

# General Meeting of the Council of Governors

Thursday 5 March 2026, 17:30 - 19:30

Meeting to be held online via MS Teams

## AGENDA

Apologies to: [benjamin.cahill@oxfordhealth.nhs.uk](mailto:benjamin.cahill@oxfordhealth.nhs.uk)

No.	Item	Lead	Purpose	Paper	Time
<b>Standing items</b>					
1.	Introduction and welcome	Chair		N/A	17:30
2.	Apologies for absence and quoracy check	Chair		N/A	
3.	Declarations of interest on matters pertinent to the agenda	Chair		N/A	
4.	Minutes of meeting held on 4 December 2025 and matters arising	Chair	Approval	Enclosed	
5.	Staff Story presentation		Discussion	N/A	17:35
<b>Update reports</b>					
6.	Chair's report	Chair	Assurance	Enclosed	17:50
7.	Chief Executive's report	CEO	Assurance	Enclosed	
8.	Lead Governor's report	Lead Governor	Assurance	Enclosed	
9.	Non-Executive Director update on recent work	Andrea Young	Information	Verbal	18:00
10.	Board committee chair updates Updates for Council information from the Non-Executive Director chairs of the board committees.		Information	Verbal	18:10
11.	Questions arising from papers in the <i>Reading Room</i>			N/A	18:15
<b>Strategy &amp; Planning</b>					
12.	Trust Strategy development and engagement	Executive Director for Strategy	Discussion	Presentation	18:20
13.	Update on neighbourhood health and care approach	Transformation Director (Primary and Community Care)	Discussion	Presentation	18:35
<b>Council of Governors business items</b>					
14.	Exceptional People/Team Awards – Governor Panel Member required	Lead Governor	Discussion	Verbal	18:50
<b>Questions from the public</b>					
15.	Questions from the public	Chair		N/A	18:55

16.	<p>Close of public meeting</p> <p>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.</p>	Chair		N/A	19:00
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**Session in private – Chair and Governors only**

**Reading Room/Appendix**

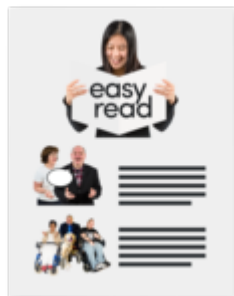
	<p>Trust Performance supporting papers – from January 2025 Board of Directors</p> <ul style="list-style-type: none"> <li>i. Integrated Performance Report</li> <li>ii. Finance Report</li> <li>iii. Quality Dashboard</li> </ul>
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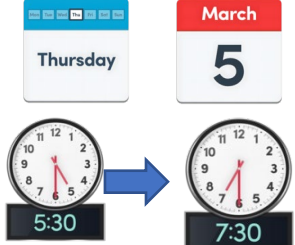



Oxford Health  
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# General Meeting of Council of Governors

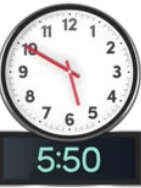






Easy Read Agenda

	<b>Agenda item</b>	<b>Purpose</b>	<b>Who Speaking</b> 
	<p>Thursday 5<sup>th</sup> March 2026</p> <p>5.30pm -7.30pm</p>		
	<p>Meeting held online via MS Teams</p>		
	<p>1. Introductions and welcome</p>		<p>Chair</p>  






 <p>Meeting</p>	<p>2. Apologies from people not able to be at the meeting.</p> <p>Check that there are enough people at the meeting to make decisions.</p>		<p>Chair</p> 
	<p>3. Declaration of interests</p>		<p>Chair</p> 
 <p>minutes</p> <p>December</p> <p>4</p>	<p>4. Minutes of the last meeting on the 4th December 2025</p>	 <p>APPROVED</p>	<p>Chair</p> 

	<p>5. Staff Story presentation</p>		
	<p>6. Chair's report</p>		<p>Chair</p> 
	<p>7. Chief Executive's Report</p>		<p>Chief Executive</p> 








	<p>8. Lead Governor Report</p>		<p>Lead Governor</p>
	<p>9. Non-Executive Director update on recent work.</p>		<p>Andrea Young</p>
	<p>10. Committee Chairs updates</p>		



	<p>11. Questions about the papers in the reading room.</p>		
	<p>12. Trust Strategy development &amp; engagement</p>		<p>Executive Director of Strategy</p>
	<p>13. Neighbourhoods-Health and Care approach.</p>		<p>Transformation Director, Community Health Services</p>



	<p>14. Exceptional People/Team Awards- Governor Panel Member Required.</p>		<p>Lead governor</p>
	<p>15. Questions from the public</p>		
	<p>16. Close of Public Meeting</p>		<p>Chair</p>





**Private meeting - Chair and  
Governors only**



Chair



**DRAFT Minutes of the Council of Governors meeting held in public on  
4 December 2025, at 17:30  
via Microsoft Teams**

**Present:**

David Walker ( <b>DW</b> ) (Chair)	Trust Chair
Evin Abrishami ( <b>EA</b> )	Staff governor, Mental Health Services Oxfordshire, BaNES, Swindon & Wilts
Julien Fitzgerald ( <b>JF</b> )	Patient Service User governor, Buckinghamshire
Juliet Hunter ( <b>JH</b> )	Appointed governor, Public: Oxfordshire
Colleen Jones ( <b>CJ</b> )	Public governor, Buckinghamshire
Joel Rose ( <b>JR</b> )	Appointed governor, Buckinghamshire MIND
Paul Ringer ( <b>PR</b> )	Appointed governor, Age UK Oxfordshire
Srikesavan Sabapathy ( <b>SS</b> )	Public governor, Oxfordshire
Tanveer Siyan ( <b>TS</b> )	Carers governor
Marc Smith ( <b>MS</b> )	Public governor, Buckinghamshire

**In attendance:**

Amelie Bages ( <b>AB</b> )	Executive Director of Strategy
Ben Cahill ( <b>BC</b> )	Deputy Director of Corporate Affairs
Geraldine Cumberbatch ( <b>GC</b> )	Non-Executive Director
Taff Gidi ( <b>TG</b> )	Executive Director of Corporate Affairs
Grant Macdonald ( <b>GM</b> )	Chief Executive Officer
Chris Hurst ( <b>CH</b> )	Non-Executive Director
Mohinder Sawhney ( <b>MS</b> )	Non-Executive Director
Charmaine De Souza (CDS)	Chief People Officer
Britta Klinck ( <b>BK</b> )	Chief Nurse
Rick Trainor ( <b>RT</b> )	Non-Executive Director
Lucy Weston ( <b>LW</b> )	Non-Executive Director
Ashley Harvey ( <b>AH</b> )	Head of Improvement & Effectiveness
Robyn Harris ( <b>RH</b> )	Patient Safety Partner, Oxford Health NHS Foundation Trust
Nicky Howells ( <b>NH</b> )	Deputy Director of People (OD and Communications) Corporate
Beverley White ( <b>BW</b> ) (minutes)	Governance Officer
Hannah Smith ( <b>HS</b> )	Assistant Trust Secretary, Corporate Governance

		<b>Action</b>
<b>1.</b>	<b>Introduction and welcome from the Chair</b>	
a	The Chair opened the virtual meeting of the Council of Governors and welcomed all attendees. He confirmed that a private session would follow the public meeting. The Chair sought consent for the meeting to be recorded, advising that the recording would be automatically deleted after 30 days. No objections were raised.	
<b>2.</b>	<b>Apologies for absence and quoracy check</b>	
a	The meeting was confirmed as quorate.	
b	Apologies were received from the following governors: Vicki Power.	
c	Absent without submitted apology: all other governors not listed above.	
d	Apologies received from the Board: Heather Smith and Andrea Young.	

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3. a	<p><b>Declaration of interests on matters pertinent to the agenda</b></p> <p>None raised.</p>	
4. a  b	<p><b>Minutes of last Meeting on 12 June 2025 and Matters Arising</b></p> <p>The minutes of the last public meeting held on 18 September 2025 were approved as a true and accurate record, and there were no matters arising.</p> <p><b>The Council approved the minutes and noted there were no matters arising.</b></p>	
5. a  b  c  d  e	<p><b>Chair's report</b></p> <p>The Chair provided an overview of key elements from his written report. He highlighted ongoing national uncertainty regarding future governance arrangements for NHS Trusts, including Government intentions to introduce Advanced Foundation Trusts. He noted that the governance framework for these organisations, and the future role of Councils of Governors within them, remains unclear. He emphasised that any significant change would require substantive legislation, but no information has been shared on drafting, consultation, parliamentary scheduling, or enactment.</p> <p>He also reflected on the seasonal impact on the Trust's community services as winter approaches, noting that although serious mental illness does not demonstrate significant seasonal variation, community teams may be affected by increased demand arising from illnesses such as influenza.</p> <p>The Chair reported the appointment of Dr Rob Bale as the substantive Chief Operating Officer for Mental Health and Learning Disability.</p> <p>He thanked Governors who had attended recent Board meetings, noting the value of these sessions in enhancing understanding of Board and Non-Executive Director activity. No questions were raised.</p> <p><b>The Council noted the update.</b></p>	
6. a  b  c  d  e	<p><b>Chief Executive's report</b></p> <p>The Chief Executive presented his report, noting the operational challenges anticipated over winter and the Trust's close collaboration with Community Health Services and the Oxford University Hospitals NHS Foundation Trust to support patients at home where appropriate. He highlighted national pressures, including a reported significant rise in flu-related hospital admissions and industrial action by resident doctors.</p> <p>He drew attention to recent Board stories from a service user, carer, and staff member. The service user story illustrated the positive impact of advocacy in improving outcomes after previous delays in receiving appropriate care.</p> <p>The Chief Executive reported on the provider capability self-assessment, describing it as an evaluation of Board competence and leadership. The Trust submitted its self-assessment to NHS England in late October following Board approval with a statement of compliance.</p> <p>He referenced the Trust's engagement with Disability and Black History Month activities, including a recent discussion with the Disability Staff Support Group about challenges faced by staff.</p> <p>The Chief Executive also noted a significant increase in Staff Survey participation, rising from around 50% in previous years to 60% this year. The</p>	

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<p>f</p> <p>g</p> <p>h</p> <p>i</p> <p>j</p>	<p>emphasis would be on learning from the results.</p> <p>Governor JH asked: reference <b>the provider capability assessment process</b> and whether it identified areas for improvement.</p> <p>The Chief Executive responded that while compliance had been confirmed, the Board acknowledged ongoing improvement needs, including data use and engagement with the public and workforce. He confirmed that the relevant report was publicly available and could be shared.</p> <p>Governor JH noted an interest in understanding how improvements would be made. <b>The Chief Executive agreed to bring a future update to the Council on leadership development and potential external review activity.</b></p> <p><b>Action: Chief Executive to provide an update to the Council on improvement plans, arising from the provider capability health assessment process, including leadership development and potential external review - due at Council of Governors meeting on 11 June 2025.</b></p> <p><b>The Council noted the Chief Executive's report.</b></p>	<p style="text-align: center;"><b>GM</b></p>
<p><b>7.</b></p> <p>a</p> <p>b</p>	<p><b>Lead Governor's report</b></p> <p>The Chair informed the Council that the Lead Governor was unable to attend the meeting due to ill health. The accompanying paper was taken as read. The Committee noted the update, and no questions were raised.</p> <p><b>The Council noted the Lead Governor's report.</b></p>	
<p><b>8.</b></p> <p>a</p> <p>b</p> <p>c</p> <p>d</p> <p>e</p>	<p><b>Committee Chair's 3A's reports</b></p> <p>The Chair introduced the item, explaining that Non-Executive Directors (NEDs) who chair Board Committees were invited to highlight any matters arising from their written 3A (Advise, Alert, Assure) reports. All reports had been circulated in advance, and the Chair invited NEDs present to raise any additional points.</p> <p>The Chair of the Audit and Risk Committee (CH) noted that the Committee had met the previous week and therefore a new 3A report was not yet available. There were no further updates.</p> <p>The Chair of the People, Leadership and Culture (PLC) Committee (MS) took the report as read and highlighted two matters: (1) significant improvement in appraisal and revalidation processes compared with previous years, attributed to effective work by the relevant teams; and (2) continued focus on ensuring that staff experience does not differ on the basis of protected characteristics. Work was underway to understand factors influencing disciplinary outcomes, supported by improved data that would allow a deep dive early in the new year.</p> <p>The Chair of the Mental Health &amp; Law Committee (GC) took the report as read and highlighted two items: (1) an anticipated Government consultation on Deprivation of Liberty Safeguards (DoLS) in the new year, alongside a pending Supreme Court appeal on DoLS definitions; and (2) concerns raised in the report regarding training data, with an expectation that duplication in counting may explain some issues. Assurance was given that this was being investigated and remained under control.</p> <p>The Chair of the Finance &amp; Investment Committee (LW) took the report as read and, in the absence of the Quality Committee Chair, confirmed that the Quality Committee 3A report could also be taken as read.</p> <p>The Chair invited questions from Governors.</p>	

f g  h  i	<p>Governor CJ asked whether formal feedback had been received from the recent CQC inpatient inspection. The Chief Executive reported that formal written feedback had not yet been received. Verbal feedback on the day had been neutral, with subsequent informal feedback being less positive, particularly relating to restraint practices - an area already recognised by the Trust as requiring improvement. He noted the complexity of maintaining safe environments on challenging wards and reaffirmed that the Trust was actively addressing the issues.</p> <p>Governor JF asked how recent restructuring within the CQC might affect inspections. The Chief Executive responded that the primary impact was the move toward more specialist mental health inspection teams, which should result in more contextualised assessments. Further detail could be provided if required.</p> <p><b>The Council noted the Committee Chair's report.</b></p>	
9. a  b  c  d  e  f  g	<p><b>Non-Executive Director update on recent work</b></p> <p>NED (RT) provided an update on his recent activities and responsibilities as a Non-Executive Director, including his role as Chair of two committees and membership of two others. He noted his background as an Academic Social Historian and Academic Administrator, and previous NHS and higher education experience.</p> <p>He outlined his work as Chair of the Trust's Charity Committee, emphasising the corporate trustee model whereby the Trust controls the charity. The Committee aims to enhance patient experience through fundraising and charitable activities. He described a 2021 report by Moore Consultancy identifying untapped fundraising potential, recommending gradual investment in fundraising capacity. Initial steps are being implemented in collaboration with the Head of the charity and the Executive Director of Corporate Affairs.</p> <p>NED (RT) also updated the Council on his involvement with the Warneford Park External Board, an innovative partnership with the University of Oxford and a private philanthropist. The project proposes a new mental health hospital, research facilities, re-provision of independent charity facilities, and a postgraduate college. A detailed planning application has been submitted to Oxfordshire County Council with decisions expected in early 2026, alongside a strategic outline case submitted to NHS England for funding. He noted the project has strong momentum and, if successful, will significantly enhance Trust facilities.</p> <p>The Chair invited questions from Governors:</p> <p>Governor JH asked whether the Oxford Health Charity focuses solely on mental health. NED (RT) confirmed it supports both mental health and community services. The Chair added that the Charity also interfaces with other existing charities, including Leagues of Friends in community hospitals.</p> <p>Governor (EA) asked about volunteer involvement in fundraising. NED (RT) confirmed volunteers are utilised; the Director of Corporate Affairs reported there are currently 145 volunteers. Governor EA suggested exploring models used by charities with large volunteer bases.</p> <p>Governor (JF) asked whether the Oxford Health Charity might be involved in the government's proposed new community and neighbourhood hospitals. The Chief Executive clarified that the charity's role is to enhance services (e.g., awards) rather than fund or build facilities, with any public-private investment</p>	

h	<p>handled separately. Governor JH sought clarification on potential co-location of services; the Chief Executive explained that mental health facilities are unlikely to include multiple co-located services and that development timelines extend to around 2027.</p> <p><b>The Council noted the Non-Executive Director update on recent work.</b></p>	
<p><b>10.</b></p> <p>a</p> <p>b</p> <p>c</p> <p>d</p> <p>e</p>	<p><b>Medium Term Planning – update for governors</b></p> <p>The Executive Director of Strategy presented an update on the Trust’s medium-term planning process, supported by slides. She explained that NHS England (NHSE) has requested a five-year plan, with a formal first submission due 17 December and final submission due 12 February. The presentation outlined emerging long-term priorities from clinical directorates and emphasised that the process is iterative, aligning with the Trust’s refreshed strategy and ongoing engagement work.</p> <p>The Executive Director of Strategy highlighted six corporate strategy priorities guiding organisational planning: neighbourhood-based approaches aligned with the Government’s 10-year health plan; improved engagement with patients and family carers; team development; anti-discrimination and anti-racism work; staff safety and minimising violence; and digital and workforce development as cross-cutting themes.</p> <p>She provided a high-level summary of clinical directorate priorities:</p> <ul style="list-style-type: none"> <li>• <b>Mental Health Services:</b> Focus on neighbourhood-based integration with primary care and voluntary sector partners; continued emphasis on supporting people with serious mental illness; reaching populations currently not accessing services.</li> <li>• <b>Forensic Services:</b> Integration of physical and mental health; optimisation of bed use within the provider collaborative; improved pathways between forensic and general mental health services.</li> <li>• <b>Learning Disability Services:</b> Addressing patchy service provision and inequalities; development of all-age pathways; improved integration of services across the Trust; support for neurodivergent populations.</li> <li>• <b>Community Physical Health Services:</b> Neighbourhood-based coordination; partnership working within Oxfordshire; focus on patient pathways and escalation protocols.</li> </ul> <p>The Chair emphasised that the planning process is ongoing and encouraged Governors to review the slides in detail and provide feedback.</p> <p>Governor JF raised two points:</p> <ul style="list-style-type: none"> <li>• On anti-discrimination, he asked how plans will impact the LGBTQIA+ community. The Director of Strategy explained that anti-discrimination work encompasses all staff and patient groups, including LGBTQIA+, with staff networks involved in detailed planning.</li> <li>• On reducing agency nurse usage, the Director of Strategy confirmed this remains a key NHSE requirement, with trajectories set for continued reduction. The Chief People Officer added that agency spend has decreased from £60m three to four years ago to £15m this year, with further reductions planned alongside increased bank staff usage.</li> </ul>	

f	Governor SS asked about potential functions transferring from the new Integrated Care Board (ICB) to providers. The Director of Strategy responded that the Trust has not proactively planned for any functions to transfer and is awaiting further guidance from the Thames Valley ICB. Strategic commissioning may reduce provider involvement in day-to-day management, but details are still emerging.	
g	<b>The Council noted the update.</b>	
11.	<b>Questions arising from papers in the Reading Room</b>	
a	The Chair invited questions arising from the papers provided in the Reading Room. No questions were raised.	
12.	<b>Introduction to Quality Improvement and Update on Current Projects</b>	
a	The Chair introduced the Head of Improvement & Effectiveness to provide an update on Quality Improvement (QI) initiatives within the Trust. The Head of Improvement & Effectiveness outlined the Trust's QI approach, emphasising empowering staff closest to issues with permission, skills, and resources to implement measurable improvements using structured methodologies. The process focuses on defining problems, understanding impact, identifying improvement opportunities, and measuring outcomes to ensure changes result in genuine improvement.	
b	An example project in community services was presented, focusing on lower leg care. District Nurses and Tissue Viability Nurses identified delays in patient treatment due to inconsistent pathways. They developed a new pathway incorporating a compression sock and bandage system in partnership with a provider, supported by training and Trust resources. Outcomes included a reduction in mean healing time from 187 to 78 days, a drop-in nursing time for dressing changes from 53 to 11 hours, and environmental and financial benefits from reduced bandage use.	
c	The Head of Improvement & Effectiveness highlighted that QI sits within the Trust's Quality Management System, with learning and continuous improvement central to all activities.	
d	Governors asked questions:	
	<ul style="list-style-type: none"> <li>• Governor JF queried the impact of the Trust's transition from analogue to digital systems on QI. The Head of Improvement &amp; Effectiveness explained that digitalisation allows efficiencies, reduced duplication, and better allocation of staff time to patient care.</li> <li>• Governor CJ asked whether QI work integrates with the Integrated Performance Report (IPR). The Head of Improvement &amp; Effectiveness confirmed that QI teams regularly use IPR data, as well as TOBI and Model Hospital data, to guide improvements.</li> <li>• The Director of People highlighted that QI is also applied across corporate teams, providing assurance that non-clinical areas use the methodology effectively. The Head of Improvement &amp; Effectiveness added that the Finance Team had recently completed a successful QI project recognised in awards.</li> </ul>	
e	<b>The Council noted the presentation.</b>	
13.	<b>Appointment of lead governor and deputy lead governor positions</b>	
a	The Deputy Director of Corporate Affairs presented the item, noting that Vicki Power currently serves as Lead Governor and Srikesavan Sabapathy as Deputy	

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b	<p>Lead Governor. A paper had been circulated seeking expressions of interest and support for their continuation in these roles for another year. The Council of Governors were asked to approve the appointments.</p> <p><b>Council of Governors approved the continuation of Vicki Power as Lead Governor and Srikesavan Sabapathy as Deputy Lead Governor for a further year to the end of 2026.</b></p>	
14. a	<p><b>Governor register of interests</b> The Deputy Director of Corporate Affairs presented the item, explaining that a round of requests would be undertaken to ensure that all Governors’ interests are up to date and properly recorded. Governors were advised that they may be contacted to confirm their entries.</p>	
b	<p><b>The Council noted the update.</b></p>	
15. a	<p><b>Governor declarations and checks update</b> The Deputy Director of Corporate Affairs presented the item, providing an update on the process for collecting and verifying Governors’ declarations and completion of required checks. Governors were advised that they may be contacted to confirm their declarations and ensure all checks are up to date.</p>	
b	<p><b>The Council noted the update.</b></p>	
16. a	<p><b>Engagement policy review</b> The Deputy Director of Corporate Affairs presented the item, noting that this review follows on from the Trust’s revised Constitution approved in September 2025. The Engagement Policy sets out the working arrangements and communication channels between Governors and the Board, linking with the Constitution and relevant standing orders. No major changes had been made, although updates were included to reflect ongoing name changes to national bodies. An addendum on significant transactions, including potential mergers and acquisitions, was highlighted, outlining Governor involvement in such processes. Approval from the Council of Governors was sought.</p>	
b	<p>The Chair invited the Council to approve the Engagement Policy Review.</p>	
c	<p>Governor JH requested the policy use “Chair” instead of “Chairman.” The Deputy Director of Corporate Affairs confirmed that this amendment would be made.</p>	
d	<p><b>Action: the Deputy Director of Corporate Affairs to amend terminology in Engagement Policy from “Chairman” to “Chair”</b></p>	<b>BC</b>
e	<p><b>The Council of Governors approved the Engagement Policy Review, subject to amendment of terminology as requested.</b></p>	
16.	<p><b>Questions from the public</b> The Chair invited questions from members of the public. No questions were received.</p>	
17.	<p><b>Close of meeting</b> - Meeting closed at 19:10</p>	
<p><b>Date of next meeting:</b> 5 March 2025, 5.30pm, in person, at Murray House, Jordan Hill Business Park, Banbury Road, Oxford, OX2 8TA.</p>		

<b>Meeting:</b>	Council of Governors meeting
<b>Date of Meeting:</b>	05 March 2026
<b>Agenda item:</b>	06
<b>Report title:</b>	Trust Chair's Report
<b>Executive lead(s):</b>	n/a
<b>Report author(s):</b>	David Walker, Trust Chair
<b>Action this paper is for:</b>	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance
<b>Reason for submission to the Council:</b>	For information
<b>Public or confidential:</b>	Public

## Report

We were recently told by NHS England South East that Oxford Health has been classed as 'green' in its overall assessment of our capability - and we continue to reside in 'segment one' of the wider NHS league table. Such measures are far from perfect, but it's obviously better to get a decent mark. Over this year it may be likely we will soon be subject to a trust-wide inspection by the Care Quality Commission – the main regulator of health services - who pronounced us 'good' the last time they visited.

Taking nothing for granted, I believe they will find the board to be 'well led', meaning that the directors do a creditable job. That includes the non-executive directors and, indirectly, the Council of Governors, which appointed and appraised them. That must not sound complacent. We may not 'require improvement' in the language of the assessors but we know full well that there are always areas for improvement - both our services to the public and the way we conduct business and meetings.

Ahead lies considerable change in the makeup of the board. As governors, you will be asked shortly to follow the recommendations of Vicki Power as lead governor and other governors taking part in the recruitment process to approve new non-executives. New blood is welcome, but experience is valuable, too, and we hope to have got right the balance between capacities and tasks, between enthusiasm and new perspectives. At the same time, we are looking for a successor to Grant Macdonald as chief executive and the same considerations apply. Ideally the successful candidate will bring both a new perspective and appreciation for existing people and practices.

While the trust's financial rating at the end of 2025/26 is sound, you know, as we do, there remains a large mismatch between the services we provide and public need. Obvious pinch points are children's mental health and neurodiversity, speech and language

therapy, podiatry, district nursing...and so on. To break even is commendable, but we should be doing more - even accepting the historic difficulties recruiting staff in our area.

Complacency, if it ever existed, gets punctured as soon as you look in any detail at our services. I recently visited the minor injuries unit in Abingdon, which had been one of my first ports of call when I joined. It is frustrating that some of the same problems can persist seven years on: for example aligning opening times between the unit and the X-ray department, which illustrates how many more opportunities there are for the NHS to continue to collaborate - with itself and with other public services - focused on the experience of patients and staff.

We talk about doing more to prevent ill health and moving services into the community (i.e. away from big hospitals) but respective public bodies remain operating in different systems and not always set-up to be collaborative e.g. how services are commissioned or funded. I take this failure particularly hard having edited a magazine in my previous life called 'Public', which had sought to bring together managers in various departments and services as if they shared a common culture of public service. Yet so many people in public services are, and continue to be, motivated to do good and to serve the common weal. Not just staff but those who contribute as councillors, trustees and governors.

This is my final report to you and so a chance to record my appreciation of your commitment during my years as chair. Today's Council of Governors is different from the one that appointed me in 2018 but similar in relying on people who want to make our services safe and, where possible, to improve them, and who give up their time to attend meetings and read long papers in order to check and balance the stewardship of the trust's directors. I'd like to pay special tribute to the four lead governors I have worked with - Chris Roberts, Mike Hobbs, Anna Gardner and Vicki Power, respectively a carer, a public governor for Oxfordshire, ditto for Buckinghamshire and a staff governor, each bringing a distinct perspective and experience of health services. Thank you all.

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

<b>Recommendation(s)</b>
The Council is asked to note the report.

<b>Meeting</b>	Council of Governors
<b>Date of Meeting</b>	05 March 2026
<b>Agenda item</b>	07
<b>Report title</b>	Chief Executive Officer's report
<b>Executive lead(s)</b>	N/A
<b>Report author(s)</b>	Grant Macdonald, Chief Executive
<b>Action this paper</b>	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance
<b>Reason for submission to the Council</b>	For information
<b>Public or confidential</b>	Public

## Report

### Thanks to David Walker

As this will be his last Council of Governors meeting, I'd like to start my update by thanking David Walker who stands down as the Trust's chair later this month. As governors you will have seen directly the passion, knowledge and experience that David has brought to the Trust, something that we will certainly miss, and I'm sure you will join with me in thanking David for his time at the Trust and as chair of the council. The Trust is in a fortunate position however as David will be replaced as Trust chair by current Non-Executive Director, Andrea Young. Andrea's experience and deep understanding of the NHS have already benefited the Trust in her current role as Chair of the Quality Committee and will be invaluable as we look to the future and the opportunities and challenges we face. As you will likely already be aware, I will be retiring later this year but I look forward to working closely with Andrea and the new Non-Executive Directors that are being recruited.

### NHS England provider performance 'segment'

As I've mentioned in previous CEO updates to the council, over Summer 2025 NHS England published an updated version of the NHS National Oversight Framework (NOF). Through this framework NHSE assesses provider performance and then determines a segment score for each Trust, creating a 'league table' of providers. Each organisation is placed in a segment ranging from 1 (no support) to segment 5 (intensive support through from an NHSE provider improvement programme). In the first iteration of this process in September 2025, Oxford Health was placed in segment 1 and I'm pleased to say that the Trust remained in this segment in the most recent round. While this is pleasing, we remain focused on improvement areas including community health services waiting times, and urgent community response (2hr performance). The Trust's integrated performance report

– discussed at board – helps the Trust to actively monitor performance and we will continue to work with the health system partners to ensure delivery of operational planning priorities for the year ahead.

#### Mental Health inpatient celebration event

In late February, the Trust hosted its now annual Mental Health Inpatient celebration event – this brought together 160 colleagues from all inpatient wards including adult, older adult wards, CAMHS, eating disorder and forensic wards from across Oxford Health plus Berkshire Healthcare. The celebration event builds on the success of the previous year and aims to showcase how small changes can make a big difference to the experience of patients, staff, and carers. My thanks to all those who attended and made the event a success, and for those involved in making it happen.

#### Strategy development engagement

On the agenda at the March council is an item on the development of the Trust's new strategy for 2026 and beyond. There is much change in the wider NHS and in NHS structures at the moment, and being clear on the Trust's own direction and ambitions in this context is critical. The Executive Director for Strategy and her team are doing a lot of work to ensure full engagement with the development of the strategy to ensure that it has considered and reflects concerns and needs from stakeholders as fully as possible. Governors are key component of this.

#### Luther Street Medical Centre win exceptional people award

It was great to see the Luther Street Medical Centre team win a recent Exceptional People Team Award following an anonymous nomination. Luther Street is an award-winning GP surgery providing healthcare to people experiencing homelessness in Oxford city. The team is dedicated to ensuring patients have access to a full range of primary care services and mental health support using a person-centred and empathetic approach - making a huge difference to the lives of vulnerable people in Oxford and Oxfordshire. My congratulations to the practice manager Louise Daley and the team, and congratulations to other Exceptional People award winners and nominees.

#### Warneford 200 commemoration projects

2026 is the 200<sup>th</sup> anniversary of the Warneford Hospital in Oxford and to mark this a range of events and activities have been planned over the year including exhibitions on the history of the hospital, a play, oral histories, and a commemorative garden. Known collectively as 'Warneford 200', the year of events kicked-off with a Museum of Oxford exhibition about the history of the Warneford Hospital and mental health in Oxfordshire. A successful launch event was held on the evening of the 15<sup>th</sup> January opened by our Chief Medical Officer, Dr Karl Marlowe, which included a screening of a video on the history of the hospital. This exhibition runs to the 21<sup>st</sup> March and there will be further opportunities to see the exhibition across Oxfordshire over this year. You can find out more about the programme of events for Warneford 200 by searching online for 'Warneford 200' or by following this link: [Warneford200 website](#)

#### Chief Operating Officer appointments

I'm pleased to let governors know that, following recruitment processes at the end of last year, Dr Rob Bale and Emma Leaver have been appointed to the Trust's Chief Operating Officers roles, respectively for Mental Health & Learning Disability and Community Health Services, Dentistry & Primary Care. Both Rob and Emma are highly experienced in their

fields, have significant experience at Oxford Health, and have been undertaking these roles on an interim basis over the last year or so. I'm looking forward to working with them both in taking forward the ambitions of the Trust.

