- Leave a space on the form for a QR code sticker
- Ipads in reception
- Send web links (bottom of emails or qr code on emails they send)
- Text messages – problem to get phone number anonymous – not safe enough sc they stopped doing it
- App – some clinicians don't like giving them because people feel pressured to be positive
- Most people like forms at key points(after a review meeting, after change carer et Not too often to avoid bombardment
- Always made aware they can give feedback
- Forms readily available but varies team by team
- Prepaid envelope for forms but IWGC pays for postage
- 700 teams across the trust using IWGC – one solution won't fit all different people
- They have one for learning difficulties – easy read form
- Certain things have to input (diversity, overall experience) nationally

What did we learn?

- Young people are not drawn to the corporate NHS branding and colours. More likely to look at something with different colours – ie pastels
- The CAMHs website is incorrect – what we say we offer and what is interpreted we offer is not the same.
- Not all the young people knew what CAMHs was or had heard of it. Those who had heard of CAMHs had mostly heard of it in a negative light (ie that CAMHs don't help / don't listen).
- The IWGC system was difficult to navigate initially, and the young people found it confusing.
- We learned that young people are far better at gathering feedback than us – and in high volumes!

What next?

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- The PowerPoint slides have been reviewed and amended for accuracies. The plan is to use it within a new service aimed at supporting people on the CAMHS waiting list within the Getting Help and Getting More Help teams.
- The leaflet resource requires some amendments for accuracies before this can be shared. There is a meeting arranged (October) to review the resources and look at what we can do with it.
- Look at how we can implement the IWGC poster, use the feedback as part of discussions regarding our current feedback system.
- Engage young people to develop a process to provide a more circular process of how we use their work.
- Currently deciding on project ideas for this coming year.

Feedback

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“This programme has inspired me to take on more group projects in the future”

"I wanted to say a big thank you for running this group, its been an amazing experience that I've really enjoyed and I look forward to hopefully being on it next year"

"I just wanted to say how grateful I am and also on behalf of my team for all your work and efforts into this Unloc project, and we really enjoyed all your games and little icebreakers too. It's been a pleasure!"

“I have learnt all about how CAMHS works, and also a lot of skills about project planning”

“About CAHMS and the issues associated with it”

“I really enjoyed working with other like minded people my age”

Integrated Performance Report (IPR): September 2024

July 2024 data unless stated otherwise

Quality

People

Sustainability

Research

NHS
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 Service, Primary Care and Dentistry)
- Section 2 – Quality and People (inc. In-Year Strategic metrics)
- Section 3 – Strategic Dashboard
- Appendices

Guide to the Integrated Performance Report

Oxford Health NHS Foundation Trust

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 in Section 2.

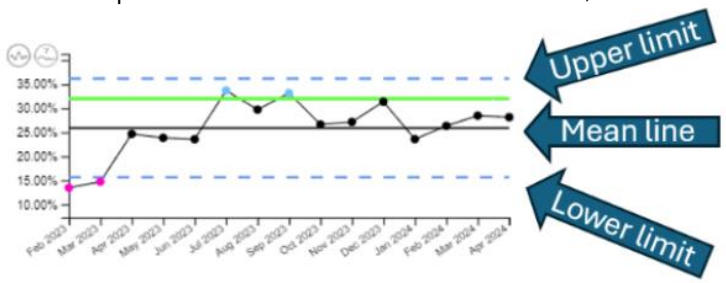
Clinical - these acknowledge business as usual activities to maintain performance. These are monitored against set thresholds, which will determine when further action should be taken. Reported on a monthly basis where applicable in Sections 1.1 and 1.2 of the IPR.

Guide to the Integrated Performance Report

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

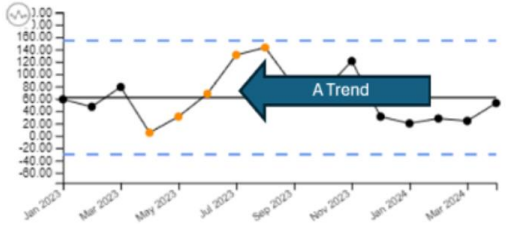
Statistical Process Charts (SPC) is an analytical technique that plots data over time. Such charts help identify variation i.e. what is 'different' and what is the 'norm'. Using these charts can help understand where focus might be needed to make a difference.

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

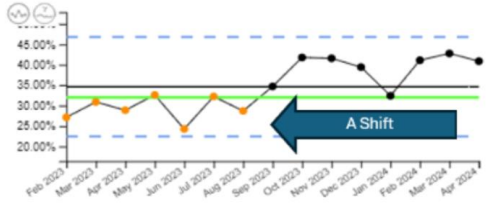


Green is the metric target line – only added to those graphs where target is applicable. Data points highlighted in pink are noted to be statistically different from the rest of the points (outside of the upper and lower control limits).

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



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



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

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

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

Section 1.1
Clinical performance (National Mental Health Standards)

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

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

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Child and Adolescent Mental Health Services (CAMHS)					
National measure	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)	*In development (estimated completion – Q2 2024. Status: technical development in testing)*				
National Objective Strategic Metric - Quality	Four (4) week wait (interim metric - one meaningful contact within episode) - Buckinghamshire	61% National average	Jul-24	80.25%	↑	↑
National Objective Strategic Metric - Quality	Four (4) week wait (interim metric - one meaningful contact within episode) - Oxfordshire	61% National average	Jul-24	56.16%	↓	↑
National Objective Strategic Metric - Quality	Four (4) week wait (interim metric - one meaningful contact within episode) - Bath & North East Somerset, Swindon and Wiltshire	61% National average	Jul-24	52.47%	↓	↑
National Objective	Waiting time standard for a meaningful contact & outcome measure	*In development (estimated completion - FY25. Status: technical development initiated; operational action needed to record in Electronic Patient Records)*				

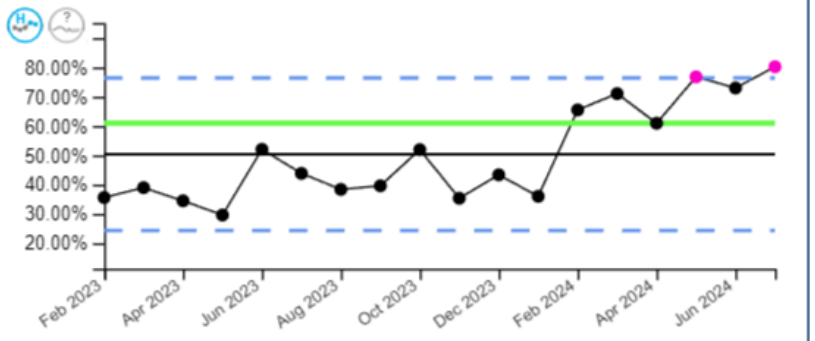
Mental Health Services – Child and Adolescent Mental Health Services – Summary dashboard (2/2)

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

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Child and Adolescent Mental Health Services (CAMHS)					
National measure	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Buckinghamshire (rolling 3 months position)	95%	Jul-24	90.00%	↑	↑
National measure	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Oxfordshire (rolling 3 months position)	95%	Jul-24	95.00%	→	↑
National measure	% 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-24	85.71%	↑	↑
National measure	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Buckinghamshire (rolling 3 months position)	95%	Jul-24	85.71%	↑	↑
National measure	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Oxfordshire (rolling 3 months position)	95%	Jul-24	33.33%	↓	↑
National measure	% 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-24	100.00%	↑	↑

Mental Health Services – Child and Adolescent Mental Health Services

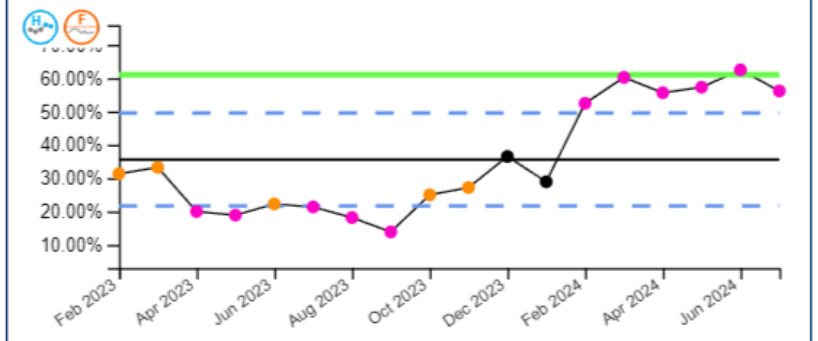
Children and Young People 4 Week Wait Interim Metric – Buckinghamshire



National Average: 61%

Month Year	Value	Numerator	Denominator
Jul 2024	80.25 %	455	567

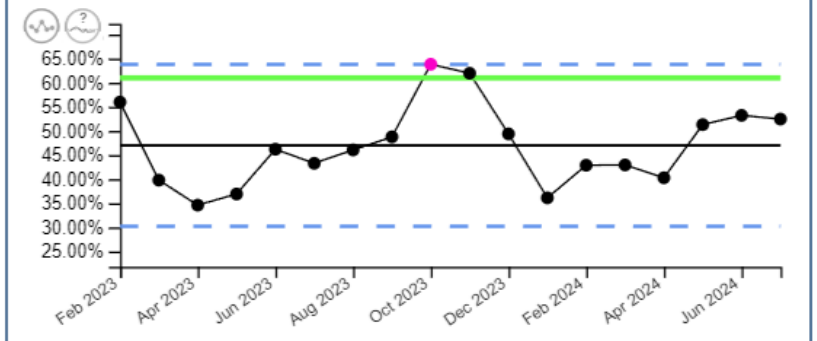
Children and Young People 4 Week Wait Interim Metric – Oxfordshire



National Average: 61%

Month Year	Value	Numerator	Denominator
Jul 2024	56.16 %	301	536

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



National Average: 61%

Month Year	Value	Numerator	Denominator
Jul 2024	52.47 %	202	385

Summary

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

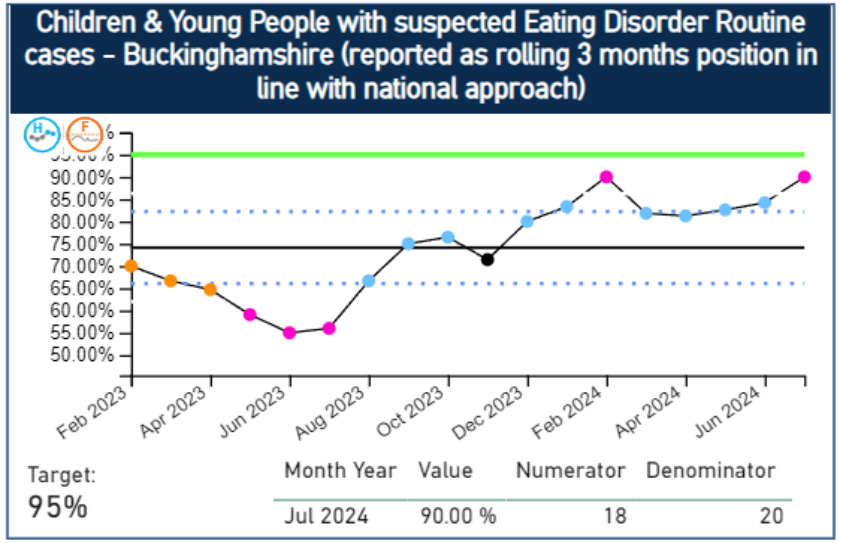
Meaningful contact is one that informs assessment and intervention, that is related to the identified/coded problem and is intended to assess or change feelings, thoughts, behaviour, or physical/bodily state. This may involve advice, support, or a brief intervention, help to access another more appropriate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

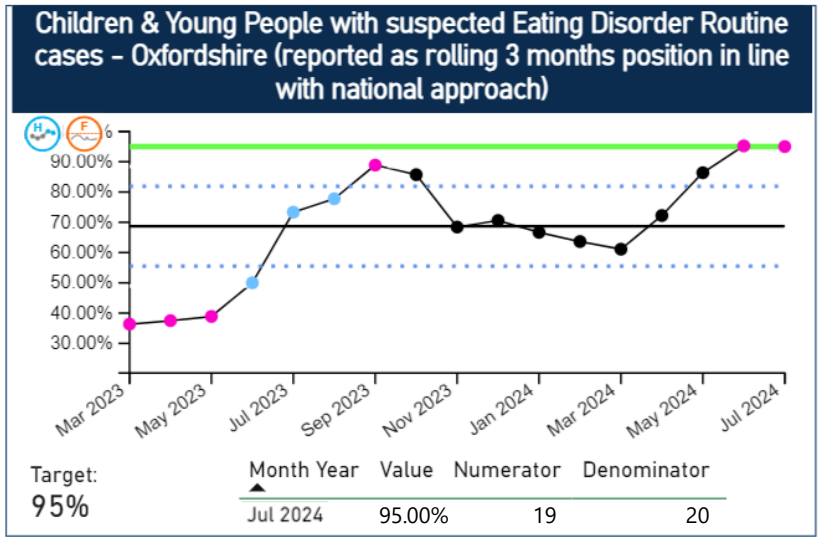
***SNOMED is a structured clinical vocabulary for use in an electronic health record.*

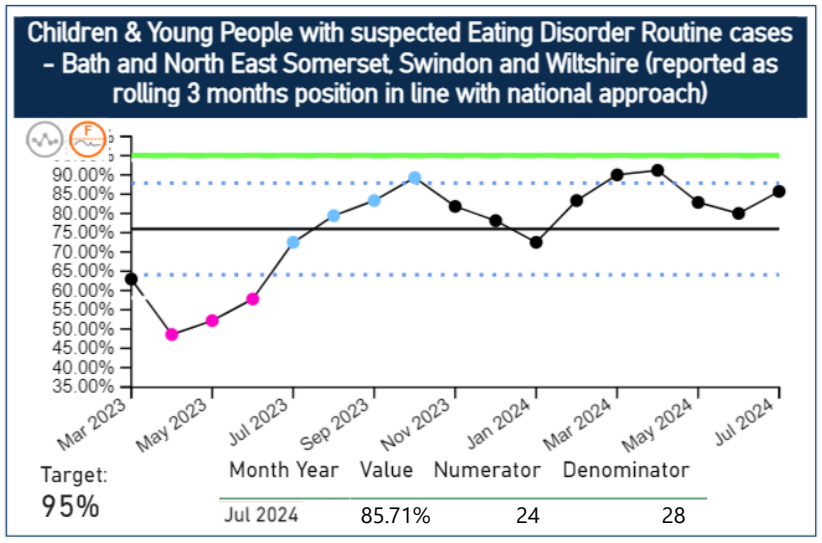
Actions

- Data recording guidance has been rolled out across teams with the aim of improving data input and quality;
- Internal team level performance monitoring and improvement meetings taking place regularly to support teams with data recording, reporting, identifying causes and solutions for improvement;
- Reporting will be updated in line with national full metric during this financial year.
- Bath & North East Somerset, Swindon and Wiltshire CAMHS are reviewing their model of care with the aim of aligning it with the new non-urgent waiting time standards.

Mental Health Services – Child and Adolescent Mental Health Services







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

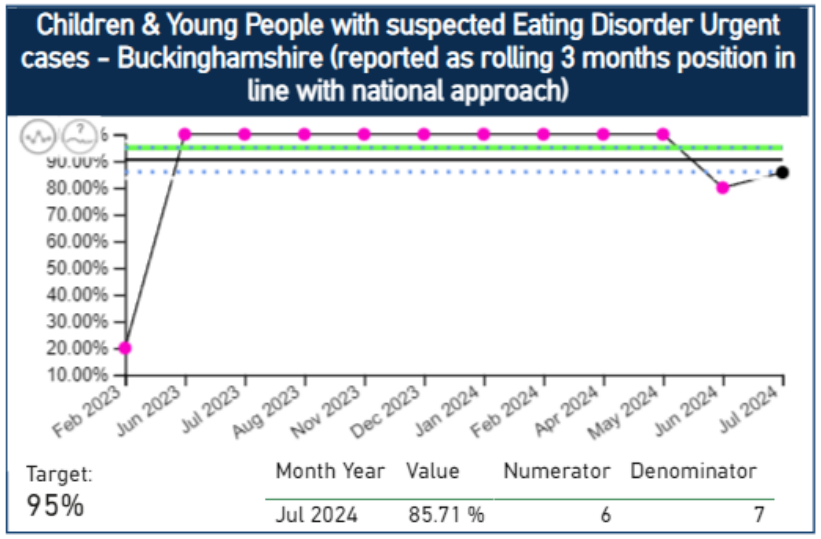
The national target for routine Eating Disorders to be seen within 28 days is 95%. Oxfordshire CYP Eating Disorders services have achieved the national target in July 2024, while Buckinghamshire and Bath and North East Somerset, Swindon and Wiltshire CYP Eating Disorder services have not achieved the national target. Six (6) out of seven (7) breaches were attributed to patient choice – all six (6) first appointments were offered within 28 days. One (1) breach is related to transitioning to adult services and is being investigated for data quality accuracy.

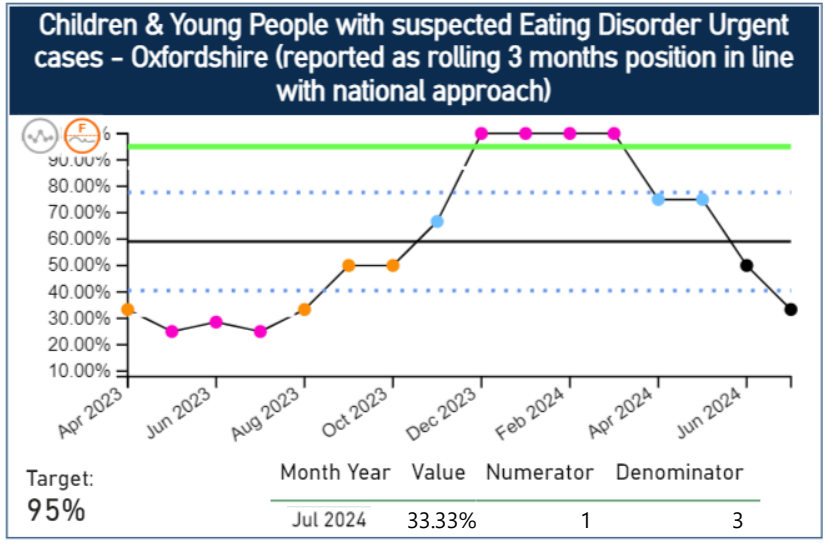
**SNOMED is a structured clinical vocabulary for use in an electronic health record.*

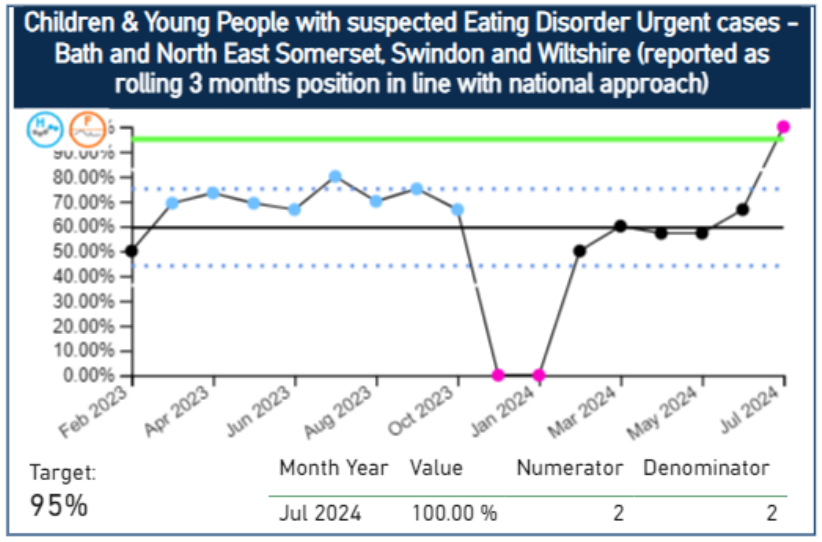
Actions

- Internal team level performance monitoring and improvement meetings taking place regularly to support teams with data recording, reporting, identifying causes and solutions for improvement;
- Every patient record indicating a breach is investigated to ensure appropriate intervention has been recorded.
- Services are investigating referrals of 18 year-olds that cross-over with Adult Eating Disorder services to review waiting times

Mental Health Services – Child and Adolescent Mental Health Services







Summary This metric measures urgent referrals seen within 7 days where the referral reason is "Eating Disorders" and age of patient is between 0 – 18 years. In order for the attended first appointment to count in the national waiting times, it must be outcomed and an appropriate SNOMED* intervention recorded. All providers are measured on a rolling 3-month position, so June 2024 performance includes May, June and July 2024 performance. Patients who choose to be seen outside of the 7-day timeframe will still be counted as a breach.
Eating Disorders referrals are not in scope of the Children and Young people (CYP) four (4) week wait measure.

The national target for urgent Eating Disorders to be seen within 7 days is 95%. Bath, North East Somerset, Swindon and Wiltshire CYP Eating Disorder service met the national target in July 2024 while CYP Eating Disorder services in Buckinghamshire and Oxfordshire have not. Two (2) out of three (3) patients were offered appointments outside of the timeframe (on day 7 and day 12 respectively). One (1) breach is related to transitioning to adult services and is being investigated for data quality accuracy.

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

Actions

- Internal team level performance monitoring and improvement meetings taking place regularly to support teams with data recording, reporting, identifying causes and solutions for improvement;
- Every patient record indicating a breach is investigated to ensure appropriate intervention has been recorded.
- Services are investigating referrals of 18 year-olds that cross-over with Adult Eating Disorder services to review waiting times

Mental Health Services – Talking Therapies – Summary dashboard

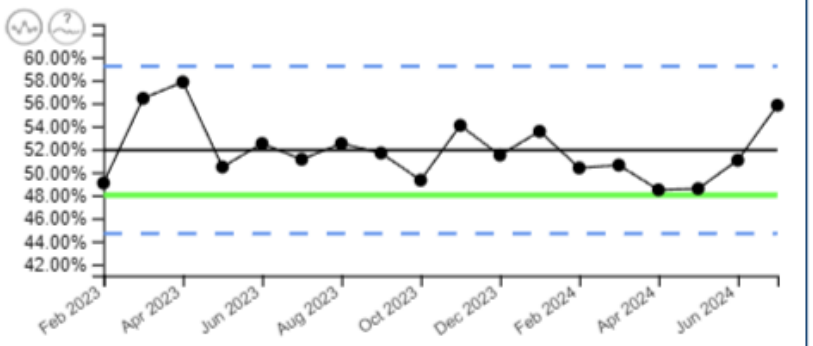
Narrative provided only for metrics under target (value coloured in red below)

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Talking Therapies					
National Objective	Increase the number of adults and older adults accessing Talking Therapies treatment	*In development for Q2 FY25*				
National Objective	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000	*In development for Q2 FY25*				
National measure	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Buckinghamshire	48%	Jul-24	55.82%	↑	↑
National measure	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Oxfordshire	46%	Jul-24	46.35%	→	↑
National measure	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Buckinghamshire	66%	Jul-24	70.83%	↑	↑
National measure	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Oxfordshire	65%	Jul-24	66.12%	↓	↑
National Objective	% of people receiving first treatment appointment within 6 weeks of referral - Buckinghamshire	75%	Jul-24	99.00%	↓	↑
National Objective	% of people receiving first treatment appointment within 6 weeks of referral - Oxfordshire	75%	Jul-24	99.86%	↑	↑
National Objective	% of people receiving first treatment appointment within 18 weeks of referral - Buckinghamshire	95%	Jul-24	100%	→	↑
National Objective	% of people receiving first treatment appointment within 18 weeks of referral - Oxfordshire	95%	Jul-24	100%	→	↑
National Objective	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-24	2.13%	↓	↓
National Objective	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-24	4.09%	↓	↓
National Objective	Meet and maintain at least 50% Talking Therapies recovery rate with improvement to 52% by end of Financial Year 24-25 - Buckinghamshire	50%	Jul-24	56.73%	↑	↑
National Objective	Meet and maintain at least 50% Talking Therapies recovery rate with improvement to 52% by end of Financial Year 24-25 - Oxfordshire	50%	Jul-24	51.22%	↑	↑
National Objective	Meet and maintain Talking Therapies standards - 50% Talking Therapies recovery rate - continue progress to reduce the gap in recovery of all ethnicity groups relative to White British recovery rates	*In development for Q2 FY25*				

Mental Health Services – Talking Therapies

Metrics meeting target:

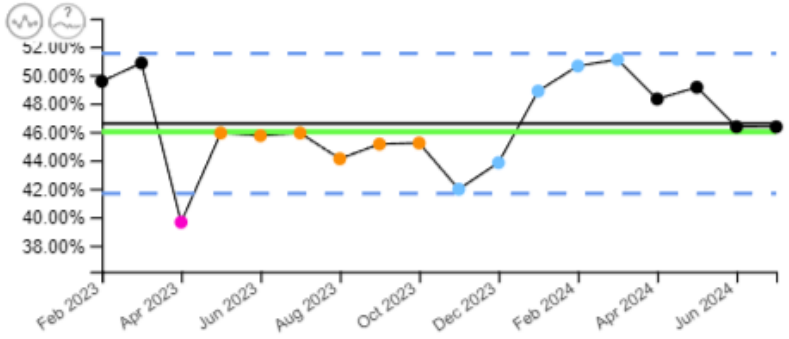
Reliable recovery rate for those completed a course of treatment adults and older adults combined - Buckinghamshire



Target: >=48%

Month Year	Value	Numerator	Denominator
Jul 2024	55.82%	307	550

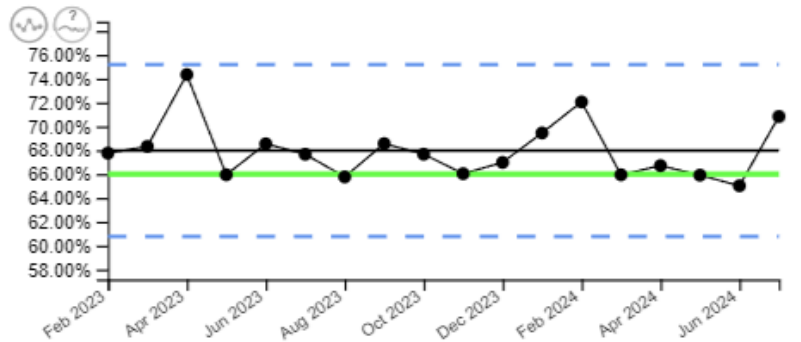
Reliable recovery rate for those completed a course of treatment adults and older adults combined - Oxfordshire



Target: >=46%

Month Year	Value	Numerator	Denominator
Jul 2024	46.35%	324	699

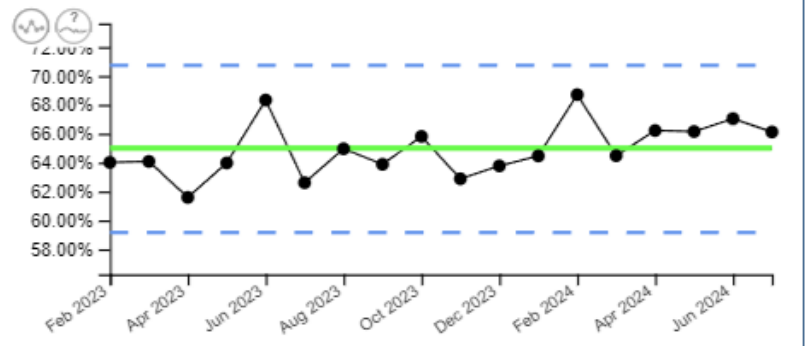
Reliable improvement rate for those completed a course of treatment adults and older adults combined - Buckinghamshire



Target: >=66%

Month Year	Value	Numerator	Denominator
Jul 2024	70.83%	425	600

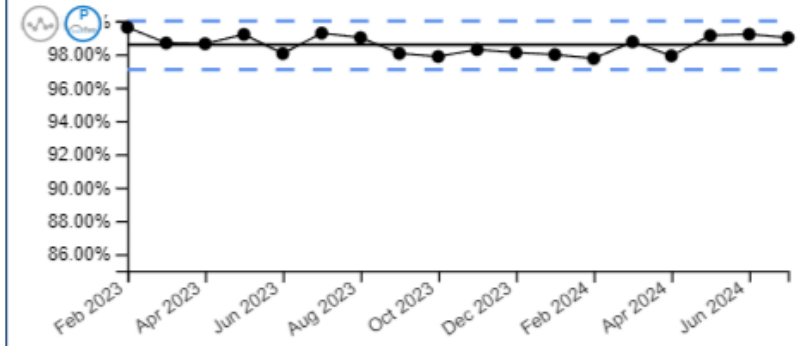
Reliable improvement rate for those completed a course of treatment adults and older adults combined - Oxfordshire



Target: >=65%

Month Year	Value	Numerator	Denominator
Jul 2024	66.12%	484	732

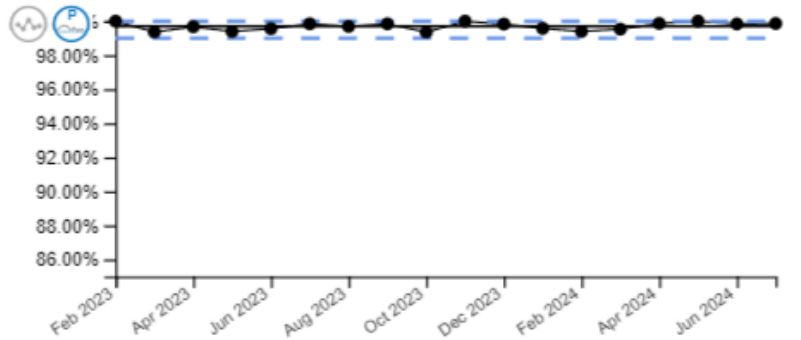
% of people receiving first treatment appointment within 6 weeks of referral - Buckinghamshire



