Oxford Health
NHS Foundation Trust

General Meeting of the Council of Governors

Thursday 17 September 2026, 17:30 - 19:30

POWIC building, Warneford Hospital, Oxford, OX3 7JX

AGENDA

Apologies to: contactyourgovernor@oxfordhealth.nhs.uk

No.	Item	Lead	Purpose	Paper	Time
Standing and opening items					
1.	Introduction and welcome	Chair – Andrea Young		N/A	17:30
2.	Apologies for absence and quoracy check	Chair		N/A	
3.	Declarations of interest on matters pertinent to the agenda	Chair		N/A	
4.	Minutes of meeting held on 11 June 2026 and matters arising	Chair	Approval	Enclosed	
5.	Learning Disability Services - Experts by Experience feedback from involvement in staff interviews	Rachel Miller - Patient Experience and Involvement Lead, Learning Disabilities	Discussion	N/A	17:35
Update reports					
6.	Chair's report	Chair	Assurance	Enclosed	17:55
7.	Chief Executive's report – introduction to new Chief Executive, Dr Michael Holland	CEO – Dr Michael Holland	Assurance	Verbal	
8.	Lead Governor's report	Lead Governor – Vicki Power	Assurance	Enclosed	
9.	Non-Executive Director update on recent work – Helen Mackenzie	Chair of Quality Committee	Information	Verbal	18:15
Business items					
10.	External Audit Report – *joining item virtually*	External Auditors – Claire Mellons	Information	Enclosed	18:25
11.	Annual Report & Accounts 2025/26	Chief Finance Officer & Executive Director of Corporate Affairs	Information	Enclosed	18:30
12.	Council appointments ▪ Oxford University Hospitals NHS FT appointments	Deputy Director of Corporate Affairs	Approval	Verbal	18:40

	▪ Buckinghamshire Council appointed governor				
Questions from the public					
13.	Questions from the public	Chair		N/A	18:45
14.	Close of public meeting Confidential items: Members of the public are excluded from the Council of Governors meeting in private having regard to commercial sensitivity, confidentiality, personal information and/or legal professional privilege in relation to the business to be discussed. Relevant officers will be invited to attend for specific items.	Chair		N/A	
Session in private – Chair and Governors only					
15.	Minutes of private meeting held on 11 June 2026 and matters arising	Chair	Approval	Enclosed	18:45
16.	Non-Executive Director appointment - for information	Taff Gidi – Executive Director of Corporate Affairs	Assurance	Enclosed	18:50
17.	Non-Executive Director appraisals – Chair's summary appraisal	Chair	Assurance	Enclosed	18:55
18.	Chair's appraisal	Senior Independent Director & Lead Governor	Assurance	Enclosed	19:00
19.	Health Bill – potential implications for Council of Governors	Ben Cahill – Deputy Director of Corporate Affairs	Information & Discussion	Verbal	19:05
20.	Close of private meeting	Vice Chair		N/A	
	Date of next meeting – 3 December 2026 - Online via MS Teams				
Reading Room/Appendix					
21.	Trust Performance & Finance supporting papers – from July 2026 Board of Directors i. Integrated Performance Report ii. Finance Report iii. Quality Dashboard iv. Board Assurance Framework				

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DRAFT Minutes of the Council of Governors meeting held in public on 11 June 2026, at 17:30 via Microsoft Teams

Present:

Lucy Weston (**LW**) (Chair)	Trust Vice Chair
Joel Rose (**JR**)	Appointed governor, Bucks Mind
James Brown (**JB**)	Public governor, Oxfordshire
Colleen Jones (**CJ**)	Public governor, Buckinghamshire
Juliet Hunter (**JH**)	Public governor, Oxfordshire
Carolyn Llewellyn (**CL**)	Appointed governor, Oxford Brookes University
Vicki Power (**VP**)	Staff governor, Buckinghamshire mental health (Lead governor)
Paul Ringer (**PR**)	Appointed governor, Age UK Oxfordshire
Graham Shelton (**GS**)	Appointed governor, Oxford University Hospitals
Tanveer Siyan (**TS**)	Carer governor
Marc Smith (**MS**)	Public governor, Buckinghamshire

In attendance:

Rob Bale (**RB**)	Chief Operating Officer for Mental Health & Learning Disability
Taff Gidi (**TG**)	Executive Director of Corporate Affairs
Heather Smith (**HS**)	Chief Finance Officer
Rick Trainor (**RT**)	Non-Executive Director
Harjit Sandhu (**HS**)	Non-Executive Director
Helen Mackenzie (**HM**)	Non-Executive Director
Ben Cahill (**BC**) - minutes	Deputy Director of Corporate Affairs
Ffion Gore (**FG**)	Patient & Carer Experience & Involvement Lead
Maria Bourbon (**MB**)	Oxfordshire CAMHS Service Manager
Zoe Moorehouse (**ZM**)	Head of Temporary staffing and Medical Workforce
Sam Shepherd (**SS**)	Deputy Director of Strategy (part)

1. a	**Introduction and welcome from the Chair** LW opened the virtual meeting of the Council of Governors and welcomed all attendees. She confirmed that a private session would follow the public meeting.	**Action**
2. a b c d	**Apologies for absence and quoracy check** The meeting was confirmed as quorate. Apologies were received from the following governors: Evin Abrishami, Sri Sabapathy, Kate England, Kate Gregory, and Julie Timbrell. Absent without received apology: all other governors not listed above. Apologies received from the Board: Andrea Young, Grant Macdonald, Britta Klinck, Charmaine De Souza, Amelie Bages, Mindy Sawhney, Kamal Mahtani, Karl Marlowe and Emma Leaver.	
3. a	**Declaration of interests on matters pertinent to the agenda** None raised.	

4.	**Minutes of last Meeting on 5 March 2026 and Matters Arising**	
a	The minutes of the last public meeting held on 5 March 2026 were approved as a true and accurate record, and there were no matters arising.	
b	**The Council approved the minutes and noted there were no matters arising.**	
5.	**Presentation on involvement of young people in CAMHS (Unloc)**	

a.	Ffion Gore gave a presentation to governors on work with the Unloc project and youth coproduction within Child & Adolescent Mental Health Services (CAMHS). The presentation covered that:
	• The project engages young people (secondary school age up to 18) to co-produce service improvements.
	• Since 2023 the model has become more action-focused via a Youth Action Group.
	• Four project themes were delivered, including:
	    o School immunisation resources
	    o CAMHS sustainability initiatives
	    o 0–19 health information
	    o Waiting area information design
	• Outputs included:
	    o Posters and sustainability materials
	    o Travel survey for service users
	    o Design improvements aligned with young people's preferences (e.g. layout, colour, accessibility)	

b.	Governors thanked FG for the presentation with discussion following on: • Strong support for co-production and engaging young people's perspectives; • Discussion around the challenges of but value of measuring impact and ensuring 'feedback loops' from young participants; • Recognition that youth-designed materials improve relevance and engagement; • It was noted that sustaining engagement is challenging due to turnover of participants and data-sharing constraints.	
c.	Governors thanked FG for the presentation.	
6.	**Chair's report**	
a	In the absence of the Trust chair, LW took the Chair's update report as read. No questions were raised.	
b	**The Council noted the Chair's report.**	
7.	**Chief Executive's report**	
a	The Chief Executive's report was noted. As the Chief Executive had offered apologies for the meeting, the Chair asked that if any governors had queries on the CEO report to direct these to the Deputy Director of Corporate Affairs.	
b	**The Council noted the Chief Executive's report.**	
8.	**Lead Governor's report**	
a	Vicki Power presented her lead governor's report, taking it as read but highlighting the following: • Ongoing national developments regarding the role of governors relating to the Health Bill proposal to remove membership and governors; • New Head of Communications at the Trust is now in post and will work with VP to explore support for improved governor engagement.	

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b	There was a discussion on the impact of the proposed removal of governors via the Health Bill and, if this came into force, how the voices of governors could be kept via alternative routes – it was the view of governors that this voice and input should not be lost. VP suggested that there be a private CoG discussion on the implications of the Bill when further information was available. **The Council noted the Lead Governor's report.**	
9. a b c	**Non-Executive Director update – Harjit Sandhu** Harjit Sandhu provided the council with an update on his recent work as Chair of the Audit & Risk Committee. HS has recently joined the Trust as a new Non-Executive Director and was pleased to inform governors of his positive impressions and experiences of the Trust since joining. Specific to his work as Chair of the Audit & Risk Committee, HS noted the strong feedback from the Trust's external auditors as part of the annual accounts process, and noted the high degrees of assurance given by auditors on recent audit work include the data security toolkit. There was a discussion on cyber security and the importance of remaining vigilant to cyber threats. **Governors welcomed HS to his roles as NED at the Trust and noted his update.**	
10 a b c d	**Staff Survey 2025 – summary of results** Zoe Moorhouse talked through the summary pack of results for the 2025 Staff Survey circulated to governors ahead of the meeting. Noting that the pack set out a range of information about the survey results, ZM highlighted that the response rate was 61.3% which is the highest in 10 years; that OHFT is now above the national average in all nine of the People Promise domains; that strengths of the results included quality of care and staff advocacy; but that challenges were also in: workload and capacity pressures, pay satisfaction, and inequalities (particularly ethnicity and disability experience). ZM noted current actions underway including: Anti-racism strategy development; improved reporting of bullying/harassment; and a focus on flexible working and team development. Governors thanked ZM for the presentation, with ensuring discussion centring on: noting the progress made since the 2024 results, particularly communication of actions; noting concern that inequalities persist and require stronger targeted action; and requesting future clearer reporting if possible on the linkage between data and actions, particularly for disability. **The Council noted the Staff survey 2025 summary update.**	
11. a b	**Strategy & Planning update** Sam Shepherd provided the council with an update on current Trust strategy and planning, talking through the information pack circulated to governors. SS highlighted: • The extensive engagement undertaken (600+ staff; stakeholders; partners) in the development of the Trust strategy; • That the new Tryst strategy is to be finalised over July July and launched later in the year (expected Autumn); • That the new strategy and related planning will focus on: Quality of life and experience; Communities and population health; Workforce; with an	

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	emphasis on realism of deliverability, and setting clear implementation plans via a strategy delivery plan.	
C	Governors thanked SS for the update on the progress of the Trust strategy, with ensuring discussion centring on: • The inevitable prioritisation and trade-offs in delivering a strategy and how stakeholder expectations will be managed. SS responded that the strategy delivery plan will be key to achieving this; • How it is just as important for the strategy to describe and setting the direction for change, and not just than listing ambitions; • Processes for how the incoming CEO (in September 2026) has contributed to the development of the strategy.	
d	**The Council noted the update on Trust strategy and planning.**	
12.	**Reminder for return of Fit & Proper Persons forms and Declarations of Interest forms** Ben Cahill reminded governors to complete and return their Fit & Proper annual declaration forms so that these could be recorded. BC noted that further reminders would be sent out over June 2026.	
13.	**Questions from the public** LW invited questions from members of the public. No questions were received.	
14.	**Close of meeting** - the public meeting closed at 19:00	
Date of next meeting: 17 September 2026, 530pm – at the POWIC, Warneford Hospital		

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Meeting:	Council of Governors
Agenda item:	05
Report title:	Expert by Experience involvement in staff interviews within the Learning Disability Services.
Lead director:	Britta Klink
Report author(s):	Learning Disability Experts by Experience with support from Rachel Miller Patient Experience and Involvement Lead.
Action this paper is for:	☐ Decision/approval ☑ Information ☐ Assurance
Reason for submission to the Council of Governors:	This is being submitted to the Council of Governors to explain how experts by experience with Learning Disabilities are involved in staff recruitment and the potential benefits this brings to the Experts by experience and to staff/the service.

Executive summary
The presentation will outline the ways in which experts by experience with a learning disability are involved in the interviewing phase of Trust recruitment. The expert by experience will explain how being involved in interviews makes him and his colleagues feel. We will also hear quotes from staff who have been interviewed by experts by experience and from a recruiting manager about the value the experts by experience bring to the process. Within Learning Disability Services, we aim for Expert by Experience involvement in all recruitment processes. However, across the Trust there are some areas who do this regularly and others where this is not considered. There is a group currently looking at Expert by experience involvement in recruitment , so we hope this presentation will highlight the potential benefits EBE involvement can bring to Services as well as the Experts by experience if it is an approach that is committed to.

Report
PowerPoint presentation with embedded audio will be shared with governors at the meeting.

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

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

Meeting	Council of Governors
Date of Meeting	17 September 2026
Agenda item	06
Report title	Trust Chair's report
Executive lead(s)	N/A
Report author(s)	Andrea Young, Trust Chair
Action this paper	☐ Decision/approval ▯ Information ☐ Assurance
Reason for submission to the Council	For information
Public or confidential	Public

Report

This is my second report as Chair to the Governors and I reflect that a lot of change has and continues to happen, both in our external world and within the organisation.

Starting internally, this month we welcome our new CEO, Michael Holland who will be at our meeting in person. We also have new Non-Executive Directors joining the Board, some of whom you may not have yet met. Harjit Sandhu joined in March as Chair of the Audit & Risk Committee, Helen Mackenzie as Chair of Quality Committee, and this month Teresa Beach as Chair of People, Leadership and Culture Committee. My thanks to governors who gave their time freely to support our selection process. More recently we made a new appointment of Associate NED, a fixed term 12-month post, which enables someone to learn about being on an NHS Board, to offer different insights and decide if this is something they may want to pursue further. We will be announcing that appointment shortly.

In my fifth and sixth month as Chair I have met with several other Chairs, in local and peer mental health Trusts, local Acute Trusts, Council leaders, our Integrated Care Boards and most recently the new Chair of Oxfordshire and West Berkshire MIND. These meetings help me calibrate our own context, and to explore if there are things we can learn and do differently. They also help me and the board better understand our system environment. National initiatives such as neighbourhood health, mental health strategy, and local government reorganisation (very recently paused by the Secretary of State), and the perspectives of our partners all help to inform where we can be most helpful to local communities and what we can achieve together.

Over the Summer, the Directors of Public Health in Oxfordshire and Buckinghamshire published their annual reports. Both are excellent reads if you want to get under the bonnet of a local area and to gain insight on the health and wellbeing needs of its people. In Oxfordshire there were some encouraging signs of progress in three deprived wards. Both counties now have a good infrastructure of community development workers in local areas, who work with voluntary services and community groups, and who can provide a good connection for us as we work towards more localised and joined up services.

Next month I shall be meeting with other Chairs and CEOs of Mental Health voluntary and community sector organisations in Oxfordshire. This is our second meeting where we hope to strengthen relationships and to find better ways of working together.

Turning internally, the Trust has had several regulatory inspections in the last 3 months. The Care Quality Commission inspected our Older Adult mental health services in Oxfordshire and Buckinghamshire in July, and our Acute Mental Health wards in Oxfordshire and Buckinghamshire in September. Earlier in the year, Child and Adolescent Mental health care wards in Oxford and Swindon were inspected and rated as 'Requires Improvement'. We do not yet know the ratings of the more recent inspections, but we shall keep governors informed. During the inspection processes, we were not alerted to major issues to address but we do know our estate continues to be a challenge in providing a positive therapeutic environment.

Our expectation is that these service inspections will precede an inspection of governance and leadership later this year – referred to as a Well-led inspection. The Board has been preparing for this, by commissioning an external review and putting together our own development plan.

During the summer OFSTED inspected three of our Apprenticeship Programmes. A jewel in Oxford Health's crown we were proud to share our work in this area – which supports over 500 apprentices, in a range of vocational areas, ranging from cyber security, carpentry to health management. We don't yet know the outcome of the inspection, but our team continues to grow the numbers and its ambition. This work is truly important, not just for the individuals who may be getting a fresh life chance but also for the local economy in developing skills in our local workforce.

Finally, I want to commend the Trust's new strategy to all governors. It has been a bit of a labour of love in getting to this place, but an organisation that has no sense of direction will always struggle or end up only ever reacting to events. Our strategy has been worked up with extensive input from staff, partner organisations, patients and their families and of course governors too. Linking back to my start point, the strategy points us toward being more outward focussed, to try and support people earlier in their need (and so prevent more acute care being required), and to work with patients and their families as co-producers of their care. We also aim to simplify care, for those using our services and those working in them.

Tackling inequalities is an important new area for us, and collaborating with others, whilst not new, demands a fresh impetus on us to think differently, to be clear what we offer and to lead or follow others, depending on who is best placed to do so.

As ever my continued thanks to you as governors who - despite the uncertainty about the future of the role - continue to fulfil your responsibilities with enthusiasm and support for the Trust and more importantly the people we serve. I hope, with clarity as the Health Bill emerges, we can continue to work closely, with appreciation whatever the outcome.

Andrea Young, Trust Chair

Report history / meetings this item has been considered at and outcome
This report has been produced for 17 September 2026 Council of Governors.

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

Meeting	Council of Governors Meeting
Date of Meeting:	17 September 2026
Agenda item:	08
Report title:	Lead governor update
Executive lead(s):	N/A
Report author(s):	Vicki Power, Lead Governor
Action this paper is for:	☐ Decision/approval ☑ Information ☐ Assurance
Reason for submission to the Council:	For information – update report from lead governor
Public or confidential:	Public

Report

I would like to begin by extending a warm welcome to Dr Michael Holland as he takes up the role of Chief Executive. Michael joins Oxford Health at an important point in the Trust's development including new strategy - Governors look forward to working constructively with him as he meets colleagues, visits services and listens to patients, carers and key stakeholders.

A significant focus for Governors over the past year has been the recruitment of new Non-Executive Directors. Governors have invested considerable time and care in shaping the process, participating in engagement and selection activity, and ensuring that appointments reflect the skills, values and diversity needed by the Board. I would like to thank everyone who contributed. The outcome is a really strong group of new Non-Executive Directors, and we look forward to building effective working relationships with them.

This recruitment work demonstrates the practical importance of the Governor role. Alongside appointments, Governors have continued to observe Board committees, strengthen links with Non-Executive Directors, contribute to Council agendas and seek assurance on the issues that matter. As our new Chief Executive and Non-Executive Directors settle into their roles, it will be important that we continue to develop these relationships to make sure the experiences of patients, carers and the public are heard.

As the Health Bill passes through Parliament, the future role and form of Councils of Governors remains uncertain. A private item later on the meeting agenda will provide an opportunity for a fuller and open discussion about the future, the implications of the changing NHS landscape and how Governors can continue to add value.

Within the meeting there will be an item on appointments, including an opportunity for expressions of interest in the Council's appointed governor to Oxford University Hospitals NHS Foundation Trust. This provides a useful opportunity to support effective partnership working.

Priorities for the next quarter will be to support effective induction and engagement with the new Chief Executive and Non-Executive Directors, continue to strengthen Governor relations and links with Board committees, and take forward the Council's discussion on its future role. Please do contact me if you have any questions or would like to discuss any of the points raised in this update.

Vicki Power, Lead Governor

Report history / meetings this item has been considered at and outcome
This report has been produced for 17 September 2026 Council of Governors.

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

Oxford Health NHS Foundation Trust

Auditor's Annual Report

Year ended 31 March 2026

8 July 2026

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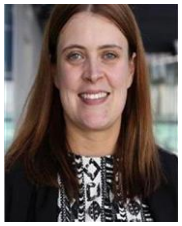

Audit and Risk Committee
Oxford Health NHS Foundation Trust
Warneford Hospital
Warneford Lane
Oxford
OX3 7JX

8 July 2026

Dear Audit and Risk Committee Members,

2025/26 Auditor's Annual Report

We are pleased to attach our Auditor's Annual Report including the commentary on the Value for Money (VFM) arrangements for Oxford Health NHS Foundation Trust. This report and commentary explains the work we have undertaken during the year and highlights any significant weaknesses identified along with recommendations for improvement. The commentary covers our findings for audit year 2025/26.

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

We welcome the opportunity to discuss the contents of this report with you at the Audit and Risk Committee meeting on 18 September 2026.

Yours faithfully

Claire Mellons

For and on behalf of Ernst & Young LLP

Encl

Contents

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

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

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01 Executive Summary

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Executive Summary

Purpose

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

Responsibilities of the appointed auditor

We have undertaken our 2025/26 audit work in accordance with the Audit Plan that we issued on 2 April 2026. We have complied with the National Audit Office's (NAO) Code of Audit Practice 2024, other guidance issued by the NAO and International Standards on Auditing (UK).

As auditors we are responsible for:

Expressing an opinion on:

- The 2025/26 financial statements;
- The parts of the remuneration and staff report to be audited;
- The consistency of other information published with the financial statements, including the Annual Report;
- Whether the consolidation schedules are consistent with the Foundation Trust's financial statements for the relevant reporting period.

Reporting by exception:

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

Responsibilities of the Foundation Trust

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

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Executive Summary (continued)

2025/26 conclusions

Financial statements	Unqualified – the financial statements give a true and fair view of the financial position of the Foundation Trust as at 31 March 2026 and of its expenditure and income for the year then ended. We issued our auditor's report on 25 June 2026.
Parts of the remuneration report and staff report subject to audit	We reported several errors within the remuneration and staff report as part of our audit work, due to errors found within the salaries and allowances table, the pensions table, the fair pay disclosures and the exit packages disclosure. These were all adjusted for by management in the final version of the Annual Report and Accounts.
Consistency of the other information published with the financial statement	Financial information in the Annual Report and published with the financial statements was consistent with the audited accounts.
Value for money (VFM)	We had no matters to report by exception on the Foundation Trust's VFM arrangements. We have included our VFM commentary in Section 03.
Consistency of the annual governance statement	We were satisfied that the annual governance statement was consistent with our understanding of the Foundation Trust.
Referrals to NHS England	We made no such referrals.
Public interest report and other auditor powers	We had no reason to use our auditor powers.

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Executive Summary (continued)

2025/26 conclusions (continued)

Reporting to the Foundation Trust on its consolidation schedules	We concluded that the Foundation Trust's consolidation schedules agreed, within a £742,800 tolerance, or £300,000 tolerance for losses and special payments, gifts and contingent liability disclosures, to the audited financial statements.
Reporting to the National Audit Office (NAO) in line with group instructions	We have reported to the NAO in line with their group instructions.
Certificate	We cannot formally conclude the audit and issue an audit certificate until the NAO, as group auditor, has confirmed that no further assurances will be required from us as component auditors of Oxford Health NHS Foundation Trust.

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Executive Summary (continued)

Value for money scope

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

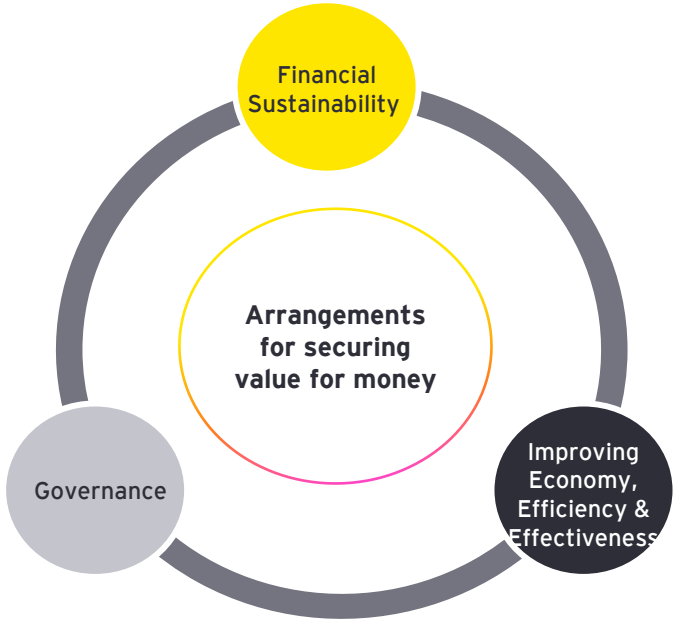
We do not issue a 'conclusion' or 'opinion', but where significant weaknesses are identified we will report by exception in the auditor's opinion on the financial statements.

The specified reporting criteria are:

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

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

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



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Executive Summary (continued)

Reporting

Our commentary for 2025/26 is set out in Section 03. The commentary on these pages summarises our understanding of the arrangements at the Foundation Trust based on our evaluation of the evidence obtained in relation to the three reporting criteria (see table below) throughout 2025/26. There are no recommendations arising from the value for money work for the year 2025/26, and an update on the one recommendation agreed with the Foundation Trust within the value for money work in the prior year is reported in Appendix A.

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

Reporting criteria	Risks of significant weaknesses in arrangements identified?	Actual significant weaknesses in arrangements identified?
Financial sustainability: How the Foundation Trust plans and manages its resources to ensure it can continue to deliver its services.	No significant risks identified.	No significant weakness identified.
Governance: How the Foundation Trust ensures that it makes informed decisions and properly manages its risks.	No significant risks identified.	No significant weakness identified.
Improving economy, efficiency and effectiveness: How the Foundation Trust uses information about its costs and performance to improve the way it manages and delivers its services.	Care Quality Commission (CQC) inspection result on the Trust's Child and Adolescent Mental Health Services (CAMHS) wards.	No significant weakness identified.

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Executive Summary (continued)

Independence

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

There are no relationships from 1 April 2025 to the date of this report, which we consider may reasonably be thought to bear on our independence and objectivity.

EY Transparency Report 2025

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

Details of the key policies and processes in place within EY for maintaining objectivity and independence can be found in our annual Transparency Report which the firm is required to publish by law. The most recent version of this Report is for the year ended 30 June 2025:

EY UK 2025 Transparency Report | EY - UK

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02 Audit of financial statements

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Audit of financial statements

Key findings

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

On 25 June 2026, we issued an unqualified opinion on the financial statements. We reported our audit scope, risks identified and detailed findings to the 15 June 2026 Audit and Risk Committee meeting in our Audit Results Report. We then issued an updated and final Audit Results Report to management on 25 June 2026, alongside our opinion. We outline on the next slide the key issues identified as part of our audit.

We identified two new control recommendations during this audit; and of the two open recommendations from the previous year, we have closed one and kept one open.

Control	Issue	Conclusion
Remuneration Report (formerly Exit packages) (high) Open from 2024/25	In previous years we have identified several issues in the exit packages disclosure relating to exit packages being based on payment date, rather than agreement date. In 2024/25 we expanded the recommendation to include the wider remuneration report elements that are subject to audit, due to errors being identified in these disclosures.	We have identified significant levels of audit differences in 2025/26 across all auditable areas of the remuneration report, including the exit packages and fair pay disclosures. We therefore retain this finding. In response to this recurring recommendation, management have revised their methodology for recording exit packages throughout the year and have also revised the methodology for calculating the fair pay disclosures.
Leases (low) Open from 2024/25	In the prior year we identified several errors within lease disclosures and recommended that improved quality assurance processes were put in place for this area.	We did not identify significant errors this year, and we have closed this recommendation.
Accruals Threshold (low) Identified in 2025/26	It is our understanding that currently, management do not set any minimum value threshold for accruals, and instead seek to accrue for all items, regardless of their value. We would encourage management to consider whether they would benefit from introducing a de minimis threshold for next year, to increase efficiencies across the Finance team.	Management are looking into this recommendation.
Accounts Preparations (low) Identified in 2025/26	We identified many casting and consistency errors, across multiple versions of the financial statements and identified two instances whereby material related party relationships were not identified and disclosed within the financial statements. We therefore recommended management implement stronger quality control processes to identify casting errors and undisclosed related party relationships.	Management accepts this recommendation and recognises the importance of strengthening processes and controls with the presentation of the accounts.

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Audit of financial statements (continued)

The Statement of Accounts is an important tool for the Council to show how it has used public money and how it can demonstrate its financial management and financial health. In our Audit Planning Report, we identified two significant risks for our audit of the financial statements of the Foundation Trust where there is potential risk and exposure. Our consideration of these matters is summarised below.

Financial statement risks	
Significant risk	**Conclusion**
Presumptive risk of management override of controls The accounts as a whole are not free of material misstatements whether caused by fraud or error. As identified in ISA (UK) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.	We have not found any evidence of material misstatement due to management override of controls as part of our work.
Misstatements due to fraud or error – risk of fraud in revenue and expenditure recognition We linked the risk specifically to the understatement of research and development income, overstatement of deferred income and understatement of receivables. We linked it to these accounts as they may involve estimation and judgement from management and therefore may be manipulated to produce the desired year-end financial position by inappropriate recognition of revenue and expenditure.	Our audit work found no indication of material fraud or error in these balances.

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03 Value for money commentary

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Value for Money Commentary

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

No significant weakness identified

The Foundation Trust has well established processes and networks for liaising with colleagues at the Integrated Care Board, and across the wider Integrated Care System, to understand the level of funding to be received as part of the system level financial envelope. Within the Foundation Trust, planning assumptions are in place within professional functions e.g. financial planning assumptions, workforce planning assumptions, and equivalent. NHS England provide clear guidance on operational planning requirements and long-term plan ambitions. The Foundation Trust receive an operational capital allowance each year from NHS England, and further capital funding can be applied for. The Foundation Trust are in the process of applying for additional funding for future years in relation to the Warneford Park programme, which is currently in the planning application stage. We note this will be a significant consideration in our Value for Money assessment in the coming years.

Whilst there is already good communication between professional functions within the Foundation Trust when putting together the plan, work has been under way in recent years to improve the alignment of planning assumptions so that greater assurance of their consistency, consistent application and testing can be achieved by a central coordinated business planning function. While work is still underway in this area, we note positive improvements in the coordination of the business planning functions. We have reviewed plans for the 2026/27 budget which were submitted during 2025/26, and these show clear coordination between functions such as the inclusion of temporary staffing plans which will require significant involvement from non-financial functions.

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

The Foundation Trust reports the financial position each month to the Board of Directors through the Integrated Performance Report. The financial position is also reviewed by the Finance & Investment Committee, who meet every two months. The Finance & Investment Committee also review financial reports and proposals in greater detail, such as updates on the Warneford Park programme and the Private Finance Initiative exit payment. There is the ability to flex the financial plan, should it be required, for significant events during the year such as contract variations, winning new business, or to achieve greater efficiencies. Approval for flex to budgets must be obtained from both service leads and senior finance staff. The finance team also provide day to day support for the more immaterial financial matters.

Conclusion: Based on the work performed, the Foundation Trust had proper arrangements in place in 2025/26 to enable it to plan and manage its resources to ensure that it can continue to deliver its services.

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Value for Money Commentary (continued)

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

No significant weakness identified

The Audit and Risk Committee is the main committee of the Board that has oversight of the risks and internal controls of the Foundation Trust. It regularly receives and challenges the corporate risk register which is the document that collates the most significant risks to the Foundation Trust, including financial risks. In March 2026 the Foundation Trust appointed a new Chair of the Audit and Risk Committee. During 2025/26 the Chief Executive announced their retirement for later in 2026, and the Nominations, Remuneration and Terms of Service Committee has acted effectively to appoint a new Chief Executive with the use of external support, and effective discussions surrounding the composition of the interview panel.

The main mechanism through which the Committee discharges its responsibilities in relation to the operation of internal control is through receiving reports from internal audit and holding management to account for addressing recommendations made as part of their work. The internal audit provider also provides counter fraud services which supports the Foundation Trust in taking actions to prevent and detect fraud and summaries of these actions are also reported into each Audit and Risk Committee meeting. The 2025/26 internal audit and counter fraud annual reports show effective progress against the plan and evidence of an effective system of internal controls with no high priority findings or recommendations.

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

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

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

During the audit we identified a large number of casting and consistency errors in multiple versions of the financial statements and two instances whereby material related party relationships were not identified and disclosed, and raised a recommendation as part of our financial statements audit that management implement stronger accounts preparation processes to prevent and detect these errors in future years, to provide the Audit and Risk Committee with more complete and accurate financial statements.

Conclusion: Based on the work performed, the Foundation Trust had proper arrangements in place in 2025/26 to make informed decisions and properly manage its risks.

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Value for Money Commentary (continued)

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

No significant weakness identified

In 2025/26 the Foundation Trust exceeded performance against the initial budget set, with an adjusted operating surplus of £9.7 million which is £4.9 million better than planned. This is due to additional funding received from NHS England at the end of the financial year, awarded to the Foundation Trust based on their strong financial performance during 2025/26. Once this is removed the operating surplus is in line with the planned surplus of £4.8 million, showing effective budgeting and forecasting. The Foundation Trust performed broadly in-line with the national target on the majority of non-financial metrics reported as per the Foundation Trust's Integrated Performance Report published within the financial statements. Performance of the Urgent Mental Health Care unit showed strong performance of indicators above the national average in all areas, and agency usage at 3.11% is below the national target of 4.23%. The child and adolescent mental health (CAMHS) unit showed performance below the national average in several metrics, which is consistent with the rating of 'requires improvement' issued to this unit by the Care Quality Commission (CQC), as discussed further on the next page.

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

A core element of improving and managing the delivery of services of the Foundation Trust is through partnership working – both within the Integrated Care System that the Foundation Trust operates and in terms of the provider collaborative arrangements for which the Foundation Trust is the lead provider of approximately £139 million of services. The Foundation Trust manages these partner relationships through engagement at the most senior level – the Chief Executive is the main point of liaison, but all executive team members have a role to play in participation of partner groups in their area of expertise. These executive team members then feed system wide performance and actions into the financial and operational plans of the Foundation Trust to ensure that plans are consistent with wider partners. The Board also see a high-level summary of the Integrated Care System performance as part of the regular reporting pack.

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

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Value for Money Commentary (continued)

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

The Foundation Trust's operational performance is also reviewed externally by the Care Quality Commission (CQC), with the latest overall Trust inspection rating the Foundation Trust as 'good' in December 2019. In April 2026, the Foundation Trust's inpatient child and adolescent mental health (CAMHS) wards were inspected by the CQC, with a rating of 'requires improvement'.

The inspection report, which was undertaken in November 2025 and published online by the CQC in April 2026, noted three areas where improvements were required; safe, responsive and well-led. The main findings for each area were:

- Safe: The service relied heavily on restrictive practices, with limited evidence that de-escalation was attempted before restraint, and risk assessments were not completed prior to young people leaving the ward.
- Responsive: The service did not make sure people were at the centre of their care and treatment choices and they did not work in partnership with people, to decide how to respond to any relevant changes in people's needs. Care plans were often generic and not tailored to individual needs.
- Well-led: Governance processes were in place, but there was limited evidence that actions were followed through. Despite training, staff often recorded information inconsistently, making care records difficult to navigate.

The report also noted that due to the above matters, this was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations. The Foundation Trust has developed an action plan to respond to the matters identified and, topics covered by the action plan include:

- Issuing training on tailoring care plans to individuals;
- Regular reviews of restrictions;
- Recruitment of a Clinical Lead for Reducing Restrictive Practice; and
- Issuing training on the electronic records system to ensure information is easily accessible for staff.

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Value for Money Commentary (continued)

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

We are satisfied that the findings of the inspection identified were not indicative of wider governance and leadership failings, and the size of services inspected, in comparison to the Foundation Trust as a whole, does not indicate a wider issue. We note that despite the new report, the overall CQC rating for the Foundation Trust remains good, and although the report highlighted breaches of the Health and Social Care Act 2008 regulations, it did also comment on positive practices on the wards, including a good range of professionals, good facilities, and positive interactions between staff and patients.

We also note that management have taken appropriate action to rectify the issues in a timely manner. This includes increasing the level of oversight by senior individuals, increased review of documentation, and increased use of audits to monitor progress. In terms of the non-compliance with laws and regulations, we concluded any potential fine would be insignificant as the history of fines issued by the CQC show fines over our reporting threshold have only been issued in extreme breaches of the regulations.

From our review of the inspection report and the Foundation Trust's response to the inspection, we are satisfied that the CQC inspection rating of 'requires improvement' does not warrant a significant weakness.

Conclusion: Based on the work performed, the Foundation Trust had proper arrangements in place in 2025/26 to enable it to use information about its costs and performance to improve the way it manages and delivers its services.

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04 Appendices

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Appendix A – Recommendations

Recommendations from 2025/26

There are no recommendations arising from the value for money work for the year 2025/26.

Recommendations brought forward from previous years

The table below sets out the recommendation open within the value for money work in the prior year, 2025/26, and progress made in the current year.
This recommendation has been agreed by management.

Issue	Recommendation	Progress made in 2025/26
Governance – failure of Remuneration to meet in person before approving decisions	We identified an instance where members of the Remuneration Committee were provided with a paper via email prior to a settlement agreement with a senior director being signed and approved. However, to follow proper governance procedures the Remuneration Committee should have met prior to the decision being made. This would facilitate proper challenge and discussion that is not possible over email.	This was initially raised in 2023/24, where management noted the recommendation, and acknowledged that best practice would be to discuss the matter in person to facilitate proper discussions and challenge. In both 2024/25 and 2025/26 there have been no senior director exit packages, and therefore we are unable to comment on progress made. As we note management have acknowledged the recommendation, and 2025/26 minutes from the Nominations, Remuneration and Terms of Service Committee has shown effective discussions, we have closed this recommendation as we are satisfied there is no further action required to be taken by management.

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Meeting:	Council of Governors Meeting
Date of Meeting:	17 September 2026
Agenda item:	11
Report title:	OHFT Annual Report and Accounts 2025/26
Executive lead(s):	Taff Gidi – Executive Director of Corporate Affairs Heather Smith – Chief Finance Officer
Report author(s):	Ben Cahill – Deputy Director of Corporate Affairs
Action this paper is for:	☐ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the Council:	For information and assurance
Public or confidential:	Public

Executive summary

Each year all NHS provider trusts are required produce an annual report and accounts and submit these to NHS England prior to being laid before Parliament. A Trust's annual report and accounts are a public document on key performance, financial and governance information for the outgoing year in accordance with national reporting guidance. Governors are asked to note Oxford Health's Annual Report & Accounts 2025/26

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

The Trust's Annual Report and Accounts 2025/26 were submitted to NHS England in late June 2026 after approval from the Trust's Board of Directors (following a recommendation from the Trust's Audit & Risk Committee), support from the Trust's external auditors, and required signatures from the Chief Executive (as Accounting Officer) and the Chief Finance Officer.

The Trust's Annual Report and Accounts 2025/26 were laid before Parliament in early September 2026 following which they were published on the Trust's website. The Annual Report & Accounts will be presented at the Trust's Annual General Meeting on the 24 September 2026.

Governors are asked to note the Annual Report & Accounts 2025/26, including:

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

- the external auditor's audit opinion to governors;
- the Trust's annual accounts.

The Trust's Annual Report & Accounts 2025/26 are available on the Trust's website. Also available on this link is *Oxford Health in Numbers* – a summary document that sets out key information about the Trust, for example – service geographies and sites, caseload and admissions data, service quality information, research funding, and workforce data.
Publications | Oxford Health NHS Foundation Trust

Recommendation(s)
The Council of Governors is asked to note the Trust's Annual Report and Accounts 2025/26.

NHS
Oxford Health
NHS Foundation Trust

Annual Report & Accounts 2025-26

Caring | Safe | Excellent

Oxford Health
NHS Foundation Trust

Annual Report and Accounts
2025/26

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

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Table of Contents

Foreword by the Chair and Chief Executive

Over the past year, staff at Oxford Health NHS Foundation Trust have worked hard to deliver high-quality, compassionate care. It is always a privilege to serve and care for people who are at their most vulnerable and we don't take that responsibility lightly.

Our focus on strengthening teams and ensuring we recruit, retain and develop people who work for us is showing results in staff engagement, with capable and well led teams, who in turn are making improvements and innovating to meet the growing demand for all our services. We have also put in place support for people and their families while they wait for care. There is always more to do, but we are proud of what has been achieved over the past 12 months. It provides a strong foundation to move forward.

Although this is a look back, you will notice that this is the first Annual Report for the Trust's new chair, Andrea Young. It is also the last for chief executive Grant Macdonald, who is stepping down later in 2026.

In the last year we saw the publication of the Government's 'Fit for the Future: A 10 Year Health Plan for England' which aims to reform the NHS through three main shifts: moving care from hospital to community, analogue to digital, and from sickness to prevention. These are changes we wholeheartedly support, specifically caring for people closer to home, enabling recovery, is core to what we do.

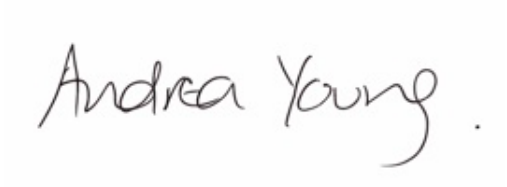
As a Trust we strongly believe in putting people at the centre of their care and are focused on care planning. Over this year we have seen how the rollout of a new patient-first mental health care planning approach across adult services is helping people who use our services to shape their own goals and be more actively involved in decisions about their care. Alongside this, the opening of Murray House in north Oxford marked a significant investment in community-based services, providing a modern base for a wide range of outreach and on-site care for people of all ages.

The work of colleagues at the Trust is recognised throughout the year through a range of awards. Whether it is our own Exceptional People, BEE, Daisy, annual Staff Awards or a range of external prizes, marking and recognising achievement and commitment is a part of our Trust culture.

A strong theme throughout the year has been our commitment to sustainability, innovation and responsible stewardship of public resources. In April, we secured funding to install solar panels at Littlemore Mental Health Centre, supporting our ambition to reduce energy costs and environmental impact. This was followed by the launch of our Green Plan 2025–2028, setting out a clear and practical roadmap to support the NHS's ambition to become the world's first net zero health system.

Research and innovation remain central to our mission. This year saw the submission of plans for the Warneford Park development, a unique partnership that will transform the Warneford Hospital site into a major mental health and medical research campus.

We were also delighted to secure £16.3 million in NIHR funding to support the new Applied Research Collaboration Thames Valley, with Oxford Health as the NHS host. Together with the launch of our Count Me In initiative, these developments will help ensure research makes a difference to patients today and for tomorrow.



Andrea Young
Chair

Grant Macdonald
Chief Executive

Performance Report

Performance overview

Statement from the Chief Executive

Oxford Health NHS Foundation Trust is a sizeable organisation, with a wide geographical spread, meaning that summarising a year of activity can be a challenge. Nevertheless, it is my view as Chief Executive that the Trust performed reasonably well over 2025/26 delivering a wide range of community and mental health services over a broad service geography. Given, the challenges faced by NHS providers – sustained high demand, complexity of need, financial sustainability, and changes to wider NHS structures – our performance underlines the passion and professionalism of the Trust's staff.

My view of Trust performance is supported by examples such as areas of good performance against key metrics set-out in the performance analysis section, NHS England's support for the board's positive provider capability assessment, the Trust's segmentation rating in the National Oversight Framework, feedback from staff as part of the national NHS staff survey, and assurance from auditors on governance controls in place. We remain focused however on areas for improvement, acting on requirements from regulator inspections and against key national metrics.

The performance analysis section of this report sets out the Trust's main metrics and performance against these, and progress against our annual plan and strategic objectives. I recommend reading the Trust's Quality Account alongside this annual report – it sets out well the Trust's activity, challenges, and achievements in quality improvement.

Over the year, the Trust made good progress against our 2025/26 annual plan focusing on service quality improvement, neighbourhood health, waiting times, improving staff experience, digital maturity and strengthening our research capacity. Risk management has been strengthened over the year with the board refreshing its Board Assurance Framework focusing on eleven principal risks. A major focus has been on health inequalities with work underway to improve data quality and insight on a population level to better inform work to reduce health inequalities in access and outcomes.

Areas of good performance to highlight over the year include urgent community response rates, improved performance in the mental health crisis service compared to last year, and consistently good performance in talking therapy services. Performance reporting also identifies areas for focus and improvement including waits for community services, and mental health inpatient lengths of stay. Fuller details on performance can be found later in this report.

Over October 2025, the Trust undertook NHS England's provider capability self-assessment providing an evaluation against key areas such as leadership, quality of care, access to services and financial performance. Following the self-assessment process, the board was satisfied to confirm a positive self-assessment. The Trust's self-assessment was supported by NHS England's South East regional team following its review. Over the year the Trust was placed in 'segment 1' (highest of four) of the

NHS oversight framework segmentation for two quarters, and concluded the reported year in 'segment 2' [1].

The Trust wants to be a great place to work and to begin a career – and there are areas of performance in these areas, in particular continuing to reduce agency use rates and in recruitment and retention rates. The Trust also performed well against national averages in the 2025/26 NHS Staff Survey but also identified some areas to focus on.

Financially, the Trust is a good position at year end with a surplus above plan, a strong cash position, and remaining within our delegated capital limits. As noted in the going concern statement, the directors have a reasonable expectation that services provided by the Trust will continue to be provided for the foreseeable future. The Trust continues to make progress in reducing its carbon emissions and towards net zero ambitions as set out in our Green Plan.

Going into 2026/27 and beyond, the board of directors and other senior leaders will continue to focus on maintaining the quality, performance and sustainability of the Trust's services and will continue to work collaboratively with public services partners and the people we service to realise our strategic ambitions.

This will be my last annual report at the Trust as I will be retiring over September 2026. I believe that I leave the Trust in a good position with the stability needed to realise the ambitions set out in the imminent new Trust strategy, work towards the NHS 10 year plan and, most importantly, to continue to deliver good quality care for the people we serve.

Year at a glance

April 2025 *- New solar panel funding awarded to Oxford Health – The Trust was awarded £343,000 to install solar panels at Littlemore Mental Health Centre, Oxford as part of a nationwide* £100 million Department for Energy Security and Net Zero package aimed at increasing installation of solar power and battery storage solutions.

May - *Patient-first mental health care planning rolling out across adult services* - A new mental health care planning process was introduced to improve involvement and choice, strengthening the Trust's continued commitment to care planning. Adults who use community mental health services are now invited to work with their Mental Health Practitioner to set out how their care will be delivered and the goals they want to achieve for their own lives.

June - *New Trust facility in Oxford sees first patients* - Murray House in Jordan Hill Business Park, North Oxford, was opened as a new base for a range of community healthcare services provided by Oxford Health. The refurbished venue now offers both outreach and on-site care — from district nurses and health visitors to podiatry and specialist therapy services for all ages.

[1] Quarter 4 (published in June 2026) was reported nationally that the Trust was in *segment 3*, however this was due to an error in the Trust's submitted data. The NHS regional team confirmed that, although the NOF position could not be amended, the true performance of the Trust was in *segment 2* and should be recognised.

July – *Launch of the Green Plan 2025 – 2028* - The Trust officially launched its Green Plan 2025–2028, setting out a practical roadmap to reduce the Trust's environmental impact and support the NHS's national ambition to become the world's first net zero health system.

August - *Planning application submitted for a major mental health and medical research campus* - Plans to transform the Warneford Hospital site in Headington into a major mental health and medical research campus were submitted this month to Oxford City Council by the Trust. The Warneford Park project is a unique collaboration between the Trust, the University of Oxford and a benefactor that would see the creation of brand-new facilities that will benefit patients and support the advancement of medical research and mental health and brain science.

September - *Our next steps – shaping Oxford Health together* - The Trust invited patients, carers, members of the local communities and partner organisations to take part in a short survey that will help shape its plans for the next five years. With the publication of the government's 10 Year Health Plan, and the Trust's strategy coming to an end, patients, partners and local communities were invited to give their views on about how the Trust can improve and make Oxford Health's services fit for the future.

October - *£16.3m boost for health research across the Thames Valley* -Oxford Health, the University of Oxford and Aston University secured £16.3 million to strengthen health and care research aimed at improving people's health across the Thames Valley and beyond. The funding, awarded by the National Institute for Health and Care Research, will support the new NIHR Applied Research Collaboration (ARC) Thames Valley from April 2026, with Oxford Health confirmed as the NHS host organisation.

The collaboration will focus on prevention, reducing health inequalities and accelerating the use of research evidence in everyday health and social care. It will work with more than 40 partners, including NHS organisations, local authorities, universities, businesses and voluntary sector groups.

November - *Count Me In launches* - Count Me In, Oxford Health's approach to make research participation easier, fairer and more inclusive. Patients who use the Trust's services and haven't opted out, may be contacted about studies that are relevant to them. Participation is always voluntary. This new approach means more people will hear about research, participants will be recruited more quickly, research will reflect the diversity of our communities and patients will help shape future studies

December - *New chair announced* - The Trust announced that Andrea Young will become Chair of Oxford Health NHS Foundation Trust from 1 April 2026, following the completion of David Walker's term at the end of March. Andrea has been a valued non-executive director at the Trust since 2022 and brings a wealth of experience and leadership to this role. She began her NHS career in 1977 as a student nurse and later trained and practiced as a midwife. Andrea went on to hold a range of CEO roles in the NHS at regional and local level, culminating in her appointment as chief executive of North Bristol NHS Trust, a position she held until her retirement in 2020.

January 2026 - *Chief executive to retire later this year* - Grant Macdonald, Chief Executive of Oxford Health NHS Foundation Trust, announced his intention to retire from the NHS later this year. Grant has worked for the NHS for nearly four decades, training as a mental health nurse in the late 1980s and later holding senior executive

positions across London and the South East for over two decades. His extensive clinical and leadership expertise has been instrumental in advancing care for patients and local communities.

February - *TUNE-UP service boosts access to clozapine* - A new study shows that Oxford Health's TUNEUP clinic has had a significant impact by enabling many more patients to start clozapine safely in the community showing a dramatic increase in the number of patients able to start clozapine safely in the community. Clozapine remains the only evidence-based pharmacological treatment for people with treatment-resistant schizophrenia, yet many patients face long delays in accessing it, often because initiation typically requires an inpatient stay.

March - *Changes to the Trust board* - Oxford Health welcomed Harjit Sandhu to its board as a new Non-Executive Director and Chair of the Audit and Risk Committee. Trust Chair, David Walker, stepped down to be replaced by Andrea Young.

History of Oxford Health NHS FT, purpose and structure

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

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

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

The Trust is structured in the following clinical directorates: Mental Health services for Oxfordshire, Bath & North East Somerset, Swindon and Wiltshire; Learning Disabilities; Forensic Mental Health; Mental Health Services for Buckinghamshire; and Community Health Services, Dentistry and Primary Care for Oxfordshire.

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

The Trust also leads on several specialist mental health provider collaboratives – partnership arrangements involving Oxford Health, other NHS organisations and non-NHS providers who work at scale across multiple geographies, with a shared purpose and decision-making arrangements. The Trust owns the Oxford Pharmacy Store (OPS) a specialist wholesale provider of pharmaceutical products.

OHFT Strategic objectives

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

Our current strategy will shortly be coming to an end. Over2026, we have been engaging with staff; patients, families and carers; communities; partner organisations and the Oxford Health Board and Governors to develop the Trust's new strategy (2026-2031). This will be published in later 2026. Until then, 2025-26 is the second of two 'bridging' years in which we continue to focus on our existing strategic objectives:

Quality: Deliver the best possible care and health outcomes

- To maintain and continually improve the quality of our mental health and community services to provide the best possible care and health outcomes.
- To promote healthier lifestyles, identify and intervene in ill-health earlier, address health inequalities, and support people's independence, and to collaborate with partner services in this work.

People: Be a great place to work

- To maintain, support and develop a high-quality workforce and compassionate culture where the health, safety and wellbeing of our workforce is paramount.
- To actively promote and enhance our culture of equality, diversity, teamwork and empowerment to provide the best possible staff experience and working environment.

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

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

Research & Education: Be a leader in Research & Education

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

Our refreshed strategy delivery plan for 2025/26 and 2026/27 bridges the transition between our current and future strategy, and is structured as follows:

Our six strategic priorities are:

1. Developing our neighbourhood health contribution to improve the health of the populations we serve
2. Improving access and waiting times
3. Listening and responding to the voice of patients, families and carers
4. Supporting our people and teams (developing our culture in Oxford Health)
5. Building an anti-discriminatory organisation
6. Prioritising staff safety and minimising violence and aggression

Our Trust-wide supporting work:

1. Continuing to improve the quality and safety of the care we provide through embedding quality improvement (in development)
2. Develop and provide innovative clinical services, and support world-class research (in development)
3. Improving how we use insights and deliver value (in development)
4. Improving our central support and corporate services
5. Measuring and improving outcomes for our patients
6. Rolling out our Frontline Digitisation programme
7. Building our workforce planning approach (in development)
8. Implementing our Operating Framework and building our Well-led Assurance
9. Improving our estates, including delivering the Warneford Park programme
10. Delivering our Green Plan

The success of strategy delivery is monitored via the strategic dashboard. This is a collection of metrics identified as key strategic outcome measures, which are reviewed twice yearly by the Board of Directors as part of the review of the annual plan.

Principal risks

Oxford Health's approach to risk management is set out in the Trust's Risk Management Strategy & Policy which was reviewed and updated over the reported year with approval from the Audit & Risk Committee (February 2026). Risks assessed as significant are monitored to ensure mitigating actions are undertaken to reduce risks to an acceptable level where possible.

Strategic organisational risks are captured and monitored in the Trust's Board Assurance Framework (BAF). From early 2025/26, the BAF was reviewed and refreshed, including focused board workshop discussions. The refreshed BAF was approved by the Board in July 2025 and is structured around eleven strategic risks. Individual BAF risks are owned and maintained by the relevant Executive director and overseen by a board committee. BAF updates are reported to each Board meeting and once a quarter to the Executive Management Team.

Operational risks are captured and reported via the Trust Risk Register which is also a source of risk information for the Board Assurance Framework. The Trust Risk Register is reported monthly as a highlight report to the Extended Leadership Team, including reporting on extreme red-rated risks and seeking approvals for escalation and de-escalations where required.

Over 2025/26, principal risks for the Trust as captured and monitored in the BAF were: timely access to services; quality & safety of clinical services; financial sustainability; recruitment and retention; staff experience and culture; improvement, research and innovation; environmental sustainability; information and data; partnerships and system working; digital transformation; and infrastructure.

Over quarter 4 2025/26, the Trust's internal auditors undertook an audit of the Trust's BAF and reported 'significant assurance with minor improvement opportunities'. Recommended actions will be completed over 2026/27 and will be reported to the Audit & Risk Committee.

Performance analysis

The Trust manages performance through an integrated performance reporting model that encompasses clinical performance, quality, workforce, and sustainability. The Integrated Performance Report (IPR) was re-designed in early 2024 to better align with the Trust's strategic ambitions, national and local reporting performance requirements; it also contains NHS Oversight Framework (NOF) reporting overview. The report continued to be developed further to provide comprehensive oversight of Trust performance measures with further improvement identified to be implemented over the next financial year (2026/27).

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

The Key Performance Indicators within the IPR are categorised into four groups: strategic, clinical, quality and people metrics, ensuring a thorough evaluation of the Trust's performance. Performance against strategic objectives and metrics can be found in the following section. An overview of NHS Oversight Framework (NOF) performance can be found in the Accountability Report. Performance metrics are derived from nationally reportable metrics, national objectives and locally agreed metrics. A summary of 2025/26 performance can be found in *appendix 1.*

Annual plan 2025/26

Progress against the Trust's Annual Plan 2025/26 was reported to the Board of Directors mid-year and at year end. A summary of progress against our strategic objectives and strategic priorities is set out below:

Strategic objectives

1. Deliver the best possible care and health outcomes

Our ambition is to deliver patient-centred care, effective treatments, timely access, address health inequalities, and ensure safe care. In 2025/26 over 80% of patients responded to say that their care was good or very good, and that they were involved in their care. We have worked with system partners to develop neighbourhood health and care approaches to strengthen prevention, access and population health management across Oxfordshire, Buckinghamshire and Bath, Swindon and Wiltshire.

A focus on waiting lists has improved governance and performance, reducing long waits in children's community services and strengthening harm-minimisation in mental health. Patient engagement and co-production have become more consistent across the Trust, with improvements enabling people to more easily use their lived experience to influence care. Focused work is taking place to reduce use of restrictive practice.

2. Be a great place to work

We aim to maintain a sustainable, engaged, well-led, skilled, and just workforce. A culture plan is being developed to align with the new Strategy and strengthen our work to be a great place to work. Violence prevention and reduction was strengthened through a new policy, improved governance, formal joint working with Thames Valley Police. We have delivered improvement on retention and vacancy-filling while doing better than our target on reduction of the use of agency staff. The trust achieved its highest response rate since 2009 in the annual staff survey and score above average for our sector across all people plan themes. A focus remains on improving the staff experience for those colleagues who are from ethnic minority backgrounds.

3. Make best use of our resources and protect the environment

Our goal is to spend and invest efficiently, achieve net zero carbon emissions by 2045, improve digital systems, and modernise estates. The Trust has met financial targets in FY26 and set balanced plans for FY27, FY28 and FY29. The Board approved Oxford Health's new Green Plan, including expanding green social prescribing and other nature-based approaches. Increased business mileage has meant milestones to meet the required direct carbon emission reduction have been missed and work is ongoing to strengthen our approach, notably the development of a sustainable transport strategy to enable lower-carbon travel. Digital work has progressed to strengthen our digital maturity with the Trust benchmarking 2nd in its sector in the 2025 survey. Work is ongoing with all clinical directorates to support the development of our Estates and Facilities Strategy.

4. Be a leader in healthcare research and education

We aim to sustain research leadership, strengthen academic partnerships, and embed research capability. We have expanded clinical research capacity and launched initiatives like Nurses, Midwives, Allied Health Professionals, Healthcare Scientists, Pharmacists, and Psychologists Research Capacity and Capability programme to strengthen research skills across these key professional groups. A £16.3m award was secured to host the National Institute for Health and Care Research Applied Research Collaboration Thames Valley from April 2026 with the University of Oxford and Aston University. The work will focus on improving the health of people living in the Thames Valley region and beyond, through prevention and innovations.

Strategic priorities

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

During 2025/26, Oxford Health began developing a neighbourhood health and care approach focused on prevention, accessibility and population health management, while also strengthening its Trust-wide approach to tackling health inequalities. The

year has focused on establishing governance, system alignment and early foundations for delivery, alongside improving visibility of variation in access and waiting times to identify more equitable approaches. Progress of neighbourhood health and care approaches has progressed at different stages across systems:

- Buckinghamshire: supporting the first wave of the national Neighbourhood Health Improvement Programme, with Integrated Neighbourhood Teams established across six localities, strong multi-agency engagement, and strengthened governance linked to the Buckinghamshire Executive Partnership.
- Oxfordshire: establishing core foundations for delivery, including agreed governance arrangements, fifteen working-draft neighbourhood geographies, a shared neighbourhood vision and early neighbourhood-level engagement to shape future priorities.
- BSW: aligning system models and infrastructure, initially focused on adult services, progressing neighbourhood approaches for children and young people, and supporting system-wide capital bids

Across all areas, clinical and community teams are increasingly working within neighbourhood models, including closer alignment of primary care mental health services, school-based support for children and young people, and specialist services contributing to integrated care pathways. Work is also underway to strengthen the use of population health data to better understand inequalities and target support to underserved groups.
2025/26 has focused on creating the conditions for more integrated, neighbourhood-based delivery, with stronger implementation and more sophisticated use of insight expected to develop further in 2026/27.

2. Improving access and waiting times

Oxford Health made progress in strengthening its approach to improving access and waiting times across services. The focus was on establishing more consistent governance, improving data quality and embedding systematic oversight to support delivery against local and national expectations. Key progress included:

- More consistent governance and oversight of waiting times, with regular review through pathway-level, directorate-level and Trust-level forums across community and mental health services.
- Standardised approaches to triage, safety-netting and pathway management, supported by clearer KPIs, reporting timelines and routine performance review.
- Improved understanding of demand and capacity, with modelling completed across priority pathways and agreed trajectories and implementation plans signed off through directorate boards.
- Stronger operational grip and harm-minimisation, including targeted scrutiny of longest waiters, routine review in mental health service and performance meetings, and wellbeing and mitigation calls for people waiting for services.

- Targeted pathway improvement and partnership working where waits were highest, alongside increasing use of an ethnicity and deprivation lens to identify potential health inequalities.
- Reductions in the longest waits, including the elimination of all 104-week waiters in Children and Young People's services, no 52-week waiters in most adult community services by March 2026, and services broadly on track to deliver agreed performance trajectories.

2025/26 has been a year of strengthening grip, consistency and forward planning in the management of waiting times across services.

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

Oxford Health made progress in strengthening how it listens to, involves and responds to the voices of patients, families and carers, moving toward a more consistent Trust-wide approach. The focus was on building the infrastructure, capability and governance needed to embed lived experience more routinely. Progress included:

- Strengthening co-production and involvement through a new Trust-wide training offer, refreshed resources and clearer support for Experts by Experience.
- Increasing the visibility of lived experience within governance, including changes to induction, Board development and the introduction of lived experience representation at Trust Board from May 2026.
- Improving consistency in how patient and carer feedback is gathered, used and reflected in decision-making, with alignment to PCREF and wider quality improvement work. A dashboard pulling together patient feedback and experience is in development.
- Expanding opportunities for patients, families and carers to shape services, including forums, "Have Your Say" events, and carer engagement activities.

2025/26 has focused on putting the foundations in place to embed lived experience more consistently across the Trust, with further maturity and impact expected to develop in 2026/27.

4. Supporting our people and our teams (developing our culture in Oxford Health)

Progress focused on understanding current culture activity and putting the foundations in place for a more coherent Trust-wide approach. The appointment of a Deputy People Director towards the end of Q3 provided leadership and momentum for this work, which was primarily diagnostic and design-led. Progress included:

- A Trust-wide stocktake of existing activity against the culture framework, identifying strengths, duplication and gaps. Five "asks" for all teams have been identified.

- Recognition of the need for a more joined-up and consistent approach to culture, leadership and development activity.
- Establishment of a small cross-functional working group, led by the Deputy People Director, to co-design priority culture workstreams and develop proposals for Executive consideration.
- Embedding trauma-informed and compassionate leadership approaches, including strengthened supervision, Trauma Risk Management (TRiM) support, and a focus on supportive team culture.
- Using staff survey feedback to inform local action planning.

2025/26 has laid the groundwork for a more coherent and focused approach to culture, with delivery expected to progress in 2026/27.

5. Building an anti-discriminatory organisation

An anti-racist statement has been drafted following consultation with colleagues and will be taken to governance groups in the Trust for discussion and agreement. A programme of work will be scoped to support this statement which will join up with the work already underway on our EDI Plan and more broadly on staff engagement.

6. Prioritising staff safety and minimising violence and aggression

Oxford Health strengthened its approach to staff safety and Violence Prevention and Reduction (VPR), moving beyond a narrow zero-tolerance approach toward a more trauma-informed and preventative framework. The year focused on policy refresh, clearer governance and improved assurance, alongside strengthening staff support and partnership working. Progress included:

- Establishing a task force with engagement from all directorates to prioritise work streams and identify actions needed.
- Implementation of a new Violence Prevention and Reduction Policy, replacing the previous Zero Tolerance Policy and clarifying expectations around risk, reporting and support.
- Strengthened governance and assurance arrangements, aligned to the NHS England VPR Standard, with improved oversight through Quality, Health and Safety and VPR forums.
- Ensuring that all inpatient areas have appropriate health and safety risk assessments and plans in place.
- Enhanced partnership working, including the introduction of Operation Cavell in Oxfordshire to support staff affected by criminal assaults.
- Improved data quality and visibility of trends, supporting better understanding of risks across inpatient and community services.
- Strengthening of de-escalation, trauma-informed care.
- Introduction and rollout of measures to improve staff safety in community settings, including enhanced lone worker support.
- Ongoing use of incident review processes and governance forums to identify trends, share learning and implement targeted action

2025/26 has established a stronger and more consistent framework for preventing and responding to violence and aggression, with remaining risks and gaps clearly identified to inform priorities for 2026/27.

Emergency planning provisions, key incidents and activities

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

During 2025/26 the Trust participated in the following tabletop exercises: Adastra clinical system outages, a cyber incident affecting pathology services across the South East, a hostage situation within a forensic mental health setting, and a psychosocial response scenario involving convening a humanitarian assistance centre management group meeting, followed by a live exercise to test the psychosocial response at a humanitarian assistance centre. A multi-agency communications cascade exercise also took place to test the timely flow of incident response information between NHS organisations.

The following live events required the implementation of incident response plans and business continuity plans. Learning from live events is captured by the emergency planning lead and debrief reports are presented to the Trust's EPRR committee. OHFT responded effectively to industrial action by BMA Resident Doctors, which required activation of the Trust's industrial action response plan and set up of the incident coordination centre to manage the impact of the industrial action. The Trust also responded periods of high temperatures during summer 2025 which required the heatwave plan to be activated (including five yellow and three amber alerts), a mains water outage affecting OX3, OX4 and OX33 areas including Warneford Hospital, and a supply chain disruption affecting inpatient meal provision across the Trust's inpatient services.

The minimum requirements for EPRR which commissioners and providers of NHS funded services must meet are set out in the NHS England core standards for EPRR. These standards reflect the requirements of guidance issued by NHS England. The accountable emergency officer in each organisation is responsible for ensuring these standards are met. The Trust declared full compliance with all 58 core standards and submitted a statement of compliance to Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board following review of the self-assessment by the accountable emergency officer and the EPRR committee, which was assessed and

accepted at a confirm and challenge meeting on 28 October 2025. In addition to the core standards, the annual assurance process ordinarily seeks to review and understand one subject area in greater detail, referred to as a 'deep dive'. A deep dive was not conducted this year owing to organisational changes within NHS England.

Quality account

A Quality Account is an annual report about the quality of services provided by an NHS healthcare organisation. Quality Accounts aim to increase public accountability and drive quality improvements in the NHS setting out out three dimensions to quality, which must be present in order to provide high quality services: clinical effectiveness; safety; and patient experience. Oxford Health's Quality Accounts can be found on the Trust's website by searching online for: *Oxford Health Quality Account.*

Financial performance and Capital expenditure statement

In the financial year 2025/26, the Trust ended the year with an adjusted operating surplus of £9.7m[2] (£2.2m in 2024/25), which was £4.9m better than planned due to additional NHSE funding received in month 12 of £4.9m as part of an NHS wide reallocation. The Trust also remained within its delegated capital limits.

The Trust's turnover increased by £59m to £752m (£693m in 2024/25). Income relating to patient care activities formed £45m of this increase, driven primarily by cost uplift factor funding, which covers the additional cost of NHS pay settlements and expected inflationary changes. Additional funding into new or expansion of existing mental health services totalled £7m, with further investment into community services of £3.3m. Other targeted investment through NHSE's strategic development fund was received into talking therapies and individual placement support services.

Non-clinical income has increased by £13m from £82m in 24/25 to £95m in 25/26, primarily driven by Oxford Pharmacy Store sales growth. Other non-clinical areas have largely remained static with Research and Development seeing funding reduced marginally from £33m in 24/25 to £32.2m in 25/26.

OHFT remains the lead provider for three NHS provider collaboratives, whereby we hold the budgets and commissioner responsibilities for specialised commissioning services. These are Forensics Inpatient Mental Health, CAMHS Tier 4 care and Adult Eating Disorders. All three provider collaboratives underspent against annual planned budget, generating savings to be reinvested in the future. Both the Forensics and CAMHS provider collaboratives have developed plans for reinvestment.

The Trust's cash balance remains in a strong position, at £98.8m compared to £97.8m in 2024/25, retaining one of the strongest cash positions in the local area.

During 2025/26 the Trust's capital investment into estates and ICT totalled £14.3m. ICT investment focused on clinical systems development work and devices. Estates investment had no one significant in year scheme, focussing on smaller upgrades and urgent works.

[2] Adjusted operating surplus is the target against which the Trust is managed by NHS England and our local Integrated Care Board. It differs from the reported deficit as it excludes impairments and other costs totalling £0.1m as is set out in note 2 to the accounts.

The Trust's gearing ratio (the percentage of capital employed that is financed by debt and long-term financing) is 16.5% (21.1% in 2024/25). Overall, debt liabilities (Department of Health and Social Care loan and lease liabilities) decreased by £6.4m to £37.5m in 2025/26 from £43.9m in 2024/25.

Total assets employed increased by £19.7m in 2025/26 to £227.5m (£207.8m in 2024/25). This reflects an increase in the value of the Trust's current assets of £8.2m to £133.2m (£125m in 2024/25), driven by increased inventories (£1.1m), receivables (£6.3m) and cash balances (£1m). Current liabilities reduced in 2025/26 to £135.9m from £139.4m in 2024/25. Non-current liabilities also reduced, from £46.6m in 2024/25 to £38.3m in 2025/26 due to reduced borrowings.

Going concern disclosure

The Board of Directors is clear about its responsibility for preparing the Annual Report and Accounts. The Board sees the Annual Report & Accounts, considered as a whole, as fair, balanced and understandable, and as providing the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model, principal risks, and strategy.

The Trust has prepared its 2025/26 accounts on a going concern basis. After making enquiries, the directors have a reasonable expectation that the services provided by the Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Health inequalities

Health inequalities are systemic, unfair and avoidable differences in health status between different groups of people which are often determined by the social and economic conditions and circumstances in which they are born, grow, work, live and age. These conditions also affect the way in which people are able to look after their own health and use NHS services throughout their life.

NHS trusts must have regard to all likely effects of decisions in relation to the health and wellbeing of people and the quality of services provided to individuals including in relation to inequalities. Trusts must also include a description in their Annual Report of the extent to which NHS England's Statement on information about inequalities (updated November 2025) have been met.

NHS England expects NHS bodies to collect, analyse and publish data to:

- understand population health need by drawing on local analysis, demographic insight and population health outcomes data to identify the risk factors for health inequalities and Core20PLUS population groups;
- disaggregate data (at a minimum by deprivation, ethnicity, age, and sex) and analyse performance data and local service insight to identify unwarranted variation in access and outcomes across population groups and geographies;
- improve data quality, collection and analysis by identifying gaps in datasets (including where key demographic data is recorded as unknown or not stated) and identifying practical steps to make improvements;

- use information on health inequalities to take action across commissioning and service delivery, and evaluate impact on reducing health inequalities;
- publish information on health inequalities as part of annual reports, and embed health inequalities data into other data publications throughout the financial year, such as public board papers, through any relevant channels.

Reducing health inequalities is a central element of Oxford Health's strategy. The Trust's Quality strategic objective commits us to reducing unwarranted variation and improving outcomes. Work is ongoing to improve data quality and reporting. Our strategic priority "Developing our neighbourhood health contribution to improve the health of the populations we serve" places population need, local context and partnership working at the centre of service planning.

We are using information on deprivation, local demographics and Core20PLUS principles to identify priority neighbourhoods and cohorts. Our strategic priority '*Building an anti-discriminatory organisation*' aims to create an equitable and inclusive workplace. In particular, this work builds on our existing Equality, Diversity and Inclusion (EDI) and our Patient and Carer Race Equality Framework (PCREF) programmes of work. The aim is to build an organisational framework for being an anti-discriminatory organisation with key measures and outcomes to monitor implementation throughout the organisation.

During 2025/26, the Trust strengthened its Trust-wide approach to health inequalities. Our Executive and Board discussions have emphasised the need for consistent understanding, use of data and clear governance with oversight of health inequalities being embedded in quality, performance and assurance processes.

In October 2025, the Trust agreed a three-step approach to tackling health inequalities: strengthening understanding and visibility of inequalities; supporting targeted action through directorate governance; and tracking progress over time.

- The focus of 2025/26 has been on building the foundations for this approach, including improving data quality and consistency, developing a Health Inequalities dashboard within the Trust's Online Business Intelligence (TOBI) system, and working to produce Health Inequalities data packs aligned with the Core20PLUS approach to support directorates to use aligned information within their existing performance and governance meetings.
- The Trust also began early work to develop population-level insight, including linking Trust data with system partner data through Connected Care, recognising this remains at an early stage.
- Next steps will explore how the Trust can develop a patient lens view of Health inequalities across its services.

In line with NHS England's statement of information on health inequalities (duty under section 13 of the NHS Act 2006), this work puts the Trust in good stead to fulfil its health inequalities legal duties and inform an evidence-led improvement approach to healthcare inequalities, in line with Core20PLUS5.

The Trust works with system partners to strengthen prevention, improve population health and reduce health inequalities, including through developing

neighbourhood-based approaches informed by Core20PLUS5, contributing to Health and Wellbeing Partnerships, supporting ICB-led prevention priorities, and engaging with the Oxfordshire Marmot Place Advisory Group.

Net zero performance

The Annual Governance Statement section of this report summarises the Trust's net zero and carbon reduction activity and plans.

Equality of service delivery

As a provider of mental health, community healthcare, and learning disability services, Oxford Health is committed to providing equality of opportunity, access, and treatment to the communities we serve. The Trust has policies in place to work to eliminate unlawful discrimination and harassment and has a quality impact assessment process and policy in line with the 2010 Public Sector Equality Duty to actively consider equality in decision-making in service development, transformation and policy development.

Over the reported year, the Trust has strengthened governance, made improvements in ethnicity data, enhanced staff network activity, and made commitments to anti-racist practice to demonstrate our determination to deliver equitable care, and foster a workplace where every colleague feels valued and able to fully contribute. The national Patient and Carer Race Equality Framework (referred to as PCREF), implemented last year at the Trust, enables co-production and implementation of actions to reduce racial inequalities. Continuing to enhance equality data is an area of focus to support improved monitoring and assurance.

As noted, over the reported year the Trust strengthened its approach to health inequalities focusing on consistent use of data to better understand, act on, and continue to address health inequalities in line with NHS England's statement on information on health inequalities. This work will be a key focus going into 2026/27.

Performance Report

Signed: **Date: 25 June 2026**

Grant Macdonald

Chief Executive and Accounting Officer

Accountability Report

Directors' Report

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

The Board brings a wide range of experience and expertise to its stewardship of the Trust. This report explains the Trust's governance arrangements and how the Board

and management team run the Trust for the benefit of the community and its members. The Board of Directors is focused on achieving long-term success for the Trust through the pursuit of sound business strategies, while maintaining high standards of clinical and corporate governance and corporate responsibility. For the reporting year, the chair of the board was David Walker, the chief executive was Grant Macdonald, and the position of senior independent director was undertaken by Andrea Young.

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

- Dr Rob Bale, who took up the permanent position as Chief Operating Officer for Mental Health and Learning Disability, having served as Interim Chief Operating Officer for Mental Health and Learning Disability from October 2023 to November 2025;
- Emma Leaver, who took up the permanent position as Chief Operating Officer for Community Health Services, Dentistry & Primary Care, having served as Interim Chief Operating Officer for Community Health Services, Dentistry & Primary Care from March 2025 to December 2025; and
- Professor Kamal Mahtani, as Non-Executive Director Nominee of the University of Oxford from April 2026.

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

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

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

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

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

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

The Non-Executive Directors provide a wide range of skills and experience. They bring an independent judgement on issues of strategy, performance and risk through their

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

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

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

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

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

Directors of the Foundation Trust over the reporting year

The Board of Directors comprised the following individuals over 2025/26:

Executive Directors

Voting Executive Director Members of the Board:

- Dr Rob Bale, Chief Operating Officer of Mental Health & Learning Disabilities
- Charmaine De Souza, Chief People Officer
- Britta Klinck, Chief Nurse
- Emma Leaver, Chief Operating Officer for Community Health Services, Dentistry & Primary Care
- Grant Macdonald, Chief Executive
- Dr Karl Marlowe, Chief Medical Officer
- Heather Smith, Chief Finance Officer

Non-voting Executive Director Members of the Board:

- Amélie Bages, Executive Director of Strategy
- Taff Gidi, Executive Director of Corporate Affairs

Non-Executive Directors

Voting members of the Board:

- David Walker (Chair)
- Chris Hurst (Vice Chair)
- Geraldine Cumberbatch
- Kamal Mahtani
- Mohinder Sawhney
- Professor Sir Rick Trainor
- Lucy Weston
- Andrea Young (Senior Independent Director)

The Chair and Non-Executive Directors are appointed for a period of office as decided by the Council of Governors at a general meeting. Their terms of office may be ended by resolution of the Council of Governors in accordance with the Trust's Constitution. The periods of office of each of the Non-Executive Directors and their respective terms are set out in the table below (longest serving first). Harjit Sandhu is included in the table as served 5 days as Non-Executive Director within the reported period.

Name	Commenced	Term	Current term period	Eligible for re-appt
Chris Hurst	01/04/2017	3rd	01/04/2023 - 31/03/2026	Final term – not eligible post third term
Lucy Weston	01/03/2019	3rd	01/03/2026 - 31/03/2027	Within final term - up to one further year
David Walker	01/04/2019	3rd	01/04/2025 – 31/03/2026	Final term
Mohinder Sawhney	01/01/2021	2nd	01/01/2024 - 31/12/2026	Up to one further term
Andrea Young	01/01/2022	2nd	01/01/2025 - 31/12/2027	First term as Trust Chair 01/04/2026 - 31/03/2029
Geraldine Cumberbatch	01/04/2022	2nd	01/04/2025 - 31/03/2028	Up to one further term
Prof. Sir Richard Trainor	01/04/2022	2nd	01/04/2026 - 31/03/2028	Up to one further term
Prof. Kamal Mahtani	01/04/2025	1st	01/04/2025-31/03/2028	Up to two further terms
Harjit Sandhu	27/03/2026	1st	27/03/2026-31/03/2029	Up to two further terms

Skills and experience

The Trust considers that the composition of the Board is balanced, complete and appropriate to the requirements of the Trust. Assessments of skills needs are taken into account during recruitment exercises for Non-Executive Directors and discussed

at Council of Governors' Nomination and Remuneration Committee meetings. Each of the current Directors' experience is outlined on the Trust's website by searching online for '*Oxford Health Board of Directors*'. The biographies of directors who left over the reporting period can be available on request.

Board and board committee meetings and attendances

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

Name	Board of Directors' meetings	Council of Governors' general meetings
Non-Executive Directors		
David Walker (Chair)	10/10	3/4
Geraldine Cumberbatch	5/10	3/4
Chris Hurst	10/10	4/4
Prof. Kamal Mahtani	8/10	0/4
Mohinder Sawhney	9/10	3/4
Professor Sir Richard Trainor	9/10	4/4
Lucy Weston	10/10	4/4
Andrea Young	10/10	3/4
Voting Executive Directors		
Grant Macdonald (Chief Executive)	10/10	4/4
Dr Rob Bale	10/10	2/4
Charmaine De Souza	10/10	2/4
Britta Klinck	9/10	1/4
Emma Leaver	9/10	2/4
Dr Karl Marlowe	9/10	0/4
Heather Smith	9/10	3/4
Non-voting Executive Directors		
Amélie Bages	10/10	3/4
Taff Gidi	9/10	4/4

Statutory and non-statutory board committees

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

Audit and Risk Committee

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

Committee member	Attendance
Chris Hurst (Chair)	5/5
Geraldine Cumberbatch (deputising)	1/5
Professor Kamal Mahtani (deputising)	1/5
Professor Sir Richard Trainor	5/5

Given the skills and experience of Audit & Risk Committee members, and through the work of the committee across the year and that of the Auditors reporting to it, the Board of Directors is satisfied that the committee has remained effective and that committee members have recent and relevant financial experience.

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

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

In discharging its delegated responsibilities, the Audit & Risk Committee has reviewed the following non-exhaustive range of matters. A review of the Annual Governance Statement within the context of the wider Annual Report, alongside robust scrutiny of the Annual Accounts and Financial Statements, has been undertaken. It has

considered the effectiveness of the Board Assurance Framework, to gain on-going assurance of the effectiveness of the Trust's risk and internal control processes and undertaken deep dives into the high rated risks. The Audit & Risk Committee also reviewed and approved the internal and external audit plans and the counter fraud work plan.

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

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

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

Nominations and Remuneration Committees

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

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

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

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

Finance & Investment Committee

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

Committee member	Attendance
Core members	
Lucy Weston (Chair)	6/6
Amélie Bages	5/6
Dr Rob Bale	6/6
Taff Gidi	4/6
Emma Leaver	4/6
Mohinder Sawhney	6/6
Heather Smith	6/6
David Walker	6/6
Attending Board members	
Grant Macdonald (Chief Executive)	4/6

Quality Committee

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

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

- provide assurance that we have in place and are implementing appropriate policies, procedures, systems, processes and structures to ensure our services are safe, effective and efficient;

- provide assurance that the organisation is compliant with regulatory frameworks and legislation;
- approve changes in clinical or working practices or the implementation of new clinical or working practices;
- approve new or amended policies and procedures;
- monitor the quality, effectiveness and efficiency of services and identify any associated risks; and
- approve and monitor strategies relating to quality.

Attendance is set out below:

Committee member	Attendance
Core members	
Andrea Young (Chair)	5/5
Dr Rob Bale	5/5
Geraldine Cumberbatch	0/5
Taff Gidi	5/5
Britta Klinck	5/5
Dr Karl Marlowe	4/5
Dr Emma Leaver	3/5
Lucy Weston	5/5
Attending Board members	
Amélie Bages	1/5
Charmaine De Souza	0/5
Grant Macdonald	2/5
Heather Smith	1/5
David Walker	5/5

People Leadership and Culture Committee

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

Committee member	Attendance
Mohinder Sawhney (Chair)	4/4
Amélie Bages	0/4
Dr Rob Bale	3/4
Geraldine Cumberbatch	3/4
Charmaine De Souza	3/4
Taff Gidi	3/4
Britta Klinck	4/4
Emma Leaver	4/4
Andrea Young	4/4
Attending Board members	
Grant Macdonald	3/4
Karl Marlowe	1/4
Heather Smith	1/4

The Mental Health and Law Committee

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

Committee member	Attendance
Geraldine Cumberbatch (Chair)	4/4
Taff Gidi	3/4
Karl Marlowe	4/4
David Walker	4/4
Rob Bale	4/4
Previous members prior to change in membership	
Mark Underwood	4/4
Amy Allen	4/4

The Charity Committee

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

Committee member	Attendance
Professor Sir Richard Trainor (Chair)	4/4
Charmaine De Souza	3/4
Taff Gidi	4/4
Chris Hurst	4/4
Britta Klinck	2/4
Attending Board members	
Emma Leaver	3/4
Grant Macdonald	3/4
David Walker	4/4

Conflicts of interest

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

Political donations

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

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

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

Measure of compliance	2025/26		2024/25	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	59,162	355,993	57,801	364,849
Total Non-NHS trade invoices paid within target	53,762	338,150	52,504	341,093
Percentage of Non-NHS trade invoices paid within target	90.9%	95.0%	90.8%	93.5%
Total NHS trade invoices paid in the year	6,877	85,556	6,350	59,279
Total NHS trade invoices paid within target	5,632	81,935	5,440	51,528
Percentage of NHS trade invoices paid within target	81.9%	95.8%	85.7%	86.9%

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

Well-led framework

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

Council of Governors

Role of the Council of Governors

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

Composition of the Council of Governors

The composition of the Council of Governors comprises of 28 elected Governors representing Public, Patient and Staff constituencies and 8 appointed Governors from partner organisations as set out in the table below:

Elected Governors

Constituency	Class	No. of Governors
Public	Buckinghamshire	3
	Oxfordshire	4
	Rest of England & Wales	1
Patient	Service Users: Buckinghamshire and other Counties	4
	Service Users: Oxfordshire	4
	Carers	3
Staff	Buckinghamshire Mental Health Services	2
	Oxfordshire, Bath & North East Somerset, Swindon & Wiltshire Mental Health Services	2
	Community Services (Primary, Community & Dental Services)	2
	Corporate Services	1
	Specialised Services	2

Appointed Governors	
Partner Organisation	**No of Governors**
Age UK Oxfordshire	1
Buckinghamshire Council	1
Buckinghamshire Healthcare NHS Trust	1
Buckinghamshire Mind	1
Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System	1
Oxford Brookes University	1
Oxfordshire County Council	1
Oxford University Hospital NHS Foundation Trust	1

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

Governor elections were held over Spring 2025 (for new governors to begin terms on 1 June 2025). Eleven governors were elected. The Trust used an external elections agency to ensure its independence from the governor election process. Since the 2025 election, two governors have replaced those originally elected. The next governor elections are scheduled to take place in 2027.

The table below shows the governors in post within the period 1 April 2025 to 31 March 2026 and their attendance at the available general meetings of the Council in June

2025, September 2025, December 2025, and March 2026. This table does not include governors who ceased to be governors within three months of their term start date. The table does not included governors who stood down at the end of their terms in May 2025 – these being Emma Short, Martyn Bradshaw and Petr Neckar (all Staff governors) and Cllr Zahir Mohammed (Appointed governor – Buckinghamshire Council).