HSJ award shortlisting for online eating disorder service

It was great to see recognition earlier this year of the Trust's online eating disorder service after it was shortlisted for a Health Service Journal (HSJ) innovation award. The Hospital at Home Online Eating Disorder service supports young people under 18 with eating disorders and how meet the threshold for inpatient care. For most young people the service acts an alternative to an inpatient admission, meaning admission is prevented; for others, it acts as a step-down service to enable a shorter inpatient admission – both being key to improved care and patient outcomes and experience, and to make more effective use of resources. My congratulations to the team for this recognition.

Neurodiversity celebration week

To close, I'd like to look ahead to Neurodiversity Celebration week (16-20 March), in particular the Trust's Neurodivergent Strategy which will be launched during the week. The strategy is an important milestone in our commitment to creating a more inclusive and supportive organisation for neurodivergent patients, service users and staff. To mark the launch and the celebration week, there will be a range of webinars to introduce the strategy, explore its key themes and to highlight how neurodiversity-informed practice can be embedded into everyday work at the Trust.

**Grant Macdonald, Chief Executive**

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

N/A

**Recommendation(s)**

The Council is asked to note the report.

<b>Meeting</b>	Council of Governors Meeting
<b>Date of Meeting:</b>	05 March 2026
<b>Agenda item:</b>	08
<b>Report title:</b>	Lead governor update
<b>Executive lead(s):</b>	N/A
<b>Report author(s):</b>	Vicki Power, Lead Governor
<b>Action this paper is for:</b>	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance
<b>Reason for submission to the Council:</b>	For information – update report from lead governor
<b>Public or confidential:</b>	Public

## Report

Over the next year, there is imminent change coming, whether that be the appointment of a new chief executive or the mobilisation of the Integrated Neighbourhood Teams. To support these changes there are numerous projects and programmes of work being undertaken to make the transition as smooth as possible.

Within my role as Lead governor, over the past few months I've been trying to support the governors and Trust in building a strong base to help with these transitions. One of these was by organising and hosting a Thames Valley wide Lead governor meeting with Dr Priya Singh, chairperson the integrated care board. In the meeting Priya addressed governor roles amid national policy uncertainty and supported a more open, two-way relationship between the ICB and Trust governors. I as well as other governors been engaged in Non-Executive Director recruitment and Audit appraisals.

One of my key aims as Lead Governor was to listen to what governors wanted and to use this to shape our meeting agenda's. The forum on the 12<sup>th</sup> Feb was shaped from feedback from Governors and the Council of Governors has also be adapted to reflect the requests of Governors also.

I can't write an update without mentioning the role that governors play moving forward within Foundation Trusts. Governors play an essential role in ensuring that the Trust Board is made fully aware of the views and concerns of the public and the staff – and a reminder that the main function of Trust Boards is to serve their local population.

From speaking with other Lead governors, the consensus is that governors are willing to embrace change where this leads to improvement.

Governors, as well as being cost effective volunteers, have extensive knowledge and experience of the community and of service delivery. Governors are therefore well placed, and willing, to help redefine a stronger model of accountability to patients, staff and local communities. Within our Trust I've been heartened to have the support and engagement from the Board that the voices of patient, staff and local communities will be heard and listened too moving forward in whatever structure is decided.

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

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

This report has been produced for 5<sup>th</sup> March 2026 Council of Governors

**Recommendation(s)**

The Council is asked to note the report

# Integrated Performance Report (IPR): January 2026

November 2025 data unless stated otherwise



Quality



People



Sustainability



Research

- Guide to the Integrated Performance report
- Section 1 – NHS Oversight Framework – position overview
- Section 2.1 – Clinical Performance (Mental Health Services)
- Section 2.2 – Clinical Performance (Community Health Services, Dentistry and Primary Care)
- Section 3 – Quality and People (inc. In-Year Strategic metrics)
- Section 4 – Strategic Dashboard
- General Appendices

# Guide to the Integrated Performance Report

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

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



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

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

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

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

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

\*National Oversight Framework (NOF) – see page 9 for details. Scored NOF metrics are marked with the following icon:  Contextual NOF metrics are marked with the following icon: 

# Guide to the Integrated Performance Report – interpreting SPC charts

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

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

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

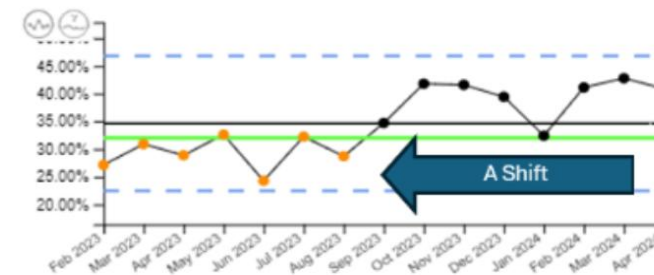
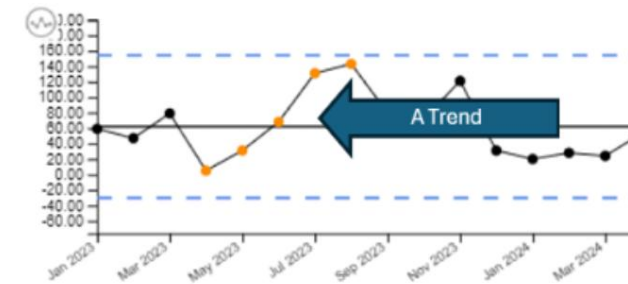
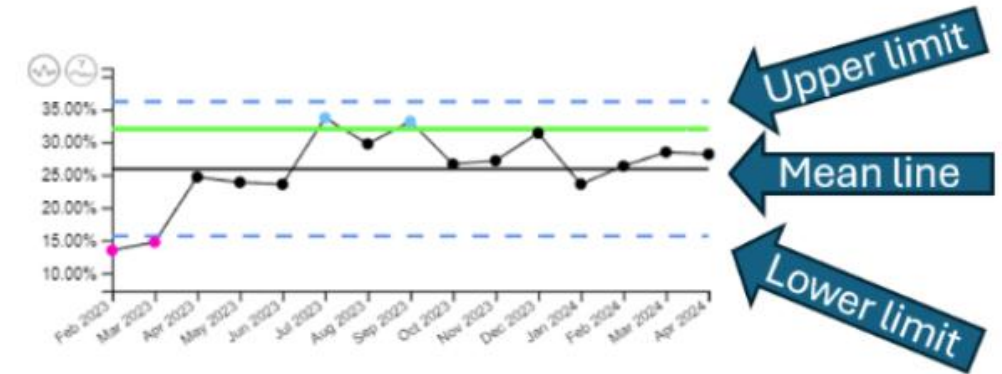
Upper and lower limits on an SPC chart are calculated using statistical formulas based on actual data, typically, by measuring the average and natural variation, to identify the range within which the process should operate if it remains stable.

Green is the metric target line – only added to those graphs where target is applicable.

Data points highlighted in pink are noted to be statistically different from the rest of the points (outside of the upper and lower control limits).







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

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



# Guide to the Integrated Performance Report – Interpreting summary icons

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




Variation / performance icons			
Icon	Technical description	What does this mean?	What should we do?
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is <b>currently not changing significantly</b> . It shows the level of natural variation you can expect from the process or system itself.	<b>Consider if the level/range of variation is acceptable.</b> 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.	<b>Something's going on!</b> Something, a one-off or a continued trend or shift of numbers in the wrong direction	<b>Investigate</b> 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.	<b>Something good is happening!</b> 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. <b>Celebrate</b> the improvement or success. Is there <b>learning</b> 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 <b>within</b> 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 <b>outside of those limits in the wrong direction</b> then you know that the target cannot be achieved.	<b>You need to change something in the system or process if you want to meet the target.</b> 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 <b>outside of those limits in the right direction</b> then you know that the target can consistently be achieved.	<b>Celebrate the achievement.</b> 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
<b>S</b>	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?
<b>T</b>	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?
<b>P</b>	Process and System	Is there a process to assess the validity of reported data using business logic rules? Is data collected in a structured format using an appropriate digital system?

- \* Green  - answers to domain questions are "yes"  
Amber  - answers to domain questions are "partly"  
Red  - answers to domain questions are "no"

# Section 1

# NHS Oversight Framework

## –overview

# NHS Oversight Framework – 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 – 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 and ranking on the League table as per latest publication (11<sup>th</sup> December 2025; Quarter 2):

Headlines	Q1 2025/26		Q2 2025/27	
	NOF score	Placement among peers	NOF score	Placement among peers
Segment	<b>1</b> <b>(High performing)</b>		<b>1</b> <b>(High performing)</b>	
Average metric score	<b>2.03</b>		<b>2.06</b>	
Financial override	<b>No</b>		<b>No</b>	
Is the organisation in the Recovery Support Programme?	<b>No</b>		<b>No</b>	
Ranking among Non-Acute hospital	<b>13 out of 61</b>		<b>15 out of 61</b>	

**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 – 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		

\* - see dashboard on page 85 of this report for quarter 1 performance

↑ - improvement ↓ - regression → - no change









# NHS Oversight Framework – dashboard (contextual (non-scored) metrics) – quarter 2

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%	

# Section 2.1 Clinical performance (National Mental Health Standards)

# Mental Health Services – Matrix (1/2)

## Assurance









				No target
 	<ul style="list-style-type: none"> <li>Improve access to mental health support for children and young people – Buckinghamshire, Oxfordshire and Bath &amp; North-East Somerset, Swindon and Wiltshire</li> <li>Improve access for Adults and Older Adults to support by community mental health services – Buckinghamshire and Oxfordshire</li> <li>Number of people accessing Individual Placement Support (IPS) – Buckinghamshire and Oxfordshire (rolling 12 months)</li> <li>CYP % referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days – Oxfordshire</li> <li>Improve access to perinatal mental health services – Oxfordshire and Buckinghamshire combined</li> </ul>	<ul style="list-style-type: none"> <li>CYP Four week wait (interim metric – one meaningful contact within pathway) – Buckinghamshire, Oxfordshire</li> <li>Response from Mental Health Psychiatric Liaison within 24 hours – Oxfordshire</li> <li>Mental Health admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact – rolling quarter – Older Adult –Buckinghamshire</li> <li>Mean Length of Stay Mental Health acute, older adult acute and Psychiatric Intensive Care (PICU) discharges (combined; rolling three months) – Buckinghamshire</li> </ul>		
	<ul style="list-style-type: none"> <li>Response from Mental Health Psychiatric Liaison within 24 hours – Buckinghamshire</li> <li>Response from Mental Health Psychiatric Liaison within 1 hour – Buckinghamshire and Oxfordshire</li> <li>% of people experiencing first episode of psychosis treated with a NICE approved care package within two weeks of referral – Oxfordshire</li> <li>72 hour follow up for those discharged from mental health wards – older adults – Buckinghamshire</li> <li>Adult Four week wait standard (interim metric – two contacts within pathway) – Oxfordshire and Buckinghamshire</li> </ul>	<ul style="list-style-type: none"> <li>CYP Four week wait (interim metric – one meaningful contact within pathway) –Bath &amp; North-East Somerset, Swindon and Wiltshire</li> <li>CYP % referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks – Buckinghamshire</li> <li>CYP % referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days –Bath &amp; North-East Somerset, Swindon and Wiltshire and Buckinghamshire</li> <li>Response from Mental Health Crisis Service within 4 hours (very urgent) – Oxfordshire and Buckinghamshire</li> <li>Response from Mental Health Crisis Service within 24 hours (urgent) – Oxfordshire and Buckinghamshire</li> <li>% of people experiencing first episode of psychosis treated with a NICE approved care package within two weeks of referral – Buckinghamshire</li> <li>Mental Health admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact – rolling quarter – Adult (acute &amp; Psychiatric Intensive Care units) – Buckinghamshire</li> <li>Mean Length of Stay Mental Health acute, older adult acute and Psychiatric Intensive Care (PICU) discharges (combined; rolling three months) – Oxfordshire</li> <li>72 hour follow up for those discharged from mental health wards – adults – Buckinghamshire and Oxfordshire</li> <li>72 hour follow up for those discharged from mental health wards – older adults – Oxfordshire</li> <li>% of patients responding that overall care was good of very good</li> <li>% of patient report being involved in their care</li> </ul>	<ul style="list-style-type: none"> <li><b>CYP % referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Bath &amp; North-East Somerset, Swindon and Wiltshire</b></li> <li><b>Mental Health admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact – rolling quarter – Adult (acute &amp; Psychiatric Intensive Care units) – Oxfordshire</b></li> </ul>	<ul style="list-style-type: none"> <li>% older adult readmission within 30 days for mental health – Oxfordshire</li> <li>% adult acute readmissions within 30 days for mental health – Buckinghamshire and Oxfordshire</li> <li>Percentage of adult inpatients with a length of stay over 60 days (discharged patients) – Oxfordshire</li> <li>Percentage of older adult inpatients (over 65) with a length of stay over 90 days (discharged patients) – Buckinghamshire and Oxfordshire</li> <li>Average number of clinically ready for discharge patients per day – Buckinghamshire and Oxfordshire</li> </ul>
 		<ul style="list-style-type: none"> <li><b>CYP % referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Oxfordshire</b></li> <li><b>Mental Health admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact – rolling quarter – Older Adult –Oxfordshire</b></li> </ul>		<ul style="list-style-type: none"> <li>Percentage of adult inpatients with a length of stay over 60 days (discharged patients) – Buckinghamshire</li> <li>% older adult readmission within 30 days for mental health – Buckinghamshire</li> </ul>

Variation

# Mental Health Services – Matrix (1/2)

## Assurance

Variation

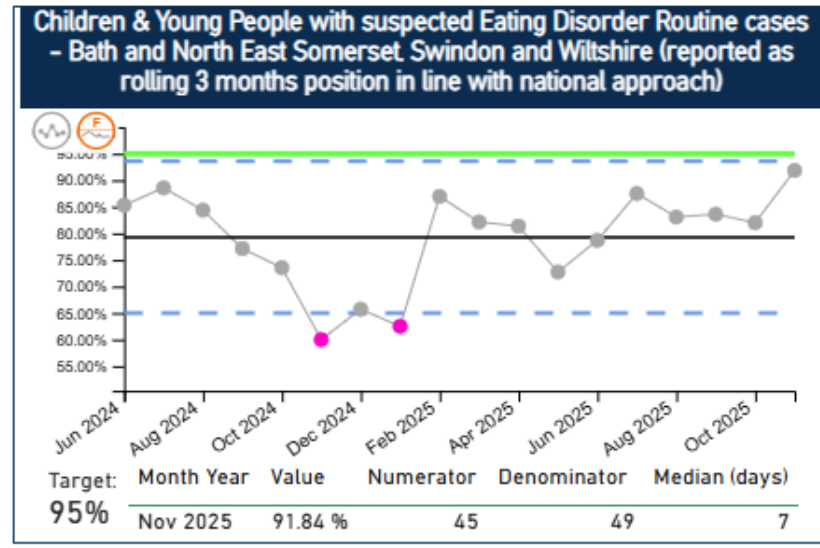
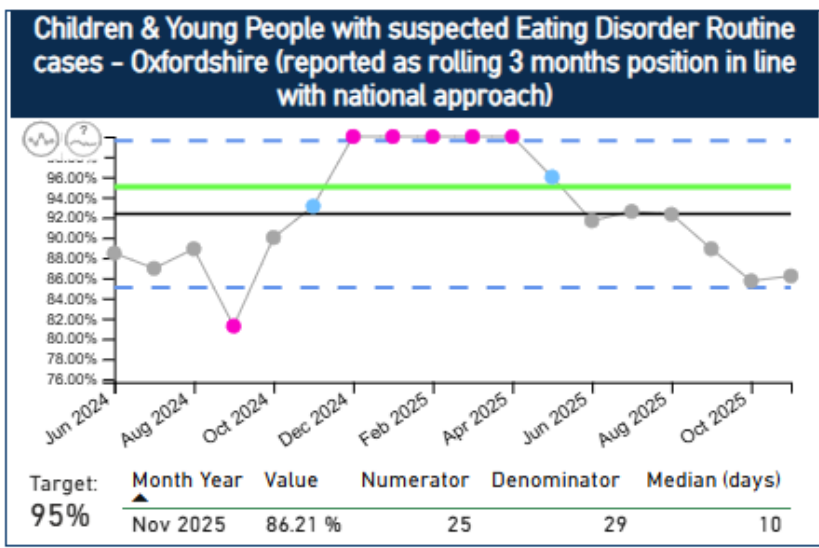
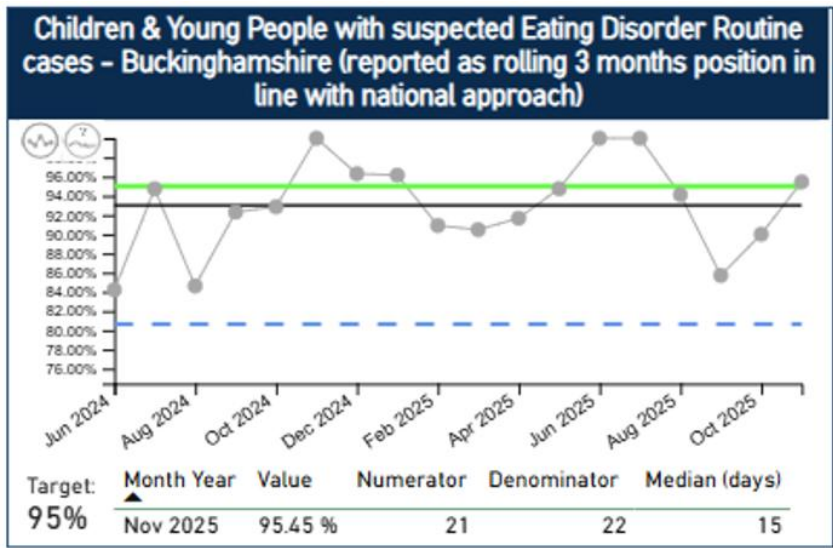
				No target
 	<ul style="list-style-type: none"> <li>% of people receiving first treatment appointment within 18 weeks of referral – Buckinghamshire and Oxfordshire Talking Therapies</li> </ul>	<ul style="list-style-type: none"> <li>Meet and maintain at least 52% Talking Therapies recovery rate – Buckinghamshire Talking Therapies</li> </ul>		<ul style="list-style-type: none"> <li>Inappropriate older adult acute mental health out of area placements - beds days in month – Buckinghamshire</li> <li>% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) – Oxfordshire Talking Therapies</li> <li>Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month – Oxfordshire</li> <li>Inappropriate adult acute mental health out of area placements - beds days in month – Oxfordshire</li> </ul>
	<ul style="list-style-type: none"> <li>% of people receiving first treatment appointment within 6 weeks of referral – Buckinghamshire and Oxfordshire Talking Therapies</li> <li>Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) – Buckinghamshire and Oxfordshire Talking Therapies</li> </ul>	<ul style="list-style-type: none"> <li>Increase the number of adults and older adults completing a course of treatment for anxiety and depression – Buckinghamshire and Oxfordshire Talking Therapies</li> <li>Reliable improvement rate for those completed a course of treatment adult and older adults combined – Buckinghamshire and Oxfordshire Talking Therapies</li> <li>Reliable recovery rate for those completed a course of treatment adults and older adults combined – Buckinghamshire and Oxfordshire Talking Therapies</li> <li>Meet and maintain at least 52% Talking Therapies recovery rate – Oxfordshire Talking Therapies</li> <li>Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined – Buckinghamshire and Oxfordshire Talking Therapies</li> <li>Recovery rate for White British - complete a course of treatment, adult and older adult combined - Buckinghamshire and Oxfordshire Talking Therapies</li> <li>Inappropriate adult acute mental health out of area placements - snapshot last day month – Buckinghamshire and Oxfordshire</li> </ul>		<ul style="list-style-type: none"> <li>% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) – Buckinghamshire Talking Therapies</li> <li>Inappropriate older adult acute mental health out of area placements - snapshot last day month – Oxfordshire and Buckinghamshire</li> <li>Inappropriate adult acute mental health out of area placements - beds days in month – Buckinghamshire</li> <li>Inappropriate older adult acute mental health out of area placements - beds days in month – Oxfordshire and Buckinghamshire</li> <li>Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month – Buckinghamshire</li> </ul>
 				<ul style="list-style-type: none"> <li>Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month – Buckinghamshire and Oxfordshire</li> </ul>

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



Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National NOF (scored)	Improve access to mental health support for children and young people - Buckinghamshire	>=6612	Nov-25	7104		.	6406
National NOF (scored)	Improve access to mental health support for children and young people - Oxfordshire	>=9444	Nov-25	8837		.	8063
National NOF (scored)	Improve access to mental health support for children and young people - Bath & North-East Somerset, Swindon and Wiltshire	tbc	Nov-25	6738		.	6370
National Strategic - Quality	Four (4) week wait (interim metric - one meaningful contact within pathway) - Buckinghamshire	>=62% National average	Nov-25	80.09%			68.12%
National Strategic - Quality	Four (4) week wait (interim metric - one meaningful contact within pathway) - Oxfordshire	>=62% National average	Nov-25	75.77%			54.26%
National Strategic - Quality	Four (4) week wait (interim metric - one meaningful contact within pathway) - Bath & North-East Somerset, Swindon and Wiltshire	>=62% National average	Nov-25	48.94%			54.46%
National	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Buckinghamshire (rolling 3 months position)	>=95%	Nov-25	95.45%			93.01%
National	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Oxfordshire (rolling 3 months position)	>=95%	Nov-25	86.21%			92.08%
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%	Nov-25	91.84%			79.33%
National	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Buckinghamshire (rolling 3 months position)	>=95%	Nov-25	88.89%			93.50%
National	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Oxfordshire (rolling 3 months position)	>=95%	Nov-25	100%			88.70%
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%	Nov-25	86.67%			90.75%

# Mental Health Services – Children and Adolescent Mental Health Services



## 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 November 2025 performance includes September, October and November 2025 performance. Patients who choose to be seen outside of the timeframe will still be counted as a breach. Eating Disorders referrals are not in scope of the Children and Young people (CYP) four (4) week wait measure.

Buckinghamshire’s service met the target in November 2025. In Oxfordshire, two (2) breaches occurred in September – one (1) due to patient choice and one (1) due to transition to Adult ED service, one (1) breach in October due to delayed internal communication between Single Point of Access and service and one (1) in November due to patient choice. In Bath and North East Somerset, Swindon and Wiltshire service, there were two (2) breaches in September due to limited capacity, no breaches occurred in October and two (2) in November - one (1) due to limited capacity and one (1) due to patient choice.

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

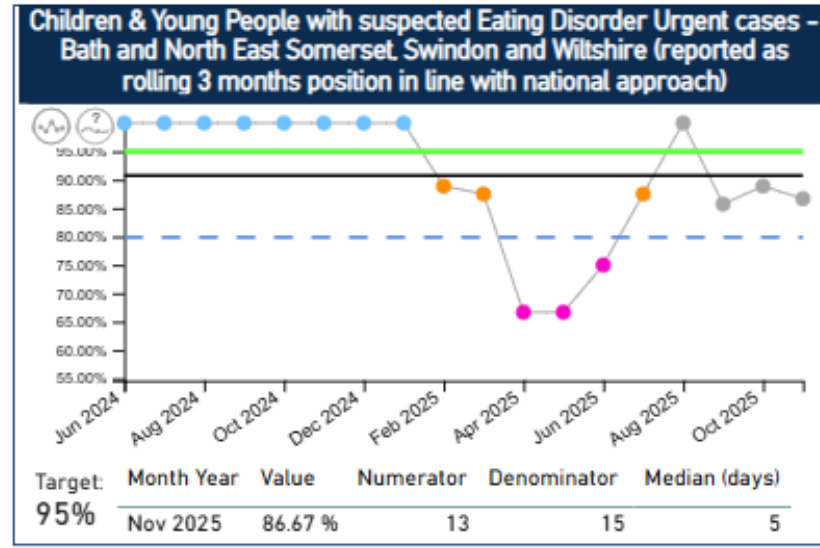
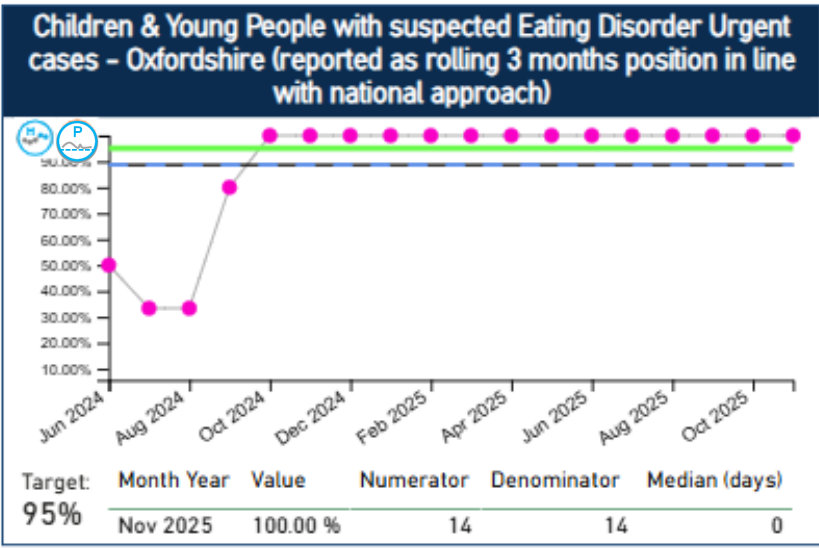
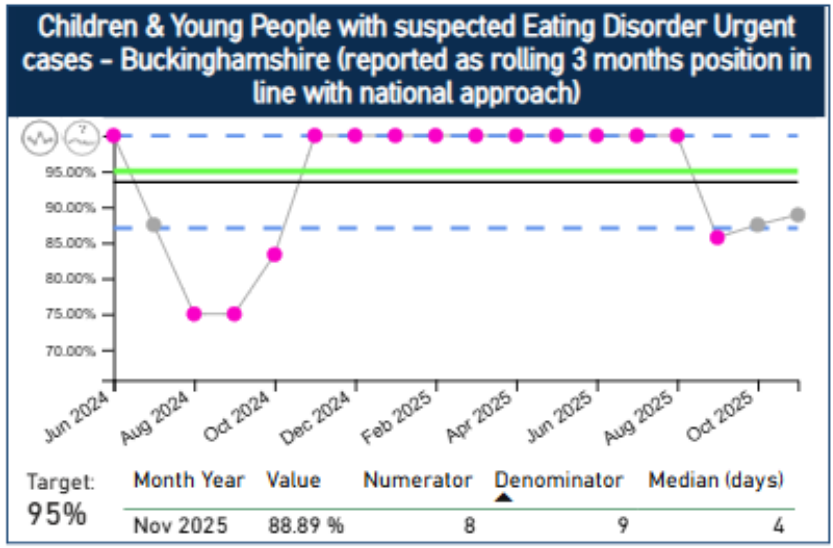
## Actions (SMART)

- 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.
- Review of capacity in each of the Eating Disorders teams to improve forward planning and pre-empt demand peaks. Strengthen communication, so team can act rapidly when activity spikes

## Risks

Delays in treatment can increase the likelihood of deterioration of mental and physical health as well demand on emergency and inpatient services. Finally, longer than expected waiting times can lead to disengagement from young people and their families/carers, which in turn could undermine trust in services and worsen outcomes particularly for conditions like disordered eating where early and sustained therapeutic relationships are crucial.

# Mental Health Services – Children and Adolescent Mental Health Services



### 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. All providers are measured on a rolling 3-month position, so November 2025 performance includes September, October and November 2025 performance. Patients who choose to be seen outside of the timeframe will still be counted as a breach. Eating Disorders referrals are not in scope of the Children and Young people (CYP) four (4) week wait measure.

Oxfordshire's service continues meeting the target. In Buckinghamshire, one (1) urgent breach was related to patient choice, no breaches occurred in October and November. In Bath and North East Somerset, Swindon and Wiltshire service, there was one (1) breach in September due to patient choice, no breaches in October and one (1) in November due to difficulty contacting patient (seen on day 7, however, outside of the hourly timeframe).