Target: >=75%

Month Year	Value	Numerator	Denominator
Jul 2024	99.00%	594	600

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



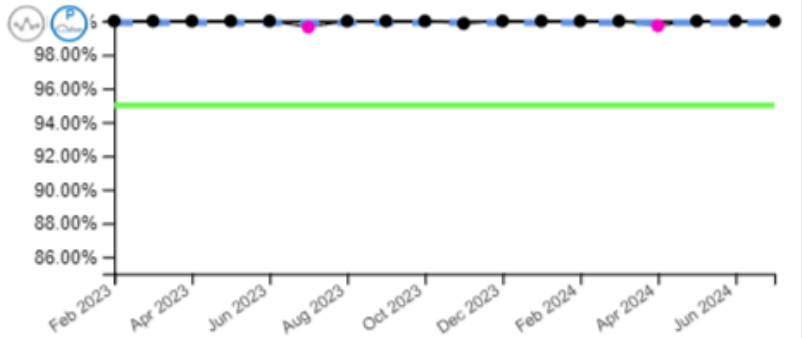
Target: >=75%

Month Year	Value	Numerator	Denominator
Jul 2024	99.86%	733	734

Mental Health Services – Talking Therapies

Metrics meeting target:

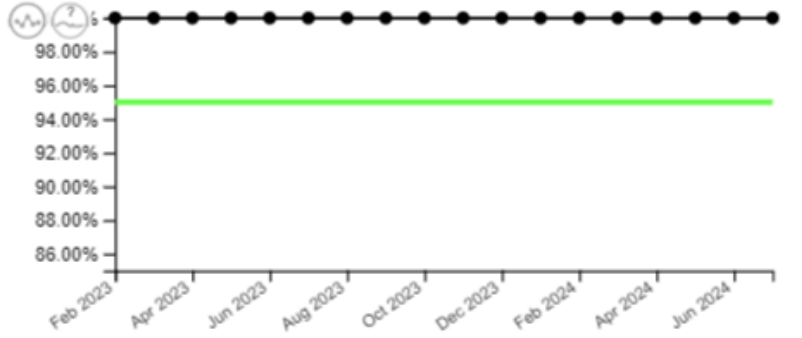
% of people receiving first appointment within 18 weeks of referral – Buckinghamshire



Target: >=95%

Month Year	Value	Numerator	Denominator
Jul 2024	100.00%	600	600

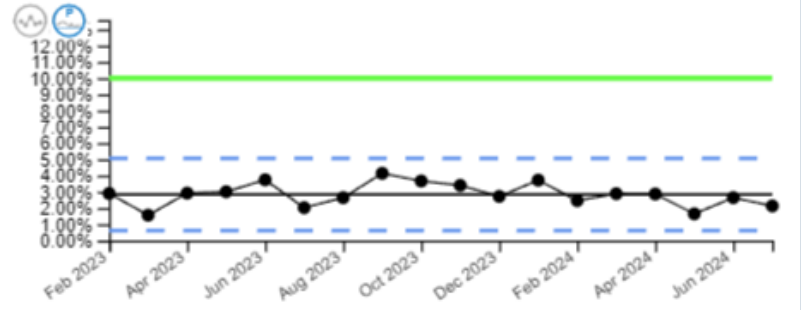
% of people receiving first appointment within 18 weeks of referral – Oxfordshire



Target: >=95%

Month Year	Value	Numerator	Denominator
Jul 2024	100.00%	734	734

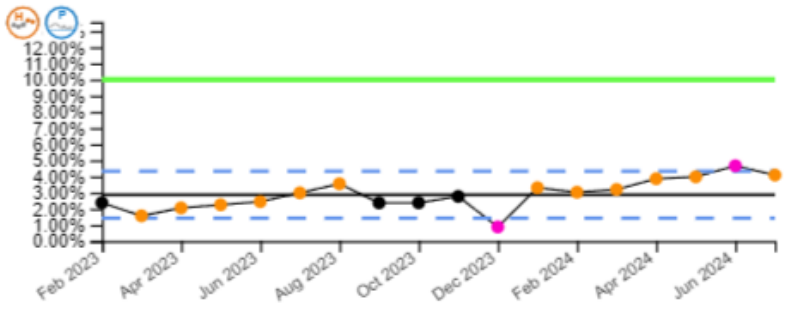
Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting no more than 90 days between treatments) – Buckinghamshire



Target: <=10%

Month Year	Value	Numerator	Denominator
Jul 2024	2.13%	14	657

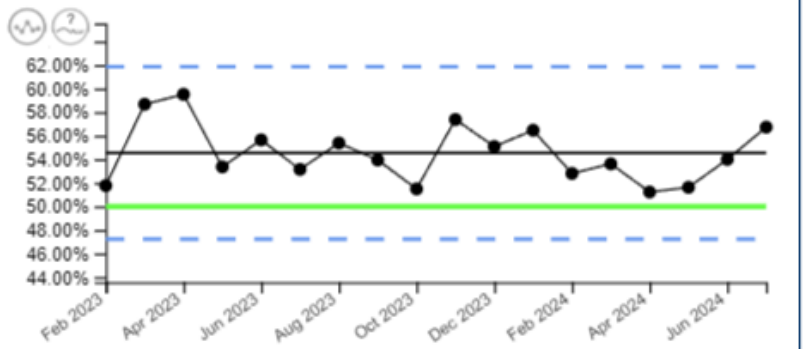
Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting no more than 90 days between treatments) – Oxfordshire



Target: <=10%

Month Year	Value	Numerator	Denominator
Jul 2024	4.09%	30	734

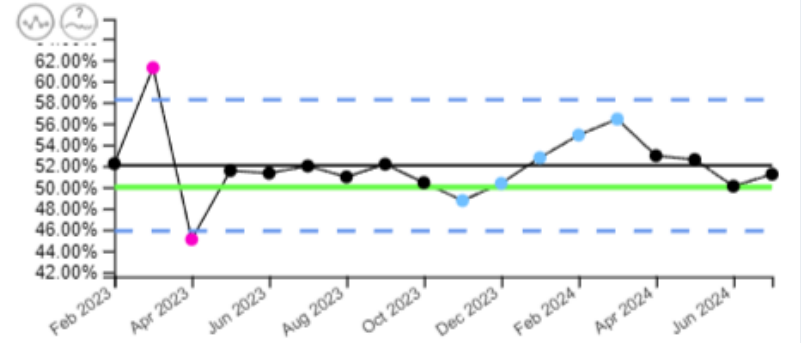
Meet and maintain Talking Therapies standards 50% Talking Thearpies recovery rate – Buckinghamshire



Target: >=50%

Month Year	Value	Numerator	Denominator
Jul 2024	56.73%	312	550

Meet and maintain Talking Therapies standards 50% Talking Therapies recovery rate – Oxfordshire



Target: >=50%

Month Year	Value	Numerator	Denominator
Jul 2024	51.22%	358	699

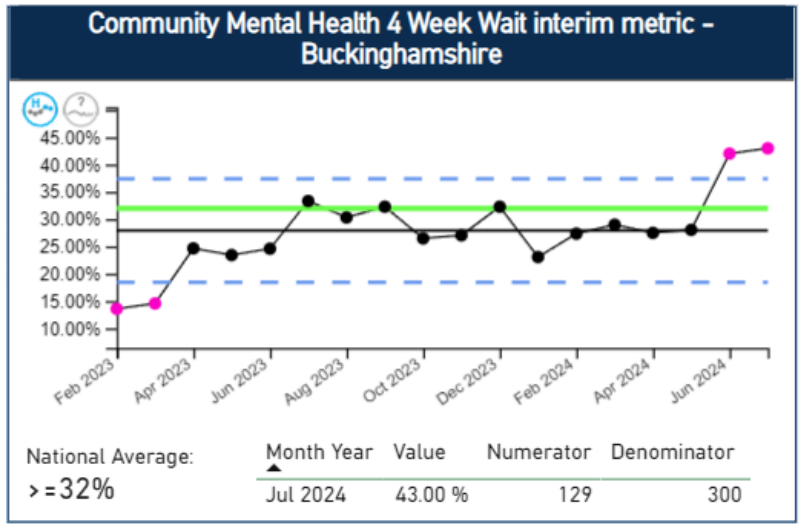
Mental Health Services – Adult and Older Adult community – Summary dashboard

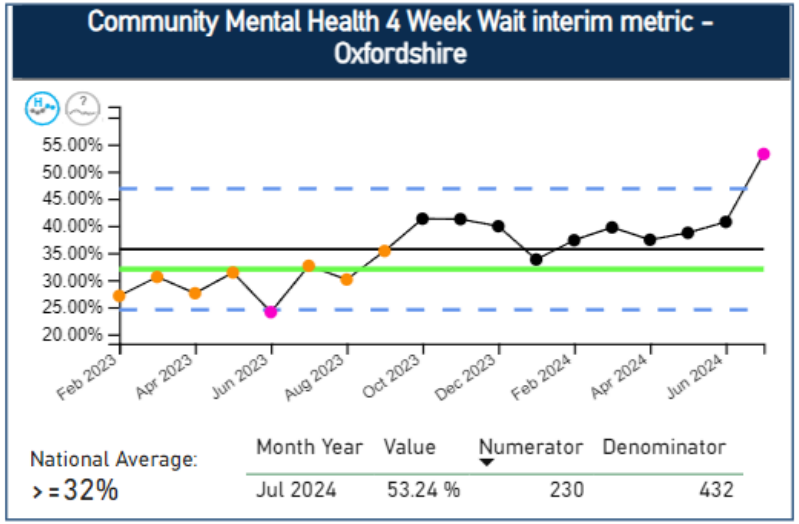
Narrative provided only for metrics under target or national average (value coloured in red below), narrative not provided for system measures:

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Adult and Older Adult Community					
National measure	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services	*In development (estimated completion – Q2 2024. Status: technical development in testing)*				
National Objective	4 week wait (28 days) standard (interim metric - two contacts within episode) - Buckinghamshire	32% National average	Jul-24	43.00%	↑	↑
National Objective	4 week wait (28 days) standard (interim metric - two contacts within episode)- Oxfordshire	32% National average	Jul-24	53.42%	↑	↑
National Objective Strategic Metric - Quality	Waiting time standard, care plan, outcome measure	*In development (estimated completion - FY25. Status: technical development initiated; waiting for national team to release code)*				
National Objective	Deliver annual physical health checks to people with Severe Mental Illness (System Measure - Buckinghamshire)	*Quarterly measure - Q1 performance will be reported when published nationally*				
National Objective	Deliver annual physical health checks to people with Severe Mental Illness (System Measure - Oxfordshire)					
National measure	Improve access to perinatal mental health services	*In development (estimated completion – Q2 2024. Status: technical development in testing)*				
National measure	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral	*In development for Q2 2024*				
National Objective	Number of people accessing IPS	*In development (estimated completion – Q2 2024. Status: technical development in testing)*				
National measure	Recover dementia diagnosis rate (nationally reported system measure - Buckinghamshire)	63-64%	Jun-24	59.04%	↑	↑
National measure	Recover dementia diagnosis rate (nationally reported system measure - Oxfordshire)	63-64%	Jun-24	63.09%	↓	↑

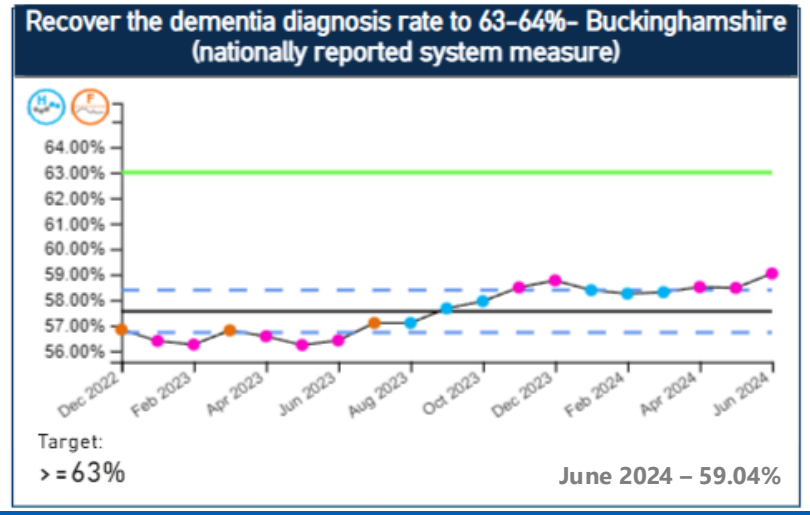
Mental Health Services – Adult & Older Adult Community

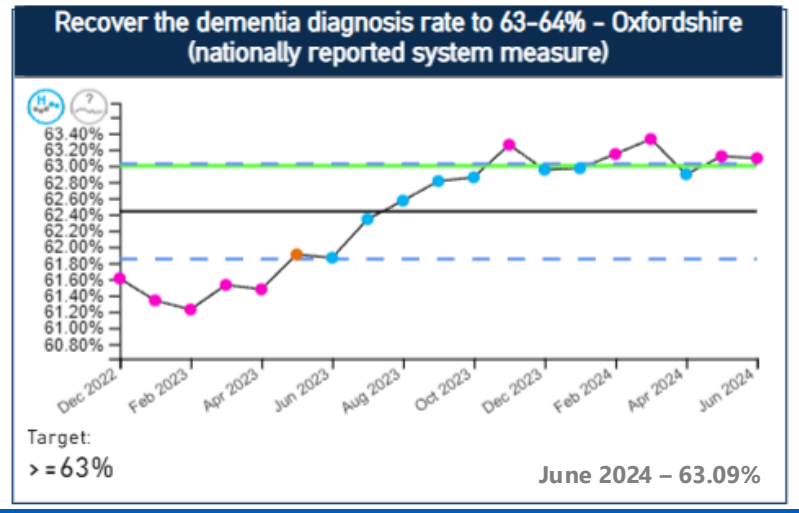
Metrics meeting national average:





System metrics:





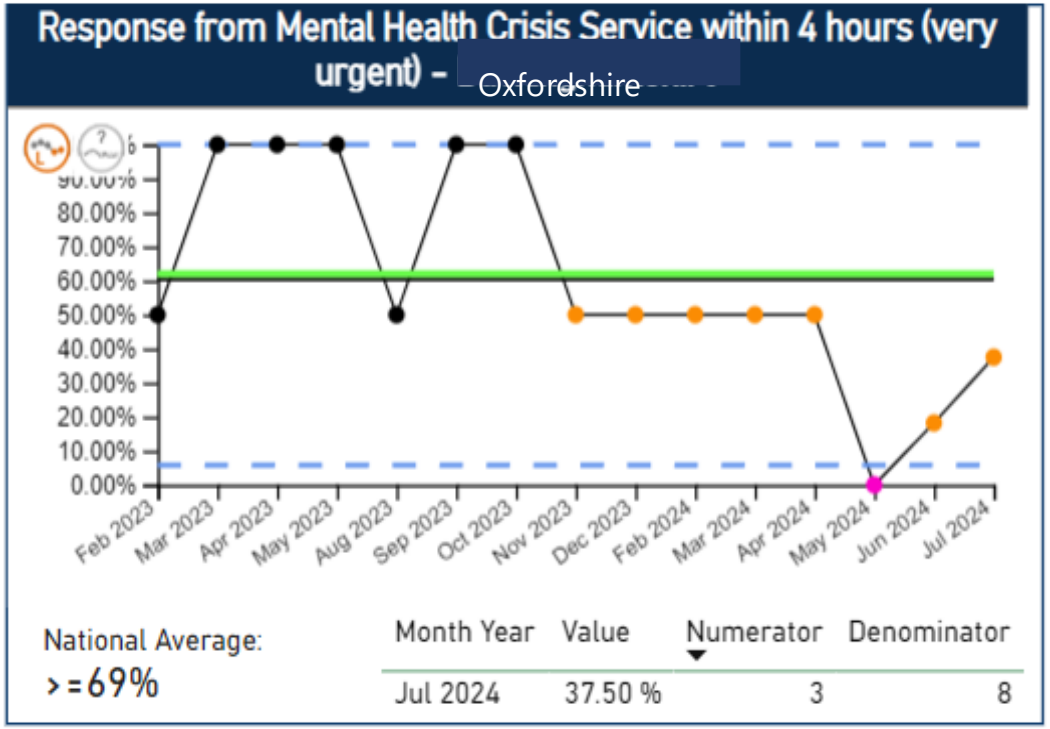
Mental Health Services – Urgent Care – Summary dashboard

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

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Urgent Care					
National Objective	Response from Mental Health Psychiatric Liaison within 1 hour - Buckinghamshire	62% National average	Jul-24	93.62%	↑	↑
National Objective	Response from Mental Health Psychiatric Liaison within 1 hour - Oxfordshire	62% National average	Jul-24	84.30%	↓	↑
National Objective	Response from Mental Health Crisis Service within 4 hours (Very Urgent) - Buckinghamshire	69% National average	Jul-24	100%	→	↑
National Objective	Response from Mental Health Crisis Service within 4 hours (Very Urgent) - Oxfordshire	69% National average	Jul-24	37.50%	↑	↑
National Objective	Response from Mental Health Crisis Service within 24 hours (Urgent) - Buckinghamshire	57% National average	Jul-24	60.74%	↑	↑
National Objective	Response from Mental Health Crisis Service within 24 hours (Urgent) - Oxfordshire	57% National average	Jul-24	69.23%	↑	↑

* National average over April – December 2023

Mental Health Services – Urgent Care



Summary

New standards are being introduced for Mental Health Urgent Care Services. The trust will be working to align existing models of care where possible to the new standards during this financial year, reporting will be updated in line with national changes. There are currently no national targets set and the Trust will be baselining against the national average position.

The graph represents the Mental Health Crisis Service in Oxfordshire, which only operates full crisis service within Oxford City and North-East Oxfordshire and Home treatment service in North and West Oxfordshire; the rest of the county is covered by Community Adult and Older Adult Mental Health Teams. There is more activity undertaken within the Urgent Care pathway, however, due to specific national definitions such activity is not represented in Mental Health Urgent Care waiting standards - the Mental Health Helpline received 425 referrals, Street Triage received 88 referrals, the Night Team received 127 referrals, and a further 202 urgent and serious referrals received by the Community Adult and Older Adult Mental Health Teams in the month of July 2024 (however, the latter team works to a different response standard of 7 calendar days).

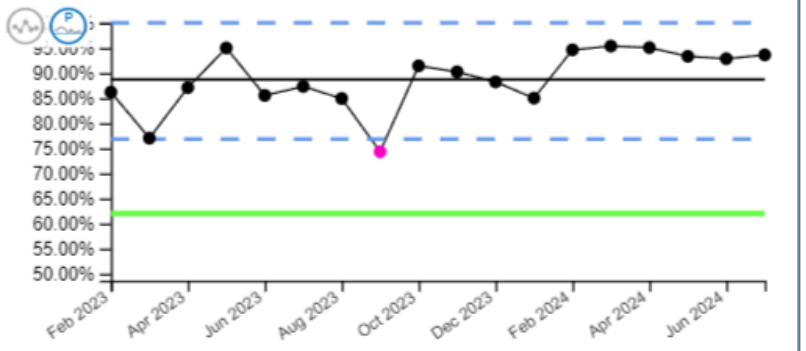
Actions

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

Mental Health Services – Urgent Care

Metrics meeting national average:

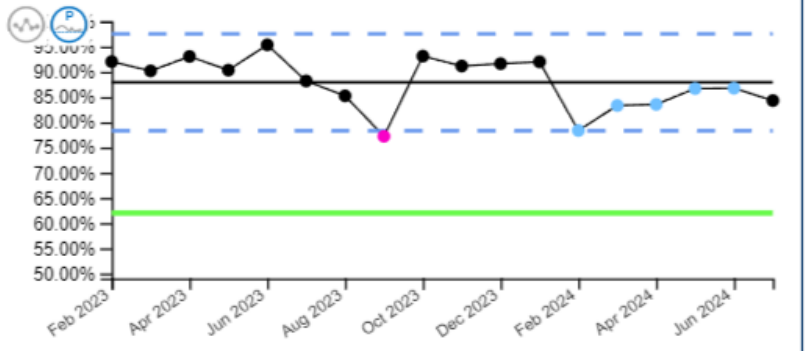
Response from Mental Health Psychiatric Liaison Service within 1 hour – Buckinghamshire



National Average:
>=62%

Month Year	Value	Numerator	Denominator
Jul 2024	93.62 %	88	94

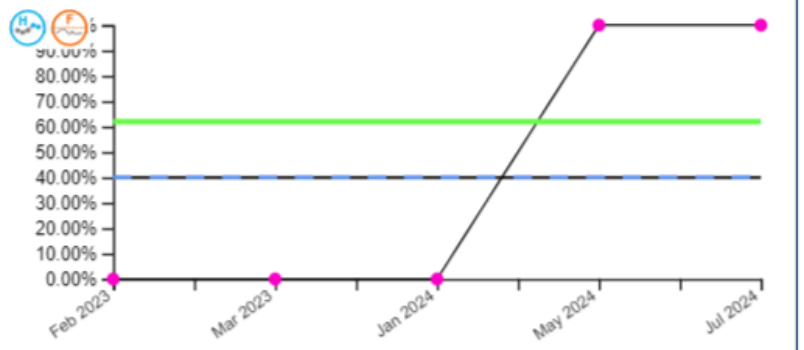
Response from Mental Health Psychiatric Liaison Service within 1 hour – Oxfordshire



National Average:
>=62%

Month Year	Value	Numerator	Denominator
Jul 2024	84.30 %	188	223

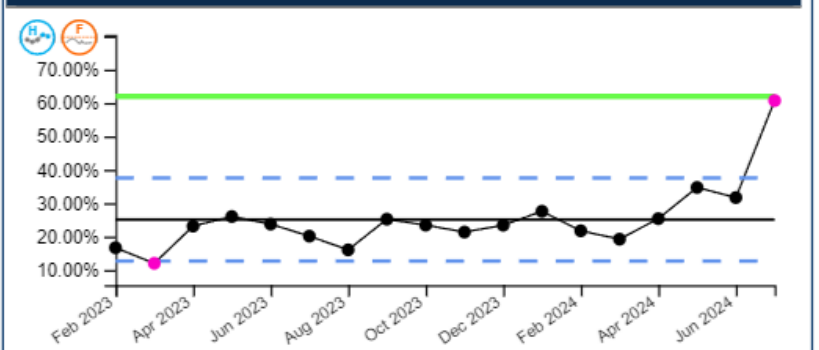
Response from Mental Health Crisis Service within 4 hours (very urgent) – Buckinghamshire



National Average:
>=69%

Month Year	Value	Numerator	Denominator
Jul 2024	100.00 %	4	4

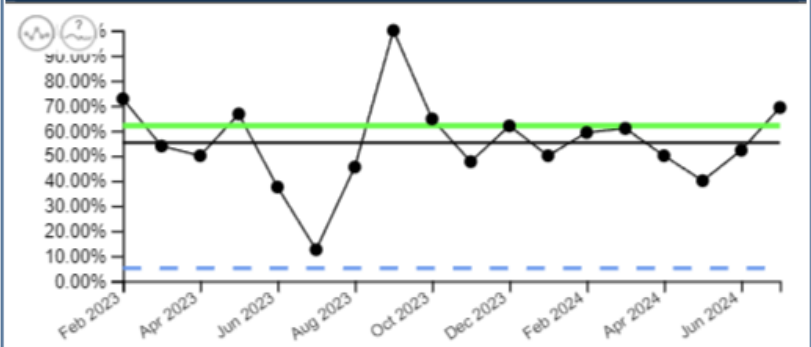
Response from Mental Health Crisis Service within 24 hours (urgent) – Buckinghamshire



National Average:
>=57%

Month Year	Value	Numerator	Denominator
Jul 2024	60.74 %	99	163

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



National Average:
>=57%

Month Year	Value	Numerator	Denominator
Jul 2024	69.23 %	18	26

Mental Health Services – Acute / In-patients (Adults & Older Adults) – Summary dashboard (1/2)

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

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Acute / In-patients (Adults & Older Adults)					
National Objective	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter - Adult (acute & Psychiatric Intensive Care Units) - Buckinghamshire	13% National average	Jul-24	19%	↓	↓
National Objective	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission- % of acute admissions with no prior contact - rolling quarter- Adult (acute & Psychiatric Intensive Care Units) - Oxfordshire	13% National average	Jul-24	15%	↑	↓
National Objective	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission- % of acute admissions with no prior contact - rolling quarter - Older Adult - Buckinghamshire	13% National average	Jul-24	17%	↑	↓
National Objective	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter - Older Adult - Oxfordshire	13% National average	Jul-24	15%	↑	↓
National Objective NOF	Rate per 100,000 population in adult acute beds with a length of stay over 60 days- Buckinghamshire	*In development (estimated completion – Q2 2024. Status: technical development in testing)*				
National Objective NOF	Rate per 100,000 population in adult acute beds with a length of stay over 60 days- Oxfordshire	*In development (estimated completion – Q2 2024. Status: technical development in testing)*				
National Objective NOF	Rate per 100,000 population in older adult acute beds with a length of stay over 90 days- Buckinghamshire	*In development (estimated completion – Q2 2024. Status: technical development in testing)*				
National Objective NOF	Rate per 100,000 population in older adult acute beds with a length of stay over 90 days- Oxfordshire	*In development (estimated completion – Q2 2024. Status: technical development in testing)*				
National Objective	72 hour follow up for those discharged from mental health wards - Adults - Buckinghamshire	80%	Jul-24	95.45%	↑	↑
National Objective	72 hour follow up for those discharged from mental health wards - Adults - Oxfordshire	80%	Jul-24	84.85%	↑	↑
National Objective	72 hour follow up for those discharged from mental health wards - Older Adults - Buckinghamshire	80%	Jul-24	100.00%	→	↑
National Objective	72 hour follow up for those discharged from mental health wards - Older Adults - Oxfordshire	80%	Jul-24	100.00%	→	↑

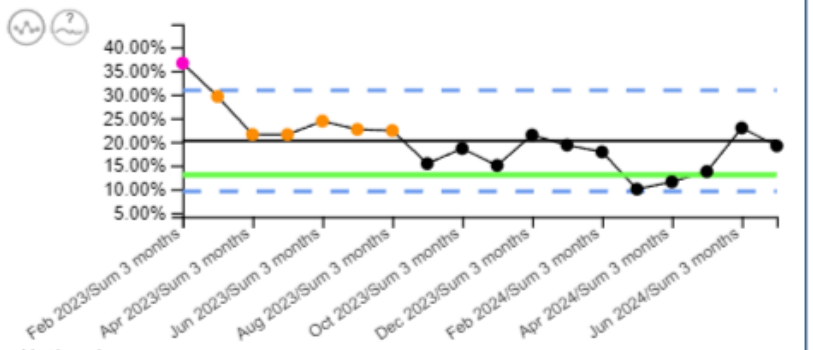
Mental Health Services – Acute / In-patients (Adults & Older Adults) – Summary dashboard (2/2)

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

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Acute / In-patients (Adults & Older Adults)					
	Inappropriate adult acute mental health out of area placements - snapshot last day month - Buckinghamshire	3	Jul-24	3	↓	↓
	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Buckinghamshire		Jul-24	0	→	↓
	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Buckinghamshire		Jul-24	0	→	↓
	Inappropriate adult acute mental health out of area placements - snapshot last day month - Oxfordshire	5	Jul-24	1	↑	↓
	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Oxfordshire		Jul-24	0	→	↓
	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Oxfordshire		Jul-24	0	→	↓
NOF	Inappropriate adult acute mental health out of area placements - beds days in month - Buckinghamshire	n/a	Jul-24	143	↑	↓
NOF	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Buckinghamshire	n/a	Jul-24	0	→	↓
NOF	Inappropriate older adult acute mental health out of area placements - beds days in month - Buckinghamshire	n/a	Jul-24	0	→	↓
NOF	Inappropriate adult acute mental health out of area placements - beds days in month - Oxfordshire	n/a	Jul-24	26	→	↓
NOF	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Oxfordshire	n/a	Jul-24	0	→	↓
NOF	Inappropriate older adult acute mental health out of area placements - beds days in month - Oxfordshire	n/a	Jul-24	0	→	↓
	% adult readmission within 30 days for mental health - Buckinghamshire	n/a	Jul-24	0%	→	↓
	% adult readmission within 30 days for mental health - Oxfordshire	n/a	Jul-24	0%	→	↓
	% older adult readmission within 30 days for mental health - Buckinghamshire	n/a	Jul-24	0%	→	↓
	% older adult readmission within 30 days for mental health - Oxfordshire	n/a	Jul-24	0%	→	↓
	Average number of clinically ready for discharge patients per day - Buckinghamshire	n/a	Jul-24	7	↓	↓
	Average number of clinically ready for discharge patients per day - Oxfordshire	n/a	Jul-24	6	↓	↓

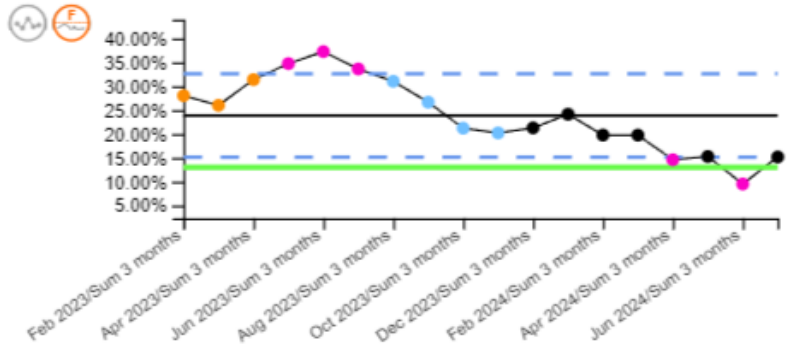
Mental Health Services – Acute / In-patients (Adults & Older Adults)