Elected Governors				
Name	**Constituency and Class**	**Term period**	**Term**	**Meeting Attendance**
Evin Abrishami	Staff: Oxfordshire, Banes, Swindon & Wiltshire Mental Health Services	01/06/2025-31/05/2028	2	3/4
Jan Churchill	Public: Rest of England & Wales	01/06/2025-31/05/2028	1	0/4
Kate England	Patient: Carers	01/06/2025-31/05/2028	2	1/4
Julien FitzGerald	Patient: Service Users Buckinghamshire and other Counties	01/06/2024-31/05/2027	2	3/4
Nyarai Humba*	Patient: Carers	01/06/2024-31/05/2027	2	0/2
Juliet Hunter	Public: Oxfordshire	01/06/2024-31/05/2027	1	3/4
Colleen Jones	Public: Buckinghamshire	01/06/2025-31/05/2028	1	4/4
Benjamin McCay	Patient: Service Users Oxfordshire	01/06/2024-31/05/2027	2	0/4
Nicky Miller*	Staff: Oxfordshire Mental Health Services	01/06/2025-31/08/2025	1	0/1
Pete Logan**	Staff: Oxfordshire Mental Health Services	01/09/2025-31/05/2028	1	0/3
Vicki Power	Staff: Buckinghamshire Mental Health Services	01/06/2024-31/05/2027	2	3/4
Tichakunda Rusike	Staff: Specialised Services	01/06/2025-31/05/2028	1	3/4
Srikesavan Sabapathy	Public: Oxfordshire	01/06/2025-31/05/2028	2	3/4

Anu Saproo**	Public: Oxfordshire	22/08/2025-31/05/2028	1	0/3
Tanveer Siyan	Patient: Carers	01/06/2025-31/05/2028	1	2/4
Marc Smith	Public: Buckinghamshire	01/06/2025-31/05/2028	1	4/4
Jules Timbrell	Staff: Corporate Services	01/06/2024-31/05/2027	1	0/4
Appointed Governors				
Name	**Constituency and Class**	**Tenure**	**Term**	**Meeting Attendance**
Kate Gregory (Cllr)	Oxfordshire County Council	06/06/2025-05/06/2028	1	1/4
Carolyn Llewellyn	Oxford Brookes University	07/09/2023-06/09/2026	1	2/4
Paul Ringer	Age UK Oxfordshire	16/09/2023-15/09/2026	1	3/4
Joel Rose	Buckinghamshire Mind	03/03/2024-02/03/2027	1	3/4
Graham Shelton	Oxford University Hospitals Trust	01/08/2023-30/07/2026	1	2/4

**ceased to be a governor during term*

***replacement governor of originally elected governor*

Lead governor

The Council of Governors has appointed a lead governor in line with the *Code of Governance for NHS provider trusts.*. Vicki Power (Staff governor – Buckinghamshire Mental Health Services) was first appointed as lead governor in January 2025 and re-appointed for another calendar year in December 2025 to the end of 2026.

Council of Governors register of interests

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

Communication between governors and members

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

- attendance by Non-Executive Directors at Council of Governor meetings;
- attendance by governors at public Board of Directors' meetings and, with permission, observation of board committee meetings;
- attendance and/or presentations at Council of Governor meetings by Board of Directors including individual Non-Executive Director updates on their recent work and 3As reports on committees chaired;
- joint attendance by Non-Executive Directors and governors at Governor and Non-Executive private informal sessions.

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

Over 2025/26 a membership newsletter was produced and issued electronically approximately every 8 weeks to the Trust's membership with news on the Trust including service news, director appointments, and the discussions of the Council of Governors. In October 2025, a joint member engagement event was held with Oxford University Hospitals NHS Foundation Trust, following the first joint member event the two foundation trusts held in July 2024.

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

As part of the development of the Trust's 2025/26 Annual Plan, emerging plan priorities were discussed with the Council of Governors prior to its sign off by the Board of Directors. Governors have also been involved in and engagement with development of the Trust's new strategy (intended for launch in Autumn 2026) including a presentation by the Executive Director of Strategy at the March 2026 Council of Governors meeting.

The Chair, Executive Director of Corporate Affairs, and Deputy Director of Corporate Affairs meet regularly with the Lead Governor. There is an engagement policy which further expands on how the Board and the Council wish to work together – this document was updated over the reporting year being approved by the Council of Governors at its December 2025 meeting. Both the Board of Directors and the Council of Governors are committed to continuing to promote enhanced joint working so that they can deliver their respective statutory roles and responsibilities in the most effective way possible to improve services.

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

Council of Governor's Remuneration and Nominations Committee

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

The Committee is chaired by the Trust's chair with membership comprising the lead governor and public, service user and appointed Governors. When considering the terms and conditions of the chair, or if on any occasion the chair is unavailable to chair, the vice chair or one of the other Non-Executive Directors (who is not standing for re-appointment) would chair the committee. The lead governor would chair the meeting if all Non-Executive Directors were conflicted.

The Senior Independent Director presents to the committee the outcome of the annual appraisal of the chair working with the lead governor.

The Nomination and Remuneration Committee of the Council of Governors met five times over 2025/26 to discuss and approve proposals and make recommendations to the Council of Governors for the appointment of Andrea Young as the new chair (from April 2026), a number of Non-Executive Director appointments, and the appointment of a new Vice Chair and Senior Independent Director required following David Walker standing down as chair at the end of March 2026.

Remuneration Report

Scope of the report

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

Nominations, Remuneration and Terms of Service Committee

The Board appoints a committee that considers remuneration and terms of service of the executive directors, which is a single committee considering both nominations and remuneration called the Nominations, Remuneration and Terms of Service Committee

- its membership comprises of the Chair, Chief Executive and all other Non-Executive Directors. For any decisions relating to the remuneration and terms of service of all other the executive directors, membership of the Committee will include the Chief Executive, as required under Schedule 7 of the National Health Service Act 2006, who will count in the quorum for the meeting. The Chief Executive will not participate when the Committee is dealing with matters concerning their own remuneration or terms of service. The committee that considers remuneration of the non-executive directors is referred to later.

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

All Non-Executive Directors are members of the committee. The committee has met on 5 occasions over 2025/26. During the year, the following Non-Executive Directors have served on the Committee as voting core members:

Committee Member	**Attendance**
David Walker	5/5
Geraldine Cumberbatch	5/5
Chris Hurst	5/5
Professor Kamal Mahtani	5/5
Mohinder Sawhney	4/5
Professor Sir Rick Trainor	5/5
Lucy Weston	5/5
Andrea Young	5/5
Grant Macdonald	5/5
Attending Board members	
Charmaine De Souza	4/5
Taff Gidi	4/5

The committee also invited the assistance of the Chief People Officer, and the Executive Director of Corporate Affairs. None of these individuals or any other

Executive or senior manager participated in any decision relating to their own remuneration.

Senior Managers' Remuneration Policy

The Trust is committed to the governing objective of maximising value over time. To achieve its goals, the Trust must attract and retain a high calibre senior management team to ensure it is well positioned to deliver its business plans. The remuneration policy is to ensure remuneration is consistent with market rates for equivalent roles in other Trusts of comparable size and complexity taking account of benchmarking information. Account is also taken of the performance of the Trust as well as the skills, knowledge and experience required on the Board to meet current and future business needs and succession planning as well as the structure, size, diversity and composition of the Board.

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

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

There are no contractual provisions for performance related pay for executive and direct reports and as such no payments were made in 2025/26. The approach to remuneration is intended to provide the rigour necessary to deliver assurance and the flexibility needed to adapt to the dynamics of the NHS. It is fundamental to business success and is modelled upon the guidance in the Code of Governance and the Pay Framework for Very Senior Managers in the NHS (Department of Health and Social Care). The key principles of the approach are that pay and reward are assessed relative to the performance of the whole Trust and in line with available benchmarks.

In light of the Trust's financial situation, the remuneration policy for 2025/26 continued to not include any performance related pay elements, and all directors' performance will continue to be assessed against delivery of objectives and kept in line with recognised benchmarks (e.g. NHS Providers and the wider pay policies of the NHS).

Executive appointments to the Board of Directors continue under permanent contracts and over 2025/26, no substantive director held a fixed term employment contract. The Chief Executive and all other executive directors (voting and non-voting) hold office under notice periods of six months except when related to conduct or capability. This information is detailed later in this report.

With regard to interim appointments on the Board, there were two interim members of the Board of Directors for periods during 2025/26, these being: the Interim Chief Operating Officer for Mental Health & Learning Disability; and the Interim Chief Operating Officer for Community Health Services, Dentistry & Primary Care. Later in the reporting year, both of these positions were recruited to substantively.

Equality and Inclusion

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

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

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

Annual Statement on Remuneration

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

The majority of staff employed by the Trust are contracted on Agenda for Change terms and conditions and the general policy on remuneration contained within these terms and conditions is applied to senior managers' remuneration (and all other staff employed on non-Agenda for Change contracts), with the exception of the Chief Medical officer and the Interim Chief Operating Officer of Mental Health & Learning Disability (substantive position from October 2025), to whom Medical and Dental terms and conditions apply.

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

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

The Code of Governance for NHS provider trusts submits that the Board of Directors should not agree to a full-time Executive Director taking on more than one Non-Executive Directorship of an NHS Foundation Trust or another organisation of comparable size and complexity, nor the chairpersonship of such an organisation. The Declarations of Interest Register highlights those Executive Directors occupying Trustee/Non-Executive roles outside the organisation in 2025/26.

Non-Executive Directors' Remuneration

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

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

The Non-Executive Directors' Remuneration, as agreed by the Council of Governors, is consistent with best practice and external benchmarking, and remuneration over 2025/26 has been consistent with that framework. The annual standard rate (excluding supplementary payments) of existing Non-Executive Directors was consistent with issued guidance.

All trusts also have local discretion to award limited supplementary payments depending on organisational size in recognition of designated extra responsibilities. Foundation trusts are expected to explain their rationale for divergence from the recommended structure. The Trust's responsibility allowance (for chairing board committees / extra responsibilities) is the standard £3169.

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

None of the Non-Executive Directors are employees of the Trust; they receive no benefits or entitlements other than fees and are not entitled to any termination payments. The entire Council of Governors determine the Terms and Conditions of the Non-Executive Directors. The Trust does not make any contribution to the pension arrangements of Non-Executive Directors. Fees reflect individual responsibilities including as stated, higher rates for chairing the core committees of the Board, with all Non-Executive Directors otherwise subject to the same terms and conditions.

Annual Report on Remuneration

Termination Payments

Notice periods under senior managers' contracts are determined and agreed taking into consideration the need to protect the Trust from extended vacancies on the one

hand and the needs of the employee and financial risks to the Trust on the other. The maximum notice period is six months.

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

Fair Pay Disclosures

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

The banded remuneration of the highest-paid director in the organisation in the financial year 2025/26 was £240,000 to £245,000 (2024/25 £235,000 to £240,000). This is a change between years of 2%. Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole, the range of remuneration in 2025/26 was from £248,965 to £23,874 (2024/25 £255,713 to £22,368 restated). The percentage change in average employee remuneration (based on the total for all employees on an annualised basis divided by the full-time equivalent number of employees, including agency staff) between years is 4.47% (2024/25 6.83% restated).

1 employee received remuneration in excess of the highest-paid director in 2025/26 (2 in 2024/25 restated).

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

2025/26	**25th percentile**	**Median**	**75th percentile**
Staff remuneration by percentile	£30,162	£38,682	£50,273
Remuneration pay ratio with the highest paid director	8:1	6:1	5:1
Staff salary by percentile	£30,162	£38,682	£50,273
Staff pay ratio with the highest paid director	8:1	6:1	5:1

2024/25	**25th percentile** (restated)	**Median** (restated)	**75th percentile** (restated)

Staff remuneration by percentile	£29,114	£36,907	£48,526
Remuneration pay ratio with the highest paid director	8:1	6:1	5:1
Staff salary by percentile	£29,114	£36,907	£48,526
Staff pay ratio with the highest paid director	8:1	6:1	5:1

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

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

The Non-Executive Directors' Nominations, Remuneration and Terms of Service Committee is satisfied that it has taken appropriate steps to ensure where any senior manager is paid more than £150,000, that the level of remuneration is reasonable and proportionate, including benchmarking of job content, responsibility and salary across similar sized organisations. There are currently four senior managers who have been paid above this level for more than three years and there have been no additions to this group in 2025/26.

Expenses

There were 18 directors who served in office during the financial year 2025/26 (2024/25, 21), of which, 9 (2024/25, 13) received expenses with a total value of £7,718 (2024/25, £7,090).

During 2025/26, the Trust had 36 governor seats available (2024/25, 36). Full details of the governors in post through the year can be found in the Council of Governors section of this Annual Report. While the role is voluntary, governors are entitled to claim reasonable expenses. In 2025/26, One governor (2024/25, two) expenses were reimbursed for £90.20 (total value of £266, 2024/25).

Salaries and Allowances

Details of Executive Directors' remuneration and pension benefits and Non-Executive Directors' remuneration are set out in the tables available below. Remuneration, cash equivalent transfer values (CETV), exit packages, staff costs and staff numbers are all subject to audit.

**The restatement of the 2024/25 fair pay figures is due to prior year data incorrectly reflecting total remuneration excluding pensions and incorrectly excluding agency staff as well as changes to the data sets upon which the calculation is performed to ensure staff data used is in line with the reporting framework.*

The table below shows the restatements made.

Figure	***2024/25 Original***	***2024/25 Restated***
Range of remuneration	*£209,368 to £23,615*	*£255,713 to £22,368*
Percentage change in average employee remuneration between years	*7.3%*	*6.83%*
Employees receiving remuneration in excess of the highest paid director	*0*	*2*
Staff remuneration as a ratio of the highest paid director – 25th percentile	*£26,350* *10:1*	*£30,162* *8:1*
Staff salary as a ratio of the highest paid director – 25th percentile	*£26,350* *9:1*	*£30,162* *8:1*
Staff remuneration as a ratio of the highest paid director – median	*£36,485* *7:1*	*£38,682* *6:1*
Staff salary as a ratio of the highest paid director – median	*£36,485* *6:1*	*£38,682* *6:1*
Staff remuneration as a ratio of the highest paid director – 75th percentile	*£48,225* *6:1*	*£50,273* *5:1*
Staff salary as a ratio of the highest paid director – 75th percentile	*£48,225* *5:1*	*£50,273* *5:1*

Salaries and allowances 2025/26								
Name	**Title**	**Effective dates if not in post full year**	**Salary (bands of £5,000)**	**Other remuneration (bands of £5,000)**	**Benefits in kind (rounded to nearest £00)**	**Total salary and other remuneration (bands of £5,000)***	**Pension-related benefits (bands of £2,500)****	**Total including pension-related benefits (bands of £5,000)**
			£000	**£000**	**£00**	**£000**	**£000**	**£000**
Grant Macdonald	Chief Executive		240-245	0-5	14	240-245	0	240-245
Dr Karl Marlowe	Chief Medical Officer		145-150	90-95	16	240-245	15-17.5	255-260
Britta Klink	Chief Nurse		150-155	0-5	0	150-155	52.5-55.0	205-210
Charmaine De Souza	Chief People Officer		150-155	0-5	0	150-155	30.0-32.5	180-185
Heather Smith	Chief Finance Officer		175-180	0-5	0	175-180	45.0-47.5	220-225
Amelie Bages	Executive Director of Strategy		145-150	0-5	44	150-155	40.0-42.5	195-200
Rob Bale	Interim Executive Managing Director for Mental Health and Learning Disabilities		145-150	80-85	0	225-230	25-27.5	250-255

Taff Gidi	Executive Director of Corporate Affairs		140-145	0-5	21	140-145	40.0-42.5	185-190
Emma Leaver	Interim Chief Operating Officer for Community Health, Dentistry & Primary Care		150-155	0-5	0	150-155	250.0-252.5	405-410
David Walker	Chairman		60-65	0-5	0	60-65	0	60-65
Chris Hurst	Non-Executive Director		15-20	0-5	0	15-20	0	15-20
Lucy Weston	Non-Executive Director		15-20	0-5	0	15-20	0	15-20
Mohinder Sawhney	Non-Executive Director		15-20	0-5	0	15-20	0	15-20
Andrea Young	Non-Executive Director		15-20	0-5	0	15-20	0	15-20
Geraldine Cumberbatch	Non-Executive Director		15-20	0-5	0	15-20	0	15-20
Kamal Mahtani	Non-Executive Director		10-15	0-5	0	10-15	0	10-15
Professor Sir Rick Trainor	Non-Executive Director		15-20	0-5	0	15-20	0	15-20
Harjit Sandhu	Non-Executive Director	From 27/03/2026	0-5	0-5	0	0-5	0	0-5

Notes: Total salary for Non-Executive Directors for 2025/26 includes any back pay for inflationary increment.

**Total salary and other remuneration' include salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. No performance-related pay was made. The benefits in kind disclosed for Grant Macdonald, Dr Karl Marlowe, Amelie Bages and Taff Gidi relate solely to leased vehicles provided by the Trust.*

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

Dr Karl Marlowe and Rob Bale remuneration includes elements that relates to their clinical role.

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

	Community and Dental Care							
Charmaine De Souza	Chief People Officer		145-150	0-5	0	145-150	37.5-40.0	185-190
Heather Smith	Chief Finance Officer		170-175	0-5	0	170-175	42.5-45.0	215-220
Amelie Bages ****	Executive Director of Strategy		115-120	0-5	0	115-120	40.0-42.5	160-165
Rob Bale	Interim Executive Managing Director for Mental Health and Learning Disabilities		140-145	95-100	0	235-240	32.5-35.0	270-275
Taff Gidi	Executive Director of Corporate Affairs	From 17/02/2025	15-20	0-5	0	15-20	45.0-47.5	60-65
Emma Leaver	Interim Chief Operating Officer for Community Health, Dentistry & Primary Care	From 01/03/2025	10-15	0-5	0	10-15	25.0-27.5	35-40
Georgia Denegri ***	Interim Executive Director of Corporate Affairs	To 05/03/2025	150-155	0-5	0	150-155	0	150-155
David Walker	Chairman		55-60	0-5	0	55-60	0	55-60
Chris Hurst	Non-Executive Director		15-20	0-5	0	15-20	0	15-20
Lucy Weston	Non-Executive Director		15-20	0-5	0	15-20	0	15-20
Mohinder Sawhney	Non-Executive Director		15-20	0-5	0	15-20	0	15-20

Sir Philip Rutnam	Non-Executive Director	To 30/09/2024	5-10	0-5	0	5-10	0	5-10
Andrea Young	Non-Executive Director		15-20	0-5	0	15-20	0	15-20
Geraldine Cumberbatch	Non-Executive Director		10-15	0-5	0	10-15	0	10-15
Professor Sir Rick Trainor	Non-Executive Director		10-15	0-5	0	10-15	0	10-15
Professor David Clark	Non-Executive Director	To 01/01/2025	10-15	0-5	0	10-15	0	10-15

**Total salary and other remuneration' include salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. No performance-related pay was made.*

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

**** Georgia Denegri was an interim member of staff, the salary includes agency fees and VAT.*

***** Amelie Bages was on maternity leave over reported year*

Pension benefits 2025/26								
Name, Title	Real increase/ (decrease) in pension at pension age (bands of £2,500)	Real increase/ (decrease) in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31/03/2026 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31/03/2026 (bands of £5,000)	Cash equivalent transfer value at 01/04/2025	Real increase/ (decrease) in cash equivalent transfer value	Cash equivalent transfer value at 31/03/2026	Employer's contribution to stakeholder pension
	£'000	***£'000***	***£'000***	***£'000***	***£'000***	***£'000***	***£'000***	***£'000***
Grant Macdonald, Chief Executive	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Britta Klinck, Chief Nurse	2.5-5.0	0-2.5	50-55	115-120	1,070	61	1,168	n/a
Dr Karl Marlowe, Chief Medical Officer	0-2.5	0.0-2.5	50-55	135-140	1,302	0	1,109	n/a
Charmaine De Souza, Chief People Officer	2.5-5.0	n/a	10-15	n/a	151	18	201	n/a
Heather Smith – Chief Finance Officer	2.5-5.0	n/a	10-15	n/a	124	29	177	n/a
Amelie Bages	2.5-5.0	n/a	20-25	n/a	227	19	268	n/a
Taff Gidi	2.5-5.0	n/a	20-25	n/a	215	22	257	n/a
Rob Bale	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Emma Leaver	10.0-12.5	27.5-30.0	65-70	165-170	1,221	276	1,537	n/a

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

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

Dr Karl Marlowe, Chief Medical Officer	5.0-7.5	0.0-2.5	60-65	160-165	1,373	0	1302	n/a
Charmaine De Souza, Chief People Officer	2.5-5.0	n/a	10-15	n/a	106	26	151	n/a
Heather Smith – Chief Finance Officer	2.5-5.0	n/a	5-10	n/a	77	25	124	n/a
Amelie Bages	2.5-5.0	n/a	20-25	n/a	193	20	227	n/a
Taff Gidi (from February 2025)	0.0-2.5	n/a	15-20	n/a	183	2	215	n/a
Emma Leaver (from March 2025)	0.0-2.5	0.0-2.5	50-55	135-140	1,171	3	1,221	n/a

Contract Type and Notice Period

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

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

**Rob Bale has a permanent contract of employment with the Trust and over 2025/26 was acting up to the role of Interim Managing Director for Mental Health and Learning Disabilities (since 1 October 2023) – position now substantive.*

***Emma Leaver has a permanent contract of employment with the Trust and over 2025/25 was acting up to the role of Interim Chief Operating Officer for Community Health Services, Dentistry & Primary Care since 1 March 2025 – position now substantive*

Analysis of Staff Costs – *Subject to Audit*

			2025/26	2024/25
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	299,562	12,545	312108	283,882
Social security costs	38,618	1,373	39,991	29,193
Apprenticeship levy	1,515	0	1,515	1,379
Employer's contributions to NHS pension scheme	39,080	960	40,039	59,665
Pension cost – other	25,516	662	26,178	41
Temporary staff	0	38,528	38,528	45,950

Total gross staff costs	404,290	54,068	458358	420,110
Recoveries in respect of seconded staff	(2,269)	0	(2,269)	(2,312)
Total staff costs	402,022	54,068	456,089	417,798
Of which				
Costs capitalised as part of assets	423	-	423	-

Analysis of Average Staff Numbers (WTE Basis) – *Subject to Audit*

			2025/26	2024/25
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	361	29	390	386
Administration and estates	1542	55	1597	1,559
Healthcare assistants and other support staff	1169	290	1459	1,474
Nursing, midwifery and health visiting staff	1734	190	1925	1,829
Nursing, midwifery and health visiting learners	16	0	16	28
Scientific, therapeutic and technical staff	1593	55	1647	1,511
Social care staff	206	0	206	196
Total average numbers	6619	620	7239	6,983

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

Exit Packages – Subject to Audit

Reporting of Compensation Schemes - Exit Packages 2025/26

	Number of Compulsory redundancies *	Number of other departures agreed	Total number of exit packages
Exit package cost band (including any special payment element)			
<£10,000 *		13	13
£10,000 - £25,000	1	3	4
£25,001 - £50,000			
£50,001 - £100,000			
£100,001 - £150,000	1		1
£150,001 - £200,000			
>£200,000			
Total number of exit packages by type	2	16	18
Total cost (£)	£157,000	£91,000	£248,000

**contractual compulsory redundancy*

Reporting of Compensation Schemes - Exit Packages 2024/25

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

**contractual compulsory redundancy*

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

Exit packages: other (non-compulsory) departure payments

	2025/26		2024/25	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	16	91	14	76
Secondment paid by Trust	-	-	-	-
Exit payments following Employment Tribunals or court orders	-	-	1	12
Non-contractual payments requiring HMT approval	-	-	-	-
Total	16	91	15	88
Of which:				

Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	-	-	-	-

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

Service Contracts Obligations

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

Remuneration Report

Signed: **Date: 25 June 2026**

Grant Macdonald

Chief Executive and Accounting Officer

Accountability Report

Signed: **Date: 25 June 2026**

Grant Macdonald

Chief Executive and Accounting Officer

Staff Report

Introduction

There have been a number of further improvements in relation to the workforce across the 2025/26 year. The changes in relation to resourcing which embedded a more proactive talent acquisition approach to hard to fill roles has contributed to a decrease in overall vacancy rates and towards the second half of the year the resourcing team also piloted centralised recruitment in relation to high volume vacancies such as Healthcare Assistants.

Considerable work continues to be done to attract locum medics and agency staff to join us substantively, which has also contributed to reduction in vacancies. The Trust was able to achieve better than target savings for agency for the 2025/26 year and more savings are planned for the coming financial year. The Bank First approach has been fully embedded, allowing substantive staff to undertake bank shifts with the Trust.

We continue to prioritise the health and wellbeing of our staff and staff are encouraged to speak up through a range of channels including via our Freedom to Speak up Guardians, staff side colleagues and Executive Open Door sessions. We have launched a new Raising Concerns policy which brings together speaking up and Whisteblowing and also a new Sexual Misconduct Policy.

Analysis of staff costs

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

Analysis of average staff numbers

At 31 March 2026, the Trust employed 7,706 staff with a contracted whole time equivalent (WTE) of 6,845. The table below shows the breakdown of the Trust's workforce based upon NHS digital's occupation codes. This is the average WTE of employee headcount (HC) contracted throughout the year split by permanent employees. The second table shows "other staff".

Staff Group	Permanent 12m Avg FTE	%
Add Prof Scientific and Technic	760.78	12.49%
Additional Clinical Services	1429.33	23.47%
Administrative and Clerical	1350.97	22.18%
Allied Health Professionals	425.36	6.98%
Estates and Ancillary	211.28	3.47%
Healthcare Scientists	0.17	0.00%

Medical and Dental	182.98	3.00%
Nursing and Midwifery Registered	1726.74	28.35%
Students	3.55	0.06%
Grand Total	**6091.15**	**100.00%**

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

Role Group	OTHER 12m Avg WTE	12m Avg WTE %
Support to Clinical Staff (Bank & Overtime)	266.94	19.71%
Qualified Nursing - Registered (Bank & Overtime)	143.66	10.61%
Admin & Estates (Bank & Overtime)	53.35	3.94%
Other	56.17	4.15%
Hotel Property & Estates	32.55	2.40%
ST&T (Bank & Overtime)	14.82	1.09%
AHPs (Bank & Overtime)	6.88	0.51%
Qualified Nursing - HV,DN SHN (Bank & Overtime)	0.99	0.07%
Admin & Estates	84.72	6.25%
Admin & Estates (Agency)	2.00	0.15%
Managers and Senior Managers	25.00	1.85%
Medics	0.82	0.06%
AHPs (Agency)	4.00	0.30%
Medics - Career /Staff Grade	40.65	3.00%
AHPs	9.51	0.70%
Qualified Nursing - HV,DN SHN	4.37	0.32%
Qualified Nursing - Registered	28.24	2.09%
Medics - Career /Staff Grade (Locum)	1.33	0.10%
Qualified Nursing - Registered (Agency)	52.56	3.88%
Medics - Consultants	4.03	0.30%
ST&T	35.81	2.64%
ST&T (Agency)	0.20	0.01%
Support to Clinical staff	5.58	0.41%
Medics - Consultants (Locum)	25.43	1.88%
Support to Clinical Staff (Agency)	33.04	2.44%
Support to ST&T incl AHP	276.37	20.40%
Support to Doctors & Nursing	21.58	1.59%
Medics - Other Substantive	0.25	0.02%
Medics - Training Grades	116.91	8.63%
Medics - Other Non Substantive	6.71	0.50%
Grand Total	**1354.43**	**100.00%**

Gender breakdown

As of 31 March 2026, the breakdown of male and female staff was as set out below. This data is taken from the Trust's electronic staff record (ESR) which currently has only the capacity to record male and female characteristics at birth and not other gender identities. Respondents do have the choice of not declaring either.

- Board directors (executive and non-executive, voting and non-voting) – 8 male and 9 female;
- Other senior managers – 15 male and 27 female;
- Employees (excluding the above) – 1,520 male and 6,128 female.

Sickness absence data

Throughout 2025/26 there has been a continued focus on proactively supporting line managers to use the Sickness absence policy and processes. A focus has also continued to ensure return to work interviews are taking place after every absence. There has been an emphasis on communicating the benefits of conducting return to work interviews and supporting staff returning to work particularly after a long period of absence.

Occupational Health continue to support and advise staff members and line managers in assisting staff back into work. The new Occupational Health system has now been in place for over a year and is providing a more automated and consistent process for line managers who need to be make a referral.

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

During 2025/26, overall sickness absence increased by 0.51% (from March 2025). The top three reasons for sickness absence in 2025/26 based on hours lost were: Anxiety/stress/depression/psychological - Psychological Non-Work Related, cold/cough/flu symptoms and Anxiety/stress/depression/psychological – Psychological Work Related. Sickness absence figures for 2025/26 are shown in the table below.

	2025/26	2024/25
Total days lost in period (sick FTE)	120,519	106,148
12m Average Staff in Post (headcount)	7,605	7,219
12m Avg WTE in post	6,751	6,406
Average working days lost (WTE)	17.85	16.57

Gender pay gap

Gender Pay Gap reporting is a requirement under the Equality Act 2010 and is based on data from the previous year. The Gender Pay Gap is the difference between the average pay of men and women in an organisation. The Trust's Gender Pay Gap Report 2025/26 shows that the mean gender pay gap is 16% in favour of men a decrease overall of 4.5%, when compared with 2024/25. The median gender pay gap is 5.2% in favour of men a reduction of 0.6% when compared with 2024/25.

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

Staff policies

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

During 2025/26, progress has been made in reviewing key HR policies with a full suite of HR policies being reviewed to confirm their ongoing compliance with legislation. Notable is a revised Grievance policy which was fully reviewed in line with our work to review HR policies from a restorative, just learning culture approach moving to an approach more focussed on resolution at the earliest point. A Raising Concerns policy has also been developed which brings together in one policy clearer guidance for staff on how they raise a concern and the approach the Trust will take where this is a protected disclosure. We continue our shift towards adopting the National NHSE Framework policies with the introduction of the Sexual Misconduct Policy. The Trust will continue to review policies particularly in light of the new Employment Rights Act 2025.

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

For countering fraud and corruption, the Trust has in place a Code of Conduct, Counter Fraud, Bribery and Corruption Policy as well as a Counter Fraud function. See the following section for information relating to equality, diversity and inclusion policies.

Diversity and inclusion policies and initiatives

The Trust has made sustained progress in advancing its Equality, Diversity and Inclusion (EDI) work, building on the NHS England EDI Improvement Plan and now bringing this activity together within a single, integrated EDI plan. Of the 18 NHS England high impact

actions, 15 are complete and the remaining three are progressing well, with delivery and impact overseen by the Trust's EDI Steering Group and escalated through established governance to the People, Leadership and Culture Committee. During 2025/26, EDI has been included as part of Board and Executive appraisal objectives, supported by regular use of organisational and intersectional workforce data and staff feedback to inform improvement activity. The Trust has also strengthened its focus on workforce health inequalities through wellbeing conversations, continued its work with Inclusion Representatives to help embed fair and inclusive recruitment practices, and continued to promote a culture where staff feel confident to speak up and raise concerns.

Staff turnover and retention

Staff turnover for the year 2025/26 was 9.35%%, against a target of 14%. In 2025/26 the team focused on Staff Recognition and improving data collection from our leavers. The work that was completed in July 2025 relating to our 'people promise' continues to inform our approach to improving staff experience such as:

- Updated wellbeing pages that support all parts of the 'People Promise';
- An updated Induction programme aligned with the People Promise (due for launch in April 2026).

Freedom to Speak Up

Oxford Health has in place a fully implemented Freedom to Speak Up (FTSU) service. Two FTSU Guardians (1.6WTE) following the guidance and remit of the National Guardian's Office contribute to meeting the key objectives set out by the People Promise and the delivery of the Trust's strategic objectives. The Guardians report to the Chief People Officer, quarterly to the Extended Leadership Team and annually to the Board of Directors. The Guardians have worked with senior leaders at Board level to formulate a new two-year (2025/27) programme of work.

The Trust continues to embed a positive speak up culture. The Freedom to Speak Up (FTSU) Policy is being revised to incorporate the whistleblowing and detriment process in line with national guidance.

Throughout the year, the Guardians have continued to work proactively to empower staff to create and promote a positive speak up culture. Speak Up week in October 2025 focused on the importance of Following up.

There is a consistent uptake of FTSU e-learning modules (Speak up, Listen Up and Follow up) since these were launched in 2024.

Overall, the People Promise score for "we have a voice that counts" remains at 7.1 compared to national average 6.9. The National staff survey 2025 results continue to show a positive trend in speaking up. We use these results to identify gaps and work with directors for further improvement.

- Staff feel safe to speak up remains consistent at 72%, which is higher than the national average, 63.9%.
- Oxford health would address concerns raised at 60.7% (slight decrease from 2024, 61.7%) however this is above the national average of 51.6%.

During this reporting period 2025/26, 300 cases were raised with the FTSU Guardians.

Staff engagement and Staff survey results

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

National quarterly pulse survey

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

Local engagement

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

2025/26 NHS Staff Survey

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

The response rate to the 2025/26 survey among Trust staff was 61.3% which equates to 4,541 respondents, 900 more than in 2024 and well above the 52% average of the survey benchmarking group Mental Health and Learning Disability and Community Trusts. Results are shared through the Directorate Senior Management Teams and discussed at the Trust's Equality Network Groups. They are also reported to the Trust Executive and

relevant board committees. Managers and teams can access coaching and support in identifying areas they might take action upon.

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

Indicators ('People Promise' elements and themes)	2025/2026		2024/2025		2023/2024	
	Trust Score	Bench-marking group score	Trust Score	Bench-marking group score	Trust Score	Bench-marking group score
We are Compassionate & Inclusive	**7.81**	**7.61**	7.75	7.55	7.72	7.58
We are recognised and rewarded	**6.51**	**6.37**	6.52	6.35	6.52	6.41
We each have a voice that counts	**7.05**	**6.89**	7.09	6.94	7.08	7.01
We are safe and healthy	**6.47**	**6.34**	6.42	6.4	6.38	6.38
We are always learning	**6.11**	**5.83**	6.1	5.93	6	5.93
We work flexibly	**6.88**	**6.84**	6.83	6.83	6.75	6.84
We are a team	**7.29**	**7.17**	7.27	7.15	7.22	7.18
Staff Engagement	**7.21**	**7.02**	7.24	7.07	7.19	7.11
Morale	**6.29**	**6.12**	6.26	6	6.16	6.17

The Trust scores increased compared with 2024/25 on all but three reported People Promise Indicators. However, the Trust is currently ranked above the benchmarked average in all of the 8 published indicators. Over 2026/27, the Trust will continue its improvement journey and focus on workforce priorities:

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

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

Health & Safety

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

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

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

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

- Collaborate effectively with Estates colleagues and site contractors to ensure a proactive approach that aligns with statutory and regulatory obligations;
- Establish and monitor realistic objectives aimed at reducing manual handling injuries across the Trust;
- Maintain a proactive and structured approach to Health and Safety management in accordance with HSG65 guidance;
- Enhance the Health and Safety culture of the Trust.

Expenditure of consultancy

Trust expenditure on consultancy in 2025/26 was £40k (2024/25 £0.5m). This included contractors engaged in the review of the pay of Executive Directors.

Off payroll engagements

There were no off payroll engagements over the reporting period.

Exit packages

Details on exit packages are covered in the Remuneration Report.

Charity and volunteering

The Trust's Charity and Involvement team The Trust's Charity and Involvement team have continued to provide support to enhance the experience of patients, carers and staff throughout 2025/26 through volunteering, the Oxford Health Charity (OHC), the Oxford Health Arts Partnership, and informal community group engagement for the Trust. Over the reporting year, a significant project the Trust's charity has been commemorating the bicentenary of one of the Trust's sites, the Warneford Hospital in Oxford.

Oxford Health Charity

The Oxford Health Charity (OHC) has continued to provide valuable funding support to teams across the Trust, made possible through the generosity of out donors, fundraisers, grant makers and legacy supporters.

This year marks an important point in our journey as we move into the next phase of our 2023-2028 Strategy, with a refreshed focus on delivering greater impact, clarity and sustainability through our **Strategy Roadmap 2026-2028.**

Building on our earlier work around 'Positive Spaces', the charity is evolving towards a more structured and strategic model of funding and engagement. Our new roadmap sets out three core priorities:

- *Charitable Funding* - ensuring funding is directed towards clear, impact-led priorities across four key pillars: *Our Spaces and Environments, Our Patients, Carers and Families, Our People, and Our Future Care*

- *Internal Growth, Structure and Capability* - strengthening our systems, governance and financial planning to enable scalable and sustainable growth
- *Engagement and Involvement* - creating clearer and more accessible ways for staff, patients, volunteers, and communities to connect with and support the charity

This transition represents a shift from more localised and reactive fundraising towards a coordinated, Trust-wide approach that maximises impact and aligns with the Trust's strategic priorities.

Highlights from the year include the continued growth in our fundraising events programme, with strong participation in the Oxford Half Marathon and the expansion of community-led events such as Brush Party sessions, community concerts and fundraisers taking on their own challenges and raising money for Oxford Health Charity. This coming year we are introducing a Golf Day event, as well as expanding our portfolio of sporting events across our regions.

The charity has continued to support a wide range of initiatives that enhance care and wellbeing across the Trust. This includes investment in therapeutic environments, patient activities, and arts programmes. Our largest appeal. ROSY (Respite for Oxfordshire's Sick Youngsters), continues to provide vital respite for children with life-limiting and complex conditions, supporting families across Oxfordshire in their own homes.

As we look ahead, the charity is strengthening its foundations to enable future growth, including readiness for larger-scale fundraising opportunities and capital developments. Our focus remains on delivering meaningful, measurable impact for patients, carers and staff, while building a modern, inclusive and sustainable charity.

For more detailed information, the Oxford Health Charity Annual Impact and Finance Report for each year can be found on the Oxford Health Charity website.

Volunteering

The Trust’s Volunteering Programme has continued to develop across Oxford Health, with growing recognition of the value volunteers bring in enhancing patient experience, supporting staff, and strengthening connections with our communities. Volunteering is increasingly being embedded within service as a complementary offer- working alongside staff, not replacing employed roles-with dedicated supervisors supporting volunteers in their placement.

We currently have over 140 active volunteers supporting a diverse range of roles across the Trust. These include administrative support, befriending, community service support, family and carers support, lived experience roles, research support, and ward-based patient liaison services. Over the past year, there has been increased interest from services in developing new volunteer opportunities, and we are now actively looking to expand both the number and range of roles available.

This year has also seen a stronger alignment with the wider NHS ambition for volunteering. Work is underway to improve how we collect and use data on volunteering activity, enabling us to better understand impact, support service integration and inform future planning. Volunteers are recognised as an important part of the Oxford Health community, reflected within the Trust's *Our People* approach, with a focus on ensuring they have a positive, supported and meaningful experience.

A key area of development this year is the introduction of supported volunteering pathways, designed to widen access and remove barriers to participation. This includes creating more structured and supported opportunities for individuals who may face additional challenges in accessing volunteering, such as people with disabilities, those experiencing homelessness and individuals supported through asylum welcome programmes. These pathways provide tailored support, clearer role structures and closer supervision, ensuring volunteering is accessible, inclusive and beneficial for all involved.

People come to volunteering for a variety of reasons. For many, it provides a valuable pathway into employment, with our Volunteer to Career approach continuing to support individuals seeking experience and development opportunities within the NHS. Others volunteer to give their time, contribute to their local community, or use their lived experience to influence and improve services for patients and carers.

The Volunteering Team continues to play a key role in recruiting, training and supporting volunteers, as well as working with services to embed volunteering effectively. This includes ensuring appropriate induction, ongoing training and support, and clear role design - alongside strengthening relationships with service leads to maximise the benefits volunteers bring.

Looking ahead, we have a clear ambition to significantly grow our volunteer base, with a target to increase numbers towards 500 volunteers, positioning Oxford Health within the higher percentile of NHS Trusts of a similar size and specialism. Alongside this growth, we will continue to focus on developing high-quality roles, improving data and insight and ensuring volunteering remains a rewarding and impactful experience for all involved.

Our ongoing priorities are to:

- Expand the number and diversity of volunteer roles across services
- Increase awareness and accessibility of volunteering opportunities
- Develop and scale supported volunteering pathways
- Strengthen the Volunteer to Career pathway
- Improve data collection and reporting to demonstrate impact
- Continue collaborative working with partners, including ICB Volunteer Service Managers

Through this approach, volunteering will continue to play an integral role in supporting Oxford Health's services, patients and communities.

Code of governance for NHS provider trusts – Disclosures

The following statements set out applicable Trust disclosures requiring a supporting statement with reference to the *Code of Governance for NHS provider Trusts* (April 2023) Schedule A, or as otherwise stated with full disclosures. The Trust complies with those disclosures requiring a comply or explain disclosure (set out in appendix 2).

A.2.1 The Annual Governance Statement within this report sets out the Trust's approach to ensuring effectiveness, efficiency and economy.

A.2.3 The Trust's Board of Directors actively monitor culture. The Trust's Board Assurance Framework has a specific risk on culture. The Trust has clear procedures for promoting staff wellbeing as set out in the Staff Report section of the Annual Report.

A.2.8 The Trust's Board of Directors considers the interests of stakeholders are taken into account and consideration in decision-making and actively collaborates with partners as set out in the Performance Report section of the Annual Report.

B.2.6 The Board of Directors considers all of its Non-Executive Directors to be independent against the potential impairments to independence set out in Schedule A B.2.6. Over the reporting period three Non-Executive Directors had their terms extended following review of performance and approval by the Council of Governors. The Trust discloses that one Non-Executive Director over the reporting period had been a member of the board since 2017 and that their third expired at the end of March 2026.

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

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

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

C.2.8 The Council of Governors and Remuneration Report sections of the Annual Report sets out the process followed by the Council of Governors to appoint the Chair and Non-Executive Directors (Nomination and Remuneration Committee) in accordance with written terms of reference.

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

C.4.7 An externally facilitated Well-led review is being undertaken over Q1 2026/27 and will report to board in late June 2026. Further information on Well-led is set out in the Annual Governance Statement.

C.4.13 The Remuneration Report and Staff Report sections of the Annual Report set out the work of the nominations committee (Nominations, Remuneration and Terms of Service Committee) and on diversity and inclusion, ethnicity of board members and senior managers, and gender balance of senior managers.

C.5.15 The Council of Governors section of the Annual Report provides information on governor and member communication and engagement for example in relation to Trust strategy development.

D.2.4 The Audit & Risk Committee section of the Directors' Report sets out information in relation to the Trust's auditors, financial statements audited, and how auditor independence and objectivity are ensured.

D.2.6 The Board of Directors are responsible for the preparation of the annual report and accounts and consider these, as a whole, fair, balanced and understandable. The Annual Governance Statement will set out this disclosure.

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

D.2.9 The Performance Report section of the Annual Report includes a Going Concern statement.

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

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

NHS Oversight Framework

The NHS National Oversight Framework (NOF) 2025/26, published by NHS England in summer 2025, set out a revised and more focused approach to assessing the performance of NHS providers. The framework is designed to provide a clear, consistent, and transparent view of organisational performance across key domains, including financial sustainability, operational delivery, quality of care, and leadership capability. It also establishes how NHS England will tailor its oversight and support, ensuring that interventions are proportionate to both performance and organisational capability.

Under the NOF, NHS Foundation Trusts are assessed against a defined set of metrics grouped into six domains: 1) access to services; 2) effectiveness and experience of care: 3) patient safety; 4) people and workforce; 5) finance and productivity; and 6) improving health and reducing inequalities. The first five domains contribute directly to an overall organisational delivery score, while the sixth domain is contextual and used to inform oversight and planning rather than formal scoring.

A key feature of the new framework is the segmentation of providers into one of five oversight categories, reflecting the level of autonomy or support required. The Oversight Segments for NHS Foundation Trusts are: Segment 1 – maximum autonomy; Segment 2 – targeted support; Segment 3 – mandated support; Segment 4 – significant support needs; and Segment 5 – Provider Improvement Programme (PIP). The framework includes a financial override, meaning that trusts operating in deficit or reliant on financial support cannot be placed in the highest segments, regardless of performance in other areas. In addition to performance metrics, NHS England undertakes a provider capability assessment, considering factors such as leadership, governance, and operational resilience to ensure a balanced and proportionate approach to oversight.

Oxford Health NHS Foundation Trust was assessed as *Segment 1* for Quarter 1 of 2025/25, reflecting a strong overall performance and organisational capability. This position was sustained in Quarter 2, as confirmed in December 2025. In Quarter 3, the Trust's segmentation moved to *Segment 2*, in line with the Trust's internal forecast, indicating a requirement for targeted support in specific areas while maintaining a generally stable performance profile.

Overall, Quarter 3 reflects a stable performance position, with clear strengths in workforce, finance, and access, alongside consistent delivery in urgent care response. Targeted improvement is required in reducing long waits, improving length of stay and mental health crisis response metrics. Quarter 4 (published June 2026) reported that the Trust was in *Segment 3*, however this was due to an error in the Trust's submitted data. The NHS regional team confirmed that, although the NOF position could not be amended, the true performance of the Trust was in *Segment 2* and should be recognised.

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

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

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

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

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

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

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

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

Statement of Chief Executive's responsibilities as Accounting Officer

Signed: **Date: 25 June 2026**

Chief Executive and Accounting Officer

Annual Governance Statement

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Oxford Health NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Oxford Health NHS Foundation Trust for the year ended 31 March 2026 and up to the date of approval of the annual report and accounts.

Capacity to handle risk and the risk and control framework

Arrangements for and leadership of risk management are detailed in the Trust's Risk Management Strategy & Policy, this document was last updated in February 2026. The document sets out and provides guidance on how risks are identified, evaluated, transferred, controlled and treated. Operational risks can be identified through risk assessments, incidents, observation and acknowledgement of local, regional and national alerts. Leadership from managers at all levels of the Trust ensures that effective risk management is a core part of an integrated approach to quality, corporate and clinical governance, performance management and assurance.

Overarching leadership of risk management within the Trust is through the Executive Leadership Team. Risks are collated, escalated and transferred through local, directorate (where a risk is more readily addressed within the skill set of an alternate directorate) and trust risk registers. The Extended Leadership Team receives a monthly highlight report on risk performance, escalations and de-escalations. Directorates also report and escalate risks through the Executive Performance Review Meeting. The Executive Management Team manages the strategic risks to the Trust through the Board Assurance Framework (BAF). Through these risk management processes, along with guidance and

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

The Board of Directors and board committees receive regular updates on the BAF including 'deep dives' into BAF risks relevant to their terms of reference. Each board committee is assigned specific BAF risks by the Board. The Audit & Risk Committee receives an update on all BAF risks and reviews each BAF risk at least once over its meetings per year. The Trust uses a risk appetite approach – set out in the Risk Management Strategy & Policy as a structured approach to assessing and monitoring the risk appetite for strategic risks.

Over 2025/26, principal risks for the Trust as captured and monitored in the BAF were: timely access to services; quality & safety of clinical services; financial sustainability; recruitment and retention; staff experience and culture; improvement, research and innovation; environmental sustainability; information and data; partnerships and system working; digital transformation; and infrastructure. The BAF was revised over July 2025 and approved by the Board of Directors. Over Q4 2025/26, an internal audit of the BAF was undertaken with a finding of 'significant assurance with minor improvements' which are being progressed. A summary of principal operational risks managed over the reporting period is set out in the Performance Report.

At the June 2026 Audit & Risk Committee, the Trust's head of internal audit presented their annual report with conclusions over four components, as set out in the table below:

Component	Overall finding	Rating
Governance	Overall findings on design show some controls to be effectively designed with some exceptions and our testing showed some control to be operating effectively, and others could be more consistently applied.	Amber-Green
Risk management	Overall findings on design show some controls to be effectively designed with some exceptions and our testing showed some control to be operating effectively, and others could be more consistently applied.	Amber-Green
Financial reporting and management	Overall findings on design show some controls to be effectively designed with some exceptions and our testing showed some control to be operating effectively, and others could be more consistently applied.	Amber-Green
Data captured and used by the organisation	Overall findings on design showed controls are effectively designed and our testing showed controls are operating effectively.	Green

Quality governance, incident management and learning from incidents

The Trust is registered with the Care Quality Commission (CQC) and systems are in place to ensure compliance with the registration requirements, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as amended (most recently in 2025), and the Care Quality Commission (Registration) Regulations 2009. The Board of Directors is responsible for ensuring compliance with these regulations. The Trust is fully compliant with the registration requirements of the Care Quality Commission; the Trust current overall rating is 'Good' as of December 2019. In April 2026, the Trust's inpatient child and adolescent mental health (CAMHS) wards were inspected by the CQC. While the 'effective' and 'caring' domains were rated as 'good', the overall rating was 'inadequate'; engagement with the CQC on the report findings has been effective and an action plan is in place to address areas of improvement.

The Trust continues to develop its systematic approach to managing quality through a Quality Management System (QMS) approach. A QMS provides a balanced and integrated framework for managing quality through four interrelated functions: Quality Planning; Quality Maintaining (or Quality Control); Quality Assurance; and Quality Improvement.

The Trust's Executive Leadership Team and Directorate leaders proactively manage and seek assurance that the quality and safety of clinical services are robust and managed effectively. Through embedding of a QMS approach, leaders are moving from position of monitoring quality indicators and responding to incidents, audit outcomes, or external feedback, towards a proactive, data-driven, and learning-oriented system that anticipates quality challenges and continuously improves and enhances outcomes for service users.

The Executive Team Meeting receives a weekly report from the Weekly Review Meeting chaired by the Deputy Chief Nurse. The Weekly Review Meeting is mirrored in each of the Clinical Directorates. The Chief Nurse chairs the monthly Quality & Clinical Governance Sub-Group and the Chief Medical Officers chairs the Clinical Effectiveness Group with both reporting into the Quality Committee. The Trust's Board of Directors actively seek assurance on the quality and safety of clinical services, including reviewing the Trust's Integrated Performance Report and Quality and Safety Dashboard at each board meeting.

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

The Trust uses a web-based incident management system to report and manage local incidents, significant near misses and deaths. Every incident is reviewed by multiple staff

members and information from the system is embedded into weekly and monthly safety forums which are part of the Trust's quality governance framework.

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

Oxford Health has a positive incident reporting culture with high numbers of incidents and near misses reported, the majority of which result in no harm to patients. When an incident is reported this is used as an opportunity to learn through established safety forums and quality governance arrangements as well as regular data analysis to identify trends and emerging themes. The 2025 national staff survey results showed 92.44% of staff feel that the Trust encourages them to report errors, near misses and incidents, this is above the national average for other NHS Trusts, and we have seen incremental improvements each year for the last 4 years

The Trust aims to always be curious and to work with patients and families to identify and make improvements from patient safety incidents. The Trust has employed Patient Safety Partners since September 2023, bringing people with lived experiences of using services to work alongside staff to further develop and ensure that patient and family voices are central to decision-making and quality improvement initiatives.

Reducing health inequalities is a central element of Oxford Health's strategy with the Trust's quality strategic objective focused on reducing unwarranted variation and improving outcomes. During 2025/26, the Trust strengthened its approach to health inequalities with an emphasis on consistent use of data and oversight of health inequalities being embedded in quality, performance and assurance processes, and the Trust works with system partners to strengthen prevention, and to improve population health. In line with NHS England's Statement of Information, this work puts the Trust in good stead to fulfil its health inequalities legal duties and inform an evidence-led improvement approach to healthcare inequalities, in line with Core20PLUS5.

NHS Quality Accounts aim to increase public accountability and drive quality improvements in the NHS. The Trust's annual Quality Account brings an overview and summary of the successes and challenges experienced across the year while working towards achieving the quality priorities set by the Trust to deliver during 2025/26 and beyond to improve the quality of care and services provided. The Quality Account is published each year available by searching online for '*Oxford Health Quality Account'*

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

Patient Safety

To support the continual improvement of the safety of care the Trust has embedded the standards and principles of the national Patient Safety Incident Response Framework (PSIRF). A summary of what this means, the Trust approach and local incident response plan is published on the Trust's website and is available by searching online for '*Oxford Health Patient Safety Incident Response Framework'*. The Trust reports publicly on patient safety incidents, our learning and changes being made at each of the Board of Directors meetings. The four key PSIRF principles the Trust has implemented are:

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

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

The Trust is committed to supporting the national suicide prevention strategy as well as the local authority action plans and the Trust actively contributes to multi-agency suicide prevention groups to strengthen collaboration and joint working. The Trust has embedded the 2025 national Staying Safe from Suicide Best Practice Guidance focused on a patient-centred collaborative approach to assessments and safety plans. Information and progress with embedding this is published in the 6-monthly mortality and suicide prevention report to the Board of Directors.

In coronial proceedings, one duty a Coroner considers is whether to write what is called a Prevention of Future Deaths (PFD) Report if an issue emerges during the proceedings that give rise to a concern that future deaths may occur. The coroner cannot state what should be done, simply that the organisation is asked to review the position and state what, if any, action it proposes to take. A report is not a sanction or judgement and coroners state that reports are intended to have utility and be helpful to organisations. Oxford Health received three PFD reports over the reported year, we have carefully reviewed and reflected on each report received for the emergence of any new information shared within the Coronial process to look at how this may contribute to learning and further improving the system and process changes that we use.

Workforce and workforce systems

At 31 March 2026, the Trust employed 7,706 staff with a contracted WTE (whole time equivalent) of 6845. Over 2025/26, the Trust recruited 1,209 substantive staff (1,123.52 WTE). I am required to describe the key ways in which the Trust ensures that short, medium, and long-term workforce strategies and staffing systems are in place and how the Trust complies with the '*Developing Workforce Safeguards'* recommendations.

The Trust continues to invest in skill mix work to make sure that the blend of skills in its services is safe, appropriate, affordable and available.

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

The Trust has been particularly successful in supporting alternative routes to registration through apprenticeship programmes and this is particularly effective for recruiting staff who live in the local area which is important to wider economic goals for the local community such as increasing employment and career paths for those entering the workforce.

During 2025/2026, the Trust continued to strengthen its approach to attracting talent, building on the foundations established in previous years and moving towards a more targeted, digitally led and candidate-focused model.

Our digital attraction strategy has significantly evolved, with a continued expansion of our social media presence to reach wider and more diverse candidate groups. This has enabled more proactive and engaging promotion of opportunities across the Trust, supporting both volume recruitment and harder-to-fill roles.

A key development this year has been the enhancement of the Trust's careers website, creating a more user-friendly and accessible experience for candidates. New functionality has been introduced, including improved job search tools, job alerts, and a chatbot to support candidate queries, alongside clearer insight into roles and locations. These developments help guide candidates through the application process and improve both engagement and conversion.

Alongside this, we have strengthened our focus on internal mobility, making it easier for existing staff to access opportunities within the organisation. This includes the introduction of a dedicated internal job search page, complementing our internal vacancy bulletin, which is distributed to all employees on a weekly basis, supporting our existing employees to stay within the Trust.

We introduced a centralised recruitment model for areas of high-volume hiring. This has enabled a more consistent, robust, efficient and candidate-focused process, improving the quality of applicants, reducing time to hire, and supporting services to fill vacancies more effectively.

Underpinning this work is the Trust's recruitment management system, which continues to support improved oversight, control and reporting of recruitment activity. The Trust

monitors ‘time to hire’ on a monthly basis and has made further progress this year in streamlining and simplifying the onboarding process, including the introduction of an online form filling tool and a digital ID checking platform. We have further upskilled both the recruitment team and hiring managers which has contributed to a reduction in vacancy levels and faster hiring timelines, positively impacting service delivery.

We have continued to complement our digital approach with targeted in-person activity, including recruitment events and careers fairs, particularly where these support engagement with local communities, underrepresented areas, early careers and pipelines into hard-to-fill roles.

Overall, our approach has shifted from largely reactive advertising to a more proactive, insight-driven model, strengthening the Trust’s employer brand and improving our ability to attract the right people into the organisation. This approach has contributed to improved recruitment outcomes, including reduced reliance on repeat advertising and stronger candidate pipelines across key staff groups.

Over 2025/26 the Trust has further reduced its use of agency staff which has reduced agency costs and had a positive impact on the care provided to patients. We have been particularly successful at filling medical vacancies in the last 12 months and hope to further improve our position in the coming period.

In 2025/26 the Trust has built upon the work undertaken in the previous year when it was one of NHS England’s *People Promise* exemplar Trusts working alongside other teams at NHS England to deliver high impact interventions set out in the *People Promise* to achieve improve staff satisfaction and retention. Staff turnover improved from 11.85% in January 2025 to 9.16% in January 2026 against a target of 14% which has improved the stability and effectiveness of the services offered.

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

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

Register of interests

The foundation trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the NHS30 guidance.

Well-led

Over the reporting year, the Trust undertook a range of activities contributing to an ongoing assessment of whether services are well-led under the relevant Care Quality

Commission and NHS England frameworks. These included completion of the Trust's Well-led self-assessment process against the CQC Well-led framework in February 2026; and completion of the NHS England *Provider Capability Assessment* which was accepted by the NHS region - the Trust is currently placed in *Segment 2* of the NHS Oversight Framework (see NOF section for further information on segmentation).

The Trust rated itself 'Amber/Green' in its Well-led self-assessment which was agreed by the Board in February 2026. This means that the Trust meets the majority of requirements against the Well Led Framework, with some areas requiring improvement, but no material concerns. An externally facilitated independent Well-led review will be undertaken over Q1 of 2026/27 culminating in a June 2026 board workshop to discuss the findings and a final report with recommendations being issued in early July 2026.

Pension scheme

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

Climate change

The foundation trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Provider Licence condition compliance

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

The Board receives quality, safety, finance, performance, risk and compliance information at each meeting. Individual board committee reports address elements of risk, such as reports on safe staffing levels or adherence to infection prevention and control policy enabling the Board to have oversight over Trust performance. The Board receives updates on the Board Assurance Framework (BAF) and each board committee has oversight of specific strategic risks within the BAF. The Board also receives regular

assurance reports (3As reports) from each board committee following each committee meeting.

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

Over the reporting period the Trust has developed an operating framework setting out governance arrangements – this document was published for internal information and reference in April 2026.

The Trust also has a comprehensive programme of internal audit in place aligned to key areas of potential financial and operational risk.

The Board has not identified any principal risks to compliance with Provider Licence condition (governance) over 2025/26 and is satisfied with the timeliness and accuracy of information to assess risks to compliance with the provider licence and degree of rigour of oversight it has over performance.

Modern slavery

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

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

As Accounting Officer, I have responsibility for ensuring economy, efficiency and effectiveness of the use of resources and I am supported by the executive team that has responsibility for overseeing the day-to-day operations of the Trust. Performance in this area is monitored by the Board on a regular basis as well as through assurance reports from its standing committees. The Board discusses and approves the Trust's strategic and annual plans and budgets taking into account the views of the Council of Governors.

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

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

Information governance and data security management

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

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

The DSPT is a national annual online national self-assessment process, which enables the Trust to measure its compliance against the National Data Guardian security standards and information governance management, confidentiality and data protection, information security, clinical information, secondary uses, and corporate information. The DSPT now incorporates the National Cyber Security Organisation's Cyber Assessment Framework (CAF). The Trust met all standards and assertions in the DSPT over 2024/25.

The DSPT/CAF year is from July to June and the Trust's baseline submission was completed as required by 31 December 2025. The Trust's internal auditors have conducted a review to assess compliance with each of the assessment criteria selected for internal audit verification in March 2026. Following sign-off by the Trust's Information Management Group and then by the Finance & Investment Committee, the next DSPT/CAF will be submitted by 30 June 2026.

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

There was one serious confidentiality incident (Level 2) over 2025/26, which met the criteria for escalation to the Information Commissioner's Office (ICO) relating to human error resulting from a 'phishing' email. The matter was investigated by an approved Cyber expert and the ICO contacted the Trust in early March 2026 for further information on the incident.

The Trust prioritises the implementation of systems and processes to combat cybercrime which poses a significant threat to the Trust's IT related resources and data.

Throughout 2025/26, several new cybercrime prevention systems have been implemented, replacing older systems, to enhance the protection of the Trust's IM&T resources and data. Controls on existing IT systems have been reviewed and further controls implemented. In July 2025 an independent cyber audit was conducted with all

recommendations identified subsequently addressed and reported to the December 2025 Audit & Risk Committee by the Head of IT. All recommendations were addressed.

Staff awareness campaigns and Trust wide phishing simulations are conducted to highlight to Staff the importance of their role in keeping the systems and information safe.

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

Data quality and governance

The Trust has a Data Quality Strategy and framework to support the management of data quality. Data quality risks are managed and controlled via the risk management systems within the Trust. These risks and associated actions are continually assessed and updated as appropriate in the risk register. The Trust's performance management framework monitors progress in relation of areas of data quality focus, with routine reports being shared and reviewed in collaboration with services. These reports are taken from information available at a ward/team level to self-serve via the Trust Online Business Intelligence platform (TOBI).

The Trust reports regularly on nationally mandated data sets. Assurance in relation to data submissions and quality is overseen by the Information Management Group (IMG) which has delegated responsibility from the Trust's Quality Committee. Areas of focus for 2025/26 have included improvements in data quality associated with waits reporting (by cleansing of caseloads and improvements in recording of appointment information which were identified as an area of focus) and improving recording of ethnicity information via a clinically led campaign.

Review of effectiveness

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

The Trust's system of internal control is designed to manage risk to an acceptable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the Trust, to

evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The Audit & Risk Committee comprises Non-Executive Directors and has reviewed throughout the year the effectiveness of the system of internal control and overall assurance processes associated with managing risk. Over the reported year the committee received items and recommendations from internal audit and external audit including internal audit annual report and reviews on provider collaboratives and quality systems, and external audit results and key audit areas of fraud, valuations and disclosures. The committee also covered the counter fraud annual report and work plan, revision to the Risk Management Policy & Strategy, financial planning, cyber security, digitisation, health & safety, and regular updates on the Board Assurance Framework.

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

Conclusion

No significant internal control issues have been identified over 2025/26 and, as Accounting Officer, I am reassured that the Trust's system of internal control is sound and supports progress towards our aims and objectives and the safeguarding and prudent management of financial resources. The Board of Directors, its delegated committees and relevant audit processes have remained vigilant to identify risks and to learn from service developments, major projects, and incidents. As a Trust we continue to seek learning from experience and from best practice and to continuously improve our control processes.

Grant Macdonald, Chief Executive **25 June 2026**

Appendix 1 – Performance summary 2025/26

Type of metric	Service area/metric	Target	2025 - 2026 performance
Child and Adolescent Mental Health Services (CAMHS)			
National measure NOF (scored)	Improve access to mental health support for children and young people – Buckinghamshire (12 rolling months)	7848	7768 end of March 2026
National measure NOF (scored)	Improve access to mental health support for children and young people – Oxfordshire (12 rolling months)	10612	9086 end of March 2026
National measure NOF (scored)	Improve access to mental health support for children and young people - Bath & North East Somerset, Swindon and Wiltshire (12 rolling months)	-	7066 end of March 2026
National measure Strategic metric - Quality	Four (4) week wait (interim metric - one meaningful contact within pathway) - Buckinghamshire	62% National average	75.75% annual average 86.99% March 2026
National measure Strategic metric - Quality	Four (4) week wait (interim metric - one meaningful contact within pathway) - Oxfordshire	62% National average	61.22% annual average 61.59% March 2026
National measure Strategic metric - Quality	Four (4) week wait (interim metric - one meaningful contact within pathway) - Bath & North East Somerset, Swindon and Wiltshire	62% National average	52.96% annual average 61.26% March 2026
National measure	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks – Buckinghamshire	95%	92.50% annual average
National measure	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks – Oxfordshire	95%	83.19% annual average
National measure	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Bath & North East Somerset, Swindon and Wiltshire	95%	88.34% annual average
National measure	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days – Buckinghamshire	95%	96.43% annual average
National measure	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days – Oxfordshire	95%	95% annual average
National measure	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Bath & North East Somerset, Swindon and Wiltshire	95%	91.84% annual average
Talking Therapies			
National measure	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Buckinghamshire	515 monthly	655 annual average
National measure	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Oxfordshire	687 monthly	723 annual average
National measure	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Buckinghamshire	-	10.89% annual average 9.97% March 2026
National measure	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Oxfordshire	-	6.67% annual average 5.89% March 2026
National measure	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Buckinghamshire	68% by March 2026	70.53% end of March 2026
National measure	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Oxfordshire	68% by March 2026	70.67% end of March 2026
National measure	% of people receiving first treatment appointment within 6 weeks of referral - Buckinghamshire	75%	98.17% annual average 98.09% March 2026
National measure	% of people receiving first treatment appointment within 6 weeks of referral - Oxfordshire	75%	99% annual average 99.54% March 2026

National measure	% of people receiving first treatment appointment within 18 weeks of referral - Buckinghamshire	95%	99.97% annual average 100% March 2026
National measure	% of people receiving first treatment appointment within 18 weeks of referral - Oxfordshire	95%	99.97% annual average 99.88% March 2026
National measure	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) - Buckinghamshire	10%	2.01% annual average 1.72% March 2026
National measure	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) - Oxfordshire	10%	6.68% annual average 7.25% March 2026
National measure NOF (contextual)	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Buckinghamshire	50% by March 2026	53.53% end of March 2026
National measure NOF (contextual)	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Oxfordshire	50% by March 2026	53.37% end of March 2026
National measure	Meet and maintain at least 52% Talking Therapies recovery rate - Buckinghamshire	52%	56.09% March 2026
National measure	Meet and maintain at least 52% Talking Therapies recovery rate - Oxfordshire	52%	53.37% March 2026
National measure	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined - Buckinghamshire	50%	50.32% annual average 54.26% March 2026
National measure	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined - Oxfordshire	50%	47.15% annual average 52.24% March 2026
National measure	Recovery rate for White British - complete a course of treatment, adult and older adult combined - Buckinghamshire	50%	55.85% annual average 56.43 March 2026
National measure	Recovery rate for White British - complete a course of treatment, adult and older adult combined - Oxfordshire	50%	54.65% annual average 56.69% March 2026
Adult and Older Adult Community Mental Health Services			
National measure NOF (contextual)	Improve access for Adults and Older Adults to support by community mental health services – Buckinghamshire (12 rolling months)	4568	5500 end of March 2026
National measure NOF (contextual)	Improve access for Adults and Older Adults to support by community mental health services – Oxfordshire (12 rolling months)	6737	9536 end of March 2026
National measure	Four (4) week wait standard (interim metric - two contacts within pathway) - Buckinghamshire	36% National average	52.98% annual average 52.35% March 2026
National measure	Four (4) week wait standard (interim metric - two contacts within pathway) - Oxfordshire	36% National average	65.98% annual average 73.77% March 2026
National measure	Deliver annual physical health checks to people with Severe Mental Illness (System Measure - Buckinghamshire)	60%	Q4 data not yet published nationally Q1 – Q3 average 50.87%
National measure	Deliver annual physical health checks to people with Severe Mental Illness (System Measure – Oxfordshire)	60%	Q4 data not yet published nationally Q1 – Q3 average 41.06%
National measure	Improve access to perinatal mental health services – Buckinghamshire (rolling 12 months)	422	390 end of March 2026
National measure	Improve access to perinatal mental health services – Oxfordshire (rolling 12 months)	501	680 end of March 2026

National measure	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral - Buckinghamshire	60%	81.61% annual average 75% March 2026
National measure	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral - Oxfordshire	60%	94.39% annual average 87.50% March 2026
National measure	Number of people accessing Individual Placement Support (IPS) – Buckinghamshire (rolling 12 months)	286	325 end of March 2026
National measure	Number of people accessing Individual Placement Support (IPS) – Oxfordshire (rolling 12 months)	440	572 end of March 2026
National measure	Recover dementia diagnosis rate (nationally reported system measure - Buckinghamshire)	63%	March 2026 data not yet published nationally 58.56% annual average (to Feb-26)
National measure	Recover dementia diagnosis rate (nationally reported system measure - Oxfordshire)	63%	March 2026 data not yet published nationally 64.27% annual average (to Feb-26)
Urgent Mental Health Care			
National measure	Response from Mental Health Psychiatric Liaison within 1 hour - Buckinghamshire	66% National average	93.28% annual average 90.72% March 2026
National measure	Response from Mental Health Psychiatric Liaison within 1 hour - Oxfordshire	66% National average	90.45% annual average 89.26% March 2026
National measure	Response from Mental Health Psychiatric Liaison within 24 hours - Buckinghamshire	81% National average	98.97% annual average 100% March 2026
National measure	Response from Mental Health Psychiatric Liaison within 24 hours - Oxfordshire	81% National average	100% annual average 100% March 2026
National measure	Response from Mental Health Crisis Service within 4 hours (Very Urgent) - Buckinghamshire	61% National average	81.82% annual average 100% March 2026
National measure	Response from Mental Health Crisis Service within 4 hours (Very Urgent) - Oxfordshire	61% National average	39.18% annual average 100% March 2026
National measure NOF (scored)	Response from Mental Health Crisis Service within 24 hours (Urgent) - Buckinghamshire	58% National average	65.12% annual average 82.96% March 2026
National measure NOF (scored)	Response from Mental Health Crisis Service within 24 hours (Urgent) - Oxfordshire	58% National average	67.79% annual average 76.19% March 2026
Mental Health Inpatient Services (Adults and Older Adults)			
National measure	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - Adult (acute & Psychiatric Intensive Care Units) – Buckinghamshire (rolling quarter)	12% National average	11.18% March 2026
National measure	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - Adult (acute & Psychiatric Intensive Care Units) – Oxfordshire (rolling quarter)	12% National average	16% March 2026
National measure	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 (rolling quarter)	12% National average	5.9% March 2026
National measure	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - Older Adult – Oxfordshire (rolling quarter)	12% National average	5% March 2026

National measure	Mean Length of Stay Mental Health acute, older adult acute and Psychiatric Intensive Care Unit (PICU) discharges (combined, rolling 3 months) - Buckinghamshire	49 days by March 2026	46 days March 2026
National measure	Mean Length of Stay Mental Health acute, older adult acute and Psychiatric Intensive Care Unit (PICU) discharges (combined, rolling 3 months) - Oxfordshire	49 days by March 2026	69 days March 2026
National measure NOF (scored)	Percentage of adult inpatients with a length of stay over 60 days (discharged patients) - Buckinghamshire	-	23.93% annual average 21.05% March 2026
National measure NOF (scored)	Percentage of adult inpatients with a length of stay over 60 days (discharged patients) - Oxfordshire	-	27.78% annual average 40.35% March 2026
National measure NOF (contextual)	Percentage of older adult inpatients (over 65) with a length of stay over 90 days (discharged patients) - Buckinghamshire	-	27.39% annual average 36.84% March 2026
National measure NOF (contextual)	Percentage of older adult inpatients (over 65) with a length of stay over 90 days (discharged patients) - Oxfordshire	-	21.82% annual average 20.59% March 2026
National measure	72 hour follow up for those discharged from mental health wards - Adults - Buckinghamshire	80%	92.19% annual average 93.90% March 2026
National measure	72 hour follow up for those discharged from mental health wards - Adults - Oxfordshire	80%	91.94% annual average 90.20% March 2026
National measure	72 hour follow up for those discharged from mental health wards - Older Adults - Buckinghamshire	80%	96.84% annual average 100% March 2026
National measure	72 hour follow up for those discharged from mental health wards - Older Adults - Oxfordshire	80%	97.63% annual average 100% March 2026
National measure	Inappropriate adult acute mental health out of area placements - snapshot last day month - Buckinghamshire	1	3 (end of trajectory – March 2026 position)
National measure	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Buckinghamshire		0 (end of trajectory – March 2026 position)
National measure	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Buckinghamshire		0 (end of trajectory – March 2026 position)
National measure	Inappropriate adult acute mental health out of area placements - snapshot last day month - Oxfordshire	1	6 (end of trajectory – March 2026 position)
National measure	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Oxfordshire		0 (end of trajectory – March 2026 position)
National measure	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Oxfordshire		0 (end of trajectory – March 2026 position)
Local measure	Inappropriate adult acute mental health out of area placements - beds days in month - Buckinghamshire	-	1483 (annual total)
Local measure	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Buckinghamshire	-	39 (annual total)
Local measure	Inappropriate older adult acute mental health out of area placements - beds days in month - Buckinghamshire	-	10 (annual total)
Local measure	Inappropriate adult acute mental health out of area placements - beds days in month - Oxfordshire	-	1697 (annual total)

Local measure	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Oxfordshire	-	31 (annual total)
Local measure	Inappropriate older adult acute mental health out of area placements - beds days in month - Oxfordshire	-	0 (annual total)
Local measure	% adult acute readmission within 30 days for mental health - Buckinghamshire	-	9.92% annual average 3% March 2026
Local measure	% adult acute readmission within 30 days for mental health - Oxfordshire	-	8.71% annual average 3% March 2026
Local measure	% older adult readmission within 30 days for mental health - Buckinghamshire	-	2.78% annual average 0% March 2026
Local measure	% older adult readmission within 30 days for mental health - Oxfordshire	-	3.23% annual average 0% in March 2026
Local measure	Average number of clinically ready for discharge patients per day - Buckinghamshire	-	8 annual average
Local measure	Average number of clinically ready for discharge patients per day - Oxfordshire	-	7 annual average
Mental Health Services - other			
Strategic Metric - Quality	% of patients responding that overall care was good or very good	85%	85.94% annual average 87.17% March 2026
Strategic Metric - Quality	% of patients report being involved in their care	80%	85.57% annual average 82.16% March 2026
Community Health Service, Dentistry and Primary Care			
National measure	% of Minor Injury Unit patients seen within 4 hours	78%	95.78% annual average 95.61% March 2026
National measure NOF (scored)	Consistently meet or exceed the 70% 2-hour Urgent Community Response (UCR) standard	70%	84.45% annual average 98.03% March 2026
Local measure	Average Length of Stay in Community Hospitals by basket of care - Rehab	-	30 days annual average 28 days end of March 2026
Local measure	Average Length of Stay in Community Hospitals by basket of care - Stroke	-	42 days annual average 36 days end of March 2026
Local measure	Average Length of Stay in Community Hospitals by basket of care - End of Life	-	15 days annual average 15 days end of March 2026
Local measure	Average Length of Stay in Community Hospitals by basket of care - EMU	-	12 days annual average 12 days end of March 2026
Local measure	Average number of Medically Optimised For Discharge (MOFD) patients per night	-	22.4 annual average 18.2 March 2026
Strategic Metric - Quality	% of patients responding that overall care was good or very good	85%	94.26% annual average 94.57 March 2026
Strategic Metric - Quality	% of patients report being involved in their care	85%	92.46% annual average 93.24% March 2026
Strategic Metric - Quality	% of out of hours palliative care referrals responded to within 30 minutes: time from receipt of the call from 111 to the start of the telephone consultation was 30 minutes	90%	94.59% annual average 96.0% March 2026
Strategic Metric - Quality	% of out of hours palliative care referrals responded to within 60 minutes: the time from completion of that triage call to the start of the home visit consultation was within 60 minutes	90%	50.27% annual average 65.89% March 2026
Local measure	% of out of hours palliative care referrals responded to within120 minutes: the time from completion of that triage call to the start of the	90%	85.68% annual average (Aug-25 to Mar-26) 92.25% March 2026

	home visit consultation was within 120 minutes (new from August 2025)		
Strategic Metric - Quality	National Early Warning System (NEWS - national tool for detecting clinical deterioration) escalated appropriately (quarterly metric)	90%	87.60% annual average 86.62% in Q4
Strategic Metric - Quality	National Early Warning System (NEWS - national tool for detecting clinical deterioration) completed where applicable (quarterly metric)	90%	81.18% annual average 78.68% in Q4
National measure Strategic Metric - Quality	% of breastfeeding prevalence at 6 – 8 weeks old	60%	62.73% annual average 65.60% March 2026
National measure	Percentage of Children notified by Local Authority to the Children Looked After team as new to care to be offered a health assessment within 20 working days (measured from notification to offered)	100%	54% annual average 80% March 2026
National measure	Healthy Child Programme - No. and % of families receiving a new birth visit within 14 days of birth (quarterly metric)	90%	82% annual average 84.6% in Q4
National measure	Healthy Child Programme - % of 6 - 8-week reviews completed (quarterly metric)	93%	84.2% annual average 85.4% in Q4
National measure	Healthy Child Programme - % of 12-month development reviews completed by the time the child turned 12 months (quarterly metric)	90%	85.1% annual average 87.4% in Q4
National measure	Healthy Child Programme - % of 2-to-2.5-year reviews completed (quarterly metric)	90%	81.7% annual average 83.9% in Q4
National measure	Community Dentistry - Proportion of patients accepted for care who are seen for an assessment within 12 weeks (Of those treated in period)	90%	97.45% annual average 97.78%% in March 2026
National measure	Community Dentistry - Special Care - Core Units of Activity (UDA)	24085 per year	16216 year end
National measure	Community Dentistry - Urgent Care - Out of Hours Units of Activity (UDA) combined with main out of hours dental service	4000 per year	2756 year end
National measure	Emergency Dental Service Waiting times to triage - % Patients triaged within 6 hours	-	98.06% annual average 99.4% in March 2026
National measure NOF (scored)	Percentage of patients waiting over 52 weeks for community services (CYP and Adults combined)	-	18.50% annual average 18.03% end of March 2026
Local measure	Number of patients waiting over 52 weeks for community services (CYP and Adults combined)	-	1375 annual average 1232 end of March 2026
Quality			
Local measure	Total number of patient incidents (all levels of harm excluding inherited pressure damage)	-	18623 annual total
Local measure	Total number of unexpected deaths report as incidents (by date of death, including natural and unnatural)	-	286 annual total
Local measure	Number of suspected suicides	-	57 annual total
Local measure	Total number of incidents involving physical restraint	-	4386 annual total
Local measure	Total number of complaints and resolutions	-	1030 annual total
Local measure	Total number of violence, physical, non-physical and property damage incidents (patients and staff)	-	4925 annual total
Local measure Strategic Metric - Quality	Reduction in the use of prone restraints (number of incidents involving prone restraint)	97	208 year end
Local measure Strategic Metric - Quality	Reduction in the use of seclusion (number of incidents involving seclusion)	303	457 year end
Local measure Strategic Metric – Quality	Response to staff survey question “I would feel secure raising concerns about unsafe clinical practice”	80% (2024 score)	79% (2025 score)
Local measure Strategic Metric – Quality	Rate of meaningful data completeness in the domain of 'ethnicity/ethnic group' on electronical health records for the trust’s core mental health services, as defined in the Mental Health Minimum Dataset.	90%	82.39% end of March 2026
People			
National measure NOF (scored)	NHS Staff survey "raising concerns" sub-score	6.99	6.96 (2025 score)

		(2024 score)	
National measure	NHS staff survey - bullying and harassment score – proportion of staff who say they have not personally experienced harassment, bullying or abuse at work from managers	92.7% (2024 score)	93.2% (2025 score)
National measure	NHS staff survey - bullying and harassment score – proportion of staff who say they have not personally experienced harassment, bullying or abuse at work from other colleague	86.6% (2024 score)	87.6% (2025 score)
National measure	NHS staff survey - bullying and harassment score – proportion of staff who say they have not personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public	77.7% (2024 score)	78.0% (2025 score)
National measure	NHS staff survey – people promise score - we are compassionate and inclusive	7.81 (2024 score)	7.81 (2025 score)
National measure	Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of e.g. age, disability, ethnic background, gender reassignment, religion, sex or sexual orientation *Metric definition updated for 2025 hence no target	-*	59.50% (2025 score)
Local measure	Proportion of staff in senior leadership roles (bands 8a - 8d, 9 and Very Senior Manager) who are women	-	77.81% annual average 78.08% March 2026
National measure NOF (scored)	Reduce staff sickness to 4.5%	4.5%	4.89% annual average 4.74% March 2026
Local measure	Personal Development Review (PDR) compliance (PDR season is between April – July; target - 95% by end of July)	95%	96.68% end of July 2025 92.93% end of March 2026
Local measure	Reduction in vacancies	9%	8.35% annual average 7.45% March 2026
Local measure	% of early turnover	14%	11.51% annual average 11.78% March 2026
Local measure	Statutory and mandatory training compliance	95%	92.31% annual average 92.68% March 2026
Local measure	Overall supervision rate (metric introduced October 2025)	95%	80.17% annual (Oct-25 – Mar-26 81.39% March 2026
Local measure	Staff leaver rate	-	6.29% annual average 6.9% March 2026
Local measure	Relative likelihood of white applicant being appointed from shortlisting across all posts compared to Black, Asian and Minority Ethnic (BME) applicants	1	1.8 annual average 1.4 March 2026
Local measure	Relative likelihood of non-disabled applicant being appointed from shortlisting compared to disabled applicants	1	1.1 annual average 1.3 March 2026
National measure Strategic Metric - People	Reduce agency usage to meet target (% of agency used)	4.23%	3.11% annual average 1.06% March 2026
Local measure Strategic Metric - People	Reduction in % labour turnover	14%	9.63% annual average 9.35% March 2026
Local measure Strategic Metric – People	Number of people who have completed Quality Improvement Training Level 1	-	1314 end of March 2026
Local measure Strategic Metric - People	Black, Asian and Minority Ethnic (BAME) representation across all pay bands including Board level.	19%	26.96% annual average 27.97% March 2026

Local measure Strategic Metric – People	Black, Asian and Minority Ethnic (BAME) representation in senior leadership roles (Bands 8a-8d, Band 9, Very Senior Management).	19%	14.07% annual average 14.20% March 2026
National measure Strategic Metric – People NOF (scored)	Staff survey engagement score	7.25 (2024 score)	7.21 (2025 sore)

Appendix 2 – Disclosures, comply or explain

Ref	Section - headline	
Section A, 2.2	The board of directors should develop, embody and articulate a clear vision and values for the trust, with reference to the ICP's integrated care strategy and the trust's role within system and place-based partnerships, and provider collaboratives.	Comply
Section A, 2.4	The board of directors should ensure that adequate systems and processes are maintained to measure and monitor the trust's effectiveness, efficiency and economy, the quality of its healthcare delivery, the success of its contribution to the delivery of the five-year joint plan for health services and annual capital plan agreed by the ICB and its partners, and to ensure that risk is managed effectively.	Comply
Section A, 2.5	The board of directors should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and performance.	Comply
Section A, 2.6	The board of directors should report on its approach to clinical governance and its plan for the improvement of clinical quality in the context of guidance set out by the Department of Health and Social Care (DHSC), NHS England and the Care Quality Commission (CQC). The board should record where in the structure of the organisation clinical governance matters are considered.	Comply
Section A, 2.7	The chair should regularly engage with stakeholders including patients, staff, the community and system partners, in a culturally competent way, to understand their views on governance and performance against the trust's vision. Committee chairs should engage with stakeholders on significant matters related to their areas of responsibility. The chair should ensure that the board of directors as a whole has a clear understanding of the views of the stakeholders including system partners. NHS foundation trusts must hold a members' meeting at least annually.	Comply
Section A, 2.9	The workforce should have a means to raise concerns in confidence and – if they wish – anonymously.	Comply
Section A, 2.10	The board of directors should take action to identify and manage conflicts of interest and ensure that the influence of third parties does not compromise or override independent judgement.	Comply

Section A, 2.11	Where directors have concerns about the operation of the board or the management of the trust that cannot be resolved, these should be recorded in the board minutes.	Comply
Section B, 2.1	The chair is responsible for leading on setting the agenda for the board of directors and, for foundation trusts, the council of governors, and ensuring that adequate time is available for discussion of all agenda items, in particular strategic issues.	Comply
Section B, 2.2	The chair is also responsible for ensuring that directors and, for foundation trusts, governors receive accurate, timely and clear information that enables them to perform their duties effectively.	Comply
Section B, 2.3	The chair should promote a culture of honesty, openness, trust and debate by facilitating the effective contribution of non-executive directors in particular, and ensuring a constructive relationship between executive and non-executive directors.	Comply
Section B, 2.4	A foundation trust chair is responsible for ensuring that the board and council work together effectively.	Comply
Section B, 2.5	The chair should be independent on appointment when assessed against the criteria set out in Section B, provision 2.6. The roles of chair and chief executive must not be exercised by the same individual.	Comply
Section B, 2.7	At least half the board of directors, excluding the chair, should be non-executive directors whom the board considers to be independent.	Comply
Section B, 2.8	No individual should hold the positions of director and governor of any NHS foundation trust at the same time.	Comply
Section B, 2.9	The value of ensuring that committee membership is refreshed and that no undue reliance is placed on particular individuals should be taken into account in deciding chairship and membership of committees.	Comply
Section B, 2.10	Only the committee chair and members are entitled to be present at nominations, audit or remuneration committee meetings, but others may attend by invitation of the particular committee.	Comply
Section B, 2.11	In consultation with the council of governors, NHS foundation trust boards should appoint one of the independent non-executive directors to be the senior independent director	Comply
Section B, 2.12	Non-executive directors have a prime role in appointing and removing executive directors. They should scrutinise and hold to account the performance of management and individual executive directors against agreed performance objectives.	Comply
Section B, 2.14	When appointing a director, the board of directors should take into account other demands on their time.	Comply
Section B, 2.15	All directors should have access to the advice of the company secretary, who is responsible for advising the board of directors on all governance matters	Comply
Section B, 2.16	The board of directors as a whole is responsible for ensuring the quality and safety of the healthcare services, education, training and research delivered by the trust and applying the principles and standards of clinical governance set out by DHSC, NHS England, the CQC and other relevant NHS bodies.	Comply

Section B, 2.17	All members of the board of directors have joint responsibility for every board decision regardless of their individual skills or status. This does not impact on the particular responsibilities of the chief executive as the accounting officer.	Comply
Section B, 2.16	All directors, executive and non-executive, have a responsibility to constructively challenge during board discussions and help develop proposals on priorities, risk mitigation, values, standards and strategy.	Comply
Section B, 2.17	The board of directors should meet sufficiently regularly to discharge its duties effectively. A schedule of matters should be reserved specifically for its decisions.	Comply
Section C, 2.1	The nominations committee or committees of foundation trusts, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors.	Comply
Section C, 2.2	There may be one or two nominations committees. If there are two committees, one will be responsible for considering nominations for executive directors and the other for non-executive directors (including the chair).	Comply
Section C, 2.3	The chair or an independent non-executive director should chair the nominations committee(s).	Comply
Section C, 2.4	The governors should agree with the nominations committee a clear process for the nomination of a new chair and non-executive directors. Once suitable candidates have been identified, the nominations committee should make recommendations to the council of governors.	Comply
Section C, 2.5	Open advertising and advice from NHS England's Non-Executive Talent and Appointments team should generally be used for the appointment of the chair and non-executive directors.	Comply
Section C, 2.6	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should have governors and/or independent members in the majority.	NA
Section C, 2.7	When considering the appointment of non-executive directors, the council of governors should take into account the views of the board of directors and the nominations committee on the qualifications, skills and experience required for each position.	Comply
Section C, 4.1	Directors on the board of directors and, for foundation trusts, governors on the council of governors should meet the 'fit and proper' persons test described in the provider licence.	Comply
Section C, 4.3	The chair should not remain in post beyond nine years from the date of their first appointment to the board of directors and any decision to extend a term beyond six years should be subject to rigorous review.	Comply
Section C, 4.4	Elected foundation trust governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years.	Comply
Section C, 4.5	There should be a formal and rigorous annual evaluation of the performance of the board of directors, its committees, the chair and individual directors.	Comply

Section C, 4.6	The chair should act on the results of the evaluation by recognising the strengths and addressing any weaknesses of the board of directors.	Comply
Section C, 4.8	Led by the chair, foundation trust councils of governors should periodically assess their collective performance	Comply
Section C, 4.10	In addition, it may be appropriate for the process to provide for removal from the council of governors if a governor or group of governors behaves or acts in a way that may be incompatible with the values and behaviours of the NHS foundation trust.	Comply
Section C, 4.11	The board of directors should ensure it retains the necessary skills across its directors and works with the council of governors to ensure there is appropriate succession planning.	Comply
Section C, 4.12	The remuneration committee should not agree to an executive member of the board leaving the employment of the trust except in accordance with the terms of their contract of employment	Comply
Section C, 5.1	All directors and, for foundation trusts, governors should receive appropriate induction on joining the board of directors or the council of governors and should regularly update and refresh their skills and knowledge.	Comply
Section C, 5.2	The chair should ensure that directors and, for foundation trusts, governors continually update their skills, knowledge and familiarity with the trust and its obligations for them to fulfil their role on the board, the council of governors and committees. The trust should provide the necessary resources for its directors and, for foundation trusts, governors to develop and update their skills, knowledge and capabilities.	Comply
Section C, 5.3	To function effectively, all directors need appropriate knowledge of the trust and access to its operations and staff.	Comply
Section C, 5.4	The chair should ensure that new directors and, for foundation trusts, governors receive a full and tailored induction on joining the board or the council of governors.	Comply
Section C, 5.5	The chair should regularly review and agree with each director their training and development needs as they relate to their role on the board.	Comply
Section C, 5.8	The chair is responsible for ensuring that directors and governors receive accurate, timely and clear information.	Comply
Section C, 5.9	The chair's responsibilities include ensuring good information flows across the board and, for foundation trusts, across the council of governors and their committees	Comply
Section C, 5.10	The board of directors and, for foundation trusts, the council of governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make.	Comply
Section C, 5.11	The board of directors and in particular non-executive directors may reasonably wish to challenge assurances received from the executive management.	Comply

Section C, 5.12	The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the trust's expense, where they judge it necessary to discharge their responsibilities as directors.	Comply
Section C, 5.13	Committees should be provided with sufficient resources to undertake their duties.	Comply
Section C, 5.14	Non-executive directors should consider whether they are receiving the necessary information in a timely manner and feel able to appropriately challenge board recommendations	Comply
Section C, 5.16	Where appropriate, the board of directors should in a timely manner take account of the views of the council of governors on the forward plan	Comply
Section C, 5.17	The trust should arrange appropriate insurance to cover the risk of legal action against its directors.	Comply
Section D, 2.1 And Section D, 2.2	The board of directors should establish an audit committee of independent non-executive directors, with a minimum membership of three or two in the case of smaller trusts.	Comply
Section D, 2.3	A trust should change its external audit firm at least every 20 years.	Comply
Section D, 2.5	Legislation requires an NHS trust to have a policy on its purchase of non-audit services from its external auditor. An NHS foundation trust's audit committee should develop and implement a policy on the engagement of the external auditor to supply non-audit services.	Comply
Section E, 2.1	Any performance-related elements of executive directors' remuneration should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels.	Comply
Section E, 2.2	Levels of remuneration for the chair and other non-executive directors should reflect the Chair and non-executive director remuneration structure.	Comply
Section E, 2.4	The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination. The aim should be to avoid rewarding poor performance.	Comply
Section E, 2.5	Trusts should discuss any director-level severance payment, whether contractual or non-contractual, with their NHS England regional director at the earliest opportunity.	Comply
Section E, 2.7	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments.	Comply
Section C, 4.9	The council of governors should agree and adopt a clear policy and a fair process for the removal of any governor who consistently and	Comply

	unjustifiably fails to attend its meetings or has an actual or potential conflict of interest which prevents the proper exercise of their duties.	
Section C, 5.7	The board of directors and, for foundation trusts, the council of governors should be given relevant information in a timely manner, form and quality that enables them to discharge their respective duties.	Comply
Section C, 2.9 Section B, 2.13	Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The responsibilities of the chair, chief executive, senior independent director if applicable, board and committees should be clear, set out in writing.	Comply
Section C, 4.2	The board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the trust. Both statements should also be available on the trust's website.	Comply
Section E, 2.6	The board of directors should establish a remuneration committee of independent non-executive directors, with a minimum membership of three.	Comply

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

Opinion

We have audited the financial statements of Oxford Health NHS Foundation Trust for the year ended 31 March 2026 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 36, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted International Financial Reporting Standards as interpreted and adapted by the HM Treasury's Financial Reporting Manual: 2025-26 as contained in the Department of Health and Social Care Group Accounting Manual 2025 to 2026 and the Accounts Direction issued by NHS England with the approval of the Secretary of State as relevant to the National Health Service in England.