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

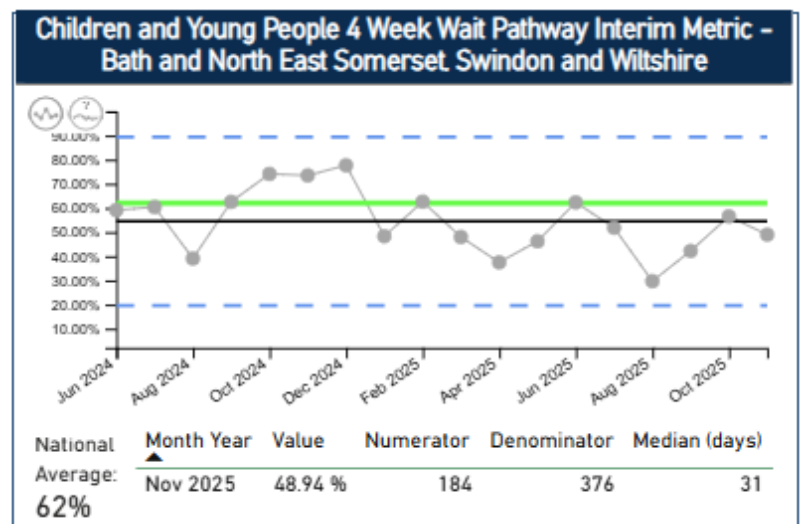
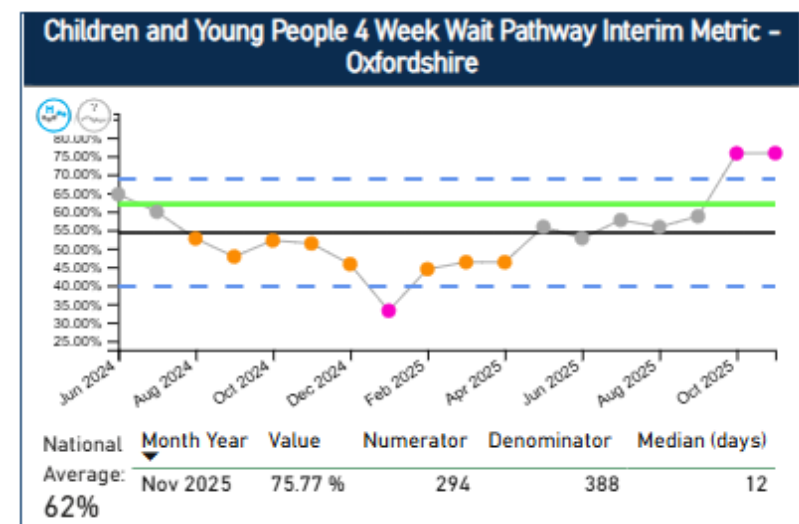
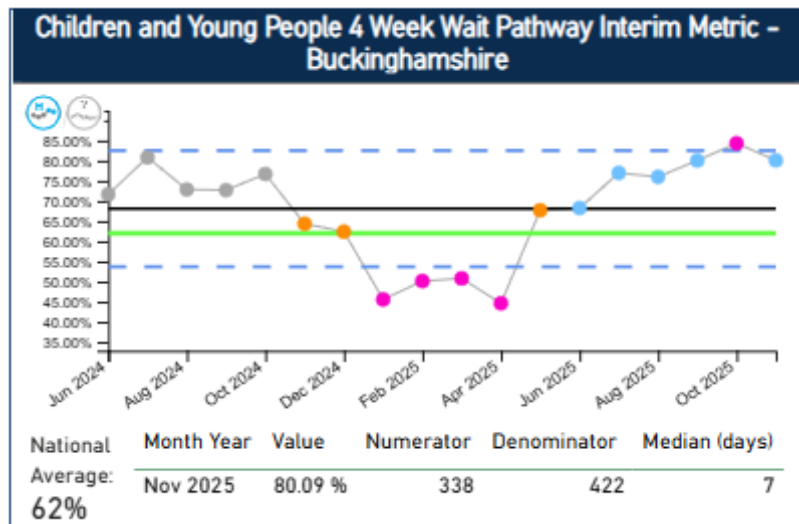
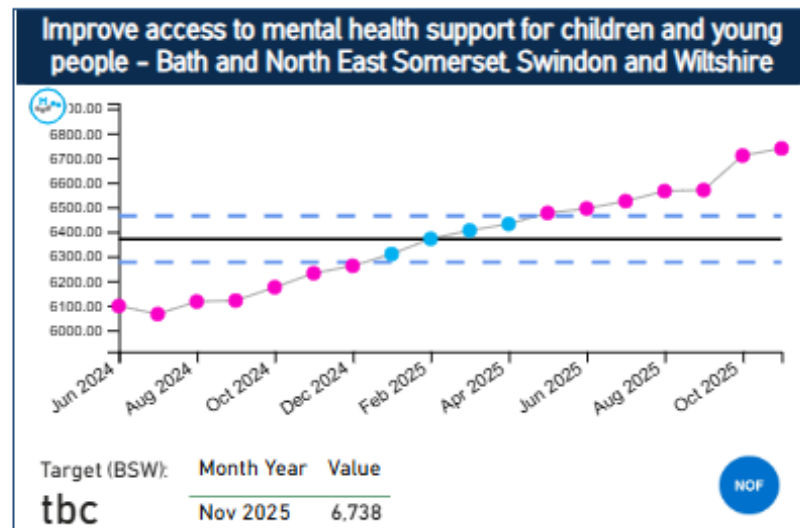
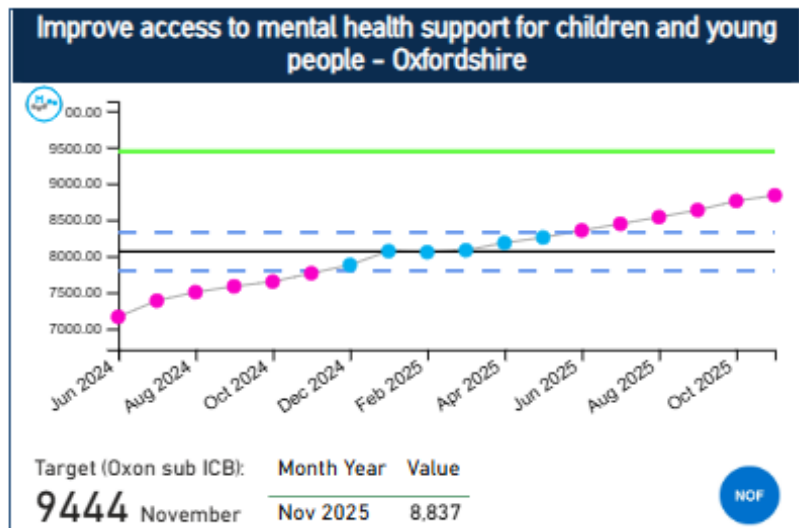
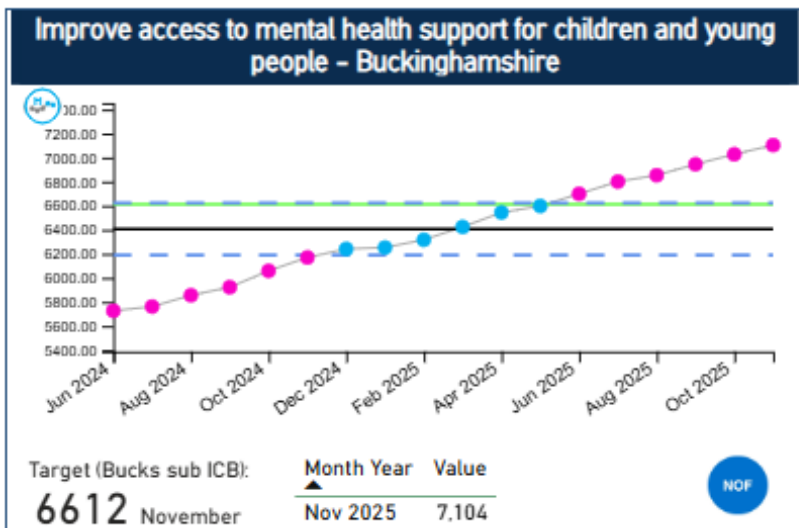
### Actions (SMART)

- 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.

### Risks

Delays in treatment can increase the likelihood of deterioration of mental and physical health as well demand on emergency and inpatient services. Finally, longer than expected waiting times can lead to disengagement from young people and their families/carers, which in turn could undermine trust in services and worsen outcomes particularly for conditions like disordered eating where early and sustained therapeutic relationships are crucial.

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

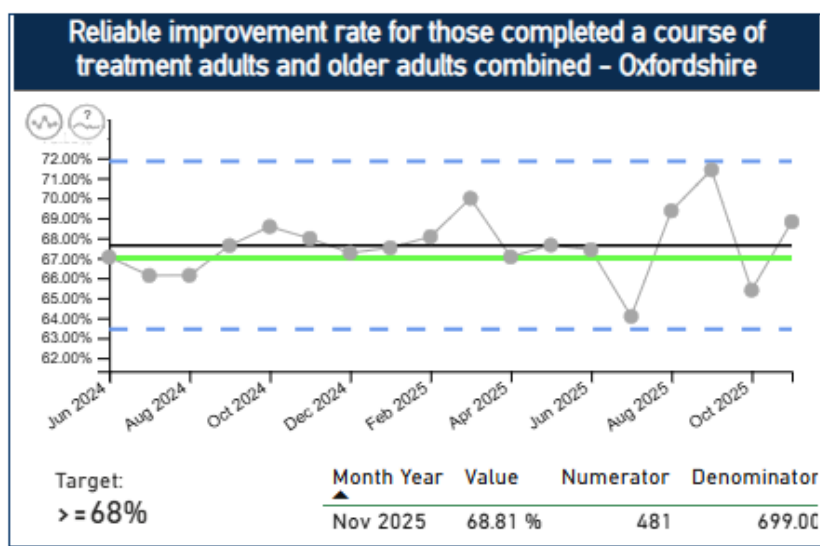
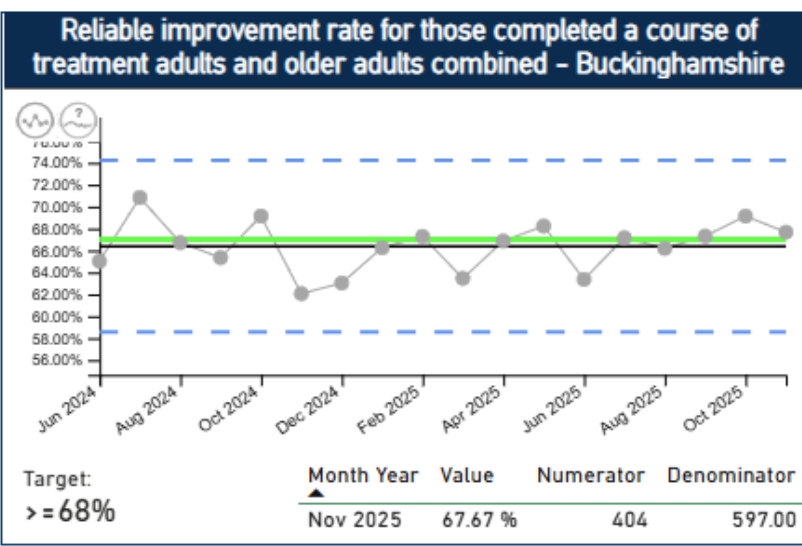
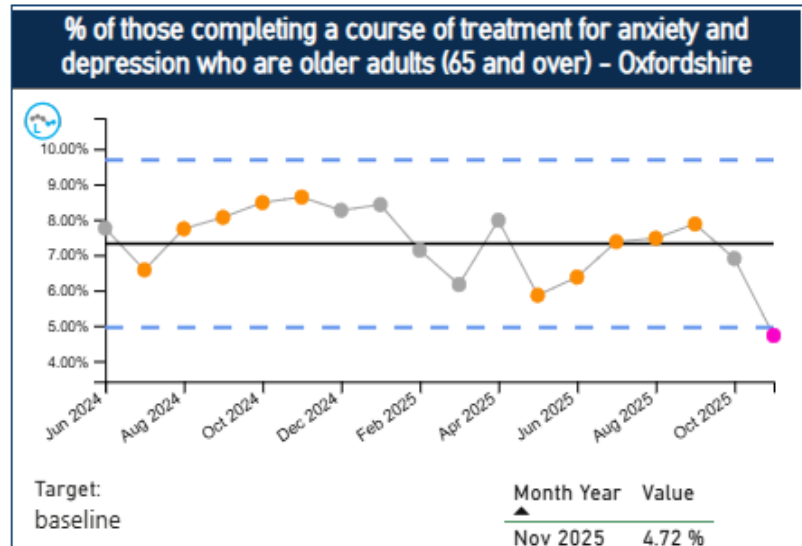
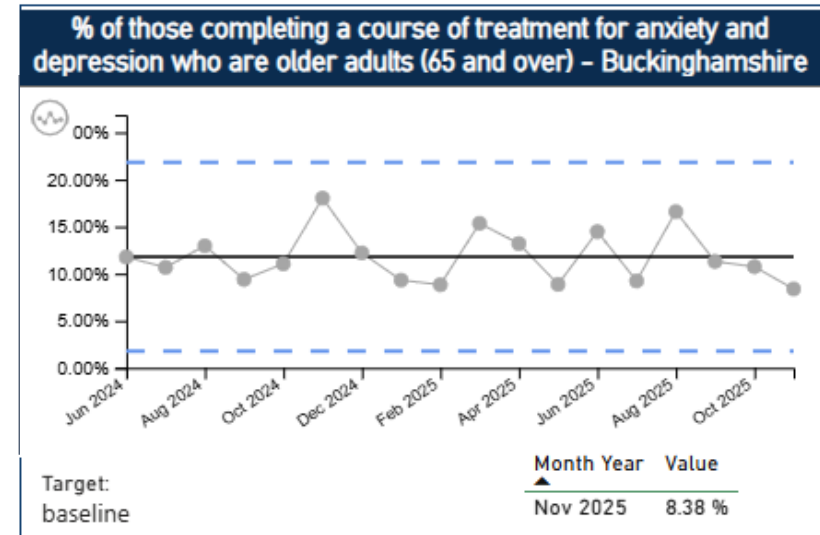
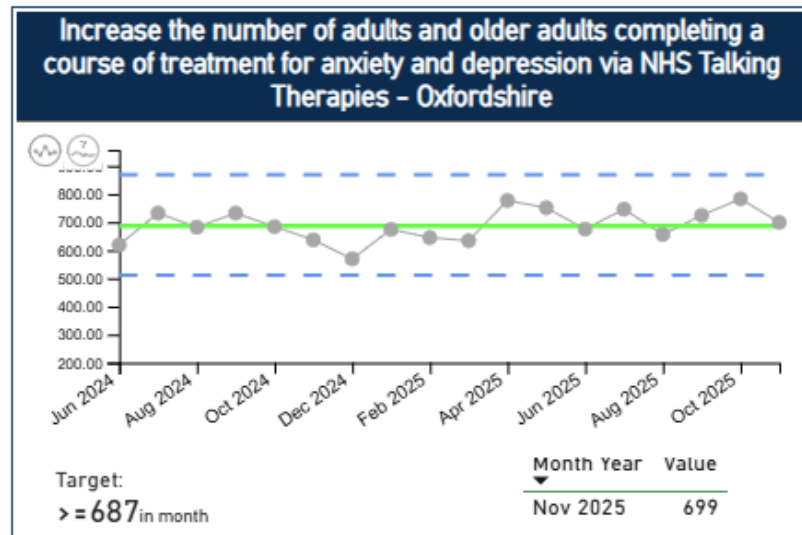
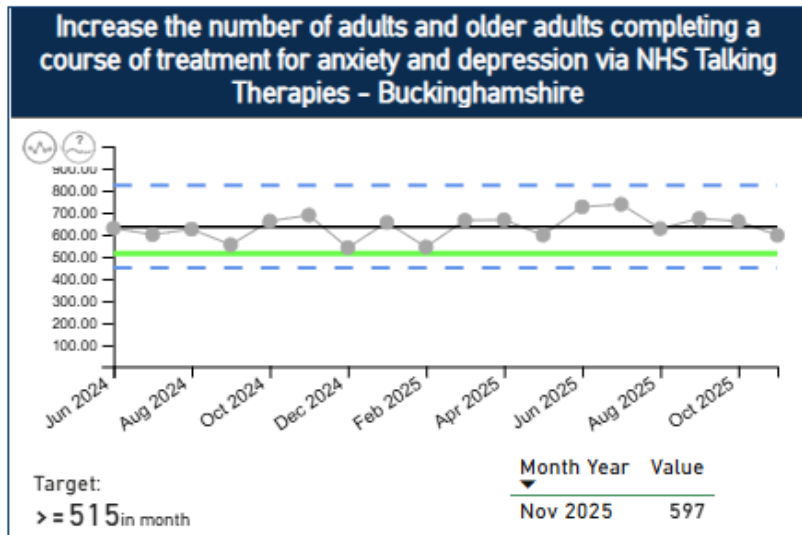


# Mental Health Services – Talking Therapies- summary (1/2)

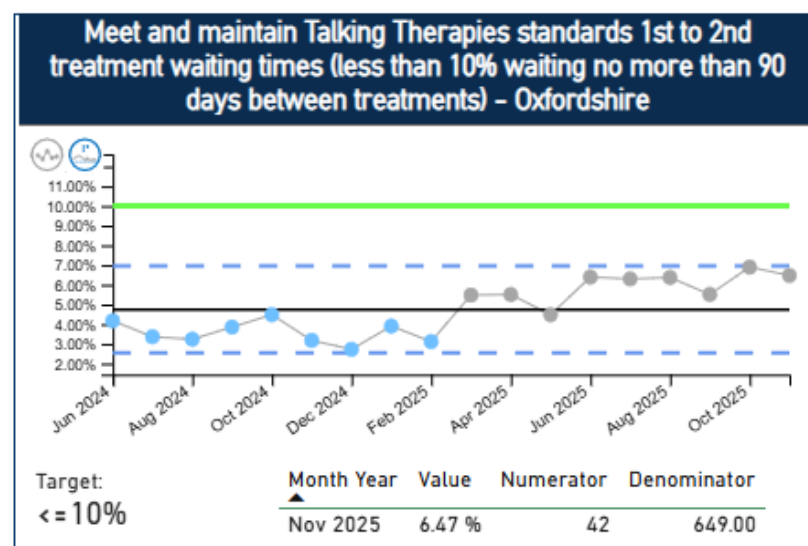
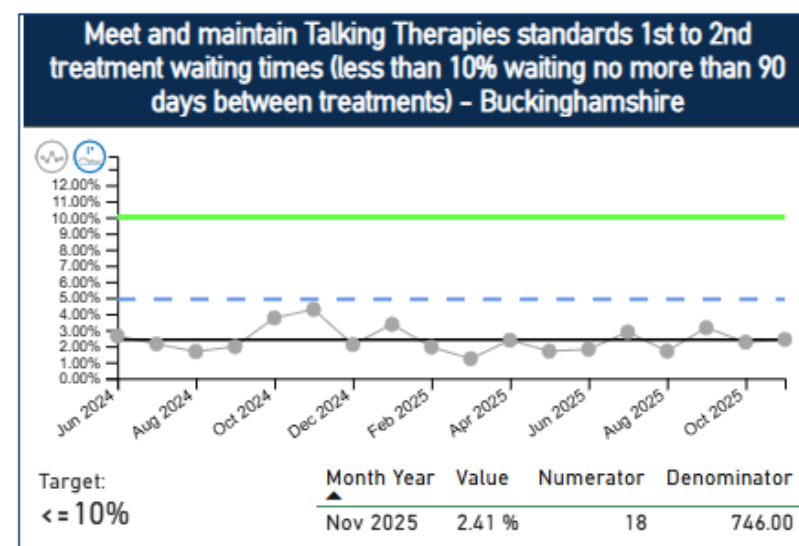
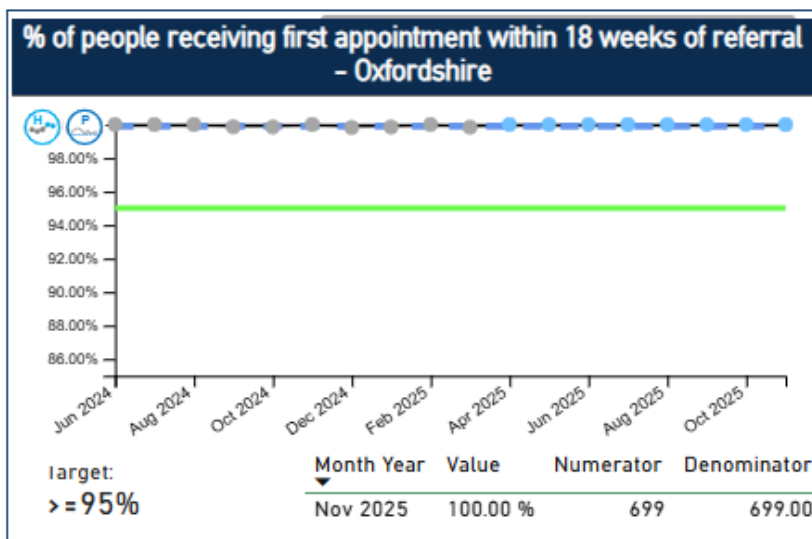
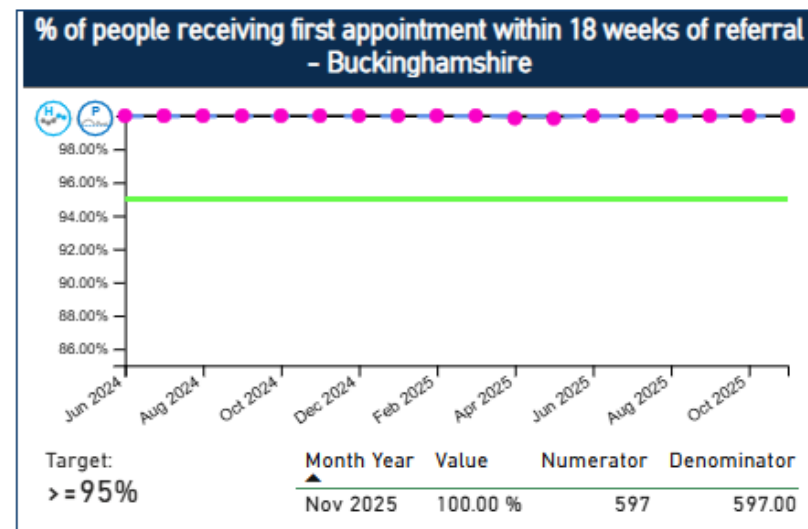
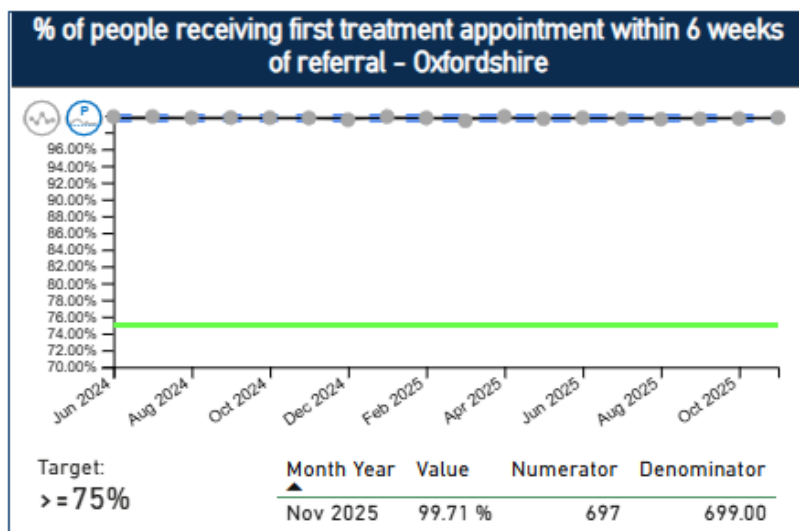
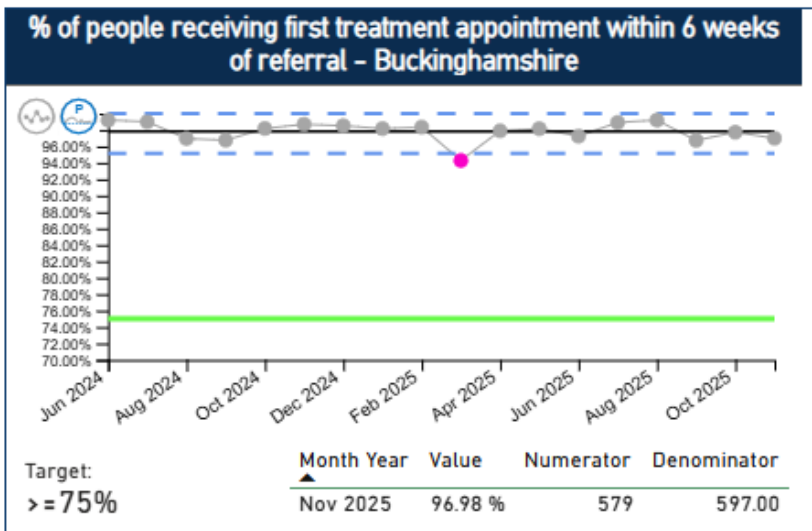
Type of metric	Service Area/Metric	Target	Latest reporting period	Measure	Variation	Assurance	Mean
National	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Buckinghamshire	>=515	Nov-25	597			636
National	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Oxfordshire	>=687	Nov-25	699			690
National	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Buckinghamshire	.	Nov-25	8.38%		n/a	11.79%
National	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Oxfordshire	.	Nov-25	4.72%		n/a	7.32%
National	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Buckinghamshire	>=68%	Nov-25	67.67%			66.39%
National	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Oxfordshire	>=68%	Nov-25	68.81%			67.63%
National	% of people receiving first treatment appointment within 6 weeks of referral - Buckinghamshire	>=75%	Nov-25	96.98%			97.83%
National	% of people receiving first treatment appointment within 6 weeks of referral - Oxfordshire	>=75%	Nov-25	99.71%			99.67%
National	% of people receiving first treatment appointment within 18 weeks of referral - Buckinghamshire	>=95%	Nov-25	100%			99.98%
National	% of people receiving first treatment appointment within 18 weeks of referral - Oxfordshire	>=95%	Nov-25	100%			99.96%
National	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) - Buckinghamshire	<=10%	Nov-25	2.41%			2.40%
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%	Nov-25	6.47%			4.75%

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
<i>National NOF (contextual)</i>	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Buckinghamshire	>=50%	Nov-25	50.09%			50.67%
<i>National NOF(contextual)</i>	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Oxfordshire	>=49%	Nov-25	55.96%			52.26%
<i>National</i>	Meet and maintain at least 52% Talking Therapies recovery rate - Buckinghamshire	>=52%	Nov-25	53.30%			53.73%
<i>National</i>	Meet and maintain at least 52% Talking Therapies recovery rate - Oxfordshire	>=52%	Nov-25	55.96%			54.07%
<i>National</i>	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined - Buckinghamshire	>=50%	Nov-25	52.08%			50.81%
<i>National</i>	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined - Oxfordshire	>=50%	Nov-25	50.42%			48.68%
<i>National</i>	Recovery rate for White British - complete a course of treatment, adult and older adult combined - Buckinghamshire	>=50%	Nov-25	54.34%			55.17%
<i>National</i>	Recovery rate for White British - complete a course of treatment, adult and older adult combined - Oxfordshire	>=50%	Nov-25	56.37%			55.24%

# Mental Health Services – Talking Therapies - appendices

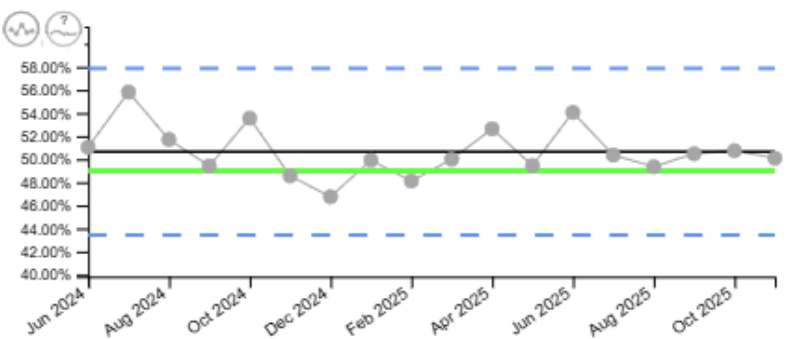


# Mental Health Services – Talking Therapies - appendices



# Mental Health Services – Talking Therapies - appendices

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

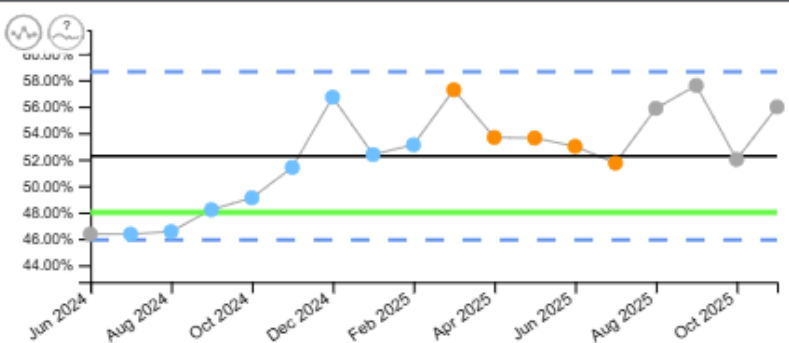


Target: **> = 50%**

Month Year	Value	Numerator	Denominator
Nov 2025	50.09 %	281	561.00

NOF

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

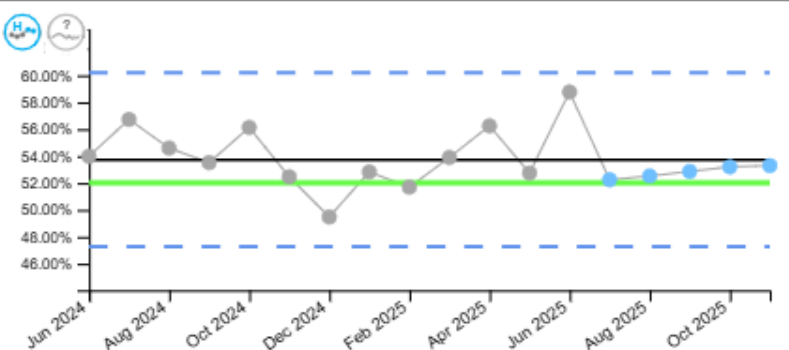


Target: **> = 50%**

Month Year	Value	Numerator	Denominator
Nov 2025	55.96 %	380	679.00

NOF

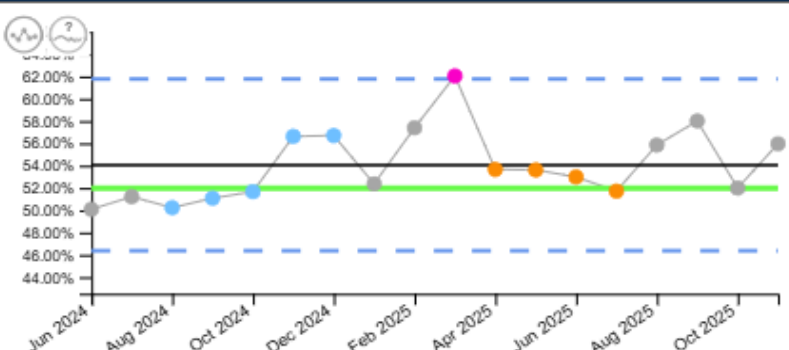
Meet and maintain Talking Therapies standards 52% Talking Therapies recovery rate - Buckinghamshire



Target: **> = 52%**

Month Year	Value	Numerator	Denominator
Nov 2025	53.30 %	299	561.00

Meet and maintain Talking Therapies standards 52% Talking Therapies recovery rate - Oxfordshire

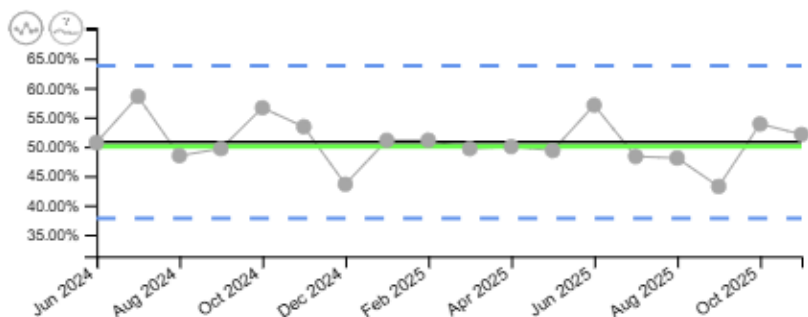


Target: **> = 52%**

Month Year	Value	Numerator	Denominator
Nov 2025	55.96 %	380	679.00

# Mental Health Services – Talking Therapies - appendices

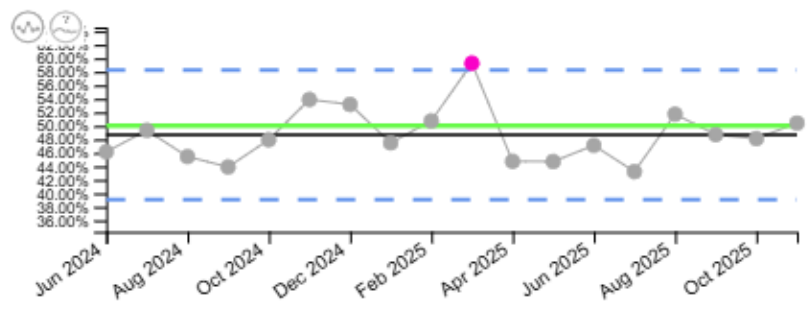
**Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) (completed a course of treatment, adult and older adult combined) – Buckinghamshire**