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



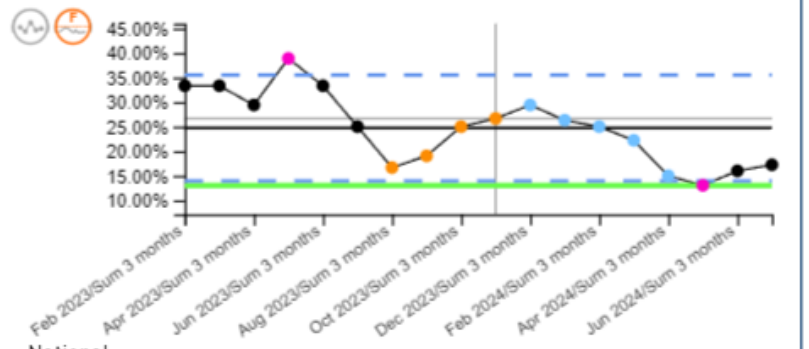
National Average:	Month Year	Value	Numerator	Denominator
<=13%	Jul 2024	19 %	9	47

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)



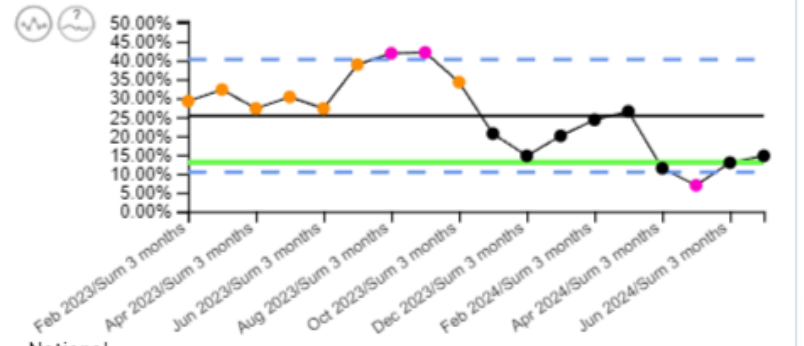
National Average:	Month Year	Value	Numerator	Denominator
<=13%	Jul 2024	15 %	12	79

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:	Month Year	Value	Numerator	Denominator
<=13%	Jul 2024	17 %	5	29

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:	Month Year	Value	Numerator	Denominator
<=13%	Jul 2024	15 %	5	34

Summary

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

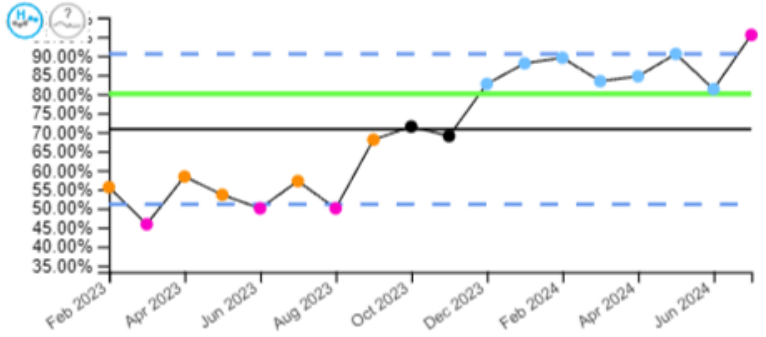
Actions

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

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

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

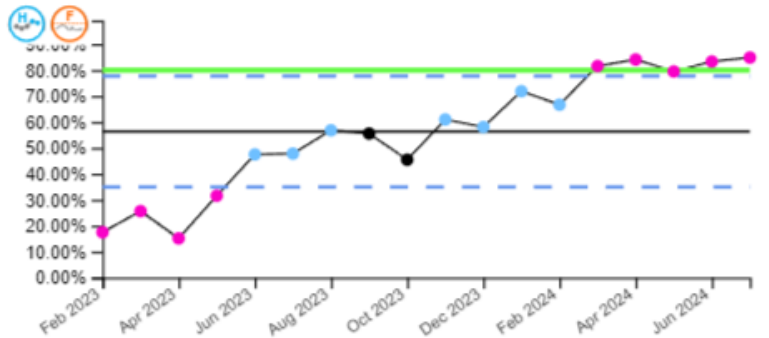
72 hour follow up for those discharged from mental health wards – Adult Buckinghamshire



Target: >=80%

Month Year	Value	Numerator	Denominator
Jul 2024	95.45%	21	22

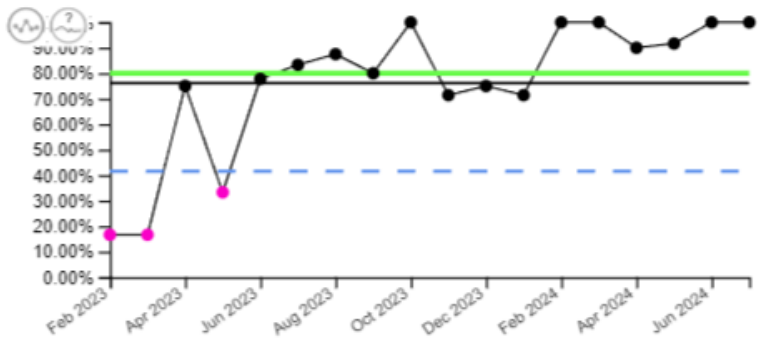
72 hour follow up for those discharged from mental health wards – Adult Oxfordshire



Target: >=80%

Month Year	Value	Numerator	Denominator
Jul 2024	84.85%	28	33

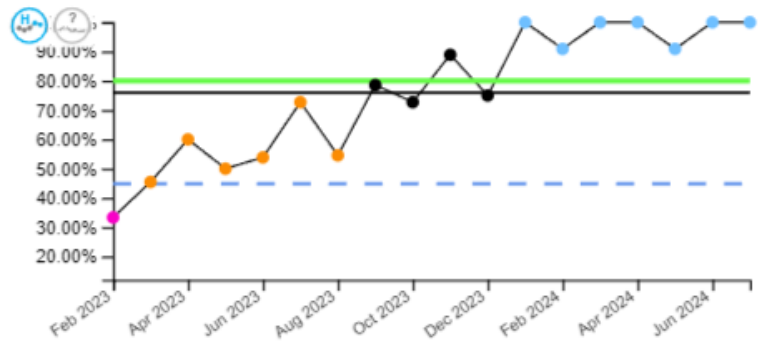
72 hour follow up for those discharged from mental health wards – Older Adult Buckinghamshire



Target: >=80%

Month Year	Value	Numerator	Denominator
Jul 2024	100.00%	11	11

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

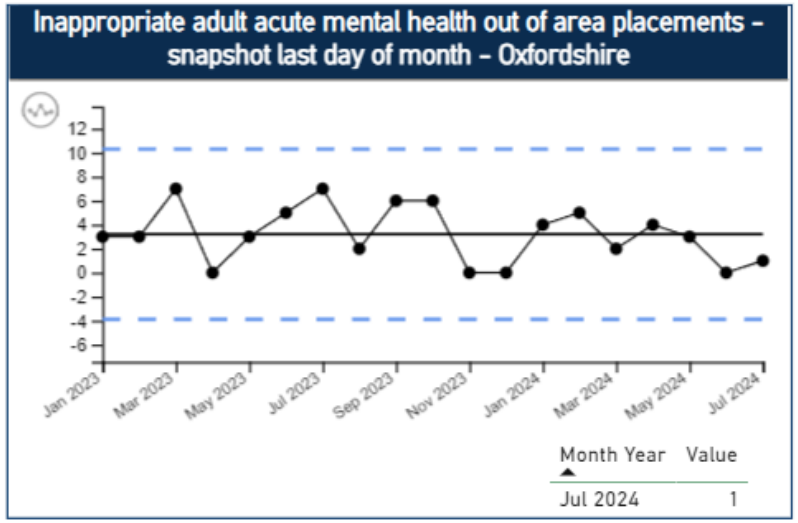


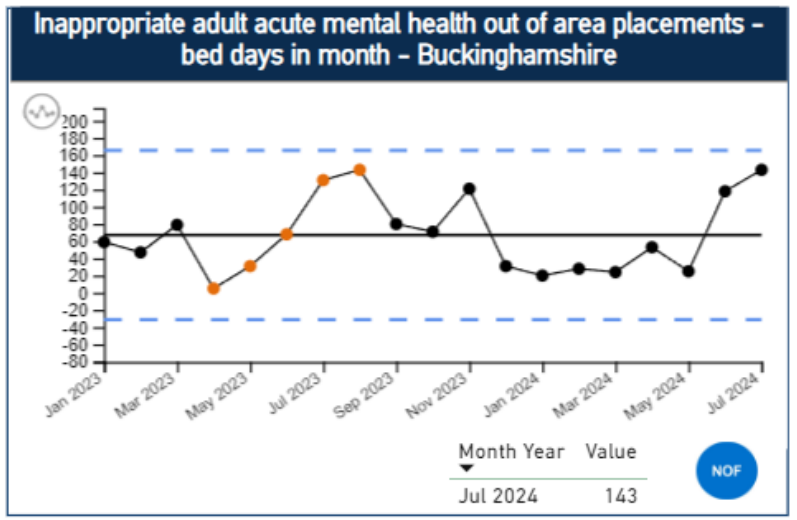
Target: >=80%

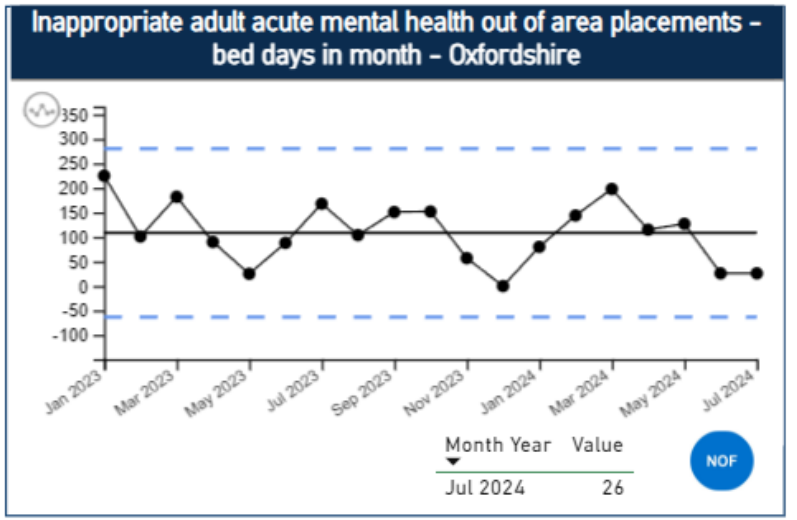
Month Year	Value	Numerator	Denominator
Jul 2024	100.00%	13	13

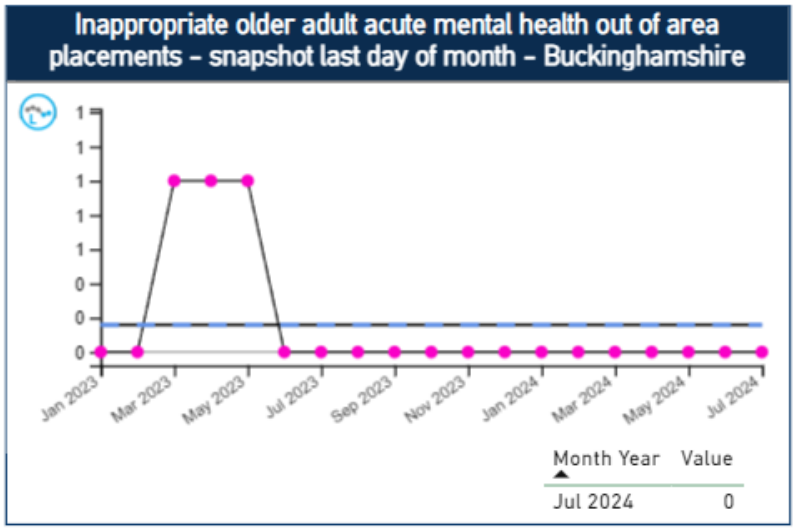
Mental Health Services – Acute / In-patients (Adults & Older Adults)

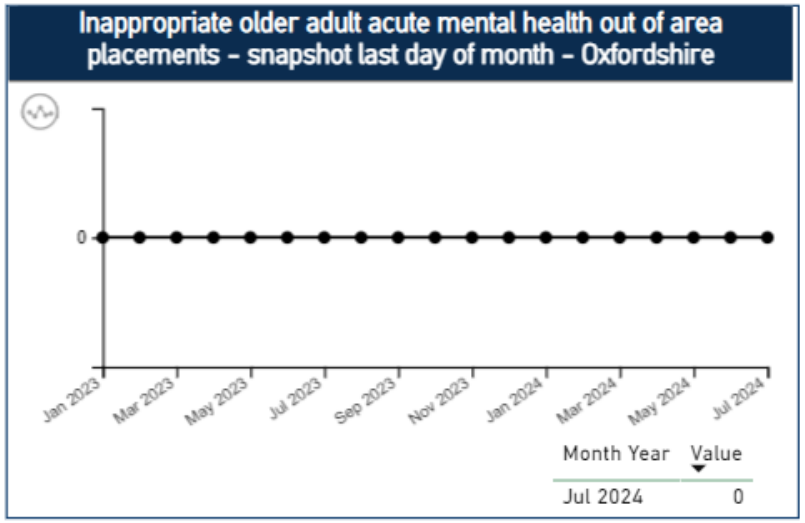
Metrics meeting target, being baselined or with target yet to be confirmed:

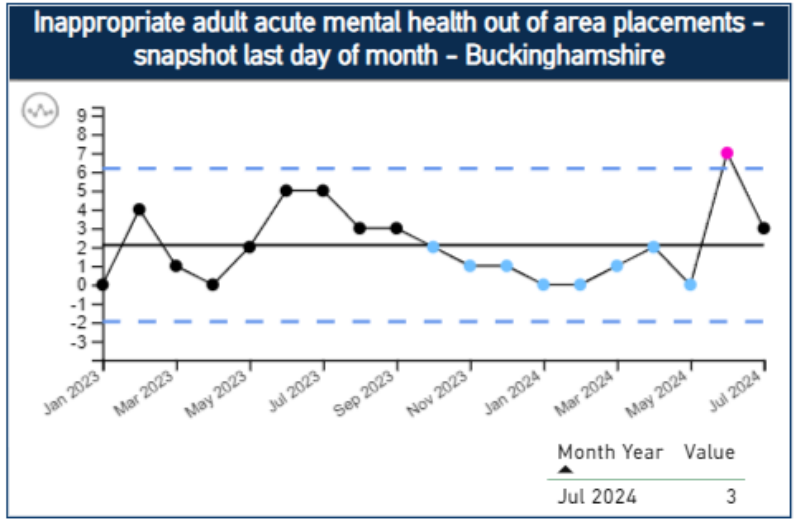






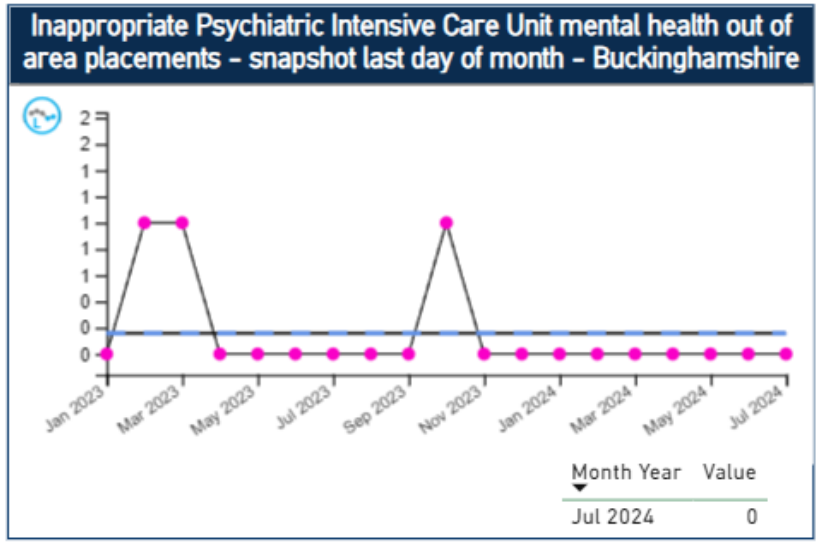


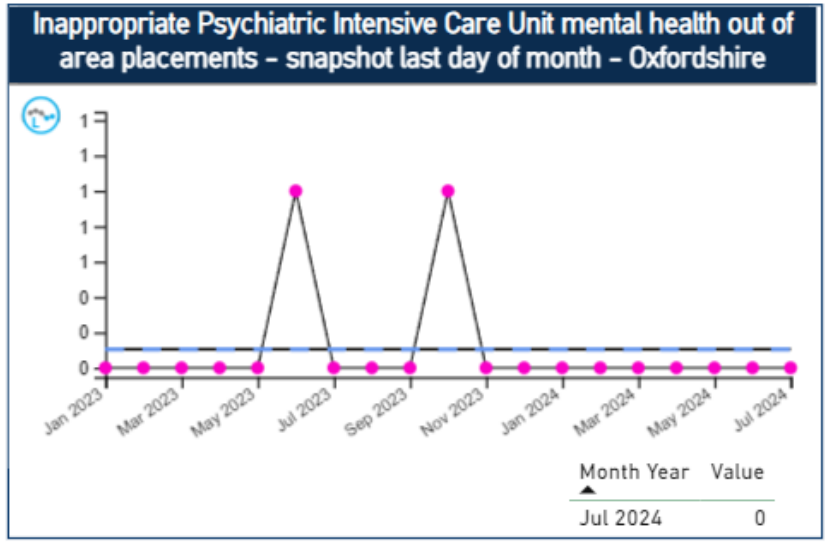


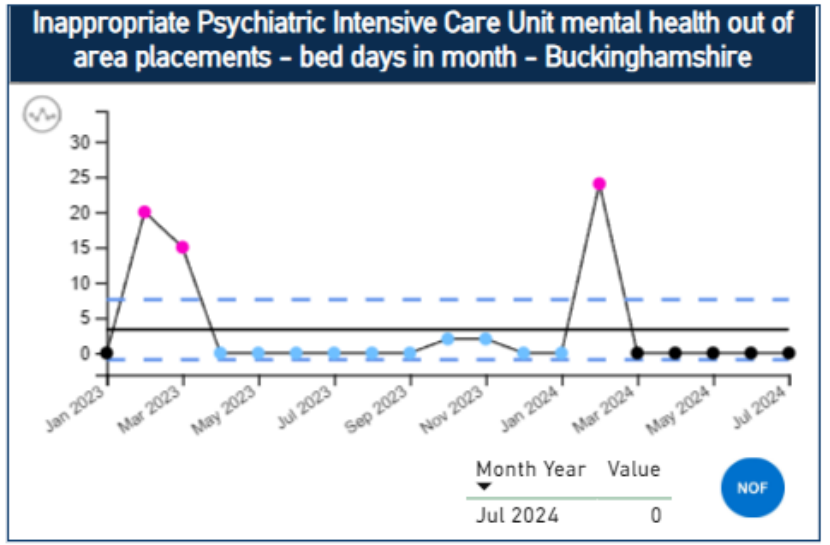


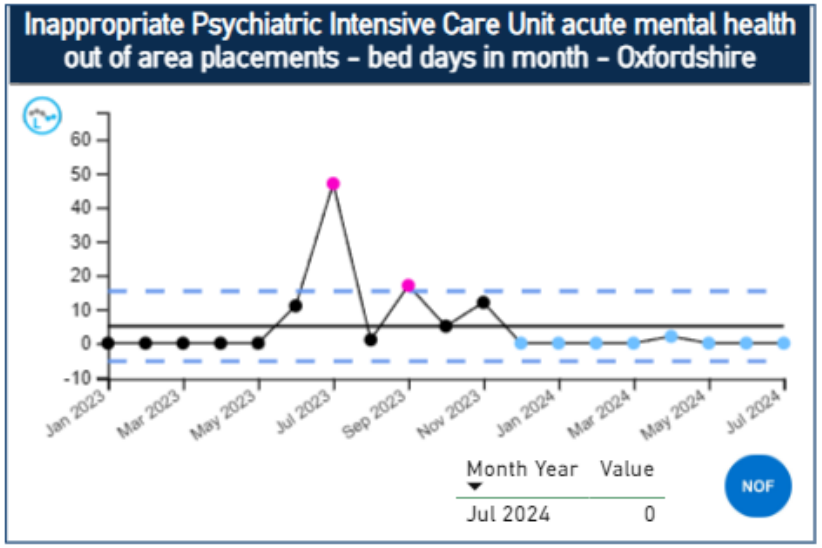
Mental Health Services – Acute / In-patients (Adults & Older Adults)

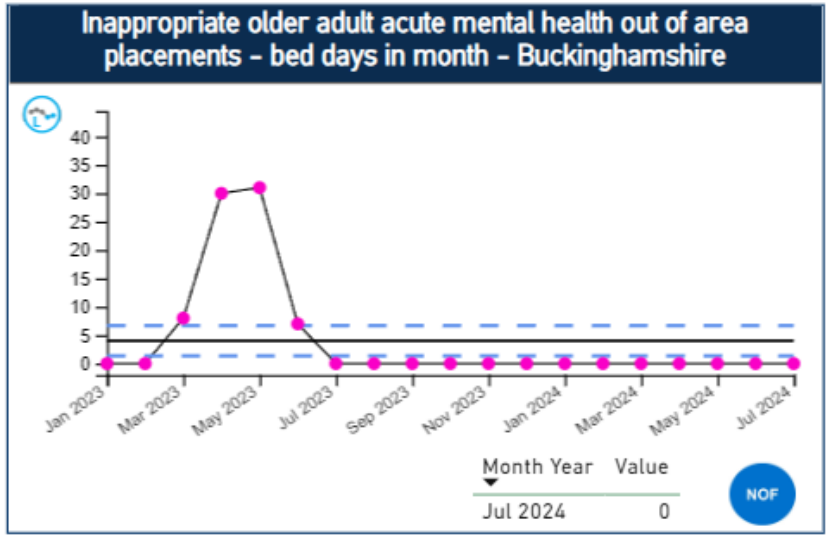
Metrics meeting target, being baselined or with target yet to be confirmed:

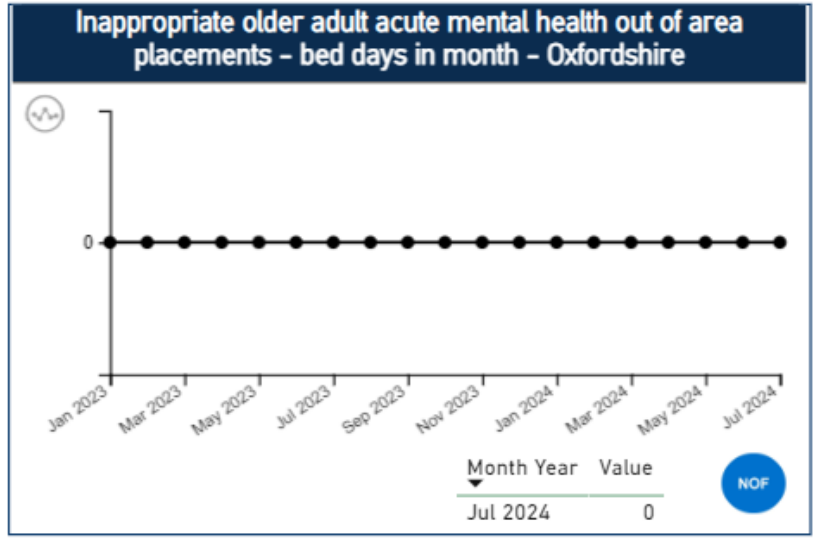








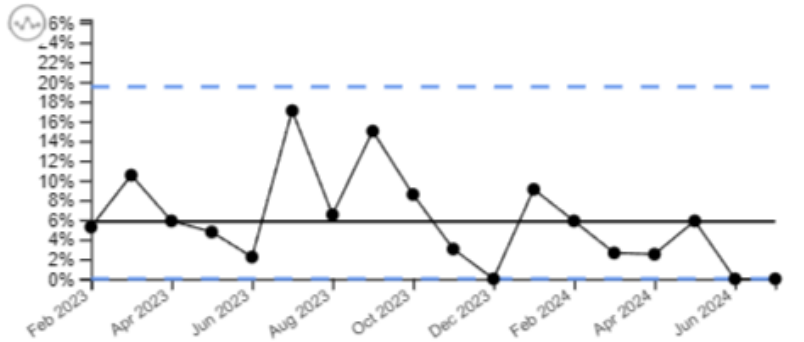




Mental Health Services – Acute / In-patients (Adults & Older Adults)

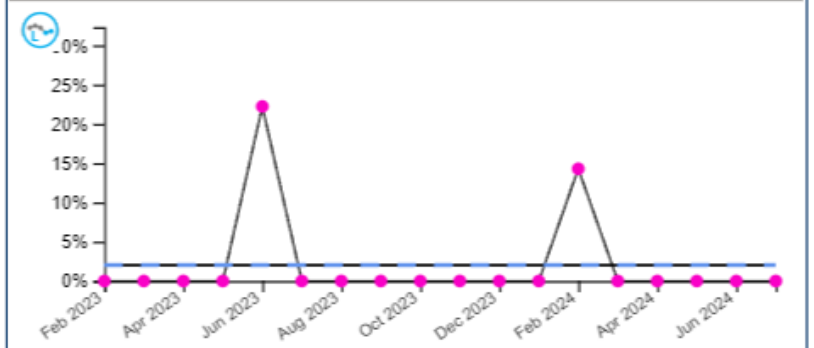
Metrics meeting target, being baselined or with target yet to be confirmed:

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



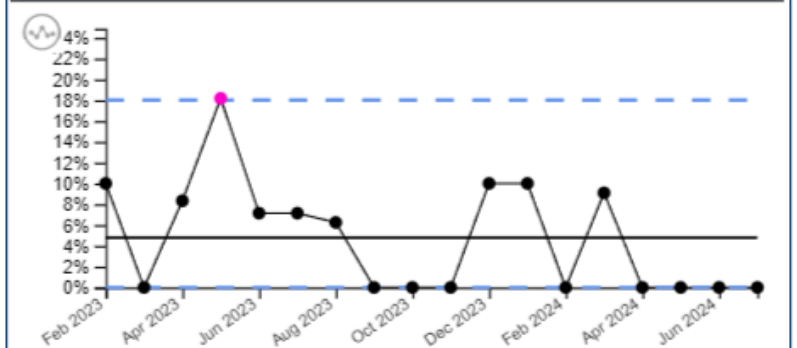
Month Year	Value	Numerator	Denominator
Jul 2024	0 %	0	27

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



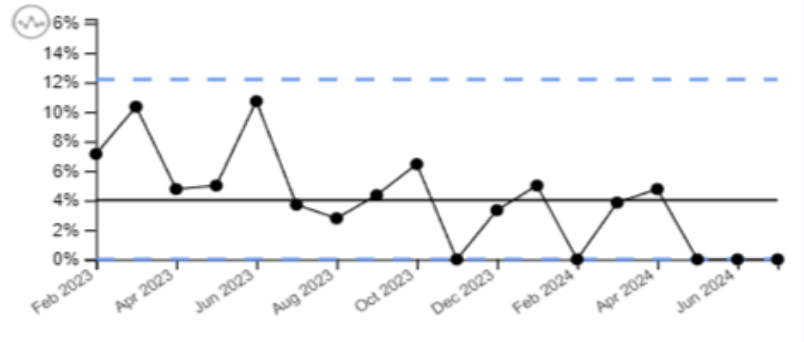
Month Year	Value	Numerator	Denominator
Jul 2024	0 %	0	11

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



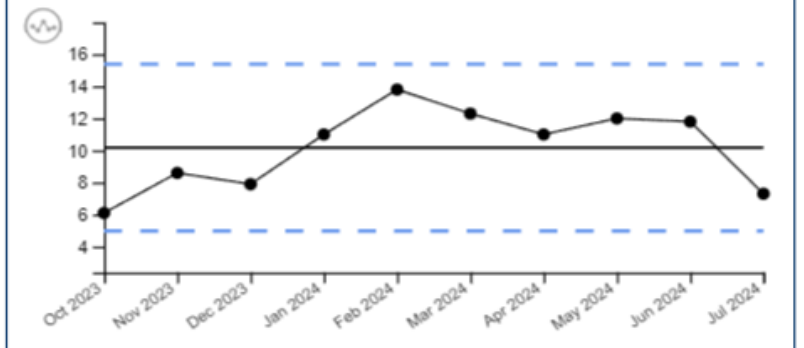
Month Year	Value	Numerator	Denominator
Jul 2024	0 %	0	14

% adult readmissions within 30 days for mental health - Buckinghamshire



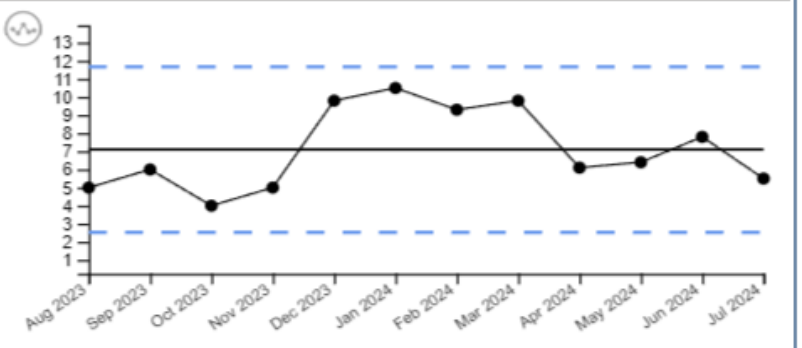
Month Year	Value	Numerator	Denominator
Jul 2024	0 %	0	20