In our opinion the financial statements:

- give a true and fair view of the financial position of Oxford Health NHS Foundation Trust as at 31 March 2026 and of Foundation Trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2025 to 2026; and
- have been properly prepared in accordance with the National Health Service Act 2006.

Basis for opinion

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

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

Conclusions relating to going concern

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Foundation Trust's ability to continue as a going concern for a period to 31 July 2027.

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

In evaluating the Accounting Officer's conclusions, we have considered the requirement of the DHSC Group Accounting Manual for entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services they provide will continue into the future, and had regard to the guidance provided in Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2024) regarding the application of ISA (UK) 570 Going Concern to public sector entities.

Other information

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

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

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

We have nothing to report in this regard.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- other information published together with the audited financial statements is consistent with the financial statements; and

- the parts of the Remuneration Report and Staff Report identified as subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2025/26.

Matters on which we are required to report by exception

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

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;
- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Foundation Trust, or a director or officer of the Foundation Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;
- We are not satisfied that the Foundation Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources;
- We have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2025/26 and is not misleading or inconsistent with other information forthcoming from the audit; or
- We have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

Responsibilities of the Accounting Officer

As explained more fully in the ‘Statement of the Chief Executive's responsibilities as the accounting officer of Oxford Health NHS Foundation Trust’ set out on page 72 the Chief Executive is the accounting officer of Oxford Health NHS Foundation Trust. The accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor’s responsibility for the audit of the financial statements

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

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

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

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Foundation Trust and determined that the most significant are the National Health Service Act 2006, the Health and Social Care Act 2012 and the Health and Care Act 2022, as well as relevant employment laws of the United Kingdom. In addition, the Foundation Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.

- We understood how Oxford Health NHS Foundation Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, head of internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Foundation Trust’s board minutes, through enquiry of employees to verify Foundation Trust policies, and through the inspection of other information. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation. Management have procedures in place which ensure that those charged with governance have appropriate oversight of the legal and regulatory frameworks,

supplemented through the reports taken to the Audit and Risk Committee, and they promote a culture of honesty and ethical behaviour at the Foundation Trust, where a strong emphasis is placed on fraud prevention, which may reduce opportunities for fraud to take place, and fraud deterrence, which could persuade individuals not to commit fraud because of the likelihood of detection and punishment.

- We assessed the susceptibility of the Foundation Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified manipulation of reported financial performance (through improper recognition of revenue) and management override of controls to be our fraud risks.

- To address our fraud risk around the manipulation of reported financial performance through improper recognition of revenue, we focused on the testing on three areas, being the understatement of receivables, the understatement of research and development (R&D) income and the overstatement of deferred income. To address the understatement of receivables we reviewed transactions recorded in the ledger and cash receipts received into the bank account post year-end to confirm that income had been recognised in the correct period, we performed a reconciliation of income recognised against a sample of signed contracts, we reviewed the output of the NHS agreement of balance and confirmed that there were no variances where the Foundation Trust's income was reported lower than that reported by the counterparty above our testing threshold, and we reviewed minutes of Board and committee meetings to identify any potential income that been omitted from the financial statements. To address the understatement of R&D income we tested a sample of R&D agreements to check that income was recognised in line with any terms and conditions included within the agreement, where income was recognised in line with expenditure we tested a sample of expenditure to check that the income was recognised in the correct period, and we agreed R&D income to the cash receipts in the bank statement. To address the overstatement of deferred income we tested a sample of deferred income balances to confirm performance obligations in the contract had not been met, to check that it was appropriate to defer the income and, for the same sample, we reviewed the contracts due to expire to confirm that continued deferral of income was appropriate.

- To address the presumed fraud risk of management override of controls, we implemented a journal entry testing strategy, assessed accounting estimates for evidence of management bias and evaluated the business rationale for significant unusual transactions. This included testing specific journal entries which had been identified as unusual following our analysis of the Foundation Trust's data and confirmed that there were no significant manual adjustments made outside of the ledger as part of the accounts preparation process. For each journal selected, we tested specific transactions back to source documentation to confirm that the journals were authorised and accounted for appropriately.

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

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

We have undertaken our review in accordance with the Code of Audit Practice 2024, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in March 2026, as to whether the Foundation Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2026.

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

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

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

Delay in certification of completion of the audit

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

Use of our report

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

Claire Mellons (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Newcastle upon Tyne
25 June 2026

Oxford Health NHS Foundation Trust

Annual accounts for the year ended 31 March 2026

Foreword to the accounts

Oxford Health NHS Foundation Trust

These accounts, for the year ended 31 March 2026, have been prepared by Oxford Health NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed 

Name **Grant Macdonald**
Job title **Chief Executive**
Date **25 June 2026**

Statement of Comprehensive Income

	Note	2025/26 £000	2024/25 £000
Operating income from patient care activities	3	595,887	550,831
Other operating income	4	156,386	142,393
Operating expenses	6,8	(742,814)	(692,388)
Operating surplus/(deficit) from continuing operations		**9,459**	**836**
Finance income	10	4,994	5,852
Finance expenses	11	(1,508)	(1,649)
PDC dividends payable		(3,423)	(3,043)
Net finance costs		**63**	**1,160**
Other gains / (losses)	12	344	-
Surplus / (deficit) for the year from continuing operations		**9,866**	**1,996**
Surplus / (deficit) for the year		**9,866**	**1,996**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(1,982)	(5,978)
Revaluations	15	4,354	8,790
Remeasurements of the net defined benefit pension scheme asset	31	78	123
Total other comprehensive income for the period		**2,450**	**2,935**
Total comprehensive income / (expense) for the period		**12,316**	**4,931**

Statement of Financial Position

	Note	31 March 2026 £000	31 March 2025 £000
Non-current assets			
Intangible assets	13	4,617	5,410
Property, plant and equipment	14	228,302	221,715
Right of use assets	16	33,170	39,301
Other investments / financial assets	18	1,125	1,125
Receivables	20	367	366
Other assets	21	915	799
Total non-current assets		**268,496**	**268,716**
Current assets			
Inventories	19	7,569	6,463
Receivables	20	25,856	19,599
Non-current assets for sale and assets in disposal groups	22	985	1,185
Cash and cash equivalents	23	98,832	97,818
Total current assets		**133,242**	**125,065**
Current liabilities			
Trade and other payables	24	(72,668)	(81,457)
Borrowings	26	(9,134)	(8,002)
Provisions	27	(15,677)	(14,804)
Other liabilities	25	(38,455)	(35,101)
Total current liabilities		**(135,934)**	**(139,364)**
Total assets less current liabilities		**265,804**	**254,417**
Non-current liabilities			
Trade and other payables	24	(1,500)	(1,500)
Borrowings	26	(28,387)	(35,873)
Provisions	27	(8,426)	(9,226)
Total non-current liabilities		**(38,313)**	**(46,599)**
Total assets employed		**227,491**	**207,818**
Financed by			
Public dividend capital		121,322	113,965
Revaluation reserve		88,166	85,893
Financial assets reserve		1,125	1,125
Income and expenditure reserve		16,878	6,835
Total taxpayers' equity		**227,491**	**207,818**

The notes on pages 111 to 160 form part of these accounts.

Name Grant Macdonald
Position Chief Executive
Date 25 June 2026

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2026

	Public dividend capital	Revaluation reserve	Financial assets reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2025 - brought forward	**113,965**	**85,893**	**1,125**	**6,835**	**207,818**
Surplus/(deficit) for the year	-	-	-	9,866	**9,866**
Impairments	-	(1,982)	-	-	**(1,982)**
Revaluations	-	4,354	-	-	**4,354**
Transfer to retained earnings on disposal of assets	-	(99)	-	99	**-**
Remeasurements of the defined net benefit pension scheme asset	-	-	-	78	**78**
Public dividend capital received	7,357	-	-	-	**7,357**
Taxpayers' equity at 31 March 2026	**121,322**	**88,166**	**1,125**	**16,878**	**227,491**

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

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

Information on reserves

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

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

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

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

Statement of Cash Flows

	Note	2025/26 £000	2024/25 £000
Cash flows from operating activities			
Operating surplus / (deficit)		9,459	836
Non-cash income and expense:			
Depreciation and amortisation	6.1	17,591	16,261
Net impairments	7	292	140
Income recognised in respect of capital donations	4	(180)	-
Non-cash movements in on-SoFP pension liability		(36)	(20)
(Increase) / decrease in receivables and other assets		(6,296)	1,285
(Increase) / decrease in inventories		(1,106)	(3,279)
Increase / (decrease) in payables and other liabilities		(5,792)	15,676
Increase / (decrease) in provisions		(713)	104
Net cash flows from / (used in) operating activities		**13,219**	**31,003**
Cash flows from investing activities			
Interest received		4,994	5,852
Purchase of intangible assets		(1,026)	(385)
Purchase of PPE		(12,239)	(11,480)
Sales of PPE		504	-
Net cash flows from / (used in) investing activities		**(7,767)**	**(6,013)**
Cash flows from financing activities			
Public dividend capital received		7,357	629
Movement on loans from DHSC		(1,338)	(1,338)
Movement on other loans		-	(850)
Capital element of lease rental payments		(6,072)	(6,347)
Capital element of PFI, LIFT and other service concession payments		-	(403)
Interest on loans		(458)	(515)
Other interest		(102)	(113)
Interest paid on lease liability repayments		(860)	(437)
Interest paid on PFI, LIFT and other service concession obligations		-	(521)
PDC dividend (paid) / refunded		(2,965)	(2,905)
Net cash flows from / (used in) financing activities		**(4,438)**	**(12,800)**
Increase / (decrease) in cash and cash equivalents		**1,014**	**12,190**
Cash and cash equivalents at 1 April - brought forward		**97,818**	**85,628**
Cash and cash equivalents at 31 March	23.1	**98,832**	**97,818**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2025/26 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Note 1.2 Going concern

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

The directors have a reasonable expectation that the services provided by the Trust will continue to be provided by the public sector for the foreseeable future and until 31st July 2027 i.e. 12 months after the publication of the annual report and accounts for 2025/26. Management's enquiries covered planning, allocations, capital planning, policy on NHS structures and Trust strategy. The following points support the adoption of the going concern basis:

• There are no local or national policy decisions that are likely to affect that continued funding and provision of services by the Trust.

• The Trust's adjusted financial performance in 2025/26 was a £9.7m surplus, in line with plan.

• In 2025/26 the Trust has continued to benefit from the block contract arrangements which were put in place during the covid pandemic.

•The Trust Board has approved a plan for 2026/27 and this has been submitted to NHSE by the Trust and as part of the submission made by Buckinghamshire, Oxfordshire and Berkshire West ICS, of which the Trust is a member. The plan is for a breakeven position and income is based on planning guidance assumptions and agreements with the Trust's main NHS and non-NHS commissioners. The changes to ICB boundaries into Thames Valley ICB/ICS does not impact the Trust funding.

• The Trust ended 2025/26 with £98.8m of cash. The Trust maintains a rolling cash flow forecast based on expectations for funding and this extends to the end of July 2027. This indicates that the Trust would be able to continue to operate with good levels of liquidity for revenue and capital purposes, with no requirement to undertake borrowing. The Trust is forecasting a cash balance of £90.5m at the end of July 2027.

Note 1.3 Revenue from contracts with customers

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

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

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

Revenue from NHS contracts

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

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

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

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

Mental health provider collaboratives

NHS led provider collaboratives for specialised mental health, learning disability and autism services involve a lead NHS provider taking responsibility for managing services, care pathways and specialised commissioning budgets for a population. As lead provider for For Me Adult Secure, Healthy Outcomes of People with Eating Disorders (HOPE) Adult Eating Disorders, Thames Valley Child and Adolescent Mental Health (CAMH) Provider Collaborative, the Trust is accountable to NHS England and as such recognises the income and expenditure associated with the commissioning of services from other providers in these accounts. Where the trust is the provider of commissioned services, this element of income is recognised in respect of the provision of services, after eliminating internal transactions.

Revenue from research contracts

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

NHS injury cost recovery scheme

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

Note 1.4 Other forms of income

Grants and donations

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

Apprenticeship service income

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

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

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

Pension costs

NHS Pension Scheme

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

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

Local Government Pension Scheme

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

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

Note 1.6 Expenditure on other goods and services

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

Note 1.7 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

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

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

Subsequent expenditure

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

Measurement

Valuation

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

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

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current value in existing use is defined as market value except where a building is so specialised in nature no active market exists from which to draw satisfactory transactional evidence. In this case a valuer will adopt a depreciated replacement cost (DRC) model on a modern equivalent asset (MEA) basis.

A DRC model estimates current value in existing use as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

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

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

Depreciation

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

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

Revaluation gains and losses

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

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

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

Impairments

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

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

De-recognition

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

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

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

Donated and grant funded assets

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

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

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

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

Initial recognition

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

Subsequent measurement

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

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

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

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

Useful lives of property, plant and equipment

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

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

Note 1.8 Intangible assets

Recognition

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

Internally generated intangible assets

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

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

Software

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

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. From 1 April 2025, subsequent measurement of intangible assets is at cost less amortisation.

Prior to 1 April 2025, intangible assets were held under a revaluation approach reflecting current value in existing use. Revaluation gains and losses and impairments were treated in the same manner as for property, plant and equipment. On 1 April 2025, the carrying value of these assets was carried forward as 'deemed cost' and any related revaluation surpluses in the revaluation reserve were transferred to the I&E reserve.

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

Impairments

Where indicators of impairment exist, the recoverable amount is assessed as the higher of its fair value and the cost to replace the service capacity. Where this is lower than the carrying value an impairment is recognised in expenditure. The recoverable amount of intangible assets under construction is assessed annually, irrespective of indicators of impairment.

Amortisation

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

Useful lives of intangible assets

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

	Min life Years	**Max life Years**
Software licences	1	5

Note 1.9 Inventories

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

Note 1.10 Cash and cash equivalents

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

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

Note 1.11 Financial assets and financial liabilities

Recognition

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

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

Classification and measurement

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

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

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

Financial liabilities classified as fair value through income and expenditure.

Financial assets and financial liabilities at amortised cost

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

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

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

Financial assets measured at fair value through other comprehensive income

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

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

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

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

Impairment of financial assets

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

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

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

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

Derecognition

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

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

Note 1.12 Leases

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

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

The Trust as a lessee

Recognition and initial measurement

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

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

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

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.81% applied to new leases commencing in 2025 and 5.32% to new leases commencing in 2026.

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

Subsequent measurement

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

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

The Trust as a lessor

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

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

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

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

Note 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2026:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.64%	4.03%
Medium-term	After 5 years up to 10 years	4.22%	4.07%
Long-term	After 10 years up to 40 years	5.32%	4.81%
Very long-term	Exceeding 40 years	5.07%	4.55%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2026:

	Inflation rate	Prior year rate
Year 1	2.5%	2.60%
Year 2	2.0%	2.30%
Into perpetuity	2.0%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.95% in real terms (prior year: 2.40%).

Clinical negligence costs

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

Non-clinical risk pooling

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

Note 1.14 Contingencies

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

Contingent liabilities are not recognised, but are disclosed in Note 28.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity’s control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 Public dividend capital

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

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

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

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

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

Note 1.16 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.17 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.18 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury’s *FReM*.

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2025/26.

Note 1.21 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following IFRS Standards to be applied in 2025/26:

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Note 1.22 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

The Trust's provider collaborative activity has been accounted for on a gross accounting basis in accordance with the relevant standards and the Trust acting as a principal and not an agent.This judgement has been reached on the basis that the Trust has determined it is the lead commissioner, accountable and responsible for the service delivery of the contracts under these arrangements. On these grounds, the Trust is recognising £138,866k (2024/25 £131,032k) income relating to the provider collaborative, which is split between income for commissioning services in a mental health collaborative of £66,872k (2024/25 £59,434k) and services the Trust delivers under the mental health collaborative of £71,994k (2024/25 £71,598k) as shown in Note 3.1.If the Trust was accounting for this on an agency basis, the amounts collected would not be treated as income but would pass through and be accounted for on a net basis.

Note 1.23 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Property assets were valued by Carter Jonas as at 31 March 2026. These valuations are based on Royal Institution of Chartered Surveyors valuation standards insofar as these are consistent with the requirements of HM Treasury, the National Health Service and the Department of Health and Social Care. There will be a degree of estimation uncertainty in these valuations as they are based on indexation and location factors.

The Trust's PFI Provision is based on the book value of the asset. This value is subject to the outcome of a due diligence exercise, a compliance review, specialist condition surveys, commercial checks and negotiation.

Note 2 Operating Segments and Adjusted Financial Performance

All of the Trust's activities relate to the provision of healthcare, which is an aggregate of all the individual specialty components included therein. Similarly, the majority of the Trust's income originates with UK Whole-of-Government Accounting (WGA) bodies. The majority of expenses incurred are payroll expenditure on staff involved in the provision or support of healthcare activities generally across the Trust together with the related supplies and overheads necessary. The business activities which earn revenue and incur expenses are therefore of one broad combined nature.

The operating results of the Trust are reviewed monthly or more frequently by the Trust's chief operating decision maker which is the overall Foundation Trust Board, which includes non-executive directors. The finance report considered by the Board contains only total balance sheet positions and cash flow forecasts for the Trust as a whole. The Board as chief operating decision maker therefore only considers one segment of healthcare in its decision making process.

The single segment of 'healthcare' has therefore been identified consistent with the core principle of IFRS 8 which is to enable users of the financial statements to evaluate the nature and financial effects of business activities in which the Trust engages and economic environments in which it operates.

Adjusted financial performance (control total basis):	***2025/26***	***2024/25***
	£000	***£000***
Surplus / (deficit) for the period	*9,866*	*1,996*
Remove net impairments not scoring to the Departmental expenditure limit	*2*	*100*
Remove I&E impact of capital grants and donations	*(92)*	*66*
Remove non-cash element of on-SoFP pension costs	*(35)*	*(20)*
Remove impact of IFRS 16 on IFRIC 12 schemes and add back PFI revenue costs on a UK GAAP basis	*-*	*52*
Adjusted financial performance surplus / (deficit)	***9,741***	***2,194***

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3

Note 3.1 Income from patient care activities (by nature)	2025/26 £000	2024/25 £000
Mental health services		
Income from commissioners under API contracts*	276,666	255,712
Services delivered under a mental health collaborative	71,994	71,598
Income for commissioning services in a mental health collaborative	66,872	59,434
Clinical partnerships providing mandatory services (including S75 agreements)	3,434	3,111
Clinical income for the secondary commissioning of mandatory services	4,207	4,274
Other clinical income from mandatory services	2,033	1,941
Community services		
Income from commissioners under API contracts*	130,720	117,133
Income from other sources (e.g. local authorities)	13,305	12,595
All services		
Private patient income	310	302
National pay award central funding***	-	269
Additional pension contribution central funding**	26,142	23,496
Other clinical income	204	966
Total income from activities	**595,887**	**550,831**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2025/26 NHS Payment Scheme documentation.

https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

**Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.38% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2024/25: 23.7%) and related NHS England funding (9.4%, 2024/25: 9.4%) have been recognised in these accounts.

***Additional funding was made available directly to providers by NHS England in 2025/26 for implementing the backdated element of pay awards where government offers were finalised after the end of the 2024/25 financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

Note 3.2 Income from patient care activities (by source)	2025/26 £000	2024/25 £000
Income from patient care activities received from:		
NHS England	29,835	157,879
Integrated care boards	543,126	371,587
Other NHS providers	2,470	2,396
Local authorities	17,477	16,137
Non-NHS: private patients	309	302
Injury cost recovery scheme	127	149
Non NHS: other	2,543	2,381
Total income from activities	**595,887**	**550,831**
Of which:		
Related to continuing operations	595,887	550,831

Note 4 Other operating income

	2025/26			2024/25		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	32,210	-	**32,210**	33,081	-	**33,081**
Education and training	27,739	-	**27,739**	24,725	-	**24,725**
Non-patient care services to other bodies	932		**932**	2,309		**2,309**
Receipt of capital grants and donations and peppercorn leases		180	**180**		-	**-**
Charitable and other contributions to expenditure		0	**0**		181	**181**
Other income	95,325	-	**95,325**	82,097	-	**82,097**
Total other operating income	**156,206**	**180**	**156,386**	**142,212**	**181**	**142,393**
Of which:						
Related to continuing operations			156,386			142,393

* Other income includes £91.5m (2024/25 £78.7m) of pharmacy sales generated by the Oxford Pharmacy Store.

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2025/26	2024/25
	£000	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	7,099	4,955

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2026	31 March 2025
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	£000	£000
within one year	38,455	33,023
after one year, not later than five years	-	2,078
after five years	-	-
Total revenue allocated to remaining performance obligations	**38,455**	**35,101**

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 5.3 Income from activities arising from commissioner requested services

The trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2025/26	2024/25
	£000	£000
Income from services designated as commissioner requested services	572,961	529,465
Income from services not designated as commissioner requested services	22,926	21,366
Total	**595,887**	**550,831**

Note 5.4 Profits and losses on disposal of property, plant and equipment

	2025/26	2024/25
	£000	£000
Profit on disposal of property, plant and equipment	304	-
Profit on termination of leases	40	-
Total	**344**	**-**

Note 6.1 Operating expenses

	2025/26	2024/25
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	47,313	42,452
Purchase of healthcare from non-NHS and non-DHSC bodies	33,775	32,634
*Staff and executive directors costs	455,667	417,798
Remuneration of non-executive directors	202	184
Supplies and services - clinical (excluding drugs costs)	17,488	21,097
Supplies and services - general	5,352	5,362
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	92,178	79,467
Inventories written down	139	88
Consultancy costs	40	542
Establishment	14,669	14,738
Premises	13,294	15,007
Transport (including patient travel)	6,684	6,130
Depreciation on property, plant and equipment	15,772	14,274
Amortisation on intangible assets	1,820	1,987
Net impairments	292	140
Movement in credit loss allowance: contract receivables / contract assets	18	147
Increase/(decrease) in other provisions	(1,031)	549
Change in provisions discount rate(s)	144	14
Fees payable to the external auditor		
audit services- statutory audit	220	254
Internal audit costs	97	63
Clinical negligence	1,778	1,531
Legal fees	696	560
Insurance (as a policy holder)	685	540
Research and development	23,876	27,350
Education and training	2,858	2,581
Expenditure on short term leases	31	76
Expenditure on low value leases	187	194
Variable lease payments not included in the liability	2,213	1,133
Redundancy	15	61
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	-	553
Car parking & security	13	18
Losses, ex gratia & special payments	57	56
Other services, eg external payroll	940	699
Other	5,332	4,109
Total	**742,814**	**692,388**
Of which:		
Related to continuing operations	742,814	692,388

* Increase due to national pay awards of £14.3m, additional pension costs of £2.6m and 3.7% increase in staff numbers across services.

Note 6.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2,000k (2024/25: £2,000k).

Note 7 Impairment of assets

	2025/26	2024/25
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	290	40
Changes in market price	2	100
Total net impairments charged to operating surplus / deficit	**292**	**140**
Impairments charged to the revaluation reserve	1,982	5,978
Total net impairments	**2,274**	**6,118**

Note 8 Employee benefits

	2025/26 Total £000	2024/25 Total £000
Salaries and wages	312,108	283,882
Social security costs	39,991	29,193
Apprenticeship levy	1,514	1,379
Employer's contributions to NHS pensions	66,182	59,665
Pension cost - other	35	41
Temporary staff (including agency)	38,528	45,950
Total gross staff costs	**458,358**	**420,110**
Recoveries in respect of seconded staff	(2,269)	(2,312)
Total staff costs	**456,089**	**417,798**
Of which		
Costs capitalised as part of assets	423	-

Note 8.1 Retirements due to ill-health

During 2025/26 there were 10 early retirements from the trust agreed on the grounds of ill-health (6 in the year ended 31 March 2025). The estimated additional pension liabilities of these ill-health retirements is £639k (£1,034k in 2024/25).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2026, is based on valuation data as at 31 March 2023, updated to 31 March 2026 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 at 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027

Note 10 Finance income

Finance income represents interest received on assets and investments in the period.

	2025/26	2024/25
	£000	£000
Interest on bank accounts	4,917	5,779
Other finance income	77	73
Total finance income	**4,994**	**5,852**

Note 11.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2025/26	2024/25
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	457	510
Interest on lease obligations	860	436
Finance costs on PFI, LIFT and other service concession arrangements:		
Main finance costs	-	33
Contingent finance costs	-	488
Total interest expense	**1,317**	**1,467**
Unwinding of discount on provisions	88	69
Other finance costs	103	113
Total finance costs	**1,508**	**1,649**

Note 12 Other gains / (losses)

	2025/26	2024/25
	£000	£000
Gains on disposal of assets	344	-
Total gains / (losses) on disposal of assets	**344**	**-**
Total other gains / (losses)	**344**	**-**

Note 13.1 Intangible assets - 2025/26

	Software licences	Total
	£000	£000
Cost at 1 April 2025 - brought forward *	**12,078**	**12,078**
Additions	1,026	**1,026**
Disposals / derecognition	(370)	**(370)**
Cost at 31 March 2026	**12,734**	**12,734**
Amortisation at 1 April 2025 - brought forward	**6,668**	**6,668**
Provided during the year	1,820	**1,820**
Disposals / derecognition	(370)	**(370)**
Amortisation at 31 March 2026	**8,118**	**8,118**
Net book value at 31 March 2026	**4,616**	**4,616**
Net book value at 1 April 2025	**5,410**	**5,410**

Note 13.2 Intangible assets - 2024/25

	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	**12,251**	**12,251**
Additions	384	**384**
Disposals / derecognition	(557)	**(557)**
Valuation / gross cost at 31 March 2025	**12,078**	**12,078**
Amortisation at 1 April 2024 - as previously stated	**5,239**	**5,239**
Provided during the year	1,987	**1,987**
Disposals / derecognition	(557)	**(557)**
Amortisation at 31 March 2025	**6,668**	**6,668**
Net book value at 31 March 2025	**5,410**	**5,410**
Net book value at 1 April 2024	**7,012**	**7,012**

Note 14.1 Property, plant and equipment - 2025/26

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2025 - brought forward	**47,940**	**159,461**	**9,257**	**7,362**	**104**	**7,096**	**2,433**	**233,654**
Additions	-	1,590	8,667	123	-	1,885	88	**12,353**
Impairments	(1,001)	(1,221)	-	-	-	-	-	**(2,222)**
Revaluations	1,297	(1,685)	-	-	-	-	-	**(388)**
Reclassifications	-	6,903	(8,178)	318	-	940	17	**0**
Disposals / derecognition	-	(13)	-	(30)	-	(166)	(70)	**(279)**
Valuation/gross cost at 31 March 2026	**48,236**	**165,035**	**9,746**	**7,773**	**104**	**9,755**	**2,468**	**243,117**
Accumulated depreciation at 1 April 2025 - brought forward	**-**	**2,606**	**-**	**4,957**	**104**	**2,777**	**1,494**	**11,938**
Provided during the year	-	5,404	-	562	-	1,702	230	**7,898**
Revaluations	-	(4,742)	-	-	-	-	-	**(4,742)**
Disposals / derecognition	-	(13)	-	(30)	-	(166)	(70)	**(279)**
Accumulated depreciation at 31 March 2026	**-**	**3,255**	**-**	**5,489**	**104**	**4,313**	**1,654**	**14,815**
Net book value at 31 March 2026	**48,236**	**161,780**	**9,746**	**2,284**	**-**	**5,442**	**814**	**228,302**
Net book value at 1 April 2025	**47,940**	**156,855**	**9,257**	**2,405**	**-**	**4,318**	**940**	**221,715**

Note 14.2 Property, plant and equipment - 2024/25

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	**44,811**	**160,948**	**6,604**	**7,371**	**104**	**4,420**	**2,639**	**226,897**
Valuation / gross cost at start of period as FT	-	-	-	-	-	-	-	**-**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Additions	-	242	8,318	9	-	2,125	332	**11,026**
Impairments	(67)	(6,051)	-	-	-	-	-	**(6,118)**
Revaluations	3,556	206	-	-	-	-	-	**3,762**
Reclassifications	-	4,995	(5,665)	35	-	552	83	**0**
Transfers to / from assets held for sale	(360)	(625)	-	-	-	-	-	**(985)**
Disposals / derecognition	-	(254)	-	(53)	-	(1)	(621)	**(929)**
Valuation/gross cost at 31 March 2025	**47,940**	**159,461**	**9,257**	**7,362**	**104**	**7,096**	**2,433**	**233,653**
Accumulated depreciation at 1 April 2024 - as previously stated	**-**	**2,450**	**-**	**4,435**	**104**	**1,652**	**1,927**	**10,568**
Depreciation at start of period as FT	-	-	-	-	-	-	-	**-**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Provided during the year	-	5,325	-	575	-	1,126	188	**7,214**
Revaluations	-	(4,915)	-	-	-	-	-	**(4,915)**
Disposals / derecognition	-	(254)	-	(53)	-	(1)	(621)	**(929)**
Accumulated depreciation at 31 March 2025	**-**	**2,606**	**-**	**4,957**	**104**	**2,777**	**1,494**	**11,938**
Net book value at 31 March 2025	**47,940**	**156,855**	**9,257**	**2,405**	**-**	**4,318**	**940**	**221,715**
Net book value at 1 April 2024	**44,811**	**158,499**	**6,604**	**2,936**	**-**	**2,767**	**712**	**216,329**

Note 14.3 Property, plant and equipment financing - 31 March 2026

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	48,236	160,801	-	9,746	2,240	-	5,441	768	**227,232**
Owned - donated/granted	-	979	-	-	44	-	-	47	**1,070**
Total net book value at 31 March 2026	**48,236**	**161,780**	**-**	**9,746**	**2,284**	**-**	**5,441**	**815**	**228,302**

Note 14.4 Property, plant and equipment financing - 31 March 2025

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	47,940	155,905	-	9,257	2,405	-	4,317	940	**220,765**
Owned - donated/granted	-	950	-		-	-	-	-	**950**
Total net book value at 31 March 2025	**47,940**	**156,855**	**-**	**9,257**	**2,405**	**-**	**4,317**	**940**	**221,715**

Note 15 Revaluations of property, plant and equipment

Valuations are carried out by Carter Jonas, an independent commercial valuation provider. All work is completed by professionally qualified valuers in accordance with the Royal Institution of Chartered Surveyors (RICS) Appraisal and Valuation Manual. The valuation was performed for a 31st March 2026 valuation date.

Note 16 Leases - Oxford Health NHS Foundation Trust as a lessee

This note details information about leases for which the Trust is a lessee.

At 31 March 2026, the Trust was a lessee in 85 (2024/25-77) arrangements that were classified as right of use assets under IFR16. These leases were made up of the following:

Lease type	Number
Property	57
Pool cars	23
Land	4
Equipment	1

25 of these building leases are held with other NHS providers and DHSC bodies while the remainder are held with local authorities and other bodies external to the DHSC.

Note 16.1 Right of use assets - 2025/26

	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2025 - brought forward	**57,357**	**24**	**318**	**57,699**	**35,374**
Additions	631	-	186	**817**	-
Remeasurements of the lease liability	280	-	-	**280**	346
Movements in provisions for restoration / removal costs	698	-	-	**698**	(139)
Impairments	(52)	-	-	**(52)**	(28)
Disposals / derecognition	(82)	-	(40)	**(122)**	(82)
Valuation/gross cost at 31 March 2026	**58,832**	**24**	**464**	**59,320**	**35,471**
Accumulated depreciation at 1 April 2025 - brought forward	**18,281**	**3**	**114**	**18,398**	**12,382**
Provided during the year	7,746	12	116	**7,874**	4,915
Disposals / derecognition	(82)	-	(40)	**(122)**	(82)
Accumulated depreciation at 31 March 2026	**25,945**	**15**	**190**	**26,151**	**17,215**
Net book value at 31 March 2026	**32,887**	**9**	**274**	**33,169**	**18,256**
Net book value at 1 April 2025	**39,076**	**21**	**204**	**39,300**	**22,992**

Net book value of right of use assets leased from other NHS providers	8,682
Net book value of right of use assets leased from other DHSC group bodies	9,575

Note 16.2 Right of use assets - 2024/25

	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**44,422**	**34**	**162**	**44,618**	**22,291**
Additions	962	24	199	**1,185**	-
Remeasurements of the lease liability	11,137	-	-	**11,137**	9,700
Movements in provisions for restoration / removal costs	794	-	-	**794**	(5)
Revaluations	112	-	-	**112**	90
Reclassifications	(9)	-	-	**(9)**	3,298
Disposals / derecognition	(61)	(34)	(43)	**(138)**	-
Valuation/gross cost at 31 March 2025	**57,357**	**24**	**318**	**57,699**	**35,374**
Accumulated depreciation at 1 April 2024 - brought forward	11,371	26	88	**11,485**	8,086
Provided during the year	6,981	11	69	**7,061**	4,301
Reclassifications	(9)	-	-	**(9)**	(5)
Disposals / derecognition	(61)	(34)	(43)	**(138)**	-
Accumulated depreciation at 31 March 2025	**18,281**	**3**	**114**	**18,398**	**12,382**
Net book value at 31 March 2025	**39,076**	**21**	**204**	**39,301**	**22,992**
Net book value at 1 April 2024	**39,051**	**8**	**74**	**33,133**	**14,206**

Net book value of right of use assets leased from other NHS providers	11,410
Net book value of right of use assets leased from other DHSC group bodies	11,582

Note 16.3 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 26.1.

	2025/26	2024/25
	£000	£000
Carrying value at 1 April	**31,807**	**25,833**
Lease additions	817	1,185
Lease liability remeasurements	280	11,137
Interest charge arising in year	860	436
Early terminations	(40)	-
Lease payments (cash outflows)	(6,932)	(6,784)
Carrying value at 31 March	**26,792**	**31,807**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 16.4 Maturity analysis of future lease payments

	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2026	31 March 2026	31 March 2025	31 March 2025
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	7,779	5,007	6,645	4,195
- later than one year and not later than five years;	10,936	5,575	14,691	8,268
- later than five years.	8,077	3,573	10,471	5,643
Total gross future lease payments	**26,792**	**14,155**	**31,807**	**18,106**
Finance charges allocated to future periods	-	-	-	-
Net lease liabilities at 31 March 2026	**26,792**	**14,155**	**31,807**	**18,106**
Of which:				
Leased from other NHS providers		5,012		7,729
Leased from other DHSC group bodies		9,143		10,377

Note 17 Other investments / financial assets (non-current)

	2025/26	2024/25
	£000	£000
Carrying value at 1 April - brought forward	1,125	1,125
Carrying value at 31 March	1,125	1,125

The Trust has a £1,125k investment and 5.31% shareholding in Cristal Health Ltd (trading as Akrivia Health) , a research development software company

Note 18 Disclosure of interests in other entities

The Trust is a corporate trustee of the Oxford Health Charity. The Trust's interest in the charity is not material, therefore they have not been consolidated into these financial statements.

Note 19 Inventories

	31 March 2026	31 March 2025
	£000	£000
Drugs*	7,485	6,390
Consumables	(0)	-
Energy	63	60
Other	21	13
Total inventories	**7,569**	**6,463**
of which:		

* 95% of drug inventories are held by Oxford Pharmacy Stores (OPS) and end of year inventories reflect the growth of OPS in year (Income has increased by 16%) . Inventories are expected to be maintained at this level going forward.

Inventories recognised in expenses for the year were £92,181k (2024/25: £79,814k). Write-down of inventories recognised as expenses for the year were £140k (2024/25: £91k).

Note 20.1 Receivables

	31 March 2026 £000	31 March 2025 £000
Current		
Contract receivables	20,071	14,795
Allowance for impaired contract receivables / assets	(1,555)	(1,548)
Prepayments (non-PFI)	5,685	3,412
PDC dividend receivable	-	35
VAT receivable	1,480	2,670
Other receivables	175	235
Total current receivables	**25,856**	**19,599**
Non-current		
Other receivables	367	366
Total non-current receivables	**367**	**366**
Of which receivable from NHS and DHSC group bodies:		
Current	17,579	11,892
Non-current	337	336

Note 20.2 Allowances for credit losses

	2025/26	2024/25
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 April - brought forward	**1,548**	**1,437**
New allowances arising	1,054	1,244
Reversals of allowances	(1,037)	(1,097)
Utilisation of allowances (write offs)	(10)	(36)
Allowances as at 31 Mar 2026	**1,555**	**1,548**

Note 21 Other assets

	31 March 2026	31 March 2025
	£000	£000
Non-current		
Net defined benefit pension scheme asset	690	577
Other assets	225	222
Total other non-current assets	**915**	**799**

Note 22 Non-current assets held for sale and assets in disposal groups

	2025/26	2024/25
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**1,185**	**200**
Assets classified as available for sale in the year	-	985
Assets sold in year	(200)	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	**985**	**1,185**

Asset held for sale is St Barnabas and South Parade in 2025/26. These assets relate to land and buildings and are surplus to operational requirements.
Shrublands (£200k) was sold during the course of 2025/26.

Note 23.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2025/26	2024/25
	£000	£000
At 1 April	**97,818**	**85,628**
Net change in year	1,014	12,190
At 31 March	**98,832**	**97,818**
Broken down into:		
Cash at commercial banks and in hand	46	48
Cash with the Government Banking Service	98,786	97,770
Total cash and cash equivalents as in SoFP	**98,832**	**97,818**
Total cash and cash equivalents as in SoCF	**98,832**	**97,818**

Note 23.2 Third party assets held by the trust

Oxford Health NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2026	31 March 2025
	£000	£000
Bank balances	505	494
Total third party assets	**505**	**494**

Note 24.1 Trade and other payables

	31 March 2026 £000	31 March 2025 £000
Current		
Trade payables *	10,866	22,031
Capital payables *	3,361	3,427
Accruals *	43,533	43,309
Social security costs	5,001	3,830
Other taxes payable	3,811	3,490
PDC dividend payable	423	-
Pension contributions payable	5,543	5,204
Other payables	130	166
Total current trade and other payables	**72,668**	**81,457**
Non-current		
Trade payables	1,500	1,500
Total non-current trade and other payables	**1,500**	**1,500**
Of which payables from NHS and DHSC group bodies:		
Current	8,204	12,593

* Combined payable and accruals balances in 2025/26 are £57.8m (2024/25 £68.8m). These balances represent different stages of the Purchase to Pay (P2P) process.

Note 25 Other liabilities

	31 March 2026	31 March 2025
	£000	£000
Current		
Deferred income: contract liabilities	38,455	35,101
Total other current liabilities	**38,455**	**35,101**

Deferred income relates to consideration received from commissioners, where the performance obligation has not been satisfied at 31 March. These performance obligations will be satisfied in a future period.

Of the £38.4m income deferred at 31 March 2026, £32.1m (2024/25 £29.0m) relates to the Trust's Provider Collaboratives, for which the Trust is lead provider. The Provider Collaboratives contracts state that underspends should be deferred for future investment in the services that they cover.

Note 26.1 Borrowings

	31 March 2026	31 March 2025
	£000	£000
Current		
Loans from DHSC	1,355	1,356
Lease liabilities	7,779	6,646
Total current borrowings	**9,134**	**8,002**
Non-current		
Loans from DHSC	9,374	10,712
Lease liabilities	19,013	25,161
Total non-current borrowings	**28,387**	**35,873**

Note 26.2 Reconciliation of liabilities arising from financing activities

	Loans from DHSC	Other loans	Lease Liabilities	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2025	**12,068**	**-**	**31,807**	**0**	**43,875**
Cash movements:					
Financing cash flows - payments and receipts of principal	(1,338)	-	(6,072)	-	**(7,410)**
Financing cash flows - payments of interest	(458)	-	(860)	-	**(1,318)**
Non-cash movements:					
Additions	-	-	817	-	**817**
Lease liability remeasurements	-	-	280	-	**280**
Application of effective interest rate	457	-	860	-	**1,317**
Early terminations	-	-	(40)	-	**(40)**
Carrying value at 31 March 2026	**10,729**	**-**	**26,792**	**0**	**37,521**

	Loans from DHSC	Other loans	Lease Liabilities	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2024	**13,410**	**850**	**25,833**	**403**	**40,496**
Cash movements:					
Financing cash flows - payments and receipts of principal	(1,338)	(850)	(6,347)	(403)	**(8,938)**
Financing cash flows - payments of interest	(515)	-	(437)	(32)	**(984)**
Non-cash movements:					
Additions	-	-	1,185	-	**1,185**
Lease liability remeasurements	-	-	11,137	-	**11,137**
Application of effective interest rate	511	-	436	32	**979**
Carrying value at 31 March 2025	**12,068**	**-**	**31,807**	**0**	**43,875**

Note 27.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2025	**582**	**2,373**	**307**	**388**	**20,380**	**24,030**
Change in the discount rate	12	132	-	-	(27)	**117**
Arising during the year	28	7	159	68	1,818	**2,080**
Utilised during the year	(91)	(150)	(44)	(10)	(545)	**(840)**
Reversed unused	(9)	(201)	(171)	(137)	(877)	**(1,395)**
Unwinding of discount	18	70	-	-	23	**111**
At 31 March 2026	**540**	**2,231**	**251**	**309**	**20,772**	**24,103**
Expected timing of cash flows:						
- not later than one year;	91	146	251	309	14,881	**15,678**
- later than one year and not later than five years;	362	543	-	-	3,801	**4,706**
- later than five years.	87	1,542	(0)	-	2,090	**3,719**
Total	**540**	**2,231**	**251**	**309**	**20,772**	**24,103**

Pension provisions relate to early staff retirements where the Trust is liable. The timing and value of the cash flows are based on known costs and individual demographics.

Injury benefit provisions relate to injury benefit awards where the Trust is liable. The timing and value of the cash flows are based on current costs and individual demographics.

Legal claims relate to outstanding public and employer liability cases. These cases are managed by NHS Resolution on behalf of the Trust.

Other includes dilapidations provisions for the Trust's leasehold premises and a provision against the Trust's exit from its PFI arrangements.

There are no material uncertainties around the timing of these cash flows.

Note 27.2 Clinical negligence liabilities

At 31 March 2026, £3,277k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Oxford Health NHS Foundation Trust (31 March 2025: £3,534k).

Note 28 Contingent assets and liabilities

	31 March 2026 £000	31 March 2025 £000
Value of contingent liabilities		
Other	(4,175)	(4,175)
Gross value of contingent liabilities	**(4,175)**	**(4,175)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(4,175)**	**(4,175)**
Net value of contingent assets	**-**	**-**

In the event of the Trust not proceeding with the Warneford Redevelopment project once planning permission has been achieved and when funding for the programme has been identified, the Trust will have to reimburse in full the costs that have been jointly incurred through Warneford Park LLP in relation to the planning application and the preparatory work done for this. At the 31st March this figure was capped at £4,175k.

In the event of the Warneford Park LLP withdrawing from the project, the Trust will retain the £1.5m premium paid to the Trust.

Note 29 Contractual capital commitments

	31 March 2026 £000	31 March 2025 £000
Property, plant and equipment	5,407	698
Intangible assets	-	73
Total	**5,407**	**771**

Note 30.1 Changes in the defined benefit obligation and fair value of plan assets during the year

	2025/26	2024/25
	£000	£000
Present value of the defined benefit obligation at 1 April	**(1,904)**	**(2,561)**
Current service cost	(7)	(12)
Interest cost	(103)	(113)
Contribution by plan participants	-	(4)
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial (gains) / losses	(84)	235
Benefits paid	117	551
Present value of the defined benefit obligation at 31 March	**(1,981)**	**(1,904)**
Plan assets at fair value at 1 April	**2,480**	**2,994**
Interest income	135	135
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial gain / (losses)	162	(113)
Contributions by the employer	11	11
Contributions by the plan participants	-	4
Benefits paid	(117)	(551)
Plan assets at fair value at 31 March	**2,671**	**2,480**
Plan surplus/(deficit) at 31 March	**690**	**576**

Note 30.2 Reconciliation of the present value of the defined benefit obligation and the present value of the plan assets to the assets and liabilities recognised in the balance sheet

	31 March 2026	31 March 2025
	£000	£000
Present value of the defined benefit obligation	(1,981)	(1,904)
Plan assets at fair value	2,671	2,480
Net defined benefit (obligation) / asset recognised in the SoFP	**690**	**577**
Net (liability) / asset after the impact of reimbursement rights	**690**	**577**

Note 30.3 Amounts recognised in the SoCI

	2025/26	2024/25
	£000	£000
Current service cost	(7)	(12)
Interest expense / income	32	22
Total net (charge) / gain recognised in SOCI	**25**	**10**

This note relates to the LGPS pension scheme.

Note 31 On-SoFP PFI

Description of the scheme

The Oxford Health PFI scheme provides a centre in Oxford for the secure care of 30 clients with mental health problems and 10 clients with learning disabilities. Many of the clients are offenders who have been referred for treatment through the Courts. The scheme also provides a staff accommodation block.

Community Health Facilities (Oxford) Limited have designed, built, financed, maintained and operated the new facility. They are a special purpose company established through three main sponsors:

The Miller Group Limited

Mitie FM Limited (formerly Interserve (Facilities Management) Ltd)

Uberior Infrastructure Investments Limited (formerly British Linen Investments Limited)

Contract Start Date: 06 September 1999

Contract End Date: 05 September 2024*

*** 04 September 2023 was the date the Trust has exercised its break clause. From 05 September 2024, the Trust has legal ownership of the asset.**

The inflation of the PFI scheme is linked directly to RPI.

The contract involved the lease of Trust land to the operator for nil consideration. The substance of this transaction was that it would result in lower annual payments over the life of the contract, i.e. an implicit reduction in the unitary charge since the operator has not had to lease the land on the open market. Consequently the value of the land is recorded within the Trust's total land value.

Note 31.1 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2025/26	2024/25
	£000	£000
Unitary payment payable to service concession operator	**-**	**1,349**
Consisting of:		
- Interest charge	-	32
- Repayment of balance sheet obligation	-	403
- Service element and other charges to operating expenditure	-	426
- Contingent rent	-	488
Other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment	-	128
Total amount paid to service concession operator	**-**	**1,477**

Note 32 Financial instruments

Note 32.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Integrated Care Boards (ICB's) and the way those organisations are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors.

Currency risk
The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk
The Trust borrows from government for capital expenditure, subject to affordability as confirmed by regulator review. The borrowings are for 1 – 20 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit Risk
Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2026 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk
The Trust's operating costs are incurred under contracts with Integrated Care Boards and NHS England, which are financed from resources voted annually by Parliament. The Trust is not, therefore, exposed to significant liquidity risks.

Note 32.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2026	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	18,705	-	-	**18,705**
Other investments / financial assets	-	-	1,125	**1,125**
Cash and cash equivalents	98,832	-	-	**98,832**
Total at 31 March 2026	**117,537**	**-**	**1,125**	**118,662**

Carrying values of financial assets as at 31 March 2025	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	13,360	-	-	**13,360**
Other investments / financial assets	-	-	1,125	**1,125**
Cash and cash equivalents	97,818	-	-	**97,818**
Total at 31 March 2025	**111,178**	**-**	**1,125**	**112,303**

Note 32.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2026	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	10,729	-	**10,729**
Obligations under leases	26,792	-	**26,792**
Trade and other payables excluding non financial liabilities	56,167	-	**56,167**
Total at 31 March 2026	**93,688**	**-**	**93,688**

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	12,068	-	**12,068**
Obligations under leases	31,807	-	**31,807**
Trade and other payables excluding non financial liabilities	67,608	-	**67,608**
Total at 31 March 2025	**111,483**	**-**	**111,483**

Note 32.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2026	31 March 2025
	£000	£000
In one year or less	65,713	76,075
In more than one year but not more than five years	17,468	21,437
In more than five years	12,424	16,370
Total	**95,605**	**113,882**

Note 32.5 Fair values of financial assets and liabilities

The book value (carrying value) is a reasonable approximation of fair value.

Note 33 Losses and special payments

	2025/26		2024/25	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Fruitless payments and constructive losses	1	6	-	-
Bad debts and claims abandoned	3	141	82	29
Stores losses and damage to property	-	-	3	89
Total losses	**4**	**147**	**85**	**118**
Special payments				
Compensation under court order or legally binding arbitration award	2	2	3	22
Ex-gratia payments	26	67	32	40
Total special payments	**28**	**69**	**35**	**62**
Total losses and special payments	**32**	**216**	**120**	**180**

Compensation payments received

Note 34 Related parties

Oxford Health NHS Foundation Trust is a body corporately established by order of the Secretary of State for Health. The Department of Health and Social Care is regarded as a related party. During the year the Trust had a number of material transactions with the department, and with other entities for which the department is regarded as the parent department. These entities are listed below in order of significance and represent 76% of the Trusts total income.

NHS Buckinghamshire, Oxfordshire and Berkshire West ICB
NHS England
Department of Health and Social Care
NHS Bath and North East Somerset, Swindon and Wiltshire ICB
University Hospital Southampton NHS Foundation Trust
Royal Berkshire NHS Foundation Trust
Hampshire Hospitals NHS Foundation Trust
University Hospitals Dorset NHS Foundation Trust
Oxford University Hospitals NHS Foundation Trust
Hampshire & Isle of Wight ICB

Other bodies that the Trust has had material transactions with are:

NHS Pension Scheme
HM Revenue and Customs
Oxfordshire County Council
NHS Property Services
Community Health Partnerships
Buckinghamshire Council
NHS Resolution
The University of Oxford
Response

The Trust has also received payments from the Oxford Health Charity, the trustees for which are also members of the Oxford Health NHS Foundation Trust Board.

The individuals and entities that the Department of Health and Social Care identifies as meeting the definition of Related Parties set out in IAS 24 (Related Party Transactions) are also deemed to be related parties of entities within the Departmental Group.

This note therefore sets out the individuals and entities which we have assessed as meeting the IAS 24 definition of Related Parties for the year ending 31 March 2026 to assist group bodies in preparing disclosures compliant with IAS 24.

Ministers
The Rt Hon Wes Streeting MP
Karin Smyth MP
Stephen Kinnock MP
Ashley Dalton MP
Baroness Gillian Merron
Sharon Hodgson MP
Zubir Ahmed MP

Senior Officials
Professor Sir Christopher Whitty KCB
Samantha Jones OBE (from 16 June 2025)
Jonathan Marron CB
Matthew Style
Michelle Dyson
Andrew Brittain
Professor Lucy Chappell
Jenny Richardson
Lorraine Jackson
Sally Warren
Catherine Frances CB
Tom Riordan
Paul Macnaught
Danny Mortimer
Jules Hunt
Gila Sacks
Sir Jim Mackey
David Probert
Fiona Bride
Duncan Burton
Dr Claire Fuller
Professor Meghana Pandit
Jo Lenaghan
Elizabeth O'Mahoney
Paul Dinkin

Non-executive Directors
Samantha Jones OBE (until 16 June 2025)
The Rt Hon Alan Milburn
Sir Richard Douglas
Naomi Eisenstadt CB
Baroness Camilla Cavendish
Phil Jordan

Entities linked to the individuals above

Accurx Ltd (ended early June 2025)
Advantage Mentoring C.I.C (until 1 August 2025)
AM Strategy Ltd
ANDIGITAL Ltd
Apax Partners UK Ltd (until June 2025)
Bryn and Cwmavon Events
Carsøe Group A/S
Cole Close Management Company
Demelza Hospice Care for Children
DJE Holdings operating as DJE Consulting Ltd
Education Endowment Foundation
EN-Projects Ltd
Extra Time Partners Ltd
Financial Fairness Trust (until June 2025)
Health Consultants International Ltd
Intergenerational Music Making (from 29 October 2025)
JJ Pandit Ltd (from 29 October 2025)
Juganu (from May 2025)
Keys Group Limited (until June 2025)
Kindling Transformative Interventions Ltd
Lancaster University
Macmillan Cancer Support
Middlesbrough Football Club Foundation (until February 2026)
Neurons Inc ApS
NHS Confederation
NHS Employers Policy Board
Norwood Ravenswood (until 1 August 2025)
@PVJCIO Ltd
Palo Alto Networks
Place2Be
Princess Alice Hospice, Esher (from 29 October 2025)
Safelane Global International Ltd
Samantha Jones Limited
Sightsavers (registered in the UK as Royal Commonwealth Society for the Blind)
Social Mobility Foundation
South East Medical Services Ltd
XLinks (until June 2025)
Vestas Wind Systems LLP
Yorkshire Sculpture Park

Note 35 Events after the reporting date

No event after reporting date.

Note 36 Buckinghamshire and Oxfordshire Pooled Budget

Oxford Health NHS Foundation Trust host two pooled budgets with Buckinghamshire Council and one pooled budget with Oxfordshire County Council.

These are treated as agency transactions and only Oxford Health's proportion of expenditure is recognised in the Trust's accounts.

1 April 2025 to 31 March 2026

Oxfordshire			
Adults of Working Age	£000's	£000's	£000's
Delegated Budgets	**Total**	**Oxford Health Contribution**	**Oxfordshire County Council**
Expenditure			
Pay	12,467	10,699	1,768
Non-pay	423	389	34
	12,890	11,088	1,802
Income	-47	-47	0
Total Delegated Budgets	12,843	11,041	1,802
Overhead Contribution	0	0	0
Contribution to the Pool	**12,843**	**11,041**	**1,802**

Buckinghamshire			
Adults of Working Age	£000's	£000's	£000's
Delegated Budgets	**Total**	**Oxford Health Contribution**	**Buckinghamshire County Council**
Expenditure			
Pay	3,242	0	3,242
Non-pay	162	0	162
	3,404	0	3,404
Income	0	0	0
Total Delegated Budgets	3,404	0	3,404
Overhead Contribution	238	0	238
Contribution to the Pool	**3,642**	**0**	**3,642**

Glossary of Terms

Abbreviation	Term
OCI	Other Comprehensive Income
IFRS	International Financial Reporting Standards
SoCI	Statement of Comprehensive Income
SoFP	Statement of Financial Position
PFI	Private Finance Initiative
GAM	Group Accounting Manual
ICS	Intergrated Care System
ICB	Intergrated Care Board
CQUIN	Commissioning for Quality Innovation
CAMHS	Child and Adolescent Mental Health Services
AED	Adult Eating Disorders
IAS	International Accounting Standards
DHSC	Department of Health and Social Care
API	Aligned Payment and Incentive
BPT	Best Practice Tariffs
PDC	Public Dividend Capital

NHS
Oxford Health
NHS Foundation Trust

OXFORD HEALTH
IN NUMBERS 2025/26

Welcome
to Oxford Health in Numbers for 2025/26

We present a picture of our organisation for financial year 2025/26. The aim is to provide an overview of what we do, where we provide services and above all our valued colleagues and teams. We hope you find it helpful.

We've tried to keep things simple, though the NHS is complicated. We welcome your feedback on how to make the facts and figures clearer.

The next few pages will set out:

- The **what and where** of our services
- Their **impact**
- How we **improve quality**
- The vital role of **research**, the pursuit of evidence, education and training
- Who our **teams** are and how we **support** them
- How we manage **public money**

This is our fourth edition of Oxford Health in Numbers, and the response told us that this is information useful to our staff, stakeholders, those who use our services and the public**.**

We hope you will find Oxford Health in Numbers an interesting read, helping you better understand what we do and to hold us accountable.

Andrea Young
Chair

Grant Macdonald
CEO

Our services: An overview

Oxford Health is one of the largest NHS trusts in the country providing learning disability, mental and community health services.

We provide physical, mental health and social care for people of all ages across Oxfordshire, Buckinghamshire, Swindon, Wiltshire, Bath and North East Somerset. Rated as **good overall** by the Care Quality Commission, our teams care for adults and children of all ages, from young babies to those who are elderly.

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

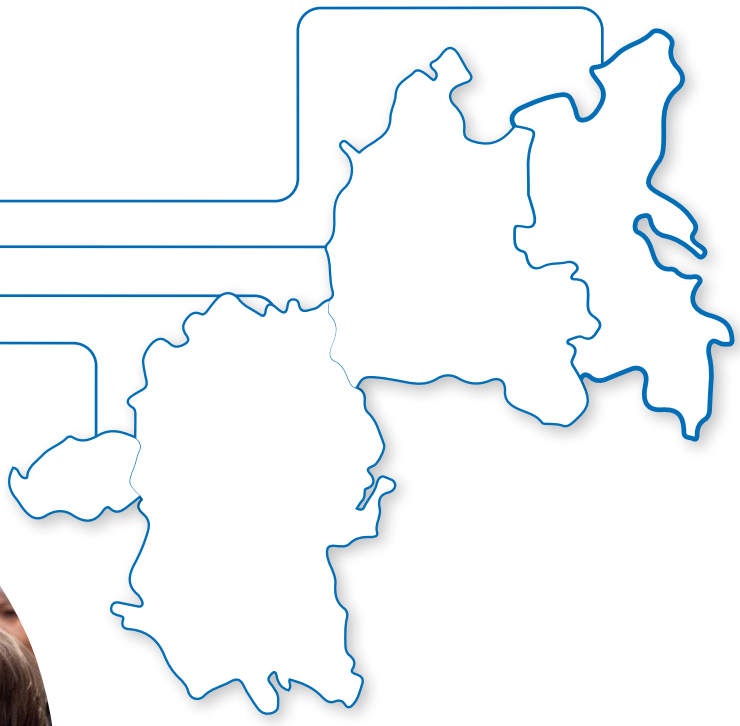
Oxford Health in Numbers sets out not just what services we provide and where, but an overview of some of the impact our staff have on the health of the populations they service.

To find out more, please just go to our website: **www.oxfordhealth.nhs.uk**

What and where

Counties we cover:

- Buckinghamshire
- Oxfordshire
- Wiltshire and Swindon
- Bath and North East Somerset



c150 sites
c7,700 staff

Patient impact

2,055,487
Total attended contacts delivered by Oxford Health staff in 2025/26

Yr 2024/25	Yr 2023/24
(1,603,183)	(1,542,172)

200,558
The caseload held by Oxford Health staff as of 31 March 2026

Yr 2024/25	Yr 2023/24
(197,893)	(188,948)

3,046
Total number of admissions to Oxford Health services in 2024/25

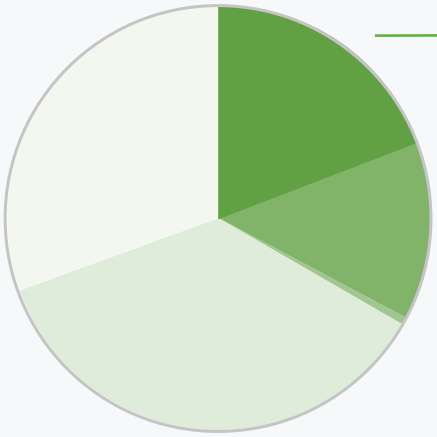
Yr 2024/225	Yr 2023/24
(2,945)	(2,857)

Quality Improvement

Compliments and complaints

Compliments - **2,966**
Complaints - **825**

During 2025/26, of the **825 complaints** received, **155 were graded as low/high level** with the remainder graded as rapid resolution complaints.



30	Complaints were not upheld
21	Complaints were upheld
1	Complaints there was no evidence to prove or disprove the outcome of the investigation
56	Complaints were partially upheld
47	Open
Grand Total	**155**

Of the 108 complaints responded to, 42 were responded to within time, 66 were responded to within an agreed extension. 47 cases remain open at this time.

Our services: What and where

Here at Oxford Health, we provide:

- **Mental health, autism and learning disability services** in Buckinghamshire, Oxfordshire, along with Swindon, Wiltshire, Bath and North East Somerset
- **Primary, community and dental care services** across Oxfordshire (including planned, preventative and urgent care), along with vaccination services for Buckinghamshire and Oxfordshire.

Set out on these pages are three maps showing the main bases for our services. Two for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB) and one for Bath and North East Somerset, Swindon and Wiltshire Integrated Care System (BSW). **These do not include community-based teams** who may work out of these bases, but care for people in their own home or at other sites, such as health centres. Between them our **7,700 staff**, who work from around **150 sites**, provide direct services to **2.5 million people**.

c150 sites
c7,700 staff

Bath and North East Somerset, Wiltshire and Swindon

Our main sites where we provide **mental health**, **autism** and **learning disability** services: We provide mental health services for children and young people, and adult eating disorders in Bath, Swindon and Wiltshire. (Other mental health services in that area are provided by our neighbouring Trust, Avon and Wiltshire Partnership).

- Temple House, Keynsham
- Melksham Hospital, Melksham
- Savernake Hospital, Marlborough
- Salisbury District Hospital, Salisbury
- Marlborough House, Swindon

Oxfordshire

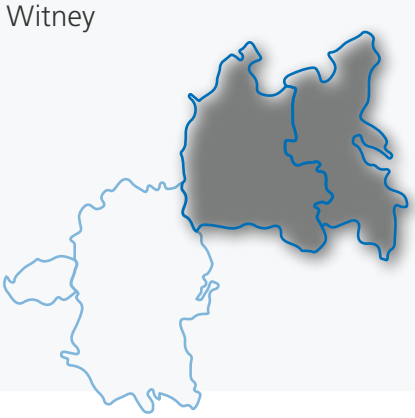
Our main sites where we provide **primary, community** and **dental care** services:

- Abingdon Community Hospital, Abingdon
- The Fiennes Centre, Banbury
- Orchard Health Centre, Banbury
- Bicester Community Hospital, Bicester
- Bicester Health Centre, Bicester
- Chipping Norton Hospital, Chipping Norton
- Raglan House, Cowley
- Didcot Community Hospital, Didcot
- Townlands Hospital, Henley-on-Thames
- Luther St Medical Centre, Oxford
- Murray House, Jordan Hill, Oxford
- John Radcliffe Hospital, Oxford
- Blackbird Leys Health Centre, Oxford
- East Oxford Health Centre, Oxford
- Fulbrook Centre, Oxford
- Wallingford Community Hospital, Wallingford
- Wantage Community Hospital, Wantage
- Wantage Health Centre, Wantage
- Nuffield Health Centre, Witney
- Witney Community Hospital, Witney

Buckinghamshire and Oxfordshire

Our main sites are where we provide **mental health**, **autism** and **learning disability** services:

- Abingdon Hospital, Abingdon
- Amersham Health Centre, Amersham
- Stoke Mandeville Hospital, Aylesbury
- Whiteleaf Centre, Aylesbury
- Orchard Health Centre, Banbury
- Julier Centre, Bicester
- Raglan House, Cowley
- Ridgeway, Didcot
- Prospect House, High Wycombe
- Saffron House, High Wycombe
- Marlborough House, Milton Keynes
- East Oxford Health Centre, Oxford
- Fulbrook Centre, Oxford
- Elms Centre, Oxford
- Littlemore Mental Health Centre, Oxford
- Manzil Resource Centre, Oxford
- The Slade, Oxford
- Warneford Hospital, Oxford
- Wallingford Community Hospital, Wallingford
- Nuffield Health Centre, Witney



Our services: Patient impact

This section of Oxford Health in Numbers sets out the numbers of people seen by our teams across our **mental and community health services**, along with information on caseloads and admissions. We look at the number of patients our staff supported in 2025/26, the actual number of patients in our care as of 31 March 2026 and the number of patients admitted to hospital in 2025/26. Between them, this information gives a sense of the role we play in keeping people well and safe.

Total attended contacts 2025/26

469,289
Adult mental health services including Talking Therapies

Yr 2024/25	Yr 2023/24
(412,815)	(311,188)

205,323
Child and adolescent mental health services (CAMHS)

Yr 2024/25	Yr 2023/24
(166,809)	(116,230)

21,211
Community paediatric, urgent and specialised dentistry

Yr 2024/25	Yr 2023/24
(21,814)	(21,617)

11,412
Learning disability services

Yr 2024/25	Yr 2023/24
(8,431)	(5,835)

50,246
Community same-day care

Yr 2024/25	Yr 2023/24
(30,010)	22,561

86,421
School immunisation services

Yr 2024/25	Yr 2023/24
(87,646)	(89,598)

249,438
Urgent primary care (minor injuries units and out of hours services)

Yr 2024/25	Yr 2023/24
(243,208)	(242,891)

725,512
Adult community health services

Yr 2024/25	Yr 2023/24
(581,296)	(520,827)

236,635
Children and young peoples' health services

Yr 2024/25	Yr 2023/24
(225,459)	(210,674)

Total: 2,055,487

The data above reflects the number of contacts/appointments that there were delivered as part of patient care and not individual patients. Given the nature of the conditions being supported, some patients will have had multiple contacts/appointments over the course of a year.

Caseload (all referrals) as of 31 March 2026

29,735 Adult mental health services

Yr 2024/25	Yr 2023/24
(31,532)	(34,422)

25,313 Child and adolescent mental health services (CAMHS)

Yr 2024/25	Yr 2023/24
(23,947)	(23,302)

1,024 Community paediatric, urgent and specialised dentistry

Yr 2024/25	Yr 2023/24
(2,056)	(2,097)

807 Learning disability services

Yr 2024/25	Yr 2023/24
(822)	(871)

27,874 Adult community health services

Yr 2024/25	Yr 2023/24
(27,165)	(34,418)

111,210 Children and young peoples' health services

Yr 2024/25	Yr 2023/24
(112,066)	(95,583)

313 Forensic services

Yr 2024/25	Yr 2023/24
(305)	(255)

Total: 200,558

Dental caseload reduction reflects work to improve data quality by reflecting that some patients are no longer expected to receive further treatment. The number of Dental contacts have remained broadly the same as the previous year.

Admissions 2025/26

1,236 Adult/older adult mental health wards (including rehab and psychiatric intensive care unit)

Yr 2024/25	Yr 2023/24
(1,187)	(1,069)

97 Child and adolescent mental health service (CAMHS) wards within Oxford Health NHS FT

Yr 2024/25	Yr 2023/24
(104)	(93)

71 Forensic wards

Yr 2024/25	Yr 2023/24
(58)	(65)

71 Eating disorder wards

Yr 2024/25	Yr 2023/24
(58)	(63)

1,571 Community hospital wards

Yr 2024/25	Yr 2023/24
(1,538)	(1,567)

Total: 3,046

Please note that some patients may be admitted to hospital more than once over the period of any given year.

Our services:
The quality of our services

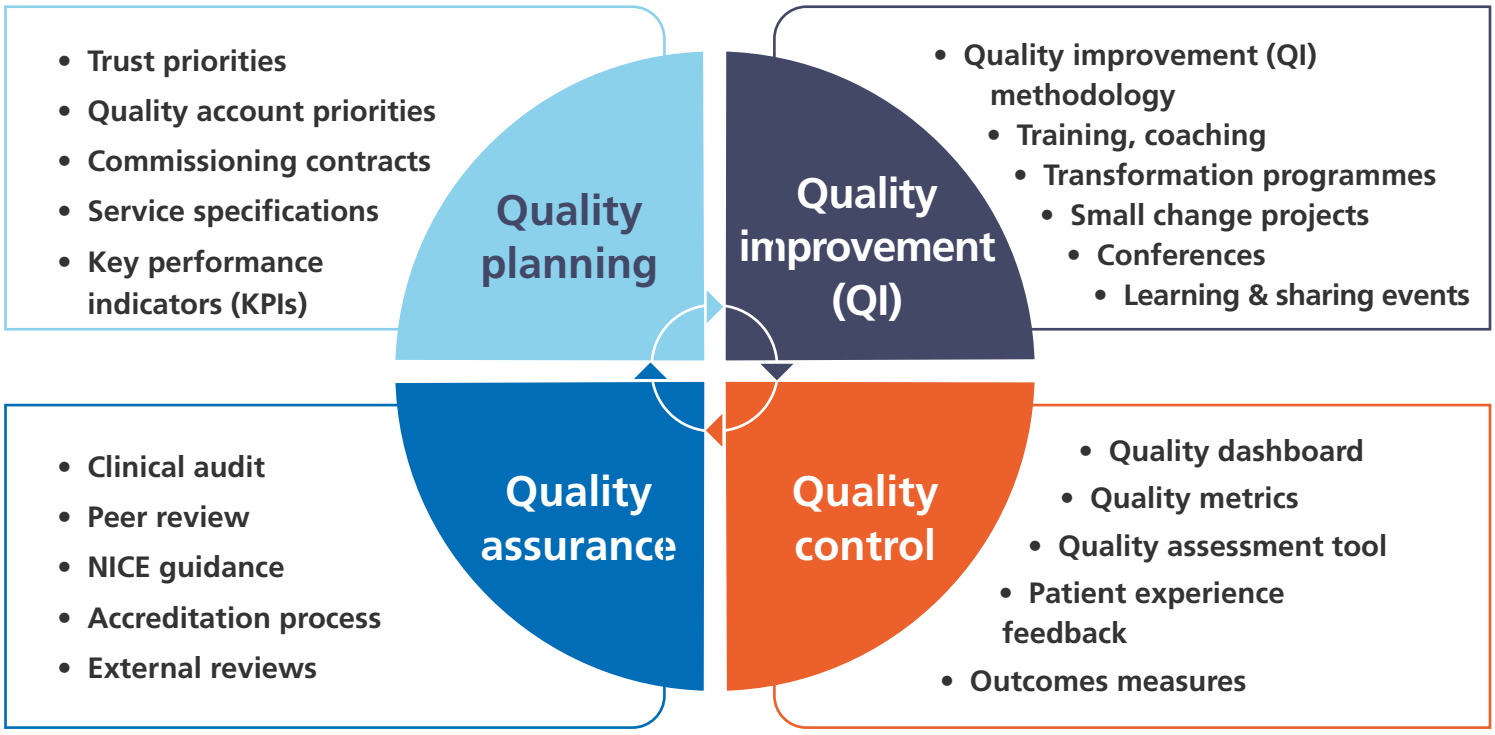
How do we know the quality of our services?

All NHS providers are required to produce an annual **'Quality Account'** about the quality of services provided. The Account looks back on how well we have done in the past year at achieving our goals.

It also **looks forward to the year ahead** and defines what our priorities for quality improvements will be and how we expect to achieve and monitor them. The priorities are determined through:

- National drivers for improvement
- Local areas of focus for improvement
- Patient and family feedback; patient safety incident feedback

Quality is monitored within the wider Quality Management System:



How do we make our services better together?

The **2025/26** Quality Priorities were based on five priority areas:

- **Reducing** restrictive practice
- **Implementing** PSIRF and creating a learning culture
- **Involving** patients and their families
- **Embedding** continuous quality improvement.
- **Addressing** inequalities in the delivery of healthcare

All objectives have been progressed during the year and reviewed to inform **2026/27** areas of priority for the Trust.

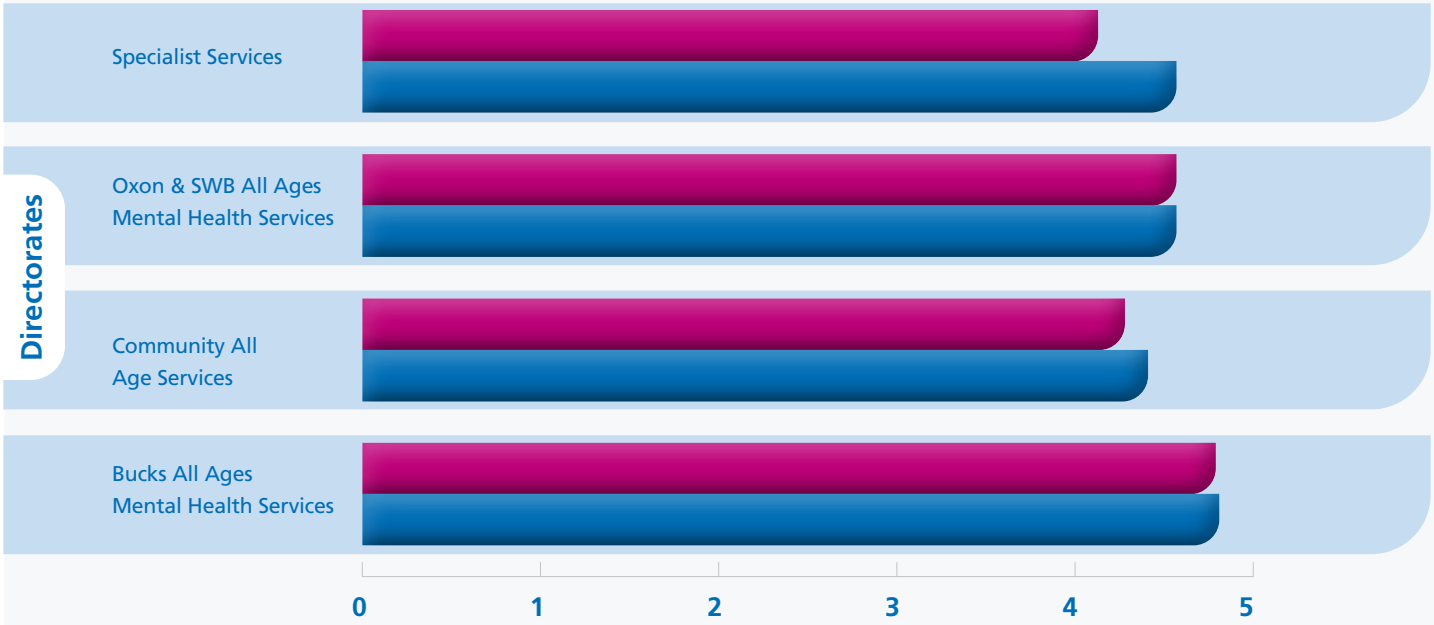
Patient surveys

We seek continuous feedback from people using our services and working within our services through patients' surveys, carers, family, and friends' test.

The graph show the responses across the organisation from parents, carers and friends who answered the questions, "*overall, how would you rate your experience of the service?*" and "*were you involved as much as you wanted to be in your loved ones care?*" between **March 2025 –Feb 2026**

19,121 reviews were received on **I Want Great Care** (IWGC) over a **12-month period** with **4,702** of those coming from self-identified friends, family members and carers.

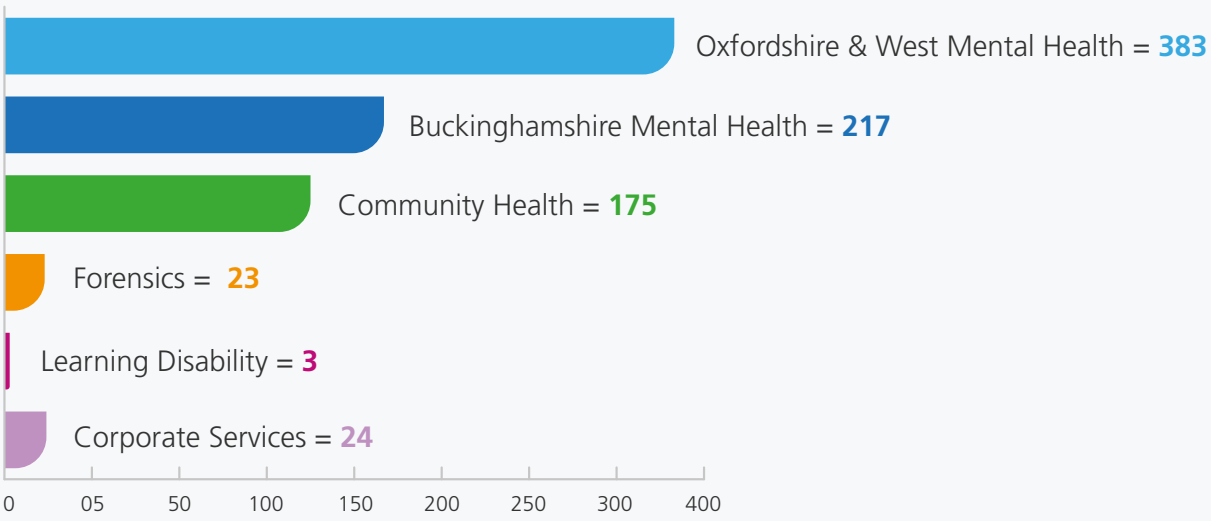
Friends, family members and carers: involvement and experience ratings by directorate



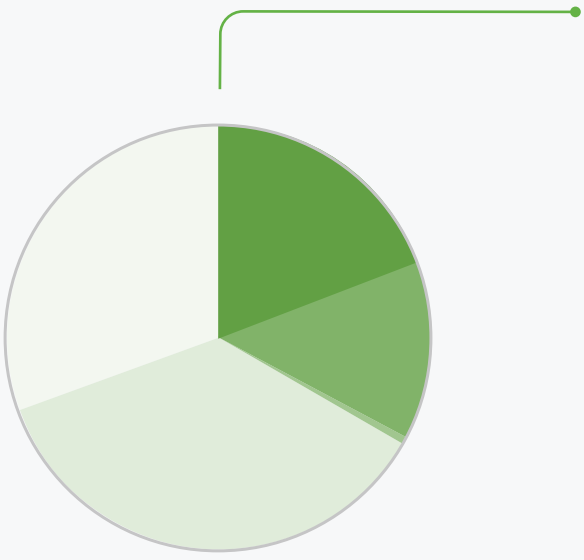
Patient Advice and Liaison Service (PALS)

Contacts made by members of the public **2025/26.**

We receive feedback from compliments, complaints and concerns raised with PALS. During 2025/26, **2,966 compliments** and **825 formal complaints** were received, with the later being shown here broken down by Directorate;



During 2025/26, of the **825 complaints** received, **670 were graded as "rapid resolution complaints"** With: **149 graded** as **"low" 6 graded** as **"high"**



30	Complaints were not upheld
21	Complaints were upheld
1	Complaints there was no evidence to prove or disprove the outcome of the investigation
56	Complaints were partially upheld
47	Open
Grand Total	**155**

Of the 108 complaints responded to, 42 were responded to within time, 66 were responded to within an agreed extension. 47 cases remain open at this time.

All complaints are graded according to the Trust's complaints grading matrix which is reviewed regularly.


NHS
WARNING DO NOT FILL ABOVE THE LINE
SHARPSGUARD
DANGER

Clinical Audit, NICE and Peer review

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

National Audits - We participated fully in **13 national audits.**

Local Audits (Service Evaluations) – A total of **122 local audits**, were registered on **AMaT** (Audit Management and Tracking), covering across all directorates.

Ward Audits – Currently, a total of **133 ward audits** are running covering all directorates. **42/133** (31.5%) of these have commenced in the year 2025-26. All of them registered and in progress on the central system and supported.