Target:  
> = 50%

Month Year	Value
Nov 2025	52.08 %

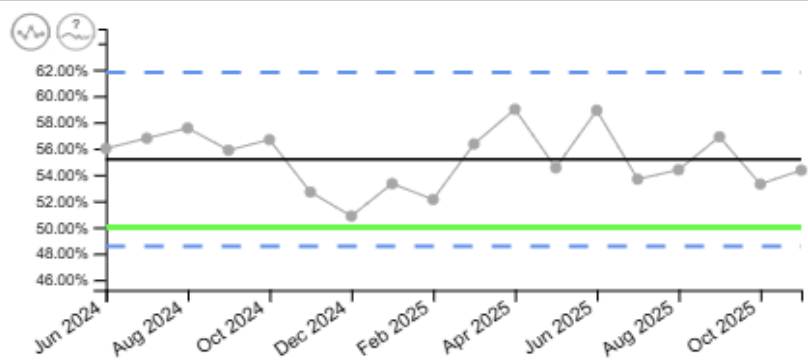
**Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) (completed a course of treatment, adult and older adult combined) – Oxfordshire**



Target:  
> = 50%

Month Year	Value
Nov 2025	50.42 %

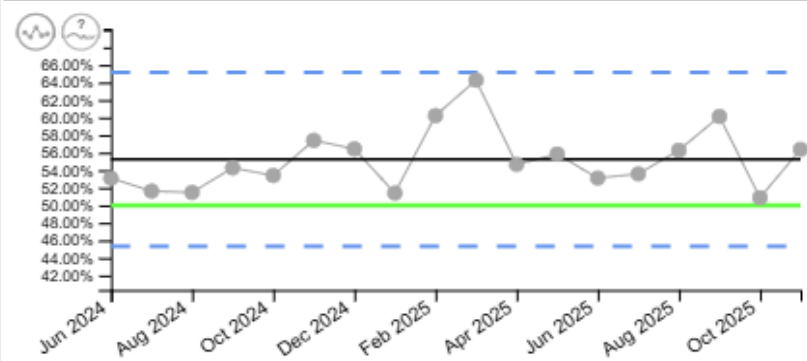
**Recovery rate for White British (completed a course of treatment, adult and older adults combined) – Buckinghamshire**



Target:  
> = 50%

Month Year	Value
Nov 2025	54.34 %

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



Target:  
> = 50%

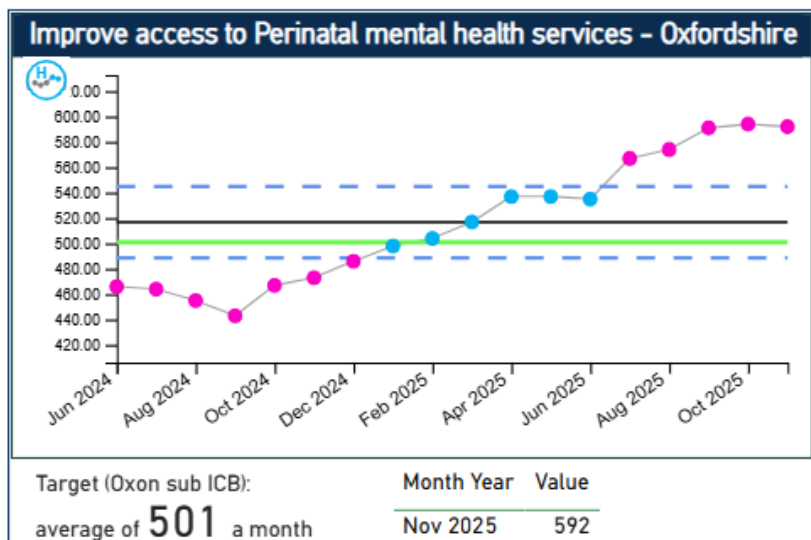
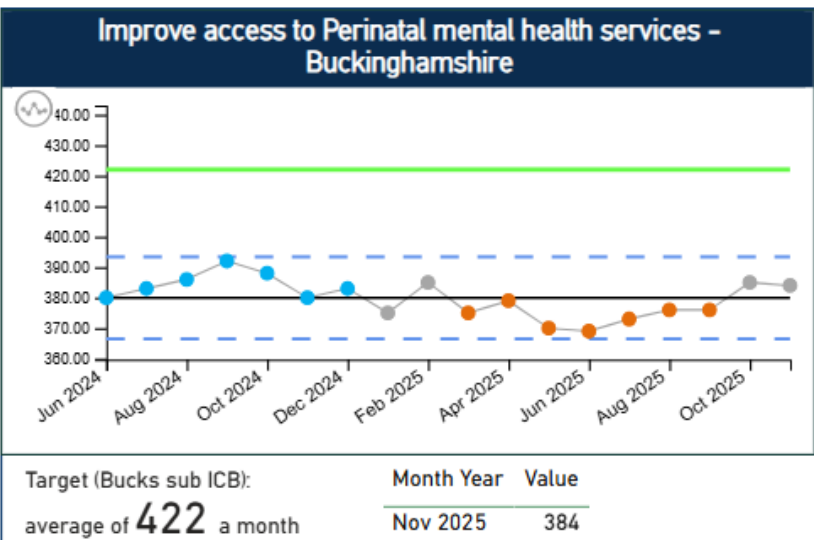
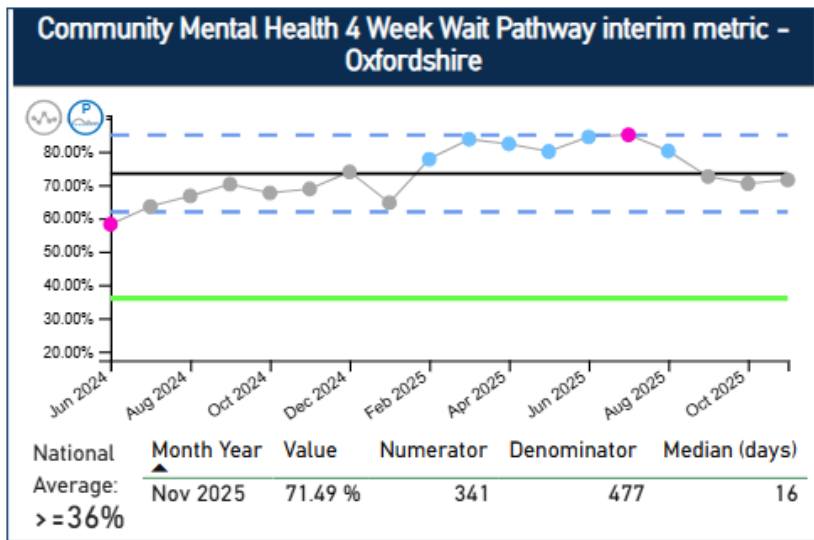
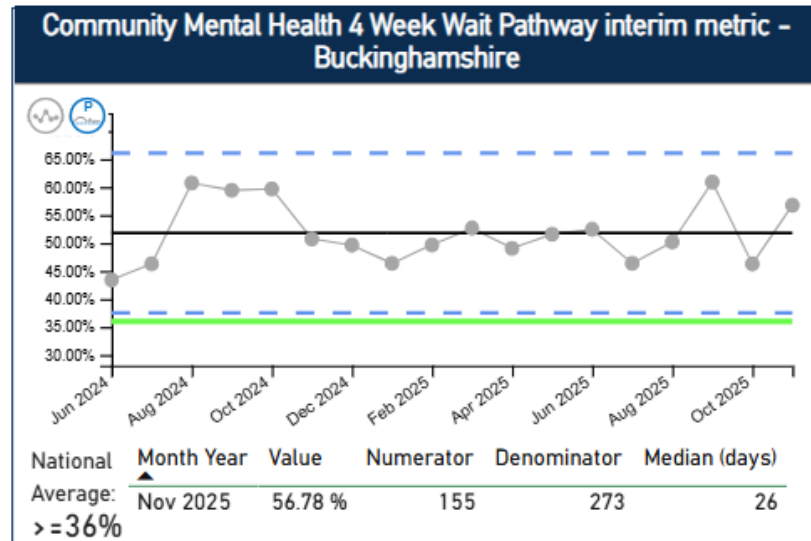
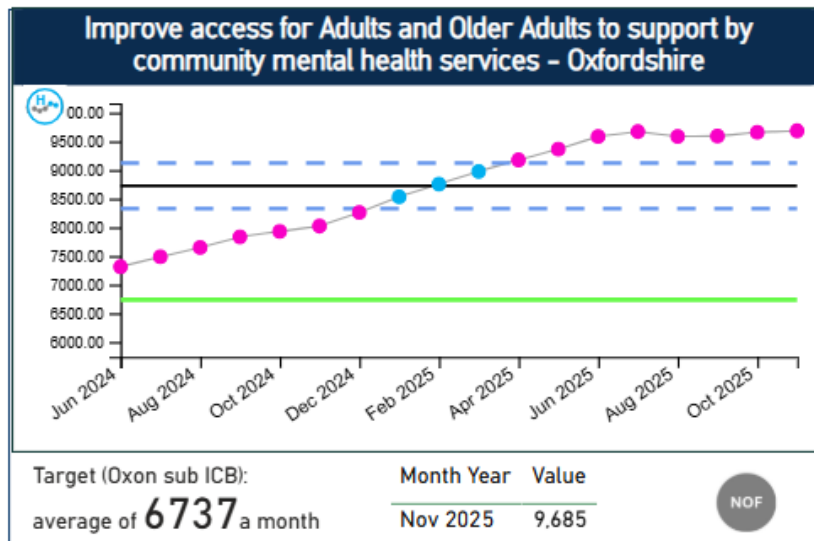
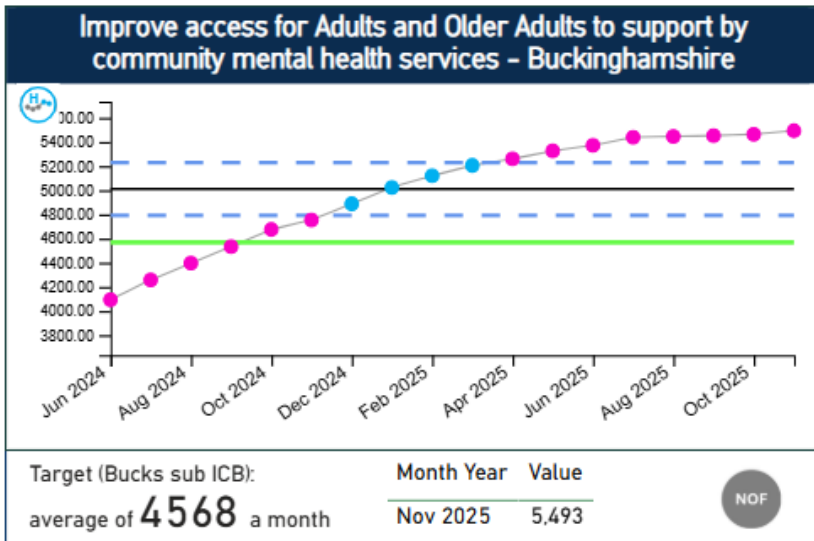
Month Year	Value
Nov 2025	56.37 %

# Mental Health Services – Adult and Older Adult Community - summary



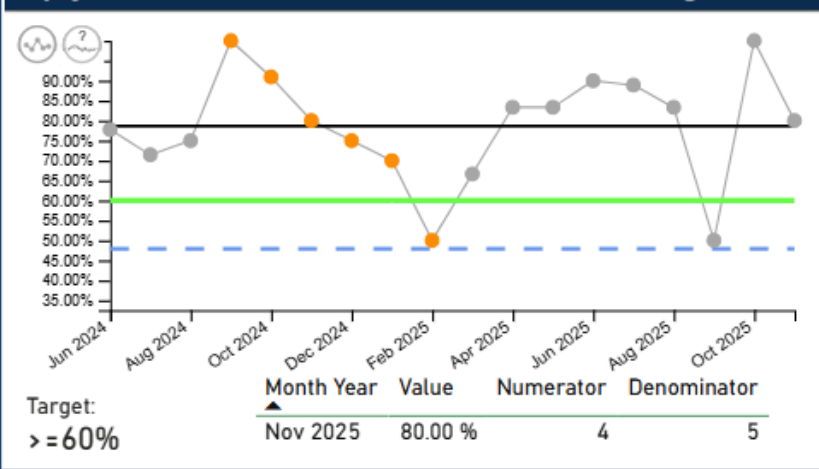
Type of metric	Service Area/Metric	Target	Latest reporting period	Measure	Variation	Assurance	Mean
<i>National NOF(contextual)</i>	Improve access for Adults and Older Adults to support by community mental health services - Buckinghamshire	>=4568	Nov-25	5493		.	5011
<i>National NOF(contextual)</i>	Improve access for Adults and Older Adults to support by community mental health services - Oxfordshire	>=6737	Nov-25	9685		.	8726
<i>National</i>	4 week wait (28 days) standard (interim metric - two contacts within pathway) - Buckinghamshire	>=36% National average	Nov-25	56.78%			51.79%
<i>National</i>	4 week wait (28 days) standard (interim metric - two contacts within pathway)- Oxfordshire	>=36% National average	Nov-25	71.49%			73.41%
<i>National</i>	Deliver annual physical health checks to people with Severe Mental Illness (System Measure - Buckinghamshire)	>=60%	Quarterly metric – Quarter 3 data not due until February 2026				
<i>National</i>	Deliver annual physical health checks to people with Severe Mental Illness (System Measure - Oxfordshire)	>=60%	Quarterly metric – Quarter 3 data not due until February 2026				
<i>National</i>	Improve access to perinatal mental health services - Buckinghamshire (rolling 12 months)	>=422	Nov-25	384		.	380
<i>National</i>	Improve access to perinatal mental health services - Oxfordshire (rolling 12 months)	>=501	Nov-25	592		.	517
<i>National</i>	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral - Buckinghamshire	>=60%	Nov-25	80%			78.65%
<i>National</i>	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral - Oxfordshire	>=60%	Nov-25	100%			96.35%
<i>National</i>	Number of people accessing Individual Placement Support (IPS) - Buckinghamshire (rolling 12 months)	>=286	Nov-25	335		.	294
<i>National</i>	Number of people accessing Individual Placement Support (IPS) - Oxfordshire (rolling 12 months)	>=410	Nov-25	538		.	401
<i>National</i>	Recover dementia diagnosis rate (nationally reported system measure - Buckinghamshire)	>=63%	Oct-25	59.04%	.	.	58.50%
<i>National</i>	Recover dementia diagnosis rate (nationally reported system measure - Oxfordshire)	>=63%	Oct-25	64.70%	.	.	63.50%

# Mental Health Services – Adult and Older Adult Community - appendices

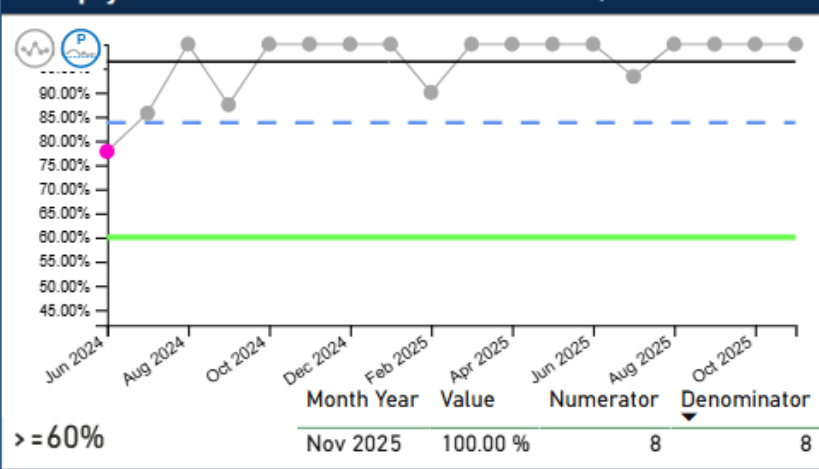


# Mental Health Services – Adult and Older Adult Community - appendices

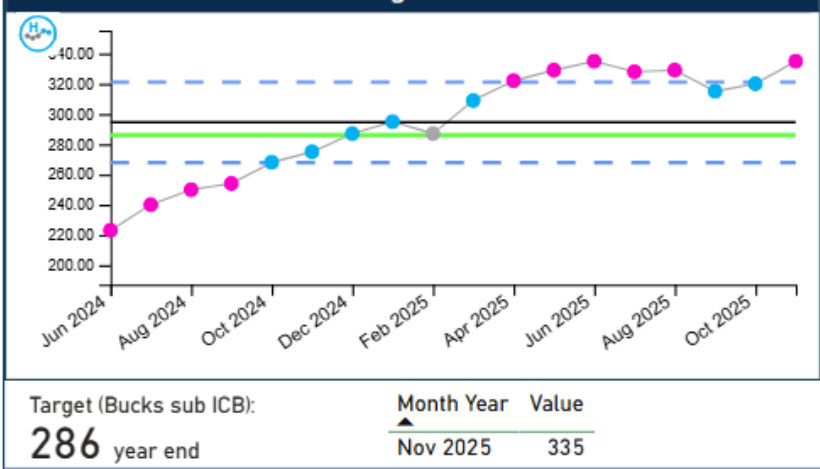
**Early Intervention in Psychosis Waits (% of people with first episode of psychosis treated within 2 weeks of referral) – Buckinghamshire**



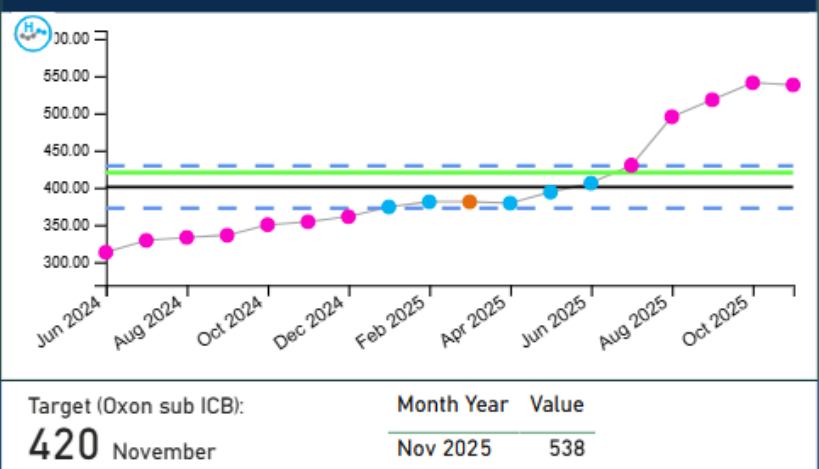
**Early Intervention in Psychosis Waits (% of people with first episode of psychosis treated within 2 weeks of referral) – Oxfordshire**



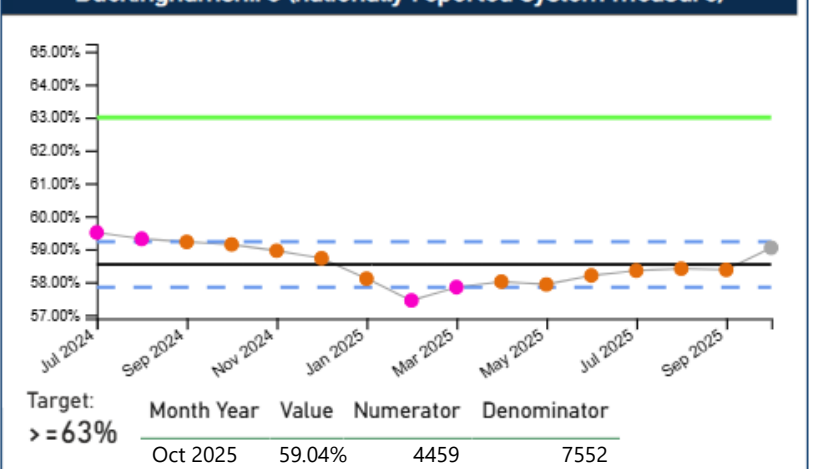
**Number of people accessing Individual Placement Support (IPS) – Buckinghamshire**



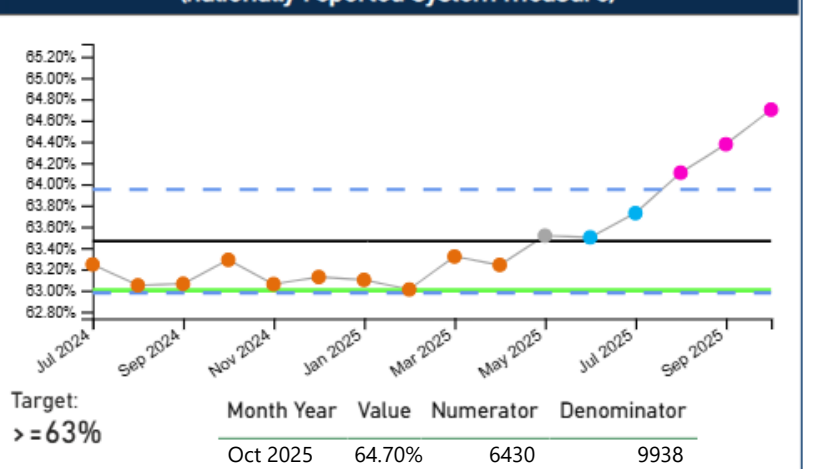
**Number of people accessing Individual Placement Support (IPS) – Oxfordshire**



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

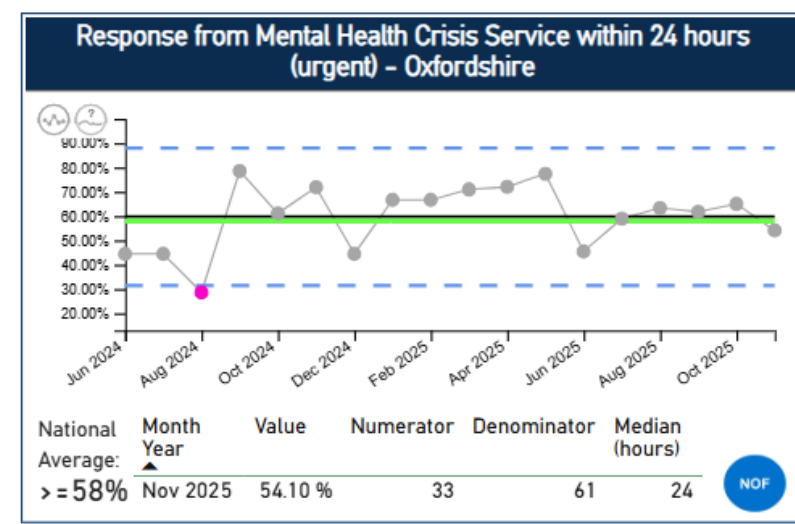
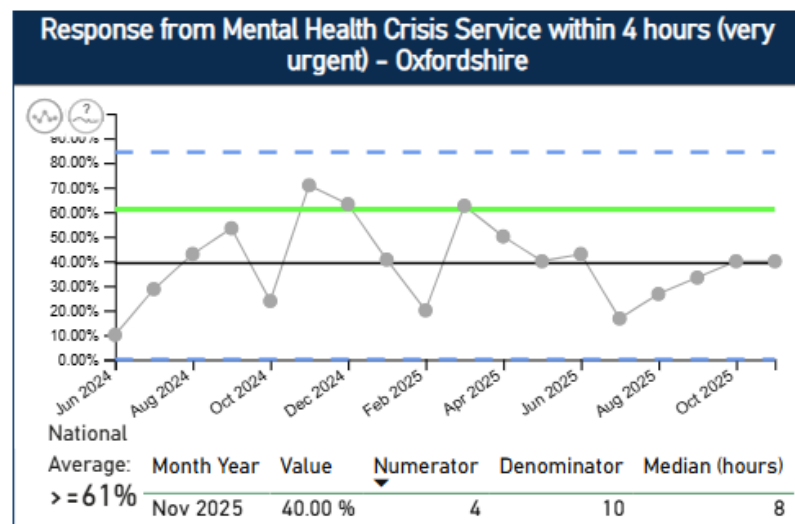
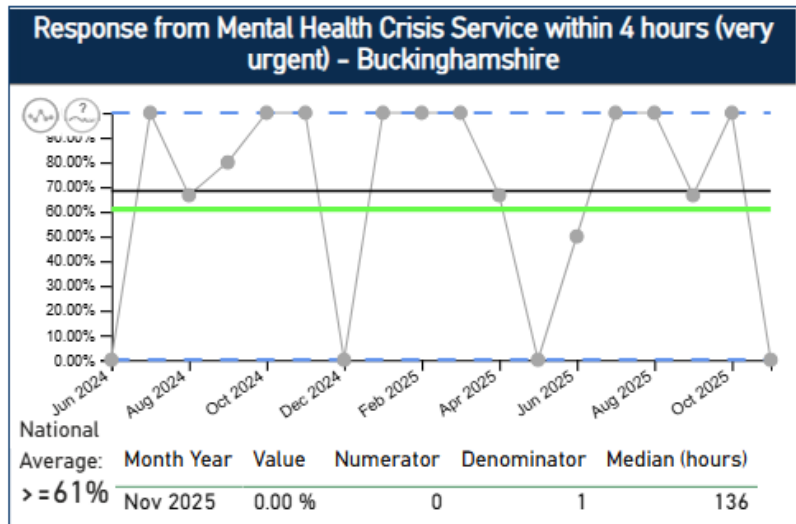


**Recover the dementia diagnosis rate to 63–64% – Oxfordshire (nationally reported system measure)**



Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
<i>National</i>	Response from Mental Health Psychiatric Liaison within 1 hour - Buckinghamshire	>=66% National average	Nov-25	94.32%			94.42%
<i>National</i>	Response from Mental Health Psychiatric Liaison within 1 hour - Oxfordshire	>=66% National average	Nov-25	93.01%			87.65%
<i>National</i>	Response from Mental Health Psychiatric Liaison within 24 hours - Buckinghamshire	>=81% National average	Nov-25	100%			97.38%
<i>National</i>	Response from Mental Health Psychiatric Liaison within 24 hours - Oxfordshire	>=81% National average	Nov-25	100%			70.37%
<i>National</i>	Response from Mental Health Crisis Service within 4 hours (Very Urgent) - Buckinghamshire	>=61% National average	Nov-25	0%			68.33%
<i>National</i>	Response from Mental Health Crisis Service within 4 hours (Very Urgent) – Oxfordshire	>=61% National average	Nov-25	40%			39.18%
<i>National NOF (scored)</i>	Response from Mental Health Crisis Service within 24 hours (Urgent) - Buckinghamshire	>=58% National average	Nov-25	67.44%			57.50%
<i>National NOF (scored)</i>	Response from Mental Health Crisis Service within 24 hours (Urgent) – Oxfordshire	>=58% National average	Nov-25	54.10%			59.77%

# Mental Health Services – Urgent Care



## Understanding the performance

Patients requiring most urgent mental health care should be seen by community mental health crisis teams within 4 or 24 hours of referral depending on urgency. The standards aim to improve patient access to mental health services and ensure prompt support for individuals in crisis. As these metrics does not have nationally set targets, the Trust is measuring performance against national averages.

In November 2025, out of seven (7) patients who were not seen within four hours, 6 (six) breaches were attributed to patient choice and one (1) patient seen outside of the timeframe.

Twenty-eight (28) patients were not seen within twenty-four hours for a combination of reasons: patient choice (6), patient receiving inpatient care for physical health (4), issues contacting patient (6), patient being in a place of safety (2), capacity and/or liaison between teams (10).

Some patients are not expecting to be offered an appointment within 4 - 24 hours or can not be available for an appointment at short notice within the timeframe.

## Actions (SMART)

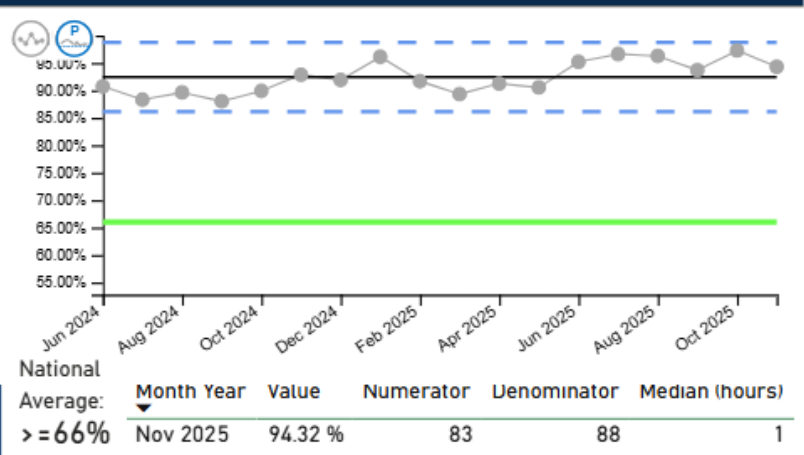
- The services are triaging all patients within 2 hours of GP referral for safety planning and contacting patients as early as possible to arrange appointment.
- Implementation of revised referral process in Oxfordshire’s Crisis Service to improve accuracy of urgency determination at the outset – all referrals screened by a senior clinician prior to being entered onto the system to reduce likelihood of data quality issues arising from system limitations.
- On-going Quality Improvement Project looking into the application of urgent care standards during clinical triage.

## Risks

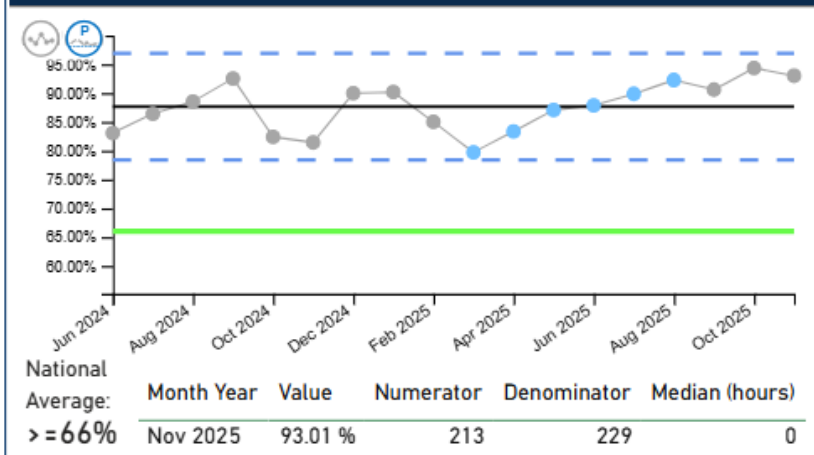
- Delays in crisis assessment can allow acute symptoms to escalate. Without early intervention, crises can intensify, increasing risk of self-harm.
- Repeated failures to provide rapid crisis care can erode trust in service discouraging people from seeking help early and potentially worsening outcomes.
- People whose needs are not met in a crisis, may present to police, ambulance or other services which may result in an inappropriate response.