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



Month Year	Value
Jul 2024	7

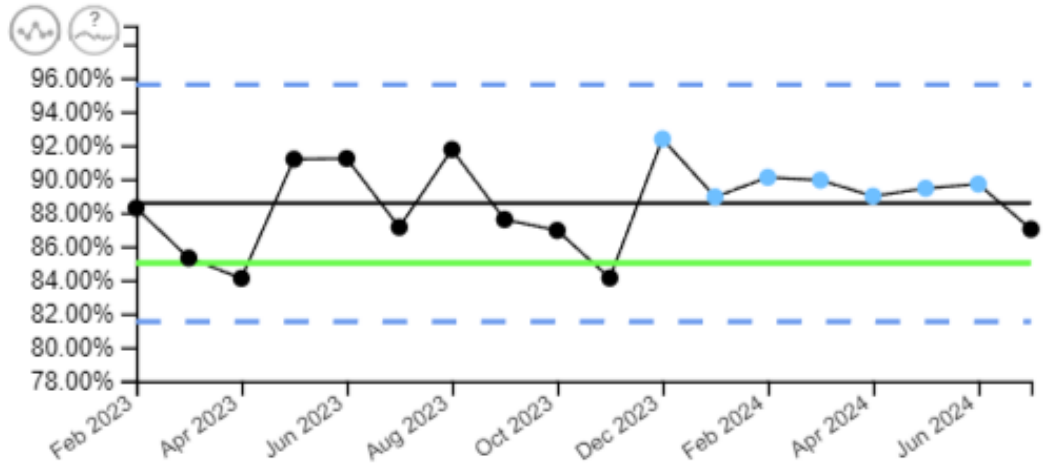
Average number of clinically ready for discharge patients per day - Oxfordshire



Month Year	Value
Jul 2024	6

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

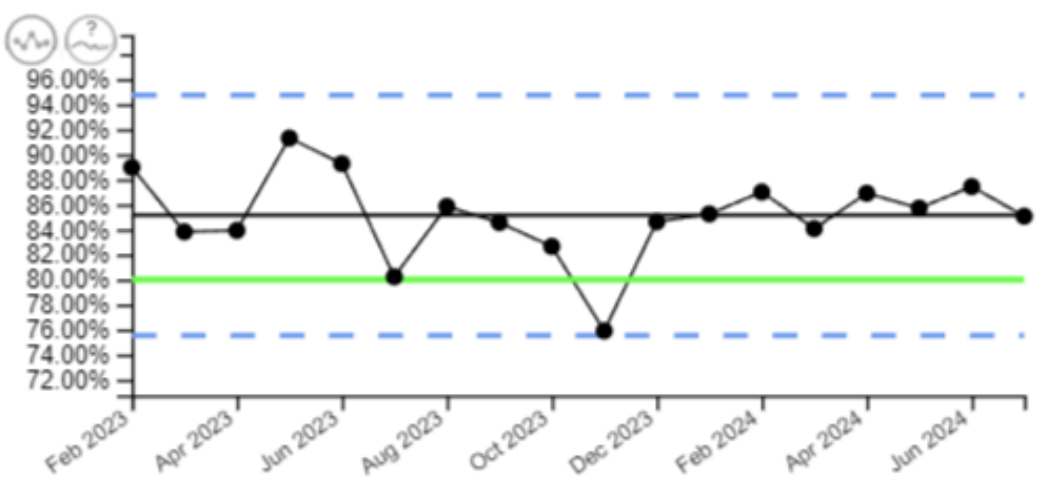
% of patients responding that overall the care was good or very good - Mental Health



Target:
>= 85%

Month Year	Value
Jul 2024	87.01%

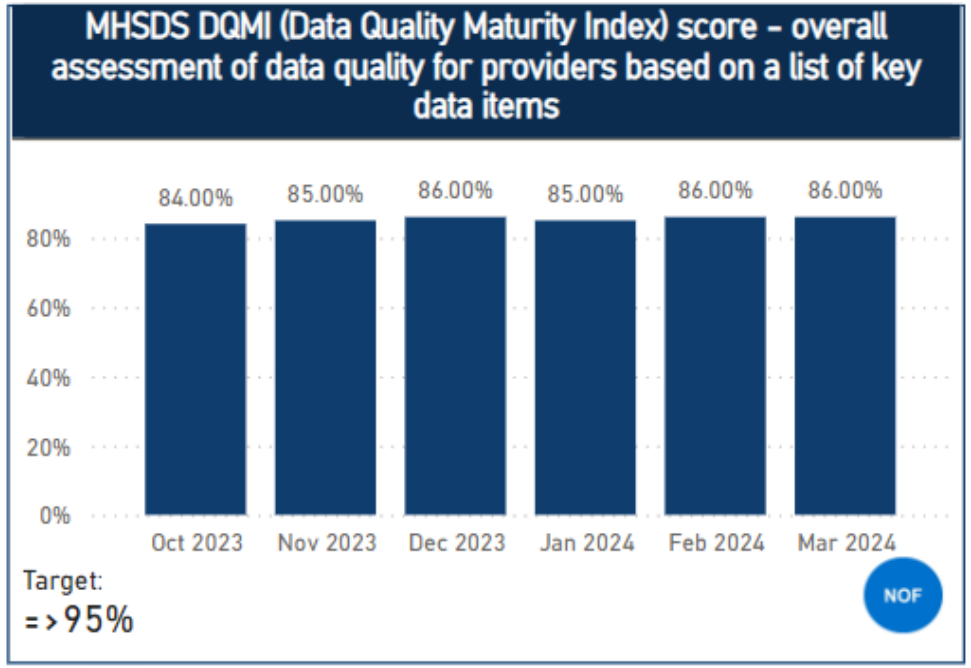
% of patients report being involved in their care - Mental Health Services



Target:
>=80%

Month Year	Value
Jul 2024	85.06%

Mental Health Services – Mental Health Services Data Set Data Quality Maturity Index



Summary

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

Actions

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

Section 1.2
Clinical performance (Community Health Service, Primary Care & Dentistry)

Oxford Health
NHS Foundation Trust

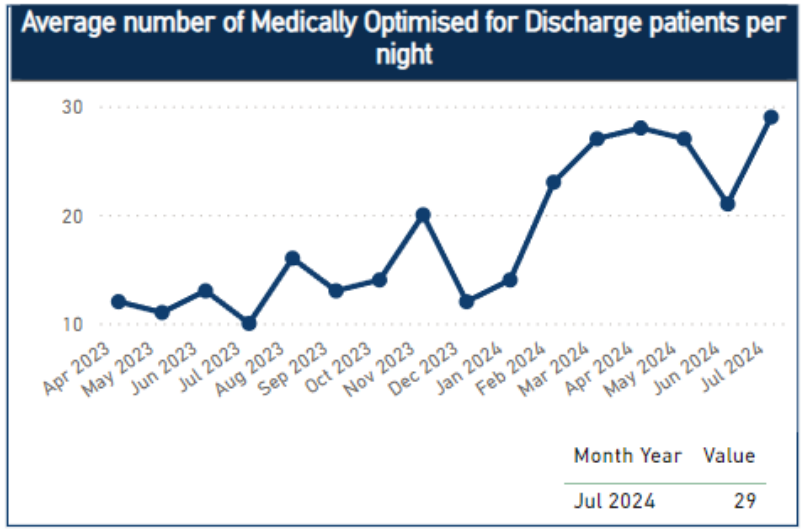
Community Health Service, Primary Care & Dentistry – Summary Dashboard

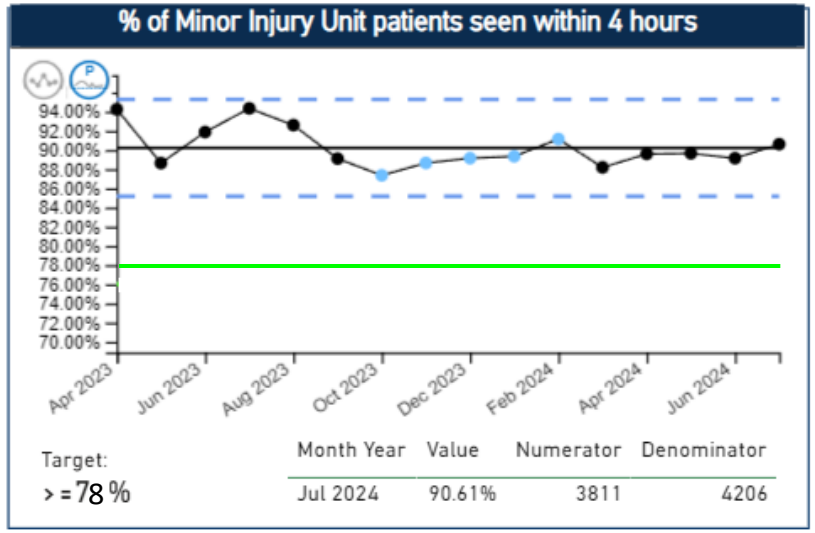
Narrative provided only for metrics under target (value coloured in red) – none in July 2024. Please note that narrative for system measures will not be provided as these are monitored at Integrated Care Board (ICB) level and figures are provided to Trust Board for information only.

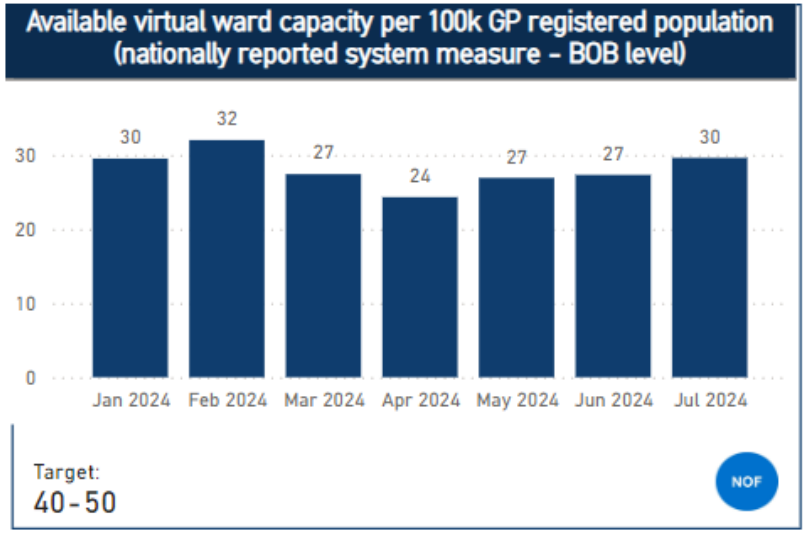
Type of metric	Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Average Length of Stay in Community Hospitals by basket of care	*In development for FY25*				
	Average number of Medically Optimised For Discharge (MOFD) patients per night	Baseline	Jul-24	29	↑	↓
National Objective	% of Minor Injury Unit patients seen within 4 hours	78%	Jul-24	90.61%	↑	↑
National Objective	Consistently meet or exceed the 70% 2-hour Urgent Community Response (UCR) standard	*In development for FY25*				
NOF National Objective	Proportion of patients discharged from hospital by pathways	*In development for FY25*				
NOF	Available virtual ward capacity per 100k head of population (nationally reported system measure - Buckinghamshire. Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) level)	40-50	Jul-24	30	↑	↑
NOF National Objective	Virtual ward occupancy (nationally reported system measure - Buckinghamshire. Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) level)	TBC	Jul-24	93.22%	↑	↑

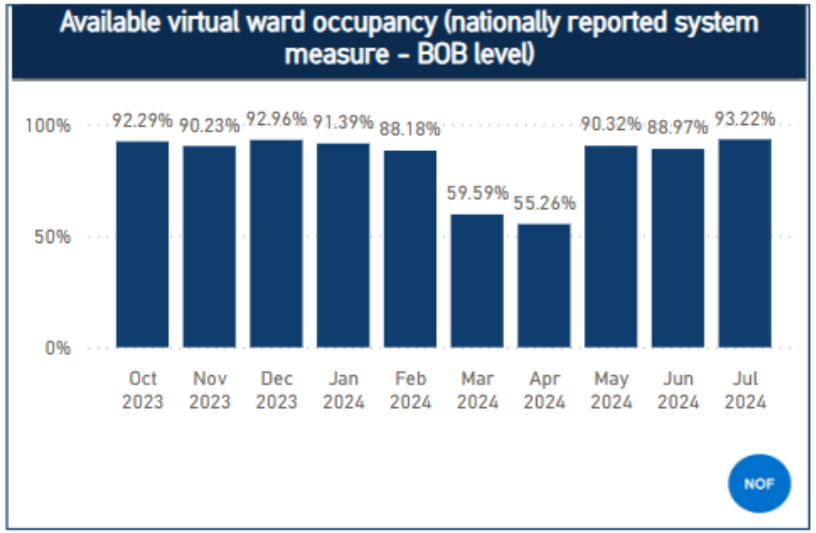
Community Health Service, Primary Care & Dentistry

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



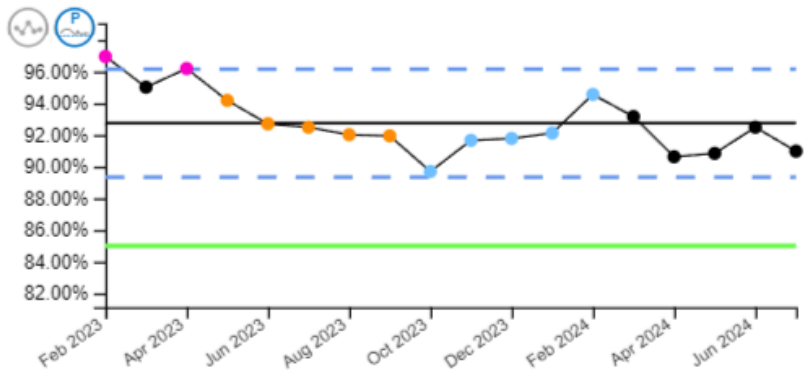






Community Health Service, Primary Care & Dentistry In-Year Strategic metrics – For Information only

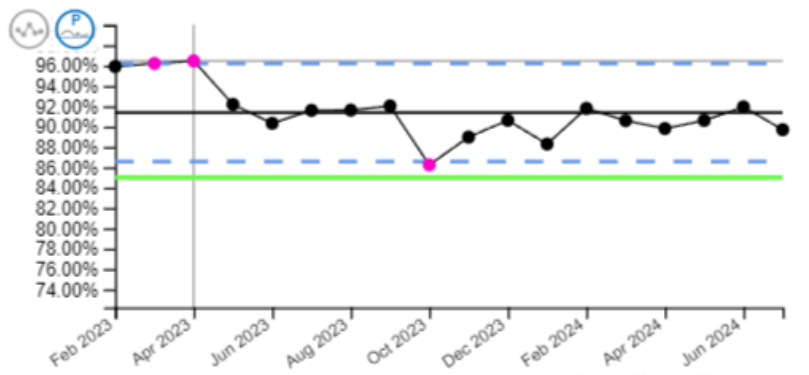
% of patients responding that overall the care was good or very good – Community Health Service, Primary Care & Dentistry



Target:
>=85%

Month Year	Value
Jul 2024	90.98%

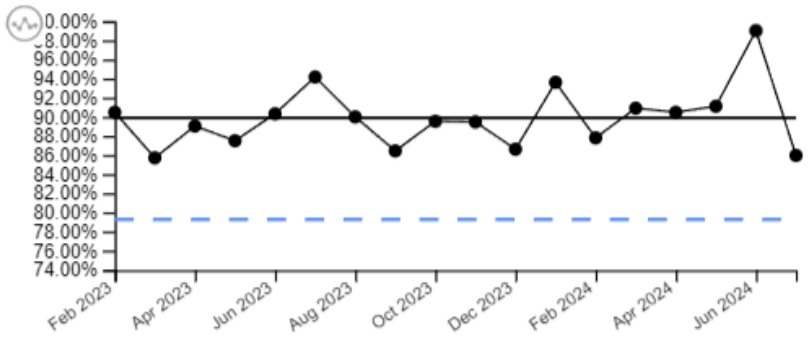
% of patients report being involved in their care – Community Health Service, Primary Care & Dentistry



Target:
>=85%

Month Year	Value
Jul 2024	89.70%

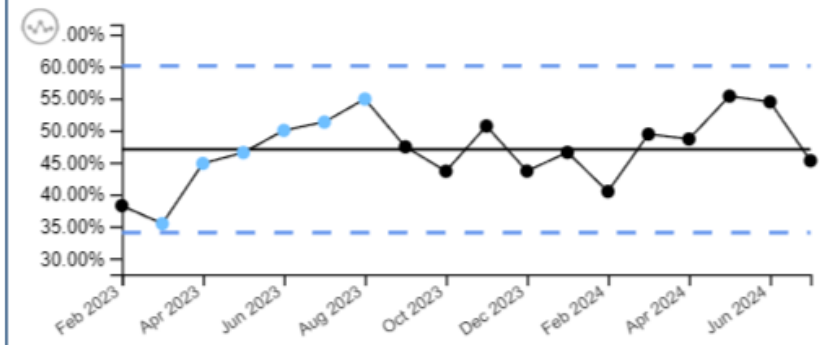
% of out of hours palliative care referrals responded to within 30 mins: the time from receipt of the call from 111 to the start of the telephone consultation was within 30 mins



Target: tbc -
Baselining

Month Year	Value	Numerator	Denominator
Jul 2024	85.96%	98	114

% 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: tbc -
Baselining

Month Year	Value	Numerator	Denominator
Jul 2024	45.26%	43	95

NHS
Oxford Health
NHS Foundation Trust

Section 2

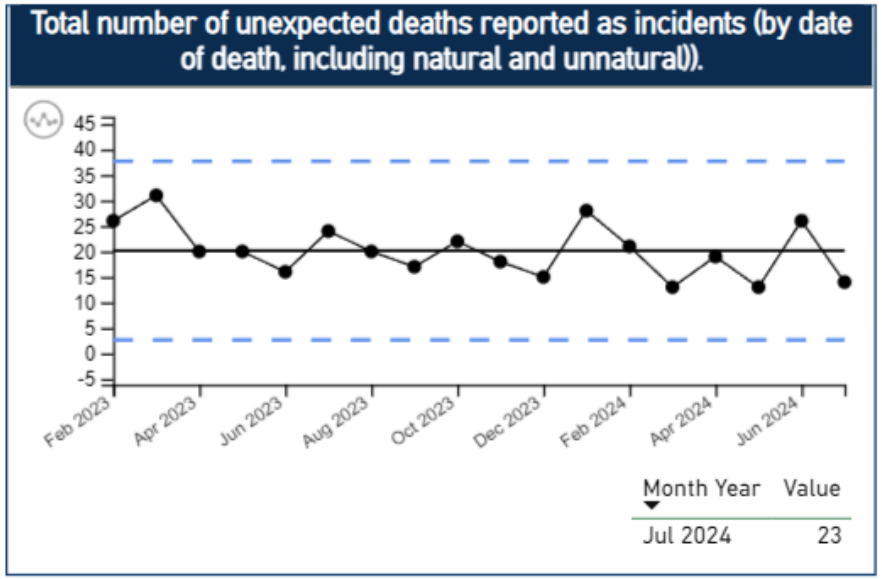
Quality
People

Quality - Deliver the best possible care and health outcomes

Quality – Summary Dashboard

Type of metric	Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Total number of patient incidents (all levels of harm)	TBC	Jul-24	1367	↑	n/a
	Total number of unexpected deaths reported as incidents (by date of death, including natural and unnatural)	TBC	Jul-24	23	↓	n/a
	Number of suspected suicides	TBC	Jul-24	4	↓	n/a
	Total number of incidents involving physical restraint	TBC	Jul-24	182	↑	n/a
	Total number of complaints and resolutions	TBC	Jul-24	106	↑	n/a
	Total number of violence, physical, non-physical and property damage incidents (patients and staff)	TBC	Jul-24	299	↑	n/a
Strategic Metric - Quality	Reduction in the use of prone restraints (number of incidents involving prone restraint)	Less than 16 per month	Jul-24	7	↓	↓
Strategic Metric - Quality	Reduction in use of seclusion (number of incidents involving seclusion)	Less than48 per month	Jul-24	29	↓	↓
Strategic Metric - Quality	% of community mental health patients with "My Safety Plan" completed where suicide is identified as a risk within assessment	*In development for FY25. Status: Definition of reporting work in progress*				
Strategic Metric - Quality	Rate per 100,000 population of detentions on admissions to hospital of black or black British patients in relation to all other ethnic groups	*In development for Q2 FY25. Status: Technical development in progress*				

Quality

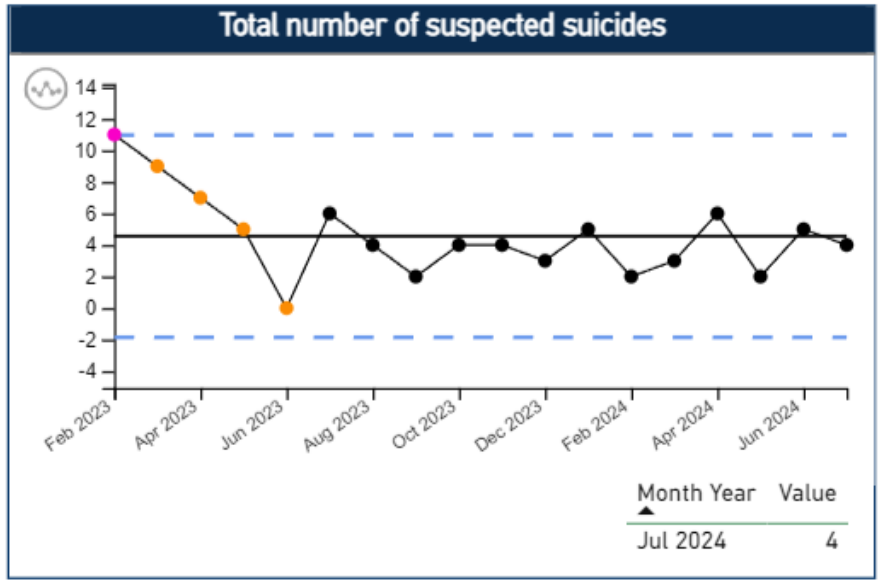


Summary, highlights, actions

The Trust takes our role and responsibilities very seriously around reviewing, learning and taking appropriate actions after a death. The Trust's learning from deaths process reviews all known patients against a national database to ensure we identify and review all deaths, including patients under our care at the time of their death and those who die within 12 months of their last contact. The oversight of key themes and learning is led by the Trust's Mortality Review Group chaired by the Chief Medical Officer.

Our internal process involves 2 senior clinicians screening every known patient death and then depending on the outcome of this initial review and/or the circumstances of the death this is then reported onto Ulysses (graph based on deaths reported onto Ulysses). All unexpected deaths are then scrutinised by the Directorate senior management team through their weekly safety meeting, which will identify any actions and if a 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. As well as coroner inquests and the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) learning from deaths network.

In line with the national programme and new legislation, we are working with the regional medical examiner officers hosted by the local acute hospitals, to expand the roll out of the independent medical examiner role for inpatient non-coronial deaths from 9th September 2024.



Summary, highlights, actions

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

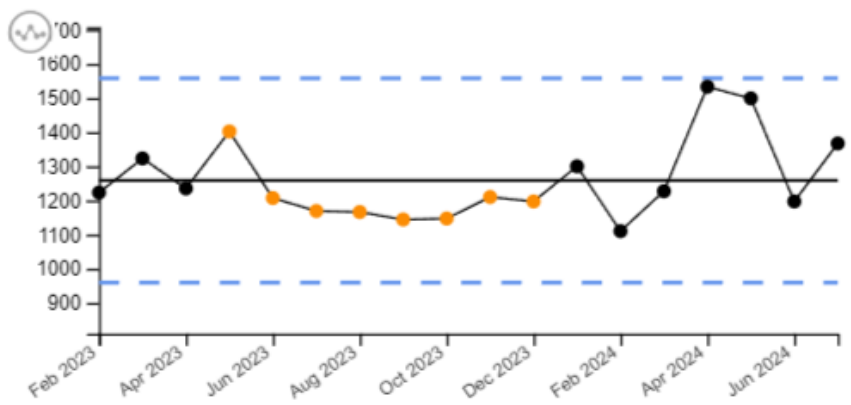
There were 41 confirmed/suspected suicides for open and discharged patients in the last 12 months (9 suicides in Q1), this includes patients who have been seen at any point in time by Trust services. 23 patients were open at the time of their death to Oxford Health's services and 29 patients were open/seen within 12 months of their death. A higher number of suicides relate to males (28 males/13 females). The Thames Valley Real Time Surveillance System shows that for about half of all suspected suicides in the population the person was known at some point in time to Oxford Health's services.

The Trust has a Suicide Prevention Group to steer our work linked into national and regional priorities and also the work of the Oxford Centre of Suicide Research. There has been lots of work in the last year on training/education around suicide risks and prevention. The regional Suicide Prevention and Intervention Network (SPIN) continues to meet quarterly, which enables regional oversight of data, actions, sharing of information and progress against national strategy.

The Trust has lots of activities planned to recognise and raise awareness around World Suicide Prevention Day on 10th September.

Quality

Total number of patient incidents (all levels of harm)



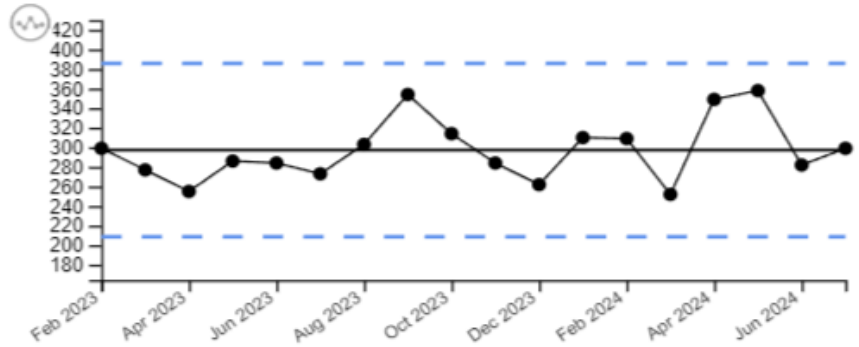
Month Year	Value
Jul 2024	1,367

Summary, highlights, actions

During July 2024 most incidents related to self-harm, particularly patients striking-self or tying ligatures without using a point on a mental health ward. This is followed by verbal abuse patients towards staff and then medicine administration/supply. Most incidents were reported by the 2 Eating Disorder wards, a Forensic ward and a Child and Adolescent Mental Health ward. A small number of patients were involved in the incidents. 52% of incidents resulted in no harm/near misses and 39% minor harm. The 4 severe harm incidents were broken down as; 2 patients with serious self-harm incidents (1 inpatient and 1 community setting), 1 related to concerns from a family about the care provided by a care agency to a palliative patient in their home (a safeguarding alert was raised and followed up) and 1 was a treatment delay for a palliative patient in the community.

The increase in incidents in April and May 2024 related to the 3 Child and Adolescent Mental Health wards including the new Psychiatric Intensive Care Unit (PICU) mostly involving a small number of young people engaging in on-going high risk self-injurious behaviour. The increase in incidents correlates with an increase in use of physical interventions (see next slide for more details). The senior matrons and Associate Director of Nursing have reviewed the incidents and use of physical interventions across the wards.

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

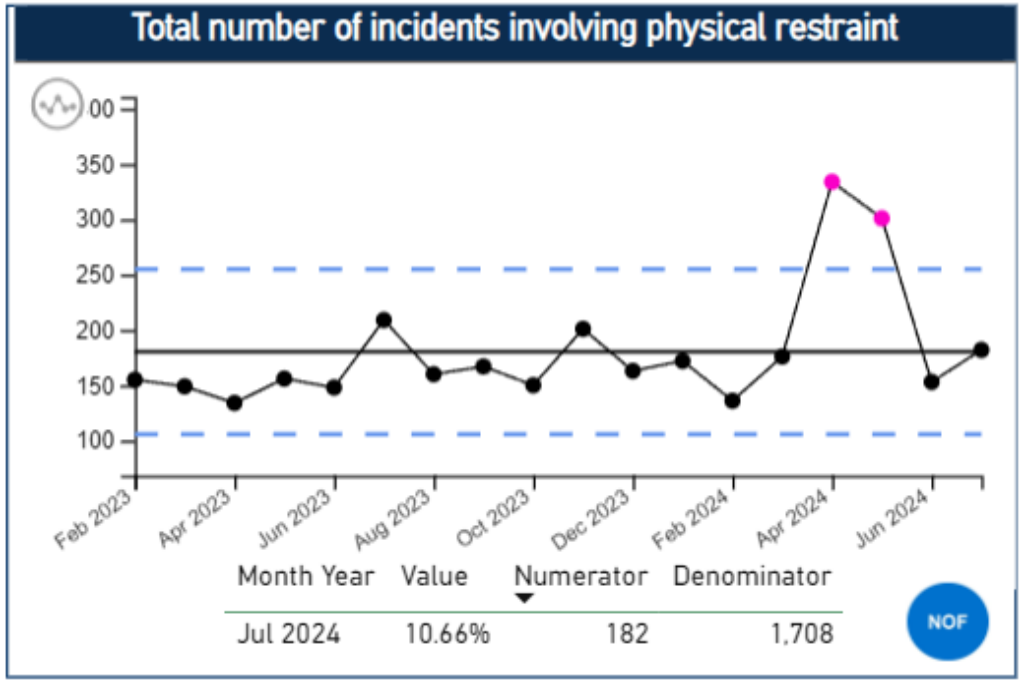


Month Year	Value
Jul 2024	299

Summary, highlights, actions

There is no noticeable change over time in the number of violent incidents reported. The majority of incidents are on our mental health inpatient wards, particularly the forensic wards, and relate to violence from patients to staff with no injury, verbal abuse by patients to staff or threat of violence by patients to staff.