NICE – A total of **117 newly released or updated** pieces of NICE guidance were sent for reviewing and actioning. 43/117 (36.7%) are currently in progress as the teams are reviewing them, 7/117 (5.9%) have been fully/partially achieved and the rest 67/117 (31%) were marked as "Not Applicable"

Peer Review – In this year, a total of **48 inspections** were carried out, which includes Peer reviews, CQC Self assessments and Mental Health act visits across the trust. 789 recommendations and actions were planned, of which 345 (57.2%) have been fully achieved.

How do we make our services better together?

Total numbers of Trust staff, patients and carers **trained in QI** during 2025/26:

751
(755)

Active Projects during 2025/26:

325
(276)

21
(17)
Become a leader in healthcare research and education

77
(62)
Make the best use of our resources and protect the environment

170
(144)
Deliver the best possible care and outcomes

57
(53)
Be a great place to work

In 2025/26, **392** staff members were trained to level 1 in Quality Improvement.

% of QI initiatives actively involving patients and carers:

45%
(38%)

Research and education

Our research explores a wide array of mental health conditions, including depression, anxiety, bi-polar disorder and dementia. We seek to discover new treatments and how to implement our existing knowledge. As leaders in research, we work closely with our partners to translate their findings into clinical care. This enables people using our services to benefit from the latest advances in healthcare – use these links to find out more:

NIHR Oxford Health Biomedical Research Centre

oxfordhealthbrc.nihr.ac.uk

NIHR Oxford Cognitive Health Clinical Research Facility

oxfordhealthbrc.nihr.ac.uk/clinical-research-facility

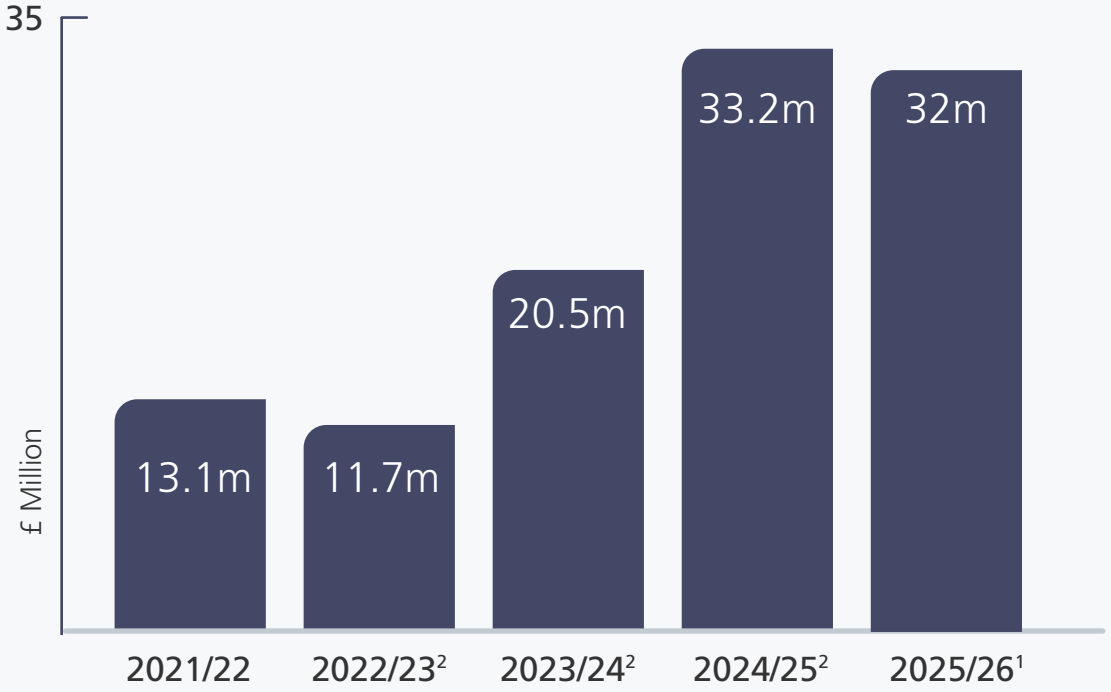
NIHR Applied Research Collaboration Oxford and Thames Valley

arc-oxtv.nihr.ac.uk

NIHR Community Healthcare MedTech and In vitro Diagnostics Co-operative

www.community.healthcare.mic.nihr.ac.uk

Research funding received by Oxford Health over the last five years:



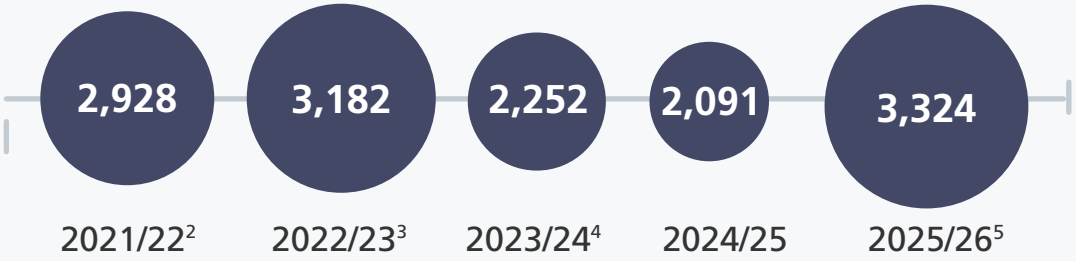
[1]*Reduction is predominantly from a reduction in the Mental Health Mission of £1.6 million, offset by some small increases elsewhere.*

[2]*The fall in funding received in 2022/23 was due to a combination of lower research capability funding and vaccine-related study income, which was off-set partially by increased infrastructure funding.*

The main reasons for the increase between 23/24 and 24/25 are:

- *The Mental Health Mission which rose from £4.2 million to £14 million*
- *There were generally increases in all other areas, but individually these were quite small*

Studies recruitment over the last five years*:



[*]*Refers to the numbers of people who are recruited to take part as participants in specific research projects.*

[2]*The fall in participants recruited to take part in research studies reflects one of the impacts of the COVID-19 Pandemic. The figures included a large number of participants (551) recruited to Identifying Child Anxiety Through Schools study.*

[3]*The figures included a large number of participants (1,377) recruited to Identifying Child Anxiety Through Schools study, as well as the Oxford Monitoring System for Attempted Suicide study recruiting 126 people less in 2022/23 than the previous year.*

[4]*The Identifying Child Anxiety Through Schools study recruited 168 participants in 2023/24 comparing to 1,377 participants in the previous year.*

[5]*This figure includes a large number of participants recruited to what is the GAP-CBP study (1,249) as well as the Oxford Monitoring System for Attempted Suicide study (1,218), both within the non-commercial and observational categories. The overall balance between commercial/non-commercial and interventional/observational studies remained consistent with FY24/25.*

Professional Training

Facilitated postgraduate development for over **300** individuals studying at Master's level.

Successfully supported **176** new nurses and Allied Health Professionals (AHPs) through the Preceptorship Programme.

Delivered **2,914** clinical skills sessions, significantly expanding the Trust's training output.

Masters level education for academic year Sept 2024- Aug 2025-

Course	Numbers
Single modules	**204**
PgCert Applied Healthcare Leadership	**13**
Non-medical Prescribing	**26**
Minor Illness/ Minor Injury	**54**
Professional Nurse Advocates	**4**
SCPHN- District Nursing, Health Visiting, School Nursing	**15**
Trainee Advanced Clinical Practitioners	**2**
	318

Preceptorship programme ran for **176** Registered Nurse Associates, newly qualified Nurses and AHPs

Clinical Skills sessions= **2,914** in the year **April 2025- March 26**

Nursing Placements

Mental Health Nurse	**366**
Learning Disability nursing	**1**
Adult nursing	**97**
Peadiatrics	**22**
Apprentice nurse placements	**34**
Adult	**22**
Trainee nursing associate	**119**
Learning disability	**3**

664 Total placements

Medical/dental training places

Foundation Doctors 30 placements
5 in Community Hospitals, **25** in Psychiatry

Genera Practice Vocational Training Scheme Doctors 20 placements – **3** in Community Hospitals, **17** in Psychiatry

Core Training DoctorS 49 placements in Psychiatry

Higher Training Doctors 58 placements – all Psychiatry

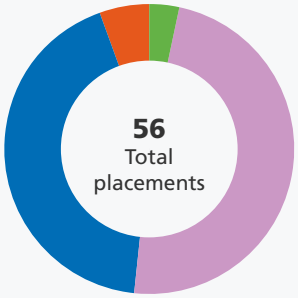
Dental trainees 2 placements

204 Total placements

Focus on AHPs

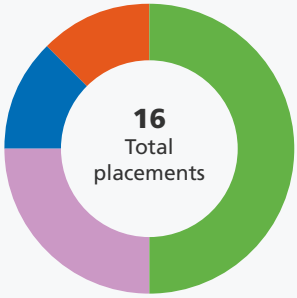
Occupational Therapy

Paediatric	2
Adult	27
Mental Health	24
Learning Disability	3



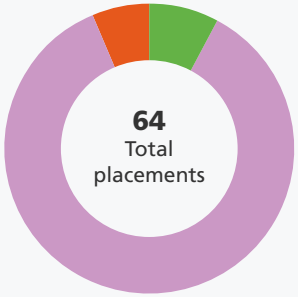
Speech and Language Therapy

Paediatric	8
Adult	4
Mental Health	2
Learning Disability	2



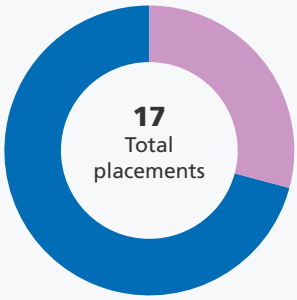
Physiotherapy

Paediatric	5
Adult	55
Mental Health	0
Learning Disability	4



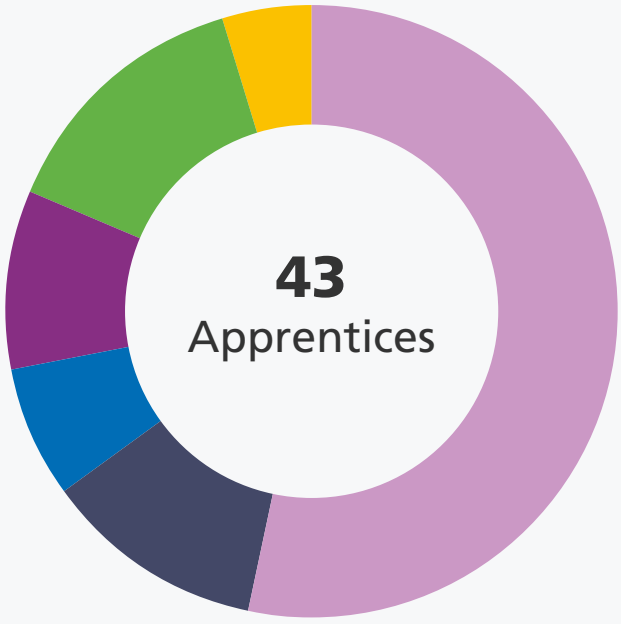
Dietetics

Paediatric	0
Adult	5
Mental Health	12
Learning Disability	0



Apprentices

Occupational Therapy	23
Physiotherapy	5
Dietetics	3
Speech and Language Therapy	4
Paramedicine*	0
Podiatry	6
Podiatry Assistant	2
Arts Therapy*	0



Our people

Our staff are at the heart of everything that happens at Oxford Health. Put simply, great staff provide great care. Here you will find several infographics that between them describe the breadth and nature of our workforce, and how we have supported them over the last year.

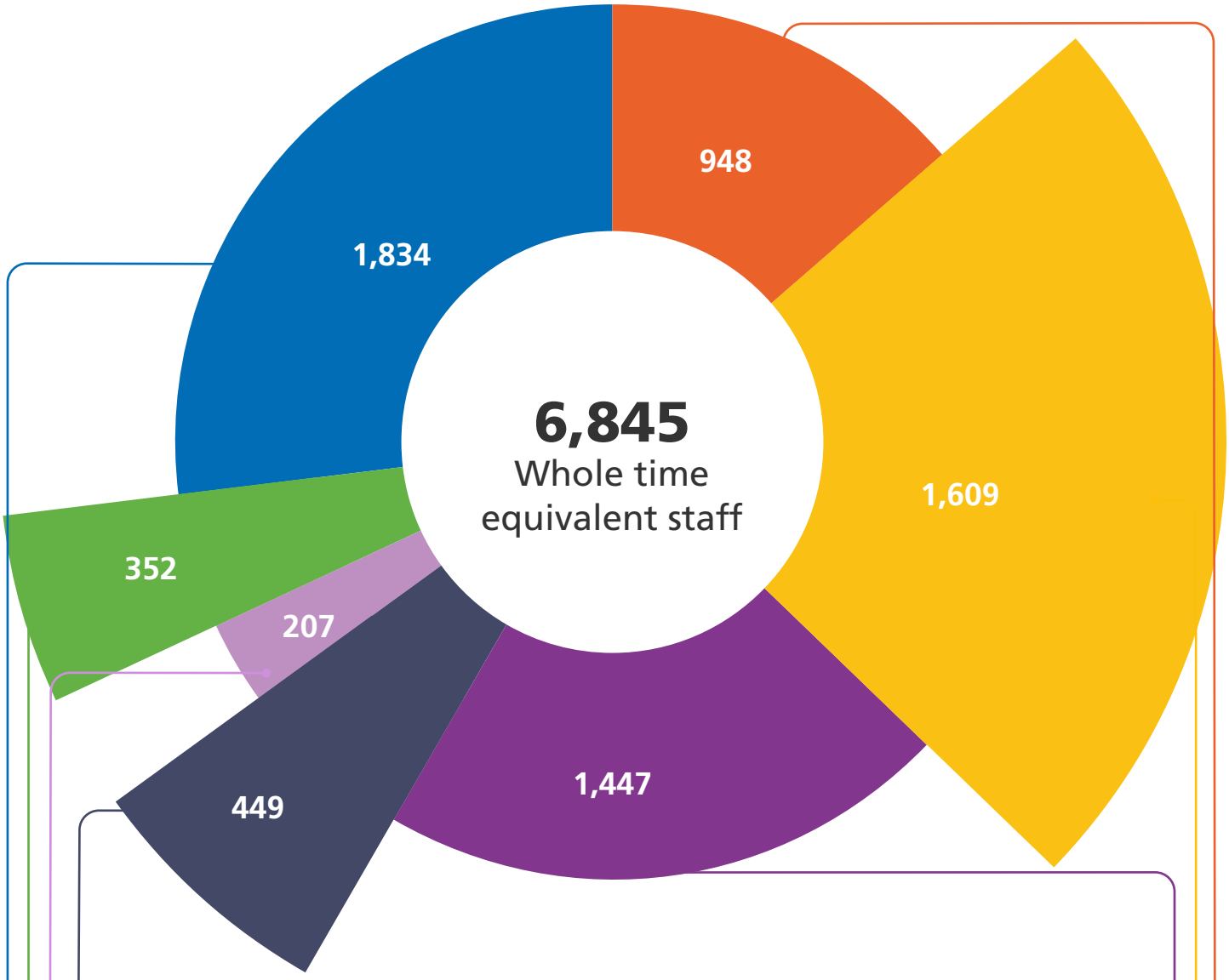
Just so you know, some of our staff are full-time and others work part-time. To keep things consistent, we use a statistic called whole time equivalents.

Often shortened to WTE, it is a way to measure the numbers of staff we employ in a way that makes tracking changes over time easier, and helps when making comparisons with other organisations. Doing so takes into account the number of hours per week worked by each member of our staff.

Professions at Oxford Health

Oxford Health has some **7,706 people**, or **6,845** whole time equivalent substantive staff,made up as follows:

Previous Year headcount (7,507) FTE (6,672.33)



Allied health professionals*
449 (6.56%)

Estates and ancillary staff
207 (3.03%)

Medical and dental staff
352 (5.14%)

Nursing and midwifery registered
1,834 (26.79%)

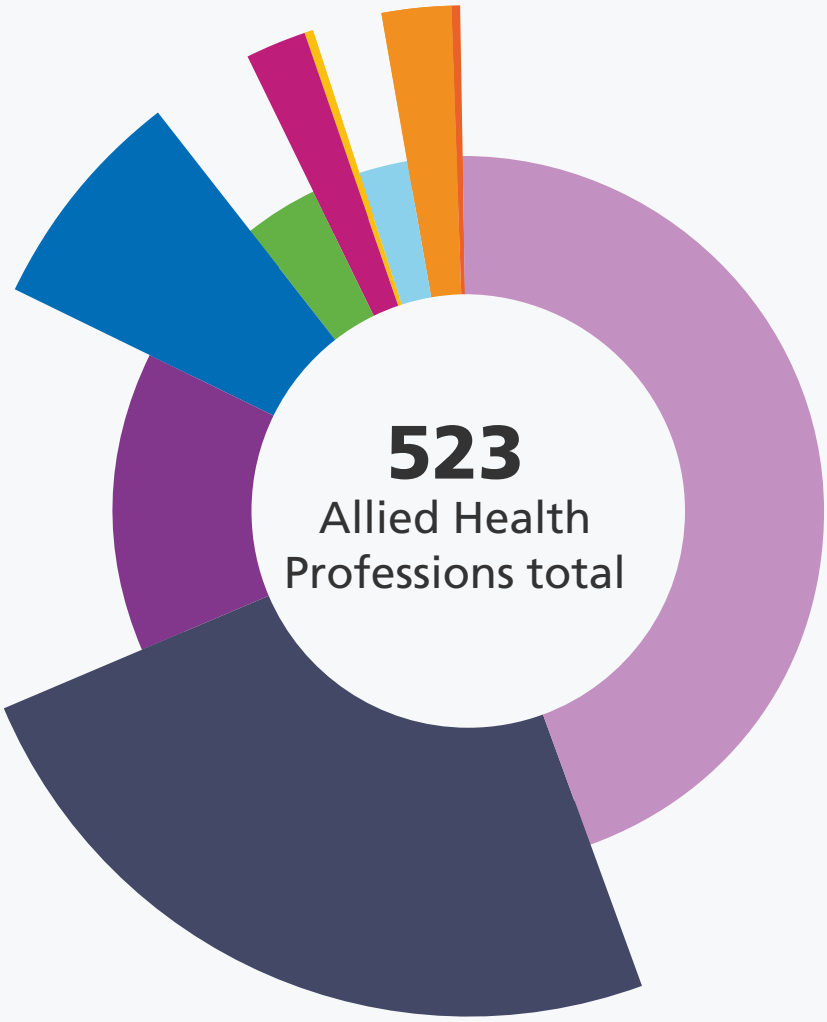
Administrative and clerical staff
1,447 (21.14%)

Additional clinical support staff
1,609 (23.51%)

Professional scientific and technical staff
948 (13.84%)

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

Allied health professionals broken down as follows



Occupational Therapy:	229
Physiotherapy:	131
Speech and Language Therapists:	71
Dietitians:	40
Podiatrists:	21
Paramedic:	10
Arts Therapists	6
Other	1
Emergency Care Practitoner	6
Multi Therapist Manager	7
Orthopist	1

Workforce diversity: gender, ethnicity and disability

Rounded up to the nearest whole time equivalent

Gender

5,387 identified as female:

78.71%

1,458 identified as male:

21.29%

Grand Total: 6845

This data is taken from the Trust's electronic staff record (ESR), which only has the capacity to record male and female characteristics. As a Trust, however, we recognise the huge diversity around gender equality and support colleagues to bring their true selves to work.

Ethnicity

4,518 identified as white:

66.01%

2,036 identified as Black, Asian and Minority Ethnic group:

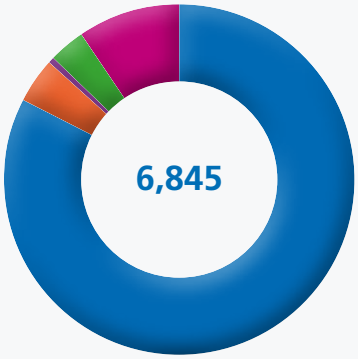
29.74%

291 unknown:

4.25%

Disability

- **291** did *not* declare a disability
- **5,660** No disabilty
- **216** Unpecified
- **645** declared a disability:
- **33** Prefer Not to say



Keeping our promises to our staff

How we scored in the national **NHS staff survey results** in 2025

Despite the significant challenges that faced the NHS as everyone worked to recover services, our staff survey results held up well:

● **2023**
● **2024**
● **2025**

We are compassionate and inclusive

We are recognised and rewarded

We each have a voice that counts

We are safe and healthy

We are always learning

We work flexibly

We are a team

Staff engagement

Staff morale

**All scores are out of a maximum of 10*

Our money

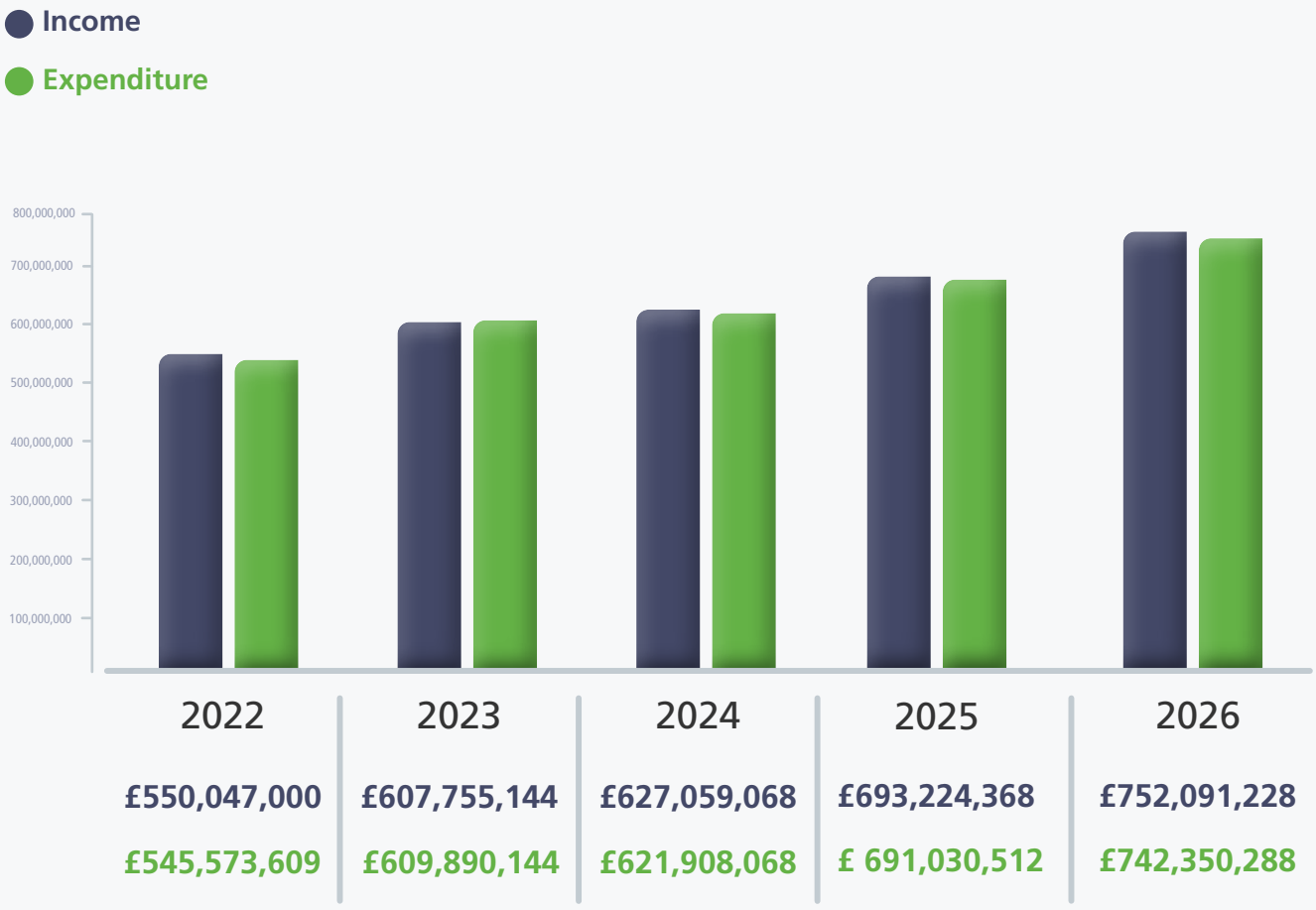
We spend taxpayers money and not only are we accountable for how, where and when that money is spent, we need to be transparent so both local people and those who regulate our services can see that our funding is spent wisely.

Below are three infographics – one each for our income and expenditure over time, as well as how that expenditure is spent – by each of the Trust's service directorates and by category.

Our finances

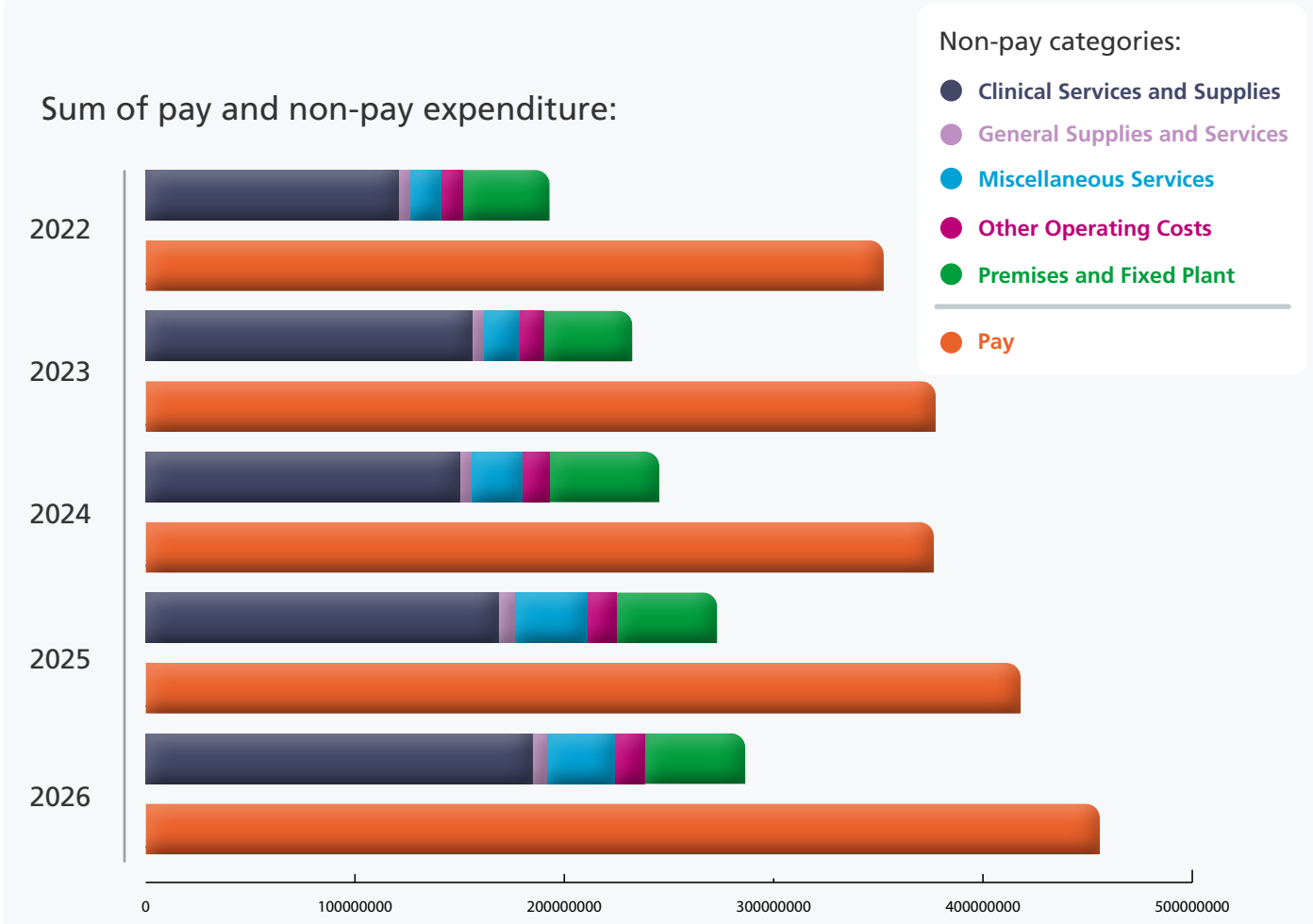
The total amount of income we receive and spend, over time.

Income and expenditure by financial year:



Our funding

How we spend the funding we receive on paying our staff and the key non-pay spending categories



	2022	2023	2024	2025	2026
Clinical Services and Supplies	£121,130,793	£156,263,221	£150,443,570	£168,625,683	£184,869,452
General Supplies and Services	£5,050,811	£5,209,646	£5,045,773	£7,655,361	£6,871,438
Miscellaneous Services	£15,171,794	£17,270,687	£24,734,006	£34,718,933	£32,093,054
Other Operating Costs	£10,063,269	£11,363,963	£12,768, 472	£13,887,038	£14,551,417
Premises and Fixed Plant	£41,565,479	£42,394,760	£52,399,833	£48,150,780	£48,104,373
Pay	£352,591,462	£377,388,137	£ 376,526,414	£ 417,992,717	£ 455,860,552

Our services

What each of our main directorates spend on services

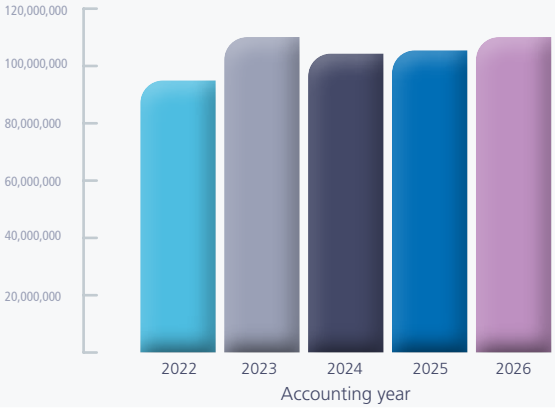
Our main directorates are:

- Community services
- Corporate
- Mental health
- Provider collaborative commissioning
- Research and development
- Other

Accounting year

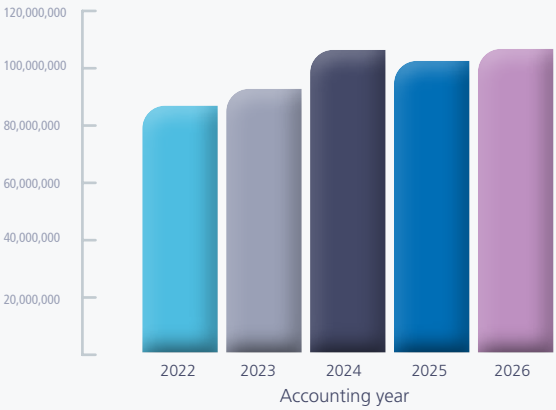
- 2022
- 2023
- 2024
- 2025
- 2026

Community services



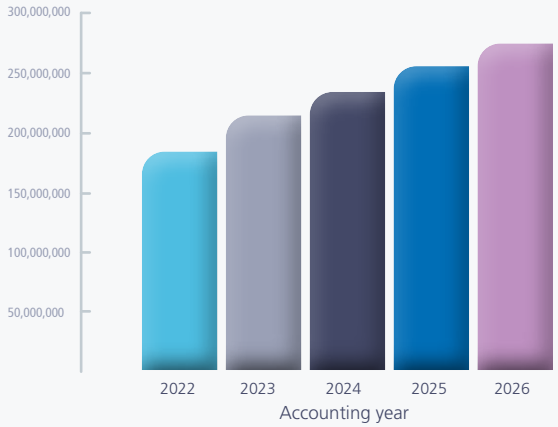
- £110,102,872
- £105,480,322
- £104,359,972
- £110,104,900
- £94,989,691

Corporate*



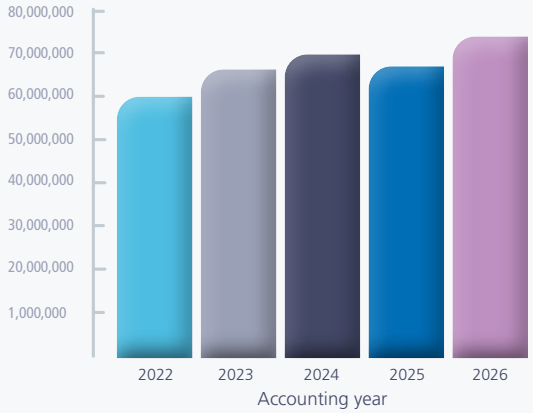
- £105,974,050
- £101,790,308
- £105,618,478
- £92,027,703
- £86,156,574

Mental health



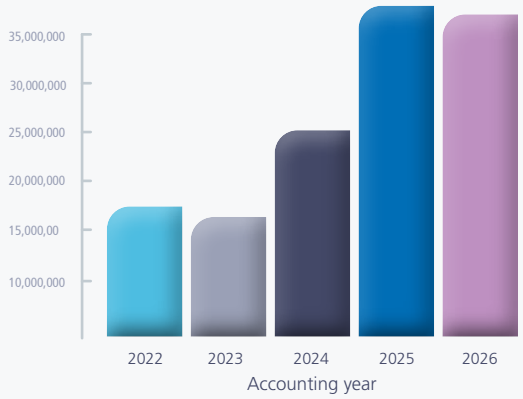
- £284,960,440
- £265,130,546
- £242,648,434
- £222,207,438
- £190,649,207

Provider collaborative commissioning



- £74,841,372
- £67,895,137
- £70,679,006
- £67,183,668
- £60,842,173

Research and development*



- £32,798,971
- £33,674,371
- £21,001,531
- £12,172,888
- £13,248,734

Increase in costs due to new funding for new projects.

Other*

- £133,672,583
- £116,223,448
- £77,600,646
- £106,193,548
- £99,687,230

Increase in costs due to change in the pension adjustment going from 6.3% to 9.4%; a £10M increase. There was also a £25M increase in drug expenditure at Oxford Pharmacy Store.

Oxford Health Volunteer Programme

Oxford Health NHS Foundation Trust aims to involve volunteers across the Trust in supporting patients, staff, carers and families in an ever-evolving variety of roles. Each of our volunteers provides support to those receiving care through the Trust -whether that is through gardening activities to improve the physical environment; engaging in fundraising or community activities to increase awareness and funds available to enhance our services; or through day to day befriending and activity roles in our hospitals, enriching the experience of patients and carers. A Volunteer's contribution makes a difference to us all.

This past four years we have had the opportunity to grow the Volunteer Programme as a dedicated team, developing new and innovative roles, celebrating our Volunteers and sharing stories of who they are and what they do every day.

We are supporting Volunteers on their journey whatever their motivation is for Volunteering. Our longest standing Oxford Health Volunteer has been with us for more than twelve years.

- The Volunteer team sits within the **Oxford Health Charity** and **Involvement Team** in the Corporate Affairs directorate.
- 1st April 2024-31st March 2026 – **43 new starters** recruited with a total of **142 Volunteers** active in this period.
- 1st April 24-31st March 26 – **13 volunteers** left roles due to employment, 5 went into education..
- There are currently **39 different volunteer roles** active across Oxford Health.

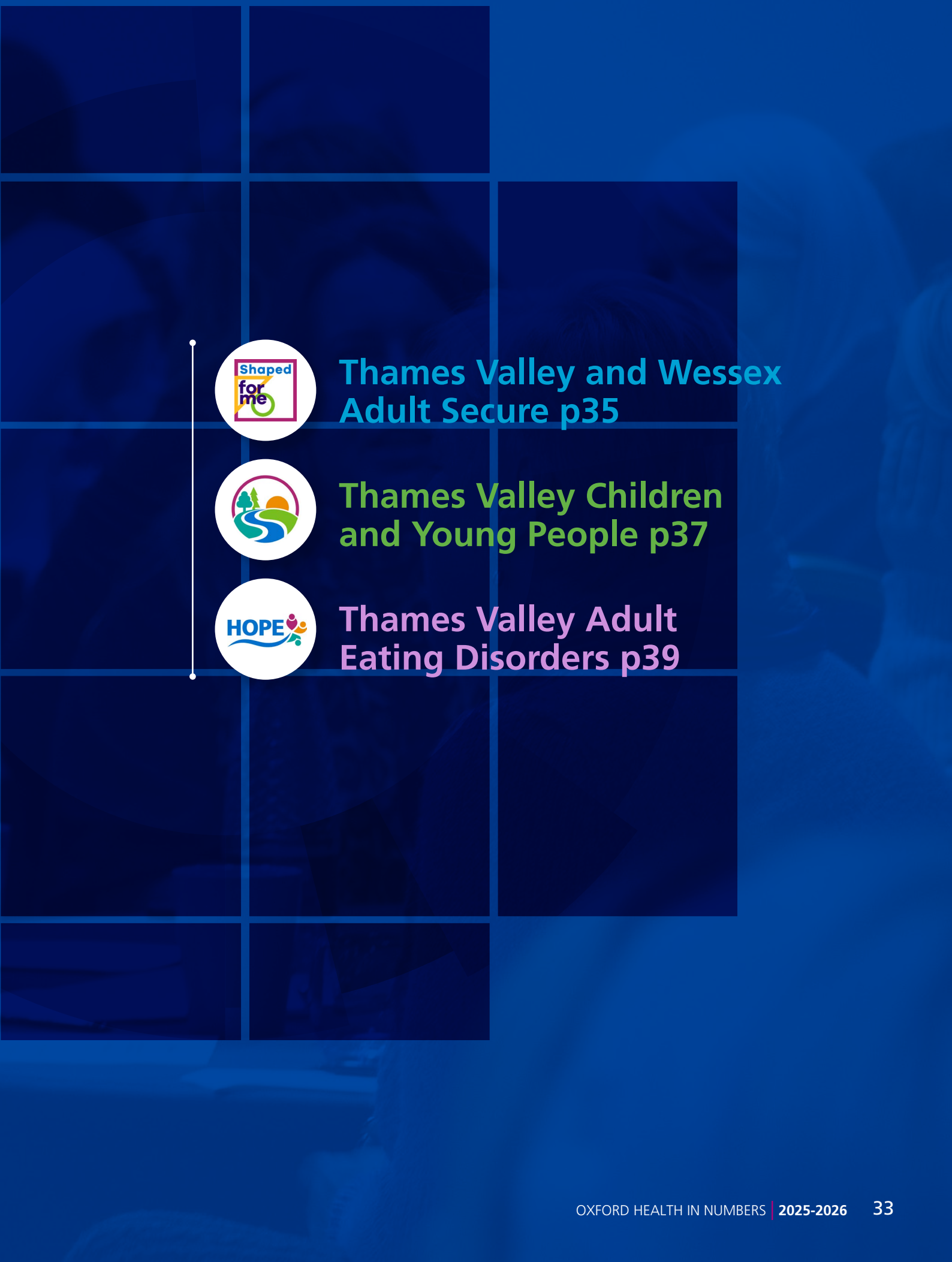
Our Provider Collaboratives

In their simplest form, NHS-led provider collaboratives are about different services working together to offer efficient, local, and more personalised care for people in their geographical area.

Oxford Health are the lead provider for three specialised mental health provider collaboratives. Each is focused on commissioning efficient, coordinated mental health services for people from within our local communities who are experiencing different mental health conditions. This includes specialised:

- **Low and medium secure adult mental health care**
- **Adult eating disorder services**
- **Mental health care for children and young people.**

Our three specialist provider collaboratives aim to make mental health care more local, better connected, and efficient, ensuring people get the support they need closer to home, in the least restrictive way and by reducing the need for hospital stays.

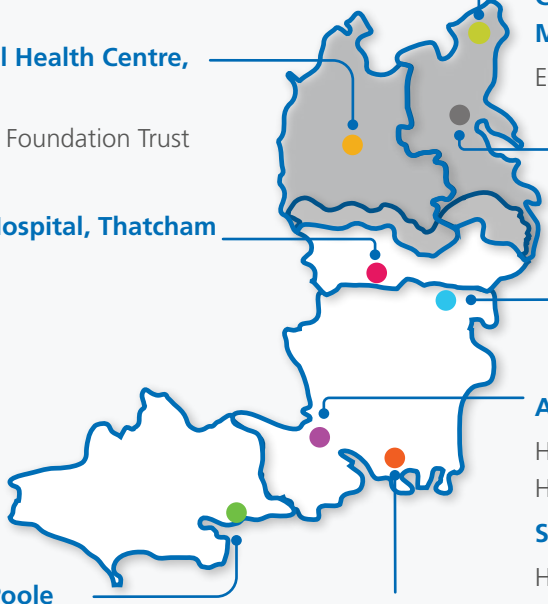


Thames Valley and Wessex Adult Secure p35

Thames Valley Children and Young People p37

Thames Valley Adult Eating Disorders p39

Our Provider Collaboratives



Marlborough House, Milton Keynes
Oxford Health NHS Foundation Trust

Chadwick Lodge, Milton Keynes
Elysium Healthcare

Littlemore Mental Health Centre, Oxford
Oxford Health NHS Foundation Trust

Woodlands House, Aylesbury
Oxford Health NHS Foundation Trust

Thornford Park Hospital, Thatcham
Elysium Healthcare

Mildmay Oaks, Hook
Priory Group

Ashford, Southampton
Hampshire and Isle of Wight Healthcare NHS Foundation Trust

Southfield, Southampton
Hampshire and Isle of Wight Healthcare NHS Foundation Trust

Dorset Forensic Service, Poole
Dorset Healthcare University NHS Foundation Trust

Ravenswood House, Fareham
Hampshire and Isle of Wight Healthcare NHS Foundation Trust

Thames Valley and Wessex Adult Secure

Total Admissions – 133[1]
- Low Secure Unit (LSU) – 51[2]
- Medium Secure Unit (MSU – 82[3]

FY 25
1 (99) | 2 (30) | 3 (69)

Average Length of Stay (LoS)

Completed episodes of care 1st April 2025 – 31st March 2026 (excl. LD/A)
- LSU – 626[1] days
- MSU – 82[2] days

FY 25
1 (709) | 2 (232)

Total Beds in network – 500
- NHS provision – 276
- Independent – 224
  - MSU –192
  - LSU – 308

Total Occupied Bed Days (OBDs) – 275,721[1]
- LSU –167,075[2] days
- MSU –108,646[3] days

FY 25
1 (211,946) | 2 (137,969) | 3 (73,977)

Numbers in brackets are FY25

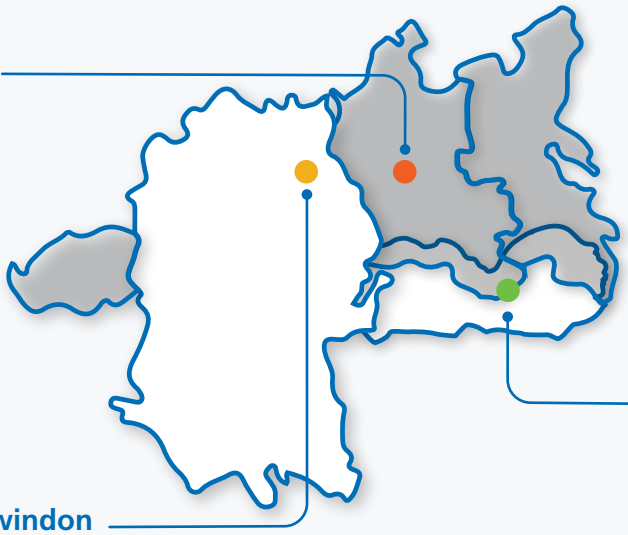
Our Provider Collaboratives

Meadow PICU, Oxford

Oxford Health NHS Foundation Trust

Highfield Unit, Oxford

Oxford Health NHS Foundation Trust



Phoenix CAMHS, Wokingham

Berkshire Healthcare NHS Foundation Trust

Marlborough House, Swindon

Oxford Health NHS Foundation Trust

Thames Valley Children and Young People

Total Admissions 179[1]

- Inpatient – 118[2] (max caseload of 26 inpatients at any one time)
- Alternative to admission – 61[3] (max caseload – 32 px at one time)

FY 25
1 (114) | 2 (88) | 3 (26)

Average Length of Stay (LoS)

Completed episodes of care 1st April 2025 – 31st March 2026

- Inpatient – 217[1] days average
- Alternative to admission – 110[2] days average

FY 25
1 (313) | 2 (119)

Occupied Bed Days (OBDs)

- Inpatient – 4,465[1] days
- Alternative to admission – 1,993[2] days

FY 25
1 (5,356) | 2 (1,629)

Network capacity –

- Inpatient – 36
- Alternative to admission – 32 (**12**x ED **4**x LDA **16**xDay hospital)

Numbers in brackets are FY25

Our Provider Collaboratives

Cotswold House, Oxford

Oxford Health NHS Foundation Trust

Cotswold House, Marlborough

Oxford Health NHS Foundation Trust

Priory Hospital, Marlow

The Priory Group

Thames Valley Adult Eating Disorders

Total Admissions –141[1]

- Inpatients – 67[2]
- Alternative to admission – 74[3]

FY 25
1 (137) | 2 (75) | 3 (62)

Average Length of Stay (LoS) -137[1]

Completed episodes of care 1st April 2025 – 31st March 2026

- Inpatient – 60[2] days
- Alternative to admission – 77[3] days

FY 25
1 (152) | 2 (88) | 3 (64)

Beds in network

- NHS provision – 26
- Independent* – 14
  - Inpatient – 40
  - Alternative to admission – 9

Occupied Bed Days (OBDs)

- Inpatient – 3,620[1]
- Alternative to admission – 1,073[2]

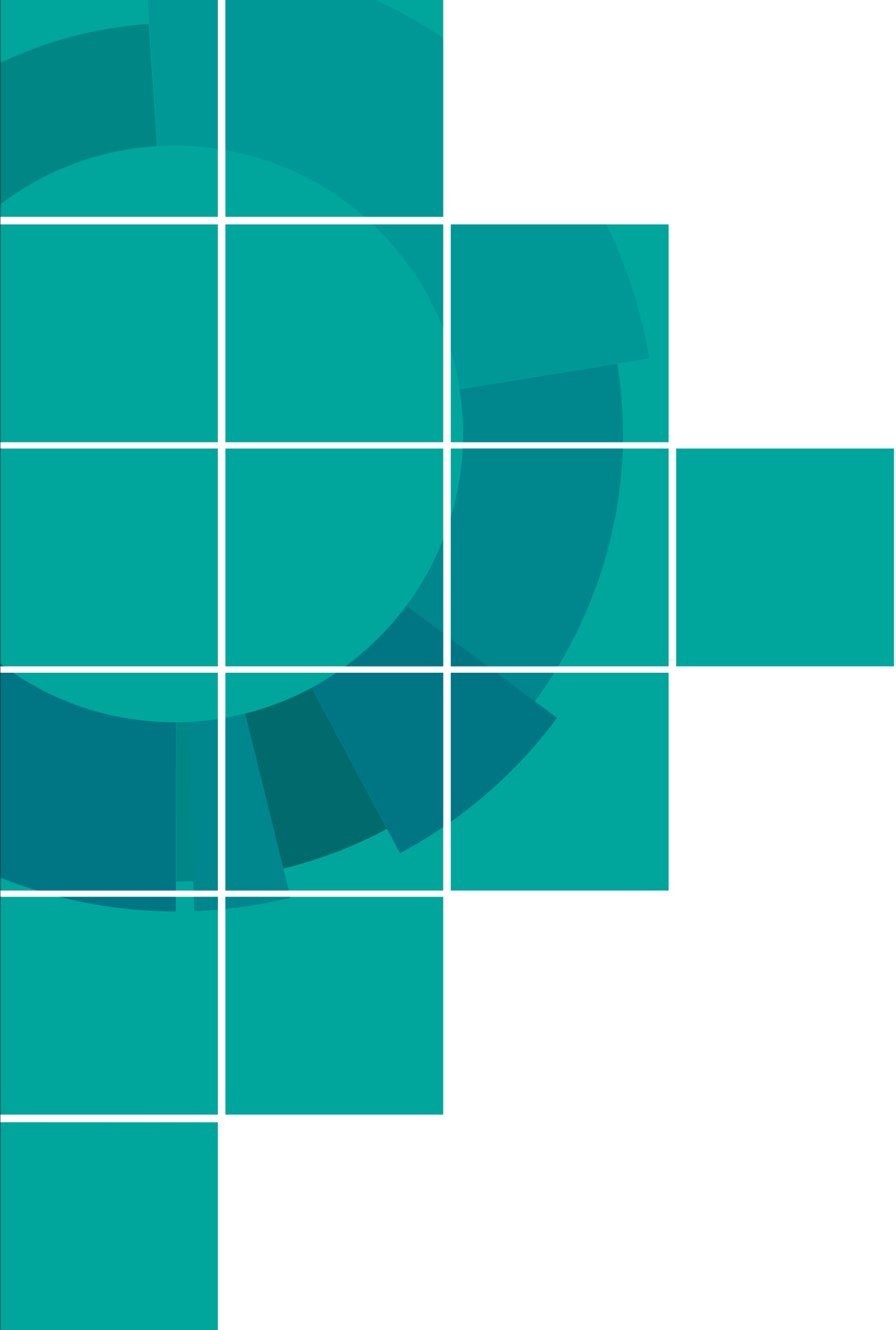
FY 25
1 (3,066) | 2 (604)

*Priory Marlow ceased to be commissioned as a Specialist Eating Disorder Unit in November 2025. It was commissioned for 14 beds.

Find out more

To find out more about Oxford Health and the services provided by our staff, visit our website:

www.oxfordhealth.nhs.uk



Integrated Performance Report (IPR): July 2026

May 2026 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

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

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

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

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

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

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

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

*National Oversight Framework (NOF) – see page 5 for details.
Scored NOF metrics are marked with the following icon: NOF
Contextual NOF metrics are marked with the following icon: NOF

Guides to interpreting Statistical Process Control (SPC) charts and Data Quality indicators, and rules of exception reporting can be found in General Appendices section starting on page 77.

Section 1
NHS Oversight Framework – overview

NHS Oversight Framework 2025/26 – Overview (1/2)

The NHS Oversight Framework (NOF) 2025/26 sets out how NHS England will assess and support NHS Foundation Trusts over the year. It is designed to provide a clear and consistent view of performance, focusing on financial sustainability, operational delivery, quality of care, and leadership capability. Under the framework, Foundation Trusts continue to be placed into one of five oversight "segments" that reflect the level of support or intervention required. The 2025/26 iteration narrows the performance metrics used, with particular emphasis on financial balance and delivery against national priorities; trusts in deficit or reliant on financial support cannot be rated in the highest segments. In addition, NHS England has introduced a Provider Improvement Programme for the most challenged organisations and a provider capability assessment covering domains such as governance, leadership and operational resilience. For Foundation Trusts, the framework is therefore both a performance management tool and a structured route to targeted support where it is most needed.

Metric categories for Segment determination are grouped into six domains, five of which are scoring (i.e. they contribute directly to the organisational delivery score used for segmenting) and one of which is contextual (used for oversight/planning, but not part of the scored segment). The six domains are:

1. Access to services
2. Effectiveness and experience of care
3. Patient Safety
4. People and workforce
5. Finance and productivity
6. Improving Health and Reducing inequality (this domain is entirely contextual for 2025 – 26)

Each scored metric is given a score 1 to 4 (1 = high performance, 4 = low) based on defined benchmarks and relative performance among similar trusts. Scores across metrics are averaged to give domain scores and an overall Organisational Delivery Score. There is a financial override – trusts in deficit or receiving deficit support cannot be placed in segment higher than 3, regardless of their other metric performance. The Oversight Segments for NHS Foundation Trusts are:

- Segment 1 – maximum autonomy
- Segment 2 – targeted support
- Segment 3 – mandated support
- Segment 4 – significant support needs
- Segment 5 – Provider Improvement Programme (PIP)

NHS Oversight Framework 2025/26 – Overview (2/2)

Foundation Trusts are formally segmented once a year, providing a baseline assessment of performance and capability. However, segments are not fixed for 12 months; NHS England reviews data throughout the year and can re-segment a trust at any point if there is a material improvement or deterioration in areas such as finance, access, quality or leadership. Quarterly monitoring and provider capability reviews play a key role in determining whether a trust remains in its current segment or requires escalation or de-escalation. NOF League table provides a view of how each NHS trust is performing compared to one another (ranking).

For more information, please see [NHS England » NHS Oversight Framework and 2025/26] *and* [Home - NHS England Data Dashboard]

Oxford Health NHS Foundation Trust's NOF segmentation for Quarter 4 based on correct UCR data*:

* See the Addendum on page 9 of this Report for information on Segment change

Headlines	Q1 2025/26		Q2 2025/26		Q3 2025/26		Q4 2025/26	
	NOF score	Placement among peers	NOF score	Placement among peers	NOF score	Placement among peers	NOF score	Placement among peers
Segment	1 (High performing)		1 (High performing)		2 (Above average)		2 (Above average)	n/a
Average metric score	2.03		2.06		2.21		2.36	
Financial override	No		No		No		No	
Is the organisation in the Recovery Support Programme?	No		No		No		No	
Ranking among Non-Acute hospital trusts	13 out of 61		15 out of 61		21 out of 61		n/a	

Green – High performing (NOF score 1 – 1.99)
Light green – Above average (NOF score 2 – 2.99)
Pink – Below average (NOF score 3 – 3.99)
Red – Low performing (NOF score 4)

- peer average (South East region)

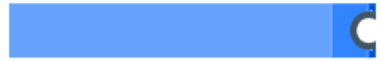
NHS Oversight Framework 2025/26 – dashboard (scored metrics) – quarter 4

Domain	Metric	Metric score	Metric ranking	Metric reporting period	Metric value	Metric value change*	Average value (other providers)	NOF score	NOF score placement (national distribution)
Access to services	Percentage of patients waiting over 52 weeks for community services	3.6	38 out of 42	Mar-26	18.15%	↓	0.19	2.67	
	Annual change in number of children and young people accessing NHS-funded Mental Health services	1.74	15 out of 50	Apr-25 - Mar-26 vs Apr-24 - Mar-25	13.78%	↑	8.76%		
Effectiveness and experience of care	CQC community mental health survey satisfaction rate	2	n/a	2025	.	n/a	.	2.52	
	Percentage of patients with >60-day length of stay (adult acute mental health; quarter)	3.49	39 out of 47	Q4 2025/26	31.34%	↓	24.52%		
	Urgent Community Response 2-hour performance (quarter) (corrected for final March 2026 data)*	2.08	24 out of 38	Q4 2025/26	85.9%	↓	87.18%		
Patient Safety	NHS Staff Survey - raising concerns sub-score	1.45	10 out of 61	2025	6.96	↑	6.66	1.81	
	Percentage of patient in mental health crisis to receive face-to-face contact within 24 hours	2.17	19 out of 45	Q4 2025/26	74.95%	↑	71.97%		
People and workforce	Sickness absence rate	2.03	12 out of 61	Q3 2025/26	5.44%	↓	6.22%	1.79	
	NHS Staff Survey engagement theme sub-score	1.55	12 out of 61	2025	7.21	↓	7.02		
Finance and productivity	Planned surplus/deficit score	1	9 out of 61	2025-26	0.67%	→	0.00%	1.96	
	Variance year-to-date to financial plan score	1	19 out of 61	Mar-26	0.65%	↑	0.49%		
	Relative difference in costs score	2.93	38 out of 61	2024-25	108.58	→	104.85		

- see dashboard on page 83 of this report for quarter 3 performance
↑ - improvement ↓ - regression → - no change

* See the Addendum on page 9 of this Report for information on Segment change

NHS Oversight Framework 2025/26 – dashboard (contextual (non-scored) metrics) – quarter 4

Domain	Metric	Metric reporting period	Metric value	Metric value change (compared to previous quarter)	Peer average	National value	NOF score placement (national distribution)
Access to services	Percentage increase in Overall access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses (rolling 12-month period compared with the previous year)	To Dec-25	17.72%	↓	12.04%	5.09%	
Access to services	Proportion of patients with an open suspected autism referral that has been open for at least 13 weeks that have not had a care contact appointment recorded	Dec-25	98%	→	99%	98%	
Patient safety	Rate of restrictive interventions use per 1,000 bed days	To Mar-26	71	↓	27	27.5	
People and workforce	National Education and Training Survey "Overall experience" score	2025	82.33%	↑	77.18%	78.21%	
Improving health and reducing inequality	Percentage of inpatients aged 65 years and over with a length of stay at discharge exceeding 90 days	Dec-25	24.64%	↑	41.35%	39.01%	

* - see dashboard on page 83 of this report for quarter 3 performance

↑ - improvement ↓ - regression → - no change

NHS Oversight Framework 2025/26 – published dashboard (addendum) – quarter 4

Domain	Metric	Metric score	Metric ranking	Metric reporting period	Metric value	Metric value change*	Corrected position using expected final data is the CSDS system	Note
Effectiveness and experience of care	Urgent Community Response 2-hour performance (quarter)	**4**	38 out of 38	Q4 2025/26	33.19%	↓	85.9%	Final data for March 2026 in Community Services Data Set (CSDS) system had a fix applied to it that corrected part of the data error and positions the Trust in **segment 2** based on its true performance.

Oxford Health NHS Foundation Trust's NOF segmentation and ranking on the latest public League table (11th June 2026; Quarter 4):

Headlines	Q1 2025/26		Q2 2025/26		Q3 2025/26		Q4 2025/26	
	NOF score	Placement among peers	NOF score	Placement among peers	NOF score	Placement among peers	NOF score	Placement among peers
Segment	1 (High performing)		1 (High performing)		2 (Above average)		3 (Below average)	
Average metric score	2.03		2.06		2.21		2.36	
Financial override	No		No		No		No	
Is the organisation in the Recovery Support Programme?	No		No		No		Information not available on Model Hospital	
Ranking among Non-Acute hospital trusts	13 out of 61		15 out of 61		21 out of 61		35 out of 61	

Section 2.1
Clinical performance (National Mental Health Standards)

Mental Health Services – Matrix (1/2)

Assurance

Variation	P	?	F	No target
H / L	• Improve access to mental health support for children and young people (CYP) – Buckinghamshire, Oxfordshire and Bath & North East Somerset, Swindon and Wiltshire • Talking Therapies - % of people receiving first treatment appointment within 18 weeks of referral – Buckinghamshire • Talking Therapies - Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) – Buckinghamshire	• CYP - Four (4) week wait (interim metric - one meaningful contact within pathway) – Buckinghamshire • CYP - % referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Bath & North East Somerset, Swindon and Wiltshire (rolling 3 months position) • CYP - % referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Bath & North East Somerset, Swindon and Wiltshire (rolling 3 months position) • Talking Therapies - Reliable improvement rate for those completed a course of treatment adult and older adults combined - Buckinghamshire		
	• Talking Therapies - % of people receiving first treatment appointment within 6 weeks of referral – Buckinghamshire and Oxfordshire	• CYP - Four (4) week wait (interim metric - one meaningful contact within pathway) – Oxfordshire and Bath & North East Somerset, Swindon and Wiltshire • Talking Therapies - Increase the number of adults and older adults completing a course of treatment for anxiety and depression – Buckinghamshire and Oxfordshire • Talking Therapies - Reliable improvement rate for those completed a course of treatment adult and older adults combined – Oxfordshire • Talking Therapies - Reliable recovery rate for those completed a course of treatment adults and older adults combined – Buckinghamshire and Oxfordshire • Talking Therapies - Meet and maintain at least 52% Talking Therapies recovery rate – Buckinghamshire and Oxfordshire • Talking Therapies - Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined – Buckinghamshire and Oxfordshire • Talking Therapies - Recovery rate for White British - complete a course of treatment, adult and older adult combined - Buckinghamshire and Oxfordshire		• Talking Therapies - % of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Oxfordshire
H / L	• **CYP - % referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Oxfordshire and Buckinghamshire (rolling 3 months position)** • **Talking Therapies - % of people receiving first treatment appointment within 18 weeks of referral – Oxfordshire**	• **CYP - % referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Buckinghamshire (rolling 3 months position)** • **Talking Therapies - Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) – Oxfordshire**	• **CYP - % referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Oxfordshire (rolling 3 months position)**	• Talking Therapies - % of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Buckinghamshire

Mental Health Services – Matrix (1/2)

Assurance

Variation	P	?	F	No target
H / L	• Improve access to perinatal mental health services - Oxfordshire (rolling 12 months) • Number of people accessing Individual Placement Support (IPS) – Buckinghamshire and Oxfordshire combined (rolling 12 months) • Response from Mental Health Psychiatric Liaison within 1 hour – Oxfordshire	• Trust level mental health services - % of patients responding that overall care was good or very good		
	• Improve access to perinatal mental health services - Buckinghamshire (rolling 12 months) • % of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral – Oxfordshire • Response from Mental Health Psychiatric Liaison within 1 hour – Buckinghamshire • Response from Mental Health Psychiatric Liaison within 24 hours – Buckinghamshire • 72 hour follow up for those discharged from mental health wards - Older Adults – Trust	• Adults - 4 week wait (28 days) standard (interim metric - two contacts within pathway) – Buckinghamshire and Oxfordshire • % of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral – Buckinghamshire • Response from Mental Health Psychiatric Liaison within 24 hours – Oxfordshire • Response from Mental Health Crisis Service within 24 hours (Urgent) – Oxfordshire and Buckinghamshire • Mean LoS for older adults (rolling 3 months) - Trust level • 72 hour follow up for those discharged from mental health wards - Adults – Trust • Trust level mental health inappropriate out of area placements - snapshot last day month • Trust level mental health services - % of patients report being involved in their care	• **Mean LoS for MH adult acute and PICU discharges (rolling 3 months) - Trust level**	• Trust level mental health inappropriate out of area - bed days in month • Trust level % adult acute readmission within 30 days for mental health • Trust level % older adult readmission within 30 days for mental health • Average number of clinically ready for discharge patients per day - Trust level
H / L				

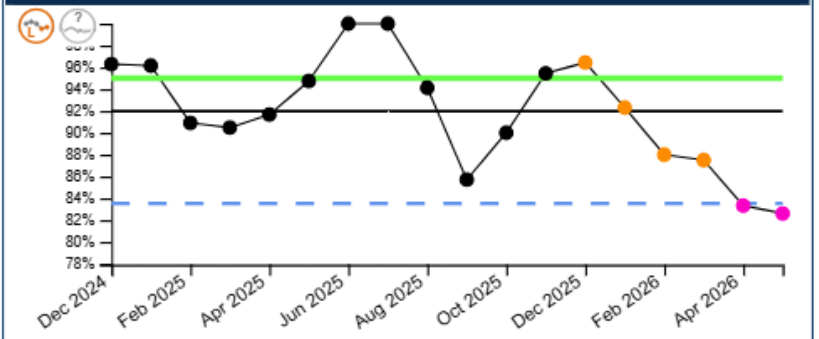
Mental Health Services – Children and Adolescent Mental Health Services - summary

S T P

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National	Improve access to mental health support for children and young people - Buckinghamshire	>=7765	May-26	8007		.	7014
National	Improve access to mental health support for children and young people - Oxfordshire	>=9055	May-26	9135		.	8587
National	Improve access to mental health support for children and young people - Bath & North-East Somerset, Swindon and Wiltshire	>=7260	May-26	7334		.	6681
National Strategic - Quality	Four (4) week wait (interim metric - one meaningful contact within pathway) - Buckinghamshire	>=62%	May-26	88.03%			71.46%
National Strategic - Quality	Four (4) week wait (interim metric - one meaningful contact within pathway) - Oxfordshire	>=62%	May-26	60.09%			56.55%
National Strategic - Quality	Four (4) week wait (interim metric - one meaningful contact within pathway) - Bath & North-East Somerset, Swindon and Wiltshire	>=62%	May-26	68.63%			
National	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Buckinghamshire (rolling 3 months position)	>=95%	May-26	82.61%			91.98%
National	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Oxfordshire (rolling 3 months position)	>=95%	May-26	72.00%			87.22%
National	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Bath & North-East Somerset, Swindon and Wiltshire (rolling 3 months position)	>=95%	May-26	90.77%			85.09%
National	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Buckinghamshire (rolling 3 months position)	>=95%	May-26	80.00%			96.78%
National	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Oxfordshire (rolling 3 months position)	>=95%	May-26	83.33%			97.11%
National	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Bath & North-East Somerset, Swindon and Wiltshire (rolling 3 months position)	>=95%	May-26	100%			90.33%

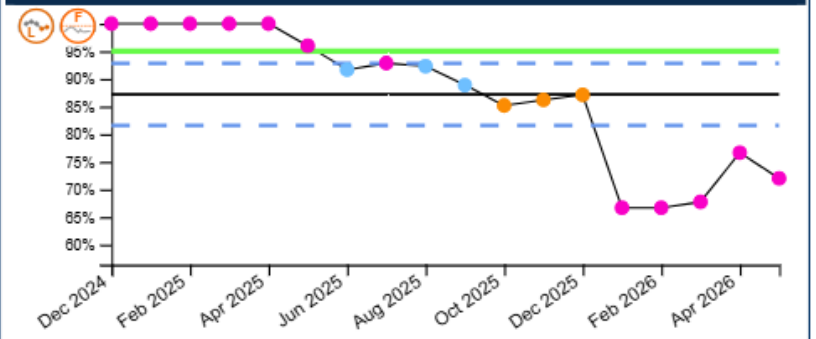
Mental Health Services – Children and Adolescent Mental Health Services

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



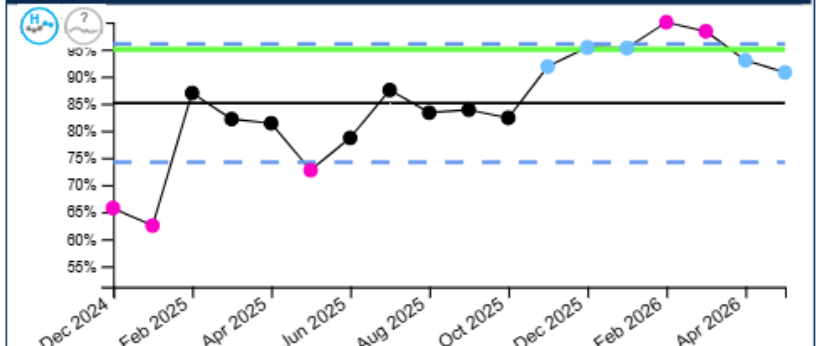
Target:	Month Year	Value	Numerator	Denominator	Median (days)
95%	May 2026	82.61 %	19	23	19

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



Target:	Month Year	Value	Numerator	Denominator	Median (days)
95%	May 2026	72.00 %	18	25	20

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



Target:	Month Year	Value	Numerator	Denominator	Median (days)
95%	May 2026	90.77 %	59	65	14

Understanding the performance

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, 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 May 2026 performance includes March, April and May 2026 performance. Patients who choose to be seen outside of the timeframe will still be counted as a breach. Eating Disorders referrals are not in scope of the Children and Young people (CYP) four (4) week wait measure. Nationally, performance for routine eating disorder cases in 2025/26 shows that, on average, 78.75% of referrals were seen within 28 days, based on the 3-month rolling metric.

- In Buckinghamshire, one (1) breached occurred in March 2026 due to transitioning to adult services, two (2) in April 2026 (one (1) due to patient choice and one (1) due to issues with Single Point of Access (SPA) triage process (patient seen on day 47)) and one (1) in May due to patient choice.
- In Oxfordshire, two (2) breaches occurred in March 2026 (one (1) due to patient choice and one (1) due to capacity (seen on day 35), three (3) in April due to capacity (demand exceeding the number of planned appointment slots; patients seen on days 28, 29 and 34) and 2 (two) in May due to capacity (demand exceeding the number of planned appointment slots; patients seen on days 42 and 56).
- In Bath & North East Somerset, Swindon and Wiltshire services, one (1) breach occurred in March 2026 due to patient choice, four (4) in April (two (2) due to patient choice and two (2) due to higher demand than planned appointment slots (patients seen on days 30 and 32)) and one (1) in May due to patient choice.

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

Actions (SMART)

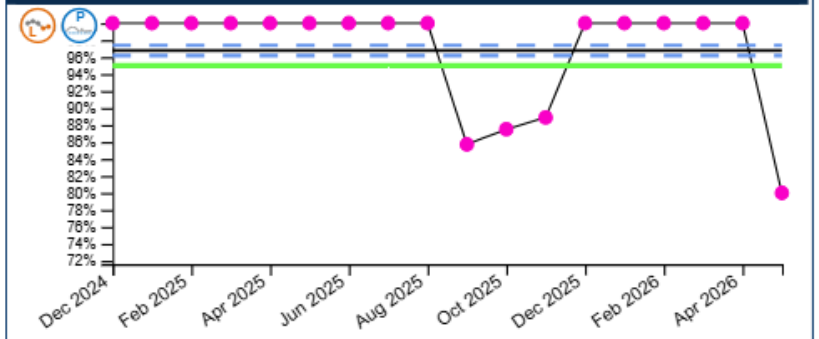
- Continuation of Internal team level performance monitoring and improvement meetings taking place regularly to support teams with data recording, reporting, identifying causes and solutions for improvement.
- Recruitment to vacancies in Oxfordshire's team
- Triage process change where it must be completed within two days of referral from Single Point of Access. This alongside the recruitment is expected to have a positive impact on performance in the next 3-6 months.

Risks

Delays in treatment can increase the likelihood of deterioration of mental and physical health as well as demand on emergency and inpatient services. Finally, longer than expected waiting times can lead to disengagement from young people and their families/carers, which in turn could undermine trust in services and worsen outcomes particularly for conditions like disordered eating where early and sustained therapeutic relationships are crucial.

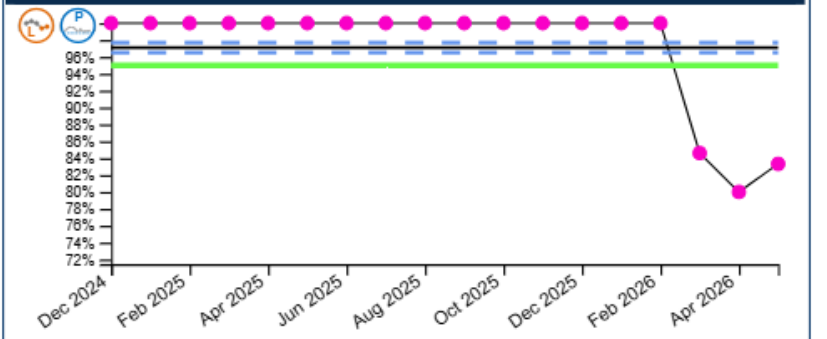
Mental Health Services – Children and Adolescent Mental Health Services

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



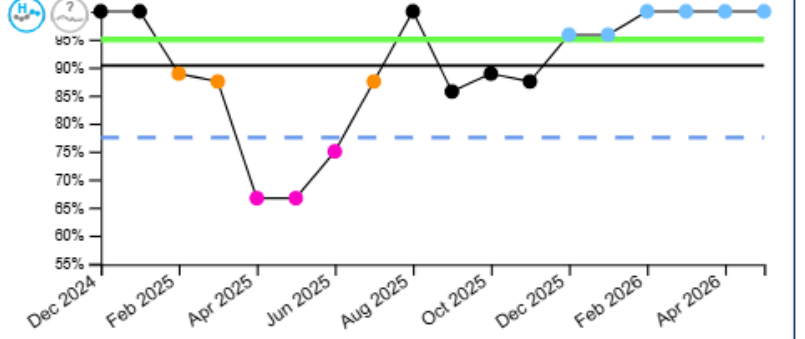
Target:	Month Year	Value	Numerator	Denominator	Median (days)
95%	May 2026	80.00 %	4	5	2

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



Target:	Month Year	Value	Numerator	Denominator	Median (days)
95%	May 2026	83.33 %	15	18	1

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



Target:	Month Year	Value	Numerator	Denominator	Median (days)
95%	May 2026	100.00 %	4	4	3

Understanding the performance

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, for the attended first appointment to count in the national waiting times, it must be outcomed and an appropriate SNOMED* intervention recorded. May 2026 performance includes March, April and May 2026 performance. Patients who choose to be seen outside of the timeframe will still be counted as a breach. Nationally, performance for urgent eating disorder cases in 2025/26 shows that, on average, 73.44% of referrals were seen within 7 days, based on the 3-month rolling metric.

Bath and North East Somerset, Swindon and Wiltshire service met the target in May 2026.

- In Buckinghamshire, one (1) breach occurred in May due to patient choice.

- In Oxfordshire, two (2) breaches occurred in March 2026 – one (1) due to patient choice and one (1) due to a mix of reasons (challenges with timely communication with patient and subsequently limited capacity - patient seen on day 22) and one (1) breach in April 2026 due to patient being in an inpatient setting and too unwell physically to be assessed during the timeframe in which the urgent appointment should have taken place. (seen on day 8). No breaches in May 2026.

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

Actions (SMART)

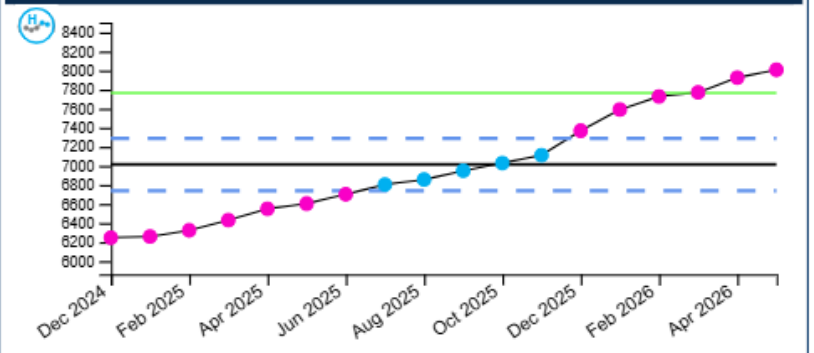
- Continuation of Internal team level performance monitoring and improvement meetings taking place regularly to support teams with data recording, reporting, identifying causes and solutions for improvement.
- Recruitment to vacancies in Oxfordshire's team
- Triage process change where it must be completed within two days of referral from Single Point of Access. This alongside the recruitment is expected to have a positive impact on performance within the next few months.

Risks

Delays in treatment can increase the likelihood of deterioration of mental and physical health as well as demand on emergency and inpatient services. Finally, longer than expected waiting times can lead to disengagement from young people and their families/carers, which in turn could undermine trust in services and worsen outcomes particularly for conditions like disordered eating where early and sustained therapeutic relationships are crucial.

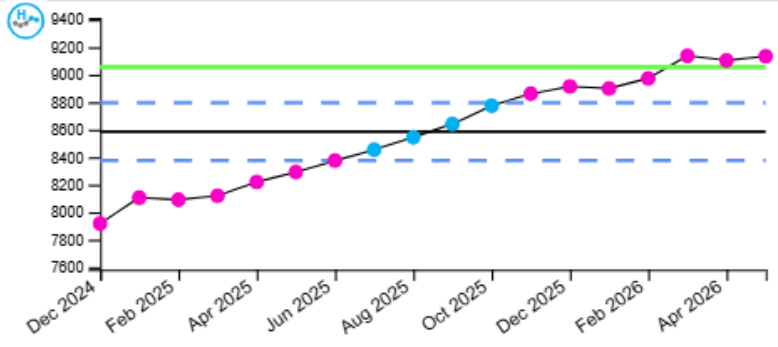
Mental Health Services – Children and Adolescent Mental Health Services - appendices

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



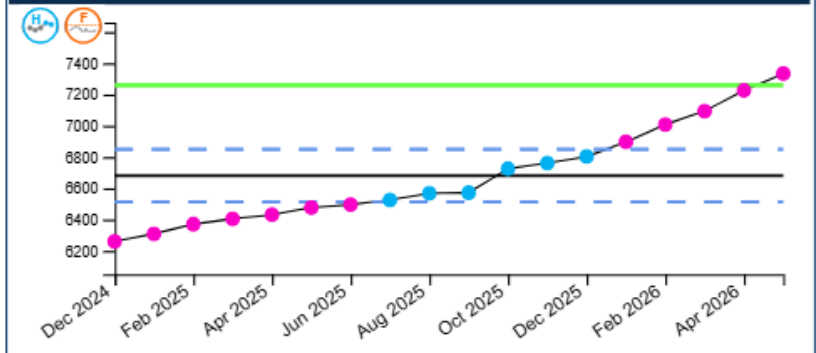
Target (Bucks sub ICB):	Month Year	Value
>=7765	May 2026	8,007

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



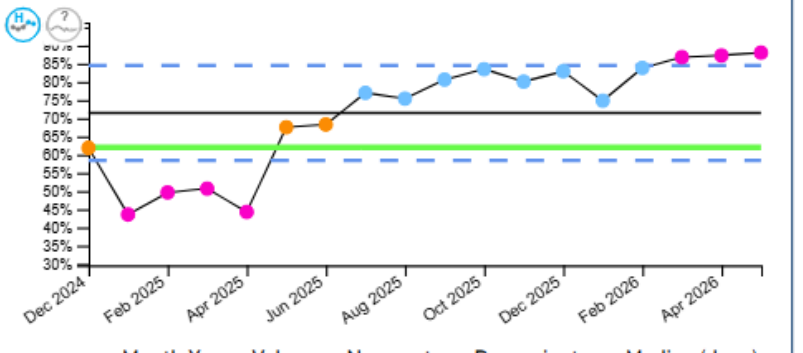
Target (Oxon sub ICB):	Month Year	Value
>=9055	May 2026	9,135

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



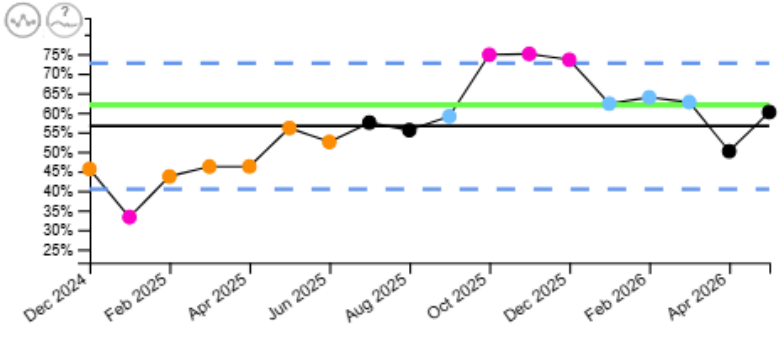
Target (BSW):	Month Year	Value
>=7260	May 2026	7,334

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



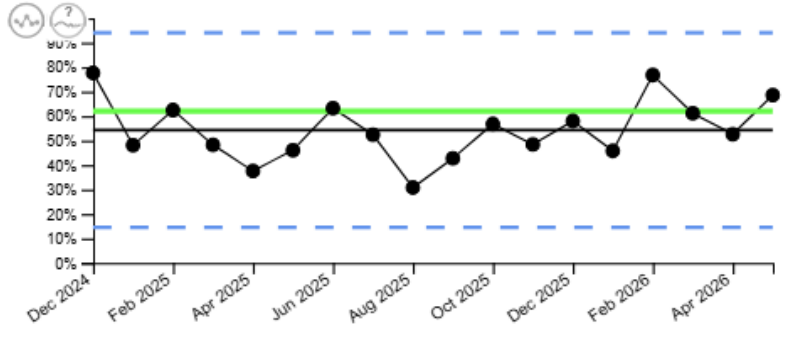
Target	Month Year	Value	Numerator	Denominator	Median (days)
>=62%	May 2026	88.03 %	434	493	7

Children and Young People 4 Week Wait Pathway Interim Metric - Oxfordshire



Target:	Month Year	Value	Numerator	Denominator	Median (days)
>=62%	May 2026	60.09 %	262	436	21

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



Target:	Month Year	Value	Numerator	Denominator	Median (days)
>=62%	May 2026	68.63 %	350	510	20

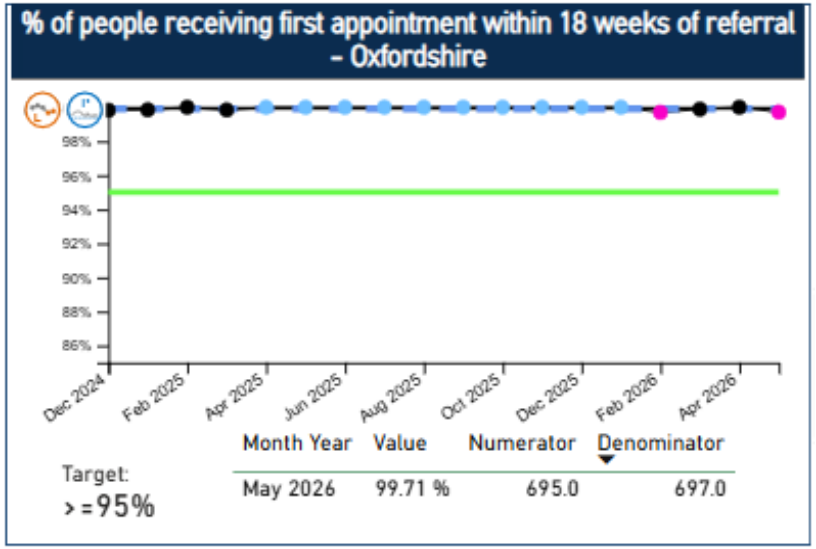
Mental Health Services – Talking Therapies- summary (1/2)

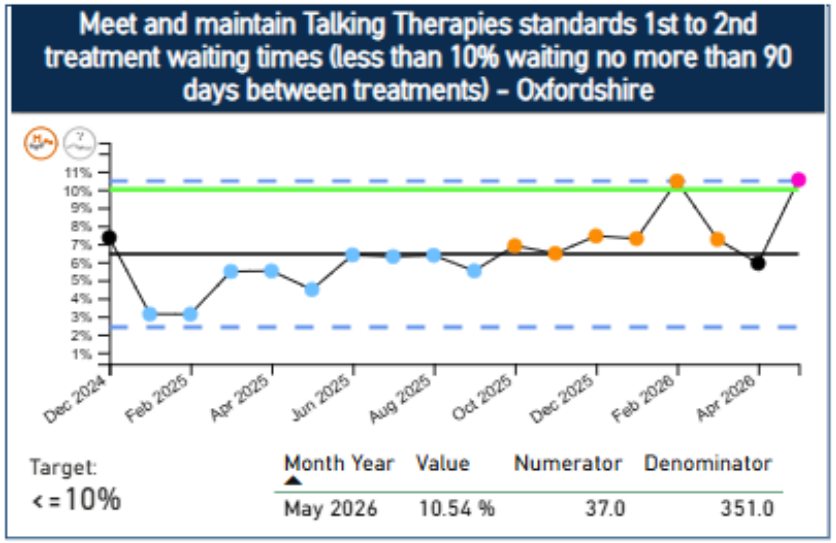
Type of metric	Service Area/Metric	Target	Latest reporting period	Measure	Variation	Assurance	Mean
National	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Buckinghamshire	>=497	May-26	566		?	640
National	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Oxfordshire	>=636	May-26	697		?	706
National	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Buckinghamshire	.	May-26	8.66%	L	n/a	10.75%
National	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Oxfordshire	.	May-26	7.17%		n/a	6.86%
National	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Buckinghamshire	>=68%	May-26	70.14%	H	?	67.72%
National	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Oxfordshire	>=68%	May-26	68.29%		?	67.86%
National	% of people receiving first treatment appointment within 6 weeks of referral - Buckinghamshire	>=75%	May-26	99.29%		P	98.11%
National	% of people receiving first treatment appointment within 6 weeks of referral - Oxfordshire	>=75%	May-26	99.20%		P	99.14%
National	% of people receiving first treatment appointment within 18 weeks of referral - Buckinghamshire	>=95%	May-26	100%	H	P	99.98%
National	% of people receiving first treatment appointment within 18 weeks of referral - Oxfordshire	>=95%	May-26	99.71%	L	P	99.93%
National	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) - Buckinghamshire	<=10%	May-26	0.62%	L	P	1.96%
National	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) - Oxfordshire	<=10%	May-26	10.54%	H	?	6.44%

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

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National NOF (scored)	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Buckinghamshire	>=50%	May-26	47.84%			50.62%
National NOF(scored)	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Oxfordshire	>=50%	May-26	49.49%			50.92%
National	Meet and maintain at least 52% Talking Therapies recovery rate - Buckinghamshire	>=52%	May-26	49.16%			53.43%
National	Meet and maintain at least 52% Talking Therapies recovery rate - Oxfordshire	>=52%	May-26	51.40%			54.26%
National	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined - Buckinghamshire	>=52%	May-26	39.87%			49.33%
National	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined - Oxfordshire	>=52%	May-26	46.86%			48.32%
National	Recovery rate for White British - complete a course of treatment, adult and older adult combined - Buckinghamshire	>=52%	May-26	54.08%			55.19%
National	Recovery rate for White British - complete a course of treatment, adult and older adult combined - Oxfordshire	>=52%	May-26	51.97%			55.04%

Mental Health Services – Talking Therapies





Understanding the performance

- The national expectation is that more than 95% of patients should be offered a first appointment within 18 weeks of referral. Oxfordshire's Talking Therapies service is currently performing well above the target. Due to consistent performance at near 100%, the upper and lower control limits of the statistical range are at very close proximity resulting in Making Data Count algorithm highlighting even the slightest variation. There is no true concern about the performance.