# Mental Health Services – Urgent Care - appendices

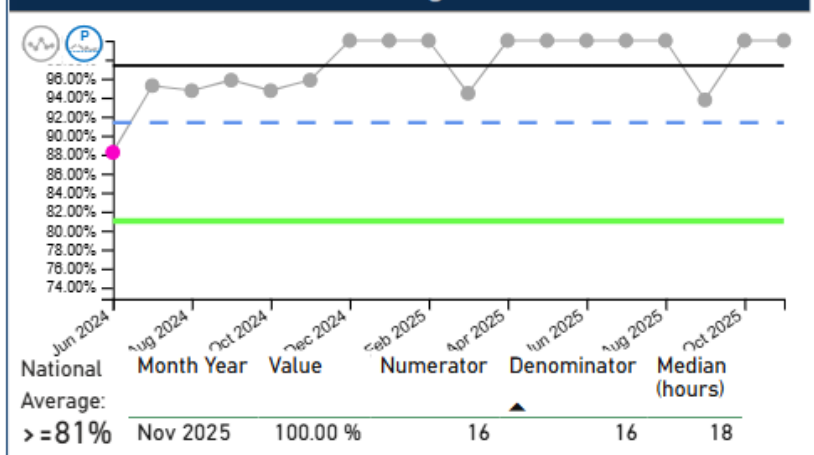
Response from Mental Health Psychiatric Liaison Service within 1 hour - Buckinghamshire



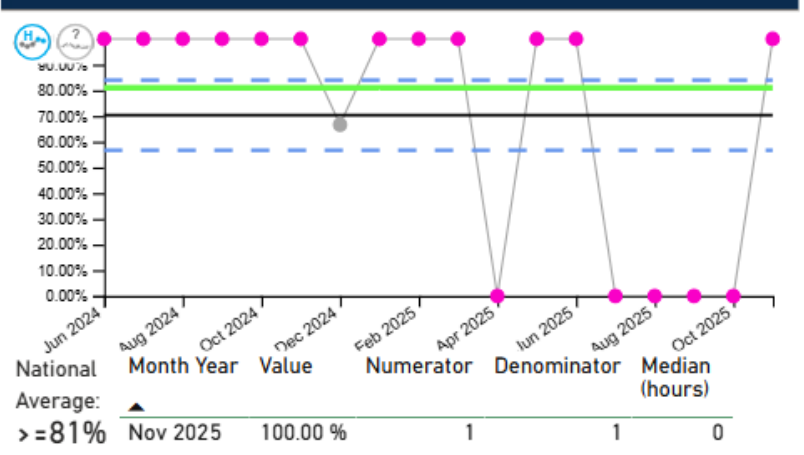
Response from Mental Health Psychiatric Liaison Service within 1 hour - Oxfordshire



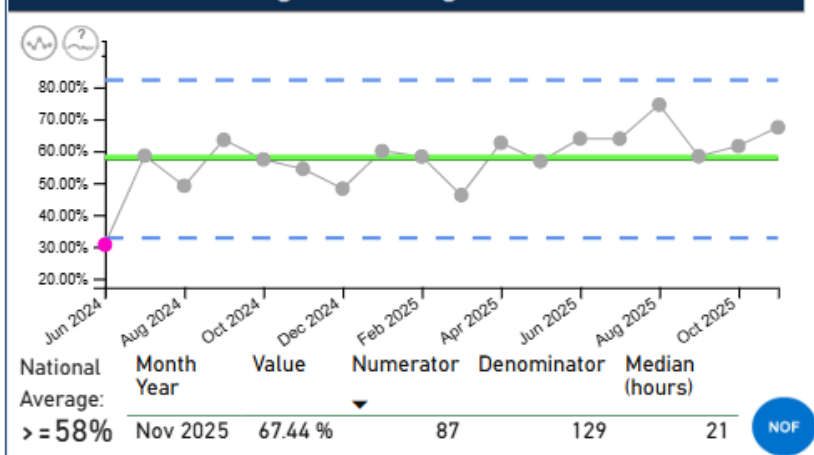
Response from Mental Health Psychiatric Liaison Service within 24 hour - Buckinghamshire



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



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



"0.00%" in the graph above represent NIL activity rather than 0% performance

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

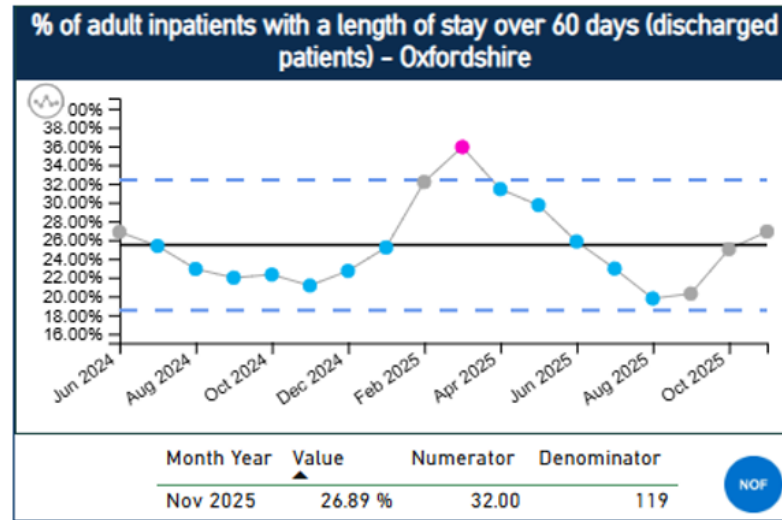
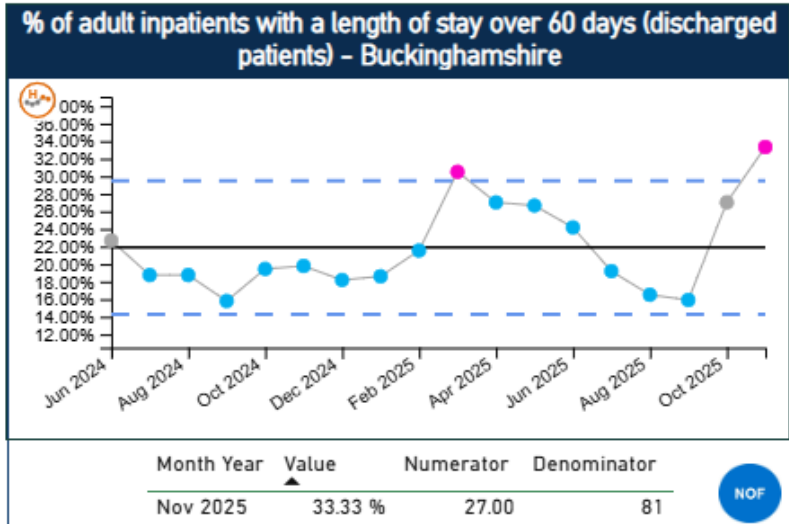


Type of metric	Service Area/Metric	Target	Latest reporting period	Measure	Variation	Assurance	Mean
National	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter - Adult (acute & Psychiatric Intensive Care Units) - Buckinghamshire	<=12% National average	Nov-25	17%			17.75%
National	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter- Adult (acute & Psychiatric Intensive Care Units) - Oxfordshire	<=12% National average	Nov-25	16%			17.42%
National	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter - Older Adult - Buckinghamshire	<=12% National average	Nov-25	0%			14.47%
National	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter - Older Adult - Oxfordshire	<=12% National average	Nov-25	18%			13.63%
National	Mean Length of Stay Mental Health acute, older adult acute and Psychiatric Intensive Care Unit (PICU) discharges (combined; rolling 3 months) - Buckinghamshire	<=51	Nov-25	43			44
National	Mean Length of Stay Mental Health acute, older adult acute and Psychiatric Intensive Care Unit (PICU) discharges (combined; rolling 3 months) - Oxfordshire	<=51	Nov-25	59			54
National NOF (scored)	Percentage of adult inpatients with a length of stay over 60 days (discharged patients) - Buckinghamshire	.	Nov-25	33.33%		n/a	21.88%
National NOF (scored)	Percentage of adult inpatients with a length of stay over 60 days (discharged patients) - Oxfordshire	.	Nov-25	26.89%		n/a	25.46%
National NOF (contextual)	Percentage of older adult inpatients (over 65) with a length of stay over 90 days (discharged patients) - Buckinghamshire	.	Nov-25	30.43%		n/a	23.93%
National NOF (contextual)	Percentage of older adult inpatients (over 65) with a length of stay over 90 days (discharged patients) - Oxfordshire	.	Nov-25	30.43%		n/a	25.07%
National	72 hour follow up for those discharged from mental health wards - Adults - Buckinghamshire	>=80%	Nov-25	84%			89.78%
National	72 hour follow up for those discharged from mental health wards - Adults - Oxfordshire	>=80%	Nov-25	78.79%			90.34%
National	72 hour follow up for those discharged from mental health wards - Older Adults - Buckinghamshire	>=80%	Nov-25	100%			97.33%
National	72 hour follow up for those discharged from mental health wards - Older Adults - Oxfordshire	>=80%	Nov-25	100%			94.27%
Local	% adult acute readmission within 30 days for mental health - Buckinghamshire	.	Nov-25	0%		n/a	5.97%
Local	% adult acute readmission within 30 days for mental health - Oxfordshire	.	Nov-25	3%		n/a	5.25%
Local	% older adult readmission within 30 days for mental health - Buckinghamshire	.	Nov-25	14%		n/a	1.49%
Local	% older adult readmission within 30 days for mental health - Oxfordshire	.	Nov-25	0%		n/a	2.59%
Local	Average number of clinically ready for discharge patients per day - Buckinghamshire	.	Nov-25	10		n/a	8
Local	Average number of clinically ready for discharge patients per day - Oxfordshire	.	Nov-25	8		n/a	7

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

Type of metric	Service Area/Metric	Target	Latest reporting period	Measure	Variation	Assurance	Mean
National	Inappropriate adult acute mental health out of area placements - snapshot last day month - Buckinghamshire	2	Nov-25	6			3.89
National	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Buckinghamshire		Nov-25	1		.	0
National	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Buckinghamshire		Nov-25	0		.	0
National	Inappropriate adult acute mental health out of area placements - snapshot last day month - Oxfordshire	1	Nov-25	5			3.06
National	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Oxfordshire		Nov-25	0		.	0
National	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Oxfordshire		Nov-25	0		.	0
National	Inappropriate adult acute mental health out of area placements - beds days in month - Buckinghamshire	.	Nov-25	163		n/a	110.89
Local	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Buckinghamshire	.	Nov-25	26		n/a	2.78
Local	Inappropriate older adult acute mental health out of area placements - beds days in month - Buckinghamshire	.	Nov-25	0		n/a	2.06
National	Inappropriate adult acute mental health out of area placements - beds days in month - Oxfordshire	.	Nov-25	90		n/a	90.39
Local	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Oxfordshire	.	Nov-25	11		n/a	0.89
Local	Inappropriate older adult acute mental health out of area placements - beds days in month - Oxfordshire	.	Nov-25	0		n/a	0

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



### Understanding the performance

Current performance shows a recent increase in the proportion of adult inpatients with a length of stay over 60 days, reaching 33.33% in Buckinghamshire and 26.89% in Oxfordshire in November 2025, alongside a rise in the combined mean length of stay across adult acute, older adult, and PICU pathways (see page 37 for length of stay data).

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)

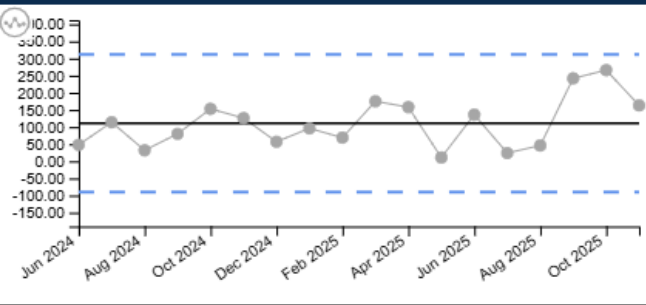
Actions underway include close joint work between inpatient services and the EHR team to develop a CRFD form within Rio, which will replace manual recording and enable accurate in-month reporting of actual bed days and numbers of patients affected. This improvement, expected to begin reporting from quarter 4 or early next financial year, will strengthen operational oversight and allow more targeted interventions to reduce avoidable delays.

### 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.

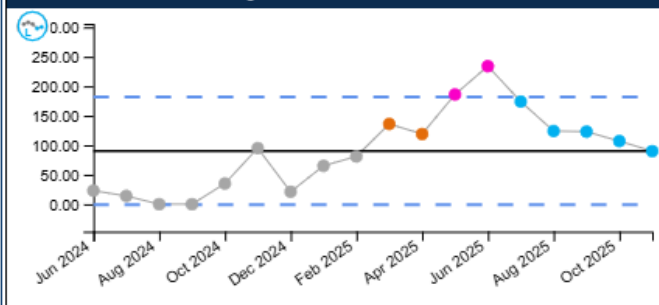
# Mental Health Services – Acute/Inpatients (Adults and Older Adults)

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



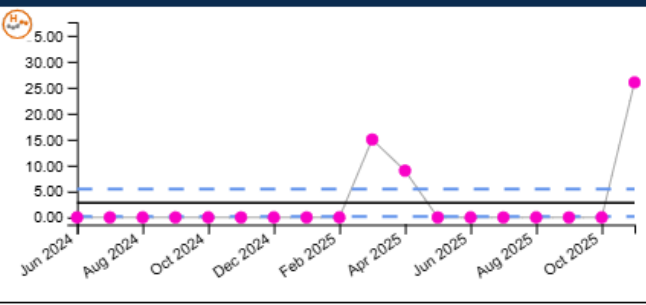
Month Year	Value
Nov 2025	163

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



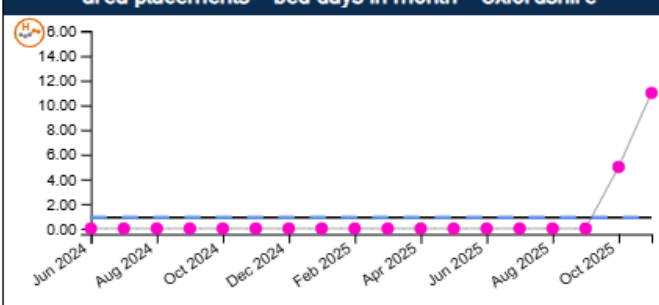
Month Year	Value
Nov 2025	90

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



Month Year	Value
Nov 2025	26

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



Month Year	Value
Nov 2025	11

## Understanding the performance

An inappropriate Out of Area Placement (OAP) refers to the situation where a patient is admitted to an inpatient unit that is outside of the local NHS trust area, not close to their home or community support network due to non-clinical reasons (e.g. lack of appropriate local inpatient beds). Majority OAPs admitted are out of hours due to no available local adult mental health beds and no options available to create local capacity (urgency of admission warrants OAP admission to manage risks)

In November 2025, adult acute inappropriate out of area placements bed days reduced to 253 at bed days in total across Oxfordshire and Buckinghamshire compared to 369 in October 2025. An increase in inappropriate Psychiatric Intensive Care Unit bed days across both Oxfordshire and Buckinghamshire noted – 37 in November 2025. See page 40 for placement snapshot at the end of the month data.

## 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.
- Optimisation of bed usage across counties (Oxfordshire and Buckinghamshire) by end of March 2026.
- Enhanced admission purpose and patient journey documentation and tracking task and finish project to be concluded by end of January 2026

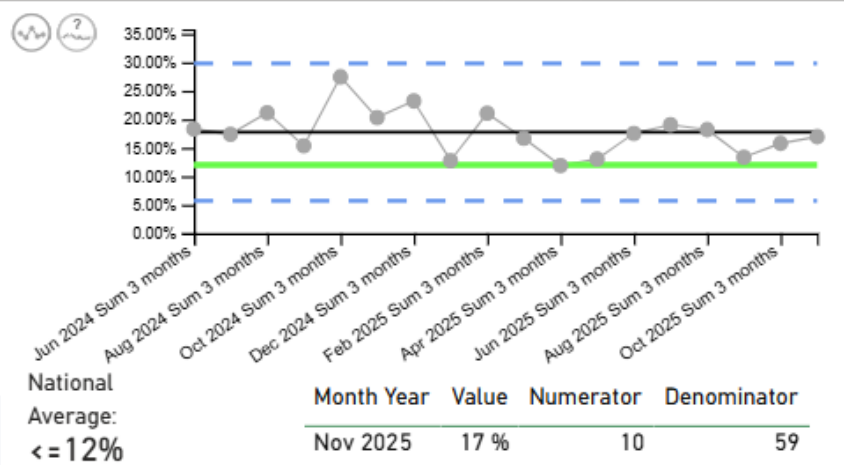
## Risks

There are several risks associated with inappropriate Out of Area Placements:

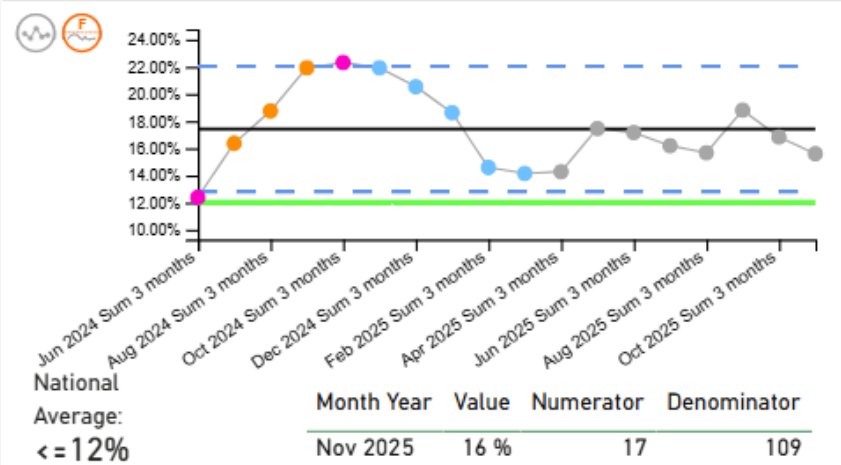
- Potential disruption of support networks where the patient is separated from family, carers and friends
- Possibly poorer continuity of care as it may be harder for local clinicians to stay involved in care planning and reviews
- Increased likelihood of delayed discharge and longer stays as discharge planning is more complex when patients are far from community services
- Possibility of poorer patient experience
- Increased costs and systemic inefficiencies

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

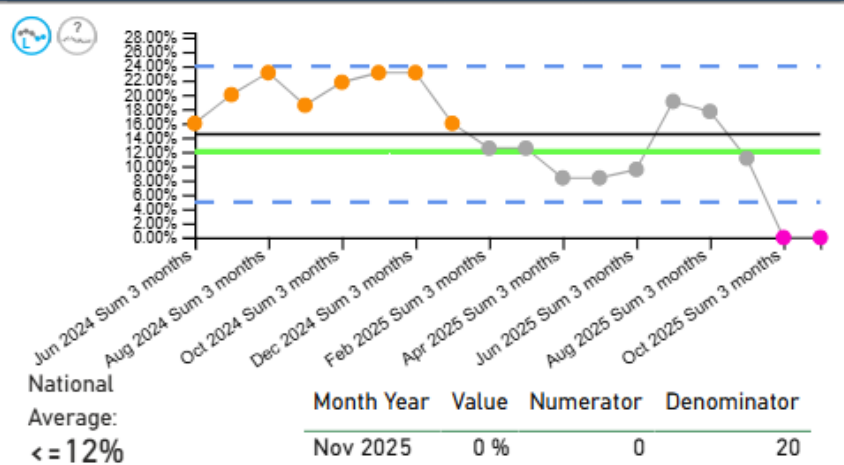
**Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission (% of acute admissions with no prior contact) - Adult (acute & PICU) Buckinghamshire (reported as rolling 3 months)**



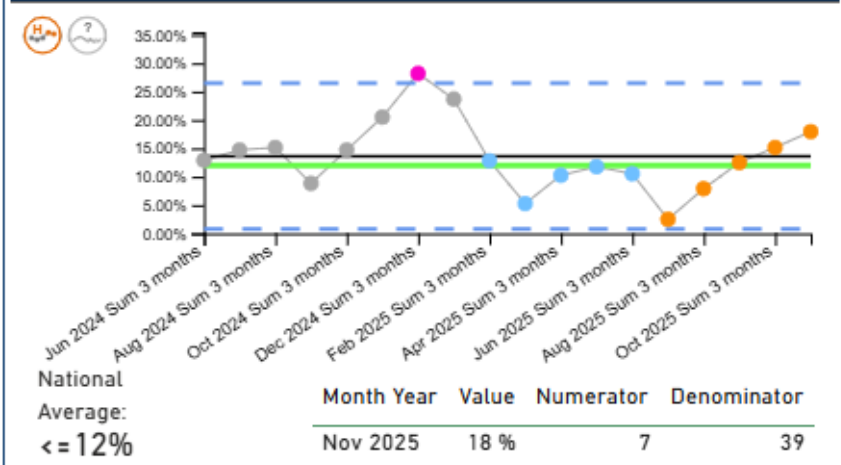
**Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission (% of acute admissions with no prior contact) - Adult (acute & PICU) Oxfordshire (reported as rolling 3 months)**



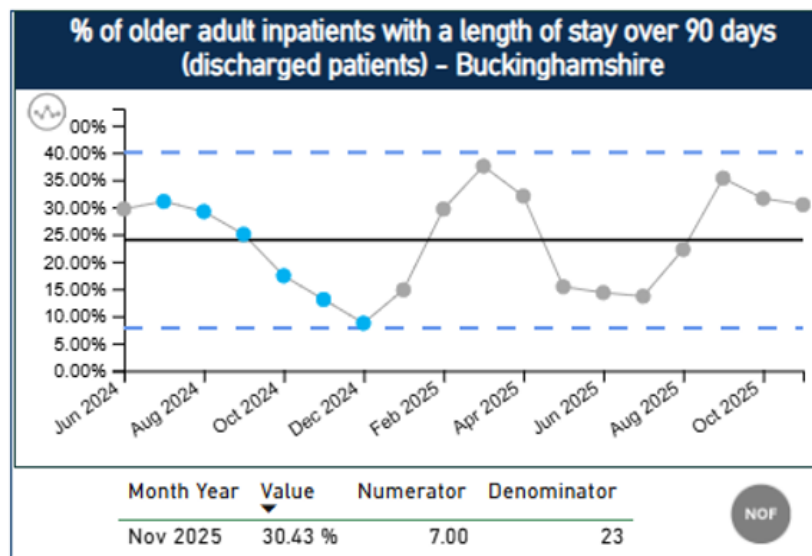
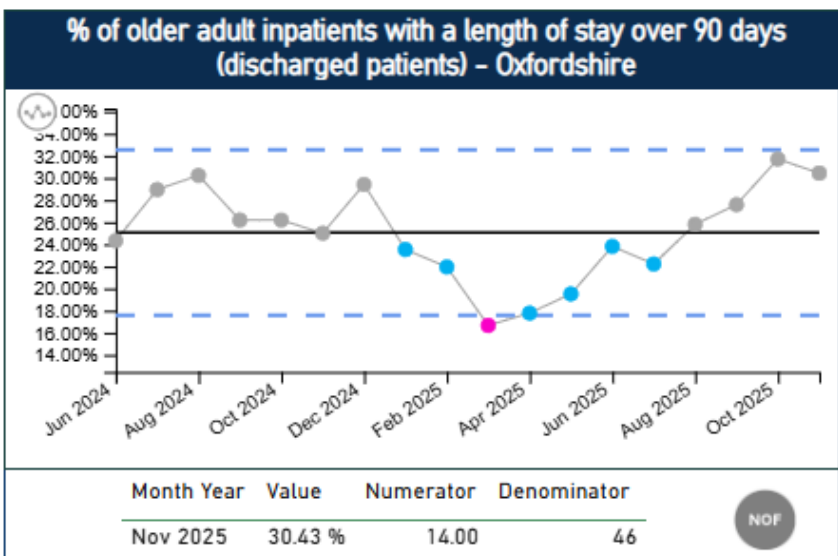
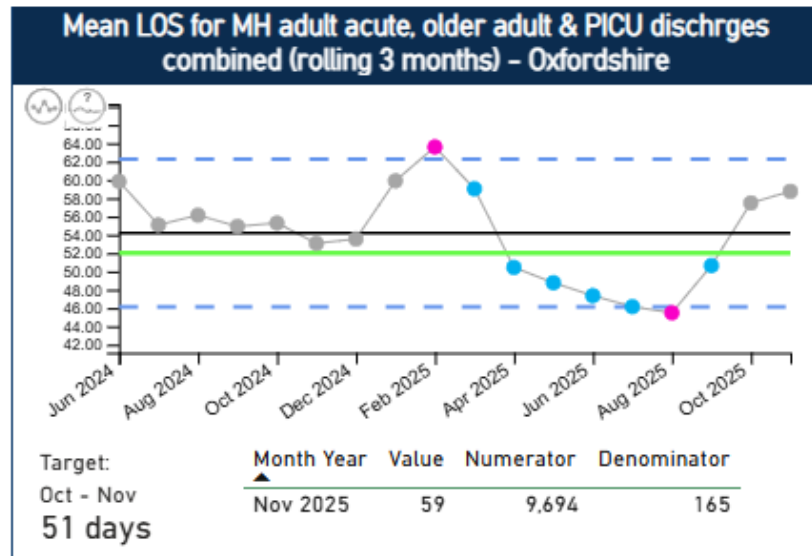
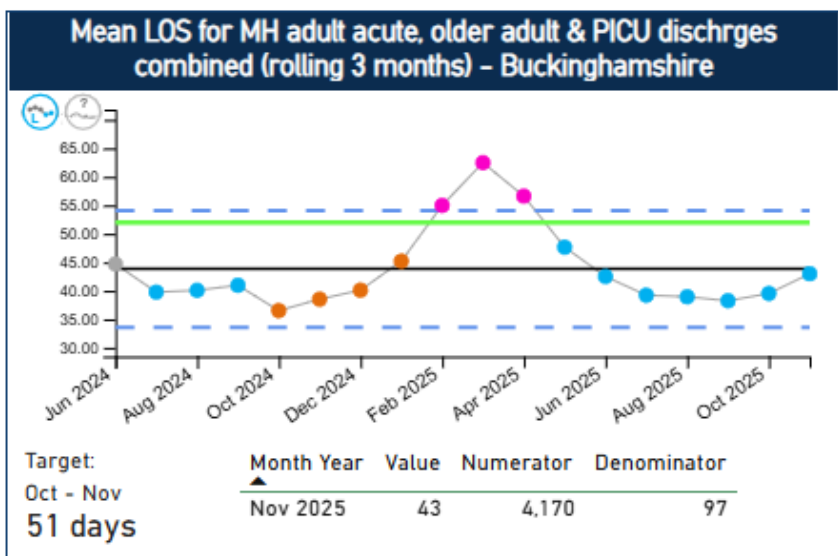
**Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission (% of acute admissions with no prior contact) - Older Adult Buckinghamshire (reported as rolling 3 months)**



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

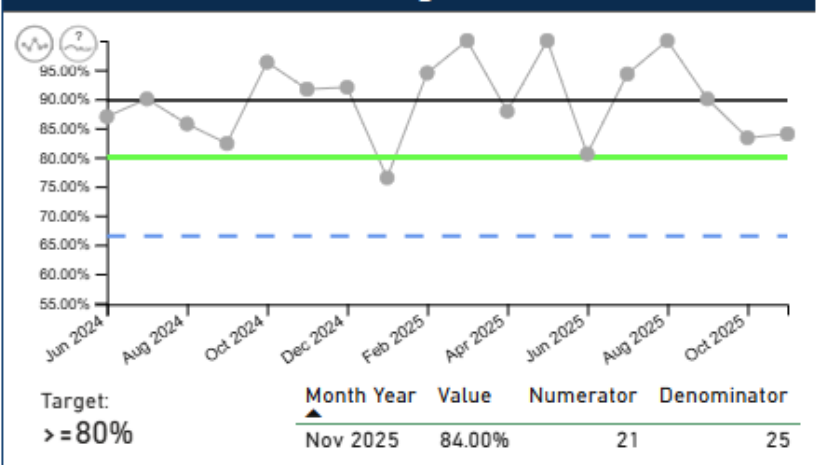


# Mental Health Services – Acute/Inpatients (Adults and Older Adults) - appendices

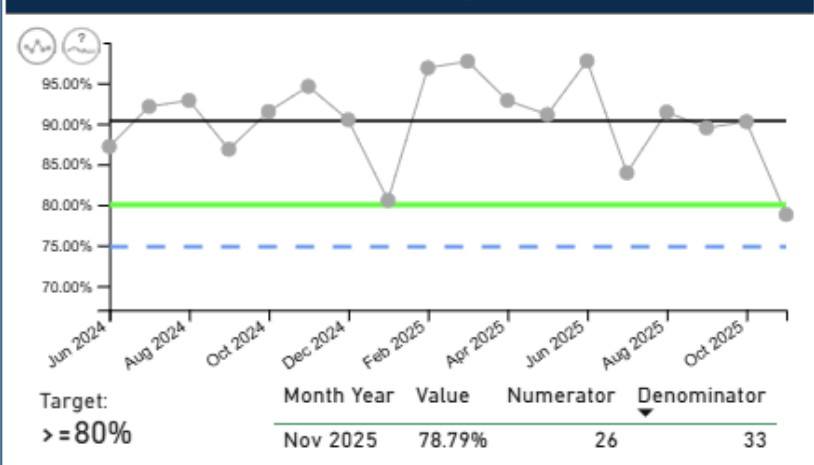


# Mental Health Services – Acute/Inpatients (Adults and Older Adults) - appendices

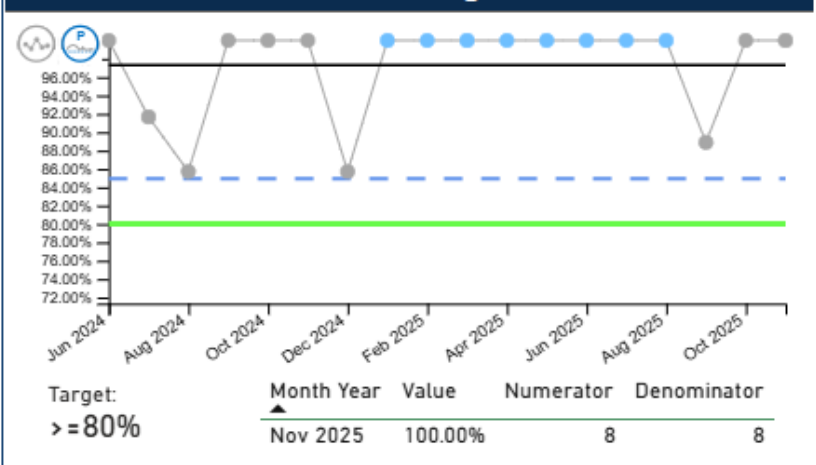
72 hour follow up for those discharged from mental health wards - Adult Buckinghamshire



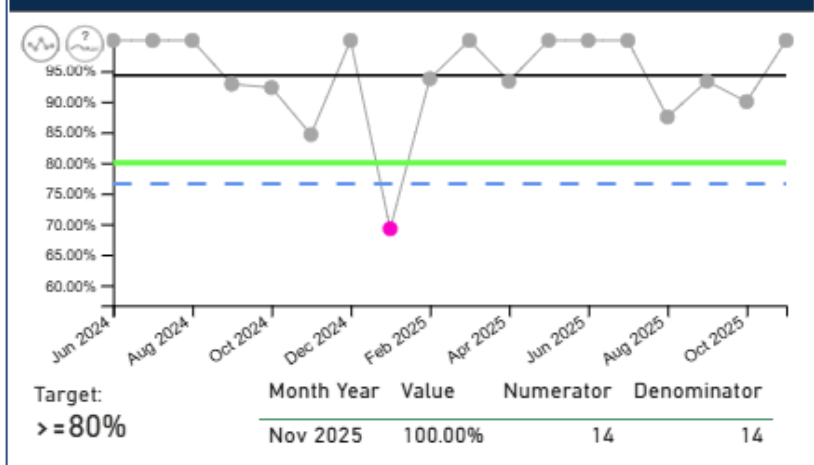
72 hour follow up for those discharged from mental health wards - Adult Oxfordshire