There is a new violence working group to review data and themes arising from incidents experienced by staff and undertake improvement activity to increase staff safety and identify early triggers to deescalate violence, this coupled with work to increase the safety and security of inpatient environments and work within the Positive and Safe Committee continues to reduce the use of restrictive practice.



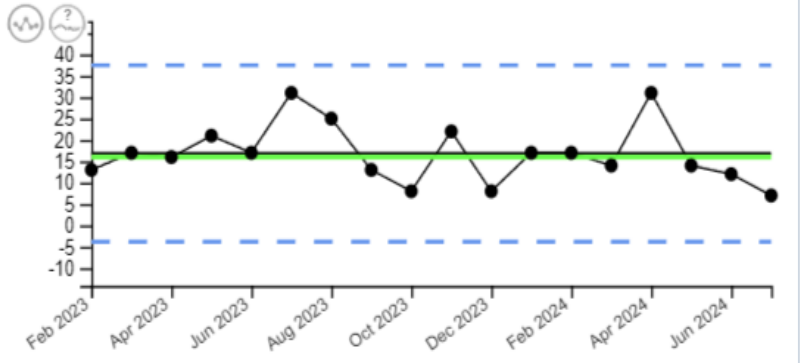
Summary, highlights, actions

There has been a small increase in restraint from 153 in June to 183 in July, involving 58 patients across 22 wards. The course group for incidents involving restraint is mainly Self harm (n=75), Violence (n=71) followed by Health (n=23). There were 18 incidents of restraint for administration of intramuscular injection (IM) medication and 5 for nasogastric (NG) feeding.

The areas with the highest use in July 2024 were Child and Adolescent Mental Health inpatient units (Marlborough House – 33 and Highfield – 19) and Adult Psychiatric Intensive Care Unit (Ashurst - 19). The use of physical restraint significantly increased in April and May 2024 compared to the previous 12 months, this was largely attributable to two Child and Adolescent Mental Health services, Highfield and Meadow wards. Both of these units saw a significant reduction in June 2024 which has been maintained in July 2024. Meadow (Psychiatric Intensive Care Unit for young people) has reduced to 8 episodes of restraint and Highfield to 19 in July 2024.

Quality

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



Target: in year	Target: in month	Month Year	Value	FYTD value
<188	<16	Jul 2024	7	64

Summary

Reduction in the use of restrictive practices remain as key priority for the Trust in line with the requirements of the Mental Health Units (Use of Force) Act 2018.

Use of prone restraint (being held in a face or chest down position) carries increased risks for patients and should be avoided and only used for the shortest possible time.

The most common cause for utilising this type of restraint is Health followed by violence, followed by self-harm. In July 2024 the most common cause was Violence (4 incidents) and Health (2 incidents). The prone position is used mostly to administer immediate medication via intramuscular injection (IM) followed by seclusion exit procedure.

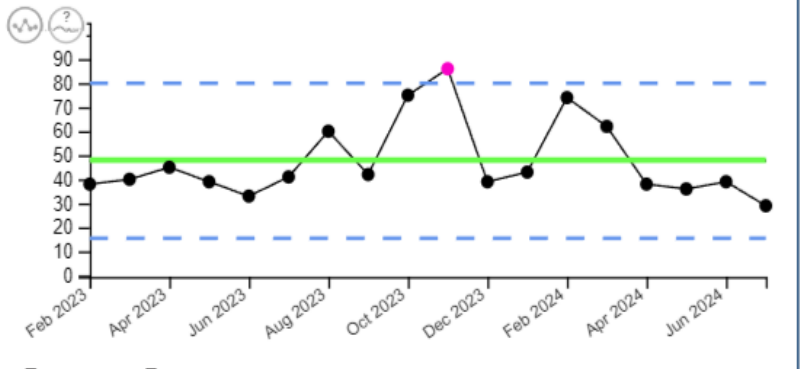
Highlights

The graph shows the use of prone by month for all wards over the last year. The Trust can demonstrate a sustained reduction is use of prone restraint since 2021. However, during April 2024 this increased above the trend line with 31 uses of Prone. The reduction in May and June has been maintained with further reduction in July to 7 episodes of prone restraint.

The 7 episodes of Prone in July involved 6 patients were spread across 5 wards. 5 episodes were to enable administration of IM medication and 2 unintentional led by patient.

The Positive and Safety Strategy work is focusing on quality improvement projects around the use of prone for IM medication and for seclusion procedures.

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



Target: in year	Target: in month	Month Year	Value	FYTD value
<575	<48	Jul 2024	29	142

Summary

Reduction in the use of restrictive practices remains as a key priority for the trust in line with the requirements of the Mental Health Units (Use of Force) Act 2018.

Seclusion is only utilised when all other options to manage the situation without the use of restriction have been considered and exhausted. In very rare situations individual patients may have bespoke care plans that include access to seclusion as a therapeutic option.

The most common reason that seclusion is utilised is to support the management of violent and aggressive behaviour.

Highlights

An increase in the use of seclusion is noted since August 2023, this is largely attributable to a patient on Evenlode ward who has an individualised plan that includes the use of seclusion to support them to feel safe and secure and aid their ability to sleep and rest. In June 2024 there were 13 seclusion episodes for this patient. There has been a reduction in the number of seclusion episodes for this patient due to longer periods of seclusion.

July 2024 saw the lowest number of seclusion in the last 18 months - 29 episodes of seclusion across 8 wards, involving 17 patients. The highest use of seclusion within the month was on Evenlode (8 episodes), Ashurst Psychiatric Intensive Care Unit (8 episodes).

Quality

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

Summary, highlights

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

In July 2024 there were fifty-two (52) rapid resolution complaints, twelve (12) low level complaints and two (2) high level complaints. This is a slight reduction from the previous year when we received fifty-four (54) concerns (rapid resolution complaints), fourteen (14) low level complaints and four (4) high level complaints. The top teams with three complaints were Oxfordshire's Adult ADHD (Attention Deficit Hyperactivity Disorder), Adult Mental Health Team Oxon South, Child and Adolescent Mental Health Oxon Getting More Help North, Minor Injury Unit Abingdon and Wintle (adult female acute) Ward in Oxford. There were forty (40) early resolutions in July 2024.

In terms of compliments, there were 262 compliments across the Trust in July 2024, which is a reduction when compared to July 2023 when 311 compliments were received. The numbers broken down by directorates are as follows: Buckinghamshire Mental Health - 40, Oxfordshire and Bath and North East Somerset, Swindon and Wiltshire Mental Health - 141, Community Health Service, Primary Care and Dentistry - 73, and Corporate Services - 8.

Actions :

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

People - Be a great place to work

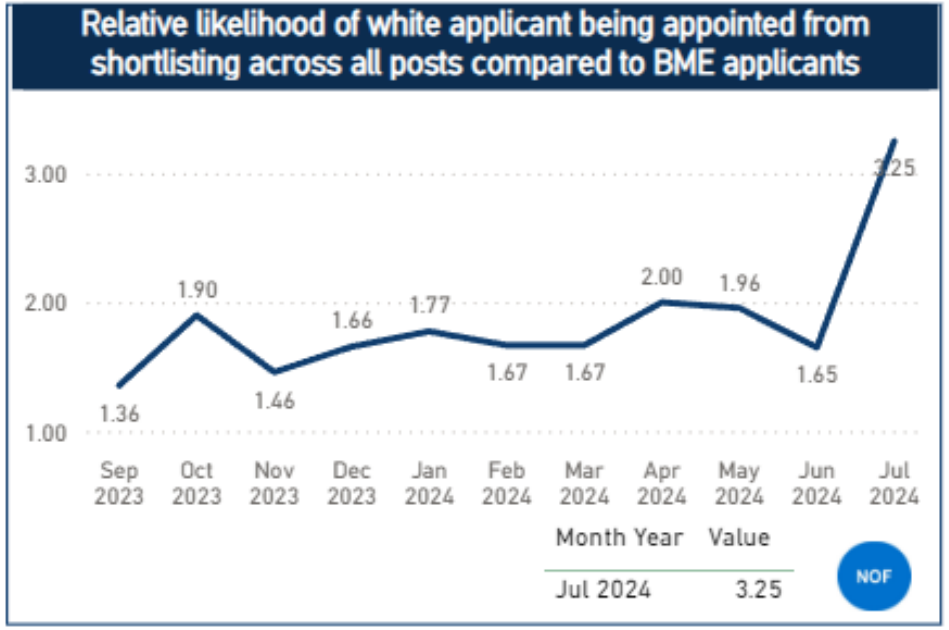
Oxford Health
NHS Foundation Trust

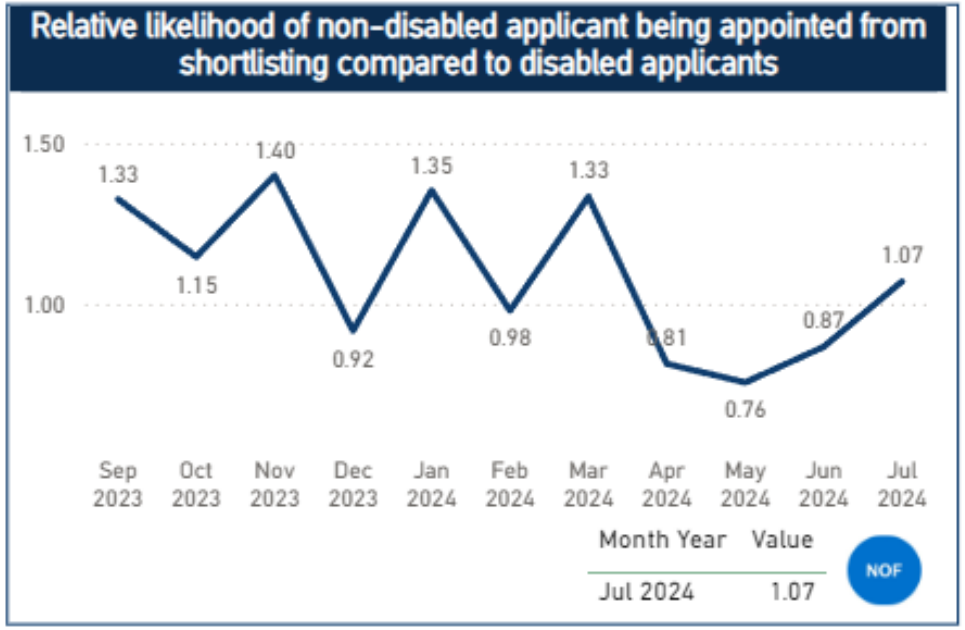
People metrics – Summary Dashboard

Type of metric	Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
NOF	Proportion of staff in senior leadership roles (bands 8a - 8d, 9 and Very Senior Manager) who are women	TBC	Jul-24	77.79%	↑	↑
NOF	Reduce staff sickness to 4.5%	4.5%	Jul-24	5.58%	↑	↓
	PDR compliance	95%	Jul-24	95.51%	↑	↑
NOF	Reduction in vacancies	9%	Jul-24	13.62%	↑	↓
	% of early turnover	14%	Jul-24	14.31%	↑	↓
	Statutory and mandatory training compliance	95%	Jul-24	88.94%	↑	↑
	Clinical supervision completion rate	95%	Jul-24	80.68%	↑	↑
	Management supervision rate	95%	Jul-24	75.83%	↑	↑
NOF	Staff leaver rate	n/a	Jul-24	7.16%	↑	↓
NOF	Relative likelihood of white applicant being appointed from shortlisting across all posts compared to Black, Asian and Minority Ethnic (BME) applicants	n/a	Jul-24	3.25	↑	↓
NOF	Relative likelihood of non-disabled applicant being appointed from shortlisting compared to disabled applicants	n/a	Jul-24	1.07	↑	↓
Strategic Metric - People NOF	Reduce agency usage to meet target (% of agency used)	6.50%	Jul-24	7.48%	↑	↓
Strategic Metric - People	Reduction in % labour turnover	14%	Jul-24	11.93%	↓	↓
Strategic Metric - People	% of staff completing Quality Improvement Training Level 1	*In development for FY25. Status: plan to make part of statutory training from July 24 onwards (initiated). Technical development initiated for wider reporting. Specification of this measure not yet initiated*				
Strategic Metric - People	Black, Asian and Minority Ethnic (BAME) representation across all pay bands including Board level.	19%	Jul-24	24.02%	↑	↑
Strategic Metric - People NOF	Black, Asian and Minority Ethnic (BAME) representation in senior leadership roles (Bands 8a-8d, Band 9, Very Senior Management).	19%	Jul-24	12.89%	↑	↑

- NOF (National Oversight Framework) NHS England's approach to oversight of integrated care boards and trusts. The Oversight metrics are applicable to integrated care boards, NHS trusts and foundation trusts, to support implementation of the framework. The metrics are under review and subject to change.

People





Summary

- The relative likelihood of white applicants being appointed from shortlisting compared to Black, Asian and Minority Ethnic (BAME) applicants has increased by 1.6 from 1.65 in June 2024 to 3.25 in July 2024. The higher the ratio, the more likely White applicants are to be appointed than BAME applicants. A ratio under 1 indicates that BAME 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 by 0.20 from 0.87 in June 2024 to 1.07 in July 2024. The higher the ratio the more likely Non-Disabled applicants are to be appointed than Disabled applicants. A ratio of 1 would indicate equal likelihood for both groups.

Actions

Race Equality:

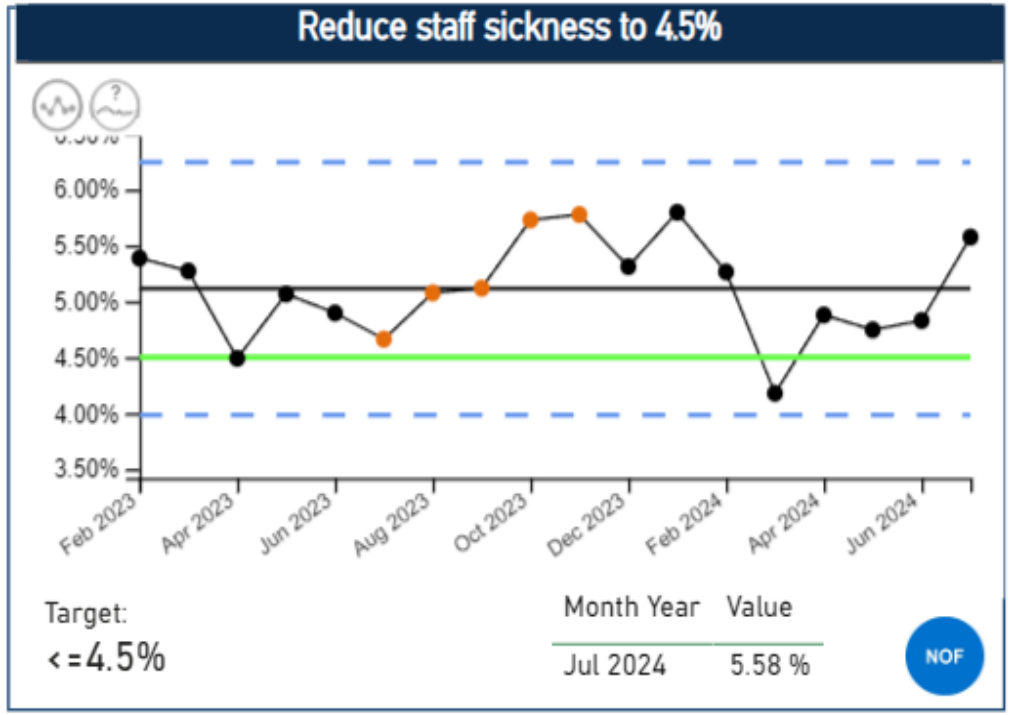
- Proposal paper to recruit Inclusion Reps from all the directorates to sit on all interview panels for Band 8c and above has been drafted – awaiting outcome.

Disability Equality:

- The re-accreditation of the Level 2 Disability Confident submission to the DWP was completed on 13/08/24 – awaiting results.

Caring, safe and excellent

People



Summary

The sickness absence increased from 4.83% to 5.58%. with a 2% increase in Forensic services and an outbreak of infectious gastroenteritis in Evenlode (medium secure ward in Oxford).

Whilst sickness absence remains just above target the proportion of long term versus short term cases remains broadly consistent with the previous month. The most common reasons for absence based on number of cases were Cough/Cold, Headache/Migraine, Covid 19 confirmed, Gastrointestinal and Anxiety/Stress non-work related.

Actions Sickness Absence

The Human Resources (HR) Operational teams continue to regularly to review the management of individual sickness absence cases where individuals have been identified as having higher levels of absence. The HR Operational Teams also focus on the areas with the highest levels of absence.

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

Focus on upskilling managers, including manager briefings and bespoke absence management training continues. Absence management training being delivered in larger services where there are new line managers. We are also working on virtual e-learning sessions to make accessing training modules and materials easier for managers. Work to ensure a smooth transition from Goodshape to managing absence through the e-rostering system is underway with training sessions for managers beginning in September.

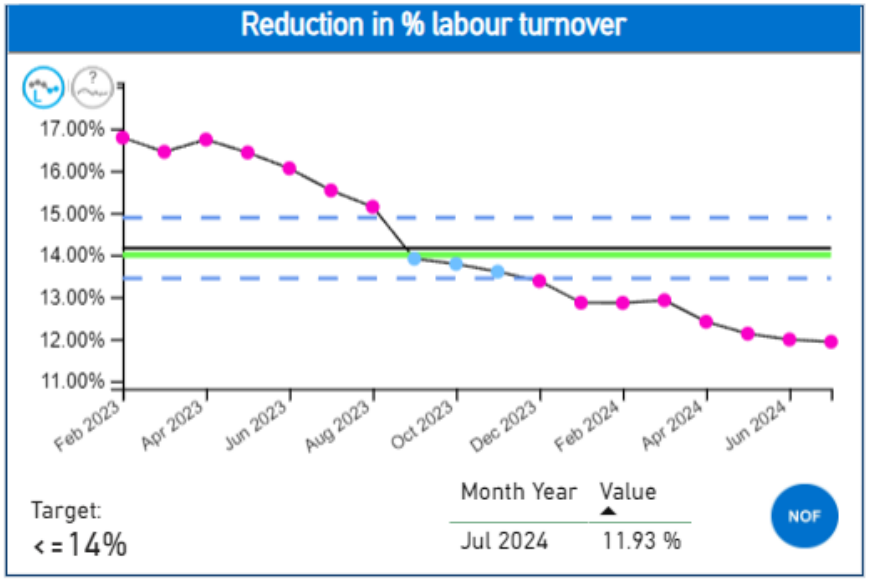
Actions Occupational Health/ Well being

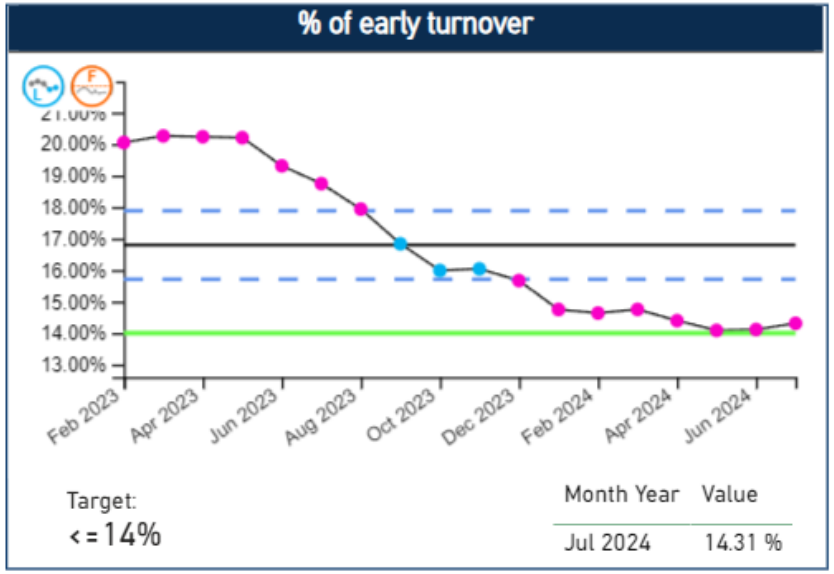
The Occupational Health team undertook 222 management referrals, 8 self-referral, 2 ill health retirement applications and 91 reviews during July. Of the 45 management referrals relating to Musculo-skeletal (MSK) causes, 13 were attributed to work-related issues and 10 were referred on for physiotherapy. 33 physiotherapy treatment sessions were undertaken in relation to MSK issues impacting work. From a stress perspective (both attributed to work and non-work-related causes) 28 referral appointments were completed (20 for perceived work stress), 5 were referred on for Staff Psychology Service assessment.

Other activities included processing 285 work health assessment questionnaires, 90 of which needed a follow-up appointment, 8 case conferences, 3 workstation specialist advice/assessment and 11 management of blood borne virus incidents. Attendance at Quality Sub Committee to present updated Management of Clinical Sharps Injuries and Exposure to Blood/High Risk Body Fluids/Needlestick Injuries which has now been ratified.

The Staff Psychology Service received 6 new referrals during July and completed 15 initial consultations plus 48 ongoing treatment sessions. Reflective sessions were also offered to a specific team. It should be noted that there was a gap in staffing during July due to fixed -term contract end and return from maternity leave of one of the team.

People





Summary

Staff turnover decreased from 11.99% to 11.93% and remains below the 14% target. Early labour turnover has slightly increased from 14.11% to 14.31%

The early turnover of Black, Asian and Minority Ethnic (BAME) staff (18.1%) is considerably higher than turnover of white staff (13.5%) leaving within 12 months of start date.

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

Note: Reduction in % labour turnover is an In-Year Strategic metric

Actions

The Retention team has carried out a thorough data analysis during the month of August to identify hotspot areas that will have the highest impact on turnover. The findings and recommendations will be shared at the September People Steering Group for sign off.

The recurring theme throughout the data analysis is 'early turnover' and this needs to be addressed, particularly the gap in early turnover of white staff and BAME staff and the early turnover of BAME male staff in band 3 roles.

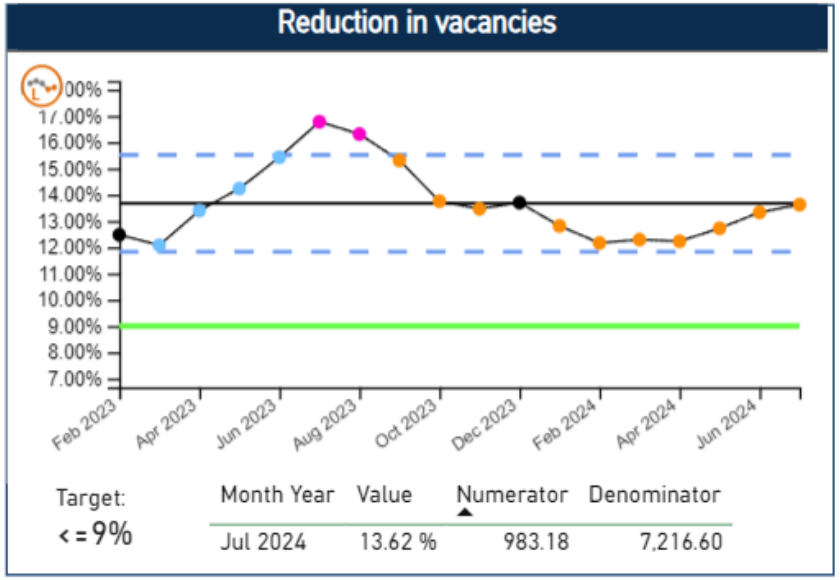
The following work will be undertaken in the coming months to improve staff engagement and data quality and to better understand the experiences of our new starters so that we can make the necessary improvements.

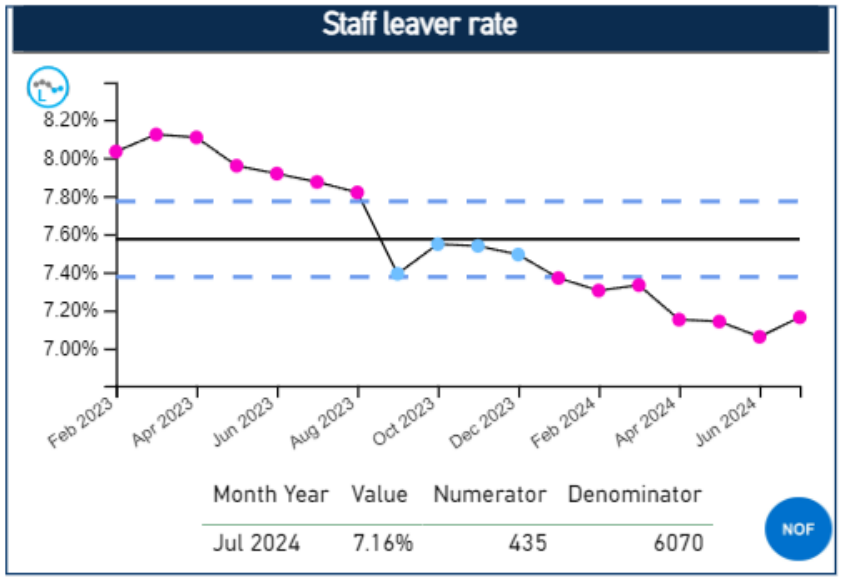
- Launch of a new Quality Improvement (QI) project – New Starter Experience & Reduction of Early turnover – this area remains a high impact area and root causes need to be identified to inform future improvement work

- Full review of exit process; to include manager leaver form, Exit Interviews, stay conversations and local exit interviews; the data we have is limited and of poor quality (this needs to be better if we are to really understand why staff are leaving)

The People Promise Manager has identified 'flexible working' as a key area that needs improvement . A QI project will be launched in September to identify root causes and improvements.

People





Summary

The vacancy rate has increased from 13.33% to 13.62%; high vacancy rates will impact on staff wellbeing and retention, agency spend, and the quality of care provided to patients. The length of time that it is taking to hire an employee results in candidates withdrawing from recruitment process or securing roles in other organisations.

Hiring challenges due to low unemployment, an increasing number of budgeted posts across the Trust, talent market conditions, talent and skills shortages in key areas such as nursing alongside high cost-of-living and lower compensations. Staff shortages due to leave and turnover within the recruitment team along with limitations with recruiting tools is impacting on staff recruitment.

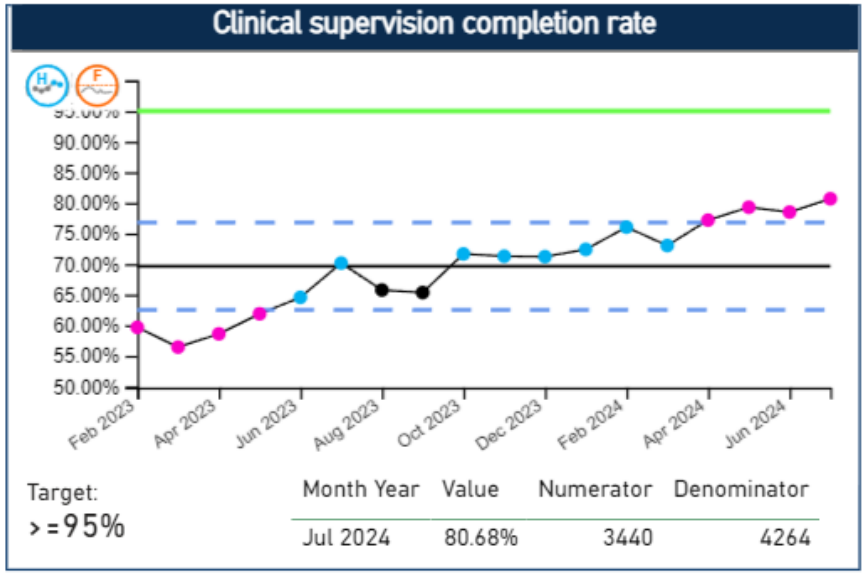
Actions:
The Trust budgeted establishment has continued to increase, month on month, from 6,945FTE in July 2023 to 7,216 in July 2024, an increase of 271 new posts created within the last year, with 30 new posts (budget Full Time Equivalents) created between June 2024 and July 2024.

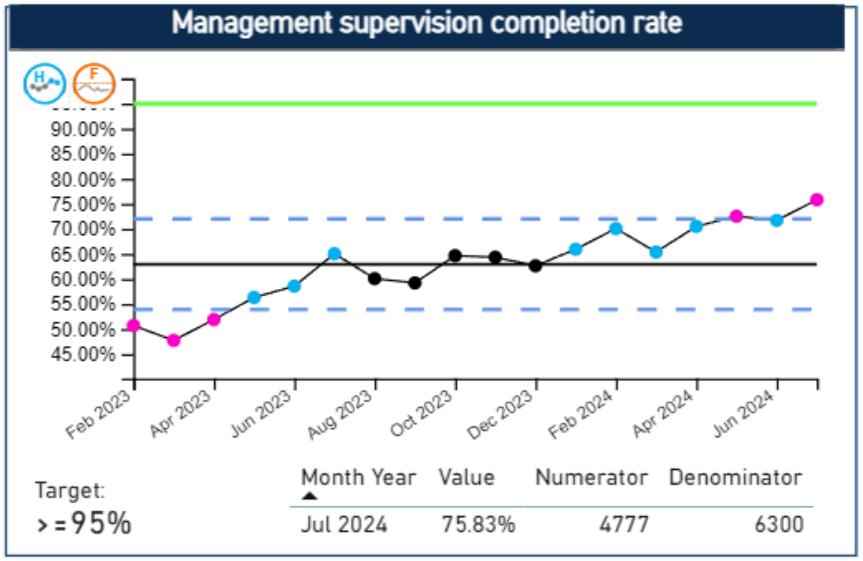
The recruitment transformation Quality Improvement project is ongoing, based on survey feedback gathered in the discovery phase, the project team are now reviewing application requirements with a view to adding a range of application forms to TRAC (recruitment management system), these will be based on the application needs of each staff group, tailored to remove barriers to entry and removing avenues for bias creep. The project group have been asked to pause on technology options to improve accessibility and inclusivity in the application and shortlisting stage, this had included technology to support the application process, improving the quality of applications, improving the candidate experience and in turn increasing the volume of quality applications.