- The national expectation is that fewer than 10% of patients should experience a wait longer than 90 days between these contacts. In May 2026, Oxfordshire's Talking Therapies have reached the upper control limit triggering a review of contributory factors. No systemic risk has been identified at this stage; the majority of patients are being seen within three to four weeks between appointments.

Actions (SMART)

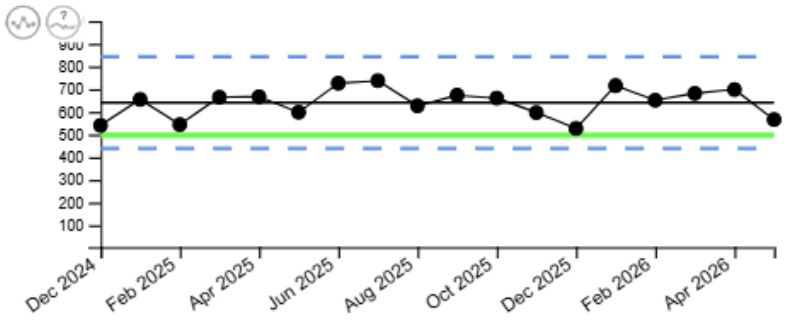
- Continuous monitoring at Service level

Risks

- Delays in receiving first appointment can worsen conditions like anxiety and depression, increasing severity and complexity.
- Longer gaps between appointments may be associated with disengagement, deterioration of symptoms and poorer recovery outcomes.

Mental Health Services – Talking Therapies - appendices

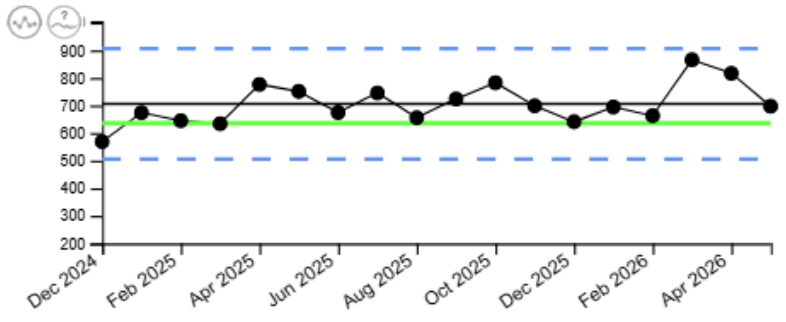
Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies - Buckinghamshire



Target:
>=497

Month Year	Value
May 2026	566.0

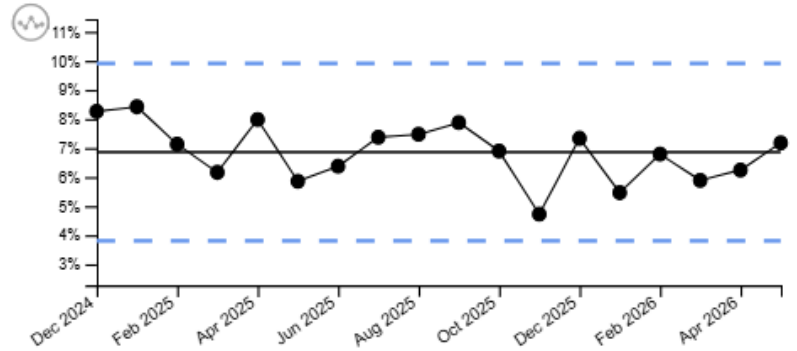
Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies - Oxfordshire



Target:
>=636

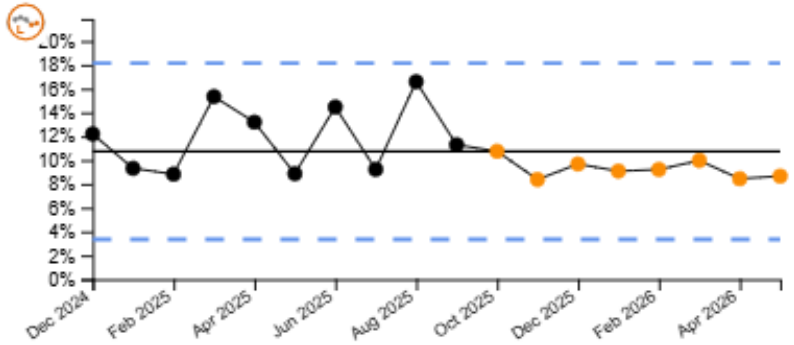
Month Year	Value
May 2026	697.0

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



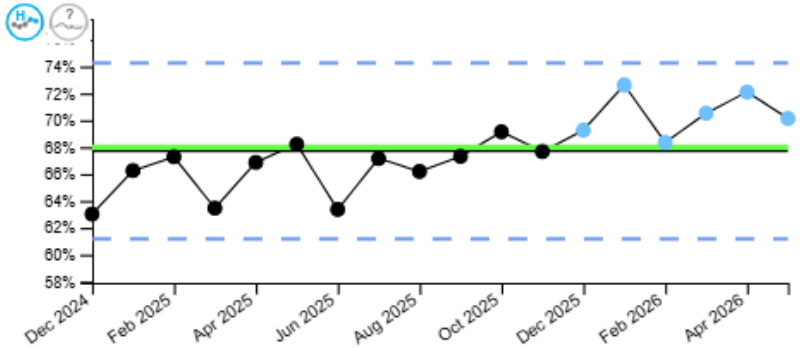
Month Year	Value
May 2026	7.17 %

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



Month Year	Value
May 2026	8.66 %

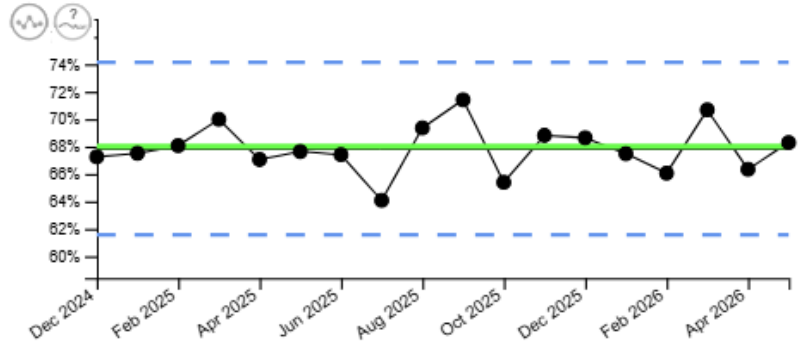
Reliable improvement rate for those completed a course of treatment adults and older adults combined - Buckinghamshire



Target:
Apr-Sep:
>=68%

Month Year	Value	Numerator	Denominator
May 2026	70.14 %	397.0	566.0

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

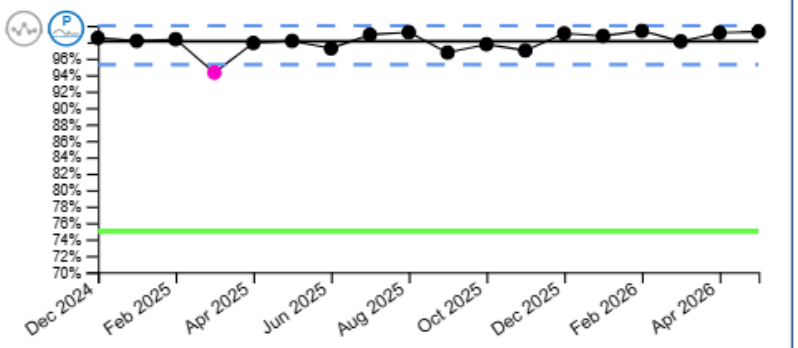


Target:
Apr-Sep:
>=68%

Month Year	Value	Numerator	Denominator
May 2026	68.29 %	476.0	697.0

Mental Health Services – Talking Therapies - appendices

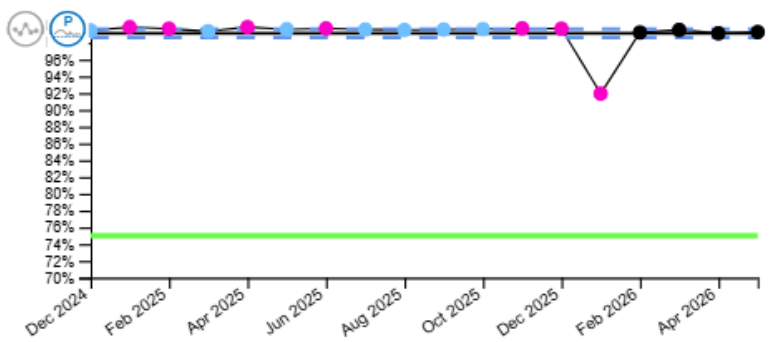
% of people receiving first treatment appointment within 6 weeks of referral – Buckinghamshire



Target: >=75%

Month Year	Value	Numerator	Denominator
May 2026	99.29 %	562.0	566.0

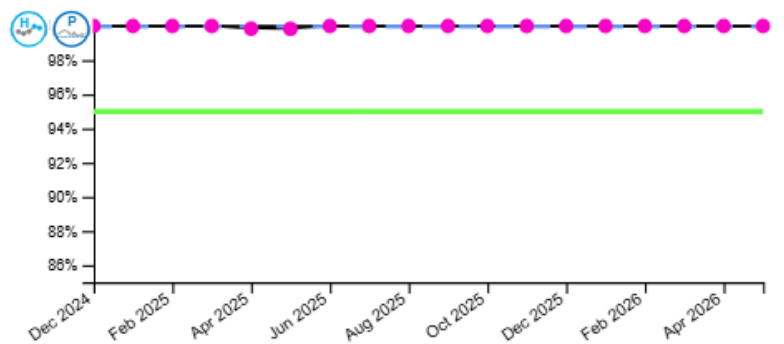
% of people receiving first treatment appointment within 6 weeks of referral – Oxfordshire



Target: >=75%

Month Year	Value	Numerator	Denominator
May 2026	99.28 %	692.0	697.0

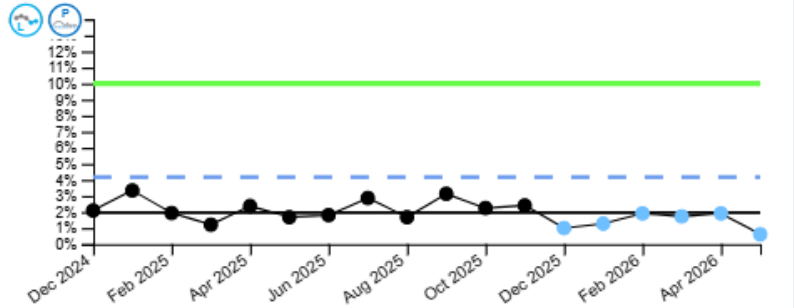
% of people receiving first appointment within 18 weeks of referral – Buckinghamshire



Target: >=95%

Month Year	Value	Numerator	Denominator
May 2026	100.00 %	566.0	566.0

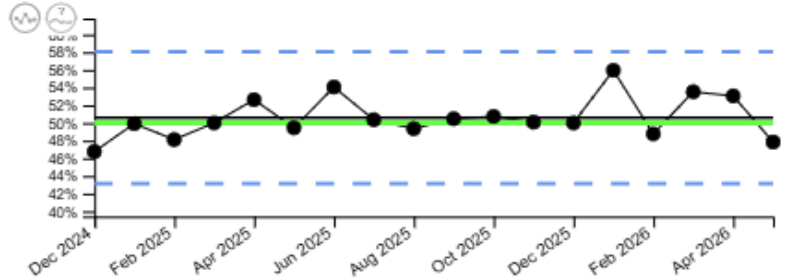
Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting no more than 90 days between treatments) – Buckinghamshire



Target: <=10%

Month Year	Value	Numerator	Denominator
May 2026	0.62 %	4.0	648.0

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

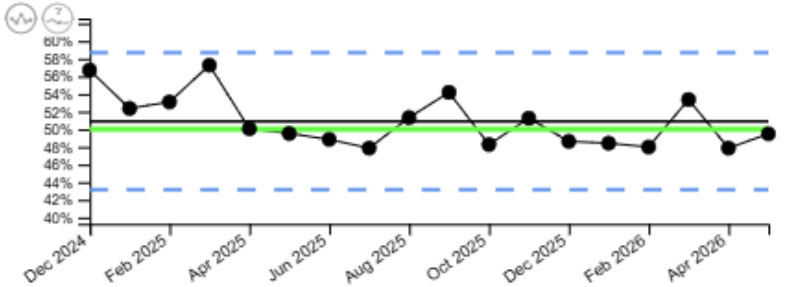


Target: Apr-Sep: >=50%

Month Year	Value	Numerator	Denominator
May 2026	47.84 %	255.0	533.0

NOF

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



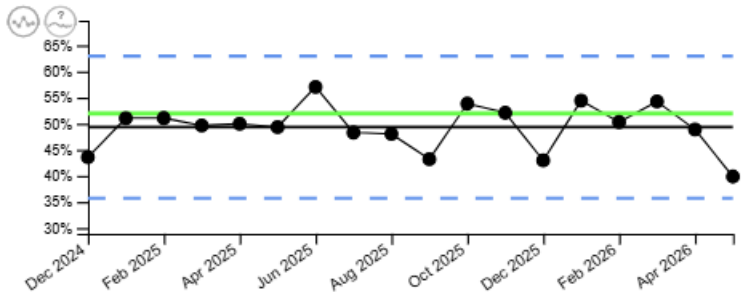
Target: Apr-Sep >=50%

Month Year	Value	Numerator	Denominator
May 2026	49.49 %	337.0	681.0

NOF

Mental Health Services – Talking Therapies - appendices

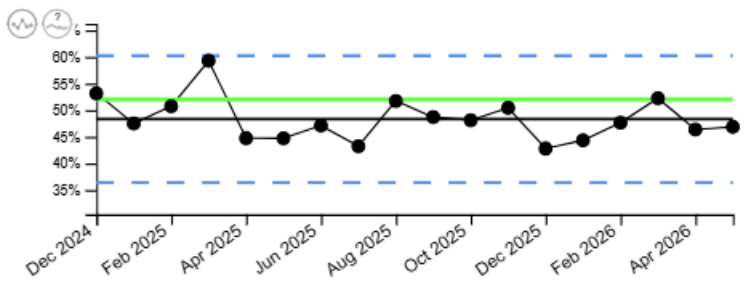
Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) (completed a course of treatment, adult and older adult combined) - Buckinghamshire



Target:
>=52%

Month Year	Value
May 2026	39.87 %

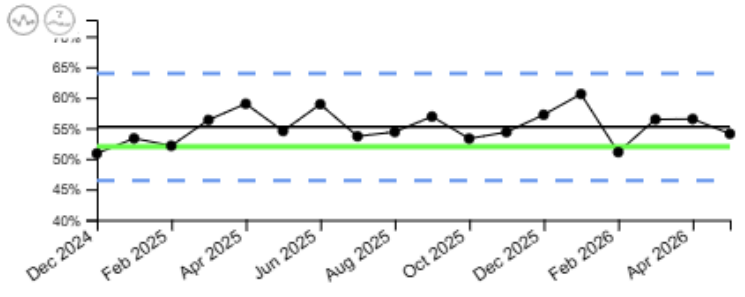
Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) (completed a course of treatment, adult and older adult combined) - Oxfordshire



Target:
>=52%

Month Year	Value
May 2026	46.86 %

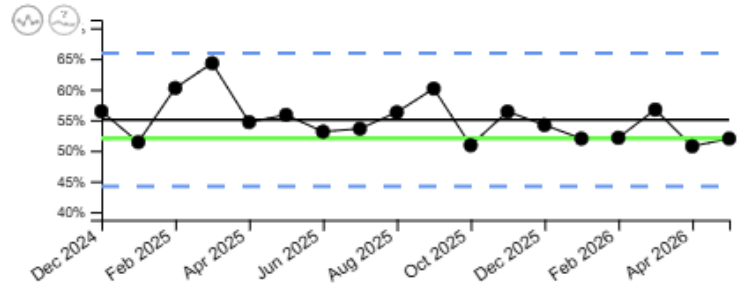
Recovery rate for White British (completed a course of treatment, adult and older adults combined) - Buckinghamshire



Target:
>=52%

Month Year	Value
May 2026	54.08 %

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



Target:
>=52%

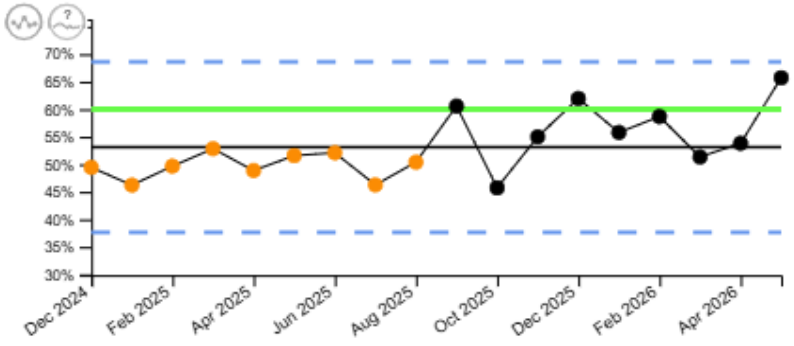
Month Year	Value
May 2026	51.97 %

Mental Health Services – Adult and Older Adult Community - summary

Type of metric	Service Area/Metric	Target	Latest reporting period	Measure	Variation	Assurance	Mean
National	4 week wait (28 days) standard (interim metric - two contacts within pathway) - Buckinghamshire	>=60%	May-26	65.72%		?	53.11%
National	4 week wait (28 days) standard (interim metric - two contacts within pathway)- Oxfordshire	>=60%	May-26	75.38%		?	65.70%
National	Improve access to perinatal mental health services - Buckinghamshire (rolling 12 months)	>=390	May-26	378		.	379
National	Improve access to perinatal mental health services - Oxfordshire (rolling 12 months)	>=663	May-26	708	H	.	586
National	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral - Buckinghamshire	>=60%	May-26	50.00%		?	76.72%
National	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral - Oxfordshire	>=60%	May-26	100%		P	94.78%
National	Number of people accessing Individual Placement Support (IPS) - Buckinghamshire (rolling 12 months)	>=334	May-26	314		.	318
National	Number of people accessing Individual Placement Support (IPS) - Oxfordshire (rolling 12 months)	>=587	May-26	614	H	.	480
National	Recover dementia diagnosis rate (nationally reported system measure - Buckinghamshire)	>=63%	April and May data not published nationally yet				
National	Recover dementia diagnosis rate (nationally reported system measure - Oxfordshire)	>=63%	April and May data not published nationally yet				
National	Deliver annual physical health checks to people with Severe Mental Illness (System Measure - Buckinghamshire)	>=60%	Q4	55.43%	n/a	n/a	54.35%
National	Deliver annual physical health checks to people with Severe Mental Illness (System Measure - Oxfordshire)	>=60%	Q4	54.01%	n/a	n/a	42.72%

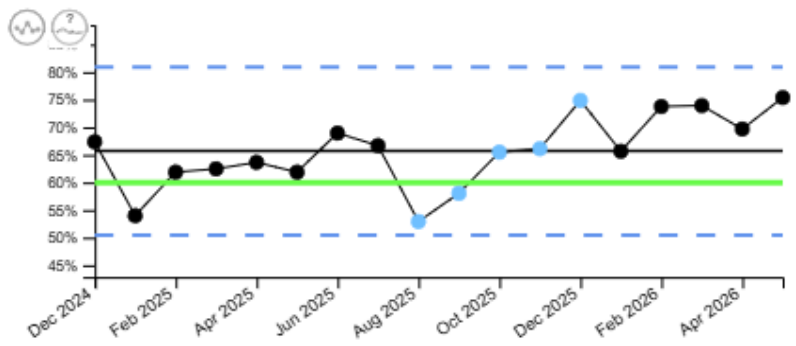
Mental Health Services – Adult and Older Adult Community - appendices

Community Mental Health 4 Week Wait Pathway interim metric – Buckinghamshire



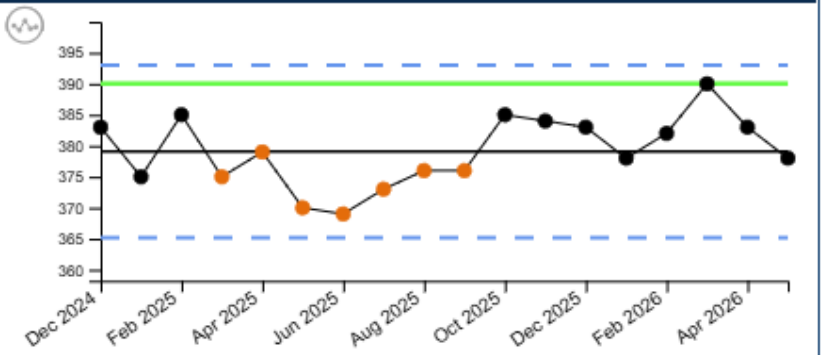
Target:	Month Year	Value	Numerator	Denominator	Median (days)
Apr-Jun: >=60%	May 2026	65.72 %	186	283	24

Community Mental Health 4 Week Wait Pathway interim metric – Oxfordshire



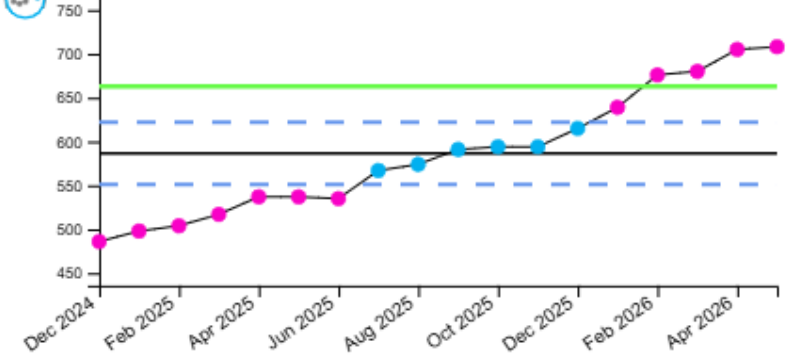
Target:	Month Year	Value	Numerator	Denominator	Median (days)
Apr-Jun: >=60%	May 2026	75.38 %	401	532	13

Improve access to Perinatal mental health services – Buckinghamshire



Target (Bucks sub ICB):	Month Year	Value
>=390	May 2026	378

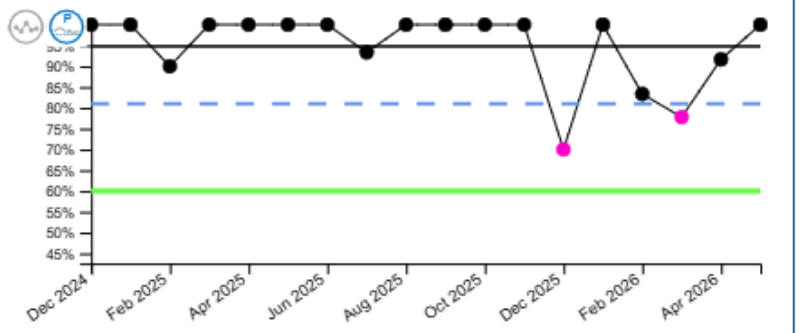
Improve access to Perinatal mental health services – Oxfordshire



Target (Oxon sub ICB):	Month Year	Value
>=663	May 2026	708

Mental Health Services – Adult and Older Adult Community - appendices

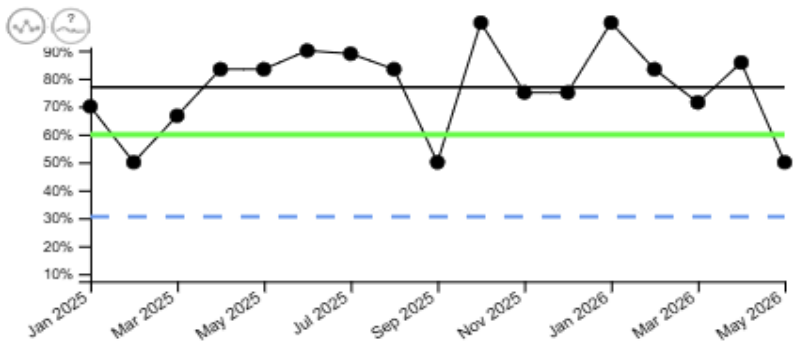
Early Intervention in Psychosis Waits (% of people with first episode of psychosis treated within 2 weeks of referral) – Oxfordshire



Target:
>=60%

Month Year	Value	Numerator	Denominator
May 2026	100.00 %	9	9

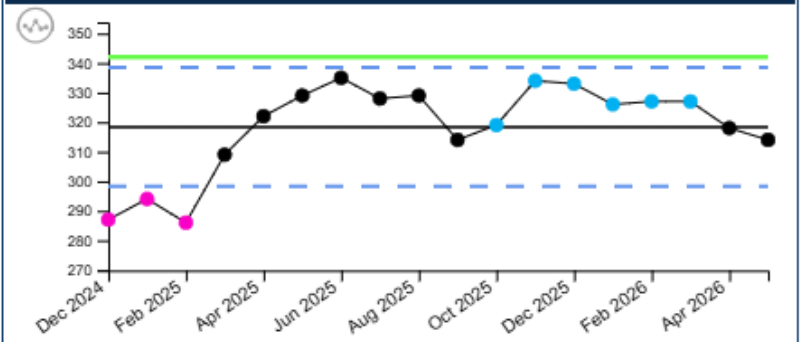
Early Intervention in Psychosis Waits (% of people with first episode of psychosis treated within 2 weeks of referral) – Buckinghamshire



Target:
>=60%

Month Year	Value	Numerator	Denominator
May 2026	50.00 %	2	4

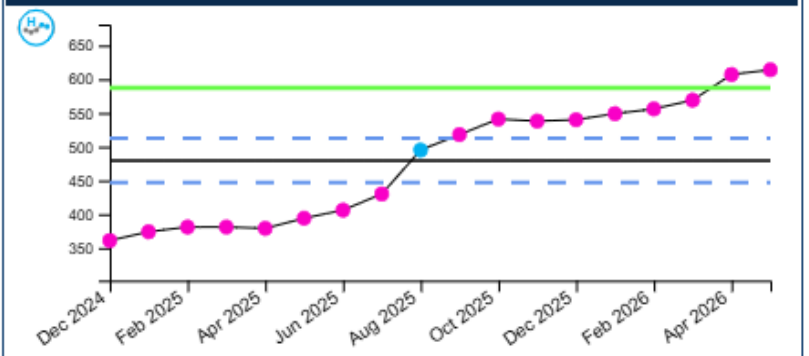
Number of people accessing Individual Placement Support (IPS) – Buckinghamshire



Target (Bucks sub ICB):
>=342

Month Year	Value
May 2026	314

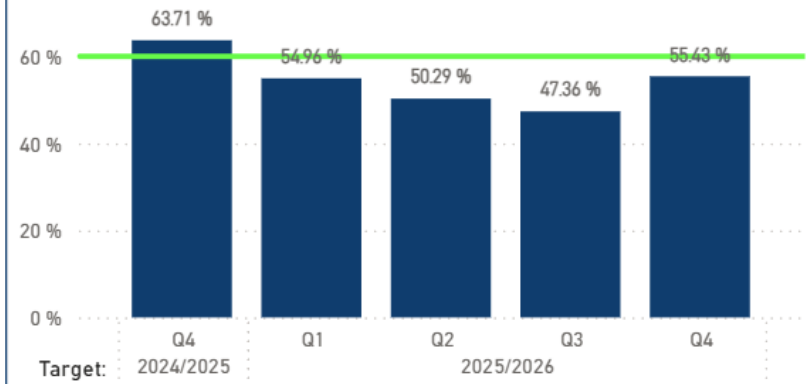
Number of people accessing Individual Placement Support (IPS) – Oxfordshire



Target (Oxon sub ICB):
>=587

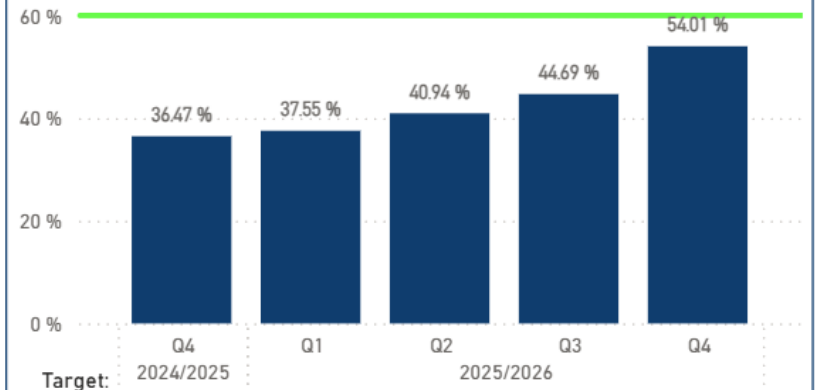
Month Year	Value
May 2026	614

Deliver annual physical healthcheck to people – Buckinghamshire (nationally reported system measure)



Target:
>=60%

Deliver annual physical healthcheck to people – Oxfordshire (nationally reported system measure)



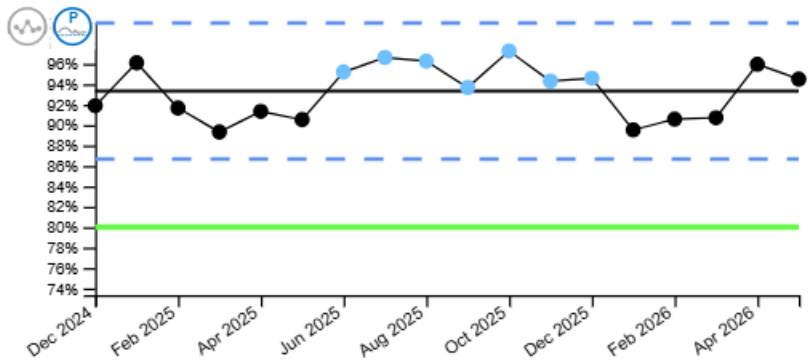
Target:
>=60%

Mental Health Services – Urgent Care - summary

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National	Response from Mental Health Psychiatric Liaison within 1 hour - Buckinghamshire	>=80%	May-26	94.51%		P	93.34%
National	Response from Mental Health Psychiatric Liaison within 1 hour - Oxfordshire	>=80%	May-26	98.84%	H	P	90.89%
National	Response from Mental Health Psychiatric Liaison within 24 hours - Buckinghamshire	>=90%	May-26	100%		P	98.79%
National	Response from Mental Health Psychiatric Liaison within 24 hours - Oxfordshire	>=90%	May-26	100%		?	96.97%*
National	Response from Mental Health Crisis Service within 4 hours (Very Urgent) - Buckinghamshire	>=61%	May-26	*No referrals in scope of 4-hour target received in May 2026*			
National	Response from Mental Health Crisis Service within 4 hours (Very Urgent) – Oxfordshire	>=61%	May-26	*No referrals in scope of 4-hour target received in May 2026*			
National NOF (scored)	Response from Mental Health Crisis Service within 24 hours (Urgent) - Buckinghamshire	>=75%	May-26	75.00%		?	64.18%
National NOF (scored)	Response from Mental Health Crisis Service within 24 hours (Urgent) – Oxfordshire	>=75%	May-26	88.89%		?	70.09%

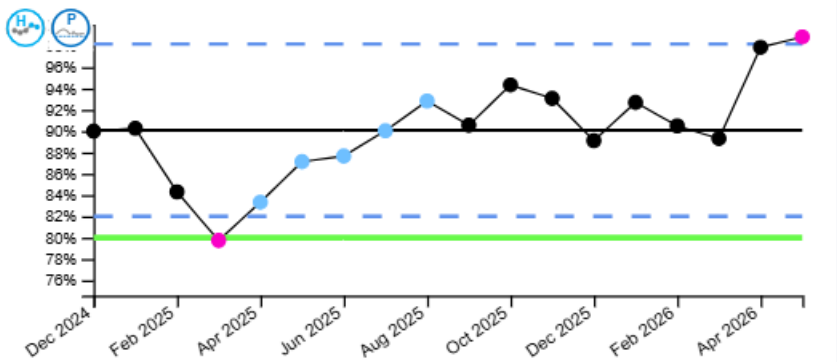
Mental Health Services – Urgent Care - appendices

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



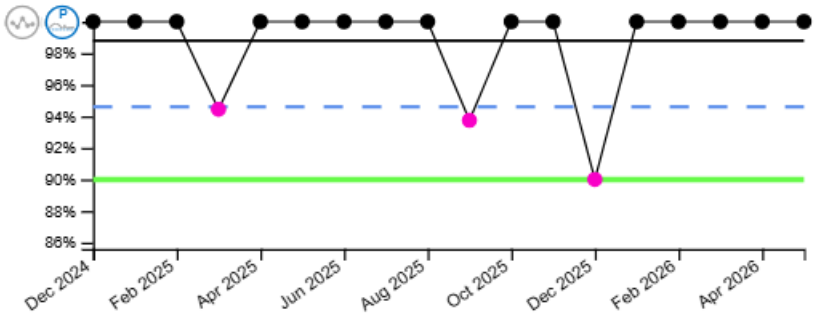
Target: Apr-Jun:	Month Year	Value	Numerator	Denominator	Median (hours)
>=80%	May 2026	94.51 %	86	91	1

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



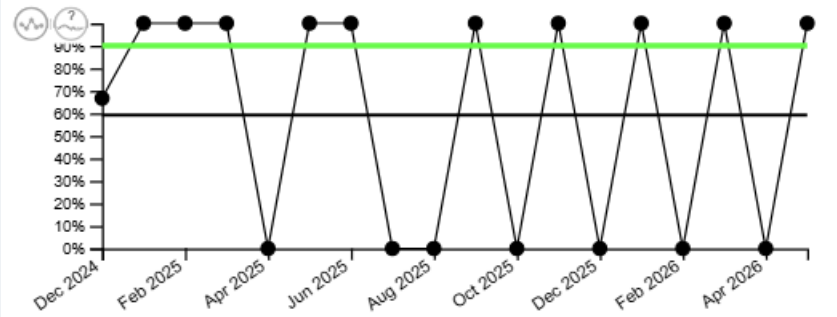
Target: Apr-Jun:	Month Year	Value	Numerator	Denominator	Median (hours)
>=80%	May 2026	98.84 %	256	259	0

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



Target: Apr-Sep:	Month Year	Value	Numerator	Denominator	Median (hours)
>=90%	May 2026	100.00 %	15	15	1

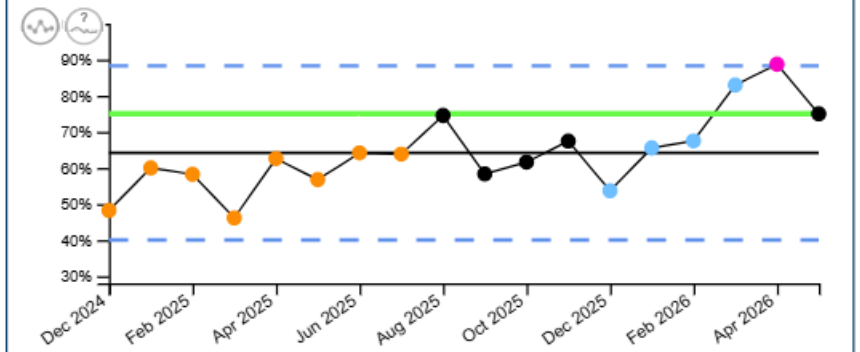
Response from Mental Health Psychiatric Liaison Service within 24 hour – Oxfordshire



Target: Apr-Sep:	Month Year	Value	Numerator	Denominator	Median (hours)
>=90%	May 2026	100.00 %	1	1	1

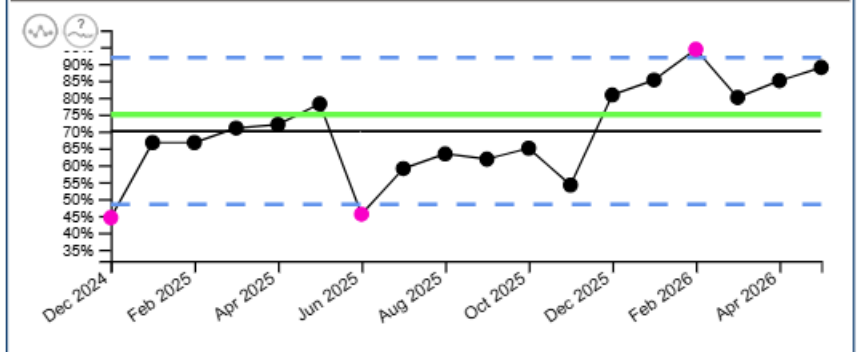
Mental Health Services – Urgent Care - appendices

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



Target: Apr-Jun:	Month Year	Value	Numerator	Denominator	Median (hours)	
>=75%	May 2026	75.00 %	105	140	19	NOF

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



Target: Apr-Jun:	Month Year	Value	Numerator	Denominator	Median (hours)	
>=75%	May 2026	88.89 %	32	36	18	NOF

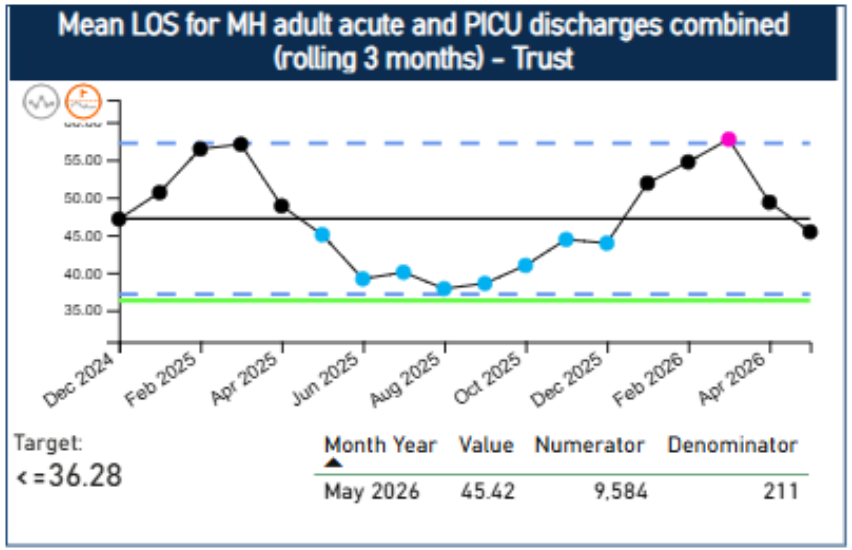
Mental Health Services – Inpatients – summary (1/2)

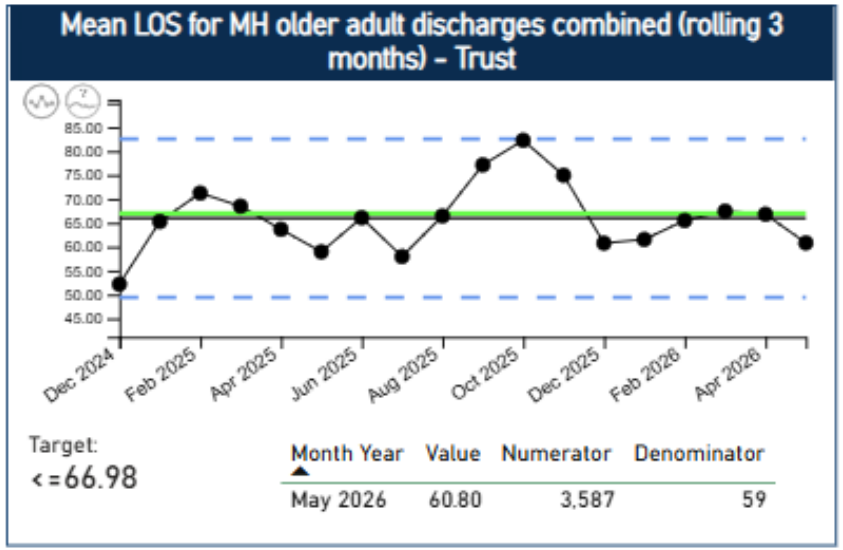
Type of metric	Service Area/Metric	Target	Latest reporting period	Measure	Variation	Assurance	Mean
National	Mean Length of Stay (LoS) for MH adult acute and PICU discharges (rolling 3 months) - Trust level	<=36.28	May-26	45.42			47.14
National	Mean Length of Stay (LoS) for older adults (rolling 3 months) - Trust level	<=66.98	May-26	60.80			65.96
National	72 hour follow up for those discharged from mental health wards - Adults – Trust level	>=80%	May-26	93.40%			92.10%
National	72 hour follow up for those discharged from mental health wards - Older Adults – Trust level	>=80%	May-26	100%			97.63%
National	Trust level mental health inappropriate out of area placements - snapshot last day month	<=6	May-26	0	N/A	N/A	N/A
National	Trust level mental health inappropriate out of area - bed days in month	.	May-26	20	N/A	N/A	N/A
Local	Trust level % adult acute readmission within 30 days for mental health	.	May-26	1.40%		n/a	6.24%
Local	Trust level % older adult readmission within 30 days for mental health	.	May-26	0%		n/a	2.75%
Local	Average number of clinically ready for discharge patients per day - Trust level	.	May-26	6.1		n/a	7.22

Mental Health Services – Inpatients – summary (2/2)

Type of metric	Service Area/Metric	Target	Latest reporting period	Measure	Variation	Assurance	Mean
Local	Total number of incidents involving physical restraint - Children and Young People	.	May-26	158		n/a	203
Local	Total number of incidents involving physical restraint - Adults	.	May-26	123	H	n/a	59
Local	Total number of incidents involving physical restraint - Older Adults	.	May-26	32		n/a	31
Local	Total number of incidents involving physical restraint - Forensic	.	May-26	21	L	n/a	21
Local	Total number of incidents involving physical restraint - Eating Disorders	.	May-26	57	H	n/a	24
Local Strategic - Quality	Reduction in the use of prone restraints (number of incidents involving prone restraint) - Children and Young People	.	May-26	4		.	7
Local Strategic - Quality	Reduction in the use of prone restraints (number of incidents involving prone restraint) - Adults	.	May-26	3		.	6
Local Strategic - Quality	Reduction in the use of prone restraints (number of incidents involving prone restraint) - Older Adults	.	May-26	0		.	1
Local Strategic - Quality	Reduction in the use of prone restraints (number of incidents involving prone restraint) - Forensic	.	May-26	7	H	.	2
Local Strategic - Quality	Reduction in the use of prone restraints (number of incidents involving prone restraint) - Eating Disorders	.	May-26	0		.	0
Local Strategic - Quality	Reduction in use of seclusion (number of incidents involving seclusion) - Children and Young People	.	May-26	14		.	10
Local Strategic - Quality	Reduction in use of seclusion (number of incidents involving seclusion) - Adults	.	May-26	31		.	17
Local Strategic - Quality	Reduction in use of seclusion (number of incidents involving seclusion) - Older Adults	.	May-26	0		.	0
Local Strategic - Quality	Reduction in use of seclusion (number of incidents involving seclusion) - Forensic	.	May-26	7	L	.	9
Local Strategic - Quality	Reduction in use of seclusion (number of incidents involving seclusion) - Eating Disorders	.	May-26	0		.	0
National	Rate of restrictive interventions per 1k bed days	.	In development				

Mental Health Services – Inpatients





Understanding the performance

The above metrics are measured on a rolling 3-month position, so May 2026 performance includes March, April and May 2026 performance.

Current performance continues to show an elevated mean length of stay of adult acute and Psychiatric Intensive Care Unit (PICU) patients in the Trust. In May 2026, the mean length of stay was 45.34 days, compared with the target of 36.28 days (a reduction of 4 days compared to April 2026). Mean length of stay of older adult patients has decreased and is below the target of 66.98 days with 60.80 days in May 2026.

These trends are driven by both acuity of patients (meaning that extended length of stay was appropriate) and delays in discharging clinically ready-for-discharge (CRFD) patients. Delays primarily linked to challenges in securing timely onward placements or suitable accommodation for patients who are clinically ready for discharge. Some delays are short and resolved quickly once placement arrangements progress, while others are more complex where individuals require accommodation that is not easily sourced within existing pathways.

Actions (SMART)

Actions underway include close continued joint working between inpatient services and the Electronic Healthcare Records (EHR) team. The CRFD form has now been developed and is live within Rio, replacing manual recording and supporting more accurate capture of actual bed days and the number of patients affected. Work is now progressing to develop reporting through Trust Online Business Intelligence (TOBI) platform and establish the data flow to Mental Health Services Data Set (MHSDS), with completion expected in quarter 3. This will strengthen operational oversight and enable more targeted interventions to reduce avoidable delays. Further investment in crisis and inpatients settings for 26-27 is expected to improve patient flow and reduce pressure on inpatient services.

Risks

A sustained shortage of appropriate accommodation, particularly for higher-risk working-age adults, poses a continued risk to reducing length of stay and improving flow. Until the new CRFD reporting is operational, reliance on manual data may limit the precision of performance monitoring. Persistent delays could further increase average length of stay and pressure on bed capacity if system-wide solutions are not secured.

Mental Health Services – Inpatients

Metric	Target	April 2026	May 2026
Inappropriate mental health out of area placements – snapshot last day of month - Trust	<=6	1	0
Inappropriate mental health out of area placements – bed days in month - Trust	n/a	35	20

Understanding the performance

An inappropriate Out of Area Placement (OAP) refers to the situation where a patient is admitted to an inpatient unit that is outside of the local NHS trust area, not close to their home or community support network due to non-clinical reasons (e.g. lack of appropriate local inpatient beds) and where the continuity of care principals are not being met. Majority OAPs admitted are out of hours due to no available local adult mental health beds and no options available to create local capacity (urgency of admission warrants OAP admission to manage risks).

In May 2026, adult inappropriate out of area placements for May snapshot position was 0 and in month inappropriate bed days for May was 20 bed days.

**The reduction since March 2026 is primarily attributable to the clarification and consistent application of criteria defining appropriate bed placements, resulting in more accurate classification of inappropriate out-of-area placements (out of area placements that do not meet the continuity of care principles set out in NHS England guidance are deemed to be inappropriate). Performance graphs have been temporarily omitted while the rules are updated in the Trust Online Business Intelligence (TOBI) platform to reflect the revised definitions for inappropriate out-of-area placements. This will ensure that future trend reporting is accurate, consistent and aligned with the agreed reporting criteria.*

Actions (SMART)

- Implemented a high threshold for authorising OAPs (must be approved by senior manager or Director)
- Face to face reviews with Crisis Resolution and Home Treatment Team every 2 – 4 weeks to ensure quality of care and support facilitation of early discharge where clinically appropriate.
- Enhanced admission purpose and patient journey documentation and tracking task and finish project was concluded in January 2025. Achievements include the implementation and first stage evaluation of a purpose of admission form, a Patient Flow data dashboard on internal Trust Online Business Intelligence (TOBI) app, and greater oversight on the causes of Length of Stay and the use of Out of Area Placements.
- The Trust is commissioning additional out of area placement beds from April 2026 for Oxfordshire's patients to ensure continuity of care principles are met.

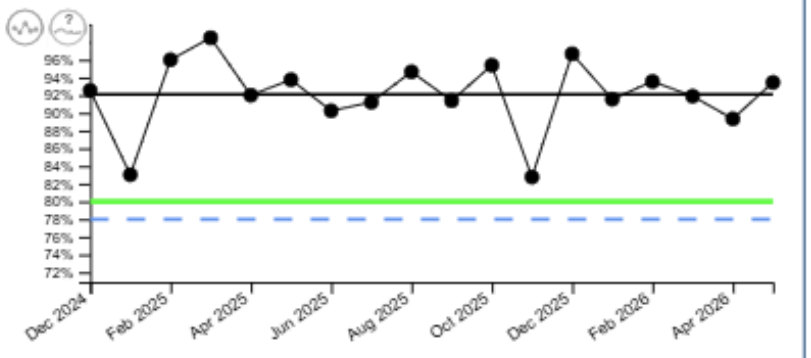
Risks

There are several risks associated with inappropriate Out of Area Placements:

- Potential disruption of support networks where the patient is separated from family, carers and friends
- Possibly poorer continuity of care as it may be harder for local clinicians to stay involved in care planning and reviews
- Increased likelihood of delayed discharge and longer stays as discharge planning is more complex when patients are far from community services
- Possibility of poorer patient experience
- Increased costs and systemic inefficiencies

Mental Health Services – Inpatients - appendices

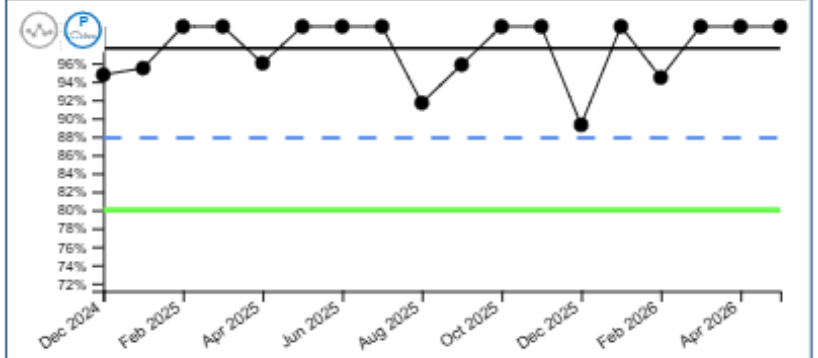
72 hour follow up for those discharged from mental health wards - Adult - Trust



Target:
> =80%

Month Year	Value	Numerator	Denominator
May 2026	93.4 %	57	61

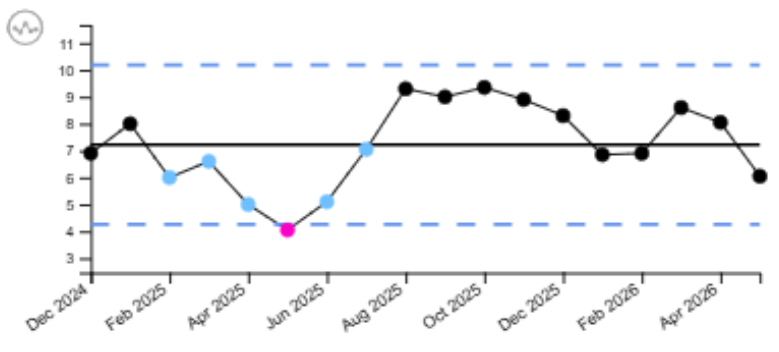
72 hour follow up for those discharged from mental health wards - Older Adult Trust



Target:
> =80%

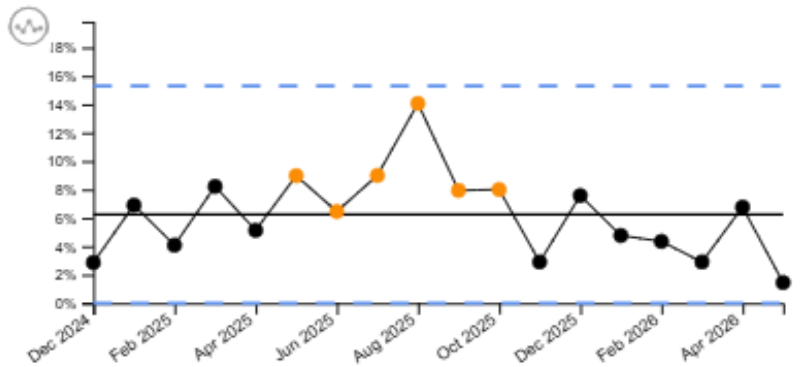
Month Year	Value	Numerator	Denominator
May 2026	100.0 %	17	17

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



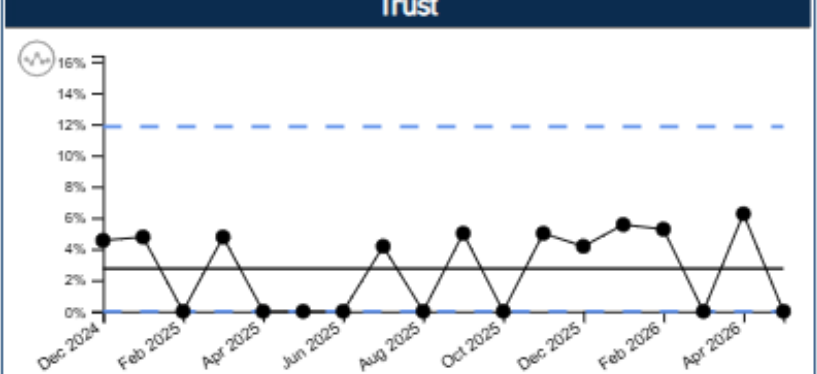
Month Year	Value
May 2026	6.1

% adult acute readmissions within 30 days for mental health - Trust



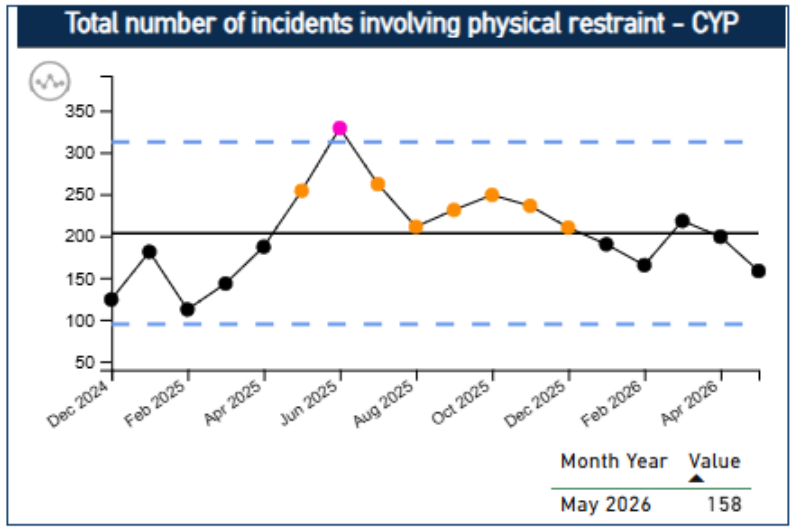
Month Year	Value	Numerator	Denominator
May 2026	1.4 %	1	57

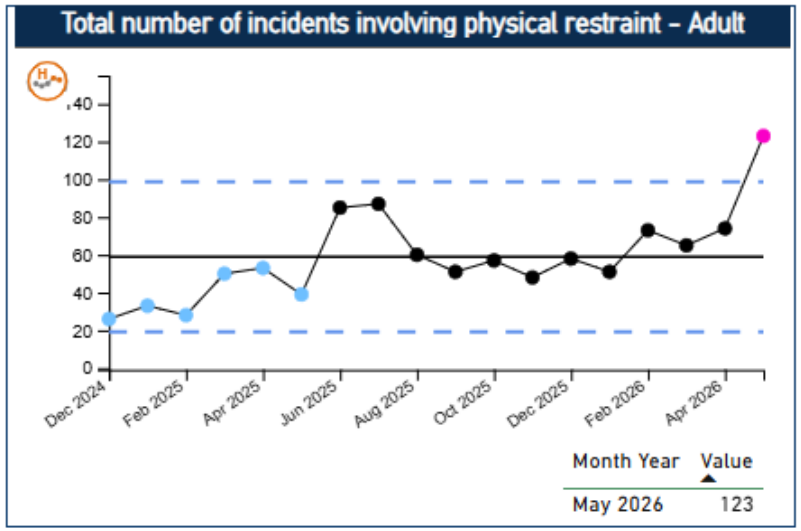
% older adult readmissions within 30 days for mental health - Trust

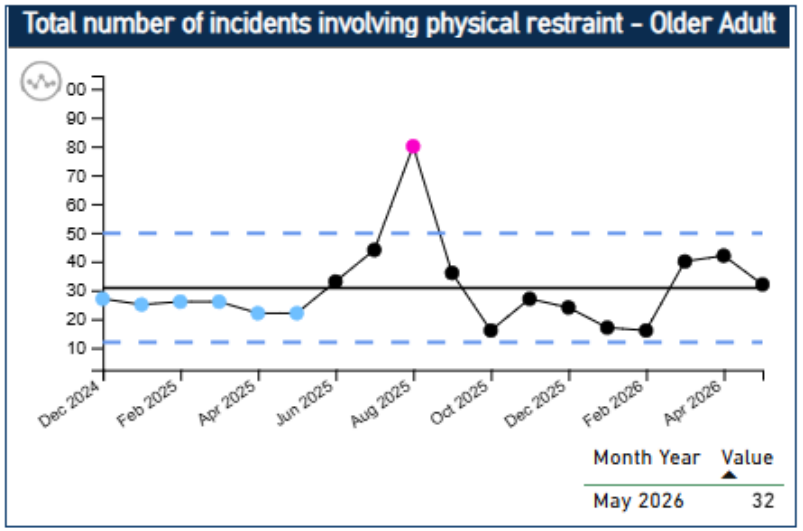


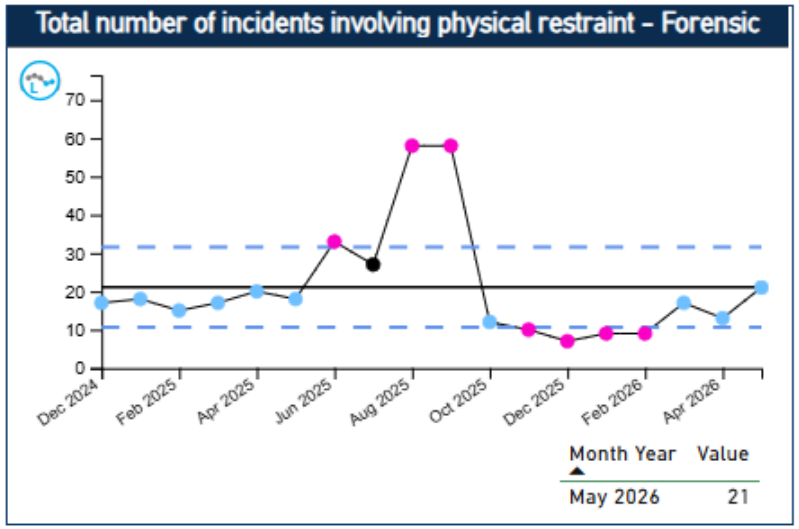
Month Year	Value	Numerator	Denominator
May 2026	0.0 %	0	8

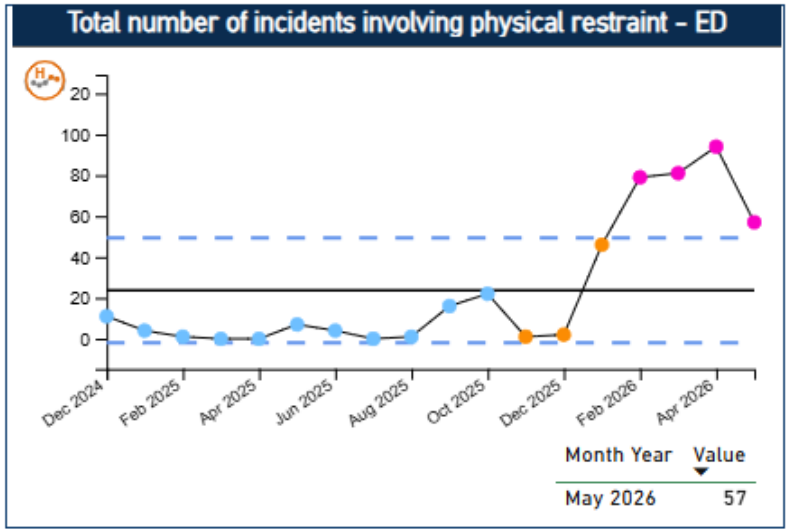
Mental Health Services – Inpatients - appendices





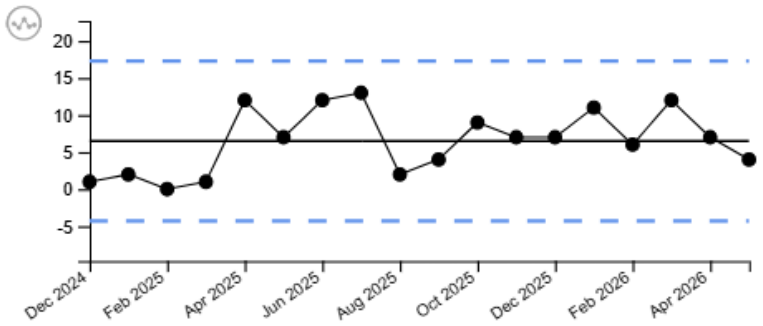






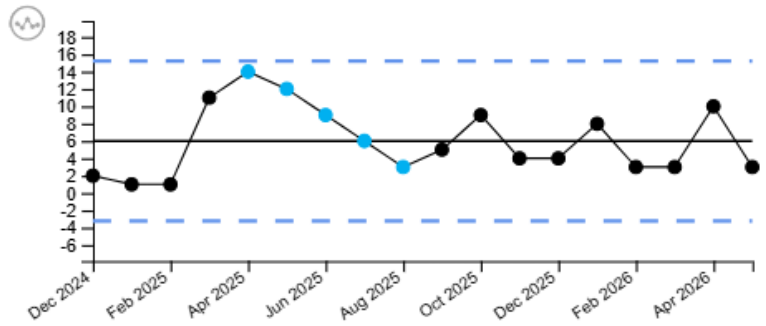
Mental Health Services – Inpatients - appendices

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



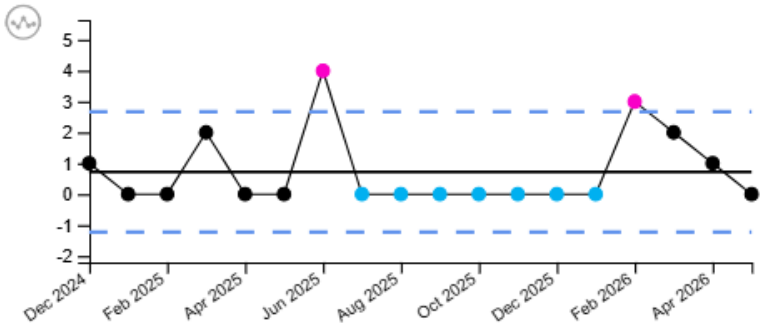
Month Year	Value	FYTD value
May 2026	4	11

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



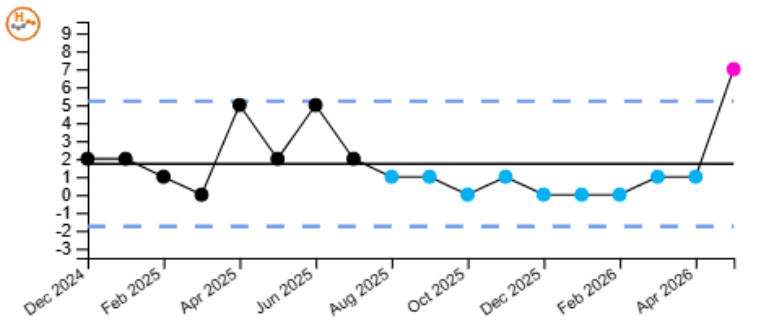
Month Year	Value	FYTD value
May 2026	3	13

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



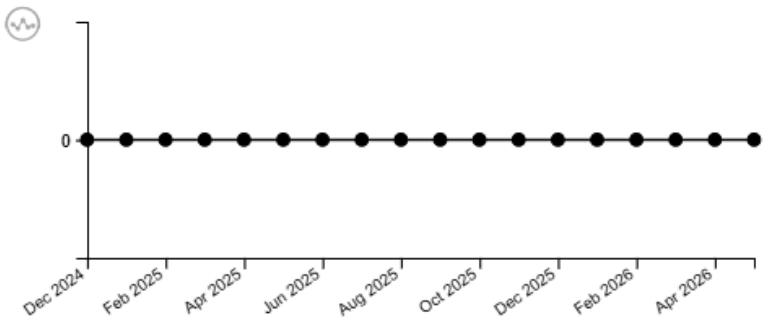
Month Year	Value	FYTD value
May 2026	0	1

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



Month Year	Value	FYTD value
May 2026	7	8

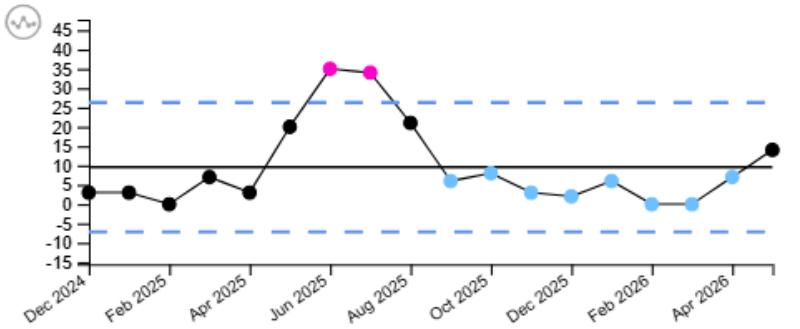
Reduction in the use of prone restraints (number of incidents involving prone restraint) – ED



Month Year	Value	FYTD value
May 2026	0	0

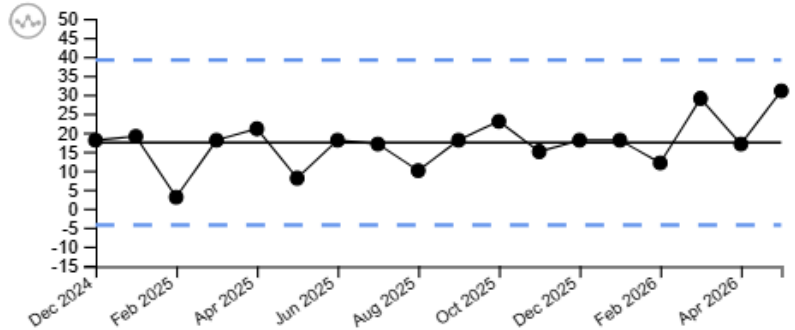
Mental Health Services – Inpatients - appendices

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



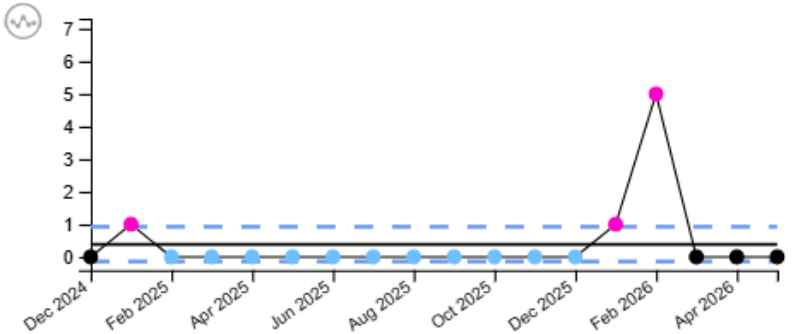
Month Year	Value	FYTD value
May 2026	14	21

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



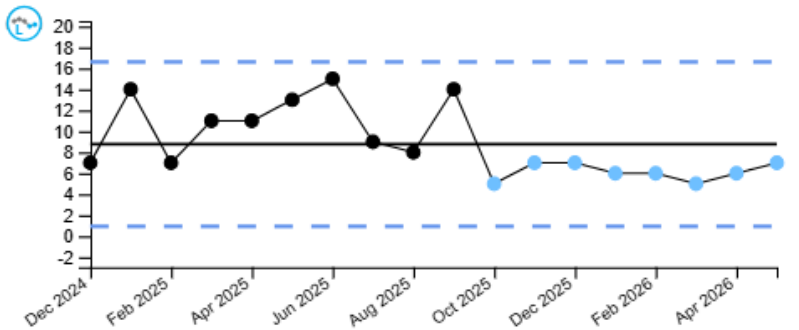
Month Year	Value	FYTD value
May 2026	31	48

Reduction in use of seclusion (number of incidents involving seclusion) - Older Adult



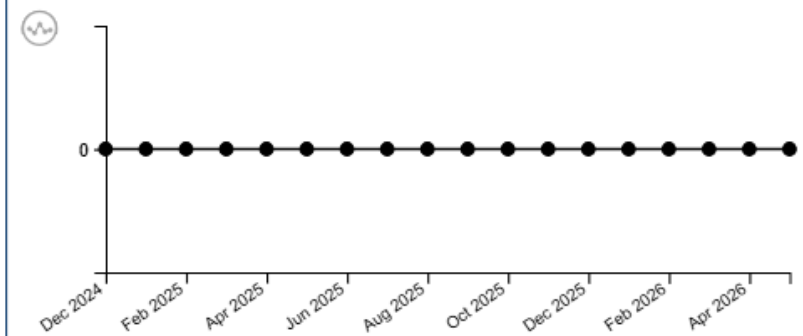
Month Year	Value	FYTD value
May 2026	0	0

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



Month Year	Value	FYTD value
May 2026	7	13

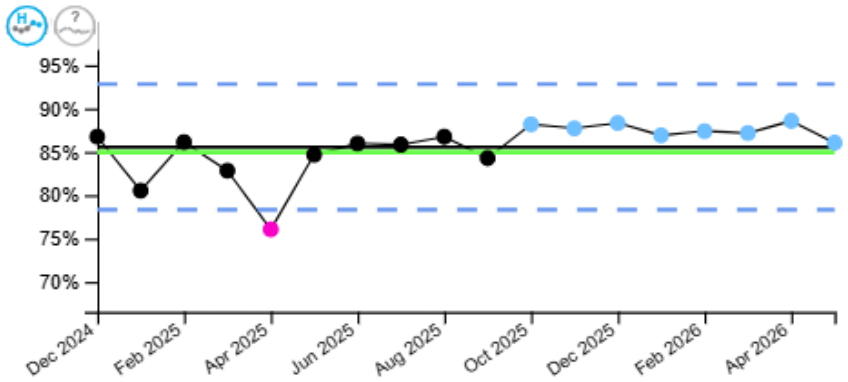
Reduction in use of seclusion (number of incidents involving seclusion) - ED



Month Year	Value	FYTD value
May 2026	0	0

Mental Health Services – Other

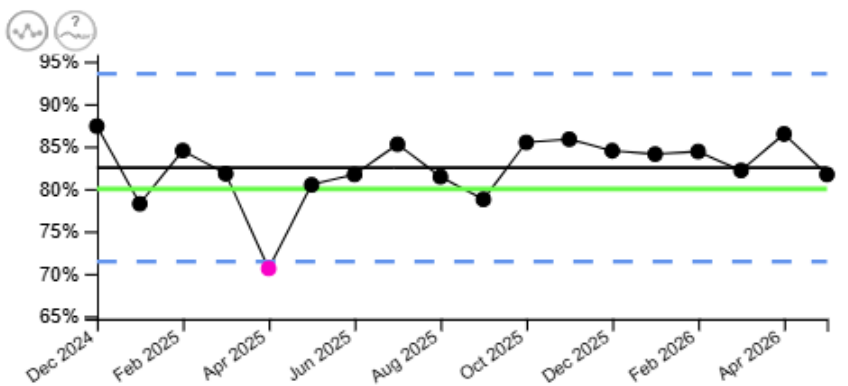
% of patients responding that overall the care was good or very good - Mental Health



Target:
>=85%

Month Year	Value	Numerator	Denominator
May 2026	86.06%	395	459

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



Target:
>=80%

Month Year	Value	Numerator	Denominator
May 2026	81.71%	143	175

Section 2.2
Clinical performance (Community Health Services, Dentistry and Primary Care)

Community Health Services, Dentistry and Primary Care – grouping services

Community Health Services, Dentistry and Primary Care metrics have been grouped, where possible, into clusters for reporting purposes in line with the NHS England's guidance on Standardising community health services. Details and definitions are available here: NHS England » Standardising community health services

	Adults	Children
1. Planned Care	1. Episodic/specialist care	1. Developmental
	2. Management of long-term conditions	2. Specialist services, including management of long-term conditions
	3. Prevention of deterioration of long-term conditions	3. Palliative care and end of life care
	4. Community rehabilitation	
	5. Palliative care and end of life care	
	6. Neurodevelopmental	
2. Planned and Reactive care	1. Intermediate care *(none of the metrics selected to be reported on IPR fall into this category)*	
3. Reactive care	1. Urgent care	1. Urgent care
	2. Palliative care and end of life care	2. Palliative care and end of life care *(none of the metrics selected to be reported on IPR fall into this category)*

More Community Health Services, Dentistry and Primary Care metrics are in development to be introduced in the IPR on a phased approach therefore some of the groupings may appear not to have any metrics aligned.

Community Health Services, Dentistry and Primary Care – Matrix

Assurance

Variation

	P	?	F	No target
H / L	• Community services - % of patients report being involved in their care	• % of out of hours palliative care referrals responded to within 120 minutes: the time from completion of that triage call to the start of the home visit consultation was within 120 minutes • Percentage of patients waiting over 52 weeks for community services (CYP and Adults combined) • Percentage of people on waiting list for Community Services per system who are waiting 18 weeks or less as a proportion of the entire waiting list (Adults and CYP combined; month end snapshot)	• **Consistently meet or exceed the 70% 2-hour Urgent Community Response (UCR) standard** • **Percentage of patients waiting over 52 weeks for community services (CYP)** • **Percentage of people on waiting list for CYP Community Services per system who are waiting 18 weeks or less as a proportion of the entire waiting list (month end snapshot)**	
	• Community services - % of patients responding that overall care was good or very good • % of Minor Injury Unit patients seen within 4 hours • Community Dentistry - Proportion of patients accepted for care who are seen for an assessment within 12 weeks (Of those treated in period) • Percentage of patients waiting over 52 weeks for community services (Adults) • Percentage of people on waiting list for Adult Community Services per system who are waiting 18 weeks or less as a proportion of the entire waiting list (month end snapshot)	• % of out of hours palliative care referrals responded to within 30 minutes: the time from receipt of the call from 111 to the start of the telephone consultation was 30 minutes • Healthy Child Programme - % of breastfeeding prevalence at 6 - 8 weeks old		• Average Length of Stay in Community Hospitals by basket of care – Rehab, Stroke, End of Life, EMU • Average number of Medically Optimised For Discharge (MOFD) patients per night • Emergency Dental Service Waiting times to triage - % Patients triaged within 6 hours
H / L				

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

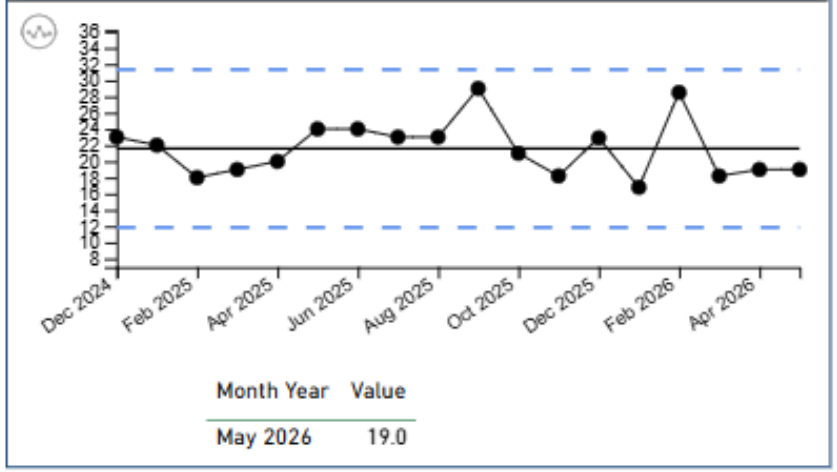
Adult Planned Care – community rehabilitation							
Type of metric	**Metric**	**Target**	**Latest reporting period**	**Measure**	**Variation**	**Assurance**	**Mean**
National	Average number of Medically Optimised For Discharge (MOFD) patients per night	.	May-26	19		n/a	21.59
Local	Average Length of Stay in Community Hospitals by basket of care - Rehab	.	May-26	30		n/a	29.63
Local	Average Length of Stay in Community Hospitals by basket of care - Stroke	.	May-26	42		n/a	41.93
Local	Average Length of Stay in Community Hospitals by basket of care - End of Life	.	May-26	17		n/a	17.58
Local	Average Length of Stay in Community Hospitals by basket of care – EMU (Emergency Multidisciplinary Unit)	.	May-26	9		n/a	11.78

Adult Reactive Care – palliative care and end of life care							
Type of metric	**Metric**	**Target**	**Latest reporting period**	**Measure**	**Variation**	**Assurance**	**Mean**
Strategic - Quality	% of out of hours palliative care referrals responded to within 30 minutes: the time from receipt of the call from 111 to the start of the telephone consultation was 30 minutes	>=90%	May-26	98.77%		?	94.47%
Local	% of out of hours palliative care referrals responded to within 120 minutes: the time from completion of that triage call to the start of the home visit consultation was within 120 minutes	>=90%	May-26	91.86%	H	?	89.91%

Adult Reactive Care – urgent care							
Type of metric	**Metric**	**Target**	**Latest reporting period**	**Measure**	**Variation**	**Assurance**	**Mean**
National	Consistently meet or exceed the 70% 2-hour Urgent Community Response (UCR) standard	>=95%	May-26	97.29%	H	F	79.34%

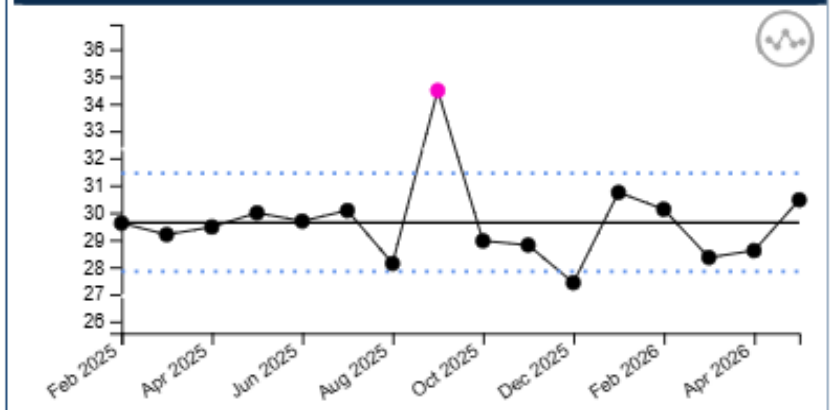
Community Health Services, Dentistry and Primary Care – Adult Planned Care – Community rehabilitation- appendices

Average number of Medically Optimised for Discharge patients per night



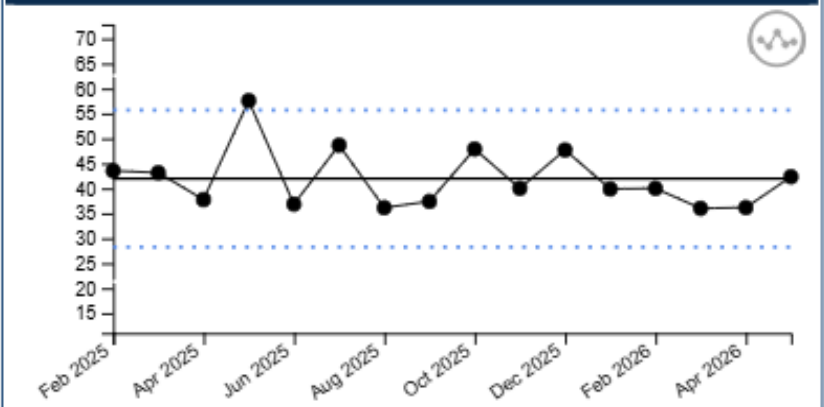
Month Year	Value
May 2026	19.0

LOS by basket of care – Rehab



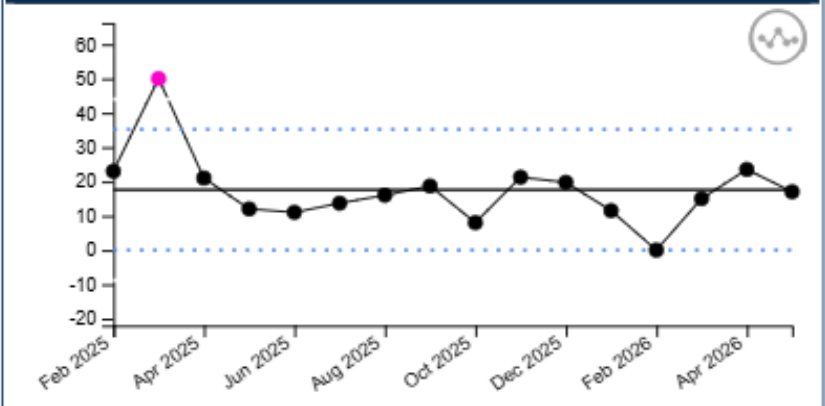
Month Year	Value
May 2026	30

LOS by basket of care – Stroke



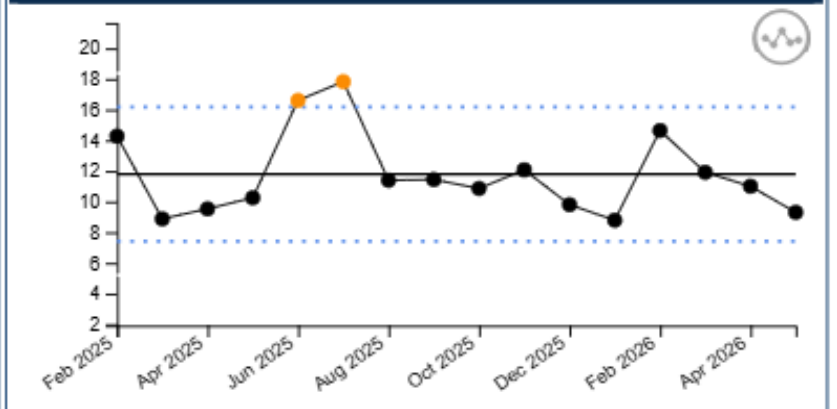
Month Year	Value
May 2026	42

LOS by basket of care – End of life



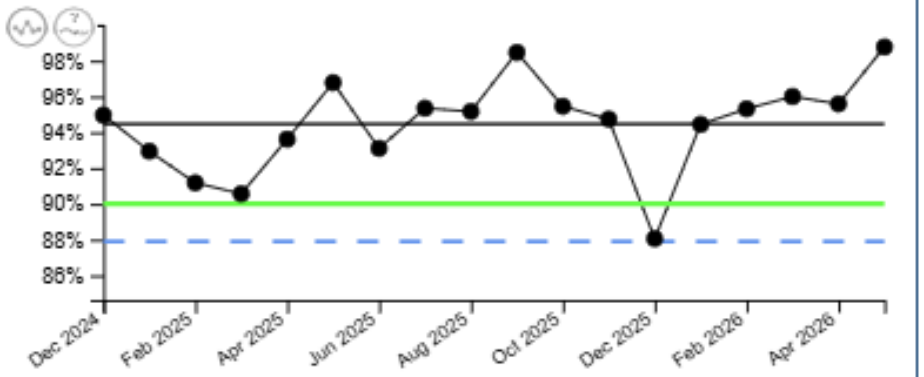
Month Year	Value
May 2026	17

LOS by basket of care – EMU



Month Year	Value
May 2026	9

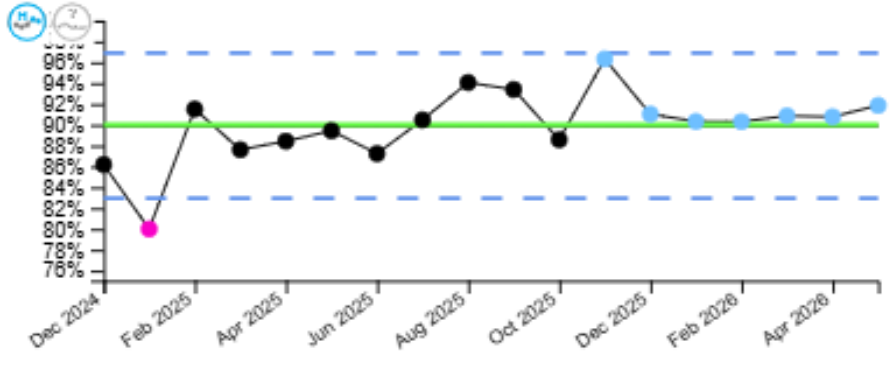
% of out of hours palliative care referrals responded to within 30 mins: the time from receipt of the call from 111 to the start of the telephone consultation was within 30 mins



Target:
> = 90%

Month Year	Value	Numerator	Denominator
May 2026	98.77 %	80.0	81.0

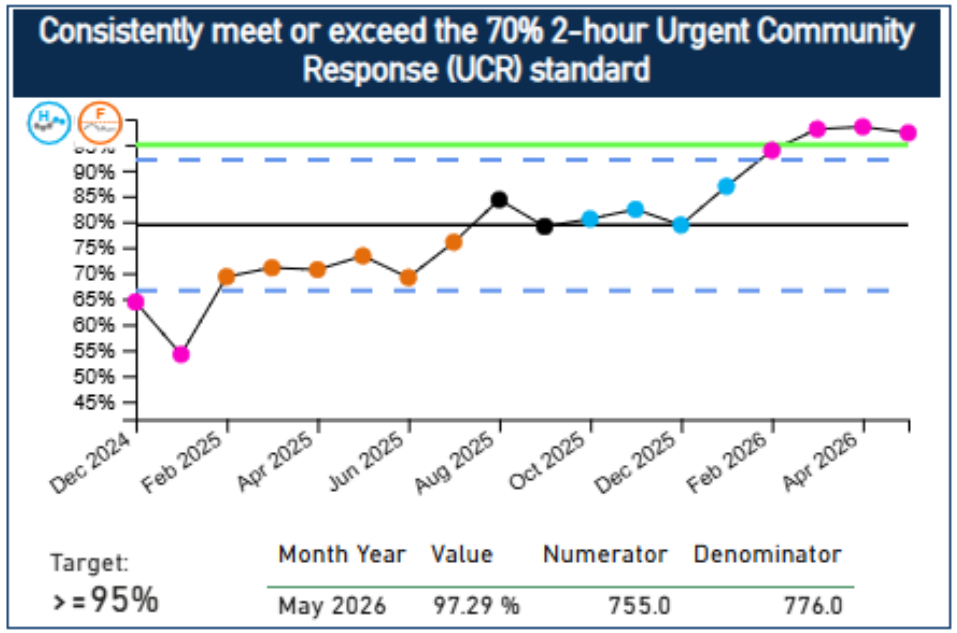
% of out of hours palliative care referrals responded to within 120 mins: the time from completion of that triage call to the start of the home visit consultation was within 120 mins



Target:
> = 90%

Month Year	Value	Numerator	Denominator
May 2026	91.86 %	158.0	172.0

Community Health Services, Dentistry and Primary Care – Adult Reactive Care – Urgent care - appendices



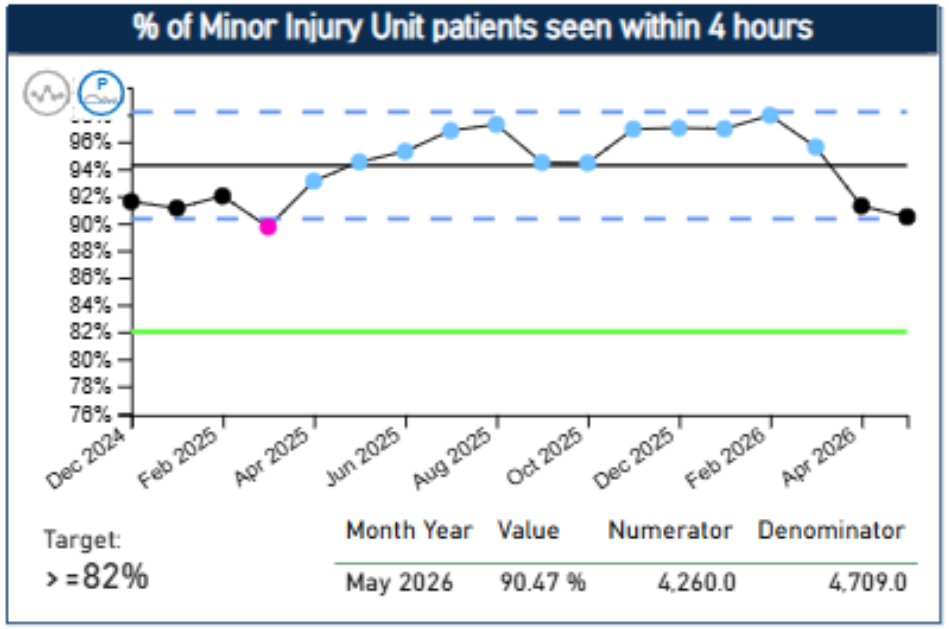
To note: January – March 2026 data reported nationally does not match the internally reported position (above) due to a coding error that prevented referrals from flowing into the national dataset. The final nationally published Quarter 4 (January–March 2026) position is at 86%, whereas internal data indicates a position of 94%.