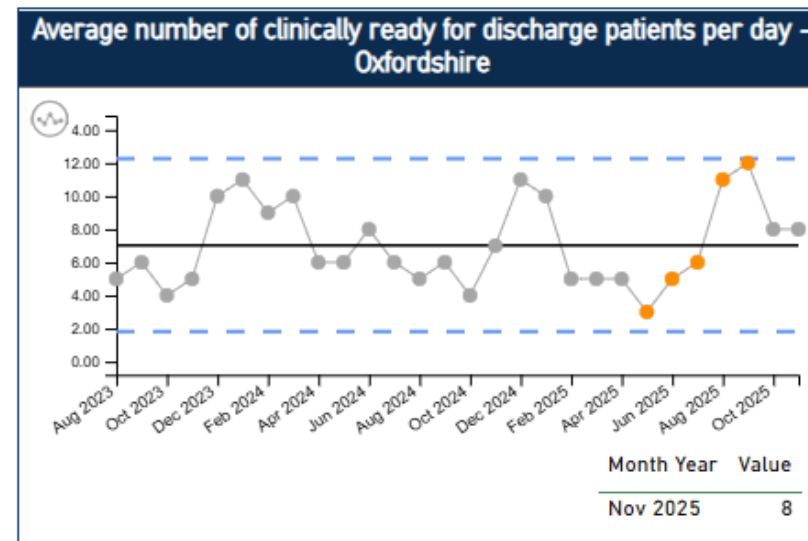
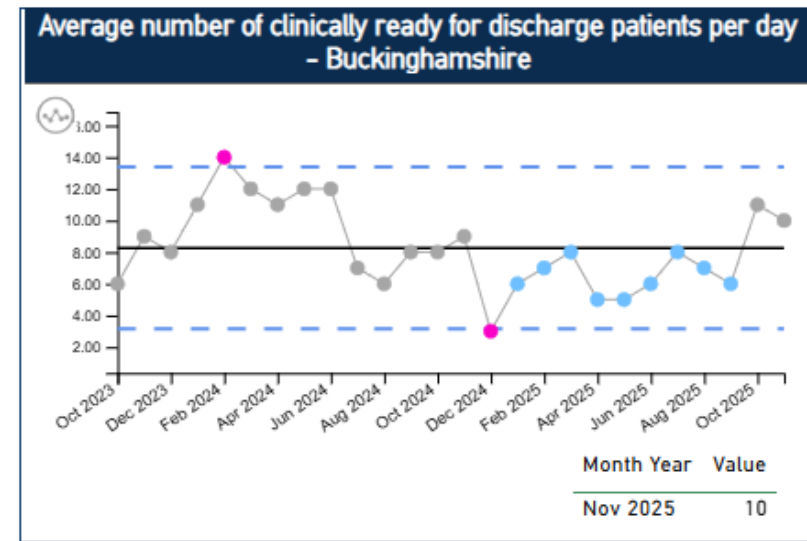
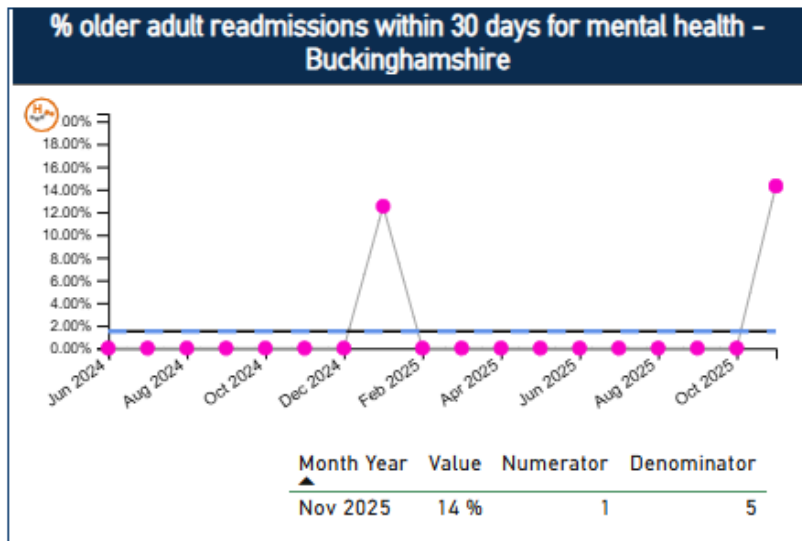
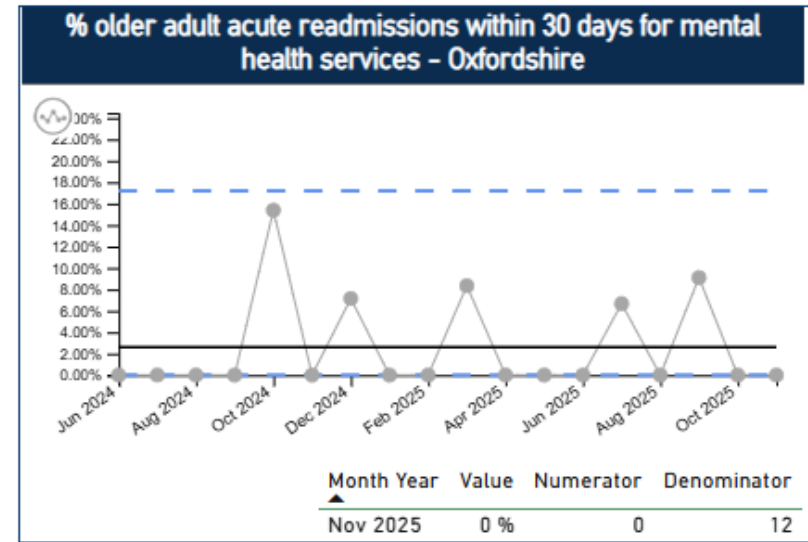
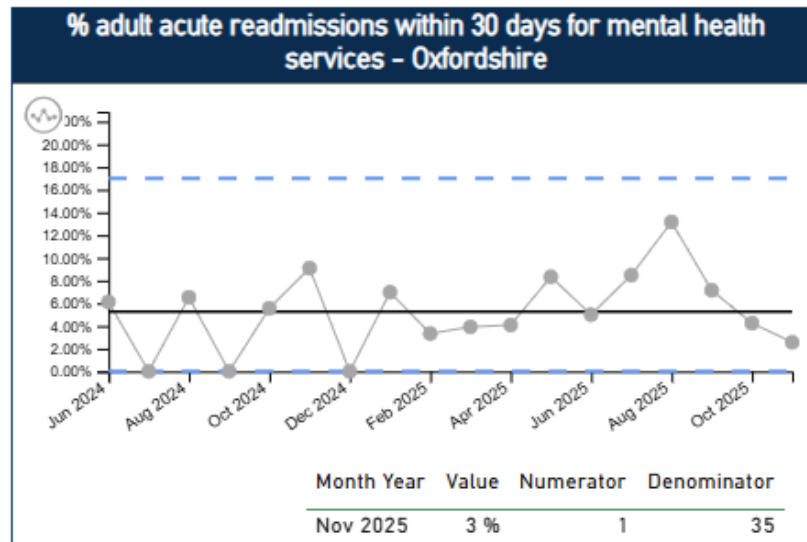
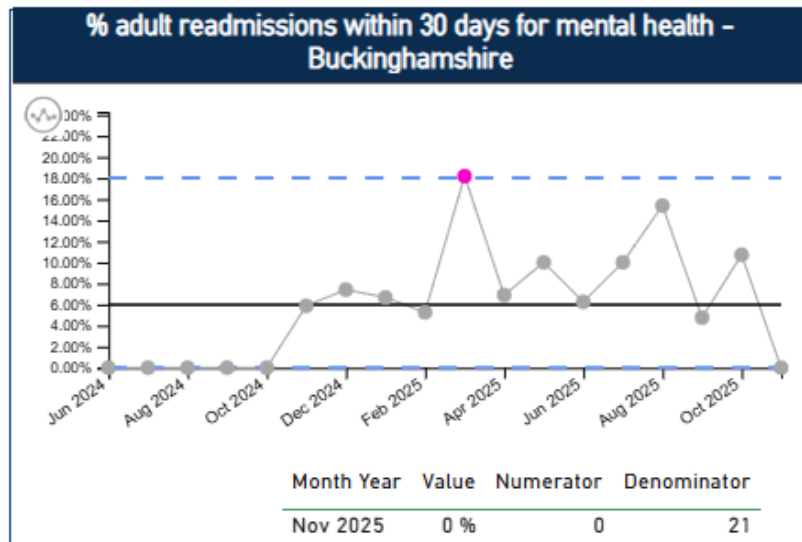
72 hour follow up for those discharged from mental health wards - Older Adult Buckinghamshire



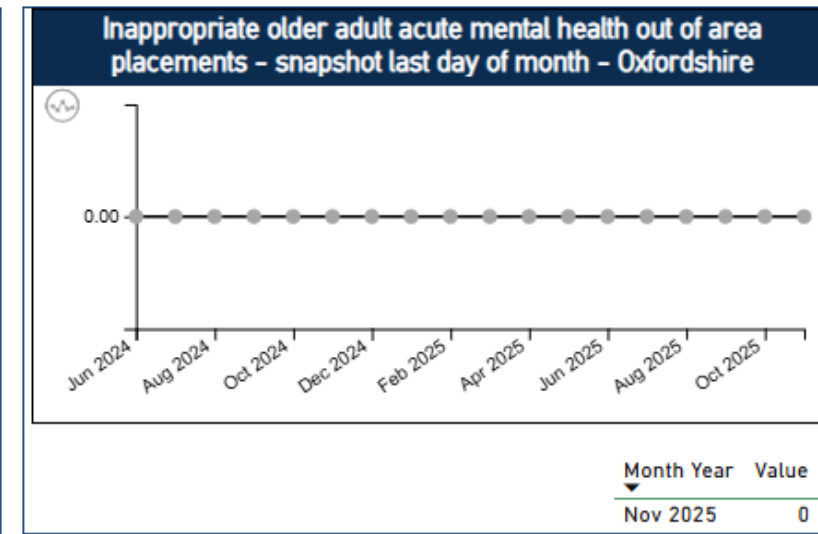
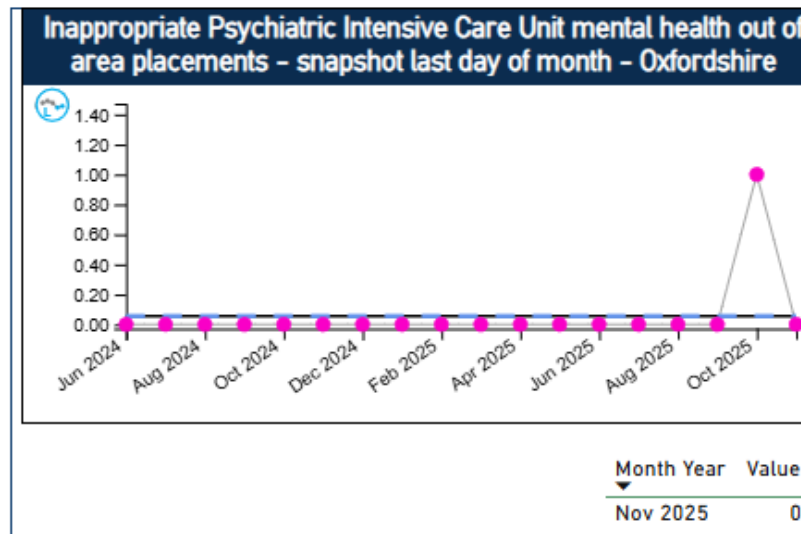
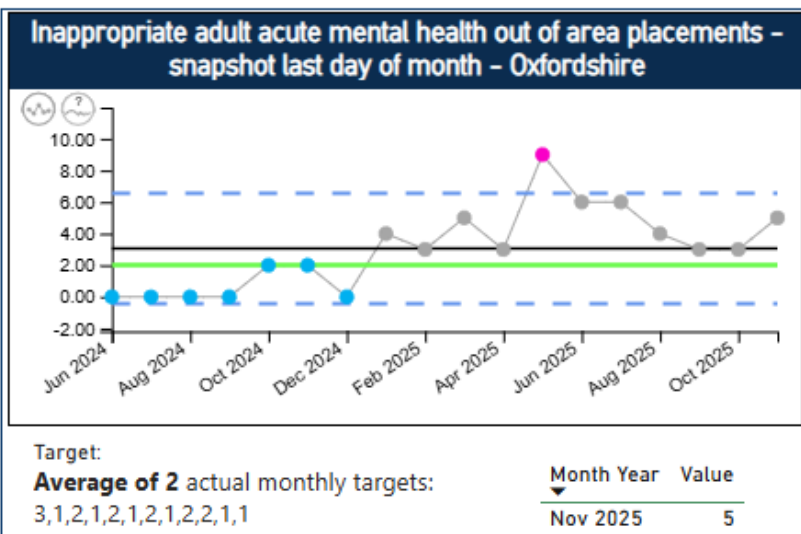
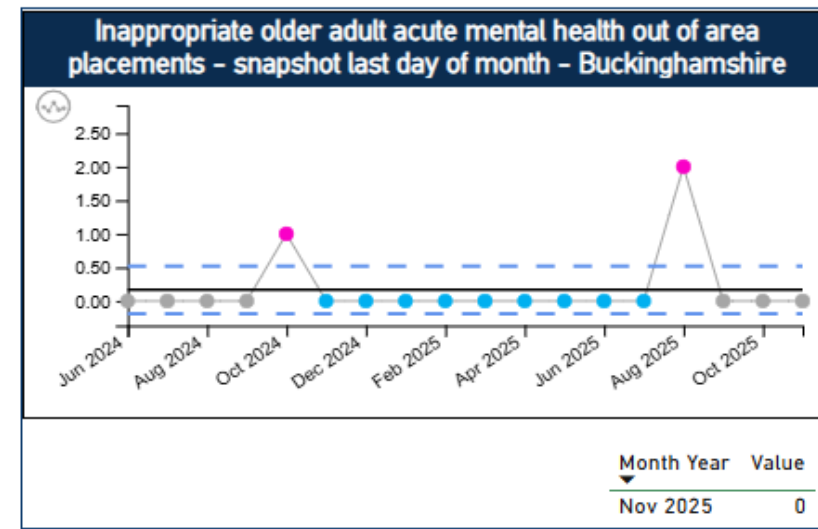
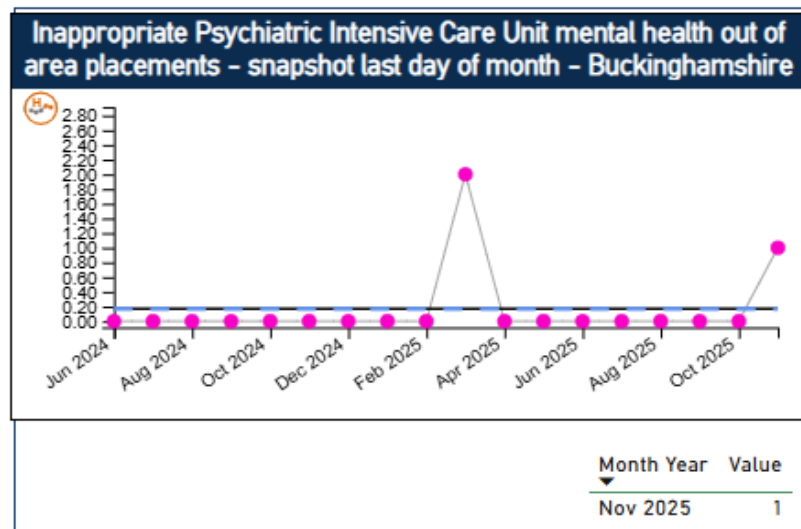
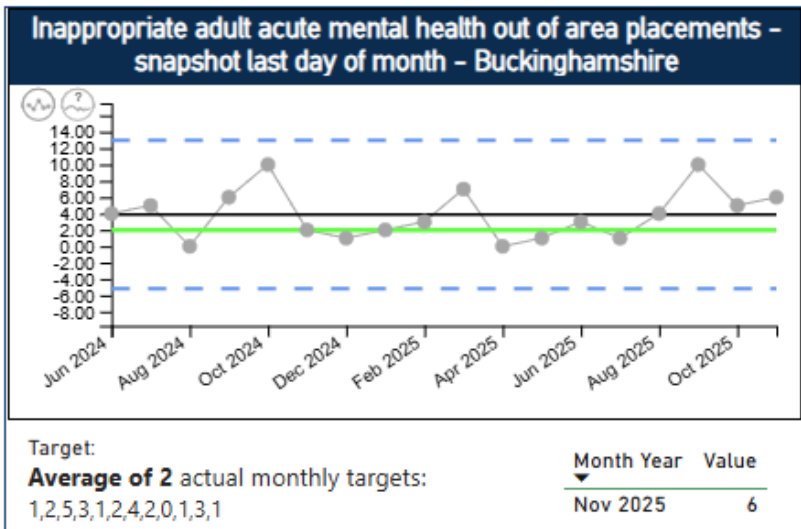
72 hour follow up for those discharged from mental health wards - Older Adult Oxfordshire



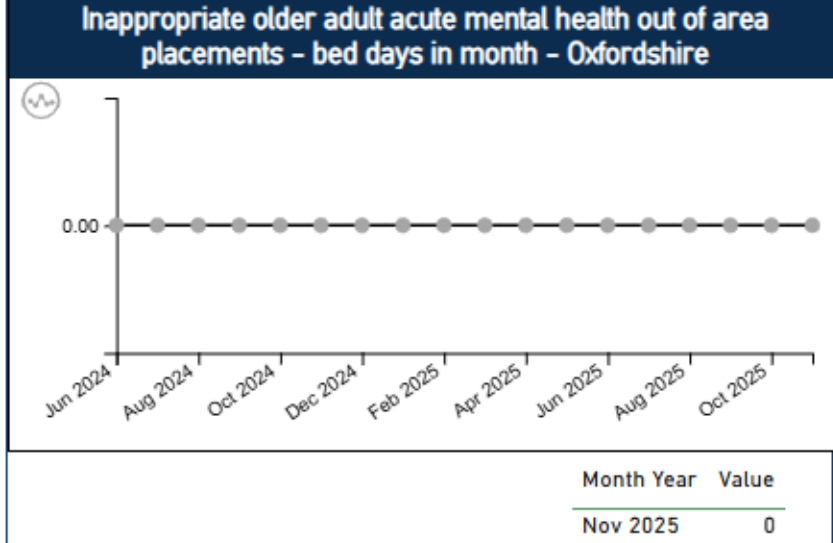
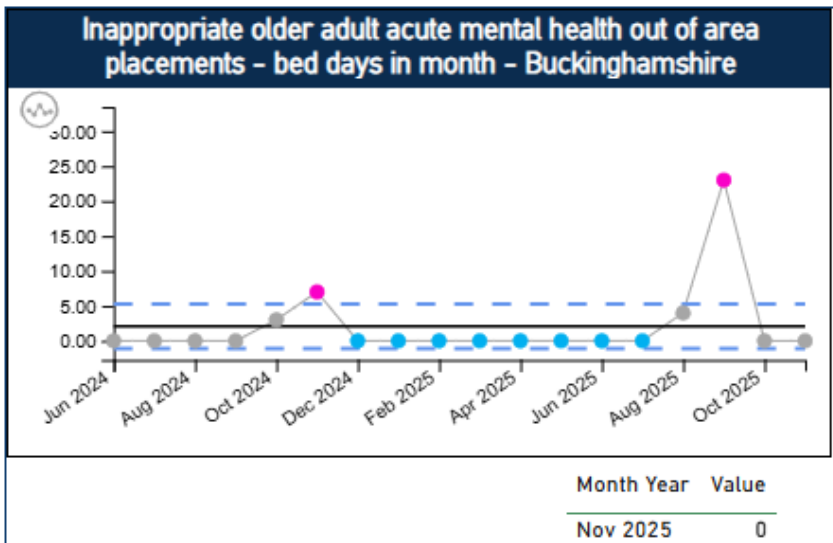
# Mental Health Services – Acute/Inpatients (Adults and Older Adults) - appendices

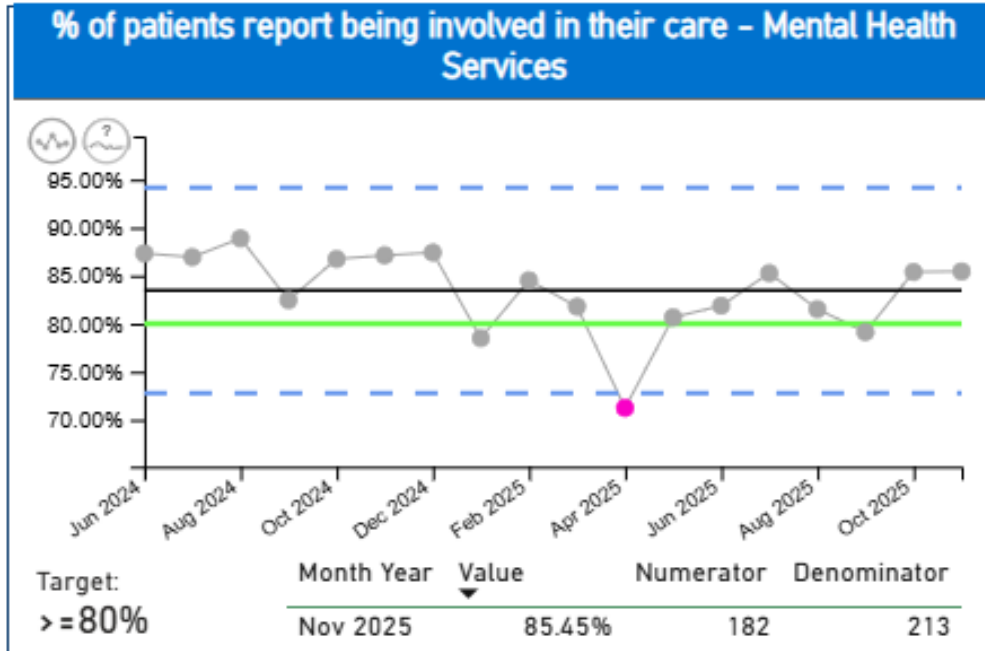
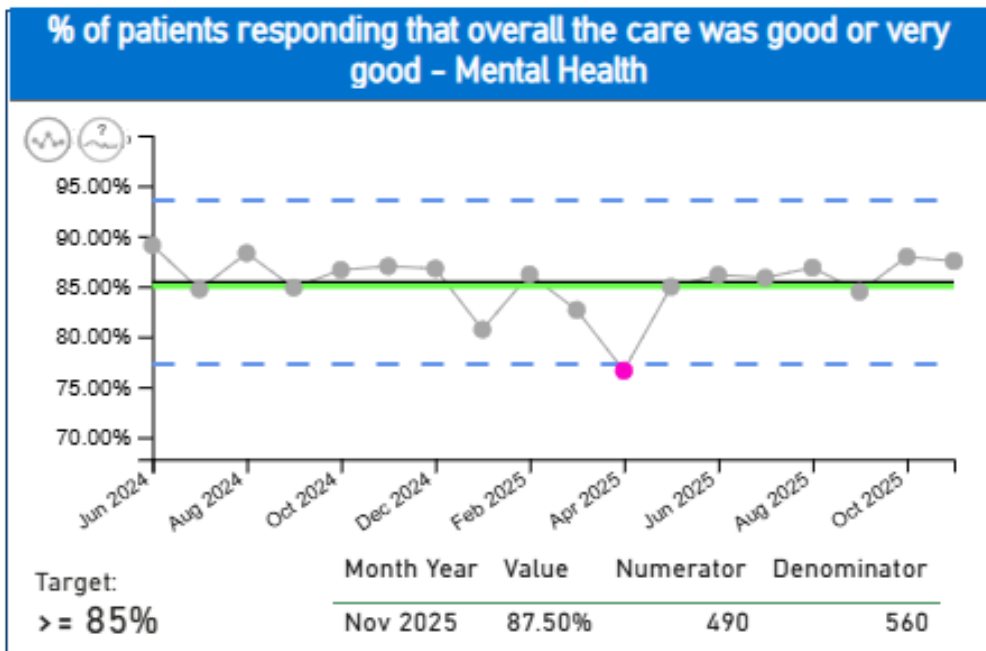


# Mental Health Services – Acute/Inpatients (Adults and Older Adults) - appendices



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





## 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 ( <i>none of the metrics selected to be reported on IPR fall into this category</i> )	
3. Reactive care	1. Urgent care	1. Urgent care
	2. Palliative care and end of life care	2. Palliative care and end of life care ( <i>none of the metrics selected to be reported on IPR fall into this category</i> )

More Community Health Services, Dentistry and Primary Care metrics are in development to be introduced in the IPR on a phased approach therefore some of the groupings may appear not to have any metrics aligned.

# Community Health Services, Dentistry and Primary Care – Matrix

## Assurance

Variation

				No target
	<ul style="list-style-type: none"> <li>% of Minor Injury Unit patients seen within 4 hours</li> </ul>	<ul style="list-style-type: none"> <li>Community Dentistry - Proportion of patients accepted for care who are seen for an assessment within 12 weeks (Of those treated in period)</li> </ul>	<ul style="list-style-type: none"> <li><b>% 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)</b></li> </ul>	
	<ul style="list-style-type: none"> <li>% of patients responding that overall care was good or very good</li> <li>% of patients reporting being involved in their care</li> </ul>	<ul style="list-style-type: none"> <li>% 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</li> <li>% 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</li> <li>% of breastfeeding prevalence at 6 - 8 weeks old</li> <li>Community Dentistry - Special Care - Core Units of Activity (UDA)</li> <li>Community Dentistry - Urgent Care - Out of Hours Units of Activity (UDA) combined with main out of hours dental service</li> </ul>		<ul style="list-style-type: none"> <li>Emergency Dental Service Waiting times to triage - % Patients triaged within 6 hours</li> </ul>
				

Not categorised metrics: Average number of Medically Optimised For Discharge (MOFD) patients per night, Consistently meet or exceed the 70% 2-hour Urgent Community Response (UCR) standard, Percentage of patients waiting over 52 weeks for community services (CYP and Adults combined), Number of patients waiting over 52 weeks for community services (CYP and Adults combined)

## Adult Planned Care – episodic/specialist care

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National	Community Dentistry - Proportion of patients accepted for care who are seen for an assessment within 12 weeks (Of those treated in period)	>=90%	Nov-25	97.30%			94.14%
National	Community Dentistry - Special Care - Core units of activity (UDA)	2008 per month (24085 per year)	Nov-25	1070			1316

## Adult Planned Care – community rehabilitation

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National	Average number of Medically Optimised For Discharge (MOFD) patients per night	.	Nov-25	18	n/a*	n/a	23

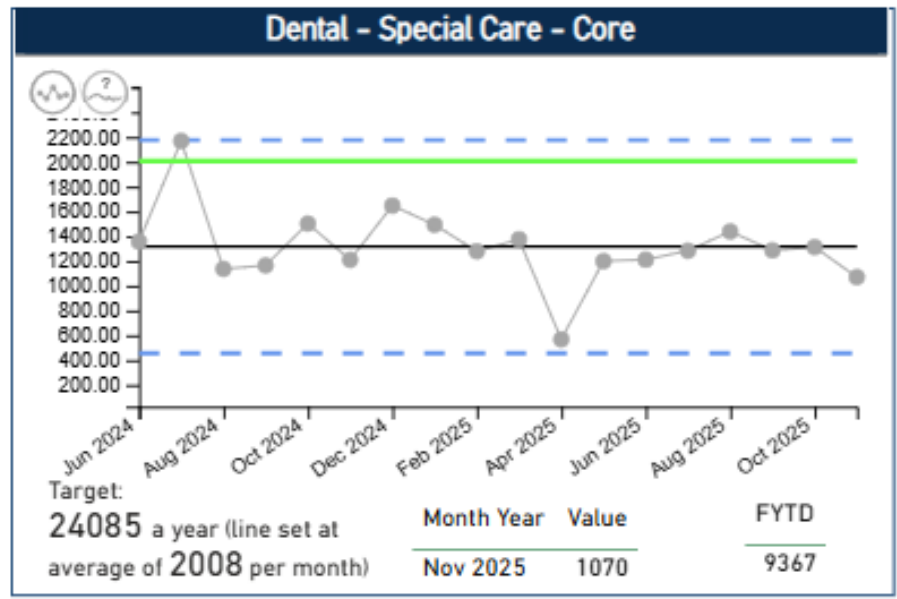
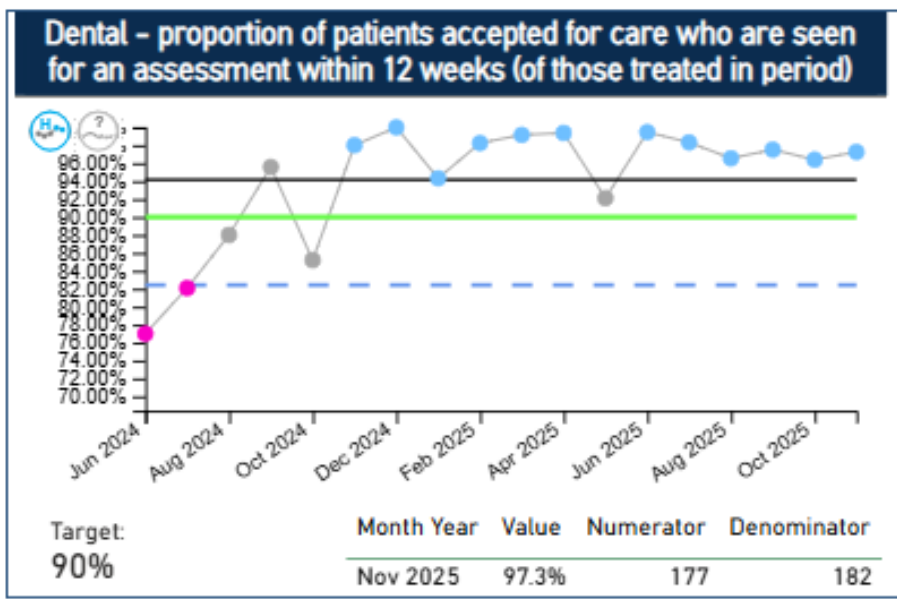
## Adult Reactive Care – palliative care and end of life care