Recruitment events slow down during the summer holiday period, however a wide calendar of events is planned for the rest of the calendar year, this includes Recruitment Roadshows throughout November, open-day and assessment centre events for nursing and Healthcare Assistant (HCA) recruitment, along with numerous University and local external recruitment events.

Priorities:
- A re-organisation of the Resourcing team is in progress with the consultation launch on Monday 2nd September, the proposed new structure will move the Trust towards a Talent Acquisition model.
- New technology developments to compliment this structure, to include on-line ID checking meaning most candidates will no longer need to attend Littlemore to conduct an identity/right to work check and a TRAC upgrade allowing forms to be complete and signed online (on any device) have been paused while we undertake a wider assessment of HR system change to allow for work to be planned.

People





Summary

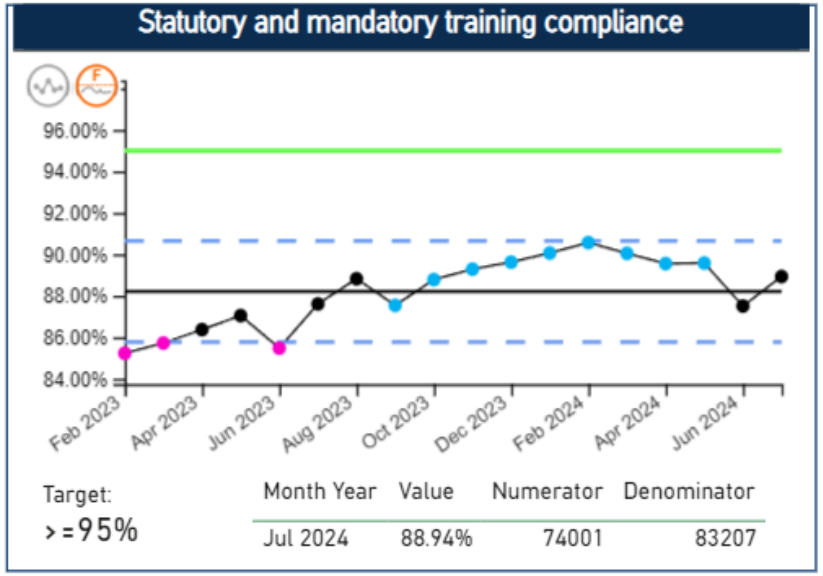
Good quality and regular management and clinical supervision is essential for ensuring that we provide high quality patient care and that we support staff in relation to their professional development and wellbeing. Whilst improvement has been slow there has been an upward trajectory of both clinical and management supervision since January 2023. This Clinical supervision has increased from 78.5% to 80.7%. this is the first time over 80% has been achieved. Management supervision rate has also increased from 71.7% to 75.8%.

Action

- The Supervision steering group has now stopped, and oversight of supervision has been moved to the Education Strategy group – updates from the initial stages of the Quality Improvement (QI) project to be presented for discussion/decision in next meeting on October 22nd.

- The Head of Learning and Development and the Deputy Chief Nurse have started a QI project with current actions being completed:
  - review of other Trust supervision policy to determine best practice/approach to take.
  - review of other Trust compliance rates to determine if Oxford Health are in line with what other Trusts consider to be achievable compliance rates.
  - review staff survey questions relating to supervision to ensure that all changes are in line with these.

People



Summary

The percentage of Statutory and Mandatory training modules reported as complete at the end of July has increased from 87.51 % to 88.94%. Individuals who have not completed their training may not have the skills and knowledge to carry out their role safely.

Staff report that at times due to ongoing staffing pressures, they are not being released to attend but that the access to training is better and they are clear on the requirements for statutory and mandatory training. Work continues to correct anomalies in job roles to ensure accurate training is allocated to each staff member as this remains an issue. There are 8 pieces of Mandatory training that have a compliance rate above 90%. Head of Learning and Development is engaged with the National NHS England (NHSE) project to align all Statutory & Mandatory (S&M) training for easy passporting. Trust has submitted mapping against Core Skills Training Framework (CSTF) for approval through NHSE programme and has been identified as Trust of progressive practice in their approach to Statutory and Mandatory training.

Actions

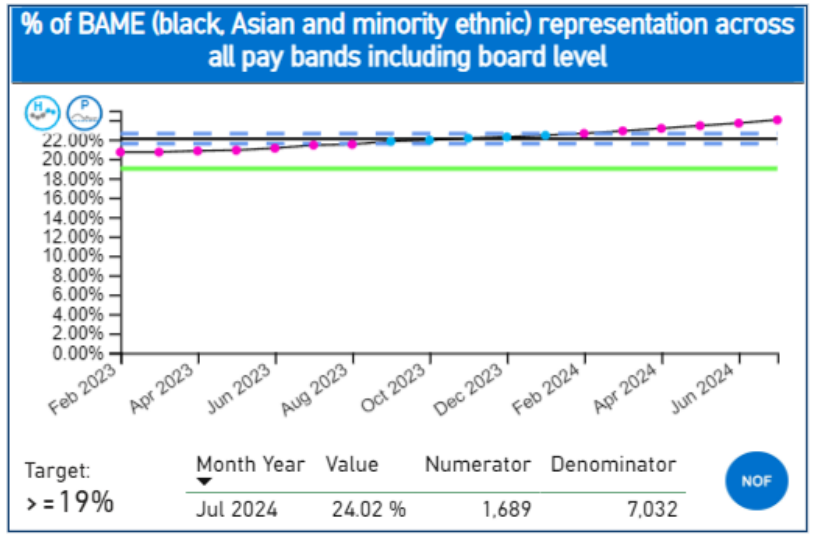
The overall position for Statutory and Mandatory training has improved and all the directorates in the Trust are circa 90% completion which demonstrates the continued commitment to supporting staff to complete this. There is a clear understanding of the risks and barriers which are resulting in the training subjects that are noticeably below expected compliance rates. Plans are in place to address these, and they are being monitored by the risk register. Compliance for statutory and mandatory training was reported to Quality and Clinical governance sub-group in August.
The most recent report highlighted and actioned:

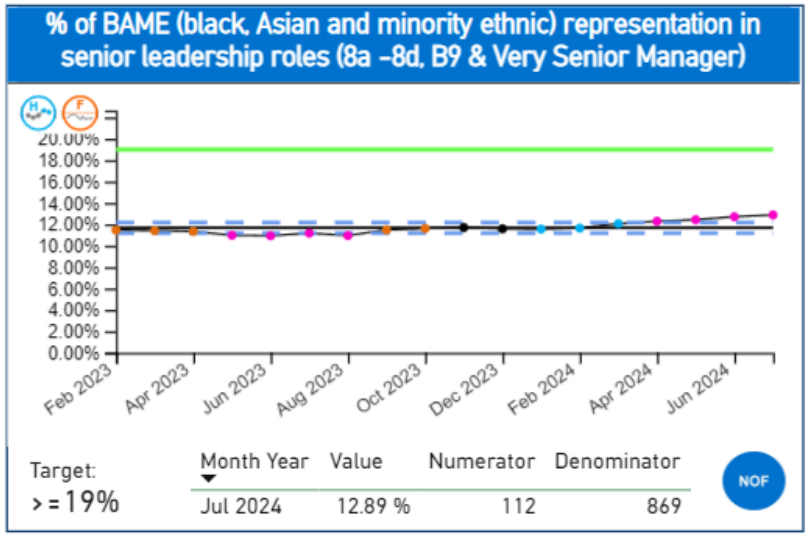
- Compliance for training is improving in all subjects with some areas of improvement since being included in Statutory and Mandatory training requirements such as The Oliver McGowan training (currently at 86.8%) which demonstrates the overall drive to improve compliance rates.

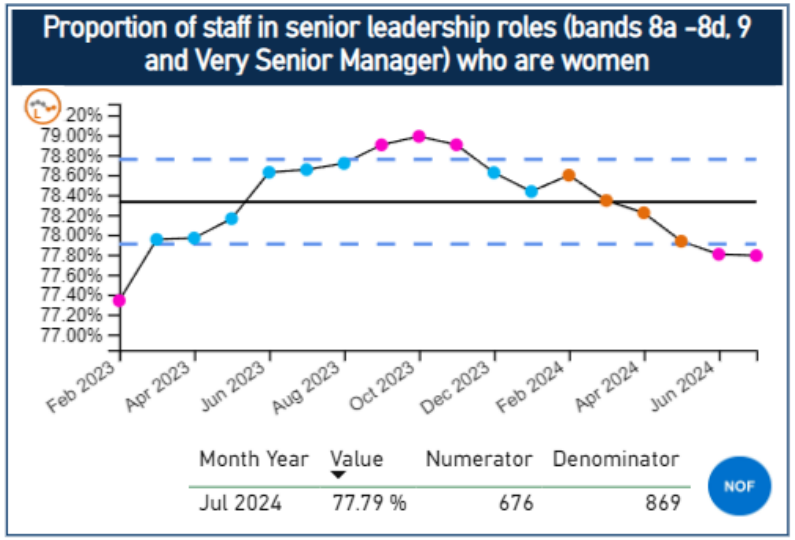
Assurances for training modules below 90%:

- Conflict Resolution – Lower compliance can be attributed to an error in the training set up in the Learning & Development system resulting in the provision for non-clinical staff having no recertification. This has been corrected but did highlight a high % of non-compliant staff. Training is easily accessible through e-learning and facilitated virtual classroom and attendance is very good.
- Infection Prevention and Control - Lower compliance can be attributed to change in provision for non-clinical staff in line with new best practice standards to now include a 3 yearly recertification where previously there was no recertification, did negatively impact on compliance rates. These are being monitored and compliance steadily improving and expected be above 90% in the next 3 months.
- Resus – Changes to resus training agreed and now being scheduled. Issues with regards to access to training room in Buckinghamshire still ongoing.
- Level 1 Oliver McGowan – newly introduced training this financial year – compliance rates steadily improving.

People







Summary

- There has been an increase of +0.34% in the representation of Black, Asian and Minority Ethnic (BAME) staff across all pay bands in July 2024 reporting period.
- There has been an increase of +0.17% in the representation of Black, Asian and Minority Ethnic (BAME) staff in senior leadership roles (bands 8A-8D, B9 and Very Senior Manager) in July 2024 reporting period.
- There has been a slight decrease of -0.1% in the representation of Female staff in senior leadership roles (bands 8A-8D, B9 and Very Senior Manager) in July 2024 reporting period.

Actions

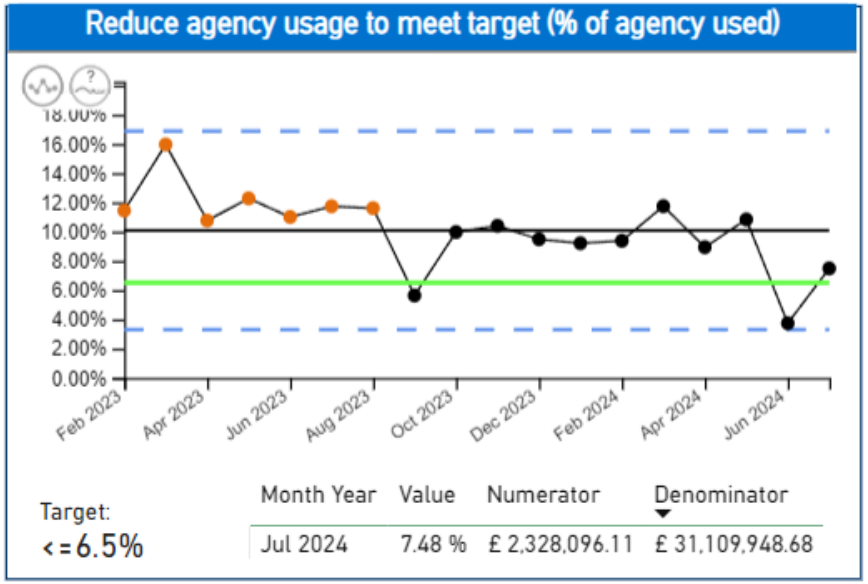
All three above metrics will be worked on under High Impact Action 2 to secure diverse and fair representation of staff in the workforce in line with inclusive recruitment and talent management principles. We will also draw on the analysis of the NHS Workforce Race Equality Standard (WRES) 2024 data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

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

Update:

- Project proposal paper to recruit Black, Asian and Minority Ethnic (BAME) staff from every directorate to become 'Inclusion Representatives' has been drafted to action the decision to mandate Inclusion Representatives for Band 8C and above roles.
- Work underway within the Human Resources and Learning & Development functions to define talent and succession planning more clearly to understand what interventions are a priority.

People



Summary

Overall, total agency spend in July was £2,328K (7.5% of total pay bill) or 1.7% above July budget of £2,289k.

Agency Actuals June 2024 - the month 3 agency figure is low because it includes a £1m correction to month 2. The month 2 figures included £1m related to Financial Year 24 which has subsequently been reported in the amended version of the Financial Year 24 accounts following the completion of the audit. The true spend for May was £2.485m, 7.7% of pay and for June was £2.134m 7.0% of pay.

In July 63% of our temporary staffing shifts (based on hours) were filled by bank workers; 31% were filled by agency workers and 6% were unfilled
Agency Spend as a % of Temporary Staffing was 46.3% (£2,328K) and Bank was 53.7% (£2,696k).

Highlights, updates, actions

Managed Service Provider Update

NHS Professionals (Agenda for Change):

The Healthcare Assistant (HCA) change to agency cascade as reported last month has seen the shift fill rate HCA's continue to improve week on week without any negative impact to overall fill rates ensuring patient safety. Unfortunately, the automated process NHS Professionals (NHSP) created deliver these changes is not working and we have therefore implemented a manual process through IDM to ensure we can maintain this approach. We are continuing to contact all substantive HCA's who are not already registered with NHSP inviting them to join the bank, posters have been supplied to the wards for their break rooms and the message on the intranet page advising of these changes contains the link for joining the bank.
Bank workers in the School Immunisations team were transferred across from Oxford Health to NHSP on 1st August 2024, documentation is being checked and training profiles are being created to enable them to undertake shifts at the start of the new school term.

ID Medical (AfC):

There are currently 115 lines of work in place across the Trust which has reduced by 135 from 250 since 1 January 2024. The number of lines of work at price cap are 58, phase 1 has reduced from 54 to 43 and phase 2 have reduced from 9 to 4. The temporary staffing team are continuing to support teams in migrating agency workers to the bank and substantive roles, to date 24 agency workers have migrated to the bank, 19 agency workers and 26 bank members have joined the Trust on a substantive basis. There are 17 workers who are awaiting start dates for their substantive role and 6 who are going through the pre-employment check process. The temporary staffing team are continuing to support the services with reducing the number of retrospective shifts that are being requested. We are closely monitoring and taking action with services who are logging retrospective shifts, although there has been an increase of 33 retro shifts with 1,525 in July and 1,492 in June.

ID Medical (Medical):

The GP Out of Hours service continues to report savings based on the negotiated rates achieved in conjunction with ID Medical, in October we will consider the option of insisting GP's move to a Direct Engagement contract which would release further savings based on reduced VAT payments.
In mental health, ID medical are continuing to work closely with Associate Medical Directors in the successful replacement or rate reduction on existing medics and the introduction of lower cost workers to new requirements. The Medical Agency Management meeting is considering the option of insisting all medics move to a Direct Engagement contract which could realise a saving of c£1m per annum based on the current workforce due to reduced VAT payments.

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 will be first reported to the Trust Board in November 2024; in-year strategic metrics, where possible, are reported monthly.

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 • Education ambition

Strategic Dashboard – to be reported to Board in November 2024

Strategic Objective	Strategic ambition	Strategic metric	Target 24-25	Target 25-26
Quality	Care is planned and delivered around the needs of the patient	% of patients responding that overall the care was good or very good - mental health	>=85%	>=90%
		% of patients responding that overall the care was good or very good - Primary, Community and Dental	>=85%	>=90%
		% of patients report being involved in their care - mental health	>=80%	>=85%
		% of patients report being involved in their care - Primary, community and dental	>=85%	>=90%
	Patients are receiving effective care	% of adults and older adults accessing select Community Mental Health Services (CMHSs), having their outcomes measure recorded at least twice	Baseline	Depending on baseline
		% of children and young people accessing mental health services, having their outcomes measure recorded at least twice	Baseline	Depending on baseline
		% of women in the perinatal period accessing mental health services, having their outcomes measure recorded at least twice	Baseline	Depending on baseline
		TBC - % of Oxfordshire Stroke Rehabilitation Unit (OSRU) patients reporting improved functioning	tbc	tbc
	We provide timely access to care and when waits occur we will effectively monitor patients and minimise harm	% of children and young people, carers/families receiving meaningful contact within 4 weeks from request for mental health service	61%	tbc
		Average response time for out of hours palliative care referrals: the waiting time from receipt of the call from 111 to the start of the telephone consultation (<=30mins)	Baseline	tbc
		Average response time for out of hours palliative care referrals: the time from completion of that triage call to the start of the home visit consultation (<=60mins)	Baseline	tbc
	We are addressing health inequalities	% of breastfeeding prevalence at 6-8 weeks	60%	tbc
		Equity of experience for black and Afro-Caribbean Service Users: use of Mental Health Act	tbc	tbc
	We consistently provide safe care, with a reduction in avoidable in-service harm	National Early Warning Score (NEWS) [national tool for detecting clinical deterioration], completed correctly where applicable – Community	>=90%	tbc
		Outcome of National Early Warning Score (NEWS) [national tool for detecting clinical deterioration] escalated appropriately – Community	>=90%	tbc
		Reduction in use of prone restraint	10% against 23-24 baseline	20% against 23-24 baseline
		Reduction in the use of seclusion	10% against 23-24 baseline	20% against 23-24 baseline
		% of patients with 'My Safety Plan' completed, where suicide is identified as risk on Risk Assessment Form	Baseline	tbc
	We have a safe and learning culture	Response to staff survey question-I would feel secure raising concerns about unsafe clinical practice	23-24 position	tbc

Strategic Dashboard – to be reported to Board in November 2024

Strategic Objective	Strategic ambition	Strategic metric	Target 24-25	Target 25-26
People	We have a sustainable workforce	Reduce agency usage to meet target	tbc	tbc
		Reduction in % labour turnover	<=14%	tbc
		Develop approach to workforce planning (Process Measure)	Narrative	tbc
	We have an engaged, well led workforce	Staff survey staff engagement score	>=6.45	tbc
		Confirm Trust's approach to leadership development (Process Measure)	Narrative	tbc
	We have a skilled, learning workforce	% of staff completing Quality Improvement Training Level 1	95%	tbc
	We foster a just work environment	Black, Asian and Minority Ethnic representation across all bands including Board level	>=19% tbc	tbc
		Black, Asian and Minority Ethnic representation in senior leadership roles (Bands 8a-8d, Band 9, Very Senior Manager)	>=19% tbc	tbc
		Develop our approach to mitigating the intersectional impacts of disadvantage, discrimination & bias (Process Measure)	Narrative	tbc
Sustainability	We are spending and investing as efficiently as possible and sustaining our financial position over the medium term	Set and meet plans to deliver a balanced or surplus budget each year in revenue	Within Budget	Within Budget
		Set and meet plans to deliver a balanced or surplus budget each year in capital	Within Budget	Within Budget
		Achieve National Cost Collection of 100 or below	<=100	<=100
	We are on track for net zero carbon emissions by 2045 as defined with the NHS Carbon Footprint plus	By 2026, achieve 29% reduction in direct carbon emissions compared to 2019 baseline.	22%	29%
		Confirm the baseline for supply chain carbon emissions and update the Trust Green Plan to show how carbon reductions will be delivered.	Baseline/Narrative	tbc
	Our digital systems work for us, providing and asking for the right information to enable clinical care and population health management	Achieve an average score of 4 out of 5 in the sections 'ensuring smart foundations and improved care' within the Digital Maturity Assessment	>=4	tbc
	We will have moved towards a modern, efficient estate that enables access and wellbeing for staff and patients	Develop a strategy for our estates (Process Measure)	Narrative	tbc
Research	We will sustain our leadership in research, strengthen our academic partnerships and embed research capability in the organisation	Participants recruited to Clinical Research Network (CRN) portfolio studies by directorate	Narrative	tbc
		Number of active or aspirational principal investigators by directorate	Narrative	tbc
	We will build our capacity to translate our research into services	Number of dual academic/clinical role	Narrative	tbc
		Develop infrastructure to translate research into services and demonstrate impact (Process Measure)	Narrative	tbc
	Education ambition TBC	TBC - Education ambition	tbc	tbc

Appendices

Oxford Health
NHS Foundation Trust

ICB BOB performance

Extract from BOB ICB Integrated Performance Report (presented to BOB ICB Board in July 2024 (20240716-bob-icb-board-item-12-performance-and-quality-report-m1.pdf) ; please note that Children and Young People and Out of Area Placement metrics reported below are impacted by Carenotes outage and data flows to the Mental Health Services Data Set hence may not be reflecting an accurate position.

Children and Young People Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	Waiting times for Routine Referrals to Children and Young People Eating Disorder Services	Feb 24	95.0%	83.0%		F
	CYPED Urgent cases that wait 1 week or less from referral	Feb 24	95.0%	0.0%		F
	Children and young people (ages 0-17) mental health services access (number with 1+ contact)	Feb 24	26,531	20,535		

Dementia and Out of Area Placement (OAP) Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (internal or external) - Commissioner	Jan 24	0	1,915	L	
	Estimated Diagnosis rate for people with dementia	Mar 24	66.7%	62.2%	H	F

Talking Therapies Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	Talking Therapies: Treated within 6 weeks	Apr 24	75.0%	97.0%		P
	Talking Therapies: Treated within 18 weeks	Apr 24	95.0%	100.0%	H	P
	Talking Therapies: Moving to reliable recovery (national)	Apr 24	50.0%	50.0%		?
	Talking Therapies access (total numbers accessing services)	Feb 24	3,914	3,260		

Severe Mental Illness Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	People with severe mental illness receiving a full annual physical health check and follow up interventions	Mar 24	60.0%	67.8%	H	P

Glossary of metrics (in continuous development)

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

Glossary of metrics (in continuous development)

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

For Information

Finance Report
August 2024 (Month 5), FY25
Report to Board of Directors

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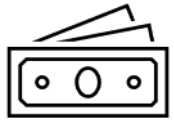
A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.

Executive Summary

Income & Expenditure position
- YTD £2.2m deficit – on plan
- Forecast £2.7m deficit – on plan

Capital Expenditure
- £1.6m underspend YTD
- £2.5m forecast overspend

Risks £7.1m
Opportunities £16.1m
Net £9.0m upside



Cash
- Actual £87.5m, £3.6m behind plan

Key messages:

1. Financial risk remains around the PFI exit payment until a final agreement is reached, with a likelihood any impact crystalises in capital rather than impacting the Trust revenue position. The PFI provider has approached RICS (Royal Institute of Chartered Surveyors) to appoint an independent valuation arbitrator, as per the lease terms. It will be several months for this process to run its course.

2. Capital is forecasting an overspend of £2.5m. To address this, the Digital team are seeking additional funding, and the Estates team are stopping or slowing down projects to bring the spend back into balance. Finance are also considering whether any Digital spend budgeted as capital can be covered in the revenue position.

3. We are reporting both year to date and full year forecast revenue positions more or less to plan. There are no significant risks to this and more opportunities than risks.

1. Income Statement

INCOME STATEMENT	Month 5				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	44.4	43.4	-1.0	-2.3%	217.0	213.6	-3.4	-1.5%	521.6	514.2	-7.4	-1%
Other Operating Income	10.2	10.8	0.6	6.1%	49.2	55.7	6.5	13.3%	125.0	134.6	9.6	8%
Operating Income, Total	**54.6**	**54.2**	**-0.4**	**-0.7%**	**266.1**	**269.3**	**3.2**	**1.2%**	**646.6**	**648.8**	**2.1**	**0%**
Employee Benefit Expenses (Pay)	34.0	31.0	3.1	9.0%	161.4	155.5	5.9	3.6%	386.1	382.0	4.1	1%
Other Operating Expenses	19.4	22.4	-3.0	-15.5%	98.9	110.0	-11.2	-11.3%	246.5	255.5	-9.0	-4%
Operating Expenses, Total	**53.4**	**53.4**	**0.1**	**0.1%**	**260.3**	**265.6**	**-5.3**	**2.0%**	**632.7**	**637.6**	**-4.9**	**-1%**
EBITDA	**1.2**	**0.9**	**-0.3**	**-28.7%**	**5.9**	**3.8**	**-2.1**	**35.8%**	**13.9**	**11.2**	**-2.7**	
Financing costs	1.6	1.2	0.4	25.7%	7.9	5.7	2.2	38.0%	16.6	13.5	3.1	18%
Surplus/ (Deficit)	**-0.4**	**-0.3**	**0.1**	**-16.2%**	**-2.0**	**-2.0**	**0.1**	**3.7%**	**-2.6**	**-2.3**	**0.3**	
Adjustments	0.0	0.0	0.0	0.0%	-0.2	-0.2	0.0	0.0%	-0.1	-0.1	0.0	0.0
Adjusted Forecast Surplus/ (Deficit)	**-0.4**	**-0.4**	**0.1**	**-14.7%**	**-2.2**	**-2.2**	**0.0**	**1.2%**	**-2.7**	**-2.4**	**0.3**	
Amounts held for unknown risks										-0.3	-0.3	
Forecast Surplus/ (Deficit)									**-2.7**	**-2.7**	**0.0**	

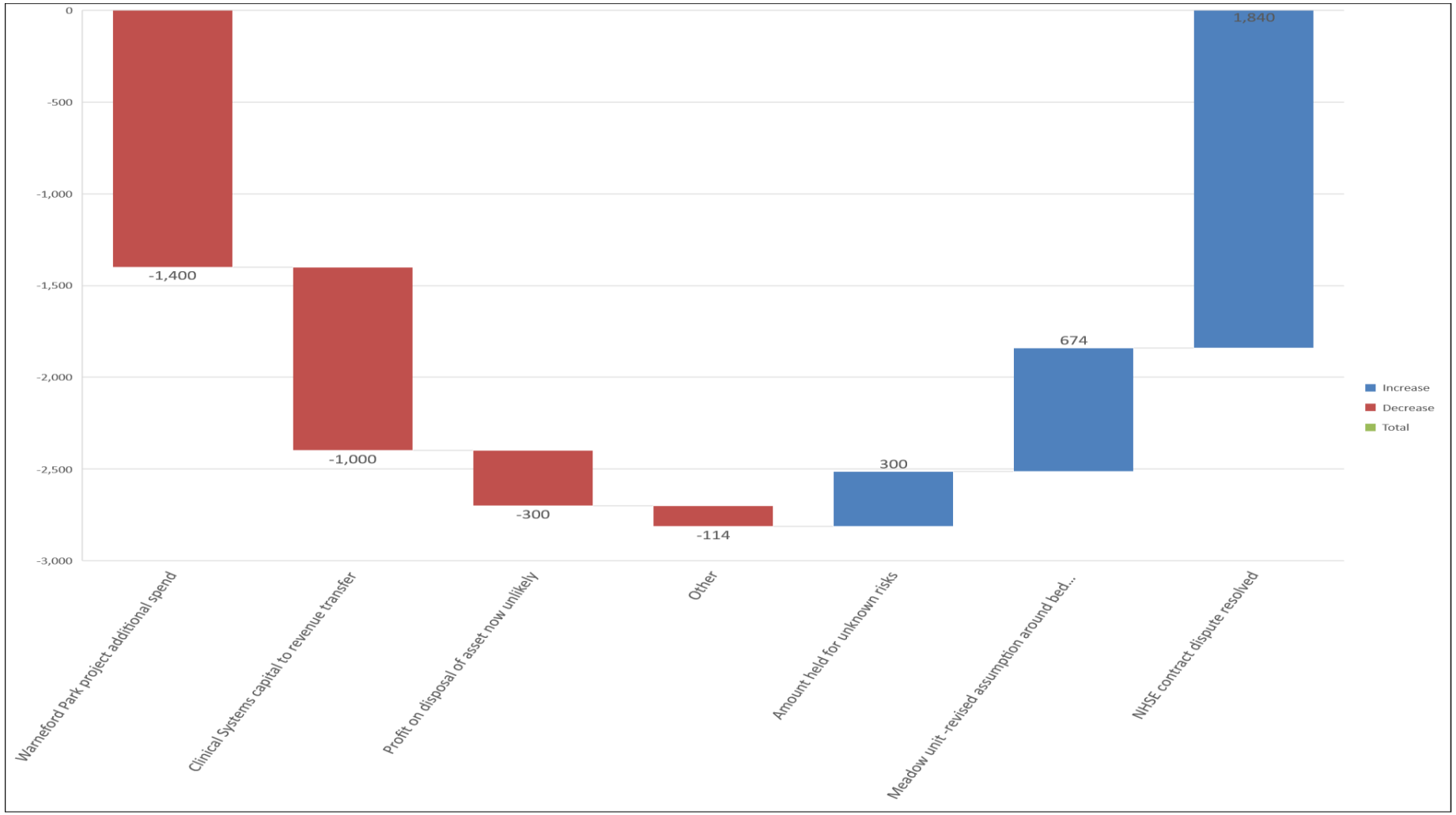
The YTD position at month 5 is a deficit of **£2.2m** which is on plan. EBITDA is £2.1m adverse to plan, offset with a favourable variance of **£2.2m** on Financing cost, due to higher than planned interest receivable (**£0.3m**) and lower than planned PFI interest costs following the decision to change the accounting treatment for the PFI exit settlement from a prior period adjustment to a provision (**£1.1m**) and lower than planned depreciation costs (**£0.8m**).