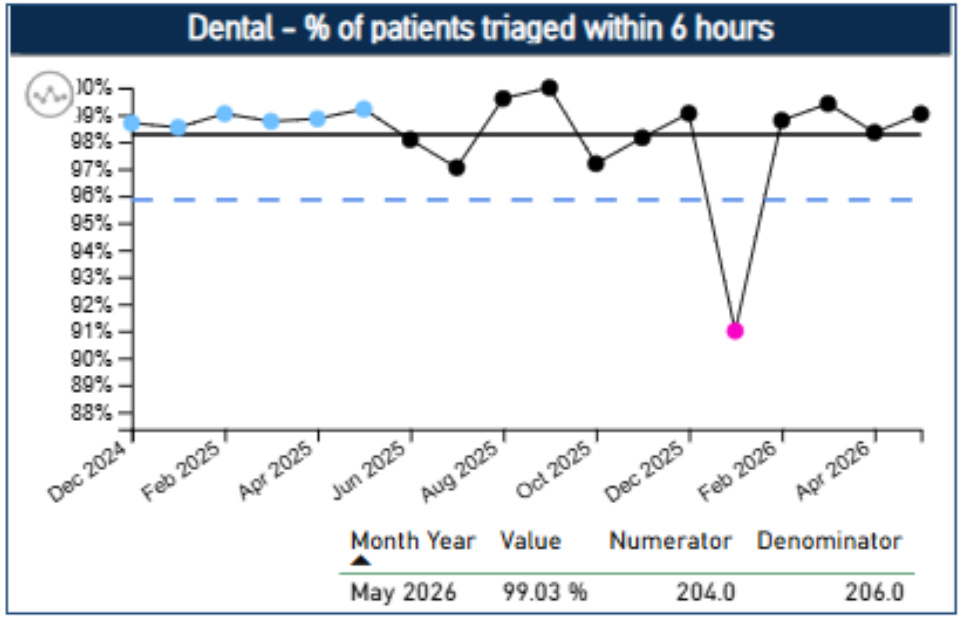
Local target for FY26/27 has been set at >=95% meaning that any Assurance assessment against Making Data Count rules (currently indicating consistent failure of target) should be interpreted with caution during the transition period as Assurance assessment is based on last eight data points.

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

S T P

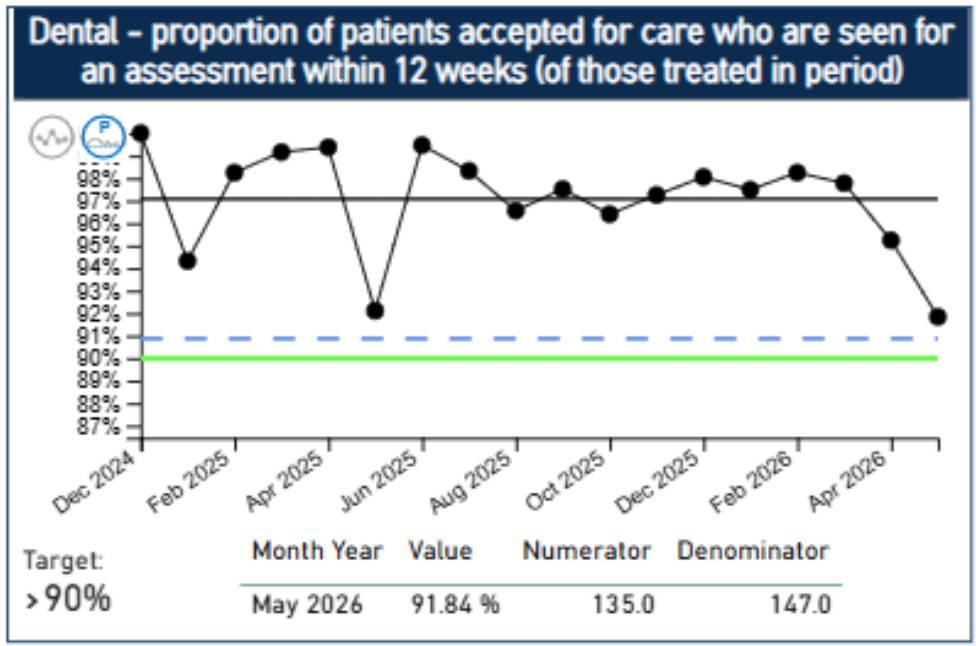
Type of metric	Metric	Target	Latest reporting period	Measure	Variation	Assurance	Mean
National	% of Minor Injury Unit patients seen within 4 hours	>=82%	May-26	90.47%		P	94.25%
National	Emergency Dental Service Waiting times to triage - % Patients triaged within 6 hours	.	May-26	99.03%		n/a	98.26%





Community Health Services, Dentistry and Primary Care – Adult and Children and Young People – planned episodic/specialist care - summary

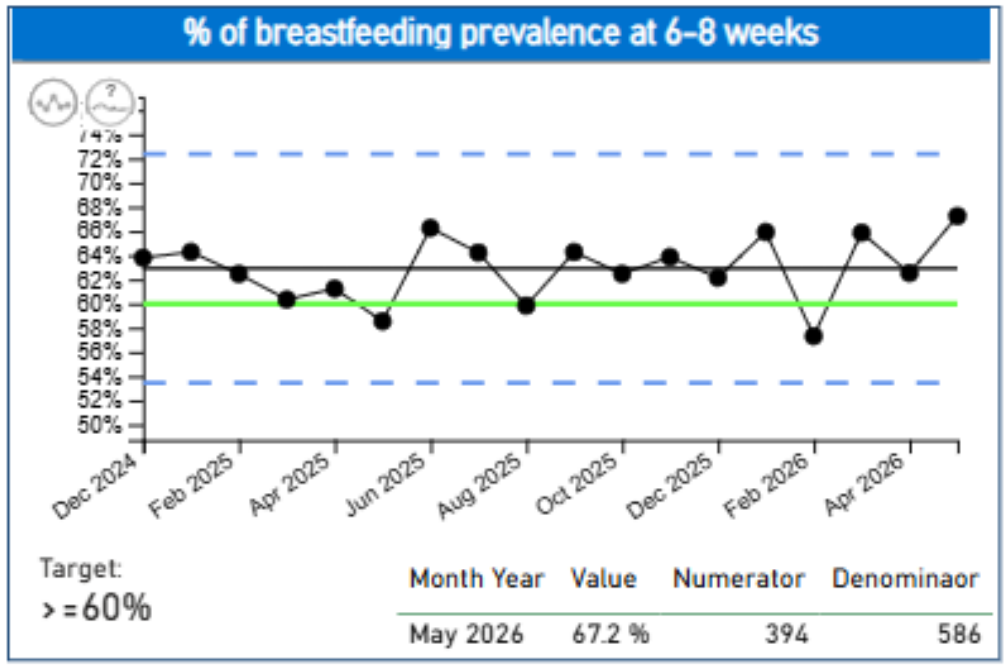
Type of metric	Metric	Target	Latest reporting period	Measure	Variation	Assurance	Mean
National	Community Dentistry - Proportion of patients accepted for care who are seen for an assessment within 12 weeks (Of those treated in period)	>=90%	May-26	91.84%			97.07%



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

S T P

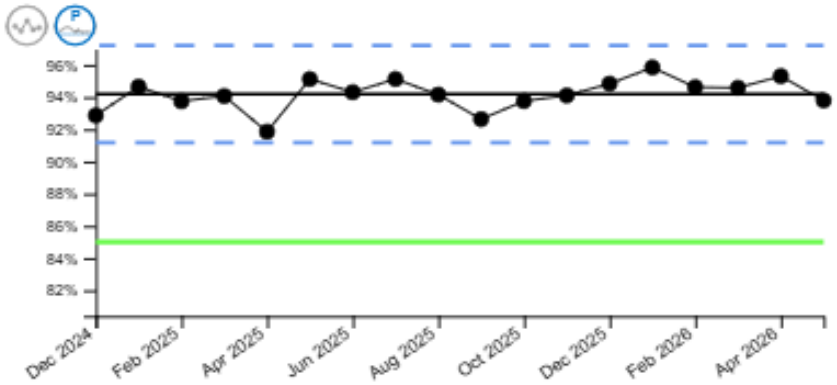
Type of metric	Metric	Target	Latest reporting period	Measure	Variation	Assurance	Mean
Strategic – Quality National	% of breastfeeding prevalence at 6 - 8 weeks old	>=60%	May-26	67.20%			62.91%



Community Health Services, Dentistry and Primary Care – Other

Type of metric	Metric	Target	Latest reporting period	Measure	Variation	Assurance	Mean
Strategic - Quality	% of patients responding that overall care was good or very good	>=85%	May-26	93.80%		P	94.19%
Strategic - Quality	% of patients report being involved in their care	>=85%	May-26	92.56%	H	P	92.54%
National NOF (scored)	Percentage of patients waiting over 52 weeks for community services (CYP and Adults combined)	<=18.45%	May-26	17.09%	L	?	19.39%
National NOF (scored)	Percentage of patients waiting over 52 weeks for community services (Adults)	<=12.59%	May-26	11.53%		P	10.79%
National NOF (scored)	Percentage of patients waiting over 52 weeks for community services (CYP)	<=31.30%	May-26	30.01%	L	F	31.30%
Local	Number of people on waiting list for Community services who are waiting over 52 weeks (adults and CYP combined)	<=1109	May-26	1054	n/a*	n/a*	n/a*
Local	Number of patients waiting over 52 weeks for community services (Adults)	<=520	May-26	497	n/a*	n/a*	n/a*
Local	Number of people on waiting lists for Community Children and Young People services who are waiting over 52 weeks	<=589	May-26	557	n/a*	n/a*	n/a*
National	Percentage of people on waiting list for Community Services per system who are waiting 18 weeks or less as a proportion of the entire waiting list (Adults and CYP combined; month end snapshot)	>=52%	May-26	56.14%	H	?	51.94%
National	Percentage of people on waiting list for Adult Community Services per system who are waiting 18 weeks or less as a proportion of the entire waiting list (month end snapshot)	>=59%	May-26	64.95%		P	62.74%
National	Percentage of people on waiting list for CYP Community Services per system who are waiting 18 weeks or less as a proportion of the entire waiting list (month end snapshot)	>=37%	May-26	35.67%	L	F	29.25%

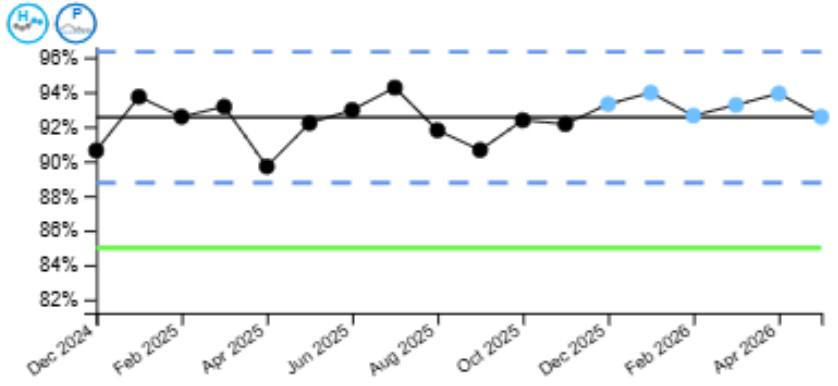
% of patients responding that overall the care was good or very good – Community Health Service. Primary Care & Dentistry



Target:
>=85%

Month Year	Value	Numerator	Denominator
May 2026	93.80%	2,253	2,402

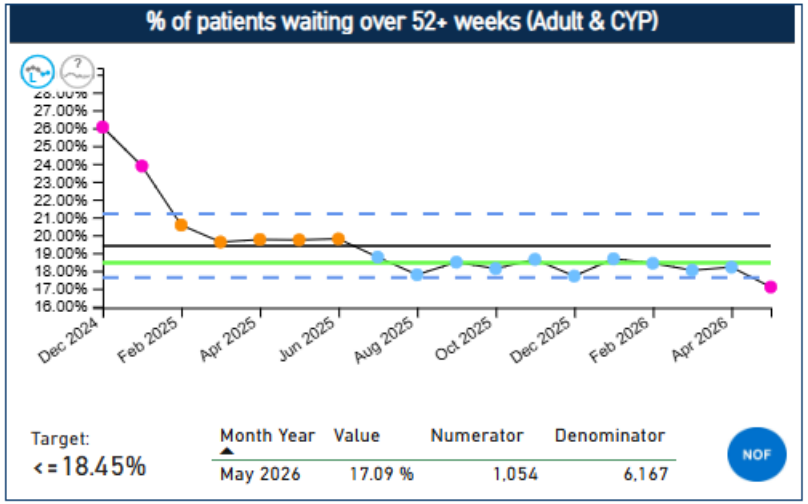
% of patients report being involved in their care – Community Health Service. Primary Care & Dentistry

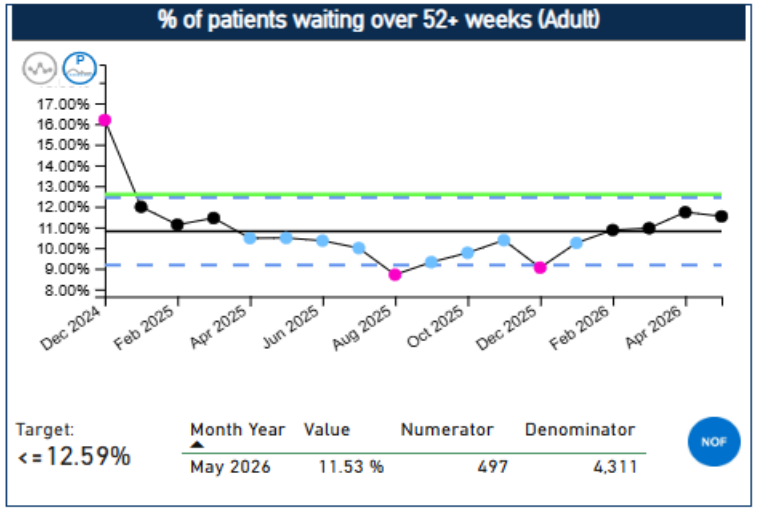


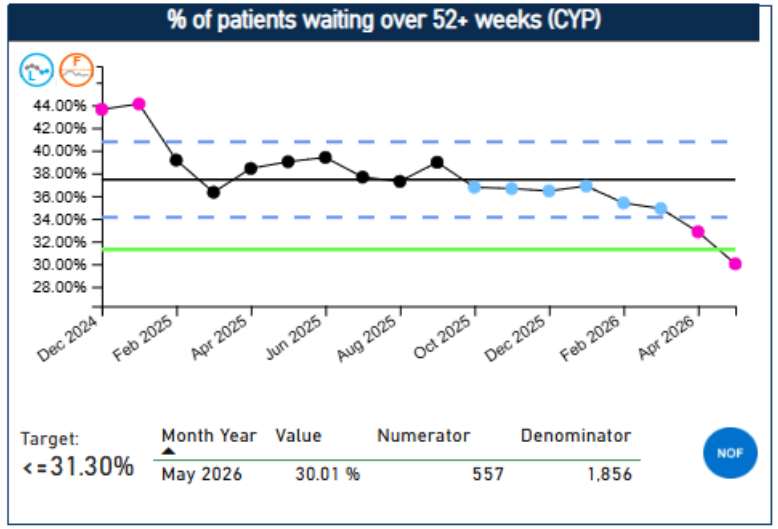
Target:
>=85%

Month Year	Value	Numerator	Denominator
May 2026	92.56%	722	780

Community Health Services, Dentistry and Primary Care – Other







Understanding the performance & Actions

Reporting of Community Health Services monthly wait times to NHSE commenced with May 2025 data, incorporating the metric for the percentage of patients (adults and CYP combined) waiting over 52 weeks for community services. This metric is now included as a scored NOF indicator, and the Trust is currently identified as a regional outlier.

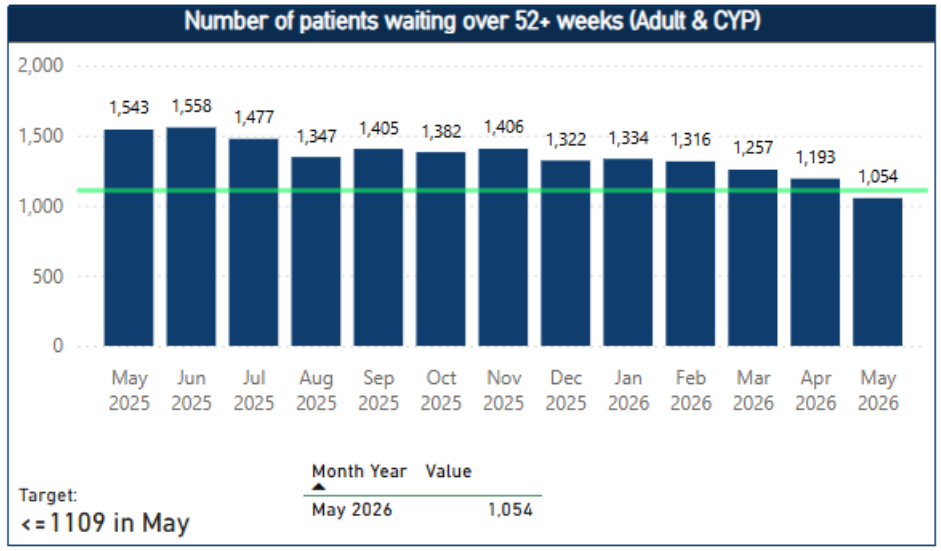
Performance continues to be influenced by a range of complex factors, including national workforce shortages in specific service areas and inconsistencies in the use of electronic health record system.

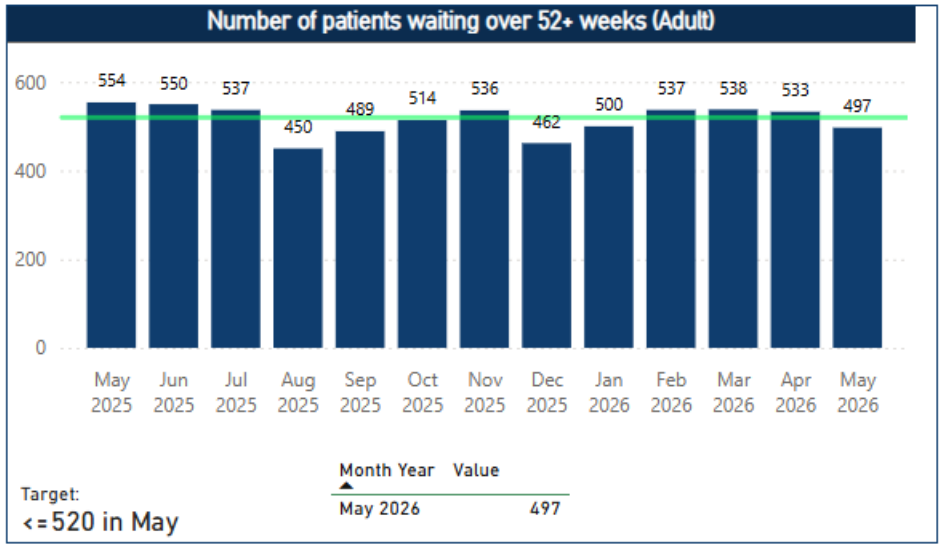
Since May 2025, the vast majority of community services have reduced their waiting lists to under 52 weeks with two service areas remaining with continued focused work required – Children's Speech and Language Therapy service and Podiatry service.

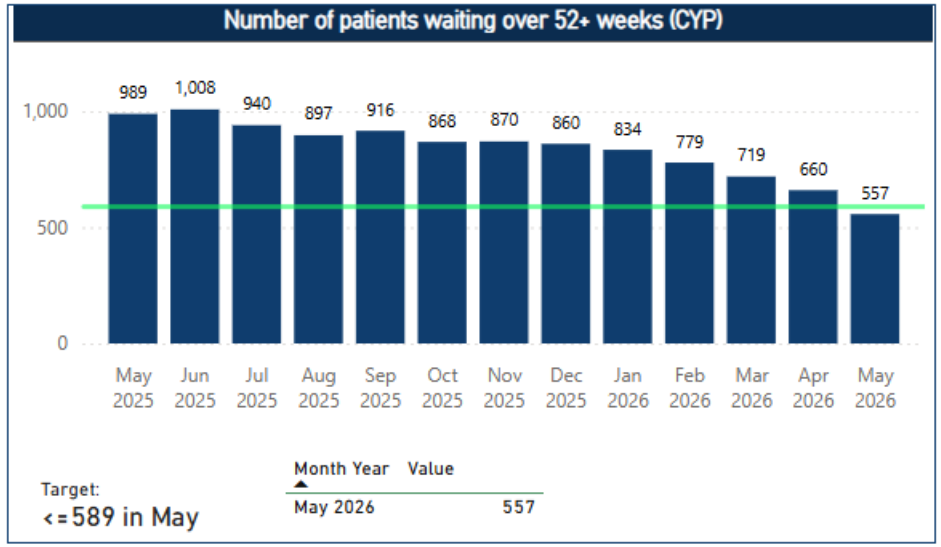
- Comprehensive data cleanse is underway including manual validation of waiting lists, prioritising long waiters, review of appointment outcomes.
- Services are monitoring performance against set improvement trajectories (eliminating 52 week wait and seeing 78% of patients within 18 weeks by March 27) at bi-weekly meetings.
- Developed Directorate Access Policy - including approach to managing DNA's (Did Not Attend)
- Children's Integrated Therapy service continues looking to secure additional resource to support addressing of the waiting list. Service continues working with NHS Elect to conduct demand and capacity analysis.
- Podiatry continues with a pilot outsourcing some of the tasks to manage those waiting the longest. In addition, a Quality Improvement project for nail surgery using patient-initiated follow ups (instead of an automatically offered follow-up) has started.

Risks

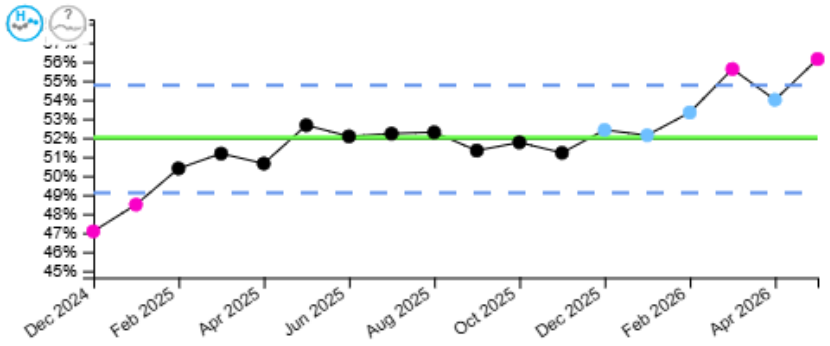
- Clinical and patient safety risks could include deterioration in patient condition, increased hospital admissions, unaddressed safeguarding concerns, reduced quality of life.
- Operational and performance risks could include failure to meet national standard, backlog accumulation, reduced system flow
- Negative impact on staff morale, skill mix imbalance
- Reputational and regulatory risks include reduced stakeholder confidence and potential regulatory challenges
- Financial risks such as inefficient resource use, failure to achieve system savings
- Digital and data quality risks that could obscure true waiting list size or risk prioritisation accuracy


Number of patients waiting over 52+ weeks (Adult & CYP)
2,000
1,500
1,000
500
0
1,543
1,558
1,477
1,347
1,405
1,382
1,406
1,322
1,334
1,316
1,257
1,193
1,054
May 2025
Jun 2025
Jul 2025
Aug 2025
Sep 2025
Oct 2025
Nov 2025
Dec 2025
Jan 2026
Feb 2026
Mar 2026
Apr 2026
May 2026
Target:
<=1109 in May
Month Year
Value
May 2026
1,054


Number of patients waiting over 52+ weeks (Adult)
600
400
200
0
554
550
537
450
489
514
536
462
500
537
538
533
497
May 2025
Jun 2025
Jul 2025
Aug 2025
Sep 2025
Oct 2025
Nov 2025
Dec 2025
Jan 2026
Feb 2026
Mar 2026
Apr 2026
May 2026
Target:
<=520 in May
Month Year
Value
May 2026
497


Number of patients waiting over 52+ weeks (CYP)
1,000
500
0
989
1,008
940
897
916
868
870
860
834
779
719
660
557
May 2025
Jun 2025
Jul 2025
Aug 2025
Sep 2025
Oct 2025
Nov 2025
Dec 2025
Jan 2026
Feb 2026
Mar 2026
Apr 2026
May 2026
Target:
<=589 in May
Month Year
Value
May 2026
557

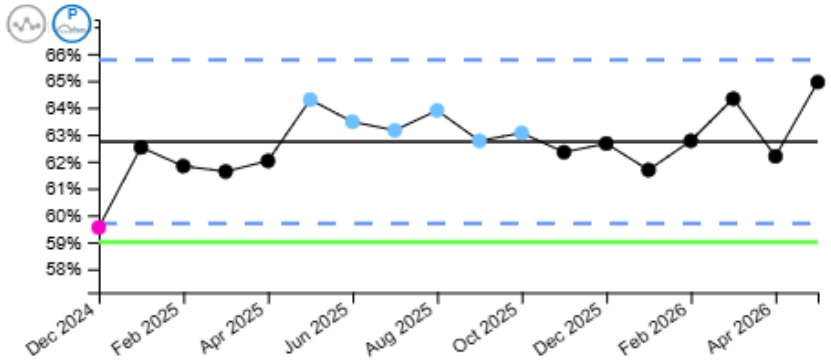
% of patients waiting under 18 weeks (Adult & CYP)



Target:
>=52%

Month Year	Value	Numerator	Denominator
May 2026	56.14 %	3,462	6,167

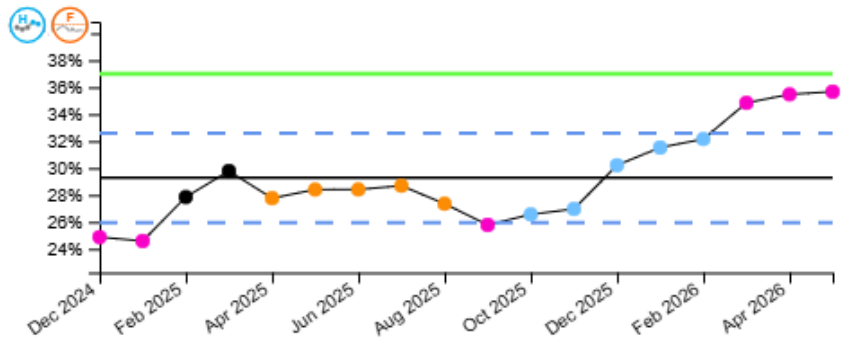
% of patients waiting under 18 weeks (Adult)



Target:
>=59%

Month Year	Value	Numerator	Denominator
May 2026	64.95 %	2,800	4,311

% of patients waiting under 18 weeks (CYP)



Target:
>=37%

Month Year	Value	Numerator	Denominator
May 2026	35.67 %	662	1,856

Section 3

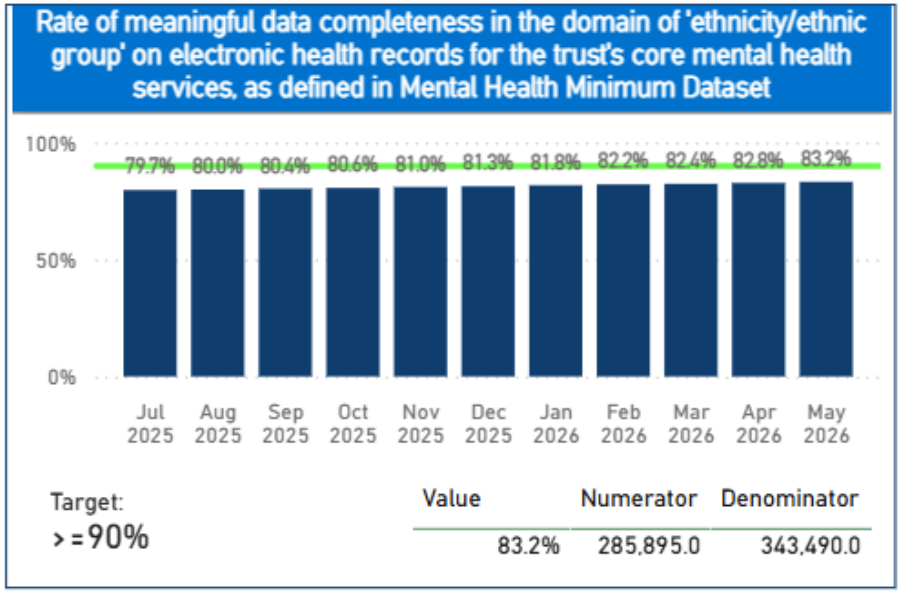
1. Quality
2. People

3.1 Quality - Deliver the best possible care and health outcomes

Quality - summary

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
Local Strategic - Quality	Rate of meaningful data completeness in the domain of 'ethnicity/ethnic group' on electronical health records for the trust's core mental health services, as defined in the Mental Health Minimum Dataset.	>=90%	May-26	83.20%	.	.	81.40%
Local Strategic - Quality	Reduction in the use of prone restraints (number of incidents involving prone restraint) - Trust level	Less than 8 per month / less than 97 in year	May-26	14			15
Local Strategic - Quality	Reduction in use of seclusion (number of incidents involving seclusion) - Trust level	Less than 25.25 per month / less than 303 in year	May-26	52			36
Local	Total number of patient incidents (all levels of harm excluding inherited pressure damage)	.	May-26	1472		n/a	1504
Local	Total number of unexpected deaths reported as incidents (by date of death, including natural and unnatural)	.	May-26	31		n/a	1504
Local	Number of suspected suicides	.	May-26	11		n/a	5
Local	Total number of incidents involving physical restraint - Trust level	.	May-26	391		n/a	338
Local	Total number of violence, physical, non-physical and property damage incidents (patients and staff)	.	May-26	460		n/a	397
Local	Total number of complaints and resolutions	.	May-26	101		n/a	82

Quality



Understanding the performance

Patient and Carer Race Equality Framework (PCREF) was introduced by NHS England to reduce racial and ethnic inequalities in mental health services with respect to access, experience and outcomes. It is a mandatory framework for mental health trusts to embed. One of the focus areas is data quality and completeness ensuring that ethnicity among other protected characteristics data is collected, recorded and of sufficient quality, so that disparities can be measured.

The strategic metric on the left represents the rate of meaningful data completeness in the domain of "ethnicity/ethnic group" on electronic health records for the Trust's core metal health services. The Trust has set an internal target of 90% of in scope health records to have "ethnicity/ethnic group" meaningfully recorded – in May 2026 performance was at 83.2% demonstrating a further steady increase.

High data completeness allows Trusts to:
- Monitor Disparities: Identify differences in access, experience, and outcomes among ethnic groups.
- Inform Interventions: Develop targeted strategies to address identified inequalities.
- Enhance Accountability: Provide transparent data for regulatory bodies and the public.

Actions (SMART)

- Short-term actions underway to improve position:

Via the BRIDGE programme, in Buckinghamshire we are continuing to promote data completeness with services in scope.
BSW, Oxon and Forensic services have Joint Management Groups which will facilitate local conversations about the need for data completeness.

- Medium-term actions underway to improve position:

Quality Improvement (QI) Project - There is a need for the Gateway team QI project on data completeness to be replicated in other areas of low data completeness/quality over the next quarter. For reference, as a result of the QI project, the rate of meaningful recording of ethnicity improved from 25.4% to 82.9% over a period of 12 months in the Gateway team.
- Campaign - There is a Trust-wide campaign aimed to improve ethnicity data to 90%.

- Long-term actions underway to improve position:

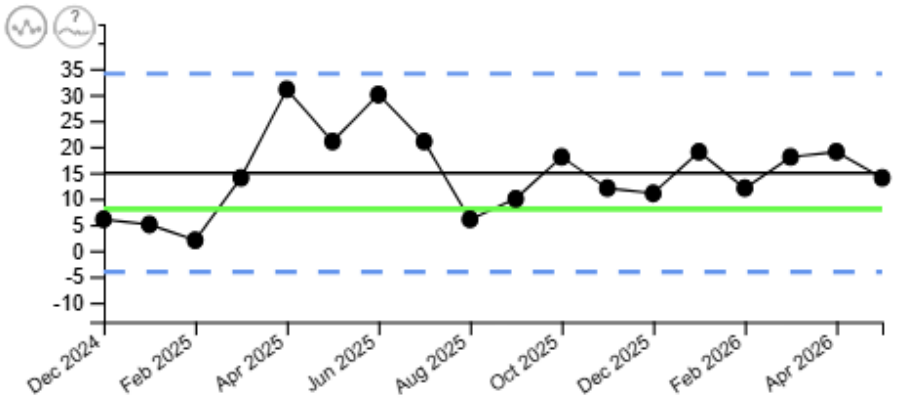
The PCREF group will develop guidance on recording protected characteristics data to empower staff to confidently and consistently have conversations with services users about their protected characteristics and provide the rationale for recording them. This addresses one of the main factors in under-recording - lack of professional confidence in engaging in these sensitive discussions.

Risks

Lack of data means the Trust is limited in being able to provide meaningful insights into access, experience and outcomes for service users of different ethnic backgrounds.

Quality

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



Target: <97 in year

Month Year	Value	FYTD value
May 2026	14	33

Understanding the performance

Reduction in the use of restrictive practices remains as a key priority for the Trust in line with the requirements of the Mental Health Units (Use of Force) Act 2018. The reduction of the use of prone restraints remains one of the Trusts quality objectives for 2026/27. May has seen a small reduction in the use of prone restraint. There is a target reduction of 20% in the use of prone restraint the monthly rate for reduction has not been met since August 2025.

May 2026 had fourteen (14) prone restraints involving 10 individuals across 8 wards:

- Six (6) prone restraints were in one Forensic Low Secure Ward – Wenric House and attributed to one individual (6)
- Four (4) prone restraints within Oxon CAMHS GAU – Highfield (4) and attributed to one individual ; Buckinghamshire's Mixed Rehab and Place of Safety (POS) Opal ward (2) attributed to one individual ; Forensic medium secure Kennet ward (1) Oxfordshire's Adult Psychiatric Intensive Care – Ashurst Ward (1)

- The reasons for prone restraints during May were for administration of IM medication (8) ; Seclusion Procedure (3) and Unintentional led by patient (3) and (1) The 'unintentional led by patient' is difficult to avoid due to it being as a result of the patient moving into the position .

Actions (SMART)

The Positive and Safe Strategy work continues to focus on embedding quality improvement work around the use of prone restraints for IM medication and for seclusion procedures.

Weekly review mechanisms were introduced when the use of prone restraints increased. To address the lack of progress in this domain a taskforce commenced on the May 1st 2026 to target barriers to progression with a weekly IIR review specific to prone in place to quickly identify and action learning. The first IIR Panel commenced on the 9th June 2026 and is predicted to support reductions in line with or exceeding the target.

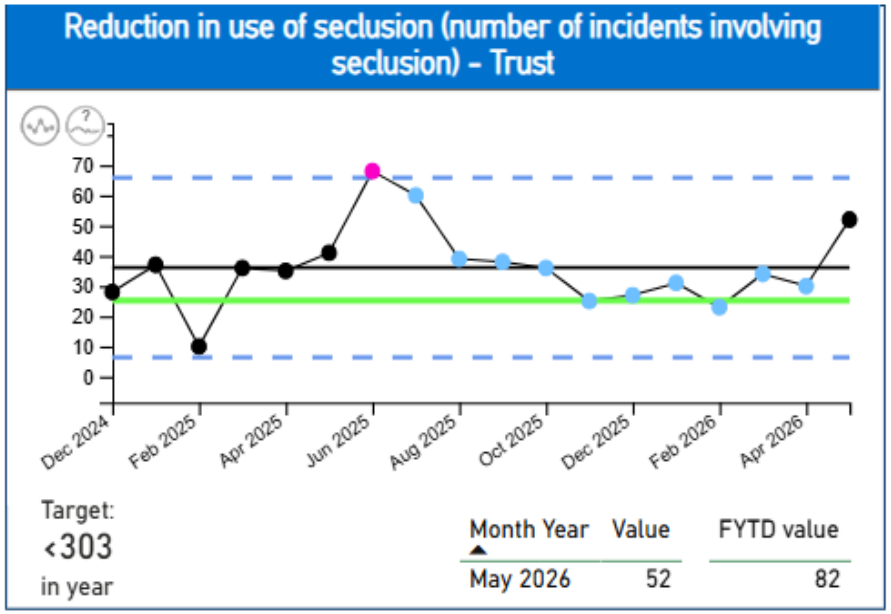
The use of the safety pods is now well embedded in most teams, and all Positive Engagement and Caring Environments (PEACE) trained staff are trained in their use. All registered nursing staff have undertaken alternative injection site training to support confidence and competence in using alternative sites where possible that do not require prone restraint.

A review of PEACE techniques is due to be undertaken for approval at the August Positive and Safe Committee which will further strengthen the adoption of interventions that do not use the prone position in an intentional manner.

Risks

In general, prone restraints can have risks associated with physical well-being, psychological trauma to patients and lead to harm, can raise safeguarding concerns. Use of prone restraint (being held in a face or chest down position) carries increased risks for patients and should be avoided and only used for the shortest possible time. The prone position is used mostly to administer medication via intramuscular injection (IM) followed by unintentional led by patient and then seclusion exit procedure.

Quality



Understanding the performance

Reduction in the use of restrictive practices remains 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 safe management of violent and aggressive behaviours.

There has been an increase in seclusion episodes in May 2026 with 56 seclusion episodes involving 30 patients (4 episodes were not reported via Ulysses but were picked up in Rio and added to the TOBI dashboard) across 11 wards.
There was an increase in the use of seclusion in CAMHS PICU (Meadow Unit) attributable to the management of one individual. Usage at Ashurst Adult PICU also increased to 10 episodes and Ruby Ward (Female Adult Acute Bucks) saw the third biggest increase in usage to 9 episodes in May.
The annual reduction target of less than 303 seclusions during 2025/26 was exceeded in October 2025 and not met. The annual target has been rolled over to 2026/27 and the monthly target of 25.25 has not been met in May 2026.

Actions (SMART)

Seclusion usage data is now generated from both RiO and Ulysses achieving improved data quality. Duration data is available via a manual report and in the final stages of data quality checking of historical duration and episode data. Weekly data quality monitoring is in place to ensure the data is reliable going forward. Update to the seclusion form have been made to improve data quality.

Duration data will inform the Trust Quality target for a 20% reduction in durations of seclusion. .

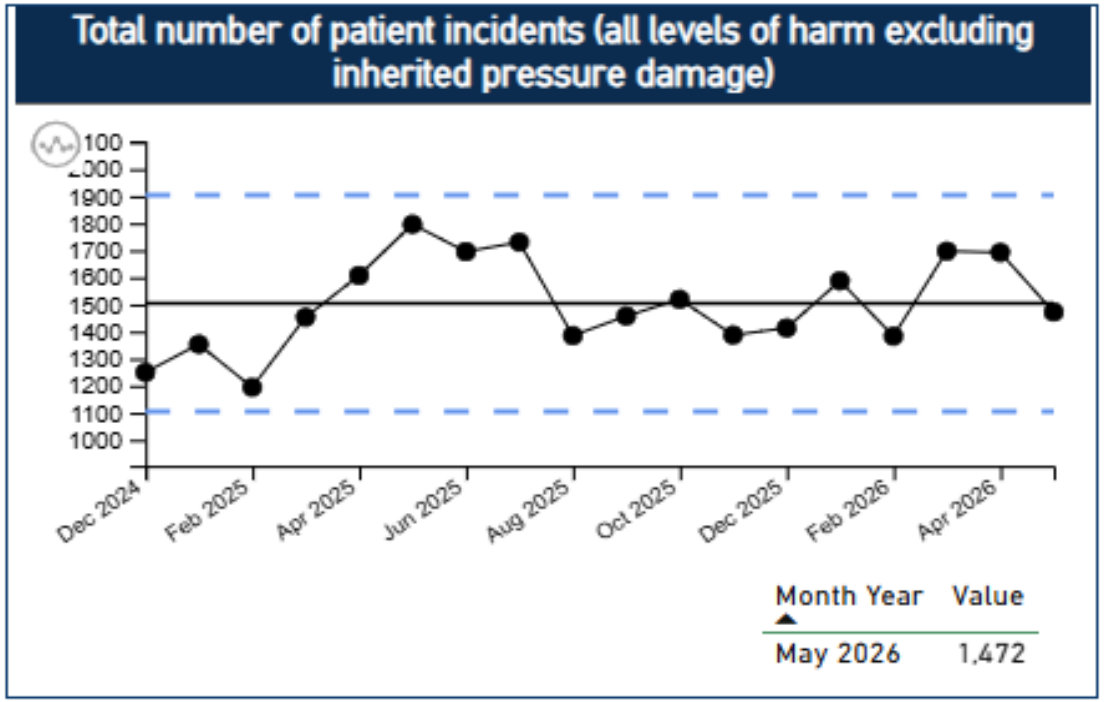
A programme board is being developed to focus on interrogation of the data to inform targeted reduction strategies where there are high users of seclusion either in episodes or duration.

Risks

Key risks associated with the use of seclusion:

- Psychological harm, which may increase the likelihood or intensity of anxiety. In some cases, especially if used for long period or without therapeutic engagement, seclusion can exacerbate psychosis, agitation or suicidal ideation.
- Though seclusion rooms are designed to reduce risk, patients may still harm themselves.
- Physical health issues may go unnoticed or untreated while the person is secluded.
- Regular use of seclusion may reflect poor culture, insufficient training or inadequate de-escalation protocols and can have a negative impact on staff morale.

Quality



Actions (SMART)

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

The number of moderate harm or severe harm incidents is low and has not changed or increased over time.

Understanding the performance

Most incidents are recorded with low or no physical harm to patients (94.1%), this compares to the national figure of 94.2%. There is no significant change in moderate or severe harm incidents over time, with the incidents with most harm relating to category 3 pressure damage and deep tissue injury for patients in the community under the District Nursing service.

The most common types of incidents in May 2026 were:
- Physical illness (with an increase on Ruby ward predominantly involving one patient who is experiencing multiple psychogenic non-epileptic seizures)
- Violence with no physical injury or verbal abuse - patient on staff (highest on Kingfisher ward, Wenric ward and Cherwell ward)
- Medicine administration/supply (highest in the District Nursing service)
- Self-harm incidents (highest on CAMHS PICU and CAMHS Highfield Unit)

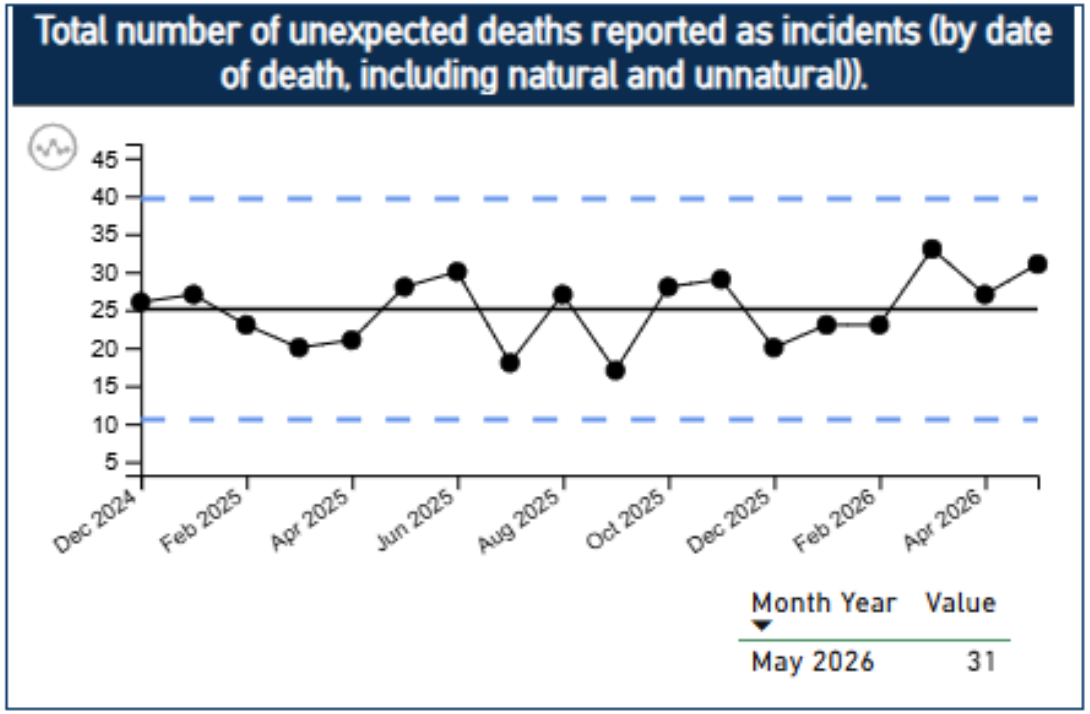
In May 2026 overall most of the incidents were on;
- Ruby ward, female adult acute mental health (relating to a patient having seizures)
- Child and Adolescent (CAMHS) Psychiatric Intensive Care Unit (PICU) Meadow (relating to self-harm)
- CAMHS Highfield general acute (relating to self-harm)

There were 3 severe harm incidents under Oxford Health's care in May 2026:
- A patient self-harmed by taking an overdose in the community. She was admitted to an acute hospital and had subsequent surgery. Known to the Trust's memory assessment service.
- A patient self-harmed by swallowing a battery and jumping from a building in the community, resulting in fractures and surgery to remove the battery. Open to an adult community mental health team.
- A patient on an adult acute mental health ward fall to the floor during a seizure. Ambulance called and transferred to A&E.

Risks

No specific risks identified, each incident is reviewed by a range of staff, immediate actions are taken and any further work required is identified. All patient and staff incidents resulting in significant harm or concerns about care are reviewed by the Trust-wide weekly safety forum.

Quality



Actions (SMART)

We have strong processes in place to review and learn from all deaths. The trends and actions being taken from what we learn is regularly scrutinised by the Executive Directors.

No further actions are identified.

Understanding the performance

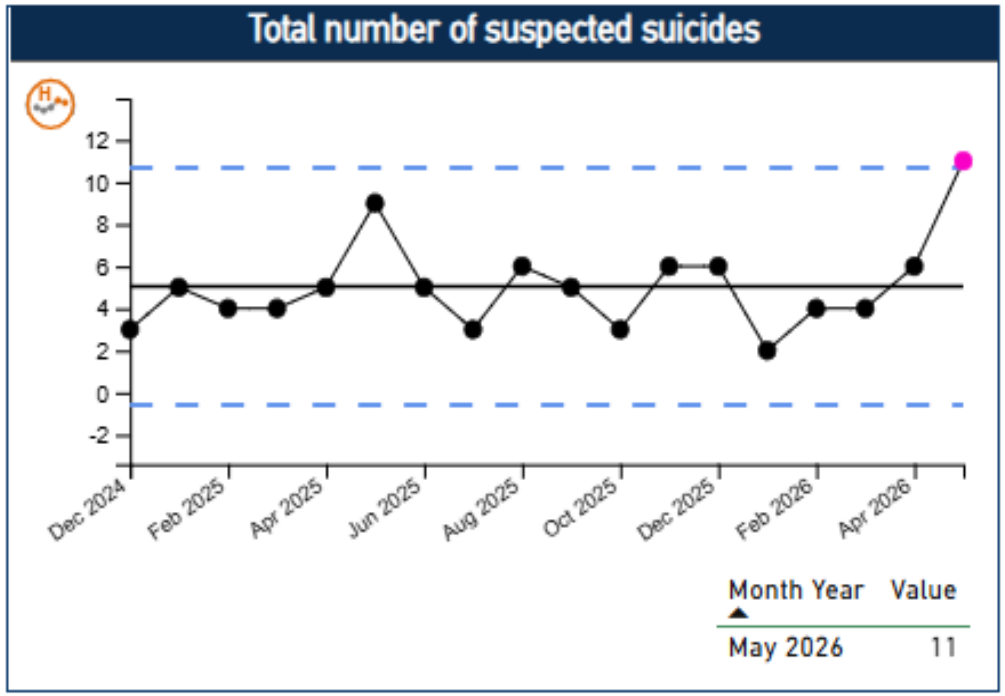
The Trust takes its role and responsibilities very seriously around reviewing, learning and taking appropriate actions after a patient's death. The Trust's learning from deaths process reviews all known patients on our caseload against a national database to ensure we identify and review all appropriate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

Our internal process involves two senior clinicians screening every known patient death and then depending on the outcome of this initial screening and/or the circumstances of the death, this is then reported onto the Ulysses system. The unexpected deaths reported onto the Ulysses system are represented in the graph shared. All unexpected deaths are then scrutinised by the Directorate senior management team through their weekly patient safety forums, which identify any actions and if a further review is required. Alongside this, the Trust links 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. We also provide information to Coroners and Medical Examiner offices for independent reviews.

The number of unexpected deaths increased in May 2026 relating to 15 unexpected/unnatural deaths, of which 11 of the people were open to services at the time they died. Out of the 15 deaths 11 are suspected suicides. One of the deaths was an inpatient on a female acute ward. The deaths are across all age groups children to older adults, spread across a number of teams and across Buckinghamshire, Oxfordshire and Swindon. The deaths have been initially reviewed and no link between the patients has been identified. Further reviews for each of the deaths are underway.

Risks

No specific risks identified.



Actions (SMART)

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

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

No further actions are identified.

Understanding the performance

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

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

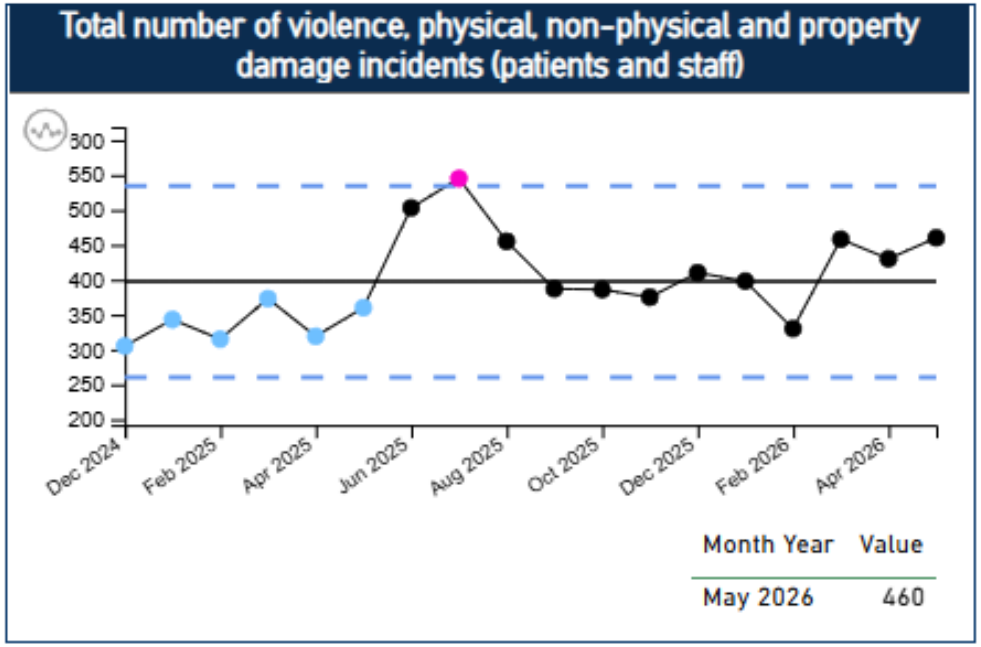
There were 61 confirmed/suspected suicides for open and discharged patients in the last 12 months up to 31st May 2026, of which 34 were open at the time to an OHFT service. We continue to see a higher number of male suspected suicides although not as big a gap as seen previously (35 males/26 females).

There has been an increase in suspected suicides in May 2026 which has been reviewed as part of looking at all unexpected/unnatural deaths. No clusters by team or links between patients have been identified. The deaths have been initially reviewed for immediate learning and further reviews are underway.

We had one inpatient suspected suicide in May 2026, a full in-depth PSI investigation has started. Prior to this death the last inpatient suicide was in September 2024 and occurred while a patient was on leave.

Risks

No specific risks identified to escalate.



Actions (SMART)

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

The Trust has established a Reduction of Violence & Aggression Working Group to focus action on reducing violence and improving how we support staff who are exposed to verbal and physically violent behaviour. Progress against the workplan is reported to the Quality and Clinical Governance Group. The reducing violence work is being completed alongside increasing the safety of inpatient environments and work within the Positive and Safe Committee to continue to reduce the use of restrictive practice.

Understanding the performance

The number of violent incidents increased between June-August 2025 and has reduced since then but remains above the average level in May 2026. In the last 12 months the majority of incidents relate to verbal abuse from patients towards staff followed by physical violence with no harm from patients towards staff. The majority of incidents resulted in no specific harm or minor harm (98%). However, 4 of the violent incidents in May 2026 were RIDDORs* reportable, all for mental health wards.

It is the inpatient units with the highest number of violent incidents, in May 2026 the wards with the highest were;
- Ashurst Psychiatric Intensive Care Unit (PICU)
- Evenlode, forensic learning disabilities ward
- Kingfisher, forensic secure ward
- Phoenix, adult acute mental health ward
- Cherwell, older adult mental health ward

In May 2026, there was 0 severe harm violent incidents.

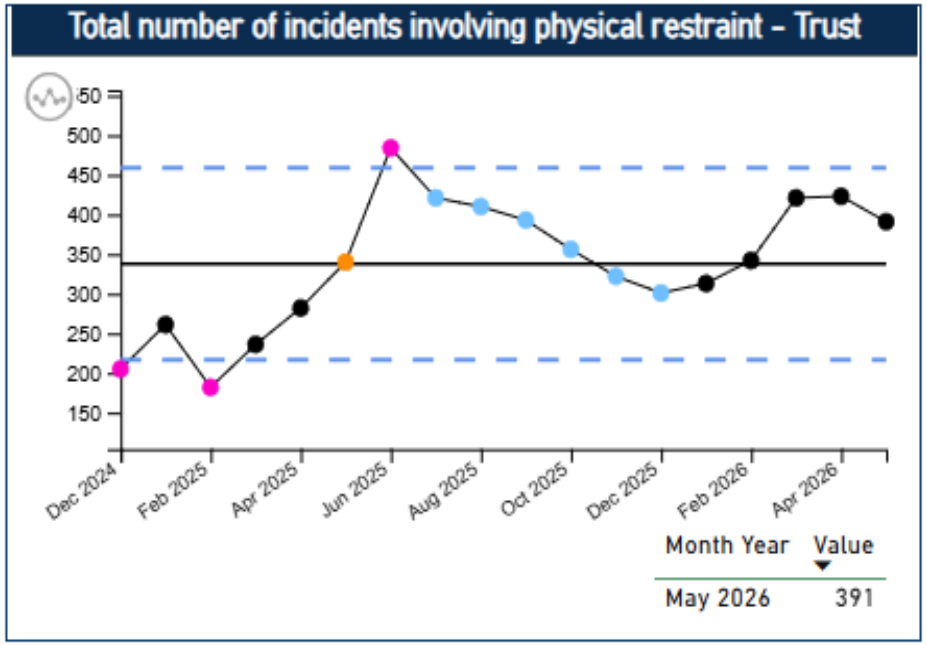
12% of violent incidents had a racial element in May 2026, this is fairly consistent month on month. On average there are 57 racially violent incidents each month. The majority of racial violence comes in the form of verbal abuse from patients towards staff and occurred mostly on Kingfisher ward, Ashurst PICU, Kennet ward and Evenlode ward.

**RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations require employers to report certain types of incidents to the Health and Safety Executive.*

Risks

Staff being injured by patients during their work, impacting on morale, sickness and retention.

Quality



Understanding the performance

The overall increase in physical restraints is largely attributable to the increase in restraint across the Child and Adolescent Mental Health Services (CAMHS) inpatients pathway.

May 2026 has seen a small reduction in physical restraints (391) , the first decrease since December 2025 . There was a sharp increase in March which sustained in April 2026.

CAMHS PICU – Meadow Unit accounted for 78 restraints and 73 for CAMHS GAU – Highfield Unit.
Oxford Female Adult Acute Pathway accounted for 30 restraints.
Cotswold Eating Disorder Unit (Marlborough) and Cotswold Eating Disorder Unit (Oxford) accounted for 30 and 27 restraints respectively.

The highest cause group for incidents involving restraint is self-harm. This has changed in the last two years from violence and aggression. In May 2026, 157 of 391 uses of restraint was to prevent or minimise self-harm for the individuals' safety. The second highest reason was violence & aggression with 116 physical restraints. 86 incidents were to deliver healthcare, 64 of which were for administration of nasogastric (NG) feeding.

Actions (SMART)

Work across the CAMHS pathway continues to focus on alternatives to physical restraint to maintain the young persons safety through self harm reduction with personalised plans and alternatives to restraint in the event of self harm.

Work to optimise feeding strategies is undertaken where nasogastric feeding cannot be avoided.

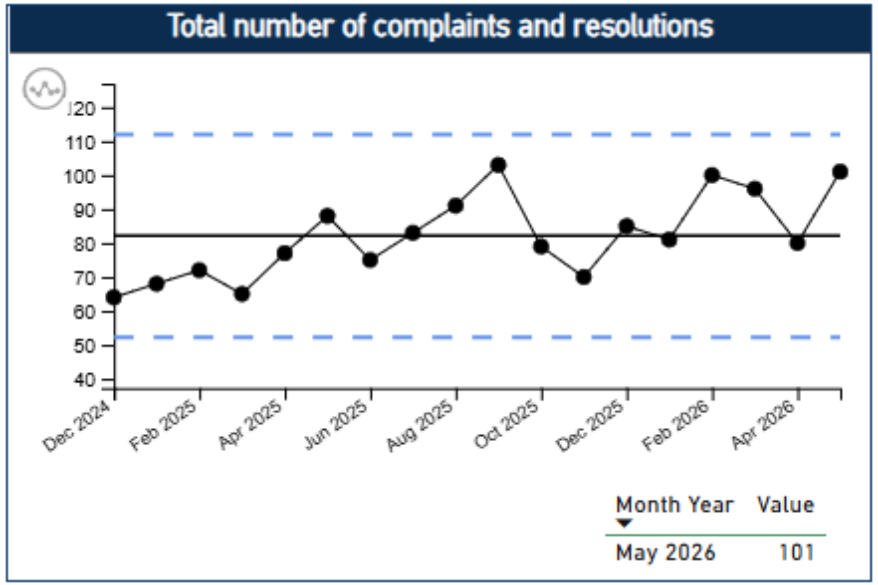
A programme of restrictive practice reduction is underway to establish targeted interventions based on data analysis.

Risks

To maintain individuals' safety, the use of physical restraint is required at times. In general, physical restraints can have risks associated with patient safety and wellbeing, staff safety and burnout, service and operational delivery.

Restraint when employed with a physically frail cohort means that all attendant risks are increased e.g. nasogastric feeding under restraint , preventing harm to others and facilitating personal care in the older adult population.

Quality



Understanding the performance

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

In May 2026, there were 21 early resolution cases, 51 rapid resolution complaints, 27 low level complaints, 4 Care Quality Commission (CQC) cases, and Member of Parliament (MP) enquiries. The top teams were AMHO Primary Care Oxford City & NE, AMHT Bucks Aylesbury Team, Ashurst Ward, Oxfordshire's Child and Adolescent Neurodevelopmental Pathway, and Ruby Female Acute Ward.

During May 2026, the Trust received 209 compliments across services.

Actions (SMART)

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

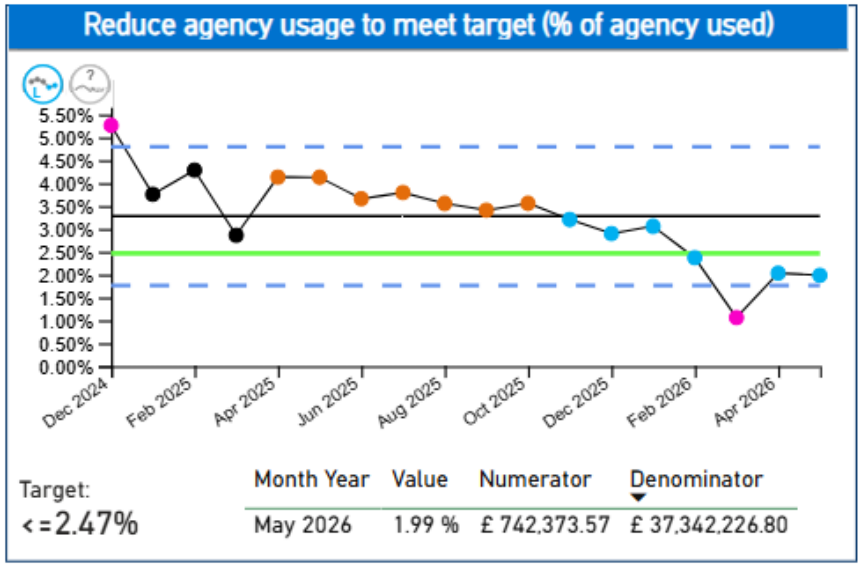
Risks

None requiring consideration.

3.2 People - Be a great place to work

People - summary

Type of metric	Metric	Target	Latest reporting period	Measure	Variation	Assurance	Mean
Strategic - People	Reduce agency usage to meet target (% of agency used)	<=2.47%	May-26	1.99%			3.28%
Strategic - People	Reduction in % labour turnover	<=12%	May-26	9.41%			9.95%
Strategic - People	% of staff completing Quality Improvement Training Level 1	.	May-26	1348		n/a	1144
Strategic - People Local	Black, Asian and Minority Ethnic (BAME) representation across all pay bands including Board level.	>=19%	May-26	28.39%			26.78%
Strategic - People Local	Black, Asian and Minority Ethnic (BAME) representation in senior leadership roles (Bands 8a-8d, Band 9, Very Senior Management).	>=19%	May-26	14.38%			13.97%
Local	Proportion of staff in senior leadership roles (bands 8a - 8d, 9 and Very Senior Manager) who are women	.	May-26	77.92%		n/a	77.84%
National NOF (scored)	Reduce staff sickness to 4.5%	<=4.5%	May-26	4.95%			4.85%
Local	Personal Development Review (PDR) compliance (PDR season is between April – July)	>=95%	May-26	33.40%	n/a	n/a	.
Local	Reduction in vacancies	<=9%	May-26	7.93%			8.67%
Local	% of early turnover	<=13%	May-26	12.30%			11.96%
Local	Statutory and mandatory training compliance	>=90%	May-26	93.34%			92.18%
Local	Overall supervision rate	>=90%	May-26	84.32%			77.74%
Local	Staff leaver rate	.	May-26	7.10%		n/a	6.46%
Local	Relative likelihood of white applicant being appointed from shortlisting across all posts compared to Black, Asian and Minority Ethnic (BME) applicants	1	May-26	2.0			1.73
Local	Relative likelihood of non-disabled applicant being appointed from shortlisting compared to disabled applicants	1	May-26	1.05			1.09



Understanding the performance

We have seen a sustained reduction in the Trust's agency usage, which has consistently remained below the 4.23% target for FY25/26 since June 2025, and below the 2.47% target for FY26/27 since February 2026. This demonstrates that robust controls and a bank-first approach are now firmly embedded.

Total agency spend in May 2026 decreased to 1.99% of total pay bill and remains under target. The Trust is £334k better than plan for agency spend Year to Date.

Agency Spend as a % of Temporary Staffing was 18.4% (£742k) and Bank was 81.6% (£3,286k) reflecting the Bank First approach.

Fill rates :
NHS People (NHSP) shifts only (excluding Medical & Dental): In May 26, 88.8% of our temporary staffing shifts (based on hours) were filled by bank workers, above the 85% target. 6.89% were filled by agency workers and 4.29% were unfilled.

Medical & Dental (ID Medical, Allocate and Patchwork agencies): In May 26, 57.6% of our temporary staffing shifts (based on hours) were filled by bank workers; 35% were filled by Agency workers and 6.8% were unfilled.

Actions (SMART)

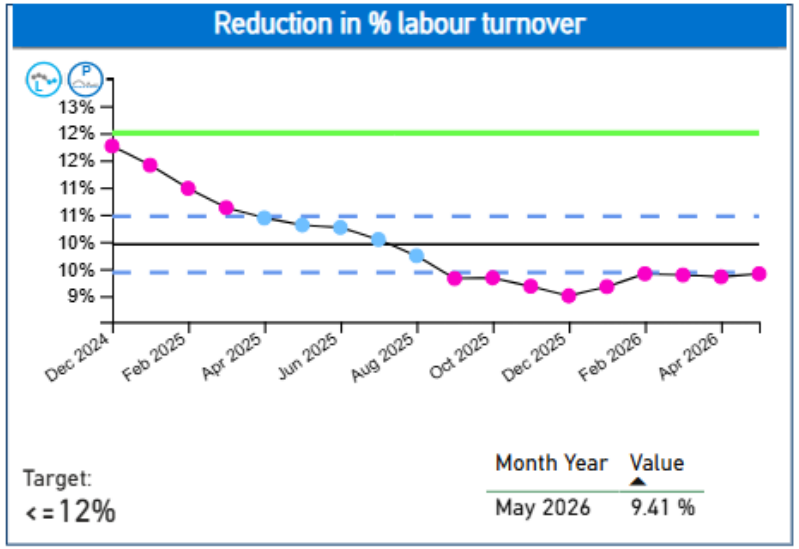
There continues to be successful fulfilment of all vacant shifts, although bank fill slightly decreased from 88.9% to 88.8% in May 2026, whilst agency fill decreased to 6.89%.

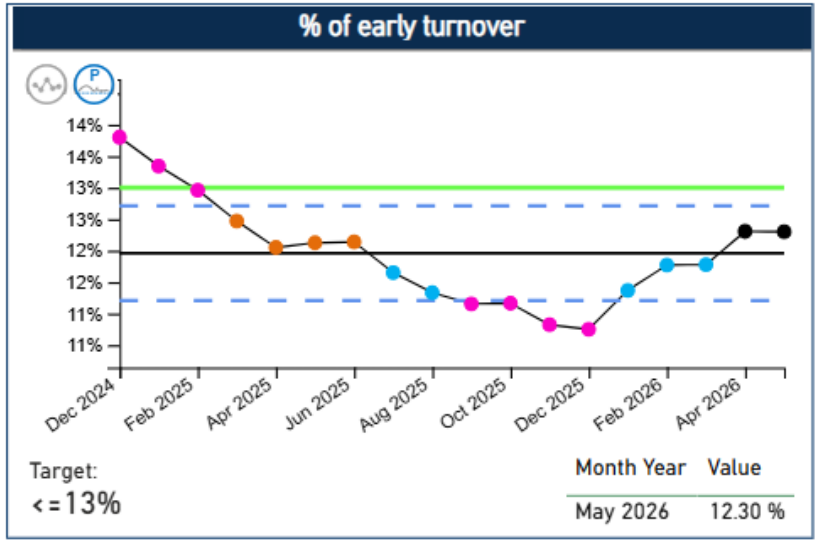
AfC – The rate reduction for Band 5 & 6 Agency nurses introduced at the beginning of April, to bring these workers under cap, has not had any significant impact on fill rates, and no staffing concerns have been raised by employees. This measure will contribute towards achieving our savings target for 26/27. Similarly, since the reduction on Emergency Practitioner rates for the Out of Hours Service, we have seen no negative impact on fill rate. From 4th May 2026 we have reduced the cascade of Agency Band 5 & 6 roles to 7 days across all in-patient services this has had no impact on Agency fill rate so far. Once embedded, the Temporary Staffing Team will look to implement an authorisation process for any qualified nursing agency request. Discussions have commenced between OHFT and NHSP on working together on the training of Band 3 HCA's to support the Trust requirement for Bank workers in this category. We continue to closely monitor long lines of work (there are 29 in total with 8 being migrated across to NHSP currently) and will be focusing on reducing all those that are above 12 months.

Medics – Focus continues reducing locum use and their rates. We have better quality data in relation to the recruitment pipelines for medics and have started to share this with stakeholders across the Trust.-Support is being given to the Out of Hours service to ensure they have adequate supply of GPs given changes to the pool we have been drawing from.

Risks

Lack of supply from agency could negatively impact patient safety. Equally lack of controls in relation to agency could drive up costs unnecessarily.





Understanding the performance

Staff turnover has shown a sustained reduction since October 2024. In May 2026 there was an increase from 9.35% to 9.41% although it remains significantly below the new 12% target. Staff turnover of Black, Asian and Minority Black, Asian and Minority Ethnic staff is 8.01%. White staff turnover is 10.28%.

Early turnover has slightly decreased from 12.31% to 12.30% and remains below the new 13% target. Early turnover is lower among Black, Asian and Minority Ethnic staff (10.57%) than the white staff (12.3%).

Actions (SMART)

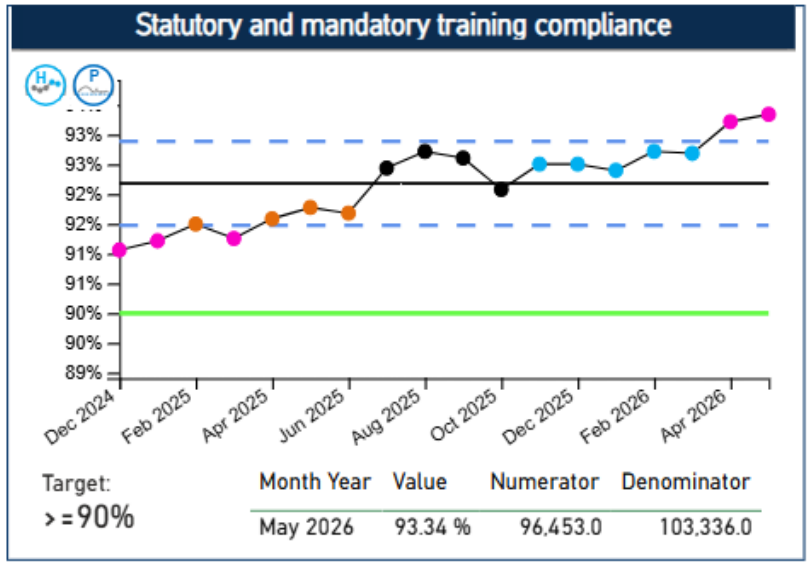
The retention programme has been reviewed, several workstreams have been closed and will now focus on:

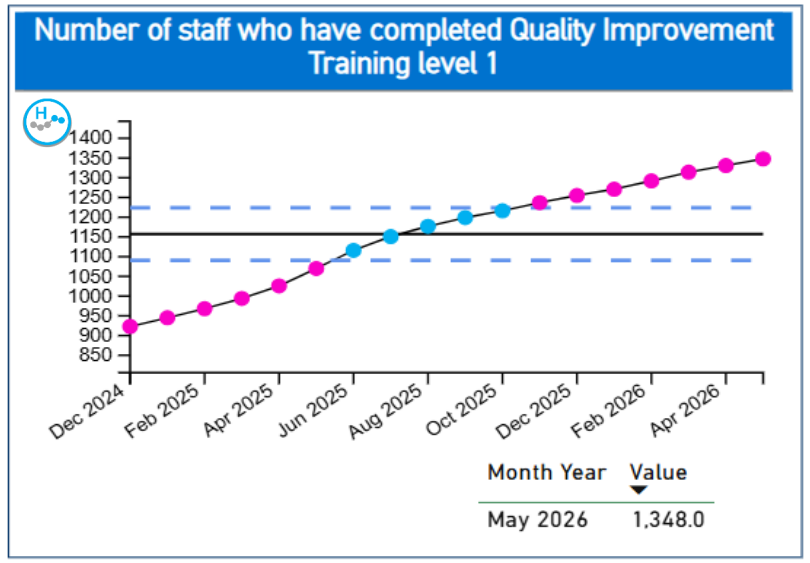
- Staff recognition work which has now been brought together with the Staff Awards. The 2026 Staff Awards attracted 632 nominations under 14 categories. The awards event took place on 17 June 2026.
- The Exit Dashboard has been launched and used to report reasons for leaving. The Flexible Working programme is focusing on
  - reviewing policy
  - guiding managers with flexible working requests
  - simplifying guidance documentation for those making requests
  - Reviewing recognition of service to include various lengths of service

Risks

Turnover is higher in some areas or professions than others which is masked by the average. This can impact on vacancies and quality of care provided to patients. Continued support will be given to directorates to focus on location and professions where turnover is higher than average.

People





Understanding the performance

The trust compliance rate has increased from 93.22% to 93.34%. Only R&D has an overall compliance below the 90% target but there are plans in place to address this.

11 out of 12 modules of Mandatory training have a compliance rate above 90%. 3 have compliance rates of over 95%. Resus remains the only module under 90% at 82.19%

The National NHSE Core Skills Training Framework (CSTF) alignment programme remains due for publication.

Actions (SMART)

- Resus compliance is stable at 82.19% compared to 81.25% last month with continued efforts resulting in reduced DNA rates and improved access to training. In line with expectation from NHSE National S&M training programme, some clinical teams that are largely telephone/online services are being considered for a reduction in requirements from face-to-face ABLS to Level 1 ABLS e-learning only. This will have positive impact on both the compliance for those services and access to training for other services. Level 1 resus awareness training has been monitored since its roll out on 15th December 2025 and is continuing to rise. Compliance is 78.97%, compared to 73.04% last month. This will be included in the overall Statutory & Mandatory training compliance figures from 1 July 2026, and a communication campaign is planned for June 2026 to drive up compliance for this module. The Trust is considering reduction of resus training in line with a risk-based approach

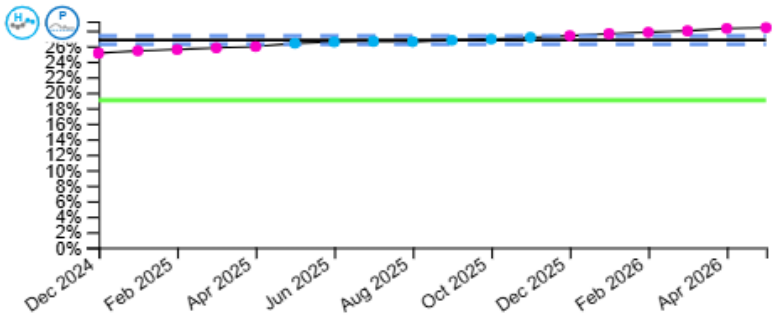
- We are still awaiting the release of the national review of the Core Skills Training Framework by NHSE and planned roll out of changes.

Risks

If staff have not attended mandatory training, there is a risk that quality of care and patient safety may be affected.

People

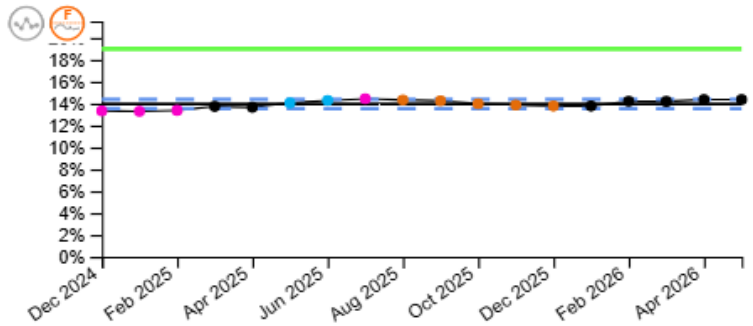
% of BAME (black, Asian and minority ethnic) representation across all pay bands including board level



Target: >=19%

Month Year	Value	Numerator	Denominator
May 2026	28.39 %	2,168	7,637

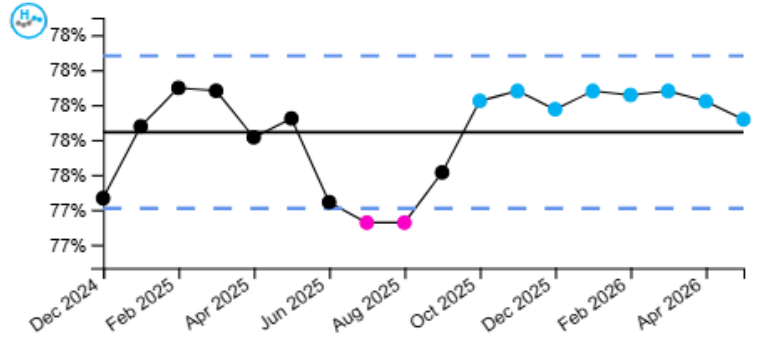
% of BAME (black, Asian and minority ethnic) representation in senior leadership roles (8a -8d, B9 & Very Senior Manager)



Target: >=19%

Month Year	Value	Numerator	Denominator
May 2026	14.38 %	138	960

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



Month Year	Value	Numerator	Denominator
May 2026	77.92 %	748	960

Understanding the performance

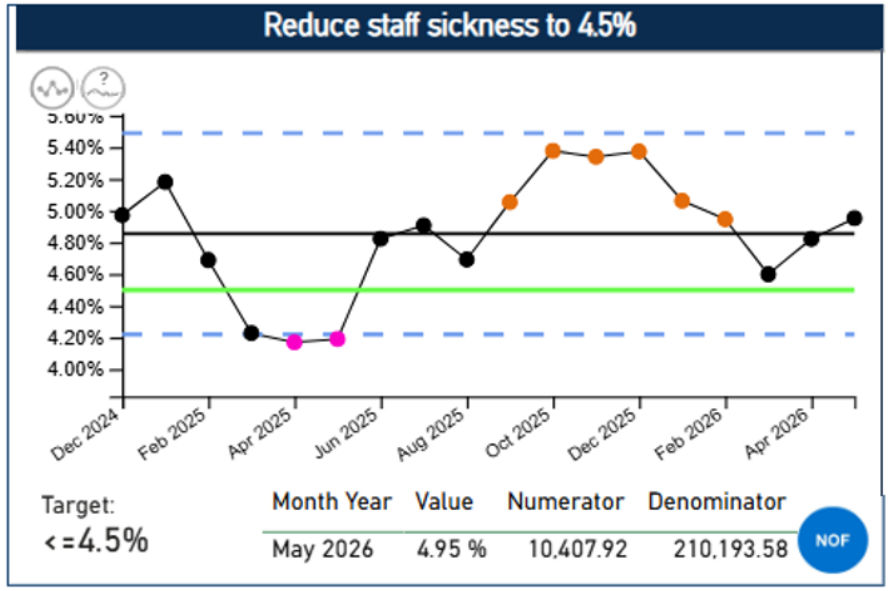
- There has been a slight increase of 0.11% in the representation of Black, Asian and Minority Ethnic staff across all pay bands during the May 2026 reporting period.
- There has been no change in the representation of Black, Asian and Minority Ethnic staff in senior leadership roles (bands 8A-8D, B9 and Very Senior Manager) in the May 2026 reporting period.
- There has been no change in the representation of female staff in senior leadership roles (bands 8A-8D, 9 and Very Senior Manager) in the May 2026 reporting period.

Actions (SMART)

• The Trust has approved the 2026 – 2028 Equality, Diversity and Inclusion (EDI) Plan bringing together the actions from WRES, WDES, NHS England's EDI Improvement Plan, pay gap reporting, PCREF workforce actions and other national equality programmes into one coordinated delivery framework.
• Delivery of the plan is now underway, with progress monitored through the EDI Steering Group and reported to the People, Leadership and Culture Committee to strengthen organisational oversight and accountability.
• Priority actions include improving workforce representation at senior levels, reducing workforce inequalities, strengthening inclusive leadership, improving staff experience, supporting disability inclusion and reasonable adjustments, addressing bullying, harassment and discrimination, and embedding anti-discriminatory practice across the Trust.

Risks

Failure to deliver the EDI Plan may result in continued workforce inequalities, reduced staff engagement, difficulty attracting and retaining diverse talent, increased regulatory risk, and a negative impact on organisational culture, patient care and service quality.



Understanding the performance

The sickness absence rate has increased from 4.82% to 4.95% in May 2026, 0.45% above target.

Long term absence has increased, from 2.71% in April 2026 to 2.90% in May 2026, and short-term absence has increased slightly from 1.21% to 1.22%.