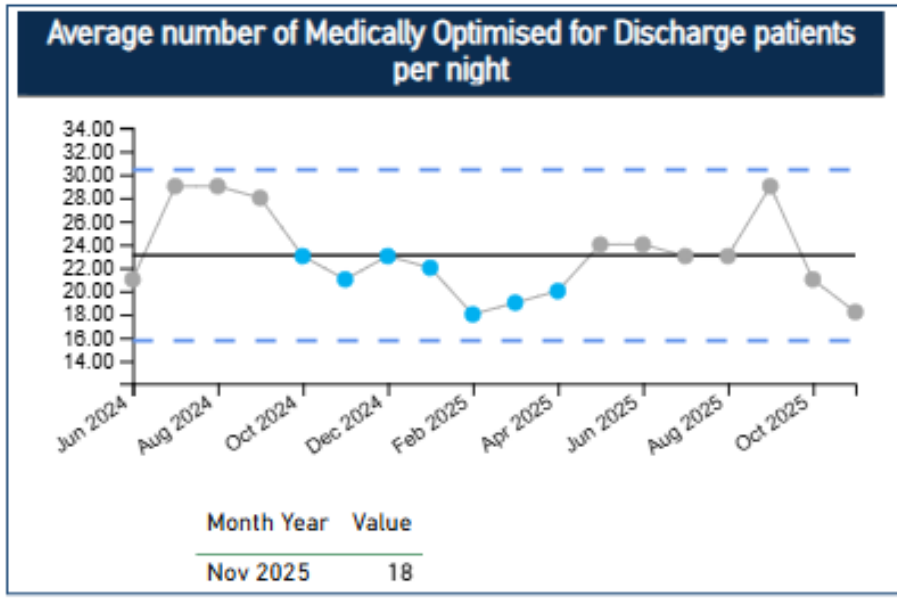
Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
Strategic - Quality	% of out of hours palliative care referrals responded to within 30 minutes: the time from receipt of the call from 111 to the start of the telephone consultation was 30 minutes (reported monthly)	>=90%	Nov-25	94.7%			94.04%
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%	Nov-25	91.4%			84.79%

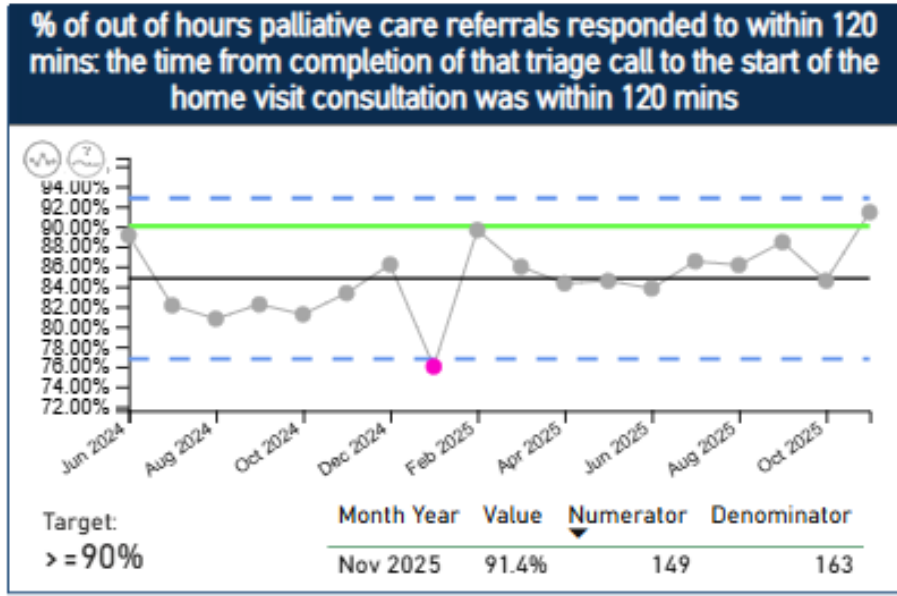
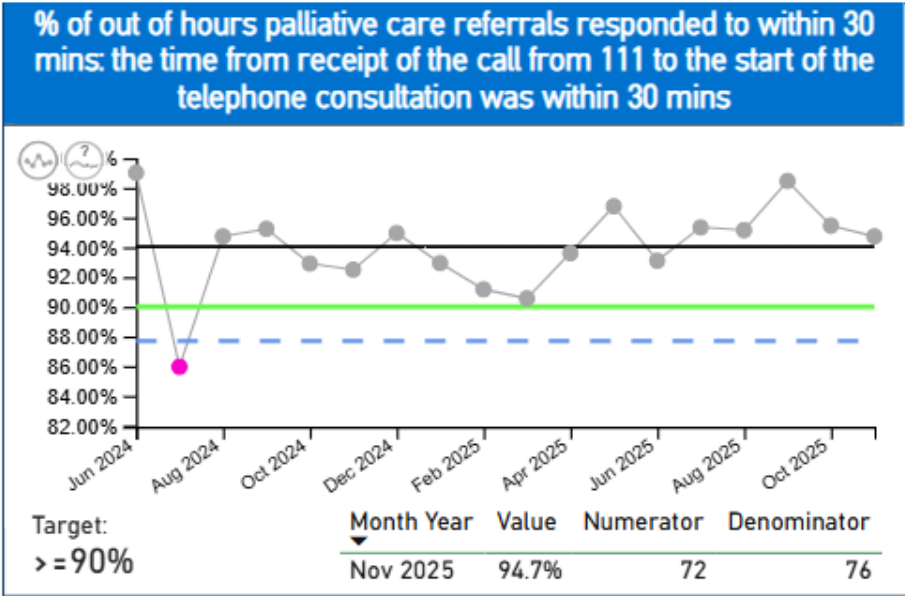
## Adult Reactive Care – urgent care

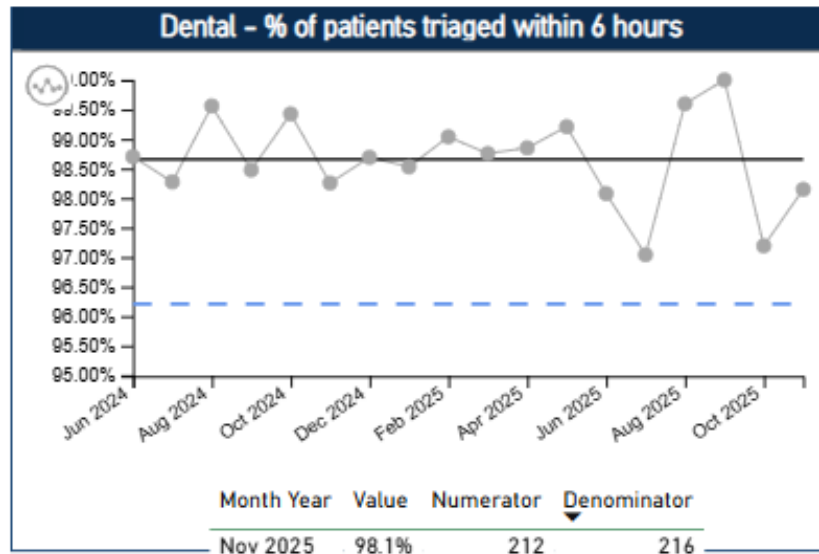
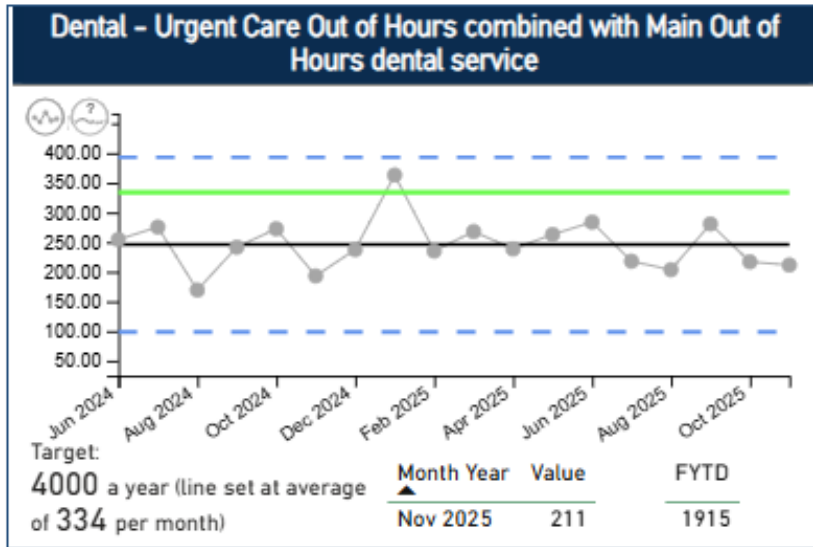
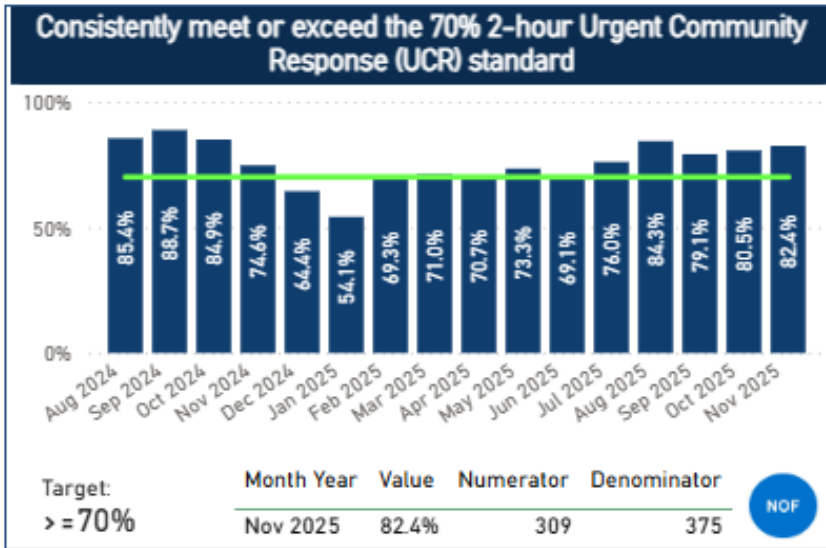
Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National NOF (scored)	Consistently meet or exceed the 70% 2-hour Urgent Community Response (UCR) standard	>=70%	Nov-25	82.40%	n/a*	n/a*	77.55%
National	Community Dentistry - Urgent Care - Out of Hours units of activity (UDA) combined with main out of hours dental service	344 per month (4000 per year)	Nov-25	211			246
National	Emergency Dental Service Waiting times to triage - % Patients triaged within 6 hours	.	Nov-25	98.10%		n/a	98.66%

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

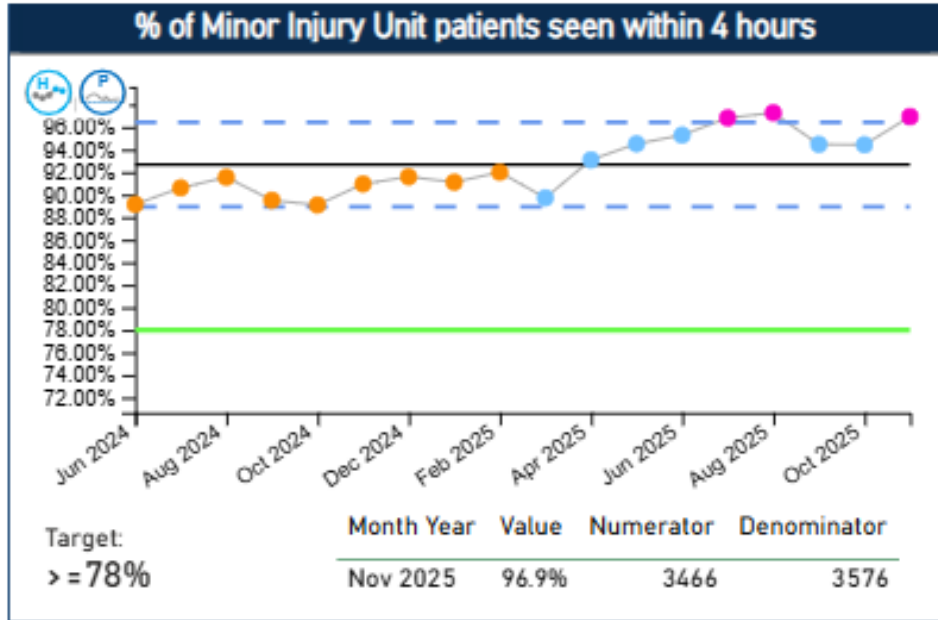












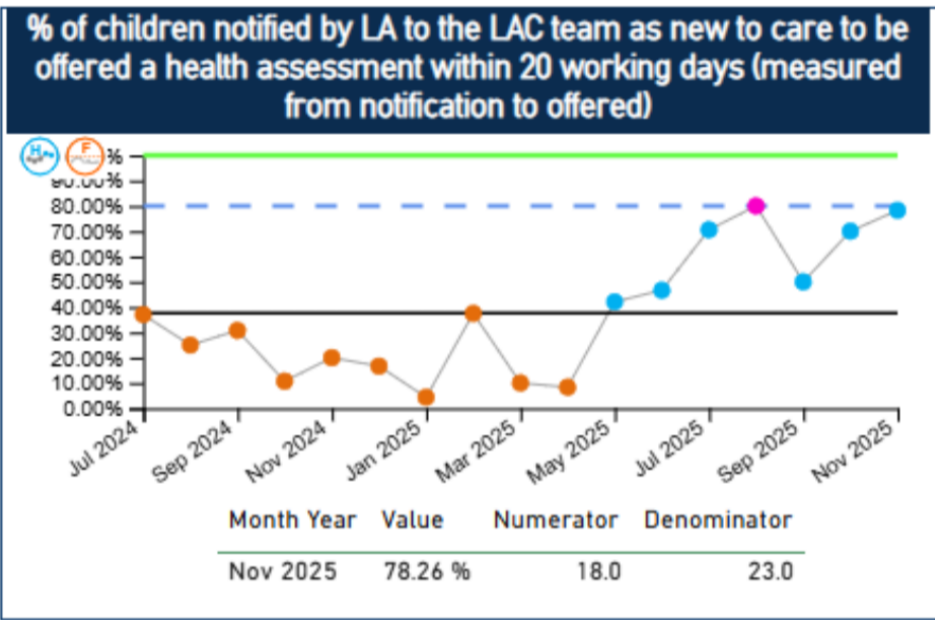
Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National	% of Minor Injury Unit patients seen within 4 hours	>=78%	Nov-25	96.90%			92.67%



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

S T P

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
<i>Strategic – Quality National</i>	% of breastfeeding prevalence at 6 - 8 weeks old	>=60%	Nov-25	64.10%			61.40%
<i>National</i>	Percentage of Children notified by Local Authority to the Children Looked After team as new to care to be offered a health assessment within 20 working days (measured from notification to offered)	100%	Nov-25	78.26%			40.00%



## Understanding the performance

This metric is flagged requiring attention as consistently failing to meet the target. The statutory responsibility for ensuring that an Initial Health Assessment (IHA) is completed for a looked-after child (LAC) within 20 working days lies with the Local Authority – Oxfordshire County Council. The Trust is expected to complete the assessment in a timely manner, but healthcare services provider role is not statutory.

Performance is of improving nature, however, meeting the target continues to be a challenge due to:

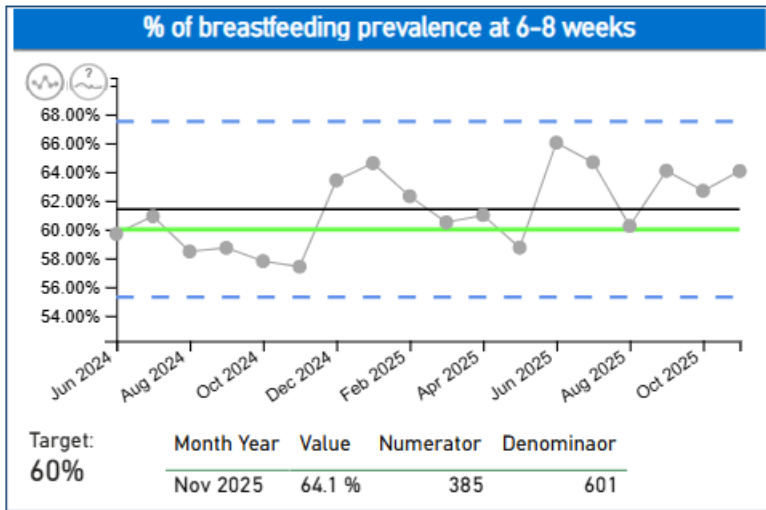
- ongoing issues with getting information and consent from Social Services in a timely manner. In November 2025, average number of working days from notification to Service about a looked after child to confirmation of consent was fourteen (14) days.
- reduction in medical capacity due to ongoing staff sickness;
- the definition of the metric includes children placed out of county, even though their assessments are completed by services in other counties. In November 2025, there were two (2) out of county children, both had their assessments completed outside of the timeframe. Out of area assessments are outside of Trust's area of influence.

## Actions (SMART)

- Head of Service to continue escalating the provision of timely information/consent to the Director of Children's Services in Local Authority.
- Review of the assessment delivery model to address on-going difficulties of meeting the variations in demand.
- Joint review of escalation processes with Oxfordshire Children's Services in the Local Authority to improve the delayed receipt of information, so that the assessment can be requested and completed in a timely manner
- To stabilise the medical resource to enable full capacity available consistently – recruitment has not been successful so far
- Transformation project is underway to review the systems and processes of the team which also include the assessment completion timeliness.

## Risks

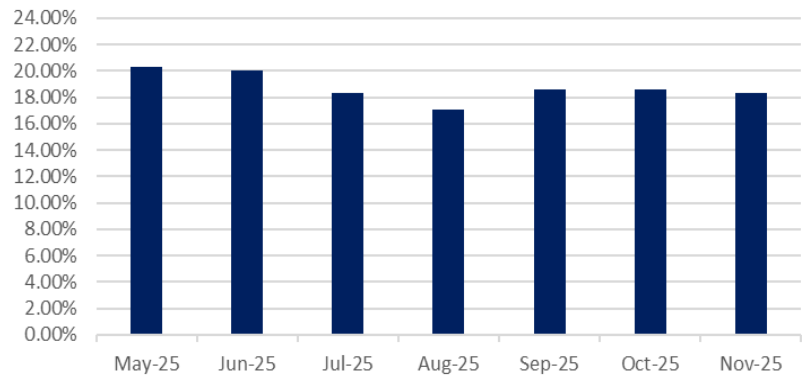
Physical, mental, emotional or developmental issues may go unnoticed potentially leading to unmet needs, delayed treatment and intervention, and worsening of pre-existing conditions. Without a timely initial health assessment, safeguarding concerns may not be identified early and put the child or a young person at continued risk and may undermine placement stability. Finally, failure to meet the 20-working day standard breaches the statutory responsibilities of the Local Authority under the Children Act and associated guidance, which may result in negative findings during Ofsted or Care Quality Commission inspections, reputational damage to the local authority and health provider.



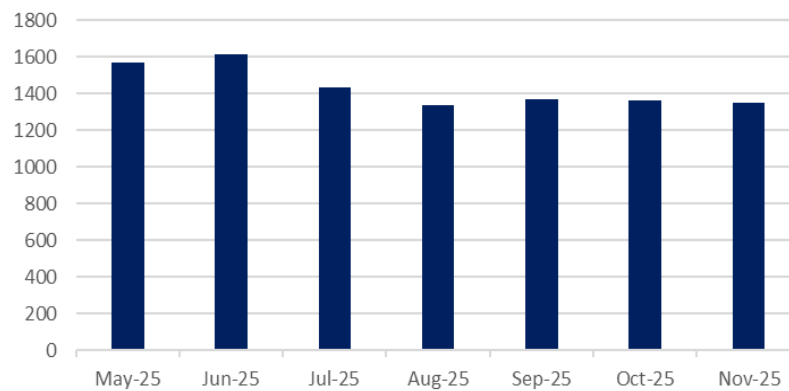
Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
<i>National NOF (scored)</i>	Percentage of patients waiting over 52 weeks for community services (Children, Young People and Adults combined)	.	Nov-25	18.29%	n/a*	n/a	18.75%
<i>National</i>	Number of patients waiting over 52 weeks (Children, Young People and Adults combined)	.	Nov-25	1352	n/a*	n/a	1433
<i>Strategic - Quality</i>	% of patients responding that overall care was good or very good	>=85%	Nov-25	94.10%			93.78%
<i>Strategic - Quality</i>	% of patients report being involved in their care	>=85%	Nov-25	92.15%			92.08%

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

**% of patients waiting over 52 weeks for community services (CYP and Adults combined)**



**No. of patients waiting over 52 weeks for community services (CYP and Adults combined)**



Number of patients waiting over 52 weeks by service	Nov-25
Childrens Int Therapy Services - Dietetics	0
Childrens Int Therapy Services - OT	17
Childrens Int Therapy Services - Physiotherapy	22
Childrens Int Therapy Services - Speech & Language	801
Adult Speech & Language	36
Bladder and Bowel - Adult	0
Care Home Support Service	0
Community Therapy Service	0
Falls	2
Heart Failure	0
Nutrition & Dietetics	0
Physical Disability Physiotherapy Service	0
Podiatry	429
Tissue Viability	0
Community Respiratory Service	45
<b>Total</b>	<b>1352</b>

## Understanding the performance

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.

Data submissions will transition to the Faster Data Flows (FDF)\* mechanism, timelines yet to be confirmed. The Directorate is assessing the potential impact of this change on reported waiting times. Current sitrep reporting will continue until FDF definitions and guidance are finalised at national level.

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.

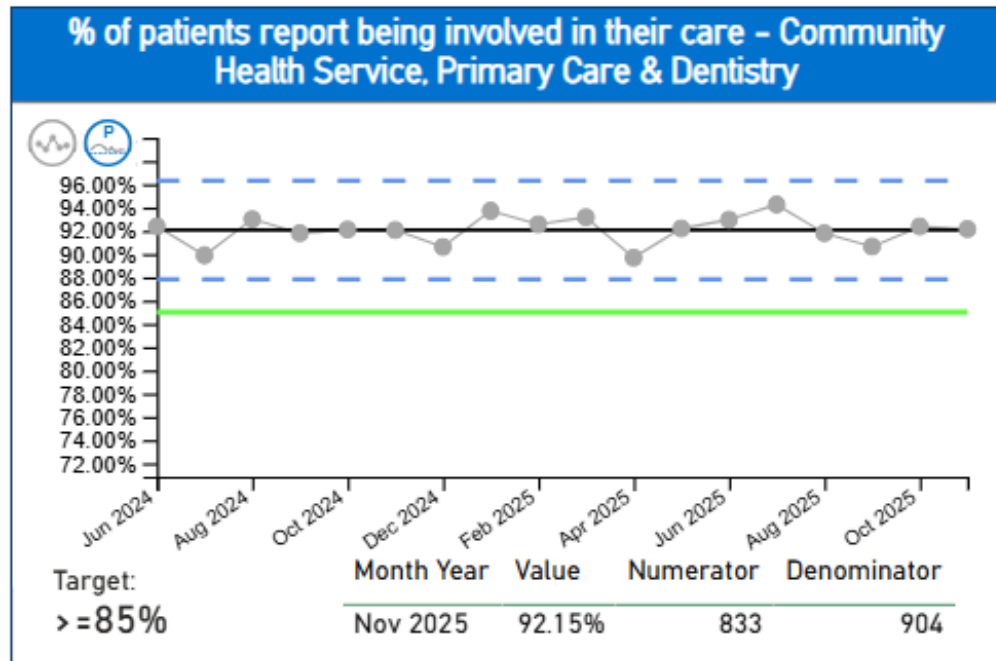
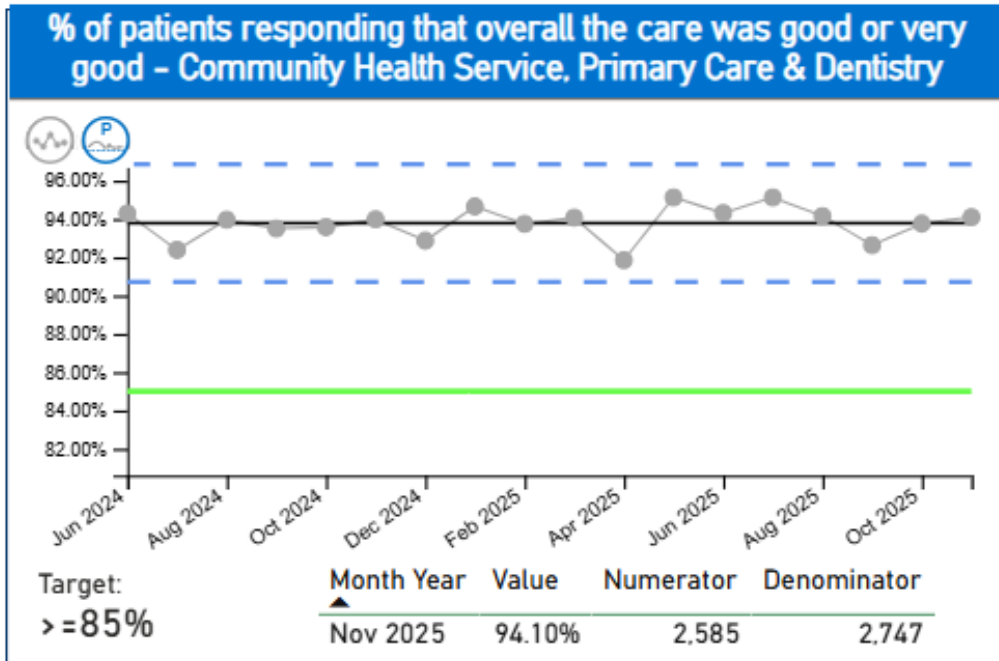
\*Faster Data Flows (FDF) - is an NHS England programme designed to modernise how healthcare data are collected, shared and used.

## Actions (SMART)

- Comprehensive data cleanse is underway including manual validation of waiting lists, prioritising long waiters, review of appointment outcomes. Directorate working with Performance and Information team to finalise data validation Standard Operating Procedure (SOP) to ensure validation comments/actions are traceable for reporting.
- On-going work with BOB ICB to develop and refine improvement trajectories for outlier services (Podiatry and Speech & Language Therapy (SLT)). Paediatric SLT was selected by NHS Elect as one of seven (7) pilot services to deliver a waiting list quality improvement programme.
- As part of the Planning Process for FY26-27, Children's Integrated Therapy service secured resources to support addressing the waiting list.
- Developed Directorate Access Policy - including approach to managing DNA's (Did Not Attend) – expected sign off at the end of January 2026.

## 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



# Section 3

1. Quality
2. People

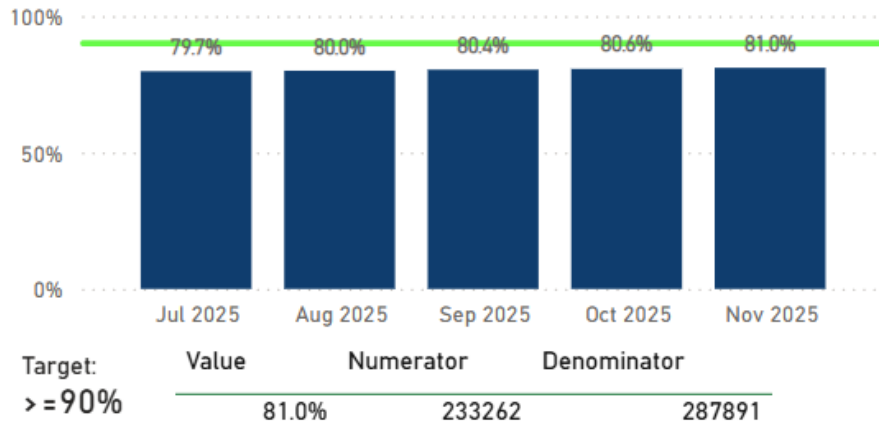
## 3.1 Quality - Deliver the best possible care and health outcomes

# 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 electronic health records for the trust's core mental health services, as defined in the Mental Health Minimum Dataset.	>=90%	Nov-25	81%	n/a*	n/a*	80.34%
Local Strategic - Quality	Reduction in the use of prone restraints (number of incidents involving prone restraint)	Less than 8 per month	Nov-25	12			13
Local Strategic - Quality	Reduction in the use of seclusion (number of incidents involving seclusion)	Less than 25.25 per month	Nov-25	23			36
Local	Total number of patient incidents (all levels of harm excluding inherited pressure damage)	-	Nov-25	1366		n/a	1415
Local	Total number of unexpected deaths reported as incidents (by date of death, including natural and unnatural)	-	Nov-25	21		n/a	22
Local	Total number of suspected suicides	-	Nov-25	4		n/a	5
Local	Total number of incidents involving physical restraint	-	Nov-25	321		n/a	290
Local	Total number of violence, physical, non-physical and property damage incidents (patients and staff)	-	Nov-25	374		n/a	366
Local	Total number of complaints and resolutions	-	Nov-25	70	n/a*	n/a	76

\* - not enough data points to determine variation and/or assurance to apply Making Data Count algorithm

## Rate of meaningful data completeness in the domain of 'ethnicity/ethnic group' on electronic health records for the trust's core mental health services, as defined in Mental Health Minimum Dataset



## 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 right 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 November 2025 performance was at 81%.

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.

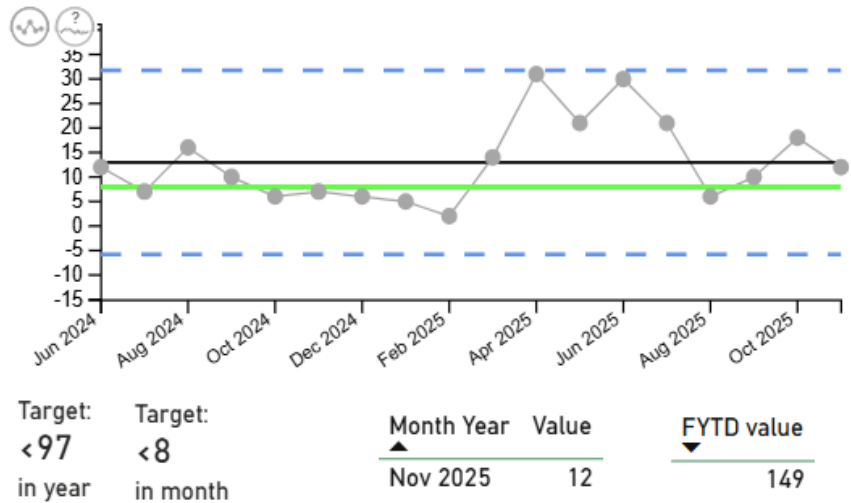
## Actions (SMART)

- Short-term actions underway to improve position:  
Via the BRIDGE programme, we are undertaking a Quality Improvement project with the Gateway Team (adult community mental health service providing telephone assessment, advice and guidance for Buckinghamshire Primary Care Networks). Within the team, over a period of 12 months the rate of meaningful recording of ethnicity improved from 25.4% to 82.9%. A great achievement for the team and benefits the whole system since patient often then move onto other services/ teams. The team won in their category of Delivering the Best Possible Care and Outcomes.
- Medium-term actions underway to improve position:  
QI Project - The ambition is for the QI project to be replicated in other areas of low data completeness/ quality over the next 6 months.  
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 conversation 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.

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



## 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 2025/26. The target for 25% reduction in 2025/26 compared to 2024/25 will not be met due to the levels of prone restraints seen between March 25 to July 25. The target of less than 97 prone restraints in the year has already been surpassed.

Use of prone restraint (being held in a face or chest down position) carries increased risks for patients and should be avoided and only used for the shortest possible time. The prone position is used mostly to administer medication via intramuscular injection (IM) followed by seclusion exit procedure.

During the previous 12 months the Trust saw a sustained reduction in prone restraint until March 25, when there was a step increase, which continued for 5 months. Since August 2025 there has been a reduction in prone returning to the previous lower levels around the target of less than 8 per month, however, is still higher than the reduction seen previously. November 2025 had 12 prone restraints involving 9 individuals across 5 wards. 5 of the 12 prone restraints were on Meadow Child and Adolescent Psychiatric Intensive Care Unit.