The YTD favourable variance on income (**£3.2m**) is driven by **£4.7m** higher than planned sales in Oxford Pharmacy Store. This is offset by a **£1.3m** adverse variance on Provider Collaboratives where income has been matched to spend and a net **£0.2m** adverse across other areas.

The YTD adverse variance on expenditure (**£5.3m**) is due to higher cost of sales in Oxford Pharmacy Store (**£4.8m**), an overspend on mental health out of area placements (**£1.2m**) and an overspend on Learning Disabilities out of area placements (**£0.7m**). These are offset with a favourable variance on Provider Collaboratives (**£1.3m**) and a net favourable variance of **£0.2m** across other areas.

The forecast is a **£2.7m** deficit which is on plan. This includes **£0.3m** on top of the base forecast held for unknown risks.

2. Forecast movement from previous month



3. Forecast Risks & Opportunities

Risks	£'000	Likelihood
Audit/Balance Sheet year-end risks	3000	Medium
Increase in agency	2000	Medium
Mental Health OAPs	1000	Medium
Meadow Unit income	600	Medium
Learning Disabilities OAPs increase	500	Medium
	7,100	

Opportunities	£'000	Likelihood
Provider Collaborative underperformance gain share	3,750	Medium
Audit/Balance Sheet year-end opportunities	3,000	Medium
Underspend on SDF investment	1,000	Medium
Modern Equivalent Asset Valuation	1,000	Medium
VAT on IT licenses	1,000	Medium
Additional income from BOB ICB	731	Medium
Extension of Forensic EPCs	596	Medium
Further agency reductions	460	Medium
Discharge of Learning Disabilities OAPs	430	Medium
Release of bad debt provision	300	Medium
Meadow Unit Income	300	Medium
Income in Oxford Institute of Clinical Psychology Training	200	Medium
Release of Wellbeing Day provision	1,169	Low
Release ED NHSE loan	850	Low
Review of old accruals	700	Low
Discharge of Learning Disabilities OAPs	341	Low
Revenue element of sale of Shrublands	300	Low
	16,127	

The Trust's Forecast Outturn is for a **£2.7m** deficit, which is on plan.

There are **£7.1m** of risks and **£16.1m** of opportunities to the forecast. This gives a forecast range of between **£16.1m** better than plan and **£7.1m** worse than plan.

There are currently no risks and opportunities with a high likelihood.

£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.

Forecast range - all risks and opportunities	Full Year	Full Year	Forecast Outturn
Upside Forecast	2,700	18,827	16,127
Downside Forecast	2,700	-4,400	-7,100

Forecast range - high likelihood risks and opportunities £'000	Full Year	Full Year	Forecast Outturn
Upside Forecast	2,700	2,700	-0
Downside Forecast	2,700	2,700	-0

4. Capital Investment Programme

Project Names	(B) Latest Budget £,0	(C) Profiled Budget £,0	(D) Actual Expenditure £,0	(C-D) Variance £,0	FY25 Outturn To Date (E) System Commt's £,0	(F=D+E) Actual Plus Commt's £,0	(B-F) Variance £,0	FY25 Estimated Outturn (G) Estimated Forecast £,0	(B-G) Variance £,0	
Estates - Projects Carried Forward	2,043	674	765	(91)	404	1,169	875	1,894	149	☺
Estates - Transformational Projects	5,282	1,825	288	1,537	631	919	4,363	6,493	(1,211)	☹
Estates - Operational	1,975	131	56	75	782	838	1,137	1,864	111	☺
Oxford Pharmacy	117	49	-	49	-	-	117	117	-	
Grand Total - All Estates	9,418	2,679	1,109	1,570	1,745	2,854	6,564	10,297	(880)	☹
IT Capital	227	95	-	95	365	365	(138)	299	(72)	☹
IM&T Clinical Systems	2,242	790	853	(63)	78	930	1,312	3,022	(780)	☹
Grand Total - IM&T	2,469	884	853	31	443	1,296	1,173	3,321	(852)	☹
PFI	-	-	-	-	-	-	-	-	-	
Grand Total	11,887	3,563	1,962	1,601	2,260	4,222	7,666	13,689	(1,802)	☹

Funding Sources	Latest Funding
Total Funding Available	11,195

Net Funding Surplus /(Deficit) vs Budget	(692) ☹
Net Funding Surplus /(Deficit) vs Est. Outturn	(2,494) ☹

The Trust spent **£1,962k** (£1,623k M1-4) on its core capital programme to the end of August, **£1,601k** behind plan.

£1,398k of leased assets were capitalised as 'Right of Use Assets' in the first 5 months of FY25.

The capital plan is forecasting a **£1.8m** overspend against budget and **£2.5m** overspend against available funding.

The Estates team review of this year's capital programme and priorities has already reduced the net forecast outturn by **£1.4m** from M3, and this includes the **£1.6m** forecast overspend against the Jordan Hill project.

The Frontline digitalisation funding shortfall and potential PFI exit payment also present a risk to the capital forecast.

5. PFI Exit Settlement Risk

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

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

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

Valuation work has been completed and shared by both parties and the PFI provider has approached RICS (Royal Institute of Chartered Surveyors) to appoint an arbitrator.

Extra work has been requested by OHFT in relation to conditions surveys and due diligence as both expected to impact, and reduce, the final settlement value.

6. Directorate Financial Performance Summary

	Month 5				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	10.4	10.4	0.0	0.0%	49.9	49.7	0.2	0.0%	120.6	121.5	-1.0	-1%
Buckinghamshire Mental Health	4.8	4.6	0.2	4.6%	24.0	23.3	0.7	3.0%	58.1	57.9	0.2	0%
Forensic Mental Health	3.0	2.6	0.4	13.0%	13.4	13.6	-0.3	-1.9%	32.1	33.1	-1.1	-3%
Learning Disabilities	0.5	0.5	0.0	-6.9%	2.4	2.9	-0.5	-20.8%	5.8	6.5	-0.7	-12%
Provider Collaboratives	-1.1	-1.1	0.0	0.0%	-4.1	-4.1	0.0	0.0%	-9.8	-9.8	0.0	0%
MH Directorates Total	**17.5**	**16.9**	**0.5**	**3.1%**	**85.5**	**85.4**	**0.1**	**0.1%**	**206.7**	**209.2**	**-2.5**	**-1%**
Primary Community & Dental	8.5	8.2	0.2	2.6%	41.1	40.7	0.4	0.9%	97.0	98.6	-1.6	-2%
Corporate	5.6	5.8	-0.2	-3.1%	28.4	28.5	-0.1	-0.3%	68.1	71.7	-3.6	-5%
Oxford Pharmacy Store	-0.1	-0.1	0.0	-14.3%	-0.2	-0.4	0.2	-71.1%	-1.0	-1.0	0.0	0%
Research & Development	0.1	0.0	0.0	87.6%	0.3	0.0	0.2	96.6%	0.7	0.4	0.3	42%
Covid-19 Costs	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0	0.0	
Reserves	1.4	3.3	-1.9	-129.8%	5.8	9.0	-3.2	-55.1%	14.7	10.8	3.9	27%
Block Income	-34.2	-35.1	0.9	-2.6%	-166.7	-167.0	0.3	-0.2%	-400.1	-400.9	0.7	0%
EBITDA	**-1.2**	**-0.9**	**-0.3**		**-5.8**	**-3.8**	**-2.1**		**-14.0**	**-11.2**	**-2.8**	
Financing Costs	1.6	1.1	0.4	28.2%	7.9	5.7	2.2	27.6%	16.6	13.5	3.1	18%
Adjustments	0.0	0.0	0.0		0.2	0.1	0.1		0.1	0.1	0.0	
Adjusted (Surplus)/Deficit	**0.4**	**0.3**	**0.1**		**2.2**	**2.0**	**0.1**		**2.7**	**2.4**	**0.3**	

Block contract income is reported in a separate directorate. Clinical Directorate positions reflect the expenditure position less non-clinical income (mainly Education & Training income) and some specific income streams such as Sustainability & Development Funding (SDF).

The Reserves full-year plan includes budget that will be allocated to services when costs start being incurred. For example, pay inflation and budget for Sustainability & Transformation Funding schemes.

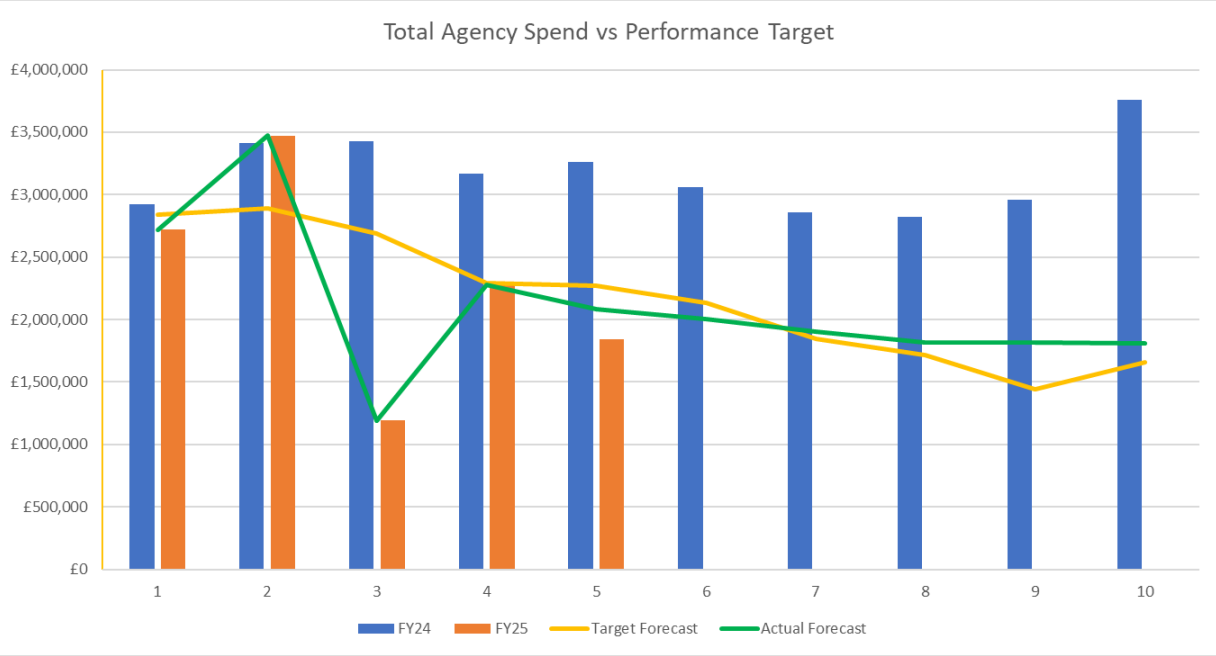
7. Provider Collaboratives Financial Performance Summary

	Month 5			Year-to-date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
Secure	7.9	15.7	(7.8)	39.7	39.2	0.5	95.2	94.1	1.1
CAMHS	2.4	4.4	(2.0)	12.1	11.0	1.1	29.0	26.3	2.6
Adult AED	0.8	1.6	0.0	3.9	3.9	0.0	9.3	9.3	0.0
Provider Collaboratives Total	**11.1**	**21.6**	**(9.7)**	**55.6**	**54.0**	**1.6**	**133.4**	**129.6**	**3.8**

For 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 **£1.6m** favourable to plan YTD and forecast to be **£3.8m** favourable to plan. It is reported as breakeven in the Trust overall position in line with the principles of the PC to reinvest savings into services.

8. Agency Analysis



	FY24 April - August	FY25 April - August	Change from FY24
Medical	£6,444,629	£5,191,435	-£1,253,194
Nursing	£8,320,296	£5,537,331	-£2,782,965
AHP/HSS	£1,061,056	£630,237	-£430,819
Admin & Clerical	£338,918	£68,158	-£270,760
Estates	£38,487	£22,779	-£15,708
Total	**£16,203,386**	**£11,449,940**	**-£4,753,446**
FY24 VC's & FY25 Retros	£13,909	£100,285	£86,376
Prior year/Finance adjustments	-£25,029	£0	£25,029
Total Reported	**£16,192,267**	**£11,550,226**	**-£4,642,041**

YTD Target Forecast vs Actual Spend M5			
Staffing Type	**FY25 Target Apr- Aug**	**FY25 Actual Apr - Aug**	**FY25 Variance Apr - Aug**
Agenda for Change	£7,804,545	£6,358,790	£1,445,755
Medical	£5,174,002	£5,191,436	-£17,434
Total	**£12,978,547**	**£11,550,226**	**£1,428,321**

In Month 5 temporary staffing was **15%** of the Trust total pay bill with Agency at **6%** and Bank at **9%**.

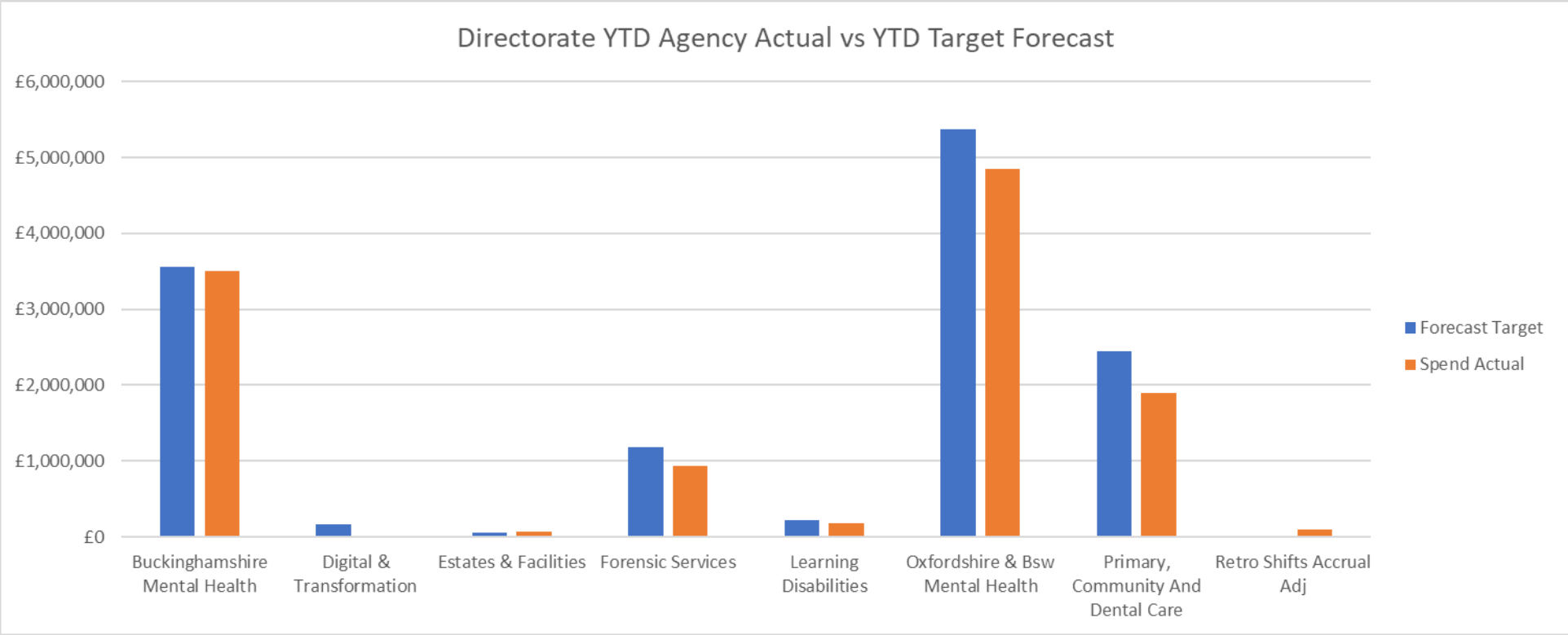
Included in the month 2 figures is **£1m** of agency cost related to FY24 which was reversed in month 3 as the FY24 accounts have been amended to reflect this.

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

Year to date agency spend, is **£1.4m** better than plan and **£4.6m** better than the same period in FY24.

The total Trust forecast spend is **£25.3m** which is **£0.1m** better than the target.

Agency Analysis Continued



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

An additional **£0.1m** was accrued in month 5 to account for any retrospective shift bookings related to this period.

All Directorates have delivered spend levels within the target forecast year to date at month 5.

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

9. Cost Improvement Programme (CIP)

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

Table of Planned Efficiencies				
Recurrent or Non Recurrent	**Efficiency Programme Area**	**YTD Plan £000**	**YTD Actual £000**	**Full Year Forecast £000**
Non-Recurrent	Non-Pay - Digital transformation	371	371	891
	Non-Pay - Estates and Premises transformation	770	770	1,848
	Non-Pay - Other	15	15	36
	Pay - Agency - reduce the reliance on agency	2,078	2,078	5,068
	Non-Pay - Service re-design	4,315	4,315	10,356
	Pay - Establishment reviews	5,885	5,885	14,124
Total Non-Recurrent		**13,434**	**13,434**	**32,323**
Non-Recurrent Total	Income - Non-Patient Care	295	295	708
	Non-Pay - Corporate services transformation	35	35	84
	Non-Pay - Digital transformation	404	404	969
	Non-Pay - Estates and Premises transformation	210	210	504
	Non-Pay - Fleet optimisation	5	5	12
	Non-Pay - Service re-design	95	95	228
	Pay - Establishment reviews	855	855	2,052
	Pay - Service re-design	1,345	1,345	3,372
Total Recurrent		**3,244**	**3,244**	**7,929**
Grand Total		**16,678**	**16,678**	**40,252**

Cost Improvement Programme (CIP) Cont.

Internally, as well as the **£6.2m** FY25 contract requirement, the Trust has an additional **£1.8m** CIP for FY24 CIPs that were not delivered recurrently last year, making the total internal CIP target **£7.9m**.

£6m of the **£7.9m** CIP target has been delivered through CIPs including upfront savings from investment, staffing establishment reviews and includes a non-recurring benefit of **£0.7m** within Corporate. The remaining balance for the year is being met through non recurrent vacancies while recurrent plans are being developed.

There is a risk of **£1m** on the delivery of CIP target in the Primary, Community & Dental directorate primarily due to delays in the planned CIP schemes. The directorate is trying to mitigate this in year as much as possible.

£'000							
Directorate	**CIP Target**	**Fully Developed**	**Plans In Progress**	**High Risk**	**No Plans**	**Expected Slippage**	**Total**
Primary Community & Dental	2,548	688	20	2,618	0	-778	2,548
Oxon & BSW MH	2,038	2,038	0	0	0	0	2,038
Bucks MH	983	983	0	0	0	0	983
Forensic MH	526	526	0	0	0	0	526
Learning Disabilities	199	199	0	0	0	0	199
Corporate	1,636	684	704	0	248	0	1,636
Total CIP	**7,930**	**5,118**	**724**	**2,618**	**248**	**-778**	**7,929**
		65%	9%	33%	3%	-10%	100%

10. Statement of Financial Position

Statement of Financial Position at 31 August 2024

31 Mar 24 £'000		31 Jul 24 £'000	31 Aug 24 £'000	Movement In-Month £'000	Movement YTD £'000	
	Non-current assets					
7,013	Intangible Assets	7,070	7,063	(7)	50	
216,328	Property, plant and equipment	214,940	214,507	(433)	(1,821)	
33,133	Finance Leases	32,810	32,373	(437)	(760)	
1,125	Investments	1,125	1,125	0	0	
412	Trade and other receivables	412	412	0	0	
651	Other Assets	653	653	0	2	
258,662	Total non-current assets	257,011	256,134	(877)	(2,529)	①
	Current Assets					
3,184	Inventories	5,159	4,979	(181)	1,794	②
21,722	Trade and other receivables	24,413	23,149	(1,265)	1,427	③
200	Non-current assets held for sale	200	200	0	0	
85,628	Cash and cash equivalents	90,598	87,534	(3,064)	1,906	④
110,734	Total current assets	120,371	115,861	(4,509)	5,127	
	Current Liabilities					
(77,857)	Trade and other payables	(82,024)	(77,911)	4,113	(54)	⑤
(2,614)	Borrowings	(2,499)	(2,453)	46	161	
(4,019)	Lease Liabilities	(4,061)	(4,061)	0	(42)	
(16,518)	Provisions	(16,368)	(16,358)	11	160	
(24,222)	Deferred income	(30,468)	(30,064)	404	(5,842)	⑥
(125,230)	Total Current Liabilities	(135,420)	(130,847)	4,573	(5,617)	
	Non-current Liabilities					
(12,049)	Borrowings	(12,049)	(12,049)	0	(0)	
(21,814)	Lease Liabilities	(21,167)	(20,688)	479	1,126	⑦
(6,545)	Provisions	(6,604)	(6,604)	0	(59)	
(1,500)	Other Liabilities	(1,517)	(1,500)	17	0	
(41,908)	Total non-current liabilities	(41,337)	(40,841)	496	1,067	
202,258	Total assets employed	200,625	200,308	(318)	(1,951)	
	Financed by (taxpayers' equity)					
113,336	Public Dividend Capital	113,336	113,336	0	0	
83,359	Revaluation reserve	83,360	83,360	0	1	
1,125	Other reserves	1,125	1,125	0	0	
4,438	Income & expenditure reserve	2,803	2,486	(318)	(1,952)	⑧
202,258	Total taxpayers' equity	200,625	200,308	(318)	(1,951)	

1. Non-current assets have decreased by £2.5m YTD. This is represented by capital additions of £3.4m (including £1.4m of leased assets – mainly Unipart) less cumulative depreciation of £5.9m
2. Inventories have increased by £1.8m YTD and decreased by £0.2m in-month. The initial increase was due to a new infusion drug line being sold by OPS following a distribution agreement with NHSE/Sandoz. Inventory levels of c£5m expected to be steady state going forward.
3. Receivables have increased by £1.4m YTD and decreased by £1.3m in-month. Most of the increase in year is due to an increase in prepayments of £3.1m less a net reduction in outstanding debt & accrued income of (£1.5m) . The in-month decrease is largely driven by a net reduction in outstanding debt and accrued income.
4. The cash balance has increased by £1.9m over the year and decreased by £1.9m in-month. The increase in-year is largely driven by deferred income (£5.8m) and offset by a reduction of (£3.8m) in working capital balances and lease liabilities.
5. Trade and other payables have decreased by £4.1m in year. This is due to a net decrease in trade payables and accrued expenditure. This swing in accruals and payables is not an untypical monthly movement. This is reflected in a decrease in cash in-month as well.
6. Deferred income has increased by £5.8m in year and decreased marginally in month. Most of the increase can be attributed to the Provider Collaborative £1.2m, SDF income £0.9m, Learning Disability & Autism £1.8m, NHSPS £1.0m and other £0.9m
7. Non-current lease liabilities have decreased in year and in-month. YTD capital repayments against existing and new leases of £2.5m have been offset by new leases totalling (£1.4m).
8. The £1.9m downward movement in year reflects the Trust's reported deficit in year.

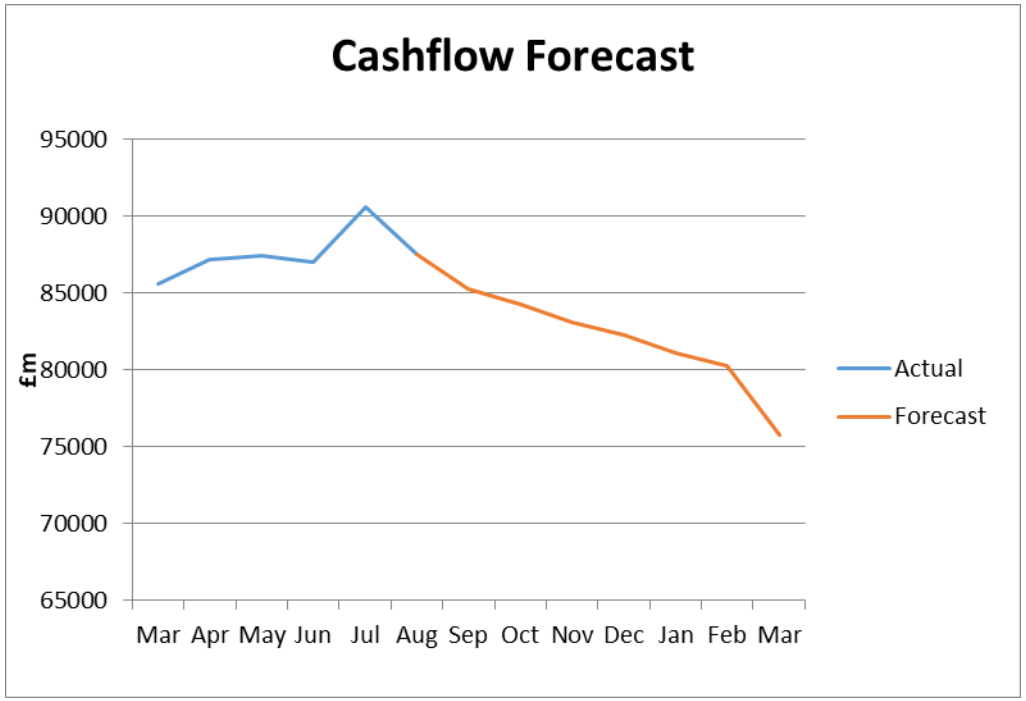
11. Cash Flow

STATEMENT OF YEAR TO DATE CASH FLOWS

	Actual £'000	Plan £'000	Variance £'000
Cash flows from operating activities			
Operating surplus/(deficit) from continuing operations	(2,135)	(1,962)	(173)
Operating surplus/(deficit)	**(2,135)**	**(1,962)**	**(173)**
Non-cash income and expense:			
Depreciation and amortisation	5,902	6,373	(471)
(Increase)/Decrease in Trade and Other Receivables	(783)	0	(783)
(Increase)/Decrease in Inventories	(1,794)	(2,415)	621
Increase/(Decrease) in Trade and Other Payables	1,231	11,204	(9,973)
Increase/(Decrease) in Deferred Income	5,842	0	5,842
Increase/(Decrease) in Provisions	(113)	(31)	(82)
NET CASH GENERATED FROM/(USED IN) OPERATIONS	**8,150**	**13,169**	**(5,019)**
Cash flows from investing activities			
Interest received	2,390	2,199	191
Purchase of Non Current Assets	(5,744)	(5,948)	204
Net cash generated from/(used in) investing activities	**(3,354)**	**(3,749)**	**395**
Cash flows from financing activities			
Capital element of lease rental payments	(2,483)	(4,085)	1,602
Capital element of Private Finance Initiative Obligations	(201)	0	(201)
Interest paid	0	(226)	226
Interest element on leases	(192)	(105)	(87)
Interest element of Private Finance Initiative obligations	(14)	(15)	1
Net cash generated from/(used in) financing activities	**(2,890)**	**(4,431)**	**1,541**
Increase/(decrease) in cash and cash equivalents	1,906	4,989	(3,083)
Cash and Cash equivalents at 1st April 2024	**85,628**	**86,148**	**(520)**
Cash and Cash equivalents at 30 August 2024	**87,534**	**91,137**	**(3,603)**

Summary Notes

- The cash flow movements are consistent with the comments made on the Statement of Financial Position.
- The closing cash position at the end of August was **£87.5.m** (£90.6m in July).
- The cash forecast is for £75.8m at the 31 March.



12. Working Capital Indicators

Working Capital Ratios

Ratio	Target	Actual	Risk Status
Debtor Days	30	13	
Debtors % > 90 days	5.0%	13.2%	
BPPC NHS - Value of Inv's pd within target (ytd)	95.0%	80.4%	
BPPC Non-NHS - Value of Inv's pd within target (ytd)	95.0%	91.1%	
Cash (£m) - per year-end forecast	75.8	87.5	

Summary Notes

- Debtor days ahead of target.
- Debtors % over 90 days is below target, due to unpaid invoices. These are mainly various ICB's £268k, Salary overpayments £312k, Central & NW London £117k, NHSE £79k, Connect Health £112k, University of Oxford £107k and other £192k.
- NHS BPPC (Better Payments Practice Code) below target.- 2 Southern Health invoices for £4.4m not paid in time. .
- Non-NHS BPPC (Better Payments Practice Code) marginally below target.
- Cash better than year-end target.

Report to the Meeting of the Oxford Health NHS Foundation Trust

Board of Directors

25 September 2024

(Agenda item: 10(b))

Quality and Safety Dashboard
For Information

Executive Summary
The information in the Quality and Safety Dashboard is up to 31st July 2024. The purpose of the dashboard is to bring together data and soft intelligence to help identify wards/teams that might be struggling and need more support.

From reviewing a range of activity, quality and workforce indicators the below wards and community teams are highlighted by exception as flagging with an area of concern based on the position in July 2024 and a review of any trends from the last 3 months (May-July 2024). Waiting time information is included in the report.

The language used to highlight teams struggling has been changed from this month to;
- Enhanced Support (previously known as alert status)
- Early Warning (previously known as to keep a watching eye).

The thresholds for escalation have been reviewed and strengthened, detailed further in the main body of the report.

See accompanying excel sheet for the full detailed dashboard for the inpatient wards. For the community teams a range of indicators are also reviewed with any teams identified by exception below.

The following wards/community teams have been highlighted, split into 2 groups; Enhanced Support and Early Warning. Those highlighted in BLUE were identified in last month's Dashboard.