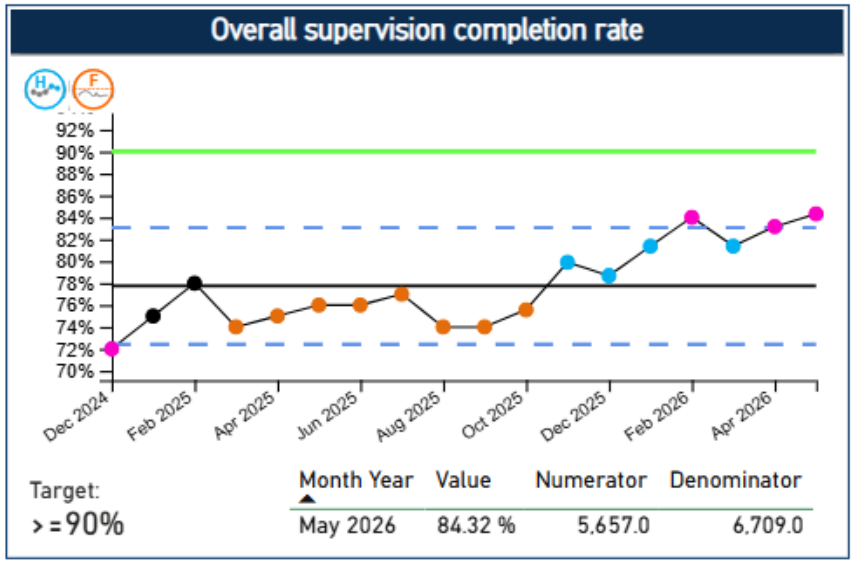
The most common reasons for absence based on number of cases were Cold/Cough/Flu, Gastrointestinal, Anxiety/Stress Non-work related, Headache/Migraine and Not Specified.

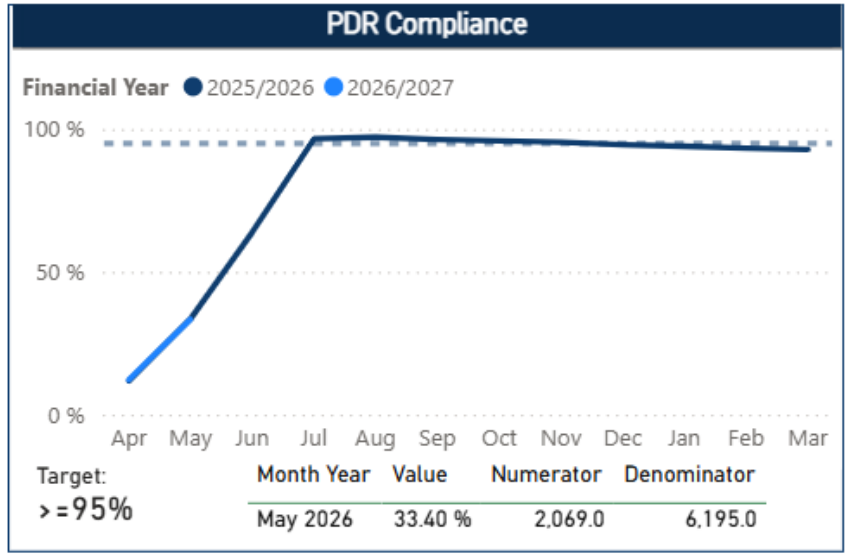
Actions (SMART)

- Absence levels are reviewed monthly in Operational Meetings/Service Reviews and in Directorate People Meetings/Senior Management Team meetings and the service areas with higher absences are highlighted.
- Human Resources (HR) Advisors are proactively working with managers to review sickness casework and to support to progress and resolve cases. A focus on absence continues and data is reviewed each month with managers being contacted for an update where staff are reaching either long- or short-term triggers as defined in the Sickness Absence policy.
- Line managers are prompted to complete return to work interviews and information is disseminated within the directorates on any outstanding Return to Work Interviews.
- The NHS Medium Term plan states an ambition for all Trusts to reduce sickness absence levels to 4.1% in the new financial year and the Trust is considering what additional support measures we can provide to managers to support sickness management. A focused piece of work on absence management is planned for the second half of this financial year.

Risks

- If periods of long-term sickness absence are not regularly reviewed by the line manager, then this can potentially delay any return to work and result in longer periods of staff absence. This can also result in delays in progressing formal cases, where appropriate.
- If line managers are not undertaking Return to Work interviews there is a risk that the Trust does not record the correct reasons for absence details, are not capturing supportive actions put in place to improve sickness monitoring and maintain lower sickness levels.





Understanding the performance

Good quality and regular management and clinical supervision is essential for ensuring that we provide high quality patient care and that we support staff in relation to their professional development and wellbeing.

Since the change to a single reporting mechanism for supervision in Autum 2025 there has been a steady upward trend in compliance with Supervision at 84.32% in May 2026

The PDR season started on 1st April 2026 with Trust-wide communications highlighting resources available. PDR data will be reported in the IPR alongside August data.

Actions (SMART)

L&D are trialling detailed reports with service leads from psychological therapies who need to report on whether staff have completed weekly clinical supervision.

Managers are trialling changes in reporting including push emails reminding them that staff are going out of date for supervision. A Feedback questionnaire has been sent to review the usefulness as well as frequency before widening this roll out to all managers.

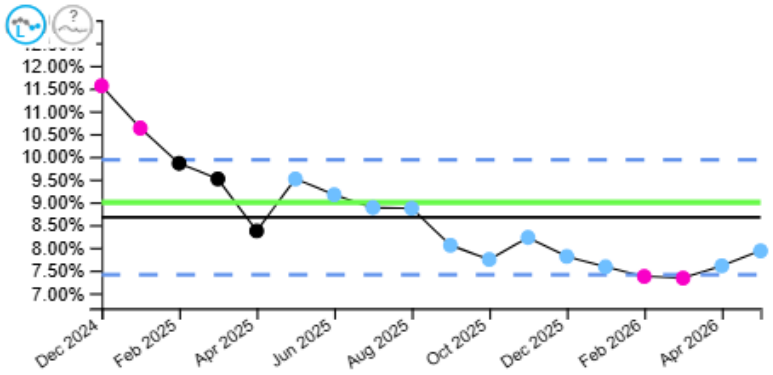
OD and L&D teams are planning work to address PDR quality/feedback and considering additional question in the Staff survey to inform actions taken.

Risks

Failure to provide regular clinical or managerial supervision or conduct PDR may result in staff feeling unsupported, increased levels of work-related stress sickness absence and increased levels of labour turnover. They may also result in reduced quality of care and increased risk of patient safety issues.

People

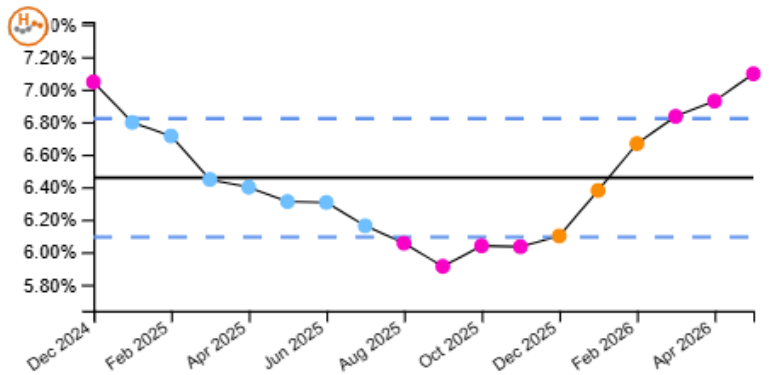
Reduction in vacancies



Target: <=9%

Month Year	Value	Numerator	Denominator
May 2026	7.93 %	584.88	7,372.34

Staff leaver rate



Month Year	Value	Numerator	Denominator
May 2026	7.10 %	480.7	6,773.9

Understanding the performance

Following a sustained reduction in the vacancy rate since September 2024, the rate has increased in May 2026 from 7.60% to 7.93% and remains below the 9% target.

Staff leavers - people leaving Oxford Health NHS Foundation Trust and not moving to another NHS employer has showed an increasing trend from December 2025 which will be monitored for any themes

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

Actions (SMART)

Talent Acquisition

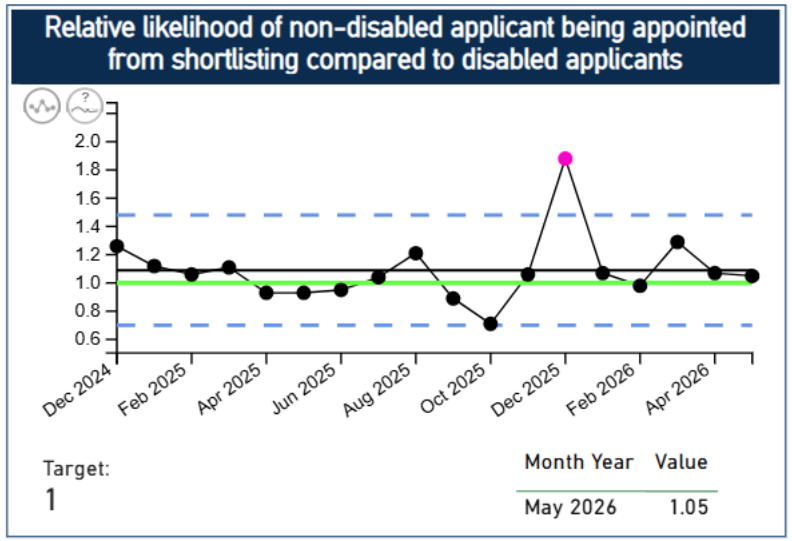
- The most recent centralised assessment centre delivered excellent outcomes across both nursing and HCA recruitment, with 100% of vacancies filled on the day. The event was structured in two phases: community hospitals recruited seven HCAs in the morning session, followed by forensic services appointing five nurses in the afternoon. Both directorates also established reserve lists, strengthening their ability to respond quickly to upcoming vacancies.
- The B5 & B6 generic nursing job descriptions have been created by recruitment and shared with the nursing leadership team for their input and work on creating standardised roles to reflect our nursing workforce. They are expected to complete this work at the end of June and report back to recruitment.

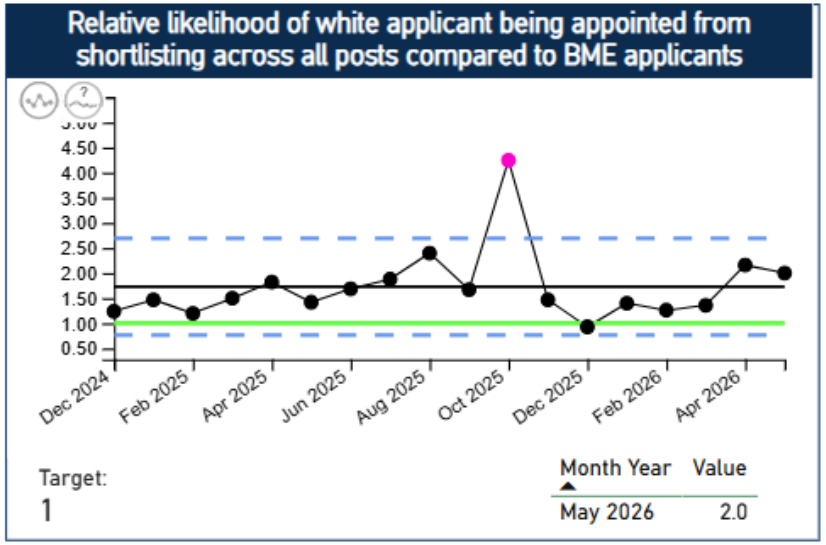
Recruitment Marketing and Communications:

•Weekly internal recruitment bulletin – Sent to all colleagues, consistently achieving 40%+ readership.
•Monthly external recruitment bulletin – 500+ subscribers with an average 70%+ readership.
•Apprenticeship Alert – 500+ subscribers receiving notifications as soon as apprenticeship opportunities are advertised.

Risks

- Ongoing changes to immigration and visa sponsorship rules continue to pose a risk to recruiting lower-banded roles and may also influence retention if sponsored staff choose to leave the UK.
- Building sustainable talent pipelines, including early-careers, local and underrepresented communities and internal mobility routes, will take time to mature and may limit how quickly vacancy rates can improve over the next 2–3 years.





Understanding the performance

The relative likelihood of white applicants being appointed from shortlisting compared to Black, Asian and Minority Ethnic applicants has decreased from 2.16 in April 2026 to 1.05 in May 2026. The higher the ratio, the more likely White applicants are to be appointed than Black, Asian and Minority Ethnic applicants. A ratio under 1 indicates that Black, Asian and Minority Ethnic applicants are more likely to be appointed than White applicants and vice versa. A ratio of 1 indicates equal likelihood for both groups.

The relative likelihood of non-disabled applicants being appointed from shortlisting compared to disabled applicants has increased from 1.07 in April 2026 to 2.0 in May 2026. The higher the ratio the more likely Non-Disabled applicants are to be appointed than Disabled applicants. A ratio of 1 would indicate equal likelihood for both groups.

Actions (SMART)

- The Trust has approved the 2026 – 2028 Equality, Diversity and Inclusion (EDI) Plan, bringing together the actions from WRES, WDES, NHS England's EDI Improvement Plan, pay gap reporting, PCREF workforce actions and other national equality programmes into one coordinated delivery framework.
- Delivery of the plan is now underway, with progress monitored through the EDI Steering Group and reported to the People, Leadership and Culture Committee to strengthen organisational oversight and accountability
- Priority actions include improving workforce representation at senior levels, reducing workforce inequalities, strengthening inclusive leadership, improving staff experience, supporting disability inclusion and reasonable adjustments, addressing bullying, harassment and discrimination, and embedding anti-discriminatory practice across the Trust.

Risks

Failure to deliver the EDI Plan may result in continued workforce inequalities, reduced staff engagement, difficulty attracting and retaining diverse talent, increased regulatory risk, and a negative impact on organisational culture, patient care and service quality.

Section 4
Strategic dashboard

Strategic objectives

Strategic objectives guide the priority setting and decision-making. Each objective has a set goal and overarching ambitions, which are then linked to specific measures and targets. Full Strategic Dashboard is reported twice per year – in November (representing six-month position) and in May (representing annual position); in-year strategic metrics, where possible, are reported monthly throughout the IPR.

Oxford Health NHS Foundation Trust

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

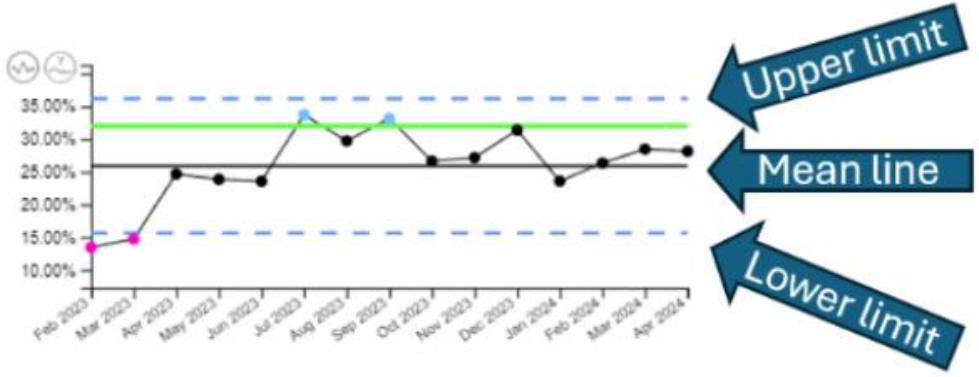
General Appendices

Guide to the Integrated Performance Report – interpreting SPC charts

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

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

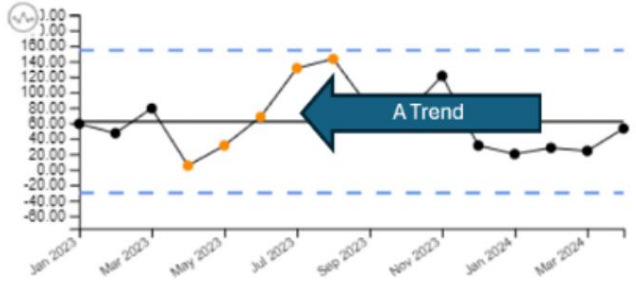
The SPC chart has three lines on it: central line (mean line; black) is the average of data and blue are upper and lower control limits. If data points are within the control limits, it indicates that the activity is within normal range. If the data points are outside of these control units, it indicates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



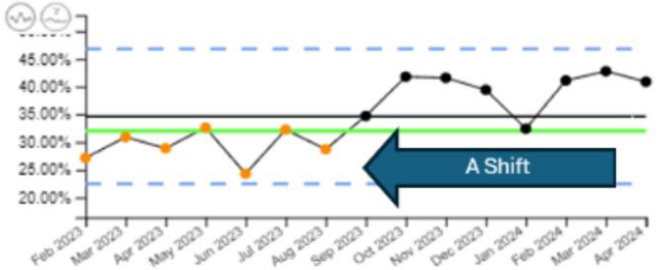
Upper and lower limits on an SPC chart are calculated using statistical formulas based on actual data, typically, by measuring the average and natural variation, to identify the range within which the process should operate if it remains stable.

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

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



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



Guide to the Integrated Performance Report – Interpreting summary icons

The below legends explain Variation and Assurance icons and Statistical Process Control (SPC) charts used throughout this IPR.

	Variation / performance Icons		
Icon	**Technical description**	**What does this mean?**	**What should we do?**
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.	**Consider if the level/range of variation is acceptable**. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of a CONCERNING nature.	**Something's going on!** Something, a one-off or a continued trend or shift of numbers in the wrong direction	**Investigate** to find out what is happening / has happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an IMPROVING nature.	**Something good is happening!** Something, a one-off or a continued trend or shift of numbers in the right direction. Well done!	Find out what is happening / has happened. **Celebrate** the improvement or success. Is there **learning** that can be shared to other areas?

	Assurance icons		
Icon	**Technical description**	**What does this mean?**	**What should we do?**
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **within** those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	If a target lies **outside of those limits in the wrong direction** then you know that the target cannot be achieved.	**You need to change something in the system or process if you want to meet the target.** The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	If a target lies **outside of those limits in the right direction** then you know that the target can consistently be achieved.	**Celebrate the achievement**. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Guide to the Integrated Performance Report – Exception reporting

The Integrated Performance Report has been developed to reflect recommendations, where possible, provided by NHS England in the Insightful Board Guidance, the Performance Assessment Framework for 2025 – 26, Standardising Community Health Services guide and other best practice guides and examples.

The Board will receive additional information in the form of exception reporting for certain measures throughout the IPR. Rules applied to exception reporting are as follows:

- Clinical section – those in the categories of and highlighted in **orange** on the matrix:
  - Concerning nature 

, but consistently passing the target 

  - Concerning nature 

and inconsistent passing or failing the target 

  - Concerning nature 

and consistently failing 

  - Improving nature 

, but consistently failing the target 

  - No significant change 
and consistently failing the target 

- People – narrative provided for all metrics
- Quality - narrative provided for all metrics

Metrics not falling in any of the categories above or those which may appear to be in the above categories but have an asterisk (*) next to them and system-wide measures will be reported as appendices in each of the clinical sections for information only.

Guide to the Integrated Performance Report – Interpreting the Data Quality Indicator

These indicators provide an effective visual aid to quickly provide analysis of the collection, review and quality of the data associated with metrics. Each group of metrics are rated* against the 3 domains in the table below and relevant icons displayed alongside summary dashboards.

Symbol	Domain	Definition
S	Sign off and Review	Has the logic and validity of the data definition been assessed and agreed by people of appropriate and differing expertise? Has this definition been reviewed regularly to capture any changes e.g. new ways of recording, new national guidance?
T	Timely and Complete	Is the required data available and up to date at the point of reporting? Are all the required data values captured and available at the point of reporting?
P	Process and System	Is there a process to assess the validity of reported data using business logic rules? Is data collected in a structured format using an appropriate digital system?

* Green - answers to domain questions are "yes"
Amber - answers to domain questions are "partly"
Red - answers to domain questions are "no"

Latest NHS Thames Valley Integrated Care Board (TV ICB) Performance (source: Mental Health Core Data Pack)

Metric	Latest ICB Target	Apr-26				
		TV ICB	Oxon	Bucks	Berks W	Frimley
Mean LoS adult acute and PICU discharges	44	**55**	61	32	61	62
Mean LoS older adult acute discharges	76	**82**	61	87	102	110
72hr Follow-up	null	**90%**	88%	84%	96%	94%
Absolute difference between White and non-White per 100,000 of CYP 1+ contact (12-month rolling)	null	**1384**	n/a	n/a	n/a	n/a
Absolute difference between White and non-White per 100,000 of detentions (12-month rolling)	null	**35**	n/a	n/a	n/a	n/a
Absolute difference between White British and non-White British per 100,000 CTOs (12-month rolling)	null	**16**	n/a	n/a	n/a	n/a
CYP 1+ contacts (target changing periodically)	33239	**35030**	9975	8850	9205	7045
CYP Paired scores (%)	null	**19%**	*	*	*	*
CYP Self-rated measurable improvement (%)	null	**44%**	*	*	*	*
CYP supported through NHS funded MH with a least 1 contact with an education-based MH support team (MHST)	5290	**6565**	1485	1480	1700	1905
Open CYP referral-spells with a MH related wait of more than 104 weeks for a full clock stop	6427	**6035**	3025	1005	1200	805
CYP ED Routine (interim)	null	**85%**	74%	91%	92%	100%
CYP ED Urgent (interim)	null	**88%**	81%	100%	*	*
Dementia: 65+ Estimated Diagnosis Rate	null	*****	*	*	*	*
EIP 2 week waits	null	**67%**	57%	71%		71%
Inpatient No Contact	null	**10%**	12%	12%	9%	7%
Individual Placement and Support (IPS, rolling 12 month; target changing periodically)	1895	**2020**	805	350	450	410
OAPs active at the end of the period (inappropriate only)	5	**10**	*	*	5	*
Percentage of inappropriate OAPs bed days in Adult acute beds in the period	null	**3.10%**	0.30%	3.50%	5.50%	4.70%
Perinatal access (rolling 12 month)	2062	**2055**	710	390	705	250
Restrictive Interventions per 1,000 bed days	null	*****	*	*	*	*
SMI PH (quarterly metric)	null	**n/a**	n/a	n/a	n/a	*
Talking Therapies Completing a course of treatment	2448	**2275**	815	760	370	335
Talking Therapies Reliable Improvement (target changing periodically)	69%	**68%**	66%	67%	70%	69%
Talking Therapies Reliable Recovery (target changing periodically)	51%	**48%**	47%	50%	47%	47%
Urgent referrals to CCS (contacts within 24hrs)	null	**74%**	79%	90%	68%	63%

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

- Data prior to April 26 not included due to BOB ICB becoming Thames Valley ICB on 1st April 2026

NHS Oversight Framework – dashboard (scored metrics) – quarter 3

Domain	Metric	Metric score	Metric ranking	Metric reporting period	Metric value	Metric value change*	Average value (other providers)	NOF score	NOF score placement (national distribution)
Access to services	Percentage of patients waiting over 52 weeks for community services	3.62	37 out of 41	Dec-25	17.89%	↑	0.25%	2.73	
	Annual change in number of children and young people accessing NHS-funded Mental Health services	1.84	14 out of 49	Jan-25 - Dec-25 vs Jan-24 - Dec-24	13.61%	↑	7.09%		
Effectiveness and experience of care	CQC community mental health survey satisfaction rate	2	n/a	2024	.	n/a	.	2.31	
	Percentage of patients with >60-day length of stay (adult acute mental health; quarter)	3.23	35 out of 47	Q3 2025/26	28.34%	↓	23.24%		
	Urgent Community Response 2-hour performance (quarter)	1.68	11 out of 38	Q3 2025/26	88.57%	↑	86.40%		
Patient Safety	NHS Staff Survey - raising concerns sub-score	1.65	14 out of 61	2024	6.99	→	6.81	2.14	
	Percentage of patient in mental health crisis to receive face-to-face contact within 24 hours	2.63	27 out of 48	Q3 2025/26	64.21%	↑	65.99%		
People and workforce	Sickness absence rate	2.06	12 out of 61	Q2 2025/26	4.96%	↓	5.62%	1.88	
	NHS Staff Survey engagement theme sub-score	1.7	15 out of 61	2024	7.24	→	7.08		
Finance and productivity	Planned surplus/deficit score	1	9 out of 61	2025-26	0.67%	→	0.00%	1.96	
	Variance year-to-date to financial plan score	1	28 out of 61	Dec-25	0.01%	→	0.01%		
	Relative difference in costs score	2.93	38 out of 61	2024-25	108.58	→	104.85		

↑ - improvement ↓ - regression → - no change

NHS Oversight Framework – dashboard (contextual (non-scored) metrics) – quarter 3

Domain	Metric	Metric reporting period	Metric value	Metric value change (compared to previous quarter)	Peer average	National value	NOF score placement (national distribution)
Access to services	Percentage increase in Overall access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses (rolling 12-month period compared with the previous year)	To Sep-25	26.40%	↑	6.11%	4.26%	
Access to services	Proportion of patients with an open suspected autism referral that has been open for at least 13 weeks that have not had a care contact appointment recorded	Sep-25	98%	↓	99%	98%	
Patient safety	Rate of restrictive interventions use per 1,000 bed days	To Sep-25	26	↑	15.5	21	
People and workforce	National Education and Training Survey "Overall experience" score	2024	80.22	→	75.70	77.03	
Improving health and reducing inequality	Percentage of inpatients aged 65 years and over with a length of stay at discharge exceeding 90 days	Sep-25	29.79%	↓	41.34%	40.88%	

↑ - improvement ↓ - regression → - no change

NHS Oversight Framework – dashboard (scored metrics) – quarter 2

Domain	Metric	Metric score	Metric ranking	Metric reporting period	Metric value	Metric value change*	Average value (other providers)	NOF score	NOF score placement (national distribution)
Access to services	Percentage of patients waiting over 52 weeks for community services	3.65	37 out of 41	Sep-25	18.58%	↑	0.38%	2.75	
	Annual change in number of children and young people accessing NHS-funded Mental Health services	1.83	15 out of 49	Oct 24 – Sep 25 vs Oct 23 – Sep 24	13.41%	↓	7.26%		
Effectiveness and experience of care	CQC community mental health survey satisfaction rate	2	n/a	2024	.	n/a	.	1.89	
	Percentage of patients with >60-day length of stay (adult acute mental health; quarter)	1.45	8 out of 47	Q2 2025/26	18.06%	↑	23.63%		
	Urgent Community Response 2-hour performance (quarter)	2.22	25 out of 38	Q2 2025/26	83.32%	↑	88.53%		
Patient Safety	NHS Staff Survey - raising concerns sub-score	1.65	14 out of 61	2024	6.99	→	6.81	1.97	
	Percentage of patient in mental health crisis to receive face-to-face contact within 24 hours	2.29	20 out of 48	Q2 2025/26	63.13%	↓	59.52%		
People and workforce	Sickness absence rate	1.96	12 out of 61	Q1 2025/26	4.46%	↑	5.10%	1.83	
	NHS Staff Survey engagement theme sub-score	1.7	15 out of 61	2024	7.24	→	7.08		
Finance and productivity	Planned surplus/deficit score	1	9 out of 61	2025/26	0.67%	→	0.00%	1.96	
	Variance year-to-date to financial plan score	1	24 out of 61	Sep-25	0.01%	↓	0.00%		
	Relative difference in costs score	2.93	38 out of 61	2024/25	108.58	↓	104.85		

↑ - improvement ↓ - regression → - no change

NHS Oversight Framework – dashboard (contextual (non-scored) metrics) – quarter 2*

*Contextual (non-scored) metrics were introduced in quarter hence no information for quarter 1

Domain	Metric	Metric reporting period	Metric score	Peer average	National value	NOF score placement (national distribution)
Access to services	Percentage increase in Overall access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses (rolling 12-month period compared with the previous year)	To Jun-25	53.76%	5.79%	5.72%	
	Proportion of patients with an open suspected autism referral that has been open for at least 13 weeks that have not had a care contact appointment recorded	Mar-24	88.75%	89.88%	77.39%	
Patient safety	Rate of restrictive interventions use per 1,000 bed days	To Jun-25	33	18.5	22	
People and workforce	National Education and Training Survey "Overall experience" score	2024	80.22	75.70	77.03	
Improving health and reducing inequality	Percentage of inpatients aged 65 years and over with a length of stay at discharge exceeding 90 days	Jun-25	21.43%	45.08%	41.86%	

NHS Oversight Framework – dashboard (scored metrics) – quarter 1

Domain	Metric	Metric score	Metric ranking	Metric reporting period	Metric value	Average value (other providers)	NOF score	NOF score placement (national distribution)
Access to services	Percentage of patients waiting over 52 weeks for community services	3.7	38 out of 41	Jun-25	20.05%	0.70%	2.73	
	Annual change in number of children and young people accessing NHS-funded Mental Health services	1.76	12 out of 46	Jun-24-Jun-25 vs Jun-23-Jun-24	15.25%	4.57%		
Effectiveness and experience of care	CQC community mental health survey satisfaction rate	2	n/a	2024	.	.	2.25	
	Percentage of patients with >60-day length of stay (adult acute mental health)	1.89	15 out of 47	Q1 2025-26	22.27%	24.67%		
	Urgent Community Response 2-hour performance	2.85	32 out of 37	Q1 2025-26	74.88%	85.58%		
Patient Safety	NHS Staff Survey - raising concerns sub-score	1.65	14 out of 61	2024	6.99 out of 10	6.81	1.83	
	Percentage of patient in mental health crisis to receive face-to-face contact within 24 hours	2	16 out of 45	Q1 2025-26	63.43%	58.00%		
People and workforce	Sickness absence rate	1.76	9 out of 61	Q4 2024-25	4.79%	5.65%	1.73	
	NHS Staff Survey engagement theme sub-score	1.7	15 out of 61	2024	7.24 out of 10	7.08		
Finance and productivity	Planned surplus/deficit score	1	8 out of 61	2025-26	0.67%	0.00%	1.52	
	Variance year-to-date to financial plan score	1	18 out of 61	Month 3 2025	0.02%	0.00%		
	Relative difference in costs score	2.04	20 out of 60	2023-24	96.80	105.39		

Glossary of metrics (in continuous development)

Area	Metric	Definition	Why is it important?
Mental Health Services	**Improve access to mental health support for children and young people**	This metric tracks the number of children and young people (CYP) aged under 18 who have accessed NHS-funded mental health services within a rolling 12-month period. Derived from the NHS Long Term Plan access standard for CYP mental health.	Improved access ensures that CYP with emerging mental health needs receive early support, reducing the risk of escalation to crisis. Early intervention supports better educational outcomes, family wellbeing, and long-term recovery.
	Four (4) week wait for mental health support for children and young people	Percentage of referrals to community-based mental health services for CYP who receive their first meaningful treatment within 4 weeks. This is an NHS England access standard under development nationally.	Timely intervention is critical in preventing deterioration of mental health in CYP. A shorter wait reduces distress and avoids escalation to emergency or inpatient care, improving long-term outcomes.
	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - children and young people	The proportion of routine referrals for suspected eating disorders in CYP who begin a National Institute for Health and Care Excellence (NICE)-concordant treatment pathway within 4 weeks. This is part of the Access and Waiting Time Standard for Eating Disorders.	Eating disorders have some of the highest mortality rates of all mental illnesses. Early treatment improves recovery rates and physical health outcomes, reducing the need for inpatient admission.
	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - children and young people	The proportion of urgent referrals for eating disorders in CYP starting NICE-concordant treatment within 7 days. Monitored as part of the Eating Disorder Access & Waiting Time standard.	In urgent cases, rapid intervention prevents physical deterioration and supports better psychological recovery. Delays in urgent care can lead to life-threatening complications and increased family distress.
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression	Total number of patients (aged 18+) who complete a course of treatment in NHS Talking Therapies (formerly IAPT) services.	Higher treatment completion suggests improved service access, engagement, and continuity. For patients, it reflects successful navigation of therapy and greater opportunity for symptom relief.
	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over)	The proportion of total IAPT therapy completers who are aged 65 or above. Tracked nationally to monitor equitable access for older adults.	Older adults are historically underrepresented in psychological therapy. Improving this rate supports healthy ageing, reduces loneliness, and improves independence in later life.
	Reliable improvement rate for those completed a course of treatment adult and older adults combined	Percentage of people who show reliable improvement (defined as statistically significant positive change on two validated clinical outcome measures such as PHQ-9 and GAD-7) after completing NHS Talking Therapies treatment.	This is a core quality indicator for psychological therapy. It provides assurance that patients are receiving interventions that lead to real, measurable improvements in mental health.
	% of people receiving first treatment appointment within 6 weeks of referral	The proportion of patients referred to NHS Talking Therapies who begin treatment within 6 weeks.	Timely access improves therapeutic outcomes and helps prevent worsening of conditions. For patients, shorter waits reduce uncertainty and support early symptom relief.
	% of people receiving first treatment appointment within 18 weeks of referral	Proportion of referrals to NHS Talking Therapies seen within 18 weeks of referral.	Ensures that the vast majority of patients are not left waiting for care. It reflects service responsiveness and commitment to recovery-focused care.
	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments)	This metric measures the proportion of patients who wait over 90 days between their first and second Talking Therapies appointments. The standard is that less than 10% should wait this long.	Long gaps between sessions disrupt therapeutic progress and risk disengagement. Maintaining momentum between sessions supports better recovery and improves the patient's therapeutic experience.
	Reliable recovery rate for those completed a course of treatment adults and older adults combined	Percentage of people who move from "caseness" (clinical levels of distress) to non-clinical levels on validated measures (PHQ-9, GAD-7) after completing NHS Talking Therapies.	Reliable recovery provides assurance that treatment not only improves symptoms but brings patients back to a state of wellbeing. For the patient, it reflects meaningful mental health restoration and improved daily functioning.

Glossary of metrics (in continuous development)

Area	Metric	Definition	Why is it important?
Mental Health Services	**Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined**	Proportion of people from ethnically diverse backgrounds who achieve recovery following treatment in NHS Talking Therapies.	Highlights equity of outcome across diverse populations. Ensures that services are culturally responsive and that all patients, regardless of background, achieve good outcomes.
	Recovery rate for White British - complete a course of treatment, adult and older adult combined	Proportion of White British individuals achieving recovery after completing NHS Talking Therapies. Used for benchmarking against ECDC outcomes.	Provides comparative insight to address potential inequalities and improve service delivery for all groups. Helps ensure all patients are receiving effective, evidence-based care.
	Improve access for Adults and Older Adults to support by community mental health services	Tracks access to community mental health services, aligned with the NHS Long Term Plan Community Mental Health Framework.	Supports early intervention, continuity of care, and integrated multi-agency support. For patients, this enables better support in the community, reducing hospital admissions and promoting recovery.
	4 week wait (28 days) standard (interim metric – two contacts within pathway)	Percentage of referrals to community mental health services receiving two meaningful contacts within 28 days. A developing standard aligned with new access ambitions from NHS England.	Reduces delays in treatment initiation for people with serious mental illness. Improves patient experience and helps prevent deterioration, crisis escalation, and unnecessary admissions.
	Deliver annual physical health checks to people with Severe Mental Illness	Proportion of people on the SMI register receiving a comprehensive physical health check annually (covering blood pressure, BMI, cholesterol, blood glucose, smoking, alcohol). National standard from NHS England and NICE guidance.	People with SMI have significantly reduced life expectancy due to preventable physical health conditions. Regular checks improve early detection and promote parity between physical and mental healthcare.
	Improve access to perinatal mental health services	Monitors access to specialist perinatal mental health care for women experiencing moderate to severe mental illness during and after pregnancy. Part of NHS Long Term Plan targets.	Untreated perinatal mental illness can have long-term consequences for mother, infant, and family wellbeing. Early specialist care supports maternal recovery and healthy child development.
	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral	Proportion of people aged 14–65 referred to Early Intervention in Psychosis (EIP) services who start treatment within two weeks and receive a full NICE-concordant care package. National access and quality standard.	Early intervention is associated with reduced relapse, improved functioning, and long-term recovery. Timely care in psychosis can prevent deterioration and reduce hospital stays.
	Number of people accessing Individual Placement Support (IPS)	Number of adults with Serious Mental Illness supported by IPS services, which offer personalised, evidence-based support to help people find and sustain paid employment. NHS England expansion target.	Employment is a key determinant of recovery and quality of life. IPS improves social inclusion, financial independence, and psychological wellbeing.
	Recover dementia diagnosis rate	Percentage of people aged 65+ estimated to have dementia who have a formal diagnosis recorded in primary care. National ambition: 66.7%.	Early diagnosis enables access to support, treatment, and care planning. For patients and carers, it supports independence, safety, and better management of the condition.

Glossary of metrics (in continuous development)

Area	Metric	Definition	Why is it important?
Mental Health Services	**Response from Mental Health Psychiatric Liaison within 1 hour**	Percentage of referrals from A&E or acute medical wards seen by psychiatric liaison within 1 hour. Derived from NHS England's "Core 24" liaison psychiatry standards.	Rapid mental health assessments reduce emergency department wait times and help ensure safe, effective treatment planning. Patients in crisis benefit from immediate care to reduce risk and distress.
	Response from Mental Health Psychiatric Liaison within 24 hours	Percentage of all mental health referrals to liaison services in acute settings that are seen within 24 hours. Required under national liaison psychiatry models.	Timely mental health input during hospital admissions reduces unnecessary stays, improves holistic care, and supports faster recovery for patients with coexisting physical and mental health needs.
	Response from Mental Health Crisis Service within 4 hours (Very Urgent)	Proportion of 'very urgent' referrals to Crisis Resolution and Home Treatment Teams (CRHTT) that are responded to within 4 hours. Part of NHS Mental Health Crisis Care Concordat.	Swift response during acute mental health crises reduces the risk of harm, unnecessary detention under the Mental Health Act, and hospital admission. Patients feel safer and more supported.
	Response from Mental Health Crisis Service within 24 hours (Urgent)	Percentage of urgent crisis referrals responded to within 24 hours by CRHTTs. NHS England standard for community-based urgent care.	Ensures timely, appropriate care during periods of acute need. Prevents deterioration and supports people to stay in their homes and communities.
	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission	Proportion of patients admitted to an inpatient mental health ward who had no community mental health contact in the preceding 12 months.	Lack of prior engagement may suggest missed opportunities for prevention. For patients, this highlights the need for improved outreach and integrated care pathways.
	Mean Length of Stay Mental Health acute, older adult acute and Psychiatric Intensive Care Unit (PICU) discharges (combined; rolling 3 months)	Average number of inpatient days for patients discharged from acute adult, older adult, or PICU services, measured on a 3-month rolling basis.	Ensures patients are in hospital only as long as needed. Long stays may indicate delayed discharges; short stays must still allow for recovery. Balanced stays improve patient outcomes.
	72 hour follow up for those discharged from mental health wards	Percentage of patients discharged from mental health inpatient care who receive follow-up contact (face-to-face or phone) within 72 hours. A national quality standard (NHS England/NICE).	The first 72 hours post-discharge is a high-risk period for suicide and relapse. Timely contact supports safety and smooth reintegration into the community.
	Inappropriate Out of Area Placements (mental health inpatients)	Number of patients placed in inpatient beds outside their local area due to bed unavailability (excluding specialist placements).	Out-of-area placements disrupt continuity of care, isolate patients from family, and delay discharge. Reducing them improves quality, equality, and patient dignity.
	% adult acute readmission within 30 days for mental health	Proportion of adult patients discharged from acute mental health care who are readmitted within 30 days. A quality metric for post-discharge planning.	High readmission rates may signal poor follow-up support or premature discharge. Patients benefit from coordinated, recovery-focused care that reduces the need for readmission.
	Average number of clinically ready for discharge patients per day	Average daily count of inpatients who are medically fit for discharge but remain due to delays in arranging ongoing care.	Blocked discharges reduce hospital efficiency and increase stress for patients. Timely discharge helps recovery and frees capacity for others in need.

Glossary of metrics (in continuous development)

Area	Metric	Definition	Why is it important?
Community Health Services, Dentistry and Primary Care	**% of out of hours palliative care referrals responded to within 30 minutes**	Percentage of out-of-hours palliative care referrals where the time from receipt of NHS 111 call to the start of the telephone consultation is ≤30 minutes. Typically tracked through urgent community response or palliative care service KPIs.	Quick response ensures timely symptom management and emotional support for patients in end-of-life care. Rapid access helps reduce unnecessary hospital admissions and supports patients to remain at home in comfort.
	% of out of hours palliative care referrals responded to within 60 minutes	Percentage of referrals where the time from completion of triage to start of a face-to-face home visit is ≤60 minutes. Reflects response speed of out-of-hours palliative care services.	Timely in-person care is vital for urgent symptom relief and reassurance for families. It maintains patient dignity and comfort during critical moments outside normal service hours.
	National Early Warning System (NEWS) escalated appropriately	Percentage of patient episodes where the escalation of care matched national NEWS2 guidelines when scores indicated potential clinical deterioration.	Proper escalation helps prevent serious adverse events. For patients, this means safer, more responsive care when early signs of deterioration are detected.
	National Early Warning System (NEWS) completed where applicable	Proportion of eligible patient observations where NEWS2 scoring was completed correctly, as per national standards for early deterioration detection.	Early detection allows for timely intervention and reduces risk of ICU admission or death. For patients, this means increased safety and proactive care.
	% of breastfeeding prevalence at 6–8 weeks old	Percentage of infants aged 6–8 weeks who are recorded as being breastfed (exclusive or partially). Data collected via Health Visitor review	Breastfeeding supports infant health, immunity, and bonding. Tracking prevalence helps target support to improve early child nutrition and maternal wellbeing.
	% of Minor Injury Unit patients seen within 4 hours	Proportion of all attendances to Minor Injury Units where patients are seen, treated, and discharged or referred within 4 hours. Aligned with urgent care standards.	Meeting this standard reduces patient wait times and crowding. For patients, it ensures efficient treatment of non-life-threatening conditions close to home.
	Consistently meet or exceed the 70% 2-hour Urgent Community Response (UCR) standard	Percentage of urgent community response referrals responded to within 2 hours, in line with NHS England's Ageing Well Programme goal.	Rapid community intervention prevents hospital admissions and promotes care at home. Patients benefit from quicker treatment in familiar surroundings.
	Available virtual ward capacity per 100k head of population (nationally reported system measure)	Number of available virtual ward beds per 100,000 population. Submitted to NHS England as part of the Virtual Ward data collection framework.	Supports early hospital discharge and admission avoidance. Patients receive remote monitoring and care at home, improving comfort and capacity management.
	Virtual ward occupancy (nationally reported system measure)	Proportion of available virtual ward capacity currently in use. Submitted monthly to NHS England as part of system monitoring.	Indicates usage and efficiency of virtual care models. High occupancy suggests strong uptake; low occupancy may highlight gaps in referral or awareness.

Glossary of metrics (in continuous development)

Area	Metric	Definition	Why is it important?
Community Health Services, Dentistry and Primary Care	**Percentage of Children notified by Local Authority to the Children Looked After team as new to care to be offered a health assessment within 20 working days**	Percentage of new children entering care who are offered an initial health assessment within 20 working days of notification, in line with statutory guidance (Promoting the health of looked-after children, DHSC).	Timely health assessments help identify unmet needs and provide a baseline for planning care. Children in care are especially vulnerable and benefit from prompt health support.
	Healthy Child Programme - No. and % of families receiving a new birth visit within 14 days of birth	Number and percentage of families receiving a face-to-face new birth visit by a health visitor within 14 days, in line with the Healthy Child Programme (HCP) mandated checks.	Early visits support maternal mental health, infant development, and bonding. It ensures early identification of health and safeguarding concerns for families and babies.
	Healthy Child Programme - % of 6-8 week reviews completed	Proportion of infants who receive the HCP 6–8 week review with a health visitor, a mandated contact covering maternal mood and infant development.	Supports early detection of postnatal depression and child developmental delays. Enables families to access timely interventions and reassurance.
	Healthy Child Programme - % of 12-month development reviews completed by the time the child turned 12 months	Percentage of children who received a 12-month review with a health visitor before their first birthday. A core HCP milestone to monitor growth and development.	Detects early signs of delay or concern in physical, social, and communication skills. Helps parents engage in their child's development and access support where needed.
	Healthy Child Programme - % of 2 to 2.5 year reviews completed	Proportion of children receiving the 2–2½ year HCP development review. A universal health and development review offered by health visitors.	Identifies developmental concerns before school entry. Early support can improve long-term outcomes in language, behaviour, and learning.
	Community Dentistry - Proportion of patients accepted for care who are seen for an assessment within 12 weeks (Of those treated in period)	Percentage of patients accepted for community dental services who are seen for initial assessment within 12 weeks.	Timely access improves oral health outcomes and reduces dental pain or complications, especially in vulnerable populations requiring community dentistry.
	Community Dentistry - Special Care - Core Units of Activity (UDA)	Number of Units of Dental Activity (UDA) delivered under special care dentistry contracts for patients with additional needs, learning disabilities, or complex conditions.	Reflects access to tailored dental care for patients with special needs, ensuring equity and reducing health inequalities in oral health.
	Community Dentistry - Urgent Care - Out of Hours Units of Activity (UDA) combined with main out of hours dental service	Number of urgent out-of-hours dental care UDAs delivered by community dental and general dental practitioners combined.	Ensures prompt relief of dental pain and infections when routine services are unavailable.
	Emergency Dental Service Waiting times to triage - % Patients triaged within 6 hours	Percentage of patients contacting emergency dental services who are clinically triaged within 6 hours of first contact.	Quick triage enables prioritisation of urgent cases and faster pain relief. Supports safe and responsive emergency dental care pathways.

Glossary of metrics (in continuous development)

Area	Metric	Definition	Why is it important?
Community Health Services, Dentistry and Primary Care	**Out of Hours GP - average response time for out of hours high priority referrals**	Average time from NHS 111 call to telephone consultation start for high priority out-of-hours GP referrals. Standard: ≤60 minutes.	Timely clinical advice is critical in high-risk cases to prevent deterioration. Ensures urgent needs are promptly addressed, improving patient safety.
	Out of Hours GP - average response time for out of hours less urgent referrals	Average time from NHS 111 call to telephone consultation start for less urgent out-of-hours GP referrals. Standard: ≤720 minutes (12 hours).	Supports appropriate response based on triage level, helping manage lower acuity cases effectively while preserving emergency resources for critical cases.
	Out of Hours GP - average response time for out of hours urgent referrals	The average time between NHS 111 receiving a call and the start of the telephone consultation with the out-of-hours GP for urgent referrals. NHS England sets a standard of ≤120 minutes.	Ensures patients with moderately urgent conditions receive timely clinical advice or intervention, preventing deterioration and avoiding unnecessary emergency department use.
	Out of Hours GP - average response time for out of hours routine referrals	Time from NHS 111 call receipt to start of telephone consultation for routine cases, with a standard of ≤1440 minutes (24 hours).	Enables efficient use of GP resources for non-urgent issues, while ensuring patients still receive advice or support within a reasonable timeframe.
	% of patients waiting over 52 weeks for community services - Children and Young People	Proportion of children and young people who have been waiting more than 52 weeks for treatment in community services	Long waits during developmental years can cause long-term setbacks. Timely care ensures early intervention for better educational, social, and health outcomes.
	% of patients waiting over 52 weeks for community services - Adults	Percentage of adults referred to community services waiting more than 52 weeks to begin treatment.	Delays risk worsening health and quality of life. Timely care supports independence, pain management, and avoids escalation to acute settings.
	Average number of Medically Optimised per Discharge patients per night	Mean number of inpatients who have been clinically assessed as medically fit to leave hospital but who remain admitted overnight (usually because discharge arrangements, community capacity, or social care support are not yet in place).	Blocked discharges reduce hospital efficiency and increase stress for patients. Timely discharge helps recovery and frees capacity for others in need.
Quality and People	**Reduce agency usage to meet target (% of agency used)**	Measures the percentage of staffing costs spent on agency workers. NHS trusts aim to meet caps set by NHS England.	High agency usage increases costs and reduces continuity of care. Reducing agency reliance promotes workforce stability and better patient relationships.
	Reduction in % labour turnover	Percentage of staff who leave the organisation during a reporting period. Based on Electronic Staff Record (ESR) data.	Retaining staff supports consistency in care delivery, staff morale, and reduces recruitment costs. Patients benefit from experienced and familiar care teams.
	% of staff completing Quality Improvement Training Level 1	Proportion of workforce who have completed entry-level training in NHS-approved quality improvement methodologies (e.g., PDSA cycles).	Builds a culture of continuous improvement across services. Empowers staff to make patient-focused changes that enhance safety and outcomes.
	BAME representation across all pay bands including Board level	Proportion of Black, Asian and Minority Ethnic staff at all pay grades, including Executive Board level. Monitored under the Workforce Race Equality Standard (WRES).	Promotes equality and diversity. Better representation fosters inclusive decision-making and patient care sensitive to cultural needs.
	BAME representation in senior leadership roles (Bands 8a-9, VSM)	Percentage of senior NHS roles held by BAME staff. Captured via WRES data reporting.	Demonstrates progress on racial equality. Diverse leadership can reduce systemic bias, improve staff experience, and enhance trust among minority patients.

Glossary of metrics (in continuous development)

Area	Metric	Definition	Why is it important?
Quality and People	**Proportion of senior leadership roles held by women (Bands 8a-9, VSM)**	Percentage of leadership positions filled by women. Monitored to ensure gender parity and equity in NHS senior decision-making.	Promotes equality in career progression and inclusive leadership. Diverse perspectives in governance contribute to balanced and compassionate care systems.
	% of patients responding that overall care was good or very good	Patient-reported outcome indicating satisfaction with overall care experience.	Captures how services are perceived by patients. High scores reflect person-centred, compassionate care and strong therapeutic relationships.
	% of patients report being involved in their care	Proportion of service users reporting they were actively involved in decisions about their care plan and treatment. Measured via surveys.	Involvement empowers patients, promotes autonomy, and improves adherence to treatment. It fosters trust and shared ownership of recovery.
	Reduction in the use of prone restraints (number of incidents involving prone restraint)	Number of incidents where patients were physically restrained in the prone (face-down) position. Monitored in line with NHS England's restrictive intervention guidance.	Prone restraint is associated with higher risk of injury or death. Reducing use protects patient dignity and safety, especially in mental health settings.
	Reduction in use of seclusion (number of incidents involving seclusion)	Number of incidents where a patient is secluded in a room and isolated from others as a method of behavioral control. Defined under the Mental Health Act Code of Practice.	High rates may reflect inadequate de-escalation approaches. Reducing seclusion supports trauma-informed care and upholds patient rights.
	Total number of patient incidents (all levels of harm excluding inherited pressure damage)	Total incidents reported involving patients, regardless of harm severity, excluding inherited pressure ulcers. Data sourced from incident reporting systems.	Reflects safety culture. High reporting with low harm indicates proactive identification of risks; helps prevent recurrence and improve care.
	Total number of unexpected deaths reported as incidents (by date of death, including natural and unnatural)	All deaths considered unexpected at time of occurrence, reported through local incident reporting processes, including natural and unnatural causes.	Vital for identifying gaps in care, improving risk assessments, and learning from preventable deaths to protect future patients.
	Number of suspected suicides	Number of deaths suspected to be by suicide, often pending coroner confirmation. Tracked through incident and mortality review systems.	Indicates potential failures in mental health crisis or follow-up care. Early analysis drives improvements in suicide prevention strategies.
	Total number of incidents involving physical restraint	Number of times physical restraint is used during patient care. Categorised by method, duration, and justification.	High numbers can indicate poor therapeutic environments. Monitoring ensures restraint is a last resort and used safely with debriefing.
	Total number of violence, physical, non-physical and property damage incidents (patients and staff)	Combined number of incidents involving aggression (verbal, physical) or damage to property. Includes harm to patients or staff.	Helps assess safety and culture in clinical environments. Reducing violence supports staff wellbeing and creates safer therapeutic spaces for patients.

Glossary of metrics (in continuous development)

Area	Metric	Definition	Why is it important?
Quality and People	**Total number of complaints and resolutions**	Number of complaints submitted by patients, carers, or advocates and the number resolved within reporting period. Governed by NHS complaints procedures.	Reflects patient voice and accountability. Prompt, respectful resolution of complaints builds trust, enhances satisfaction, and identifies areas for service improvement.
	Reduce staff sickness to 4.5%	Target to keep average monthly staff sickness absence rate below 4.5%. Measured using Electronic Staff Record (ESR) data.	Lower sickness rates indicate better wellbeing, reduce service disruption, and improve team morale. Patients benefit from more consistent care.
	Personal Development Review (PDR) compliance (PDR season is between April–July)	Percentage of eligible staff who have completed their annual Personal Development Review by the end of the defined window.	Ensures staff receive feedback, development planning, and alignment with organisational goals—leading to more capable and motivated teams supporting high-quality care.
	Reduction in vacancies	Percentage decrease in vacant posts within the organisation, tracked across reporting periods using workforce systems.	Reduced vacancies improve staffing stability and continuity of care. Patients are more likely to be seen by familiar and experienced professionals.
	% of early turnover	Percentage of staff who leave the organisation within the first 12 months of employment.	High early turnover could suggest onboarding or work culture issues. Reducing it improves retention and ensures care teams are stable and experienced.
	Statutory and mandatory training compliance	Percentage of staff who have completed all required statutory and mandatory training (e.g., safeguarding, infection control) as per NHS training matrix.	Ensures legal and safety standards are met. Compliance helps protect patients and staff and supports high-quality, consistent service delivery.
	Clinical supervision completion rate	Proportion of clinical staff receiving regular supervision sessions to reflect on practice, in line with national clinical governance frameworks.	Promotes reflective practice, enhances clinical safety, and supports staff wellbeing. Indirectly improves care quality and decision-making.
	Management supervision rate	Percentage of staff receiving regular line management supervision (1:1 sessions) as per local policy.	Supports performance, wellbeing, and accountability. Supervised staff are more likely to feel valued, supported, and deliver high-quality care.
	Staff leaver rate	Overall percentage of staff leaving the trust during a defined time period	High leaver rates may indicate low morale or stress. Monitoring helps inform workforce planning and improve staff retention strategies.
	Relative likelihood of white applicant being appointed from shortlisting compared to BME applicants	Compares appointment rates between white and Black, Asian and Minority Ethnic (BAME) applicants after shortlisting. Part of NHS WRES indicators.	Identifies bias in recruitment. Reducing disparities improves fairness and helps develop a workforce that reflects the community served.
	Relative likelihood of non-disabled applicant being appointed from shortlisting compared to disabled applicants	Compares success rates of disabled versus non-disabled applicants following shortlisting. Tracked under NHS Workforce Disability Equality Standard (WDES).	Highlights potential discrimination. Equality in recruitment ensures access to opportunities and promotes inclusion and workforce diversity.

For Information

Finance Report May 2026 (Month 2 FY27)
Report to Board of Directors

Contents

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
- Month 2 YTD: £0.5m surplus, £0.2m better than plan

Capital Expenditure
- Month 2 YTD: £1.3m below plan

Cash
- Actual £105.6m

Key messages:

1. The month 2 I&E position was a deficit of £0.3m following the accounting correction from the sale of South Parade, which had created a surplus to plan in M1 (as notified in the M1 report). YTD however the Trust remains in surplus and better than plan, £0.5m and £0.2m respectively. Agency spend remains lower than our NHSE target, £0.3m under as at M2.

2. Gross capital spend for the year to date is £0.8m, though reduced down to £0.4m due to a £0.4m VAT reclaim. Work remains ongoing, though moving forward positively, for additional constitutional standards capital funding from NHSE. This would be allocated across this and the following 3 financial years (total 4 year capital funding period).

3. Contract finance discussions have now concluded with our main ICB and NHSE contracts, with agreement reached on both. Some residual discussions remain ongoing for low value contracts which will not impact on the Trust's ability to deliver its financial plan.

1. Directorate Financial Performance Summary

	Month 2				Year-To-Date			
	Plan	Actual	Variance	Variance	Plan	Actual	Variance	Variance
Directorate	**£m**	**£m**	**£m**	**%**	**£m**	**£m**	**£m**	**%**
Oxfordshire & BSW Mental Health	13.2	13.0	0.2	0.0%	26.2	26.1	0.1	0.3%
Buckinghamshire Mental Health	6.3	6.7	-0.4	-5.6%	12.9	13.3	-0.4	-3.4%
Forensic Mental Health	3.2	3.1	0.1	3.3%	6.5	6.4	0.1	0.9%
Learning Disabilities	0.6	0.7	-0.1	-19.8%	1.2	1.5	-0.4	-32.8%
Provider Collaboratives	-0.1	-0.1	0.0	0.0%	-0.2	-0.2	0.0	0.0%
MH Directorates Total	**23.2**	**23.4**	**-0.2**	**-0.8%**	**46.5**	**47.2**	**-0.7**	**-1.5%**
Community Health Services, Dentisty and Primary Care	9.3	9.2	0.1	0.7%	18.4	18.2	0.2	1.1%
Corporate	4.0	3.9	0.1	1.4%	7.9	7.4	0.5	6.5%
Estates & Facilities Directorate	2.6	2.4	0.1	4.7%	5.1	5.0	0.1	2.9%
Oxford Institute Of Clinical Psychology Training	0.0	0.0	-0.1	437.4%	0.0	0.1	-0.1	549.1%
Pharmacy Directorate	0.3	0.3	0.0	-5.1%	0.5	0.5	0.0	-5.7%
Oxford Pharmacy Store	-0.1	-0.1	0.0	-2.5%	-0.3	-0.3	0.0	-0.9%
Research & Development	0.1	0.1	0.0	-0.3%	0.1	0.1	0.0	22.1%
Reserves	0.2	-0.1	0.2	-132.4%	0.0	-0.1	0.1	281.4%
Block Income	-40.8	-40.7	-0.1	-0.3%	-81.5	-81.4	-0.2	-0.2%
EBITDA	**-1.5**	**-1.6**	**0.1**		**-3.3**	**-3.3**	**0.0**	
Financing Costs	1.6	1.9	-0.4	-25.0%	3.1	2.9	0.2	7.7%
Adjustments	0.0	0.0	0.0		0.0	0.0	0.0	
Adjusted (Surplus)/Deficit	**0.0**	**0.3**	**-0.3**		**-0.2**	**-0.5**	**0.2**	

The month 2 position is a £0.5m surplus, £0.2m favourable to plan.

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

2. Capital Investment Programme – 2026/27

Actual Spend vs Profile to M2

Project Groups	Full Year Plan	M2 Actual	Profiled Spend	Variance
Agreed Plan FIC				
Operational	4,497	34	285	(251)
Transformational	2,866	(115)	385	(500)
Estates TBC	1,401	-	-	-
IFRS 16 - Leases	1,012	81	81	(0)
IT	1,750	387	399	(12)
Clinical Systems	750	49	253	(204)
Sub Total	**12,276**	**436**	**1,403**	**(967)**
Phase 2 Projects Agreed at M2 CPG				
Operational	400	(63)	50	(113)
Transformational	3,164	(1)	-	(1)
Sub Total	**3,564**	**(64)**	**50**	**(114)**
Externally Funded Projects				
Wantage	1,050	129	250	(121)
R&D Medical Equipment	533	-	-	-
Constitutional Standards - MHLDA (TBC)	2,140	-	-	-
Constitutional Standards - Community (TBC)	2,600	-	-	-
Estates Safety Fund - Warneford Park (TBC)	6,000	-	15	(15)
Sub Total	**12,323**	**129**	**265**	**(136)**
Estates Phase 2 Projects TBC				
Operational	65	(72)	-	(72)
Transformational	3,767	8	30	(22)
Sub Total	**3,832**	**(64)**	**30**	**(94)**
Grand Total	**31,995**	**437**	**1,748**	**(1,311)**

- The Trust's Capital plan was approved by Execs on 30th April and FIC on 5th May.
- The Capital Programme for FY27 has been agreed at £12.3m and comprises of £8.8m – Operational & Transformational Estates, £2.5m - IM&T and £1m – Leases.
- Additionally, the plan includes £0.5m for R&D medical equipment, funded by NIHR, £1.1m Wantage Hospital funded by CIL & the Charity and £3,6m Four projects agreed at May's CPG (Marlborough House, Kennet Ward HDU, Littlemore Solar PV & Warneford Perimeter Wall)
- Capital expenditure to M2 is £0.4m, of which £0.4m relates to the core capital programme and £0.1m relates to capitalised leases (IFRS16), as shown in the table below. Please note these figures include VAT recovered of £0.4m.

The 3As from Capital Programme Group are:

Alert

- none

Advise

- CPG has approved half a million pounds towards Oxford Clinic fire prevention design and development: £100k for investigations and a contingency budget of £400k for works identified as needed during this phase.
- Contractor performance concerns are being escalated in respect of the Wantage site developments.

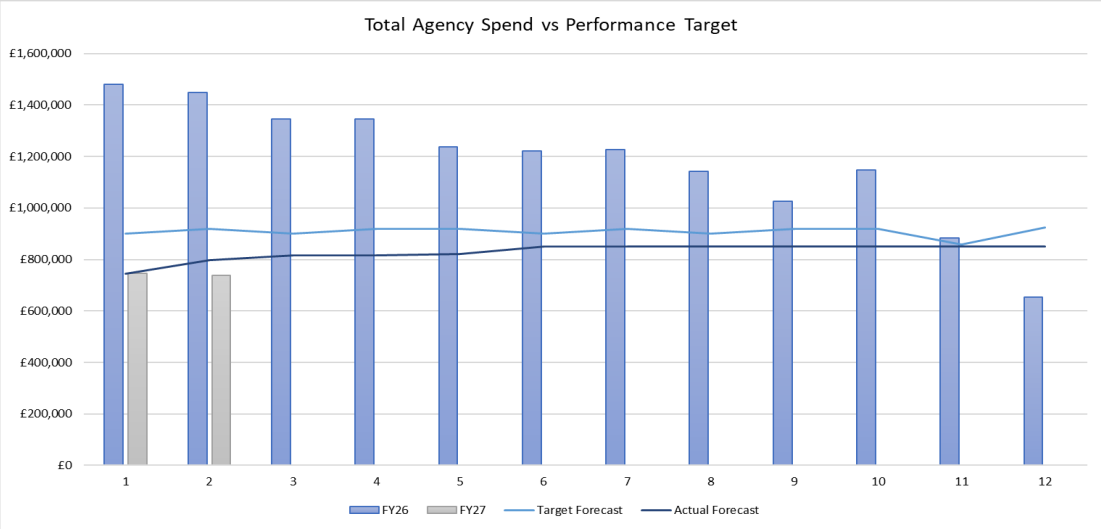
Assurance

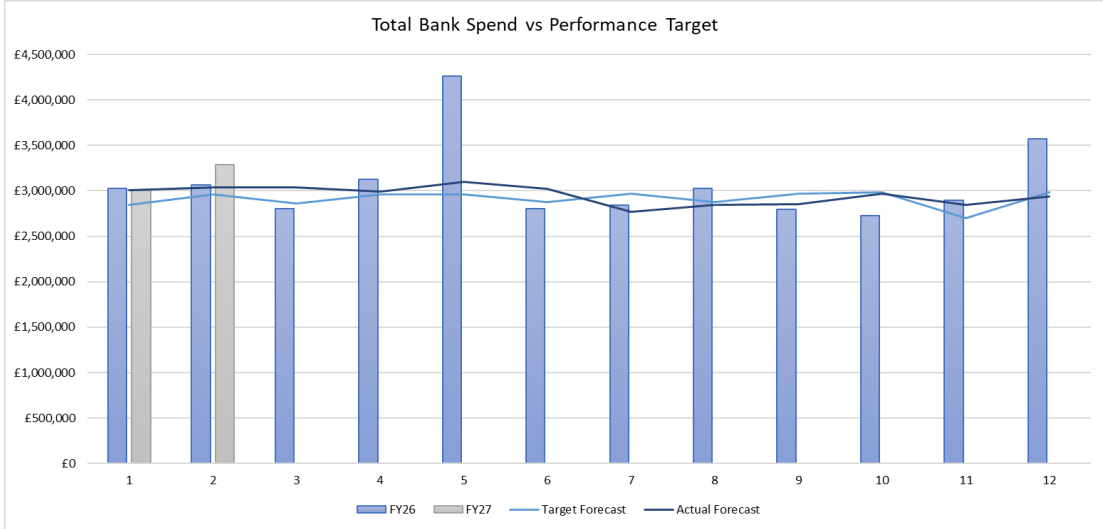
- CPG is continuing to review the phase two capital plan allocations and negotiating with NHS England about how much return to constitutional standards money will be available for this year and future years.
- There are four main projects that CPG are looking to take forward under return to constitutional standards, which are
    - Witney across physical and mental health, which community health services will provide an SRO for,
    - Two neighbourhood MH centres in Buckinghamshire in Aylesbury and in Wickham, which Bucks are going to provide an SRO for,
    - And the Slade CYP project where funding isn't yet clear, but design works are underway and an Oxon SRO is to be provided.
- Three external project managers have been appointed by a project management services contract to help get the capacity needed to deliver some of this scope of programmes and
- CPG have approved the extension of the lease at Psychotherapy Cottage in the Warneford.

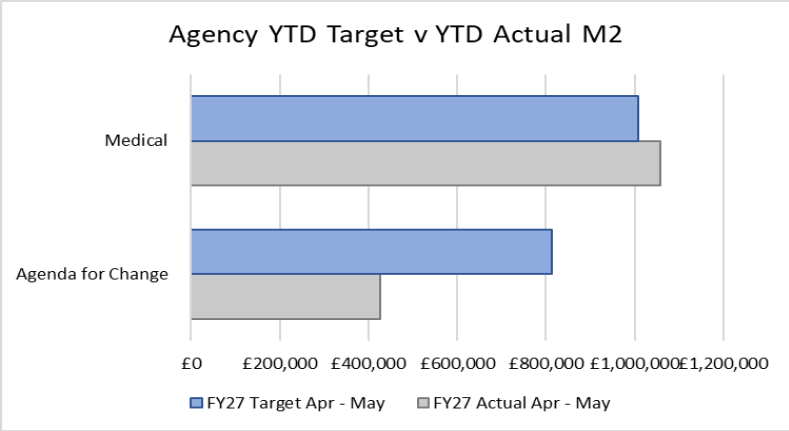
3. Temporary Staffing Analysis

The Trust submitted a plan to NHS England to spend a maximum of **£10.9m** on Agency and **£35m** on Bank in FY27.

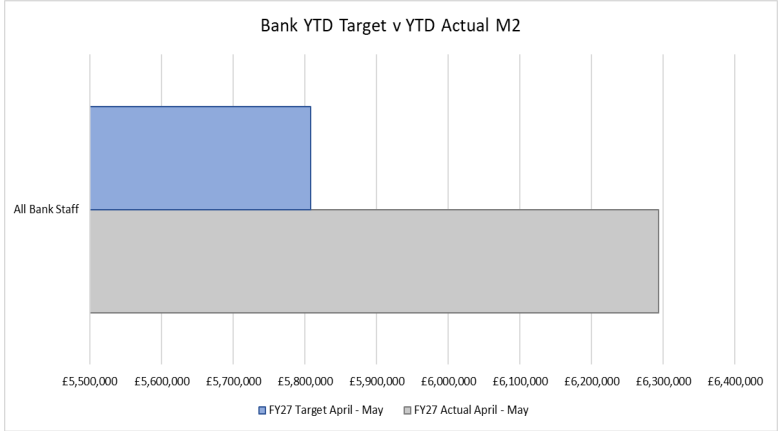
In Month 2 temporary staffing was **10.79%** of the Trust total pay bill with Agency at **1.99%** and Bank at **8.80%**.





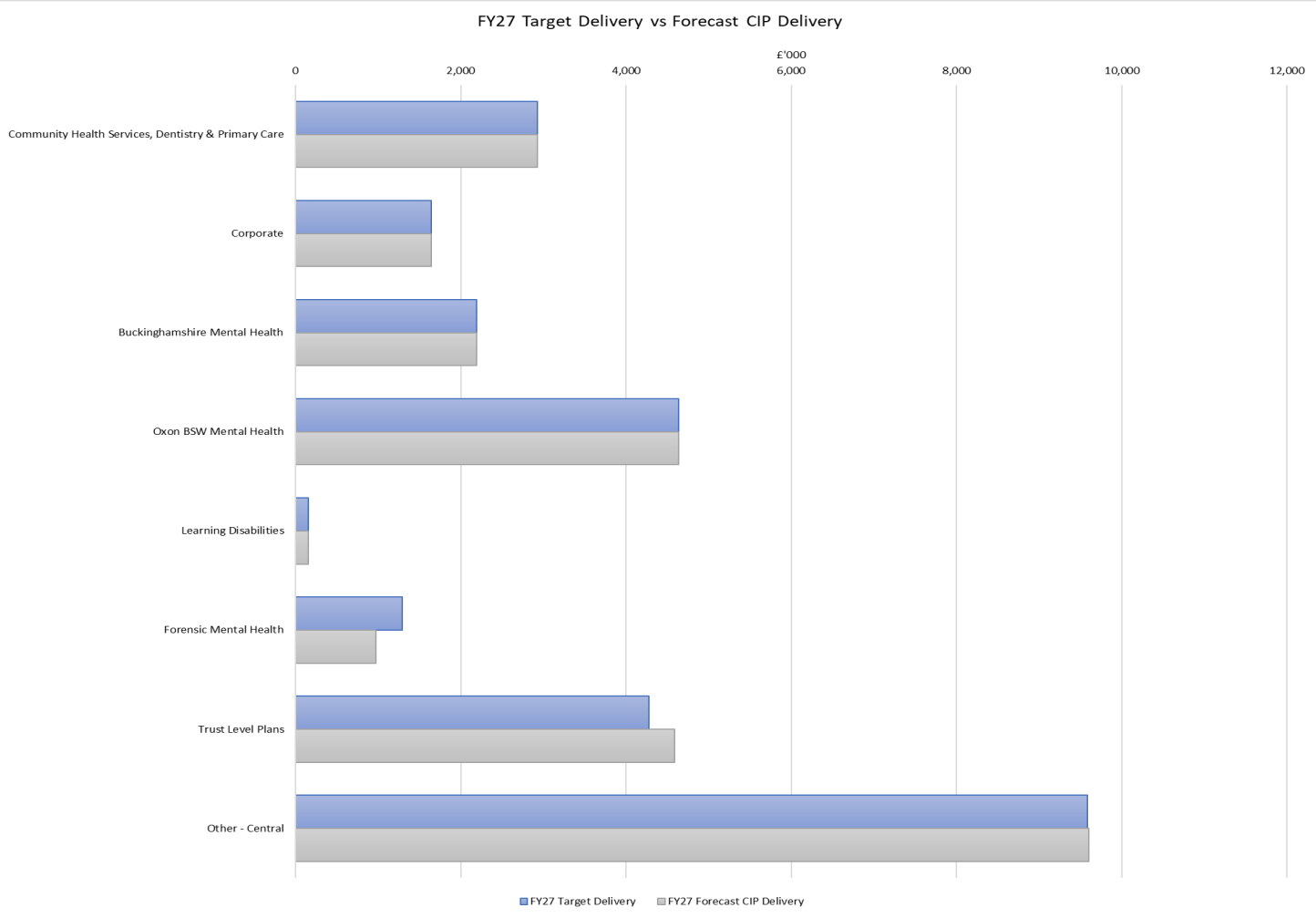


At the end of month 2, agency spend is **£0.3m** better than planned performance year-to-date.



At the end of month 2, bank spend is **£0.4m** worse than planned performance year-to-date.

4. Cost Improvement Programme (CIP)



The Trust has submitted a plan to NHSE to deliver CIPs of **£26.7m** made up of a **£11m** efficiency from FY27 contract requirements (CIP) and **£16.7m** additional CIPs which include **£1.8m** which was delivered non recurrently in FY26 and **£13.9m** of central trust wide schemes.

The Trust is forecasting full delivery of the **£26.7m** to NHS England on the assumption that any shortfall in these programmes is mitigated by other non-recurrent benefits in the Trust's position.

All directorates are forecasting to meet their targets except for Forensic Mental Health which is being mitigated by over delivery on non recurrent central schemes.

5. Income & Expenditure Statement

INCOME STATEMENT	Month 2				Year-To-Date				Excluding Oxford Pharmacy Store and Provider Collaboratives	
	Plan £m	Actual £m	Variance £m	Variance %	Plan £m	Actual £m	Variance £m	Variance %	Variance £m	Variance %
Clinical Income	48.9	48.9	0.1	0.1%	96.9	93.5	-3.4	-3.6%	-0.9	-1.0%
Other Operating Income	13.0	14.2	1.2	9.3%	25.9	29.4	3.5	13.4%	0.6	6.1%
Operating Income, Total	**61.9**	**63.1**	**1.3**	**2.0%**	**122.9**	**122.9**	**0.0**	**0.0%**	**-0.2**	**-0.2%**
Employee Benefit Expenses (Pay)	38.5	37.3	1.1	2.9%	75.6	73.9	1.7	2.2%	1.4	1.8%
Other Operating Expenses	21.9	24.2	-2.3	-10.5%	44.0	45.7	-1.7	-3.8%	-1.2	-6.5%
Operating Expenses, Total	**60.3**	**61.5**	**-1.2**	**-1.9%**	**119.6**	**119.6**	**0.0**	**0.0%**	**0.2**	**0.2%**
EBITDA	**1.5**	**1.6**	**0.1**	**5.1%**	**3.3**	**3.3**	**0.0**		**0.0**	
Financing costs	1.6	1.9	-0.4	-25.0%	3.1	2.9	0.2	7.7%	0.2	7.7%
Surplus/ (Deficit)	**0.0**	**-0.3**	**-0.3**	**905.0%**	**0.2**	**0.4**	**0.2**		**0.2**	
Adjustments	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0%	0.0	
Adjusted Surplus/ (Deficit)	**0.0**	**-0.3**	**-0.3**		**0.2**	**0.5**	**0.2**		**0.2**	

Provider Collaboratives and Oxford Pharmacy Store report large variances on income and other operating expenses which offset with each other. The additional columns on the table exclude these variances to show the variances for the rest of the Trust.

6. Provider Collaboratives Financial Performance Summary

	Month 2			Year-to-date		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Secure	8.7	8.7	0.0	17.3	17.1	0.2
CAMHS	2.6	2.4	0.3	5.3	4.8	0.4
Adult AED	0.8	1.1	(0.3)	1.6	1.3	0.3
Provider Collaboratives FY27 Funding	**12.2**	**12.1**	**0.0**	**24.1**	**23.2**	**0.9**
Prior Year Funding	0.1	0.1	0.0	0.1	0.1	0.0
Provider Collaboratives I/E FY27	**12.2**	**12.2**	**0.0**	**24.2**	**23.3**	**0.9**

The Provider Collaboratives income is deferred in the YTD position to match spend. The table above details the expenditure position.

The Provider Collaboratives (PC) position is **£0.9m** favourable to plan YTD. It is reported as breakeven in the Trust overall position in line with the principles of the PC to reinvest savings into services.

7. Statement of Financial Position

Statement of Financial Position at 31st May 2026

31 Mar 26 £'000		30 Apr 26 £'000	31 May 26 £'000	Movement In-Month £'000	Movement YTD £'000	
	Non-current assets					
4,617	Intangible Assets	4,488	4,364	(124)	(254)	
228,301	Property, plant and equipment	227,810	227,305	(505)	(997)	
33,170	Finance Leases	32,571	31,891	(679)	(1,279)	
1,125	Investments	1,125	1,125	0	0	
367	Trade and other receivables	367	368	0	0	
914	Other Assets	914	914	(0)	0	
268,495	Total non-current assets	267,275	265,966	(1,309)	(2,528)	①
	Current Assets					
7,569	Inventories	6,905	6,146	(759)	(1,424)	②
25,856	Trade and other receivables	24,521	24,665	143	(1,192)	③
985	Non-current assets held for sale	985	579	(406)	(406)	
98,832	Cash and cash equivalents	103,986	105,645	1,658	6,812	④
133,243	Total current assets	136,398	137,034	636	3,791	
	Current Liabilities					
(72,668)	Trade and other payables	(68,397)	(69,956)	(1,560)	2,712	⑤
(1,355)	Borrowings	(1,390)	(1,426)	(36)	(71)	
(7,779)	Lease Liabilities	(7,805)	(7,805)	0	(26)	
(15,678)	Provisions	(15,601)	(15,310)	291	368	
(38,455)	Deferred income	(45,004)	(43,677)	1,327	(5,221)	⑥
(135,936)	Total Current Liabilities	(138,197)	(138,175)	22	(2,239)	
	Non-current Liabilities					
(9,373)	Borrowings	(9,374)	(9,374)	0	(1)	⑦
(19,013)	Lease Liabilities	(17,982)	(17,677)	305	1,336	⑧
(8,425)	Provisions	(8,368)	(8,368)	0	56	⑨
(1,500)	Other Liabilities	(1,500)	(1,500)	0	0	
(38,311)	Total non-current liabilities	(37,225)	(36,919)	305	1,392	
227,491	Total assets employed	228,251	227,906	(345)	415	
	Financed by (taxpayers' equity)					
121,321	Public Dividend Capital	121,321	121,321	0	0	
88,166	Revaluation reserve	88,166	87,692	(474)	(474)	
1,125	Other reserves	1,125	1,125	0	0	
16,879	Income & expenditure reserve	17,639	17,768	128	889	⑩
227,491	Total taxpayers' equity	228,252	227,906	(345)	415	

1. Non-current assets have decreased by (£2.5m) in May which reflects the depreciation charge incurred in month. Capital additions were negligible.
2. Inventories have decreased by £1.4m YTD and £0.8m in month.. This is due to normal trading fluctuations and movements.
3. Receivables have decreased by (£1.2m) YTD and increased by £0.1m in-month. This decrease is driven by a decrease in VAT receivables of (£1.1m) and other receivables of (£3.8m). These decreases have been offset by an increase in trade receivables of £2.1m, Prepayments of £0.7m, accrued income of £0.7m and Bad debt provision of £0.1m.
4. The cash balance has increased by £6.8m. The increase in-year is driven by the net inflow of cash used in operations of £9.8m and offset against a net (£1.5m) used in investing activities and (£1.5m) used in financing activities - see cash flow statement.
5. Trade and other payables have decreased by £2.7m in year and increased by £1.6m in-month. The decrease in year is driven by the net reduction in trade payables and accrued expenditure of £3.1m and other payables of £0.1m. These decreases have been offset by an increase in the monthly Tax/Pension liabilities of (£0.4m).
6. Deferred income has increased by £5.2m in year and decreased by £1.3m in-month. The change in year is driven by £2.2m Provider Collaborative gain share income that will be spread over 12 months of the year, £1.2m deferral of the Education & Training income which is paid quarterly in advance and a £0.9m deferral of growth funding to match spend.
7. Borrowings have stayed the same in-month.
8. Non-current lease liabilities have decreased by £1.3m in year and £0.3m in-month in line with capital repayments against those liabilities.
9. Provisions have decreased in month by £0.1m due to release in provision paid in month.
10. The £0.9m upward movement in year reflects the Trust's reported surplus in month.

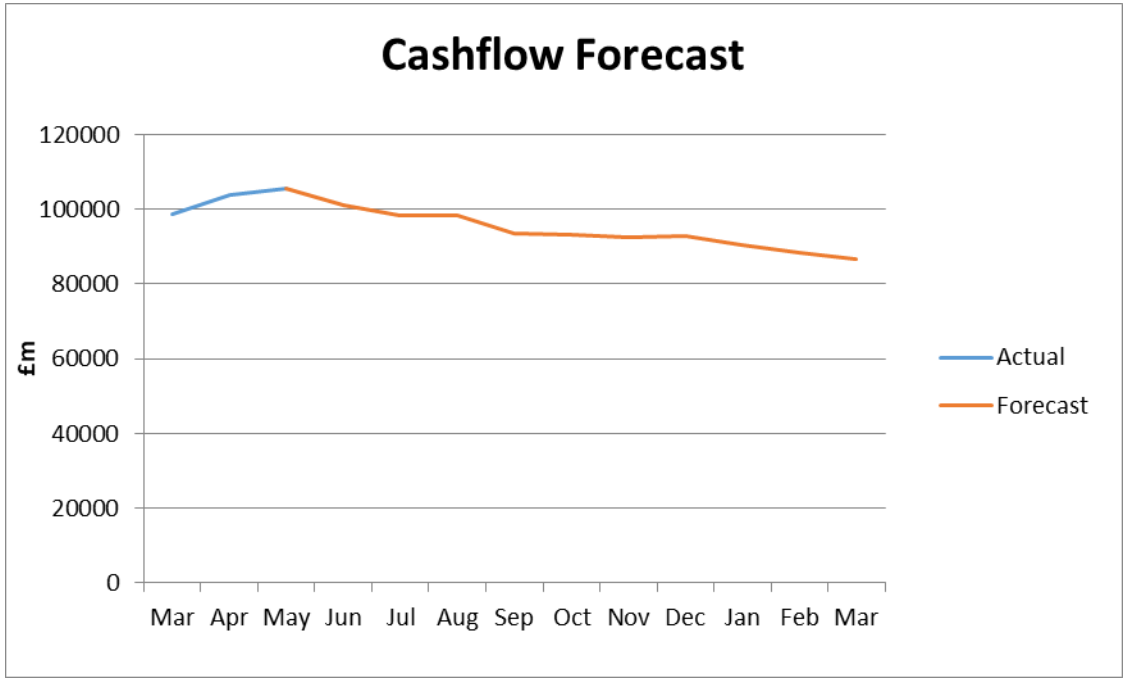
8. Statement of Cashflows

Statement of Cash Flows at 31 May 2026

31 Mar 26		Apr 26	Apr - May	Cash In/(Out) In-Month
£'000	**Cash flows from operating activities**	£'000	£'000	£'000
9,458	Operating surplus/(deficit) from continuing operations	209	323	114
9,458	**Operating surplus/(deficit)**	**209**	**323**	**114**
	Non-cash or income and expense:			
17,592	Depreciation and amortisation	1,483	2,965	1,482
292	Impairments and profit on disposal of assets	0	0	0
(180)	Income recognised in respect of capital donations (cash and	0	0	0
(35)	On SoFP pension liability	1,335	0	(1,335)
(6,295)	(Increase)/Decrease in Trade and Other Receivables	665	1,192	527
(3)	(Increase)/decrease in other assets	(2,393)	0	2,393
(1,106)	(Increase)/Decrease in Inventories	6,549	1,424	(5,125)
(9,146)	Increase/(Decrease) in Trade and Other Payables	(134)	(810)	(676)
3,354	Increase/(Decrease) in Deferred Income	0	5,221	5,221
(713)	Increase/(Decrease) in Provisions	0	(425)	(425)
13,220	**NET CASH GENERATED FROM/(USED IN) OPERATIONS**	**7,714**	**9,890**	**2,176**
	Cash flows from investing activities			
4,994	Interest received	403	773	370
(13,266)	Purchase of Non Current Assets	(2,312)	(2,758)	(446)
507	Sale of PPE	505	438	(67)
(7,765)	**Net cash generated from/(used in) investing activities**	**(1,404)**	**(1,547)**	**(143)**
	Cash flows from financing activities			
7,357	Public dividend Capital Received	0	0	0
(1,338)	Loans repaid	0	0	0
0	Movements on other loans	0	0	0
(6,072)	Capital element of lease rental payments	(1,085)	(1,390)	(305)
0	Capital element of Private Finance Initiative Obligations	0	0	0
(562)	Interest paid	(71)	0	71
(860)	Interest element on leases	0	(141)	(141)
0	Interest element of Private Finance Initiative obligations	(0)	0	0
(2,965)	PDC Dividend paid	0	0	0
(4,440)	**Net cash generated from/(used in) financing activities**	**(1,156)**	**(1,531)**	**(375)**
1,014	**Increase/(decrease) in cash and cash equivalents**	5,154	6,812	1,658
97,818	**Cash and Cash equivalents at 1st April 2025**	**98,832**	**98,832**	
98,833	**Cash and Cash equivalents at end of period**	**103,986**	**105,645**	**1,658**

Summary Notes

- The actual cash flow movements are consistent with the comments made on the Statement of Financial Position.
- The closing cash position at the end of May was **£105.6m** (£104.0m in April).
- The cash forecast is for £95m at the 31 March 2027.



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

Month 2

Statement of Financial Position - Headlines

Net assets have decreased by £0.3m YTD to **£227.9m**. This is represented by:

	£m
Decreases in net capital assets	(£1.3m)
Increases in current assets	£0.6m
Decreases in net liabilities	£0.3m
Net increase	**£0.3m**

Cash Flow - Headlines

Cash balance of **£105.6m** at the end of May

Forecast year-end cash balance of **£95m**

Net cash has increased by **£6.8m** YTD. This is represented by:

Net Cash generated from operations	£9.8m
Net Cash used in investing activities	(£1.5m)
Net Cash used in financing activities	(£1.5m)
Net increase	**(£6.8m)**

Working Capital Ratios	**Target**	**Actual**	**Risk Status**
Debtor Days by value	30	33	
Debtor Days by number of inv's	30	32	
Debtors % > 90 days	5.0%	7.0%	
BPPC NHS - Value of Inv's pd within target (ytd)	95.0%	49.4%	
BPPC Non-NHS - Value of Inv's pd within target (ytd)	95.0%	92.6%	
Cash and Cash Equivalents (£m) - per y/e forecast	94.6	105.6	

Working capital ratios

- Debtor days by number of invoices and value are marginally below target.
- Debtors % over 90 days is marginally below target, due to unpaid invoices. These are mainly various ICB's £86k (£94k in M1), OUH £228k (£228k in M1), NHS BOB £206k (£252k in M1), NW London £77k (£78k in M1), Salary overpayments £231k (£236k in M1), and other £77k (£113k in M1).
- NHS BPPC (Better Payments Practice Code) is below target due to a backlog of staff car lease invoices. The Estates team requested a move from over 400 individual invoices per month to a single consolidated invoice to improve processing efficiency. However, a delay in implementing the new arrangement during April - May resulted in a backlog of approximately 900 invoices (around two months' worth), which adversely impacted payment performance. When confirmed, the consolidated invoicing process is expected to improve processing times and support a return to BPPC compliance.
- Non-NHS BPPC (Better Payments Practice Code) is marginally below target.
- Cash at M2 marginally below target with the year end forecast. Forecast cash is still to be finalised.