Highlighted wards/teams by exception:

	Enhanced Support (previously known as alert status)	**Early Warning** (previously known as to keep a watching eye)
Inpatient Wards	• CAMHS Highfield • Sapphire, stepped up from early warning • Kestrel • Kingfisher (see table 5 for detail)	• Wintle • Ashurst PCIU • Cotswold House Oxford • Meadow Unit CAMHS, downgraded from enhanced support last month • CAMHS Marlborough House, downgraded from enhanced support last month • Cherwell • Sandford • Ruby • Wallingford community hospital ward

	Enhanced Support (previously known as alert status)	**Early Warning** (previously known as to keep a watching eye)
		• Linfoot community hospital ward • Abbey Community Hospital ward • Watling • Kennet • Evenlode {to see reason for highlighting go to section 5)
Community Teams	• Oxon North and West AMHT • Bucks Chiltern AMHT (East and West), in early warning last month • Oxon City and NE AMHT • District Nursing (see table 6 for detail)	• Podiatry • Children's Integrated Therapies • Bucks Memory Clinic service • Bucks OA South CMHT • Bucks Aylesbury CMHT • Oxon South AMHT • Oxon Perinatal service • Swindon CAMHS (to see reason for highlighting go to section 6)

The report includes further detail about each of the teams at enhanced support and early warning levels, including the mitigations and actions being taken.

In addition, to the teams/wards highlighted there are a number of areas with a significant number of vacancies, although for the majority the quality indicators reviewed are not showing any concerns. For all wards the minimum staff fill rates are being met. In community teams agency/locums are being used to maintain safe staffing levels. The teams with high vacancies, 30% or above, are listed in the report to show a complete picture for all clinical teams. There are a series of recruitment and retention initiatives being taken to tackle those teams with higher vacancies.

Governance Route/Approval Process
The Dashboard is a regular paper, developed with input from the Clinical Directorates and discussion at the Quality and Clinical Governance Sub-Committee in August 2024.

Statutory or Regulatory responsibilities
We are required to report on the inpatient staff fill rates to Trust Board members which has been delegated to the Quality Committee, see accompanying excel sheet for detail at ward level.

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

Author and title: Jane Kershaw, Head of Patient Safety
Lead Executive Director: Brita Klinck, Chief Nurse

Main report.

1. Introduction

The information in the Quality and Safety Dashboard is up to 31st July 2024. The purpose of the dashboard is to bring together data and soft intelligence to help identify wards/teams that might be struggling and need more support.

From reviewing a range of activity, quality and workforce indicators the below wards and community teams are highlighted by exception as flagging with an area of concern based on the position in July 2024 and a review of any trends from the last 3 months (May to July 2024).

See the accompanying excel sheet for the full detailed dashboard for the inpatient wards. For the community teams a range of indicators are also reviewed with any teams identified by exception below. As shared in the last monthly report, shortly the inpatient ward dashboard will be available in TOBI and refreshed automatically each month. A similar dashboard for teams in the community will also be developed in TOBI.

Indicators

Below are the list of indicators included in the dashboard across four domains.

	Inpatient Wards	Community Teams
Workforce Domain	Day Reg Fill Rate (target more than 85%)	
	Day Unreg Fill Rate (target more than 85%)	
	Night Reg Fill Rate (target more than 85%)	
	Night Unreg Fill Rate (target more than 85%)	
	Nursing Associates - Day Shift Hours worked	
	Nursing Associates - Night Shift Hours worked	
	Agency % total pay (target less than 10.4%)	Agency % total pay (target less than 10.4%)
	Vacancies % (target less than 9%)	Vacancies % (target less than 9%)
	Total Turnover % (target less than 14%)	Total Turnover % (target less than 14%)
	Sickness % (target less than 4.5%)	Sickness % (target less than 4.5%)
Safe Domain	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, escroted or escape from ward) [this is Falls for Community Hospital wards)	
	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 between Dec 2023-Feb 2024 (note. SI criteria no longer exists)	Number of Incidents under the PSIRP between Dec 2023-Feb 2024 (note. SI criteria no longer exists)
	Unexpected deaths (natural and unnatural) incl. within 2 days of inpatient stay	Unexpected deaths (natural and unnatural)
	Number of physical restraint episodes (less than 10)	
	Number of prone restraints (1 or less)	
	Number of seclusion episodes (less than 4)	
	Number of uses of LTS (less than 2)	
Effective Domain	Median Length of Stay YTD 23/24 incl leave (discharged patients)	Waiting times and Referrals reviewed instead
	Number of Admissions in Month	
	Bed occupancy in month excluding leave	
	Clinical Supervision (target more than 95%)	
	Overall Mandatory Training performance (target more than 95%)	Overall Mandatory Training performance (target more than 95%)
	Fire Response Training (target more than 95%)	
	Resus Training (target more than 95%)	
	PEACE Training (target more than 95%)	
Experience Domain	Number of formal complaints (2 or more)	Number of formal complaints (2 or more)
	Number of informal concerns (2 or more)	Number of informal concerns (2 or more)
	Formal surveys received via IWGC in month- yes or no (no will be flagged)	Formal surveys received via IWGC in month- yes or no (no will be flagged)

Changes to the dashboard going forward

The language used to highlight teams struggling has been changed from this month to;

- Enhanced Support (previously known as alert status)
- Early Warning (previously known as to keep a watching eye).

The thresholds for escalation have been reviewed and strengthened, detailed below.

The majority of indicators (22/33) have a target so are individually rated. Every indicator is equally weighted, although there is recognition that the workforce domain indicators are interlinked for example vacancies and use of agency staff.

The expected response to the escalation levels are summarised below;

Table 1.

Escalation level	When is a Team/ward Identified (Escalation Threshold)	Response
Early Warning (previously known as to keep a watching eye)	• 1 indicator is red rated and 1 indicator is amber rated across at least 2 of the 4 domains. This is a guide and a clinical Directorate might identify a team for Early Warning from soft intelligence. • A red rating of high vacancies on their own without concerns in fill rates will not identify a ward/team. • A red rating of fill rates will be considered in relation to safe staffing levels across reg/unreg staff and bed occupancy. This will not automatically lead to a ward/ team being identified. • A team/ward at Enhanced Support level can be stepped down to Early Warning if agreed by the Directorate Clinical Director/Associate Director of Nursing. An explanation and the actions being taken will be shared in the Dashboard with the next Quality and Clinical Governance sub-group.	• Monitoring led by the clinical Directorate level through their clinical governance structure. • If a ward/team has been at Early Warning level for 3 consecutive months they will be moved to Enhanced Support unless there is an explanation which will be shared in the Dashboard with the Quality and Clinical Governance sub-group. (this starts from June 2024)
Enhanced Support (previously known as alert status)	• 2 indicators are red rated across at least 2 of the 4 domains. This is a guide and a clinical Directorate might identify a team for Enhanced Support from soft intelligence. • A team/ward at Early Warning level for 3 consecutive months unless there is a clear explanation (this starts from June 2024).	• Clinical Directorate to identify actions being taken. • Actions being taken to be reported in the Dashboard and reviewed by the Quality and Clinical Governance sub-group. Additional support can be requested. • There may be a request for a more detailed presentation/deep dive at the next Quality and Clinical Governance sub-group meeting to look at the impact of the actions being taken.

2. Summary of highlighted wards/community teams

The following wards/community teams have been highlighted, split into 2 groups; Enhanced Support and Early Warning. Those highlighted in BLUE were identified in last month's Dashboard.

Table 2.

	Enhanced Support (previously known as alert status)	**Early Warning** (previously known as to keep a watching eye)
Inpatient Wards	• CAMHS Highfield • Sapphire, stepped up from early warning • Kestrel • Kingfisher (see table 5 for detail)	• Wintle • Ashurst PCIU • Cotswold House Oxford • Meadow Unit CAMHS, downgraded from enhanced support last month • CAMHS Marlborough House, downgraded from enhanced support last month • Cherwell • Sandford • Ruby • Wallingford community hospital ward • Linfoot community hospital ward • Abbey Community Hospital ward • Watling • Kennet • Evenlode {to see reason for highlighting go to section 5)
Community Teams	• Oxon North and West AMHT • Bucks Chiltern AMHT (East and West), in early warning last month • Oxon City and NE AMHT • District Nursing (see table 6 for detail)	• Podiatry • Children's Integrated Therapies • Bucks Memory Clinic service • Bucks OA South CMHT • Bucks Aylesbury CMHT • Oxon South AMHT • Oxon Perinatal service • Swindon CAMHS (to see reason for highlighting go to section 6)

3. Teams with High Vacancies (July 2024 data)

In addition, to the teams/wards highlighted there are a number of areas with a significant number of vacancies, although for the majority the quality indicators reviewed are not showing any concerns. For all wards the minimum staff fill rates are being met. In community teams agency/locums are being used to maintain safe staffing levels. The teams with high vacancies, 30% or above, are listed below to show a complete picture for all clinical teams.

There are a series of recruitment and retention initiatives being taken to tackle those teams with higher vacancies.

Table 3.

Areas with High Vacancies - 30% or above (data source Finance)	
Inpatient Wards	Community Teams
• Wintle 31.8% (improved) • Ashurst 29.4% (worse) • CAMHS Meadow PICU (new unit from Nov 2023 – same) • Sandford 32.1% (worse) • Bicester community hospital ward 33.1% (worse) See accompanying excel sheet for the full detailed dashboard for the inpatient wards which includes fill rates by shift.	• Mental health in reach service into Prisons Bullingdon (50%, worse from last month) and Huntercombe (32.2%, same as last month) • Oxon City and NE AMHT 34.6% (improved) • Oxon mental health hubs – Abingdon, City East and Banbury. • Oxon maternal mental health 67.8% (same) • Oxon CAMHS getting help North 38.9% (same) • Oxon CAMHS getting help South 44.3% (worse) • Oxon CAMHS Crisis 39.7% (worse) • Oxon CAMHS LD/ASD Hospital@Home 63.3% (improved) • Bucks Aylesbury AMHT 37% (improved) • Bucks Chiltern East AMHT 47.7% (improved) • Bucks Chiltern West AMHT 35.1% (improved) • Bucks PIRLS 32.8% (improved) • Bucks SCAS & Street Triage 83.3% (worse, although small team of 5 staff) • Bucks OA South CMHT 52.9% (same) • Bucks Memory clinic service 38.1% (worse) • Bucks CAMHS LD 36.5% (same) • Bucks CAMHS ED 29.8% (same) • Podiatry 33.9% (improved) [there is a national shortage of podiatrists and a small numbers of places being offered to training students] • Dental special care and paediatric dentistry • Children's Community Nursing West 30.6% (same) • Luther Street Medical Centre 32.1% (worse)
In addition there are a number of separate medical/doctor professional cost centres across the learning disability service, adult and older adult mental health teams and wards with very high vacancies. Locums are being used whilst recruitment initiatives are being used.	

4. Inpatient discharges followed in line with the national requirements

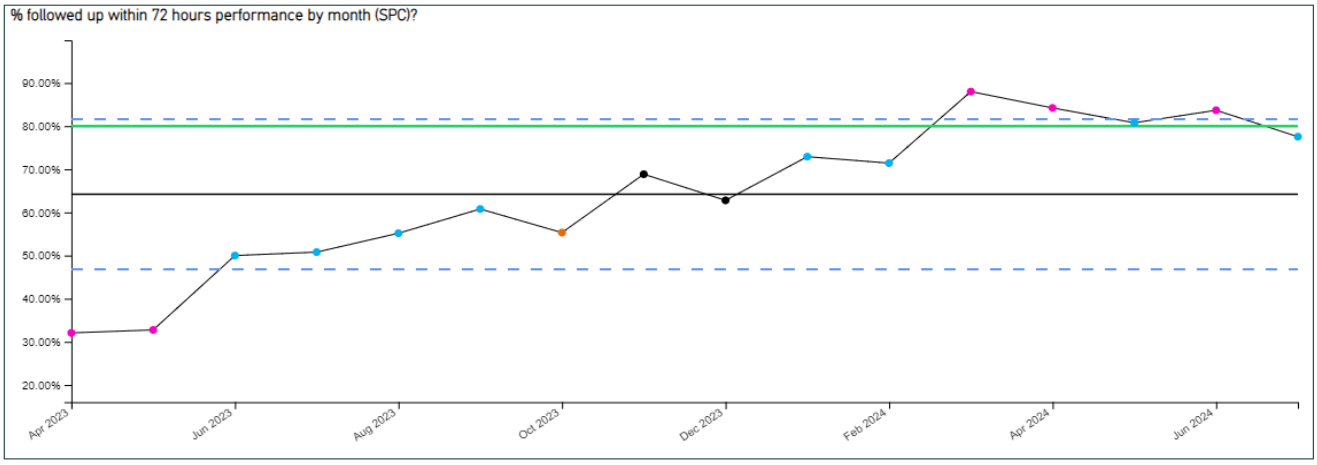
In July 2024 **84%** of eligible discharges (n=83) the patient was followed up within 72 hours (national indicator) and 82% within 48 hours (local indicator). The 72 hour follow up performance overtime by directorate is below. Note the beginning of the time period on the SPCs in early 2023 is based on incomplete data due to the PAS outage when the Trust was working under business continuity followed by a data recovery period.

The information is based on nationally set rules for reporting. A follow up is based on an attended follow up within a number of days (not hours), this can include a telephone contact, video call or F2F meeting. Discharges to acute hospital settings are excluded but discharges to care/nursing homes are still 'eligible' to be included in the reporting. One of the specifications is to not include the day of discharge as a possible follow up day, this might be confusing for example Joe Bloggs may be discharged on a Monday, then the community team go and see him same day and this does not count as a follow up contact, which needs to be from the next day (Tuesday), counted as day 1 or the day after (Wed), counted as day 2 to be within 48 hours. The other challenge for teams relates to patients on S17 leave, as once a patient is discharged they need to be followed up within 24/72 hours.

There are daily mechanisms in place to monitor patients discharged for follow up by the community team and oversight of performance.

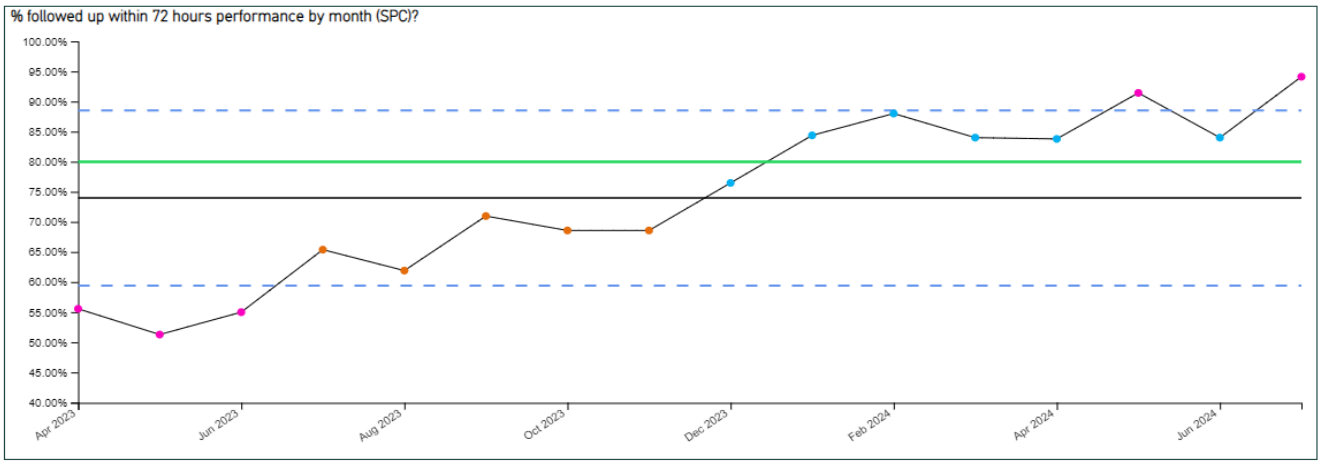
Oxon (based on commissioner)

April-July 2024 eligible discharges 207 and performance for 72 hour follow up **81%.**



Bucks (based on commissioner)

April-July 2024 eligible discharges 131 and performance for 72 hour follow up **88%.**



5. Wards Highlighted at Enhanced Support Level

There are four wards identified at Enhanced Support;

- Kingfisher
- Kestrel
- Sapphire
- CAMHS Highfield

Further details are on the next page, table 5, with the mitigations and actions being taken.

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

Table 4.

Directorate	Ward	Reason for highlighting
Oxon and BSW Mental Health	Wintle	High vacancies, sickness, low supervision, high complaints
	Ashurst PCIU	High vacancies, sickness, use of restraint & seclusion, low supervision no patient feedback
	Cotswold House Oxford	High vacancies and turnover, sickness, use of restraint, low supervision and mandatory training, high complaints & no patient feedback
	Meadow Unit CAMHS	Downgraded from enhanced support last month. High vacancies, agency use, turnover, sickness, low supervision & low mandatory training
	CAMHS Marlborough House	Downgraded from enhanced support last month. Workforce indicators, high use of restraint, low supervision, mandatory training & no patient feedback.
	Cherwell	High vacancies, sickness, high use of restraint, low supervision & no patient feedback
	Sandford	High vacancies, high use of restraint & low supervision
Bucks Mental Health	Ruby	High vacancies, agency use, sickness & low mandatory training
Primary, Community and Dental Services	Wallingford community hospital ward	High vacancies, turnover, sickness, low supervision & mandatory training
	Linfoot community hospital ward	Registered staff fill rates, sickness & low supervision
	Abbey Community Hospital ward	High turnover and sickness, low supervision & mandatory training
Forensic Mental Health	Watling	High sickness, low supervision & no patient feedback
	Kennet	High vacancies, turnover, sickness, high use of LTS & low supervision
	Evenlode	High vacancies and sickness, high use of restraint & seclusion – although for 1 patient

Wards identified as needing Enhanced Support

Table 5.

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
Kestrel and Kingfisher (Thames House)	Yes	• Concerns raised by the Provider Collaborative following a quality visit to 5 forensic wards on 5th July 2024. Summary of key concerns; challenges within the nursing team dynamics and MDT working, senior leadership presence on the ward, reflective practice is not fully embedded, coordinated safeguarding arrangements, impact on therapeutic timetable for patients, care plans not person centred, medication administration and storage, gaps in physical healthcare. • High vacancies, 25% Kestrel and 27% Kingfisher. Staff fill rates good on Kestrel and lower on Kingfisher but this is intentional due to lower bed occupancy. • High sickness on Kestrel 11.4%. • 2 informal concerns raised on Kestrel. No patient feedback gathered on either ward in month.	A quality improvement plan is being implemented and monitored by the Provider Collaborative.
CAMHS Highfield	Yes	• High vacancies 25% (reduction from last month at 34%), high agency use, turnover and sickness. • High use of physical restraint. • Low performance against mandatory training (81%).	In terms of vacancy rates the position is improving with 4 new HCA and 2 new RMNS having joined the team in the past month and a further 4 to start in the next 2 months. Restrictive practice data has significantly reduced during the last 4 week period. Ongoing work focussing on restrictive practice across the CAMHS wards will continue to monitor this. The training data is at 81%, there have been 6 new starters to the team who have yet to complete training which relates to some of this as there is no longer the 3 months grace period for new starters.

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
Sapphire ward	No	• High vacancies 19.9%, although fill rates are good. • High sickness 10.7%. • High use of prone restraint, 3 times in 1 month for 2 patients for immediate IM. • Clinical supervision low 53%. • No patient feedback collected in last month.	Although vacancies are high this overall is an improving picture in terms of nursing staff. Slight increase this month due to the Ward Manager moving on. Several new starters due in September and October 2024. Sickness: 4 staff on long term sickness. Prone restraint: both of those patients needed PICU care and have been transferred to appropriate care settings. Clinical Supervision now at 90%, recent improvement. Patient feedback has been a focus across the teams using peer support workers to help which has seen an improvement. Sapphire have new PSW in post who will support the team to improve feedback.

6. Community Teams Highlighted at Enhanced Support Level

Reported on by exception from a review of key activity, quality and workforce indicators.

Four teams/services have been highlighted which are particularly struggling,

- Oxon North and West AMHT
- Bucks Chiltern AMHT (East and West)
- Oxon City and NE AMHT
- District Nursing

Table 6 provides further details with the mitigations and actions being taken.

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

- Podiatry (reason: high vacancies, waits for treatment, number of complaints/concerns)
- Children's Integrated Therapies (reason: waits for treatment and number of complaints/concerns)
- Bucks Memory Clinic service (reason: high vacancies, low clinical supervision and waits for treatment)
- Bucks OA South CMHT (reason: very high vacancies and sickness for more than 2 months)
- Bucks Aylesbury CMHT (reason: high vacancies and complaints)
- Oxon South AMHT (reason: 3 serious patient self-harms and 7 complaints in 3 months, mostly in July 24)
- Oxon Perinatal service (reason: psychology staffing in the team, limited investment so not able to implement national model)
- Swindon CAMHS (reason: high vacancies, waiting times for assessment and treatment and 2 MP queries and 2 informal concerns in the last 3 months)

Waiting times

National Targets

The performance for the following services with national waiting targets are reported in the integrated performance report to the Board of Directors monthly, so are not repeated here. Services/metrics include;

- Adult community mental health teams making 2 contacts for routine referrals within 4 weeks
- All referrals to the EIS must have an attended contact within 14 days.
- Children community mental health teams making 1 contact for routine referrals within 4 weeks
- Adult mental health urgent care teams (crisis teams/SPA) having contact for very urgent referrals within 4 hours and urgent referrals within 24 hours
- Adult and children mental health psychiatric liaison teams responding to acute referrals within 1 hour
- CAMHS referrals for support with an eating disorder urgent seen within 7 days and routine within 28 days
- All ages referrals with reason of suspected autism seen within 91 days.

Data Quality

Data on patients waiting is now available in TOBI to support teams to improve the data quality. Caution needs to be used if using TOBI data alone without a check with the local team/service.

There has been significant work to improve the data quality for waits particularly for CAMHS Neuro Diversity and Adult ADHD Services in Bucks and Oxon, by the end of August 2024 the work will be completed. The same work is needed across all services to have reliable central data on number of patients waiting and length of time of waits. At the moment the focus is on waits from referral to first contact (assessment). There is scoping work to possibly use the RiO waiting list function and to expand the work to look at waiting times through the system such as waiting for a primary worker, waiting from an assessment to treatment.

The Trust's Business services team meet monthly with the children, adult and older adult mental health services to review the patients who are waiting which is driving up data quality and improving the accuracy of data available on TOBI. This work is to start in the Primary, Community and Dental services from September 2024.

Complaints

From May-July 2024 there were 33 concerns, complaints or MP queries raised relating to waiting times and access; 11 in May, 11 in June and 11 in July.

Out of the 33, most related to Bucks CAMHS Neuro Diversity pathway (n=7) and the Oxon CAMHS Neuro Diversity pathway (n=8). Demand and capacity work has been completed with a plan for a more efficient assessment model. However there are still challenges with the recruitment into psychology posts, the number of referrals continuing to grow and a lack of building space to implement the new assessment model. Internal monitoring and support is in place including; monthly performance meetings, harm minimisation group, monthly meetings with commissioners and weekly performance reports to commissioners.

The Adult ADHD services in Bucks and Oxon paused new referrals from April 2024 due to demand being greater than capacity, to enable the clinical team to work through the waiting list and reviews. Quality Impact Assessments have previously been shared with the sub-group members in relation to pausing new referrals. Rob Bale, Executive Managing Director, is overseeing the work and reviewing progress regularly. A number of issues are starting to be raised as the pause continues, for example no one is commissioned to provide annual reviews and GPs may stop prescribing without support. A harm minimisation plan is in place and there are ongoing discussions with ICB about the model for the service going forward.

Services highlighted with waiting times/delays in response

Services are working incredibly hard however for a mixture of challenges, which vary by service, the following services have higher waiting times as unable to meet demand. The information is based on patients recorded as currently waiting who have breached any national/local targets. Note the data quality issues mentioned above which are still being worked through.

Each service is locally managing their waiting list, often manually and regularly reviewing those patients waiting and re-prioritising by patient need, as well as putting mitigating actions in place to reduce risks and harm to patients.

- Children's integrated therapy service – speech and language, physiotherapy and OT
- Podiatry – particularly struggling with follow up appointments within expected timescales
- Bladder and bowel children's and adults
- Nutrition and dietetics
- The District Nursing service are delaying about 350 visits per day due to a lack of capacity, there is on average a 28%+ gap between capacity and demand for the service, and referrals are increasing.
- Dentistry affecting both children and special care adults needing general anaesthetic procedures due to limited access to theatre space. The current waiting period for children is 15 months and there are 232 children waiting. Some additional weekend theatre sessions will be available from Sept 2024 which will help to reduce the waiting list and time.
- Oxon CAMHS Neuro Diversity (manual data shows 3526 patients waiting, mean time 81 weeks. High number of complaints received about the waiting time)
- Oxon Adult ADHD Services (manual data shows 2567 patients waiting, mean wait 84 weeks)
- Oxon Memory clinic services
- Oxon adult community eating disorder service
- Bucks CAMHS Neuro Diversity (manual data shows 3352 patients waiting, mean time 81 weeks. High number of complaints received about the waiting time)
- Bucks Adult ADHD Services (manual data shows 1194 patients waiting, mean wait 60 weeks)
- Bucks Adult Autism (manual data shows 454 patients waiting, mean wait 66 weeks)
- Bucks Memory clinic services
- Oxon and Bucks Complex Needs Service, although some of the waits relate to the service model based on group treatment, resulting in a delay in assessment and treatment.

Community teams identified as needing Enhanced Support

Table 6.

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
Oxon North and West AMHT	No	• Vacancies high 24.8% and similar to last month. Higher in the Witney team for clinical staff at about 56%. Risk with reliance on agency staff who can leave with no notice leaving patients unallocated and pressures on existing staff. Risk in relation to delays in treatment. • Sickness in July 24 was at 12.9%, compared to 9.3% the previous month. • Clinical supervision in July 24 at 54% • Patient harm; 3 serious self-harm incidents and 2 suspected suicides in the last 3 months May-July 24. • 2 PSIRP cases (identified May and July 24) in relation to involving families and delay in treatment. • 4 complaints/concerns raised between May-July 24.	No real changes in recruitment, one post offered/adverts currently out. Recent loss of agency staff unexpectedly has further impacted on the team meaning caseloads need reallocating to existing staff who already have high caseloads. Seeking CVs and interviews via ID medical to support agency recruitment. Reviewing caseloads within MDT. QI work due to start to focus on review of FACT board model. Support effective allocation. Working with HR re sickness monitoring for some staff. Clinical supervision has improved in the last few weeks to 78%, main issue was staff not recording, current missing supervisions are due to annual leave and sickness. Incidents and complaints discussed in leadership meetings, and action shared. Ongoing service development work within one part of the team (Witney) due to some challenges within the MDT and cultural dynamics. This is the team that is holding more vacant posts and loss of agency workers. SLT team members are joining the weekly local leadership team meetings to offer support.
Bucks Chiltern AMHT (East and West)	No	• Vacancies high, East 47.7% and West 35.1%. • Sickness high in July 2024, 40.3% • Patient harm: 2 suspected suicides. • 2 PSIRP cases identified in May 24 relating to patients being missed/lost in handover/follow up between teams. • 4 complaints/concerns raised between May-July 24.	Vacancies still continue to be a struggle but there has been some good engagement from recruitment events with some new starters in the pipeline and conversion of long line agency workers into substantive posts. Early stages with teams looking at culture and the principle of no wrong door, Service Managers engaged in leading a joint way forward across care pathways.
Oxon City and NE AMHT	Yes	• The team is made up of 3 sub-teams, there are different challenges in each team. Overall the teams have high vacancies (34.6% July 24 similar to previous months) combined with increased demand particularly	Deep dive presentation to Quality Committee members in July 2024.

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
		for urgent referrals. Risk of patients being missed/not contacted regularly and delayed treatment. • Patient harm; 1 serious self-harm incident and 2 suspected suicides in the last 3 months May-July 24. • 7 complaints/informal concerns in 3 month period May-July 2024 re: discharge, communication and treatment.	Improvement in recruitment and a focus on retention. Reducing agency employments, some agency staff moving into substantive posts. SLT members to continue to attend leadership team meeting to monitor actions already identified and to support sustaining improvements, including an earlier response to issues as identified. The team now needs time to embed the changes, new staff starting, team away day planned. Head of organisational development and team are keen to support team development. Exercise underway to process map referral/triage processes with support from the OHI team.
District Nursing	Yes	• Growing demand is exceeding capacity and current available resources. National Community Nursing Safe Staffing Tool results for 2023 demonstrates an average 28% gap (60+ WTE staff) in available capacity vs demand. On average 750-800 visits are completed each day, however 350+ visits are being delayed due to a lack of capacity. The service carries a caseload of around 7,000 patients. • Patient harm: 23 moderate and above incidents in the last 3 months May-July 24, most relate to pressure ulcers developed in service. All pressure ulcers are reviewed to understand if there were any lapse in care provided. 1 PSIRP case was identified in the last 3 months related to a delay in treatment. • 12 complaints/concerns raised between May-July 24 (5 received in June and July), mostly about communication/information and care provided.	Detailed presentation to the Executive Team in June 2024. Short term plan us to focus on managing a safe service and supporting the workforce. A clinical prioritisation framework is in place to prioritise care. Series of QI projects to improve capacity and manage demand, including same day urgent response, centralisation of the duty desk, anti-coagulation caseload, ambulatory clinics and insulin delegation. As well as innovations to support retention (career progression framework) and staff wellbeing. Monthly meetings in place with BOB ICB commissioner/GP leads to monitor situation. Longer term plans are also underway to support managing the significant gap between capacity and demand.