10. Variances reported to NHS England

The starting point for budget setting is recurrent service budgets whereas the starting point for the plan submitted to NHS England is forecast outturn. Although the surplus or deficit is the same in the plan and budget, the expenditure and income figures vary – the Plan is what is expected to happen in reality whereas the Budget reflects agreed establishments and expenditure based on historic funding agreements . In addition, the budgets will be updated in year, whereas plan values stay the same. This creates difference between the plan and budget figures as show in this reconciliation:

	Full Year Plan	Plan starting point is forecast outturn not recurrent budgets			Categorisation of Depreciation	Revised Assumption for Financing Costs	In Year Budget adjustments	Full Year Budget M2
		Provider Collaboratives	Oxford Pharmacy Stores	Other				
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Clinical Income	586,341	-3,454		2,268			3,095	588,250
Other Operating Income	159,589	-2	-11,580	5,010			100	153,117
Employee Benefit Expenses (Pay)	-450,542	-1,321	-158	-5,463			-3,057	-460,541
Other Operating Expenses	-295,135	4,777	11,392	-1,984	18,744		-138	-262,344
Financing Costs	-296				-18,744	515	0	-18,525
Adjustments	43						0	43
Adjusted Surplus/ (Deficit)	0	0	-346	-169	0	515	0	0

The variances against plan reported to NHS England are shown in the table below:

	YTD Plan	YTD Actuals	YTD Variance against Plan	YTD Variance against Budget	Difference
	£'000	£'000	£'000	£'000	£'000
Clinical Income	97,722	93,499	-4,223	-3,449	774
Other Operating Income	26,596	29,377	2,781	3,470	689
Employee Benefit Expenses (Pay)	-74,960	-73,867	1,093	1,665	572
Other Operating Expenses	-49,050	-48,685	365	-1,678	-2,043
Financing Costs	-134	92	226	234	8
Adjustments	8	10	2	2	0
Adjusted Surplus/ (Deficit)	182	426	244	244	0

Meeting	Board of Directors
Date of Meeting	22nd July 2026
Agenda item	12(b)
Report title	Quality and Safety Dashboard
Executive lead(s)	Britta Klinck, Chief Nurse
Report author(s)	Jane Kershaw, Head of Patient Safety
Action this paper is for:	☐ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the Board	Quality surveillance report.
For disclosure or confidential	Disclosure

Executive summary
This is a monthly Quality and Safety Dashboard reporting by exception that is used as part of The Trust's quality surveillance and reported into a number of forums across the Trust. The data being presented is for 31st May 2026 and waits data is pulled at the time of writing the dashboard. Indicators are reviewed across the quality domains which are listed in Appendix A these cover workforce and the quality domains of safety, clinical effectiveness and patient experience. There are three teams/wards identified in enhanced support; CAMHS Meadow PICU, CAMHS Highfield and the City and NE AMHT. These teams have been in enhanced status for more than 6 months. The mitigations and actions being taken and oversight is detailed in the report.

Report history / meetings this item has been considered at and outcome
The Dashboard is a regular paper, developed with input from the Clinical Directorates. It is presented monthly to the Quality and Clinical Governance Group chaired by the Chief Nurse and Chief Medical Officer, and quarterly to the Trust's Quality Committee.

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

Strategic objective this report supports	**Select**

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

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

Assurance level		
☐ Significant	**☑ Reasonable**	**☐ Limited**

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	**☐ BAF**	**☐ TRR**
Equality, diversity and inclusion	No	
Legal and regulatory	We are nationally required to report on the inpatient staff fill rates to Trust Board members, this role has been delegated to the Quality Committee. Inpatient staff fill rates is an indicator considered in the monthly dashboard.	

1. Introduction

The information in the Quality and Safety Dashboard is based on data for 31st May 2026. However as waiting list data is point prevalent this is pulled at the time of writing the dashboard in early June 2026. The purpose of the dashboard is to bring together activity, quality and workforce data as well as soft intelligence to help identify wards/teams that might be struggling and need more support.

Development of Indicators

The list of indicators reviewed are provided in Appendix A these cover workforce and the quality domains of safety, clinical effectiveness and patient experience. We continue to make developments on the automated quality dashboards available on TOBI.

Escalation Criteria

The escalation criteria used in the Dashboard was reviewed and update by the Quality and Clinical Governance Group in May 2026 and shared with the Quality Committee.

2. Overall summary of highlighted wards/community teams

From reviewing a range of indicators, the below wards and community teams are highlighted by exception as flagging based on the escalation criteria.

The three teams/wards in enhanced support have been the same for more than 6 months. Mitigations and actions detailed from page 19.

The changes this month are as follows;

- Moved out of early warning: Phoenix ward
- New to early warning: Sapphire ward, Ashurst Adult PICU, Oxon South Adult Assessment and Treatment Team, Oxon Adult Psychological therapies
- Moved from enhanced to early warning: no teams.
- New to enhanced support: no teams.

	Enhanced Support	Early Warning	
Inpatient Wards	• CAMHS PICU Meadow Unit • CAMHS Highfield	• Ruby ward • Sapphire ward • Ashurst Adult PICU	
Community Teams	• Oxon City and NE AMHT (Aspen Team)	• Aylesbury CMHT • Bucks and Oxon CAMHS ADHD and Autism service • Bucks and Oxon Adult ADHD and Autism • Bucks Complex Needs Service • Bucks OA Memory Clinic • Bucks Adult PCMHT • Bucks Adult Psychological therapies • District Nursing service	• Children's Speech & Language • Adult Speech & Language • Nutrition and Dietetics • Community Respiratory service • Podiatry • Special Care & Paediatric Dentistry • Oxon South Assessment and Treatment Team (Adult) • Oxon CAMHS • BSW CAMHS • Oxon Complex Needs Service • Oxon OA Memory Clinic • Oxon Adult PCMHT (Keystone Hubs) • Oxon Adult Psychological therapies

The rest of the report is organised by clinical Directorate.

3. Buckinghamshire Mental Health Service

3.1 Performance on inpatients followed up within 48 hours of discharge

The national rules have changed from January 2026 with the timescale now measured in days rather than hours and a contact on the day of discharge can now be included.

The performance for May 2026 is 33 eligible discharges in the 'Bucks Place' commissioning area and 3 breaches to 48-hour follow, detailed below;

- 1 patient there were several unsuccessful attempts to see them at home for a review. Outside the 48-hour period the Crisis team made contact on day 4 after discharge.
- 1 patient with no fixed abode and would not engage with follow up, however has now been readmitted.
- 1 patient on discharge returned to Hungary.

3.2 Detail about wards and community teams highlighted

There are no identified wards/teams in Enhanced Support.

The following wards/teams are identified at an Early Warning level,

Wards at Early Warning

Ward	Reason for highlighting
Ruby ward	• Vacancies in May 2026 at 6.4% (reduced from previous months). Sickness 12.4% most likely related to a very challenging time on the ward. Safe staffing fill rates have been exceeded to offer the staff team and patients more support. There is a high use of medic agency staff, 59% in May 2026. There have been 18 admissions/transfers in May 2026 and high bed occupancy. • High number of patients incidents in May 2026 related to a small number of patients. The acuity on the ward has been high. The number of incidents in May was much higher than other months. 1 incident had moderate harm (violence patient on patient) and 1 was fatal, an inpatient unexpectedly died on the Whiteleaf Centre site, a post mortem is being completed. A PSI investigation has been declared to identify learning. • Patient violence towards staff remained higher in May 2026, although no RIDDOR incidents reported. • There were 6 uses of seclusion in the month involving 3 patients. • 5 rapid resolution complaints were received in the month in relation to a number of concerns, this is much higher than usual. No IWGC surveys were received in May 2026. There was 1 enquiry from the CQC in May 2026 about the treatment for a patient.
Sapphire ward	• The number of incidents increased in May 2026, mostly related to violence both patient on patient and patient to staff. Although all resulted in no harm or minor harm. There was a fire incident on the ward in May, no patients or staff were injured. Initially 10 patients were moved to alternative beds and currently 2 bedrooms remain out of order. There was a disruption to service provision and an increased use of out of area placement beds followed for new admissions. Immediate actions were identified in relation to patients access to contraband items (lighters) and review of mattress specifications. A PSI investigation has been declared to identify learning with multiagency involvement. • 3 AWOLs in May 2026 involving 2 patients. The ward on average has 2 AWOLs a month. • There was 1 enquiry from the CQC in May 2026 about the treatment for a patient.

Ward	Reason for highlighting
	• Overall supervision at 50% in May 2026.

Community Teams at Early Warning

Team	Reason for highlighting
Aylesbury CMHT (adult)	• In May 2026 – 2 early resolution concerns and 3 rapid resolution complaints received about discharge, medication and change in care team. • 27 patients waiting more than 4 weeks to be seen, as of end of May 2026 (28 patients last month). 2 patients have waited 12-26 weeks but 0 patients have waited longer, this is a reduction from 9 last month. • Performance with patients on open caseload having a care plan on RiO or True Colours (May 2026); 44.9%, same as last month. [There is a caveat with the performance reporting on care plans as the denominator includes some patients not yet seen and patients open to psychiatry/psychology where there is not the same requirement for these professionals to complete a care plan in the care plan templates on RiO/True Colours.] • The team has had some staffing challenges related to long term leave. Vacancies improved in May 2026, agency use 9% and sickness at 11.3%. • Supervision rate in May 2026 at 82%, improvement from last month.
CAMHS ADHD and Autism service	• As of 1st June 2026: 3,861 patients waiting for assessment (last month at 3,835). Mean wait time 83 weeks. 149 new referrals received this month. Nearly half of the patients waiting have waited more than 2 years. Longest waiter 5.6 years. There are also a significant number of patients waiting for on average 52 weeks post assessment to start medication. • Staff vacancies including for medics high in May 2026; around 32.7% (same as last month).
Adult ADHD and Autism	As of 1st June 2026, • Adult ADHD: 882 patients waiting for assessment (last month at 924). Mean wait time 151 weeks. 1 new referral received this month. Longest waiter 4.2 years. • Adult Autism: 446 patients waiting for assessment (last month at 449). Mean wait time 109 weeks. 7 new referrals received this month. Longest waiter 6.8 years. A patient safety thematic review has been started across Buckinghamshire and Oxfordshire services as there have been a number of deaths identified for patients on the ADHD waiting list since early 2022. Buckinghamshire, Oxfordshire and Berkshire ADHD working group tasked with developing ADHD offer across region, within context of current demand and the capacity gap.
Complex Needs Service	National 4 week wait target, as of end of May 2026 (based on patients that have not yet had an initial contact, pathway level); 27 patients waiting (33 last month). 3 patients have waited more than a year a reduction from 6 reported last month. Large number of clients waiting for MBT and Therapeutic community groups. Prioritising changes to expand capacity and access to the service. Considerable work implemented in ensuring therapeutic community group is at capacity. Inviting larger numbers to preparatory group to reduce drop out numbers.
Memory clinic services	As of end of May 2026– 755 patients waiting for 60 days or longer against wait standards (last month 785 patients). 13 patients have been waiting for more than 1 year a slight increase from 11 reported last month.

Team	Reason for highlighting
	Vacancies much improved in May 2026 to 9.3% from 18.4% last month.
Adult PCMHT	National 4 week wait target, as of end of May 2026 (based on patients that have not yet had an initial contact, pathway level); 142 patients waiting (144 last month). 3 patients waiting for more than a year a reduction from 5 patients last month. Deep dive on position to the QCG Group in May 2026. Both vacancies and supervision rate (87%) improved from last month.
Adult Psychological therapies	National 4 week wait target, as of end of May 2026 (based on patients that have not yet had an initial contact, pathway level); 36 patients waiting (30 last month). 1 patient has waited more than a year a reduction from 4 last month.

4. Community Health Services, Dentistry and Primary Care

4.1 Detail about wards and community teams highlighted

There are no wards/teams identified at Enhanced Support.

Wards at Early Warning

None of the quality indicators are flagging however the following wards are reported as not meeting the internal Trust target of minimal safe staffing levels in May 2026;

- Abbey ward: Day and night registered staff levels are lower than expected at 75% and 70%. Sickness was 8.3% in May 2026. Bed occupancy 100%.
- Didcot ward: Day registered staff 79% with staffing met through an increase of above 100% of unregistered staff. Sickness was 11.7% in May 2026. Bed occupancy is at 100%.
- Linfoot ward: Night registered staff 71%. Vacancies at 11.2%. Bed occupancy 84%.
- Wenrisc ward: Day shifts for registered (67%) and unregistered staff (73%) and nights shifts for registered staff (71%) are below the expected levels. Bed occupancy at 77%.

Community teams at Early Warning

Team	Reason for highlighting
District Nursing Service	• The service sees around 12,000 patients a month. There has been recent investment into the service which will help greatly however demand is still higher than capacity. There are around 500 cancelled/deferred appointment each day whereby capacity cannot meet demand. On average 13 incidents are reported a month related to a delay in treatment, in May 2026 there were 19 delay related incidents of which 2 resulted in moderate harm. • The number of incidents with moderate and severe harm have very slightly increased in 2026, with more months being above the average rate but there is not a consistent upward trend. Most of the incidents with moderate/severe harm relate to category 3 pressure damage followed by deep tissue injuries and this is where we have seen a small increase with 5 of the last 6 months slightly above the average number. Most of the incidents are reported by the SW locality, then City and West localities. • There were 3 PSIRP cases declared in May 2026 (2 involving the North locality) in relation to pressure ulcer care and delay in accessing care. Early learning around cancellation of appointments, capacity issues and escalation. • There was 2 RIDDORs in May 2026 related to manual handling both involving staff in the South East locality. The South East locality has had no other RIDDORs in the last 12 months and this is a sharp increase for the whole service. • Supervision rates in May 2026 range from 66% (North locality) to 90% (City locality). • In May 2026 the service received 1 early resolution, 2 rapid resolution complaints

Team	Reason for highlighting
	and 1 low level complaint. No increase in concerns received in May. The concerns have been raised about all localities and mostly concern insufficient care and communication.
Children's Integrated Therapies – speech and language	• As of end of May 2026: 1,556 patients are waiting to be seen, less than last month (when there were 1,709 patients). Of which 1,306 patients have been waiting for more than 12 weeks (reduction from last month). 492 patients have waited longer than a year, this is a reduction from 585 last month. Median length of time to wait 34 weeks/average 37 weeks. • There are also smaller waits for the CIT OT (overall 52 patients waiting, reduction from last month) and physiotherapy services (overall 751patients waiting, reduction from last month).
Adult Speech and Language	• As of end of May 2026: 485 patients are waiting to be seen, more than last month (when there were 441 patients). 82 patients have been waiting for more than 12 weeks (increase from last month), but 0 patients have waited longer than a year. Median length of time to wait 5 weeks/average 7 weeks. • In May 2026 vacancies at 16.1% (same as last month).
Nutrition and Dietetics	• As of end of May 2026: 307 patients are waiting to be seen, less than last month (when there were 385 patients). Of which 129 patients have been waiting for more than 12 weeks (less than last month). 0 patients have waited longer than a year. Median length of time to wait 10 weeks/ average 11 weeks.
Community Respiratory service (respiratory, COPD and home oxygen assessment)	• As of end of May 2026: 155 patients are waiting to be seen, less than last month (when there were 172 patients). 92 patients have been waiting for more than 12 weeks (less than last month), and 0 patients have waited longer than a year. Median length of time to wait 18 weeks/average 17 weeks.
Podiatry	• The service has a caseload of around 9,200 patients. • As of end of May 2026: 1,879 patients are waiting to be seen, less than last month (when there were 1,961 patients). Of which 400 patients have been waiting longer than a year (reduction from last month when there were 493). Median length of time to wait 31 weeks/average 33 weeks. • There are also waits between treatment, including high risk/urgent patients on weekly follow up appointments that are being deferred due to capacity and pressure on the service. • Vacancies in May 2026, 35.6% (slightly improved from last month) and agency use 6%. • In May 2026 there were 21 incidents mostly relating to patient ambulance transport. Only 1 related to a delay in treatment. All of the incidents resulted in no harm or minor harm. • There were no concerns or complaints raised in May 2026 and only 1 rapid resolution complaint in April 2026.
Special Care & Paediatric Dentistry	Waits for treatment under general anaesthetic (GA) for both children and special care adults, as of 18th June 2026 (snapshot in time): • 115 children on the waiting list (145 last month), with waiting times currently up to 6 months. 37 children waiting > 18 weeks (51 last month). These waiting times are likely to increase due to the suspended Horton Hospital theatre use from 23/04/2026 for 6 months. • 12 weekend sessions held year to date - 44 children treated. (FY 26/27) • 13 adults who have been assessed and are waiting for treatment at the Horton

Team	Reason for highlighting
	Hospital (8 last month), with waiting times of up to 8 weeks. 6 adults assessed and waiting for treatment at JR, waiting times up to 2 years (same as last month). • 15 adults waiting for joint dental/anaesthetic assessment (waiting time from referral to assessment is up to 3 months). (9 adults waiting last month) • Additional paediatric GA weekend sessions continuing when available– commissioners confirmed the carry-over of remaining reset and restoration funding to FY27.

5. Forensic Services

5.1 Detail about wards and community teams highlighted

There are no wards/teams identified at Early Warning or Enhanced Support. However the below two wards are noted because of one indicator flagging.

Kingfisher ward continues to manage two very acutely unwell patients that have a high amount of self-harm incidents and are verbally abusive and physically violent towards staff impacting on morale and sickness. 2 RIDDOR cases related to violence were reported in May 2026. High sickness at 25%. The 2 patients are managed in long term segregation, with 1 patient having been in segregation since Sept 2025. There are zero vacancies and safe staffing levels exceeded as staff from Kestrel have moved to work on Kingfisher ward since the temporary ward closure from October 2025.

Wenric ward used the restraint position of prone was used 6 times in May 2026 involving 1 patient, 3 for IM and 3 for a seclusion procedure. The ward has experienced a high number of violent incidents toward staff in May 2026, mostly verbal abuse involving a couple of patients. Vacancies are 10.6% and sickness 7.2% in May 2026 although safe staffing levels have been exceeded.

6. Learning Disability Services

6.1 Detail about community teams highlighted

There are no wards/teams identified at Early Warning or Enhanced Support. However, there are high vacancies in the **Intensive Support Team** for behavioural assistants unregistered staff (24.5% in May 2026, same as last month) and **Reasonable Adjustment Service** (57% in May 2026, worse than last month). The capacity shortages are being met currently by SLT members and cross working between teams.

7. Oxfordshire and BSW Mental Health Services

7.1 Performance on inpatients followed up within 48 hours of discharge

The national rules have changed from January 2026 with the timescale now measured in days rather than hours and a contact on the day of discharge can now be included.

The performance for May 2026 is 47 eligible discharges in the 'Oxon Place' commissioning area with 2 breaches to 48-hour follow up, detailed below;

- 1 patient was contacted within 72 hours but not 48 hours.
- 1 patient was discharged out of area with another NHS Trust completing the follow up of care.

In addition, there was 1 further breach for a patient commissioned by Berkshire that was discharged out of area from Ashurst PICU with another NHS Trust completing the follow up of care.

7.2 Detail about wards and community teams highlighted

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

- CAMHS PICU Meadow Unit
- CAMHS Highfield
- City and NE AMHT, predominantly Aspen Team

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

Wards identified at early warning

Team	Reason for highlighting
Ashurst Adult PICU	• 17% vacancies in May 2026. Safe staff fill rates were met in month however there was a skill mix change with more unregistered staff than registered staff on night shifts. Registered staff fill rate at night 83%. Activity: 6 admissions/transfers in month and bed occupancy 89%. • The unit has had a high number of violent incidents from patients to staff in April and May 2026. Although no staff RIDDORs reported. • The unit received 1 early resolution concern and 2 rapid resolution complaints in May 2026. These were about consent to treatment, medication and staff behaviour. The unit had no feedback via IWCG surveys. • There were 2 enquiries from the CQC in May 2026 about the treatment for 2 different patients. • Restrictive interventions; 25 physical restraints (involving 6 patients) including 1 use of prone, 1- seclusions episodes, 9 uses of rapid tranquilisation and 1 use of LTS. Use of physical restraint, rapid tranquilisation and seclusion increased in May 2026.

Community Teams at Early Warning

Team	Reason for highlighting
South Assessment and Treatment Team (Adult)	• Increase in low level complaints in April and May 2026, 3 received across 2 months mostly about insufficient care and communication. • Number of suspected suicides has increased slightly, although the number of deaths are small. There was 1 suspected suicide in April and 2 in May 2026. 2 out of the 3 patients were open to the team at the time they died. The number of self-harming incidents on average is 4 a month (all degrees of harm) but there has been no change over time and there have been 0 with moderate harm in April and May 2026. • Vacancies are low, 11.6% in May 2026, sickness 6.3% in May 2026, no agency use and fill rates good. • Performance with patients on open caseload having a care plan on RiO or True Colours (May 2026); assessment team 31.7% and treatment team 70%. [There is a caveat with the performance reporting on care plans as the denominator includes some patients not yet seen and patients open to psychiatry/psychology where there is not the same requirement for these professionals to complete a care plan in the care plan templates on RiO/True Colours.] • Patients waiting more than 4-week wait (based on patients that have not yet had an initial contact, pathway level) as of end of May 2026; 10 patients for assessment team and 3 patients for treatment team all within 12 weeks.
CAMHS ADHD and Autism service	As of 1st June 2026 –4,737 patients waiting for assessment (last month at 4,783), about half have waited for more than 2 years. Average wait for assessment 111 weeks. 46 new referrals received this month. Longest waiter 7.4 years.

Team	Reason for highlighting
	There are also a significant number of patients waiting for a long period for medication to be started post assessment. Vacancies at 19.6% in May 2026, same as last month. The service receives a number of complaints, concerns and MP enquiries about waiting times. In the last 3 months up to end of May 2026 the service received 6 rapid resolution complaints and 3 low level complaints mostly about waiting times. There was an increase in complaints in April 2026.
Oxon CAMHS	The demand for services has increased with around 500-600 referrals each month. National 4 week wait target, as of end of May 2026 (based on patients that have not yet had an initial contact, pathway level); • 158 patients waiting for Getting Advice (SPA) (last month at 134). 6 patients reported as having waited for more than a year. • 32 patients waiting for Getting Help (48 last month). 1 patient is waiting for more than a year. • 27 patients waiting for Getting More Help (26 last month). 2 patients are waiting for more than a year. • 6 patients waiting for Learning Disabilities CAMHS team (3 last month). 1 patient waiting for more than a year. • 18 patients waiting for MHST (21 last month), of which 4 patients are waiting for more than a year. Vacancies in May 2026 high for; FASS team 22.6% (improved from last month), CABHS 26.8% (same as last month), CAMHS LD 25.2% (same as last month), CAMHS Eating Disorders 32.8% (worse than last month), and CAMHS Crisis/outreach 40.6% (worse from last month). There are also significant medic vacancies across a number of teams.
BSW CAMHS	National 4 week wait target, as of end of May 2026 (based on patients that have not yet had an initial contact, pathway level); • 53 patients waiting for Getting Advice (SPA) (39 last month) • 2 patients waiting for Getting Help (5 last month) • 9 patients waiting for Getting More Help (11 last month) • 1 patient waiting for Learning Disabilities CAMHS team (1 last month). • 39 patients waiting for MHST (58 last month) High use of medic agency staff across all BSW teams.
Adult ADHD	The Oxfordshire Adult ADHD Service lacks sufficient operational capacity to meet demand - the service closed to new referrals in 2024 and has a waiting list of 1,842 patients awaiting assessment as of 1st June 2026 (last month at 1,887), while the average waiting time for assessment is 169 weeks. Longest waiter is 6.5 years. Waiting time from diagnosis until first titration appointment for appropriate medication is approximately 19 months. The number of patients waiting is increasing weekly as new assessments are completed. Approximately 80% of those assessed are diagnosed with ADHD and added to the medication titration waiting list. Each new titration will require a minimum of 3 appointments across a three-month period. A patient safety thematic review has been started across Buckinghamshire and

Team	Reason for highlighting
	Oxfordshire services as there have been a number of deaths identified for patients on the ADHD waiting list since early 2022. Buckinghamshire, Oxfordshire and Berkshire ADHD working group tasked with developing ADHD offer across region, within context of current demand and the capacity gap. Vacancies at 19% in May 2026.
Complex Needs Service	National 4 week wait target, as of end of May 2026 (based on patients that have not yet had an initial contact, pathway level); 88 patients waiting (last month 114). 18 patients have been waiting for more than a year, a reduction of 1 patient from last month.
Memory clinic services	As of end of May 2026– 450 patients waiting for 60 days or longer against wait standards (last month 566 patients). 17 patients have been waiting for more than 1 year an increase from 13 reported last month.
Adult PCMHT (Keystone teams)	National 4 week wait target, as of end of May 2026 (based on patients that have not yet had an initial contact, pathway level); 57 patients waiting (80 last month). 0 patients have been waiting for more than a year.
Adult Psychological therapies	National 4 week wait target, as of end of May 2026 (based on patients that have not yet had an initial contact, pathway level); 43 patients waiting (increase from last month). 1 patient has waited more than a year.

Wards and Community Teams identified at Enhanced Support

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
CAMHS PICU Meadow Unit	Yes	• In May 2026 vacancies at 19.31% (improvement from last month) and agency use 8.6%. Safe staff fill rates were met in month however there was a skill mix change with more unregistered staff than registered staff on night shifts. Registered staff fill rate at night 83%. Activity: 0 admissions/transfers in month and bed occupancy 38%. • High use of restrictive interventions to mostly prevent patients from self-harming, in May 2026: 78 physical restraints involving 3 patients, 0 uses of prone position. 14 uses of seclusion involving 2 patients and 10 uses of rapid tranquilisation involving 1 patient. Overall, 1 patient accounted for 68 interventions. The use of physical restraint is reducing as is the use of rapid tranquilisation. • The number of patients incidents has reduced in May 2026, although remains high. In May 2026 there were 99 patient incidents involving 4 patients. The majority relate to self-harm and either resulted in no harm or minor harm. • Violence towards staff and staff injuries with harm was high in May 2026, although there were 0 RIDDORs. • The ward has received 0 high/low complaints or concerns in May 2026. But also no feedback via IWCG surveys.	Improvement plan in place with fortnightly oversight by the SLT. Recruitment is ongoing. % vacancies improved from last month. Safe staffing levels are being met and bed occupancy is low. List of key work happening to reduce restrictive practice. There has been a reduction seen; • Meadow PICU and Highfield are engaging in the HOPE programme, an evidence-based approach to reduce long term segregation and restrictive interventions. • All CAMHS inpatient wards have allocated staff to attend RAID (Reinforce Appropriate, Implode Disruptive) Training , a positive psychological approach for managing challenging behaviours. • Weekly working group with the aim of reducing violence and aggression which is often a precipitating factor for restrictive practices. • Engagement in the Positive and Safe Forum with current focus on debriefs for staff and patients. • Seclusion audits are being completed for all episodes of seclusion. • Evidence of therapeutic interventions/de-escalation included in all incident reports and progress notes • Implementation of shared learning from incidents meetings with a focus on reducing restrictive practices • All wards have positive engagement/ activity workers to promote engagement in therapeutic activities • Introduction of prone review panel process from May with fortnightly Trust-wide review of all uses of prone.
CAMHS Highfield	Yes	• In May 2026 vacancies at 12.5% (improved from last month) and sickness 6.8%. Safe staff fill rates were met, with the exception of a skill mix change for night shifts with more unregistered and less registered staff than	Improvement plan in place with fortnightly oversight by the SLT. Recruitment is ongoing. % vacancies improved from last month. Safe staffing levels are being met and bed occupancy is low.

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
		planned. Registered staff fill rate at night 67%. Activity: 3 admissions/transfers in month and 63% bed occupancy. • Overall supervision rate for May 2026 77%. • High use of restrictive interventions in May 2026 mostly to prevent patients self-harming; 73 physical restraints involving 6 patients, 4 uses of prone restraints involving 1 patient (3 for IM and 1 unintentional led by patient), 28 uses of rapid tranquilisation (involving 2 patients). 1 patient has been in LTS for 214 days in the past 6 months. Overall, 1 patient accounted for 39 interventions. The use of physical restraint and rapid tranquilisation has reduced in May 2026 from a spike in April 2026 but is still at a higher level. • The number of patients incidents has reduced in May 2026, although remains high. In May 2026 there were 2 moderate harm incidents for the same patient relating to self-harm by ingesting a harmful item. • The ward has received 1 low level complaint, 1 early resolution concern and 1 rapid resolution complaint in May 2026 around the theme of staff behaviour and communication. The number of complaints/concerns is a bit higher than usual. There was one IWCG survey feedback in the month which had some very positive feedback for named staff members and also a suggestion about how to improve the use of restraint. The ward also has parent forums, weekly patient 'have your say' meetings and monthly patient forums.	List of key work happening to reduce restrictive practice. There has been a reduction seen; • Meadow PICU and Highfield are engaging in the HOPE programme, an evidence-based approach to reduce long term segregation and restrictive interventions. • All CAMHS inpatient wards have allocated staff to attend RAID (Reinforce Appropriate, Implode Disruptive) Training , a positive psychological approach for managing challenging behaviours. • Weekly working group with the aim of reducing violence and aggression which is often a precipitating factor for restrictive practices. • Engagement in the Positive and Safe Forum with current focus on debriefs for staff and patients. • Seclusion audits are being completed for all episodes of seclusion. • Evidence of therapeutic interventions/de-escalation included in all incident reports and progress notes • Implementation of shared learning from incidents meetings with a focus on reducing restrictive practices • All wards have positive engagement/ activity workers to promote engagement in therapeutic activities • Introduction of prone review panel process from May with fortnightly Trust-wide review of all uses of prone.
City and NE AMHT, predominantly Aspen Team	Yes	• Vacancies as of May 2026; Aspen 10.6% (similar to last month), Oak 12% (similar to last month) and Willow no vacancies. Sickness has been high in Aspen team (11.8%) and Oak (15.3%). • In May 2026 the AMHT has received 3 rapid resolution complaints and 1 low level complaint. In both April and May the team has received 1 low level complaint. The	There is an improvement plan in place overseen by the Directorate SLT. Below are the key actions in progress; Staff consultation to create a separate North East AMHT based primarily in Bicester and merge the remaining City GP's into Willow and Oak has ended and a decision made to go ahead with the proposal. Work has now started on implementing the change

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
		common themes are insufficient care and staff behaviour. • 11 incidents in May 2026, 5 of which related to medicine management. 2 of the 11 incidents were self-harm and resulted in moderate/severe harm. The number of self-harm incidents is below average in May 2026. There have been raised levels Jan-April 2026 but these have reduced this month. • There have been historic PSIRP cases with significant learning for the AMHT. There has only been 1 PSIRF case started in 2026. • Supervision rates in May 2026 were 58% in Aspen, 95% Oak and 96% in Willow. • Performance with patients on open caseload having a care plan on RiO or True Colours (May 2026); Aspen 53.8% (55% last month), Oak 56.4% (57% last month) and Willow 50.1% (49% last month. [There is a caveat with the performance reporting on care plans as the denominator includes some patients not yet seen and patients open to psychiatry/psychology where there is not the same requirement for these professionals to complete a care plan in the care plan templates on RiO/True Colours.] • Patients waiting more than 4-week wait (based on patients that have not yet had an initial contact, pathway level) as of end of May 2026; 9 Aspen (same number as last month), 15 Oak (10 patients last month) and 16 Willow team (12 patients last month). This does not show patients with no allocated Key Worker which is an issue in Aspen team currently being mitigated through use of duty team.	which will require staff changes, communication with GPs and patients and recruitment to new posts. Caseload management. Aspen in particular has been using a "team working" caseload due to vacancies and limited options for Key worker allocation – agency staff have been recruited to assist with this. Ongoing Caseload cleansing required to ensure that the patient caseload is accurate. A caseload weighting tool is being used but challenging to fully adopt whilst there are significant staffing pressures. RIO "waiting list" – some delays due to adjustment of lists and ensuring staff are adequately trained. Aspen has significant staffing pressures due to sickness and recruitment needs. The CRHT Team have been supporting alongside use of NHSP bank staff and agency staff. All three teams are facing recruitment pressures currently with significant movement of staff to other services. Aspen and Oak are recruiting Band 6 agency staff due to vacancies. Consultant allocation –there is a need to agree a consistent approach to consultant allocation across all AMHTs.

Appendix A. Indicators used for the Dashboard

	Inpatient Wards	Community Teams
Workforce Measures	Day Reg Fill Rate (target more than 85%)	
	Day Unreg Fill Rate (target more than 85%)	
	Night Reg Fill Rate (target more than 85%)	
	Night Unreg Fill Rate (target more than 85%)	
	Agency % total pay (target less than 10.4%)	Agency % total pay (target less than 10.4%)
	Vacancies % (target less than 9%)	Vacancies % (target less than 9%)
	Total Turnover % (target less than 14%)	Total Turnover % (target less than 14%)
	Sickness % (target less than 3.5%)	Sickness % (target less than 3.5%)
Safety Domain	Number of staff injuries (all types of causes) with actual harm of moderate or above	Number of staff injuries (all types of causes) with actual harm of moderate or above
	Number of patient incidents with moderate or above harm (1 or less), with a focus on any severe harm incidents	Number of patient incidents with moderate or above harm (1 or less), with a focus on any severe harm incidents
	Number of violent incidents towards staff (all levels of harm)	Number of violent incidents towards staff (all levels of harm)
	Number of AWOLs for detained patients (mental health) and number of Fall incidents with harm for Community Hospital wards	
	Medicine Incidents resulting in harm (minor harm or above. Excludes patient refused)	Medicine Incidents resulting in harm (minor harm or above. Excludes patient refused)
	Number of pressure ulcers developed in service (categories 1-4, deep injury & unstageable. Includes where there are no lapses in care)	Number of pressure ulcers developed in service (categories 1-4, deep injury & unstageable. Includes where there are no lapses in care)
	Number of Incidents under the PSIRP from 4th Dec 2023 (note. SI criteria no longer exists)	Number of Incidents under the PSIRP from 4th Dec 2023 (note. SI criteria no longer exists)
	Unexpected deaths (natural and unnatural) incl. within 2 days of inpatient stay	Unexpected/unnatural and suspected suicides
	Number of physical restraint episodes (<10)	
	Number of prone restraints (1 or less)	
	Number of seclusion episodes (less than 4)	
	Number of uses of LTS (less than 2)	
	Intelligence from the Freedom to Speak up Guardians	Intelligence from the Freedom to Speak up Guardians
Clinical Effectiveness Domain	Median Length of Stay (discharged patients)	Number of patients breached waiting time target
	Number of Admissions in Month	
	Bed occupancy in month excluding leave	Number of referrals received in month
	Supervision	Supervision
	Overall Mandatory Training performance	Overall Mandatory Training performance
	Waiting list performance, number of breaches as a point in time each month	Waiting list performance, number of breaches as a point in time each month
Patient Experience Domain	Clinical audit starting with the mental health Core clinical standards audit (manually added)	Clinical audit starting with the mental health Core clinical standards audit (manually added)
	Number of high/low complaints and rapid resolutions (2 or more)	Number of high/low complaints and rapid resolutions (2 or more)
	Number of early resolutions	Number of early resolutions
	IWCG number of responses/average score across reviews in month	IWCG number of responses/average score across reviews in month

Oxford Health
NHS Foundation Trust

Board Assurance Framework

Board of Directors
22 July 2026

Board Assurance Framework – *Introduction*

Oxford Health NHS Foundation Trust

OHFT's Board Assurance Framework (BAF) sets out to enable the Board of Directors to identify, assess and monitor the principal risks to the Trust achieving its strategic objectives. The BAF sets out the controls, assurances, gaps and proposed actions for each BAF risk to assess whether existing controls are working and, where they are not, enable an assessment about available actions. Each BAF risk relates to an OHFT strategic objective: 1*) Deliver the best possible care and health outcomes*; 2) *Be a great place to work*; 3) *Make the best use of our resources and protect the environment*, and 4) *Be a leader in healthcare research and education*.

BAF risks are described using a model of '*If*' something happens / is not addressed (cause) '*Then*' a risk may occur '*Resulting*' in an effect. Risks are scored using an *Impact x Likelihood* scoring mode (5x5) indicating whether a BAF risk score is: Low risk (1-3); Medium risk (4-6); High risk (8-12); or Extreme risk (15+). *See slide final slides for guidance on impact and likelihood scoring*.

BAF risks are scored three times as the: *Inherent risk* (i.e. untreated with no controls in place); *Current risk* (i.e. treated with controls applied seeking to address the risk); and *Target ris*k (i.e. the risk score with improved controls in place where possible). Where relevant to the strategic risk, higher scoring operational risks from the Trust's risk register will be included for information.

Each BAF risk notes controls and mitigations, how assurance on controls is gained, and identified gaps in controls. Each BAF risk has a risk appetite assessment to indicate the degree of risk the Trust is willing to consider and take to realise a strategic objective. Risk appetite options are: avoid, cautious, minimal, open or seek. *See final slides for risk appetite definitions*.

Each BAF risk has a lead committee e.g. BAF risk A1 – *Timely access to services* will receive oversight at each Quality Committee, and a lead Executive director(s). The Audit & Risk Committee will work through reviewing all BAF risks over the course of a year.

The following three slides summarise the current BAF risks.

Board Assurance Framework – *Summary (1)*

NHS Oxford Health NHS Foundation Trust

Ref.	Risk Category/ Overview	Risk Description	Strategic Aim	Executive Lead	Lead Committee	Prev. score (May 26)	Current Score (July 26)	Target Score	Risk Appetite
A1	Timely Access to Services	***If*** *demand for clinical services does not align with capacity* ***Then*** *patients will wait longer to start treatment, complexity / acuity may increase and greater Trust resource will be required* ***Resulting in*** *breaches of constitutional (performance) standards, unnecessary use of Trust resources, poorer patient experience, and health outcomes.*	Quality	Chief Operating Officers	Quality Committee	**16**	**16**	**12**	Cautious
A2	Quality, Safety & Experience	***If*** *we fail to deliver against fundamental standards of quality and safety, to learn from patient safety incidents and experience and to continuously improve* ***Then*** *we will be unable to consistently deliver high quality and safe care* ***Resulting in*** *poor patient outcomes and experience, avoidable harm to patients, staff or the public, regulatory intervention, and a failure to continuously learn and improve.*	Quality	Chief Nurse & Chief Medical Officer	Quality Committee	**12**	**12**	**8**	Minimal
A3	Financial Sustainability	***If*** *we fail to live within our means* ***Then*** *the Trust will become financially unsustainable* ***Resulting in*** *failure to deliver agreed financial plans, an adverse impact on service delivery, reputational damage, loss of autonomy and potentially leading to regulatory intervention.*	Sustainability	Chief Finance Officer	Finance and Investment Committee	**16**	**16**	**12**	Cautious
A4	Recruitment & Retention	***If*** *we are unable to recruit and retain a sustainable and skilled workforce aligned to our People Plan* ***Then*** *we will not have the right people in the right roles and face persistent staffing gaps* ***Resulting in*** *poor patient outcomes, poor operational performance and declining staff morale and experience.*	People	Chief People Officer	People, Leadership and Culture Committee	**6**	**6**	**9**	Open

Board Assurance Framework – *Summary (2)*

Ref.	Risk Category/ Overview	Risk Description	Strategic Aim	Executive Lead	Lead Committee	Prev. score (May 26)	Current Score (July 26)	Target Score	Risk Appetite
A5	Staff Experience & Culture	***If*** *the Trust fails to create a positive and inclusive culture where staff feel valued and heard* ***Then*** *issues affecting staff motivation, wellbeing and belonging will not be addressed* ***Resulting in*** *reduced staff motivation, engagement and satisfaction leading to higher sickness absence, higher staff turnover and greater reliance on agency staff.*	People	Chief People Officer	People, Leadership and Culture Committee	**12**	**12**	**8**	Open
A6	Improvement, Research & Innovation	***If*** *we fail to foster a strong culture of improvement, research and innovation* ***Then*** *we will not be able to transform services and realise opportunities to improve the quality and efficiency of care* ***Resulting in*** *failure to tackle long-term challenges and missed opportunities to enhance patient outcomes and organisational sustainability and a failure to meet the changing needs of our populations.*	Research	Chief Medical Officer & Chief Nurse	Quality Committee	**12**	**12**	**6**	Seek
A7	Environmental Sustainability	***If*** *our decisions and actions fail to consider the impact on wider society and the environment* ***Then*** *we will fail to meet our obligations for NHS organisations to achieve Net Zero emissions* ***Resulting in*** *negative environmental and social impacts both now and in future, and may also result in reputational damage and regulatory action.*	Sustainability	Chief Finance Officer	Finance and Investment Committee	**12**	**12**	**8**	Open
A8	Information & Data	***If*** *the Trust does not treat information as a critical asset and address information & cyber security threats* ***Then*** *patient and staff information will be insecure and we will not maximise benefits from data* ***Resulting in*** *avoidable service interruption, patient & staff harm, missed opportunities to enhance patient outcomes and organisational effectiveness, regulatory action or reputational damage.*	Sustainability	Executive Director of Corporate Affairs (SIRO)	Finance and Investment Committee	**12**	**12**	**9**	Open

Board Assurance Framework – *Summary (3)*

Ref.	Risk Category/ Overview	Risk Description	Strategic Aim[s]	Executive Lead	Lead Committee	Prev. score (May 26)	Current Score (July 26)	Target Score	Risk Appetite
A9	Partnerships & System Working	***If*** *we fail to develop and maintain effective working relationships with system partners in both our ICSs* ***Then*** *we will likely be unable to develop comprehensive and credible plans that meet the needs of all our populations* ***Resulting in*** *worsening health, increased demands for healthcare, increased health inequalities and unsustainable services for the future.*	Quality	Chief Executive & Executive Director of Strategy	Quality Committee	**12**	**9**	**6**	Seek
A10	Digital Transformation	***If*** *we do not sufficiently invest in, transform and maintain digital technologies, IT systems and digital skills* ***Then*** *our digital capacity may become outdated and inefficient/or fail to fully realise the benefits of digital transformation* ***Resulting in*** *failure to fully realise the benefits of digital transformation of healthcare services including service quality, accessibility and efficiencies.*	Quality	Chief Operating Officers & Chief Finance Officer	Finance and Investment Committee	**12**	**12**	**9**	Open
A11	Infrastructure	***If*** *we do not invest in, develop and maintain our essential infrastructure, such as our estate and information systems* ***Then*** *our infrastructure may become unreliable, outdated, unprotected and unsafe* ***Resulting in*** *avoidable interruption to services, delays in treatment and may potentially lead to harm to patients or staff.*	Sustainability	Chief Finance Officer	Finance and Investment Committee	**12**	**12**	**8**	Minimal

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

NHS Oxford Health NHS Foundation Trust

Link to Strategic Aims:

Quality

Deliver the best possible care and health outcomes

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	5	4	20	Extreme
Current Risk (with controls in place)	4	4	16	**Extreme**
Target Risk (with improved controls)	4	3	12	High
Risk identified: July 2025			**Risk Appetite**	**Cautious**

Previous scoring (May 2026)	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	5	4	20	Extreme
Score (with controls in place)	4	4	16	**Extreme**
Target Risk (with improved controls)	4	3	12	High

Last Reviewed By		
Lead Committee	Quality Committee	9 July 2026
Exec. Dir. Leads	Chief Operating Officers	June 2026

Controls and Mitigation

(What we are currently doing about the risk)

1. Clinical policies in place on access, eligibility, time to treatment
2. Waiting well support and advice – patients informed about waits and how to access resources for support during waits
3. Two-year programme on improving access and waiting times - COOs sponsored - with focus on specific service areas
4. Performance management framework tracking access, referral and treatment data
5. Workforce planning and skill mix work to review and seek to align capacity with demand and projected demand
6. Patient Safety Incident Reporting Framework (PSIRF)
7. Digital strategy – focus on opportunities for improving access
8. Waiting list reduction initiatives are resourced when these can be delivered practically.
9. NHSE funded bid to work to improve management of waits (opportunity to share and spread learning with other services)
10. Oversight of trajectories on waiting times reviewed at performance board

Assurance / Evidence

(How do we know we are making an impact)

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

Gaps in Control

(Actions to take to achieve target)

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

Executive Leads Narrative: Work is ongoing to improve the reporting of waits, moving to a model of oversight and reporting at service, directorate and Executive level to address existing waits and support of transformation of services in line with the NHS 10-year plan focus areas; to include directorate oversight of national indicators relating to access and waiting times. Ongoing engagement with NHS England's oversight process of waits has highlighted confidence in the Trust's plans to manage waiting times.

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

NHS Oxford Health NHS Foundation Trust

Action to address gap in assurance/control	Lead	Date of implementation	Status Update
Standardise and reduce variations to improve patient experience e.g. simplifying pathway variation and consistency of triage processes. Working with EHR and Performance & information teams to address issues impacting wait list reporting including patients seen but remaining on waiting list	Chief Operating Officers (COOs)	30 September 2026	Across community and mental health services, a range of actions are being implemented to strengthen the oversight and management of waits, including: review of communications to patients waiting; development of standard operating procedures for validating waits and managing DNAs and cancellations; use of TOBI waiting list reports; and introduction of clinical triage and 'safety-netting' trackers. Regular waiting list review meetings are in place, with further work planned to develop a mental health adults SOP aligned with clinical processes and EHR and reporting requirements. This work is an ongoing initiative to improve patient experience and learning from practice.
Embed alternative options as part of waiting time approach including digital transformation tool (digital assistant)	COOs	30 September 2026	Pilot with Rio has commenced with evaluation on learning from digital assistant tool
Development of standard operating procedures for data validation and completeness	COOs	31 March 2027	Standard operating procedure in development to guide required recording of outcomes including ethnicity data capture with EMIS, P&I and Business Services teams

Link to the Board Risk Register

Ref	Risk Description	Score	Review status	Action
1194	Planned Care Provision (Community) is limited due to demand exceeding resource capacity.	20	Review in date	Action in date
1068	Waiting times (mental health services)	16	Review in date	Action in date
1206	Increased waiting times for dental surgery requiring general anaesthetic for Special Care & Paediatric Dental patients	16	Review in date	Action in date

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

NHS Oxford Health NHS Foundation Trust

Link to Strategic Aims:

Quality

Deliver the best possible care and health outcomes

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	5	4	20	Extreme
Current Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	4	2	8	High
Risk identified: July 2025			**Risk Appetite**	**Minimal**

Previous scoring (May 2026)	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	5	4	20	Extreme
Risk (with controls in place)	5	2	10	**High**
Target Risk (with improved controls)	4	2	8	High

Last Reviewed By		
Lead Committee	Quality Committee	9 July 2026
Exec. Dir. Lead	Chief Nurse & Chief Medical Officer	17 June 2026

Controls and Mitigation

(What we are currently doing about the risk)

1. Clinical policies in place – monitored and updated
2. Compliance with regulatory standards
3. CQC report on CAMHS inpatient wards with actions
4. Clinical & Quality governance arrangements in place
5. Infection Prevention & Control arrangements in place
6. Clinical Audits – Core Clinical Standards
7. Learning from complaints, incidents, inquests, mortality rates (Patient Safety Incident Response Framework)
8. Weekly Review Meeting
9. Directorate weekly safety reviews
10. Patient Advice & Liaison Service (PALS)
11. Learning from feedback from Patient & Family experience
12. Learning from feedback from staff survey exercises
13. Inpatient Transformation Programme
14. Health & Safety and Violence & Aggression programmes including review of Intensive Case Management approach
15. Police collaboration e.g. Project Cavell

Assurance / Evidence

(How do we know we are making an impact)

1. Directorate quality governance meetings / Senior Management Team meetings (performance reporting to Executive directors)
2. Reporting to Quality Committee (NED chaired) and Quality & Clinical Governance Sub-Group (Chief Nurse chaired)
3. Reporting to Mental Health & Law Committee includes CQC visit feedback, Deprivation of Liberty & Mental Health Act
4. Quality dashboard reports key metrics to Quality Committee
5. Weekly patient safety meeting – learning & reporting
6. Safer Staffing Report
7. Inspections, regulator visits and Peer Reviews (Royal Colleges)
8. Self-assessments against CQC standards & Self-Assessment against Provider capability (Insightful Board)
9. Annual OHFT Quality Account developed, reported & published
10. Staff survey 2025 results show good and improving scores for staff engagement in patient safety culture inc confidence to report near misses and a supportive learning culture

Gaps in Control

(Actions to take to achieve target)

1. Embedding a Quality Management System across the Trust - balancing assurance, improvement and controls
2. Patient Experience reporting dashboard for all inpatient wards
3. Delivery of care models to work to reduce health inequalities and improve health equity

Executive Lead Narrative: *The Dash Review of patient safety across the health and care landscape, will help focus and coordinate planning and quality governance. Quality Committee will continue to have oversight of delivery of quality via the Quality & Safety dashboard, Serious Incident Report and other quality governance reporting.*

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

NHS Oxford Health NHS Foundation Trust

Action to address gap in assurance/control	Lead	Date of implementation	Status Update
Embed a Quality Management System across the Trust to balance assurance, improvement, planning and controls	Chief Nurse & Chief Medical Officer	30 September 2026	Oxford Health Improvement (OHI) currently undertaking a review and gap analysis of governance structures to identify where the Trust needs to have initiatives to achieve a full quality management system – identifying gaps for continual improvement e.g. quality planning and horizon-scanning.
Explore options to develop a Patient Experience reporting dashboard including for inpatient wards	Chief Nurse	30 September 2026	Assess options and opportunities for a patient experience reporting dashboard – using/aligning with clinical auditors, core clinical standards and 'I Want Great Care'.
Delivery of care based on analysis of IMD reducing health inequalities and improves health equity.	Chief Medical Officer	30 September 2026	Developing the means e.g. data gathering / datasets to identify where health inequalities are prevalent and the communities not accessing health care to develop plans to address these. Segmentation of IMG demography / geographies to understand areas of greatest need and prioritisation.
Responding to the recommendations of the Dash review	Chief Medical Officer & Chief Nurse	30 September 2026	Continued development of plan in response to the Dash review recommendations following update to Quality Committee in late 2025.

Link to the Board Risk Register

Ref	Risk Description	Score	Review status	Action
1199	Harm To Staff; relating to violence and aggression.	16	Review in date	Action in date
1334	Lack of appropriate room space in Bullingdon Prison impacting patient and staff safety and patient outcomes	15	Review in date	Action in date

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

NHS Oxford Health NHS Foundation Trust

Link to Strategic Aims:

Sustainability

Make the best use of our resources and protect the environment

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	5	4	20	Extreme
Current Risk (with controls in place)	4	4	16	**Extreme**
Target Risk (with improved controls)	4	3	12	High
Risk identified: July 2025			**Risk Appetite**	**Cautious**

Previous scoring (May 2026)	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	5	4	20	Extreme
Risk (with controls in place)	4	4	16	**Extreme**
Target Risk (with improved controls)	4	3	12	High

Last Reviewed By		
Lead Committee	Finance and Investment Committee	20 January 2026
Exec. Dir. Lead	Chief Finance Officer	April 2026

Controls and Mitigation

(What we are currently doing about the risk)

1. Reputation and relationships with commissioners, supported by strong Benchmarking, financial culture of ownership and transparency, governance and credibility in meeting financial expectations
2. Annual financial planning (integrated with strategic planning and proposals for efficiencies and investment)
3. Budget setting and sign off process, Standing Financial Instructions & Scheme of delegation & reservations
4. Agency controls and Vacancy Control Board
5. Medium-Term Financial Plan and associated cashflows produced annually and reviewed by FIC and the Board
6. Contract and financial risk monitoring and horizon scanning.
7. Business case approval process and controls
8. Procurement systems and processes & quarterly review top 20 suppliers
9. Business Services processes to review and manage clinical expenditure and income contracts.

Assurance / Evidence

(How do we know we are making an impact)

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

Gaps in Control

(Actions to take to achieve target)

1. Show system leadership in respect of Mental Health Provider Collaborative and Neighbourhood Health planning
2. Allocate resources strategically through commissioner negotiations and planning rounds, aiming to continuously improve value, designing and delivering optimal services for resources available & planning future efficiency improvements
3. Develop use of costing, activity and (in due course) outcome data, benchmarking and challenging the underlying cost base and tackling unwarranted variation.
4. Address existing value weaknesses e.g. Estates non-pay, Medical agency and Out of Area Treatments.

Executive Lead Narrative: *To achieve the target risk we would need reasonable short-term certainty around funding and our ability to respond to short-term shocks, and confidence for the longer-term in our ability to represent our position well with our commissioners and stakeholders and to have the capability to prioritise allocations and tailor services to deliver quality services to patients within available funding. At this stage, there is a high degree of uncertainty, however I am confident that all directorates are very focused on designing sustainable models for the future and that we are developing the tools and capabilities around data and have momentum about using this to manage value better, take advantage of financial opportunities, and manage financial risks. The scoring of this risk will be re-assessed after completion of the multi-year planning round.*

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

Action to address gap in assurance/control	Lead	Date of implementation	Status Update
Planning process to identify CIPs and financial plans over the spending review period	Chief Finance Officer	1 April 2026	
100% of FY25/26 CIPs in line with targets with quality impact assessments completed.	Chief Finance Officer	Complete	N/A
Introduce costing and activity data to monthly board finance report and make available to teams via TOBI dashboard	Chief Finance Officer	31 July 2026	Costing, Whole Time Equivalent (WTE) and Activity data now available in Board Report. TOBI tools pending availability of key people to finalise them.

Link to the Board Risk Register

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

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

NHS Oxford Health NHS Foundation Trust

Link to Strategic Aims:

People

Be a great place to work

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	4	4	16	Extreme
Current Risk (with controls in place)	3	2	6	**Medium**
Target Risk (with improved controls)	3	3	9	High
Risk identified: July 2025			**Risk Appetite**	**Open**

Previous scoring (May 2026)	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	4	4	16	Extreme
Current Risk (with controls in place)	3	2	6	**Medium**
Target Risk (with improved controls)	3	3	9	High

Last Reviewed By		
Lead Committee	People, Leadership & Culture Committee	8 July 2026
Exec. Dir. Lead	Chief People Officer	June 2026

Controls and Mitigation

(What we are currently doing about the risk)

1. Training, supervision and PDR processes in place to support retention and development
2. HR, health & wellbeing, EDI and Occupational Health policies, initiatives and support available to staff
3. Delivering career development pathway for HCAs
4. Focus on workforce race equality issues e.g. staff identifying as ethnic minority disproportionately over-represented in disciplinary processes
5. Freedom to Speak Up guardians report themes in relation to staff retention
6. Enhancing staff voice via staff networks and union feedback
7. Talent acquisition team in place focused on hard to fill vacancies

Assurance / Evidence

(How do we know we are making an impact)

1. Monitoring of staff survey question 'recommend as a place to work' year on year and national benchmark
2. Monitoring of staff survey 'thinking of leaving' scores year on year and against national benchmark
3. Reporting against Retention Plan to People Steering Group (PSG) & Executive
4. Quarterly review by OD team on reasons for leaving and reporting on reasons for leaving to PSG and Executive
5. Reporting of key recruitment,-retention and development initiatives to People Leadership & Culture committee
6. Reporting on recruitment & retention indicators to Board of Directors
7. Reporting in place against national indicators – High Impact Actions (HIA) for EDI alongside Workforce Equality schemes for disability and race.

Gaps in Control

(Actions to take to achieve target)

1. Development of segmented analysis of retention data following successful reduction of turnover rates
2. Focused initiatives to improve retention inc. flexible working, length of service recognition, resident doctors 10 point plan
3. Integration of anti-racism work into culture plan to ensure race critical lens to all recruitment and retention practices
4. Continued delivery of local induction project workstreams
5. Work to fully align workforce planning with clinical strategy (and other enablers e.g. digital)
6. Future risk area - relating to entry-point recruitment (particularly HCAs) due to government visa restrictions moving into 2027/28
7. Launch Talent programme to underpin evidence-based succession plan for Executive leadership roles

Executive Lead Narrative: Both retention and recruitment have improved considerably over the last 18 months and informed a reduction of the current risk scoring in November 2025 to below the target risk. The current risk score sits at 6. Further work is now being planned to ensure that we are continuing to target areas of high vacancies; embedding supervision and improving vacancy rates in relation to HCAs to reduce reliance of agency staff.

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

NHS Oxford Health NHS Foundation Trust

Action to address gap in assurance/control	Lead	Date of implementation	Status Update
Focused initiatives to improve and maintain retention inc. flexible working, length of service recognition, resident doctors 10 point plan	Deputy People Director (DPD) with Head of OD & Head of Medical Staffing	31 December 2026	▪ The Personal Development Review (PDR) window is now business as usual ▪ Work with Human Resources (HR) and Service Director to reduce the number of staff leaving from the Primary Community and Dental Directorate – this work will now be picked up locally with support from the HR Operational team and focus on: Flexible working; Reward and Recognition ▪ Single EDI plan agreed including anti-racism and PCREF work – to be overseen as part of culture programme delivery plan ▪ Flexible working plan being developed covering policy, information, manager skills, directorate oversight
Explore improvements to the current staff recognition process, specifically around length of service	DPD & Interim Head of OD	30 September 2026	Scoping has begun on reviewing length of service recognition beginning with a discovery phase of what other organisations do. Increase focus on recognition within 10 point plan for resident doctors.
Development of a programme of engaging with early talent and future workforce from the local community – and under-represented areas	CPO & Head of Resourcing	*Programme now in place*	Programme is live with events and initiatives planned and will be reviewed in Q1 2026/27
Launch Talent programme to underpin evidence-based succession plan for Executive leadership roles	DPD	30 June 2026	Executive briefings completed; cohort briefings in June/July; first cycle to be completed by end of Q3 2026/27.

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

NHS Oxford Health NHS Foundation Trust

Link to Strategic Aims:

People

Be a great place to work

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	4	4	16	Extreme
Current Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	4	2	8	High
Risk identified: July 2025			**Risk Appetite**	**Open**

Previous scoring (May 2026)	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	4	4	16	Extreme
Current Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	4	2	8	High

Last Reviewed By		
Lead Committee	People, Leadership & Culture Committee	21 April 2026
Exec. Dir. Lead	Chief People Officer	June 2026

Controls and Mitigation

(What we are currently doing about the risk)

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

Assurance / Evidence

(How do we know we are making an impact)

1. Reporting against HR policies, plans and programmes to People Steering Group (monthly) and Education Strategy Group
2. FTSU reporting to Executive and Board
3. Insight from and reporting on staff survey results
4. Reporting to People, Leadership & Culture Committee (quarterly)
5. Reporting in place against national indicators – High Impact Actions (HIA) for EDI alongside Workforce Equality schemes for disability and race.

Gaps in Control

(Actions to take to achieve target)

1. Complete / develop response to *Programme Supporting our People and Teams*
2. Improve staff experience and response to issues identified via staff surveys
3. Score for 'flexible working' domain within People Promise element
4. Address gaps identified in Sexual Safety charter – informs action
5. Equality, Diversity & Inclusion – address identified gaps in WRES, WDES and pay gap reports – informs actions

Executive Lead Narrative: Work is ongoing to further the Supporting Our People and Teams Programme; the next stage will be to understand how to address gaps in the enabling programmes of work that are in train to create a positive and inclusive culture.

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

Action to address gap in assurance/control	Lead	*Date of implementation*	Status Update
Supporting our people and teams programme	Chief People Officer (CPO) & Deputy People Director	*Ongoing*	A cultural statement has been created with 5 asks for teams to consider. A mapping exercise has taken place to look at what the organisation is planning or already has in place to support each of the 5 asks (Teamwork; Support & Inclusion, Compassion Leadership; Quality Improvement, Learning & Innovation; and Professional practice). A multi-disciplinary working group is now working on a proposal for developing individuals and teams.
Respond to staff experience issues identified in staff surveys and People Promise elements	CPO & Interim Head of OD	*Review underway – to inform timescales*	People Promise element showed focused attention is required on 'We work flexibly' to improve an average benchmarked position with other similar organisations. There are now dedicated intranet pages, an updated policy and a central system in place (since Mar25) to capture new flexible working requests. A review is now taking place of this work and will include manager skills in having these conversations
Address gaps in Sexual Safety charter	CPO & Interim Head of OD	30 September 2026	A Task & Finish group has been put in place to review the Sexual Misconduct policy. The Sexual Safety framework will now be reviewed alongside the NHS England guidelines that have just been released. Policy to finalise over Q4 2025/26. A lead for sexual safety has been appointed.
Creation of an overarching EDI plan capturing actions from workforce data on race and disability equality, EDI high impact areas and patient & carer race equality framework (PCREF)	CPO & Interim Head of OD	30 June 2026	Single overarching EDI plan has been shared with PSG and EDI steering group and is being distilled into a smaller number of priority actions. It will then be shared with PLC. Following sign of the EDI Plan at the EDI Steering Group in late June this action has been completed.

Link to the Board Risk Register

Ref	Risk Description	Score	Review status	Action
1199	Harm To Staff; relating to violence and aggression.	16	Review in date	Action in place

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

NHS Oxford Health NHS Foundation Trust

Link to Strategic Aims:

Be a leader in healthcare research and education

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	4	4	16	Extreme
Current Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	3	2	6	Medium
Risk identified: July 2025			Risk Appetite	**Open**

Previous scoring (May 2026)	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	4	4	16	Extreme
Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	3	2	6	Medium

Last Reviewed By		
Lead Committee	Quality Committee	9 July 2026
Exec. Dir. Lead	Chief Medical Officer & Chief Nurse	17 June 2026

Controls and Mitigation

(What we are currently doing about the risk)

1. Internal Research & Development (R&D) Senior Management Team in place and reporting to CMO
2. R&D operational and strategic plans in place/updated
3. Collaborative working with Oxford Joint Research Office (JRO) partners (OUH, OHFT, Oxford University and Oxford Brookes
4. OHFT-Biomedical Research Centre (BRC) Steering Group
5. Oxford Applied Research Collaboration (ARC) and ARC Board
6. Toronto Collaboration – Oxford Psychiatry
7. *Count Me In* initiative seeking to open up research participation
8. Quality Improvement hubs and work programme
9. Nurses, Midwives & Allied Health Professionals research engagement programme (inc. Chief Nurse Research Fellowship)
10. Work programme developed and embedded with government's 150-day study set up target
11. Developing internal contracting and IP structures
12. Collaborations with Oxford University Department of Primary Care / ARC / Community Services to increase community-based research
13. Strengthening digital platforms to maximise use of patient data

Assurance / Evidence

(How do we know we are making an impact)

1. R&D reporting to Quality Committee and Board (bi-annual)
2. ARC, BRC, CRF, HRC and MHM annual reporting to National Institute for Health & Care Institute (NIHR)
3. ARC 2 submitted and successful – starting in April 2026
4. OH-BRC midterm review recently undertaken in conjunction with external advisory group
5. Annual report research capability submitted to DHSC
6. R&D governance on finance & set-up time
7. Quality Improvement programme updates and reporting to Executive forums and Quality Committee
8. Assurance on Trust NIHR Regulatory returns / feedback
9. OH-led research translated into patient care and best practice, e.g. OCAP research informing NICE guidance, 'Tune-Up' clinics for triage and better outcomes in early intervention in psychosis

Gaps in Control

(Actions to take to achieve target)

1. Improved R&D governance and intellectual property (IP) arrangements to enable more timely approvals for contracts and delegations. (Work with JRO for includes an additional 1.0 WTE post in contracts team to support OHFT studies)
2. Funding sustainability for research – organisational & system
3. Undertake clarification around intellectual property ownership and processes – to develop IP governance arrangements
4. Opportunities to increase collaboration in Mental Health research (e.g. Secure Data Environment work)

Executive Lead Narrative: We continue to work to reduce the time to approve and set-up research trials (150 say study set-up time), which has to balance requirements and risks of financial, information governance and capacity. This drive is linked to the UK Government Office of Life Sciences Strategy and the NHS 10-year healthcare plan for England to boost innovation and effectiveness across the NHS. Following May 2026 discussion and board approval the risk appetite assessment for this risk has been changed from 'Open' to 'Seek'.

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

Action to address gap in assurance/control	Lead	Date of implementation	Status Update
R&D Operational plan development, including review of governance arrangements to support timely decision-making	Chief Medical Officer & Head of R&D	30 June 2026	Operational plan development, seeking to translate research into practice, and governance arrangements review underway. Responding to NIHR requirement for 150 days study set-up for clinical trials.
Develop a Trust approach to Intellectual Property (IP) governance including development of an IP Policy	Executive Director of Corporate Affairs	30 June 2026	Intellectual Property Policy has now been drafted and is being finalised for approval. Contracting approach to IP is now in development with relevant teams / partners.
R&D strategic development / link to Trust new strategy development (over 2026)	Chief Medical Officer & Head of Research	30 September 2026	Development of new R&D strategy underway with scoping to align with development of the Trust's organisational strategy over 2026

Link to the Board Risk Register

Ref	Risk Description	Score	Review status	Action
1326	Research & Development training matrix not mapped to the five R&D matrices	12	Review in date	Action in place

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

NHS Oxford Health NHS Foundation Trust

Link to Strategic Aims:

Sustainability

Make the best use of our resources and protect environment

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	4	4	16	Extreme
Current Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	4	2	8	High
Risk identified: July 2025			**Risk Appetite**	**Open**

Previous scoring (May 2026)	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	4	4	16	Extreme
Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	4	2	8	High

Last Reviewed By		
Lead Committee	Finance & Investment Committee	5 May 2026
Exec. Dir. Lead	Chief Finance Officer	April 2026

Controls and Mitigation

(What we are currently doing about the risk)

1. Board commitment to Zero Carbon Oxford Charter and Trust Green Plan 2 2025-2028 and action plans
2. Full-time sustainability manager & green spaces coordinator
3. Green Task Force Benchmarking and reporting (to CFO)
4. Procurement Policy – sets out sustainability commitments required by suppliers
5. Green Energy Supplier for electricity via CCS
6. Regular review of corporate business mileage
7. Developments to accord with NHS Net Zero Buildings Guidance
8. OHFT is part of ZCOP 'sprint group' with Oxford University to review how to adapt building estates to climate change
9. Active staff communications to promote sustainability and environmental culture (including briefings at induction)
10. Quality Improvement process prompts staff to consider environmental impacts.
11. Medicines optimisation underway including on inhalers.

Assurance / Evidence

(How do we know we are making an impact)

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

Gaps in Control

(Actions to take to achieve target)

1. Develop Heat Decarbonisation plans for the estate
2. Continue to raise awareness and culture across the Trust
3. Need for more subject matter expertise in energy, travel & transport, and waste management identified.

Executive Lead Narrative: *Green Plan 2 has been well-communicated, and implementation is being tracked by working groups with oversight from the Green Task Force. At the October Green Task Force, momentum was noted on Heat Decarbonisation plans, solar panel and Electric Vehicle charging point installation, waste management and paper reduction. A strong start has also been made on green spaces and on medicines optimisation. The Greener NHS dashboard indicates mid-table performance on emissions from energy consumption and from the fleet when compared to our sector.*

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

Action to address gap in assurance/control	Lead	Date of implementation	Status Update
Resource and progress Heat Decarbonisation Plans into investable schemes	Chief Finance Officer	30 September 2026	HDPs to be developed FY26/27 focus on resourcing and prioritisation for delivery of carbon reduction capital projects .
Confirm Green Plan capital and revenue funding aligned to delivery priorities	Chief Finance Officer	30 June 2026	To be confirmed through FY26/27 planning round, aligned to risk reduction.
Secure specialist capability for energy management	Director of Estates	30 June 2026	Transport and Waste capability in place; further capacity to be reviewed regarding Energy Management given the wider challenges around energy security .
Deliver Net Zero Clinical Transformation workshop with clinical leads	Medical Director / Sustainability Manager	30 June 2026	Workshop to embed net zero into clinical pathways and service redesign.
Engage workforce leadership to embed sustainability into workforce actions	Director of Workforce / Sustainability Manager	30 September 2026	Engagement with Nicky Howells to align workforce, leadership and culture actions.
Implement targeted fleet, mileage and renewables interventions	Director of Estates	30 December 2026	Targeted actions informed by Green Plan programme and mileage analysis.

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

NHS Oxford Health NHS Foundation Trust

Link to Strategic Aims:

Sustainability

Make the best use of our resources and protect the environment

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	5	4	20	Extreme
Current Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	3	3	9	High
Risk identified: July 2025			**Risk Appetite**	**Open**

Previous scoring (May 2026)	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	5	4	20	Extreme
Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	3	3	9	High

Last Reviewed By		
Lead Committee	Finance & Investment Committee	17 March 2026
Exec. Dir. Lead	Executive Director for Corporate Affairs (SIRO)	26 June 2026

Controls and Mitigation

(What we are currently doing about the risk)

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

Assurance / Evidence

(How do we know we are making an impact)

1. Executive chaired Information Management Group (IMG) – 4 meetings pa, reporting into Finance & Investment Committee
2. IMG reviews Information Asset Register (with each main information asset area reported on by an IA owner)
3. IMG receives standing items from CCIO, CNIO, DPO, Caldicott Guardian, CDIO and on IG training compliance rates
4. Data Security Protection Toolkit developed, reviewed and submitted annually
5. Internal audit reviews of information governance, IT systems and cybersecurity
6. IMG 3As report to Finance & Investment Committee
7. Annual SIRO Report
8. Regular penetration testing in line with national guidance
9. Monitoring of timeliness of implementation of patches
10. Annual report outlining recovery plans for critical systems, including evidence that these plans have been tested

Gaps in Control

(Actions to take to achieve target)

1. Continued data quality reviews/work
2. Strengthening where possible supplier diligence pre and post-implementation
3. Continued awareness of good cyber security practice recognising ongoing risks of user error
4. Clarity that records management practice in the Trust is compliant with regulations and best practice guidance.
5. To implement standard processes for assessing and approving adoption of novel technologies.
6. Application of Board defined risk appetite consistently by operational teams.

Executive Lead Narrative: My assessment based on assurance received via the Information Management Group continues to be that the Trust's information risk profile is currently medium to high level of risk. This indicates that while the broader UK operating environment is experiencing significant information risk threats, the Trust's systems of control are mitigating against this well. We are proposing a change in risk appetite from minimal to open for 2026/27. This is reflected in the Annual SIRO Report which went to IMG and will be presented to FIC in July. Following discussion and approval by the May 2026 Board, the risk appetite assessment for this risk has changed from ‘Minimal’ to ‘Open’.

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

NHS Oxford Health NHS Foundation Trust

Action to address gap in assurance/control	Lead	Date of implementation	Status Update
Review and refresh of Information Asset Register and delivery of IA owner guidance and training	Head of Information Governance	31 March 2026 - Complete	Review by Information Governance leads and Deputy Director of Corporate Affairs of register of Information Asset Owners is complete and will report revised IAO to April Information Management Group (IMG). Over Q4 2025/26, training and guidance on Information Asset Owner role and good practice were delivered. Action complete.
Annual SIRO Report to be presented to FIC	Senior Information Risk Owner	30 June 2026	New format of the report to be designed and will be presented annually to the committee. Report presented to the 18 June 2026 Information Management Group (IMG).
Review and mapping of current Business Critical Information Assets	Senior Information Risk Owner	30 September 2026	An action from the June IMG was to review current list and ensure it is up to date and consider if the right mitigations are in place to ensure these assets do not impact the Trust's day to day operations – this was discussed at the June IMG and will be actioned as part of a refresh of the Information Asset Register.

Link to the Board Risk Register

Ref	Risk Description	Score	Review status	Action
1356	Cyber attack is an ongoing threat/risk to the Trust, and a successful attack is likely high impact	20	Review in date	Action in place
1180	Incomplete Employee Immunisations Data	16	Review in date	Action in place
1400	Third-party externally hosted systems and infrastructure vulnerabilities	12	Review in date	Action in place
1396	Phishing and social engineering pose a continual and evolving risk to the trust.	12	Review in date	Action in place

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

NHS Oxford Health NHS Foundation Trust

Link to Strategic Aims:

Quality

Deliver the best possible care outcomes

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	4	4	16	Extreme
Current Risk (with controls in place)	3	3	9	**High**
Target Risk (with improved controls)	3	2	6	Medium
Risk identified: July 2025			**Risk Appetite**	**Seek**

Previous scoring (May 2026)	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	4	4	16	Extreme
Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	3	2	6	Medium

Last Reviewed By		
Lead Committee	Quality Committee	9 July 2026
Exec. Dir. Lead	Executive Director for Strategy	25 June 2026

Controls and Mitigation

(What we are currently doing about the risk)

1. Via the Trust's annual planning process - active participation and support to system planning, linking to internal plan development. Support takes place both at ICB and place levels, driven by Trust senior leaders
2. Thames Valley Mental Health Provider Collaborative - joint leadership with Berkshire Healthcare and ICB of the system MH agenda inc. transformation, delivery of ICB MH work programme, leadership of annual planning, with coordination across local authorities, VCSE sector, and primary care
3. Leadership of other informal alliances via Provider Collaboratives, outcomes contracts, etc. Clear provider collaborative governance arrangements in place
4. Trust senior leaders are active at all ICB and place forums developing neighbourhood health approach with focus on Oxon
5. Active engagement with system partners as part of development of Trust strategy

Assurance / Evidence

(How do we know we are making an impact)

1. Annual plan progress reporting to Executive & Board of Directors
2. Reporting on specific programmes of work to Executive & Board of Directors
3. Output of Annual Plan enabling us to address/ mitigate our challenges and improved system working
4. Provider collaborative governance reporting to Quality Committee
5. Integrated Performance Report reporting to relevant committees and senior management meetings
6. Strategy development progress and engagement work reporting to Strategy Delivery Group, Executive, and Board

Gaps in Control

(Actions to take to achieve target)

1. Formalising the role and operating model of the Thames Valley Mental Health Provider Collaborative
2. Trust developing its strategic partnership approach in line with draft trust strategy.

Executive Lead Narrative: *OHFT will work closely with the ICB to support the development of its new operating model and strategic commissioning approach. In particular to develop the role of the Thames Valley Mental Health Provider Collaborative within this new model. Following discussion by the May 2026 Board, the current risk score from 12 to 9 was approved.*

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

Action to address gap in assurance/control	Lead	Date of implementation / Deadline	Status Update
Formalising the role and operating model of the Thames Valley Mental Health Provider Collaborative	Associate Director of Mental Health	31 December 2026	▪ ICB operating model being reviewed in 2025/26, which in turn will help clarify current role that the Thames Valley MH PC should play in the operating model. Ongoing Executive level oversight group meetings are taking place to oversee this work with one meeting planned for the end of June. Following the ICB restructure more clarity on the operating model is expected by the end of Quarter 3. ▪ It has now been agreed with Integrated Care Board that the Thames Valley Mental Health Provider Collaborative will oversee the allocation of the Mental Health Investment Standard going forward
Developing initial Trust approach to neighbourhood working, including approach to health inequalities and population.	Transformation Director - Community Health Services, Dentistry and Primary Care	30 September 2026	▪ Neighbourhood Health identified as one of our Trust-wide priority for 2025/26 and 2026/27 ▪ Internal neighbourhood steering group leading on implementation of our neighbourhood approach and health inequalities/ population health approach ▪ Health inequality and population health work plan approved by Executive and now being implemented within the Trust ▪ Trust actively participating in neighbourhood work in all its geographies and co-leading place approach in Oxfordshire. ▪ An internal engagement approach on this work is currently being developed to support finalisation of the Trust's strategy.
Trust developing its strategic partnership approach with VCSE sector	Executive Director Strategy	Completed	▪ As part of the development of the new strategy, the Trust is exploring the scope of an emerging priority around Partnerships more broadly rather than a specific approach around partnership with the VCSE sector. Going forward, this action will thus be reframed around the Trust developing its strategic partnership priority in line with the new Trust draft strategy. Action completed with paper to Board.

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

NHS Oxford Health NHS Foundation Trust

Link to Strategic Aims:

Deliver the best possible care outcomes

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	5	4	20	Extreme
Current Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	3	3	9	High
Risk identified: July 2025			**Risk Appetite**	**Open**

Previous scoring (May 2026)	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	5	4	20	Extreme
Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	3	3	9	High

Last Reviewed By		
Lead Committee	Finance & Investment Committee	17 March 2026
Exec. Dir. Lead	Chief Finance Officer & Chief Operating Officers	June 2026

Controls and Mitigation

(What we are currently doing about the risk)

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

Assurance / Evidence

(How do we know we are making an impact)

1. Digital strategy implementation reporting to the Digital Steering Boards (chaired by Chief Operating Officers)
2. Frontline Digitisation programme reports to Executive and Finance & Investment Committee
3. Information Management Group oversight – chaired by Senior Information Risk Owner (SIRO)
4. Board level Digital Champion (Chair)
5. Where relevant, reporting to system / ICB digital reporting and assurance, and EPR benchmarking exercises
6. Recurring capital investment in core IT infrastructure and devices allocated and governed by Capital Programme Group.

Gaps in Control

(Actions to take to achieve target)

1. Sustainability of available investment for digital transformation
2. Digital skills and capabilities of the Trust workforce, ongoing upskilling for clinical/corporate digital systems, and time lag in adoption of digital solutions
3. Continuing alignment of digital requirements and priorities with clinical needs assessments and workforce planning
4. Residual risk of cyber attacks on increasingly digitised organisations (*cross-reference with A11 – Infrastructure*)

Executive Lead Narrative: *Digital leaders are investing in external-facing networking to ensure we are aware of latest developments in AI and other technologies, and that we are joined up with NHS-wide and system-wide opportunities like the NHS App and Shared Care Record. RiO optimisation is progressing well and a recent survey found that our clinicians are experiencing improvements compared to the predecessor system. EMIS improvements are proving more difficult to deliver and supplier relationships are not strong. There are a number of AI enabled trials underway including triage, admin and ambient voice technology. The Single Sign On element of the ESR manager self-service programme has been widely welcomed. Developing our Digital Strategy is the key step to ensure our capabilities match our ambitions for the future.*

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

Actions to address gap in assurance/control	Lead	Date of implementation	Status Update
Development of new Digital Strategy for the Trust	Chief Digital Information Officer (CDIO)	31 March 2027	Scoping and development of a new digital strategy for the Trust – initial work to include
Optimisation of core clinical systems to underpin clinical needs and delivery.	CDIO	31 March 2027	New clinical systems were established in 2022 and over the last 3 years functionality has been developed to meet clinical needs. Full programme of work in place for coming years, prioritised by clinical staff with clinical governance in place.
Focus on realising benefits of the optimisation programmes	CDIO	31 March 2027	Significant work has been undertaken to understand and report benefits realisation (reported to Finance & Investment Committee). Benefits realisation work is reviewed and reprioritised annually linking to annual planning processes.
Digital infrastructure and architecture	CDIO	31 March 2027	Work completed to understand Trust digital architecture and process improvement opportunities and prioritisation and to inform IT infrastructure needs are met (e.g. network capacity).

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

NHS Oxford Health NHS Foundation Trust

Link to Strategic Aims:

Sustainability

Make the best use of our resources and protect the environment

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	5	4	20	Extreme
Current Risk (with controls in place)	4	3	12	**High**
Target Risk (with improved controls)	4	2	8	High
Risk identified: July 2025			**Risk Appetite**	**Minimal**

Previous scoring (May 2026)	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	5	4	20	Extreme
Risk (with controls in place)	4	4	16	**High**
Target Risk (with improved controls)	4	3	12	High

Last Reviewed By		
Lead Committee	Finance & Investment Committee	14 July 2026
Exec. Dir. Lead	Chief Finance Officer	July 2026

Controls and Mitigation

(What we are currently doing about the risk)

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

Assurance / Evidence

(How do we know we are making an impact)

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

Gaps in Control

(Actions to take to achieve target)

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

Executive Lead Narrative: *Estates and IT resources continue to be stretched. That said, the controls set out in the BAF continue to be in place and the capital plan is directed at addressing the highest priority fire compartmentation and other risks. The Estates and Facilities reorganisation is underway with key posts being recruited to and Estates and Digital Strategies are in development to ensure efforts are directed as efficiently as possible. The Warneford programme planning application has been secured and funding is being sought to replace the inpatient facilities with modern equivalents.*

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

Action to address gap in assurance/control	Lead	Date of implementation	Status Update
Finalise development of Estates Strategy (as part of Annual Plan)	Director of Estates	30 September 2026	The completion of the strategy has been aligned to the completion of the Trust strategy and the NHS ten-year plan. Workshops have been held with future ones being planned.
Complete asset registers for physical estates (to include improvement of known security risks and lone-working device pilot)	Director of Estates	31 March 2027	Asset Manager has been appointed and will start in Q4 2025/26. A working group will be established to ensure the most effective way of collecting the Assets is adopted
Establish Safe working Groups for various disciplines in accordance with HTMs	Director of Estates	31 March 2026	Safe working groups have been established for the Fire, Asbestos, Water, Electrical, Lifts and first meetings have been established. Groups for Pressure systems, Ventilation and Medical Gas will be established by the end of Q4. Action completed.
Complete process to assess Authorised Persons (AP) to formally appoint by Designated Person	Director of Estates	30 September 2026	Authorisation Engineers have been appointed, suitable candidates for the APs are being identified which is linked to recruitment of new roles, now awaiting formal training.
Complete Estates re-organisation and staff teams and fill staff posts	Director of Estates	30 September 2026	Consultation completed in September 2025 - first tranche of recruitment has started with the second tranche underway and ongoing.
Progression of Warneford Park business case and planning permission	Warneford Programme Director	Ongoing programme	Underway – joint investment committee completed, and planning application secured over June 2026.
Take account of future digital infrastructure and cyber needs and address in digital planning	Head of IT	30 September 2026	Established processes are in place to assess the compliance of all digital infrastructure and cyber assurance requirements for new technologies being introduced into the Trust. Work to ensure the underlying core network is fit for purpose is underway with 2 main internet breakout circuits being commissioned to increase capacity across the whole Trust.

Link to the Board Risk Register

Ref	Risk Description	Score	Review status	Action
1425	Non-uniform estate fire compartmentation diminishes compliance capability to governing fire standards	15	Review in date	Action in place
1375	Inability to carry out all necessary maintenance in line with legislative and regulatory requirements.	12	Review in date	Action in place

Scoring guidance – Impact x Likelihood

Oxford Health NHS Foundation Trust

Impact scoring

5 impact	**5 impact** - would be extreme enough to threaten the viability of the Trust with consequences being potentially unrecoverable and requiring immediate response, significant resource and very likely external intervention.
4 impact	**4 impact** - poses a significant threat that could cause long-term consequences and harm. Recovery from the impact would be complex and/or long-term and require significant resources.
3 impact	**3 impact** - would require attention and dedicated resource to mitigate. It may cause a noticeable impact on operations, budget, or planned timescales.
2 impact	**2 impact** - would be manageable and could be addressed without significant extra resource. It may cause some disruption, but recovery would straightforward.
1 impact	**1 impact** - would be minimal and/or localised with very little disruption to the Trust's strategic objectives. Any disruption would be managed with policies or standard operating procedures.

Likelihood scoring

5 Almost certain	Almost certainly going to happen, or will occur often.
4 Likely	More likely to occur than not.
3 Possible	Fairly likely to occur, or a realistic chance.
2 Unlikely	Low chance but not impossible, could occur.
1 Rare	Extremely unlikely.

Scoring

1-3	Low risk
4-6	Medium risk
8-12	High risk
15+	Extreme risk

Risk appetite definitions

Avoid	Avoid - avoid risk altogether or as far as practical wherever possible, focusing only on safety and stability over any potential benefits
Cautious	Cautious - preference for low-risk options but willing to accept some risks for if well-understood accepting that benefits of doing so will be limited
Minimal	Minimal - preference for very low-risk options e.g. with a proven track-record of being safe, will only accept risks that are absolutely necessary to meet business objectives
Open	Open - willing to consider a range of options accepting a degree of known risk to achieve objectives which could provide a moderate level of benefit
Seek	Seek - eager to pursue innovative options that offer potentially greater benefits, even if these involve greater inherent risk