The highest reason for prone restraints during November was for the administration of IM (intra-muscular) medication, with 7 of the 12 prone restraints being for this reason. 4 were 'unintentional, led by patient'. This means that staff did not place the individual into a prone position intentionally and are usually unavoidable.

## Actions (SMART)

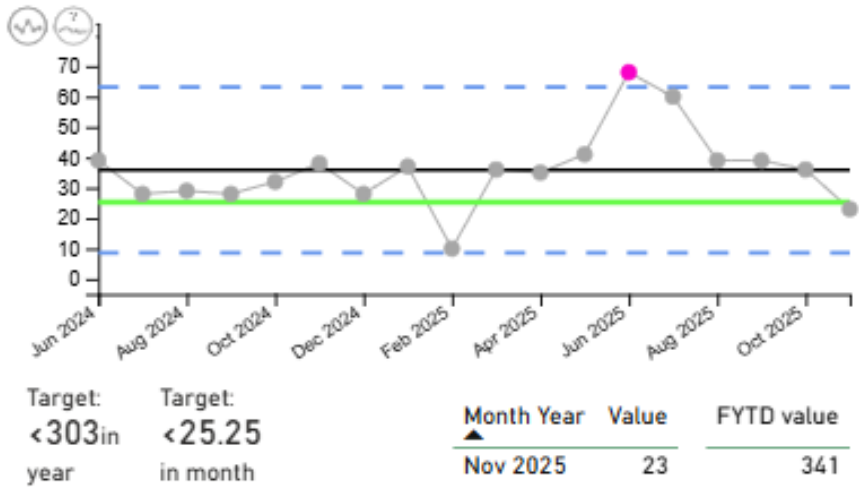
The Positive and Safe Strategy work continues to focus on embedding quality improvement work around the use of prone restraints for IM medication and for seclusion procedures. Each episode of prone restraints is reviewed locally at team level for learning and at a directorate level for learning which feed into the Positive and Safe Trust wide group and the prone restraints reduction working group. Additional weekly review mechanisms were introduced when the use of prone restraints increased.

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. 175 of the 322 restraints during October utilised the safety pod, making it the highest restraint position used. 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.

## Risks

In general, prone restraints can have risks associated with physical well-being, psychological trauma to patients and, if used unnecessarily or lead to harm, can raise safeguarding concerns.

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



## Understanding the performance

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

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

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

The reduction in seclusion episodes since August, from the increase seen in June and July 2025, has been maintained in November 2025. November 2025 had 24 seclusion episodes involving 17 patients, across 11 wards, a reduction from 35 in October. The highest number of seclusion episodes within the month of November 2025 was Ashurst (male Psychiatric Intensive Care Unit) with 6 episodes involving 4 patients. A reduction from 11 episodes in October. Then it was Sapphire (male adult acute ward) with 5.

The reduction target of less than 303 seclusions during 2025/26 was exceeded in October 2025 so is not achievable. However, the work to reduce seclusions continues and this month is below the monthly target of 25 per month.

## Actions (SMART)

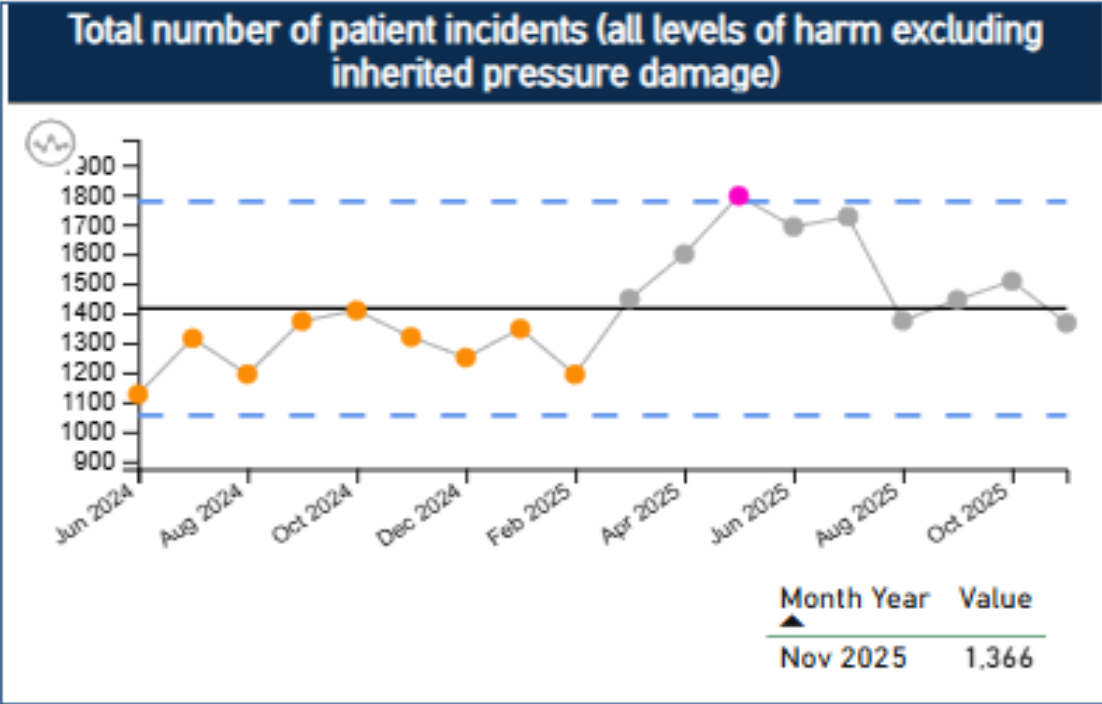
Seclusion duration data available on Trust Online Business Intelligence portal was due to be available from July. Due to some technical challenges this has been delayed and is not yet available. Once available, it will provide a more accurate account of the amount of seclusion that is being used across the Trust. This measure along with episodes will provide a more in-depth picture of the use of seclusion to inform improvement work.

Seclusion duration has been set as a Trust quality priority. During the 1<sup>st</sup> year a clear baseline for seclusion duration will be established on which to set the quality target. The target will be to reduce the amount of seclusion used (duration), not just episodes as currently reported.

## Risks

Key risks associated with the use of seclusion:

- Psychological harm, which may increase the likelihood or intensity of anxiety. In some cases, especially if used for long period or without therapeutic engagement, seclusion can exacerbate psychosis, agitation or suicidal ideation.
- Though seclusion rooms are designed to reduce risk, patients may still harm themselves.
- Physical health issues may go unnoticed or untreated while the person is secluded.
- Regular use of seclusion may reflect poor culture, insufficient training or inadequate de-escalation protocols and can have a negative impact on staff morale.



## Understanding the performance

The number of patient incidents in the last 3 months has returned to more usual levels. The reason for the increase in incidents from April-July 2025 has been covered in previous reports.

Most incidents continue to be on Child and Adolescent (CAMHS) Psychiatric Intensive Care Unit (PICU) Meadow Unit and CAMHS general acute ward (Highfield Unit) relating to patients self-harming. With the majority (99%) of incidents resulting in no specific harm or minor harm.

Across all incidents in November 2025 the most common incident categories are - self harm by patients, administration of medicines and violence by patients towards property. The majority of incidents had no harm or a minor/ low level of harm (91%), this compares to the national figure of 94% taken from the latest published national statistics for quarter 1 2025/26.

There were 3 severe harm incidents that happened under Oxford Health's care in November 2025.

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

## Actions (SMART)

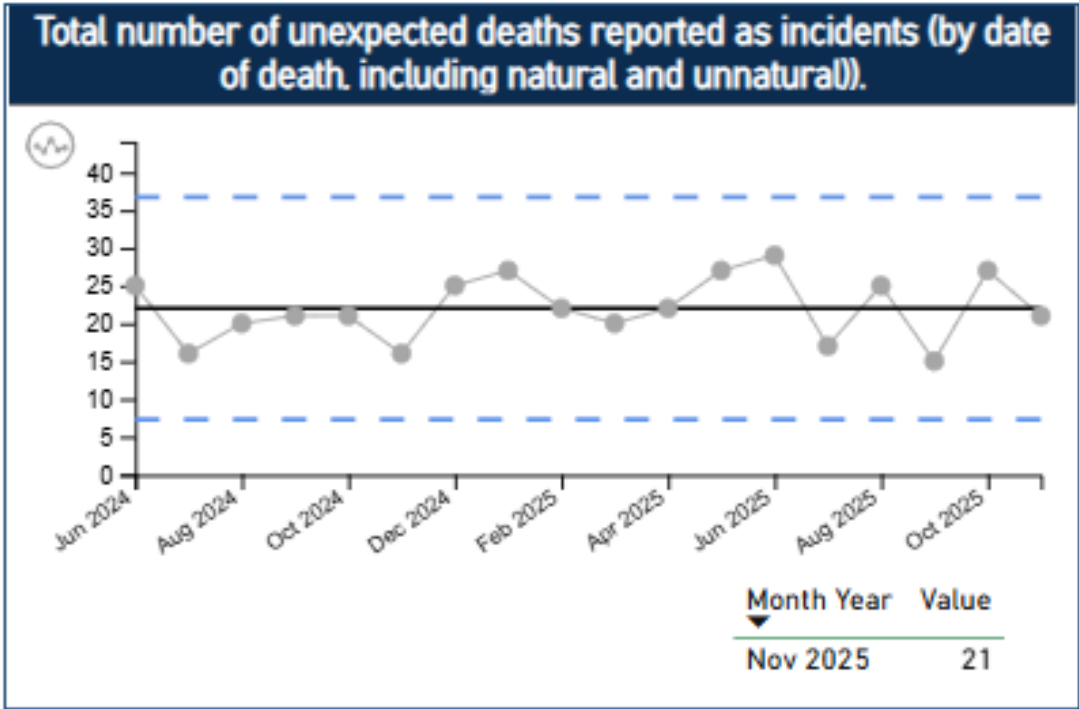
No specific actions are required as the incident pattern represents the current patient group and the clinical work happening with individuals.

The number of moderate harm or severe harm incidents is low and has not changed or increased over time.

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

## 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 moderate harm or above are reviewed by the Trust-wide weekly safety forum.



## 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, Quality and Clinical Governance Group and at the Quality Committee.

No further actions identified.

## Understanding the performance

The Trust takes its role and responsibilities very seriously around reviewing, learning and taking appropriate actions after a patient's death. The Trust's learning from deaths process reviews all known patients on our caseload against a national database to ensure we identify and review all deaths, including patients under our care at the time of their death and those who die within 12 months of discharge 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. The Group last met in October 2025.

Our internal process involves two senior clinicians screening every known patient death and then depending on the outcome of this initial review and/or the circumstances of the death, this is then reported onto Ulysses. All unexpected deaths are then scrutinised by the Directorate senior management team through their weekly patient safety forums, which identify any actions and if 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.

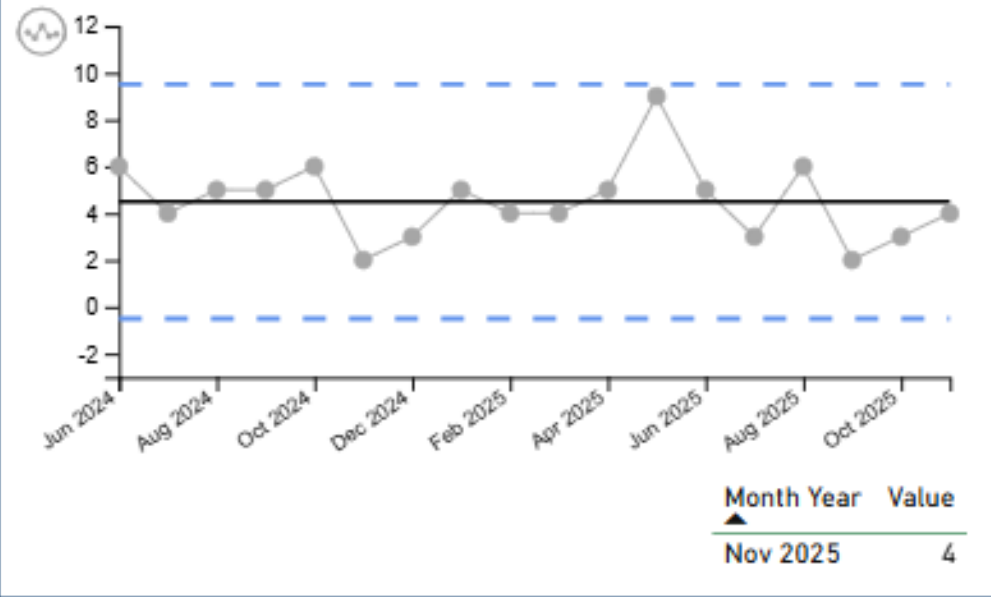
The number of unexpected deaths remains low and there is no change in trend over time. This data includes natural cause deaths. There has been no increase in suspected suicides, see next slide for detail.

No concerns are identified.

## Risks

No specific risks identified.

## Total number of suspected suicides



## Understanding the performance

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

There were 55 confirmed/suspected suicides for open and recently discharged patients in the last 12 months, up to 30<sup>th</sup> November 2025. We have had 0 inpatient suicides in this time period. However there has been 1 suspected suicide of a patient 3 days after being discharged from a ward in August 2025; this has been reviewed as per process.

The Trust is part of two Real Time Surveillance Systems to improve the sharing of information across agencies so that we can learn and act as timely as possible. One of the systems covers the Thames Valley for all suspected suicides in the population and the other is a national system focused on inpatient suspected suicides. From this information we can see the number of suspected suicides in the population in Oxfordshire has increased in 2025 compared to 2024, but it is important to note the Trust has not seen the same increase, so the rise is for patients who have had no referral or contact with Oxford Health services.

## 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.

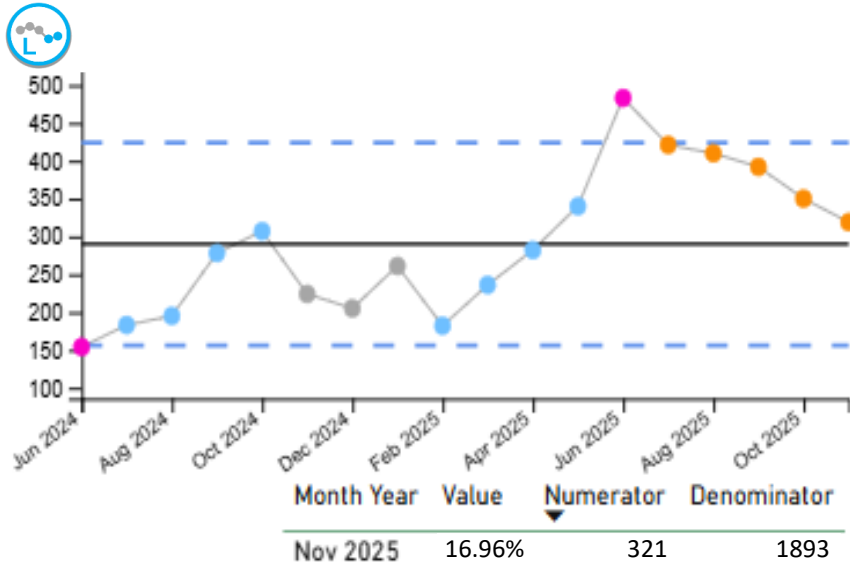
The Trust has a Suicide Prevention Group to steer improvement activity. We are also part of the public health work led by the local authority and national forums to work on the prevention of suicides.

No further actions identified.

## Risks

No specific risks identified.

## Total number of incidents involving physical restraint



## 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.

Since May 2025 there has been a reduction in physical restraints each month. Although it remains at higher levels than 2024/25. November 2025 continued this trend with 321 restraints involving 53 individuals. A reduction from 351 in October 2025.

The highest cause group for incidents involving restraint changed from violence and aggression during July and August back to self harm in September. This has continued with 56% (n=183) of physical restraints being due to self harm and the need to maintain individuals' safety in November. Violence & aggression was the reason for 91 physical restraints, followed by Health for 31 incidents involving physical restraint.

There were 22 incidents of restraint that involved administration of medication and 14 incidents for nasogastric (NG) feeding.

The areas with the highest use in November 2025 continues to be across the Child & Adolescent pathway with 236 of the 321 being across inpatient CAMHS services. CAMHS Psychiatric Intensive Care Unit (PICU) Meadow (n=139), Highfield (adolescent acute mental health ward) (n=85), and CAMHS Marlborough House (n=12). Ashurst (Male PICU) (n=15), Cherwell (older adults) (n=12) and Phoenix (Male acute) (n=12) were the wards with the highest number of incidents involving physical restraints outside of the CAMHS pathway.

## Actions (SMART)

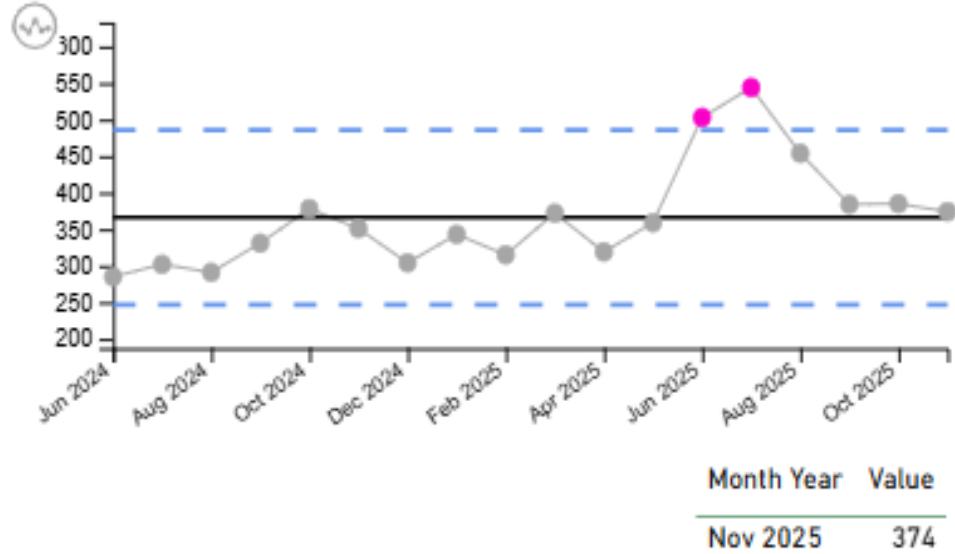
Work across the CAMHS pathway continues to focus on alternatives to physical restraint to maintain the young persons safety through self harm reduction with personalised plans and alternatives to restraint in the event of self harm. A focussed report of this work was reported to the Quality and Governance Sub-group in September 2025.

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

## Risks

To maintain individuals' safety, the use of physical restraint is required at times. In general, physical restraints can have risks associated with patient safety and wellbeing, staff safety and burnout, service and operational delivery.

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



## Understanding the performance

The number of violent incidents increased between June - July 2025 and reduced from August 2025. In the last 12 months up to 30<sup>th</sup> November 2025, the majority of incidents relate to violence from patients towards staff, either physical violence with no injury or verbal abuse. 2 of the violent incidents were RIDDORS\* reportable in November 2025. However, the majority result in no specific harm or minor harm (98%).

It is the inpatient units with the highest number of violent incidents, in November the wards with the highest were;

- Ashurst, adult Psychiatric Intensive Care Unit (PICU)
- Kingfisher, forensic female secure ward
- Phoenix, adult acute mental health ward
- Highfield, Child and Adolescent general acute ward

In November 2025, there was 1 severe harm violent incident whereby a patient in the community assaulted a member of the public.

12% of violent incidents had a racial element in November 2025. The majority of racial violent incidents relate to verbal abuse from patients towards staff and occurred mostly on Kingfisher (forensic secure ward), Ashurst (adult PICU) and Woodlands (forensic secure ward).

\*RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations require employers to report certain type of incidents to the Health and Safety Executive.

## 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.

## Risks

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



## Understanding the performance

The Trust continues to value all complaints and concerns raised to use these as opportunities to make improvements. 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 November 2025 there were 10 early resolution cases, 51 rapid resolution complaints, 9 low level complaints, 4 Care Quality Commission (CQC) cases and 5 Member of Parliament (MP) enquiries. The top teams with 3 or more complaints were Adult Mental Health Bucks Aylesbury Team, AMHT Oxon South, Minor Injury Unit Abingdon, Phoenix Ward (male adult acute) and Sapphire Ward (male adult acute).

During November 2025, the Trust received 164 compliments across services.

## Actions (SMART)

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

## Risks

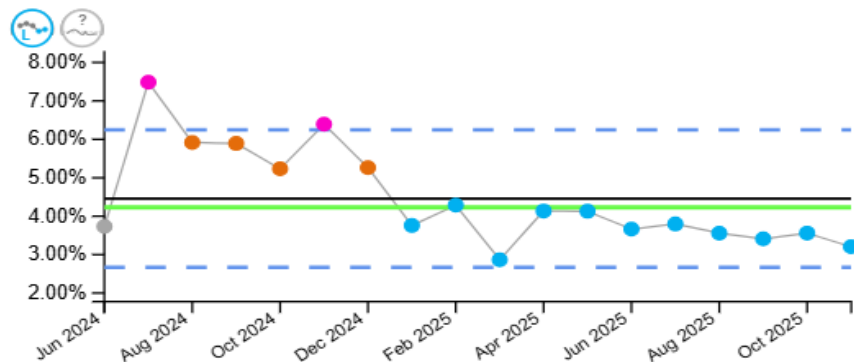
None requiring consideration by the Board of Directors.

## 3.2 People - Be a great place to work

# People - summary

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
<i>Strategic - People</i>	Reduce agency usage to meet target (% of agency used)	<=4.23%	Nov-25	3.20%			4.46%
<i>Strategic - People</i>	Reduction in % labour turnover	<=14%	Nov-25	9.12%			10.87%
<i>Strategic - People</i>	% of staff completing Quality Improvement Training Level 1	-	Nov-25	Interim reporting - 1237 staff completed (1216 in Oct-25)			
<i>Strategic - People Local</i>	Black, Asian and Minority Ethnic (BAME) representation across all pay bands including Board level.	>=19%	Nov-25	27.11%			25.59%
<i>Strategic - People Local</i>	Black, Asian and Minority Ethnic (BAME) representation in senior leadership roles (Bands 8a-8d, Band 9, Very Senior Management).	>=19%	Nov-25	13.88%			13.55%
<i>Local</i>	Proportion of staff in senior leadership roles (bands 8a - 8d, 9 and Very Senior Manager) who are women	-	Nov-25	78.08%		n/a	77.71%
<i>National NOF (scored)</i>	Reduce staff sickness to 4.5%	<=4.5%	Nov-25	5.34%			4.70%
<i>Local</i>	Personal Development Review (PDR) compliance (PDR season is between April – July)	>=95%	Nov-25	95.40%			83.70%
<i>Local</i>	Reduction in vacancies	<=9%	Nov-25	8.41%			10.58%
<i>Local</i>	% of early turnover	<=14%	Nov-25	10.75%			12.85%
<i>Local</i>	Statutory and mandatory training compliance	>=95%	Nov-25	92.50%			91.23%
<i>Local</i>	Overall supervision rate	>=95%	Nov-25	79.90%			75.68%
<i>Local</i>	Staff leaver rate	-	Nov-25	6.10%		n/a	6.63%
<i>Local</i>	Relative likelihood of white applicant being appointed from shortlisting across all posts compared to Black, Asian and Minority Ethnic (BME) applicants	1	Nov-25	1.47			1.88
<i>Local</i>	Relative likelihood of non-disabled applicant being appointed from shortlisting compared to disabled applicants	1	Nov-25	1.06			0.97

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



Month Year	Value	Numerator	Denominator
Nov 2025	3.20 %	£ 1,152,771.54	£ 35,971,291.45

Target: <= 4.23%

## Understanding the performance

We have seen a sustained improvement in the reduction of agency usage by the Trust to below target of 4.23%. Overall, total agency spend in November 2025 fell slightly to 3.2% of total pay bill. The Trust is £1.51m better than plan for agency spend Year to Date.

Agency Spend as a % of Temporary Staffing was 27.6% (£1,153k) and Bank was 72.42% (£3,027k) reflecting the Bank First approach.

Fill rates :

NHSP shifts only (excluding Medical & Dental): In November 25, 81.95% of our temporary staffing shifts (based on hours) were filled by bank workers, above the 81% target. 17.45% were filled by agency workers and 2.25% were unfilled.

Medical & Dental (ID Medical, Allocate and Patchwork agencies): In November 25, 45.7% of our temporary staffing shifts (based on hours) were filled by bank workers; 51.1% were filled by Agency workers and 3.3% were unfilled.

## Actions (SMART) The Break Glass Process for utilisation of

The break glass\* protocol for utilisation of agency Healthcare Assistants (HCA's) was successfully introduced from the 17<sup>th</sup> November 2025 and has resulted in a significant reduction in the utilisation of his workforce, without an increase in utilisation of qualified staff to compensate.

There are currently 21 agency HCA's fully on boarded with NHS Professionals (NHSP) and a further 10 in the process of onboarding. Further recruitment will take place in 2026.

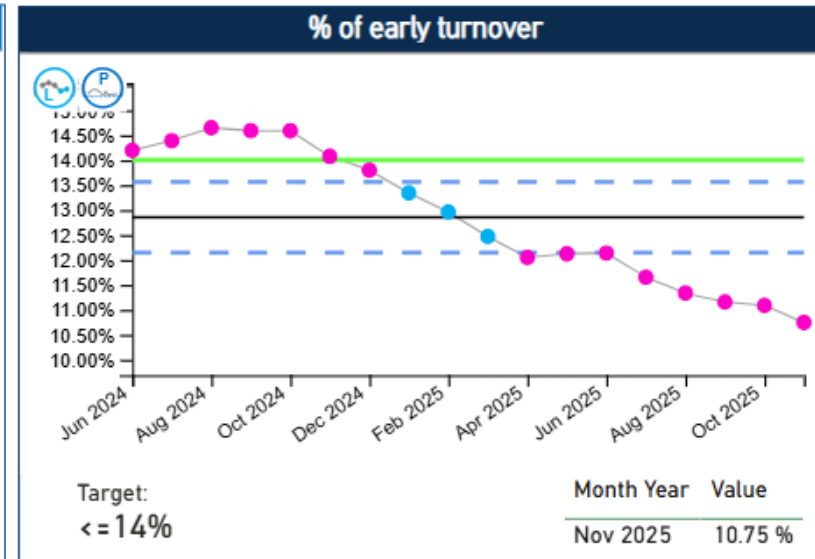
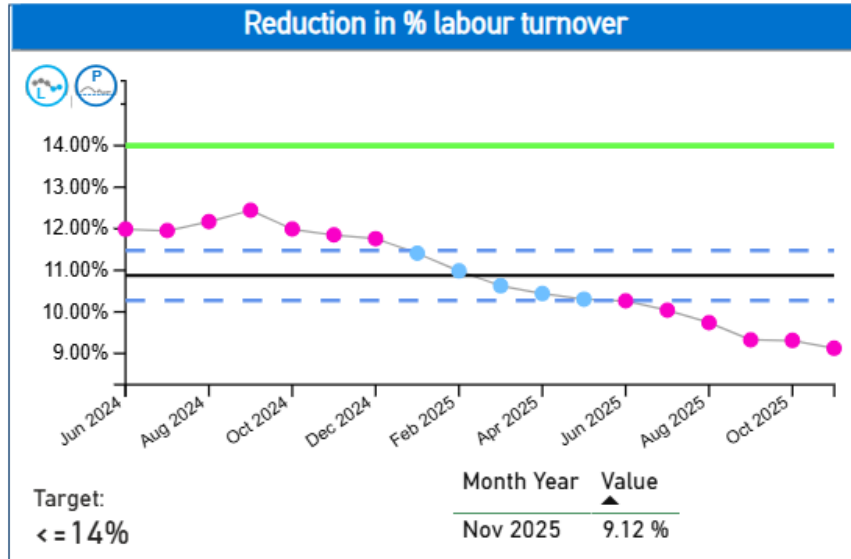
There are currently 26 Locum medics engaged across the Trust, three of these are joining us substantively in Child and Adolescent Mental Health Services during January and February 2026.

Work will continue to ensure performance remains better than target for the last quarter of the financial year.

\*Break glass - following a significant consultation and evaluation process over the last 12 months, NHS England have issued a directive that providers will no longer be permitted to procure agency workers for Band 2 and 3 roles. This directive aligns with the Trust decision in August 2025, to remove the utilisation of Band 3 agency HCAs from Monday 17<sup>th</sup> November 2025. Staffing requirements for shifts that are published on or after Monday, 17<sup>th</sup> November, will not be included in the agency cascade, they will be made available to bank members. Likewise, teams are no longer permitted to directly book a band 2 or 3 agency worker into vacant shifts within their service. If there is an exceptional risk to patient safety, teams may request to "break glass" which will allow an agency worker to be procured for the vacant shift. Routine tasks, such as completing observations, are not considered to be a "break glass" reason.

## Risks

Low uptake from Agency HCAs to join NHSP or the Trust substantively, may result in increased agency utilisation, thereby deflating the message from NHSE.



## Understanding the performance

Staff turnover has shown a sustained reduction since October 2024. In November 2025 it has decreased from 9.31% to 9.12% and remains below the 14% target.

Staff turnover of Black, Asian and Minority Black, Asian and Minority Ethnic staff is 8.31%. White staff turnover is 9.65%.

Early turnover has decreased from 11.09% to 10.74% and remains below target. The early turnover of Black, Asian and Minority Ethnic staff is now lower than the early turnover of white staff at 9.48% compared to early turnover of white staff 12.49%

## Actions (SMART)

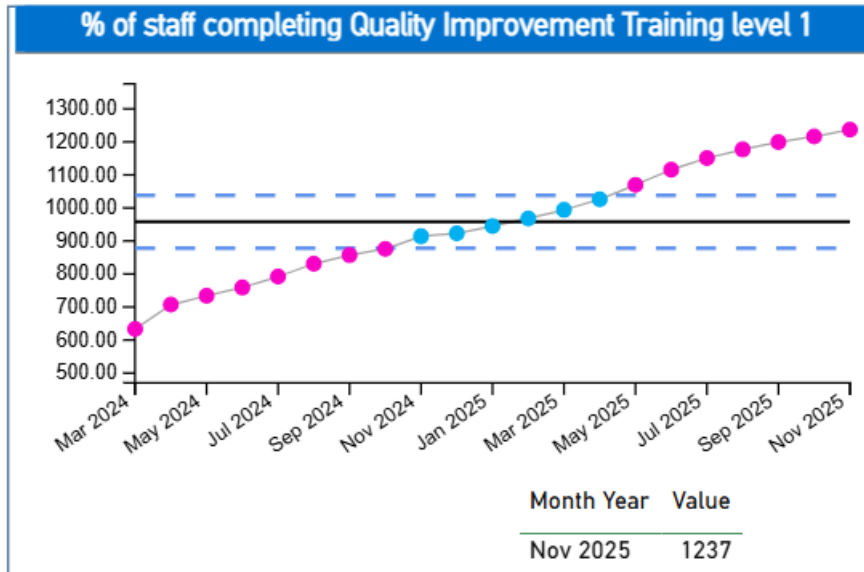
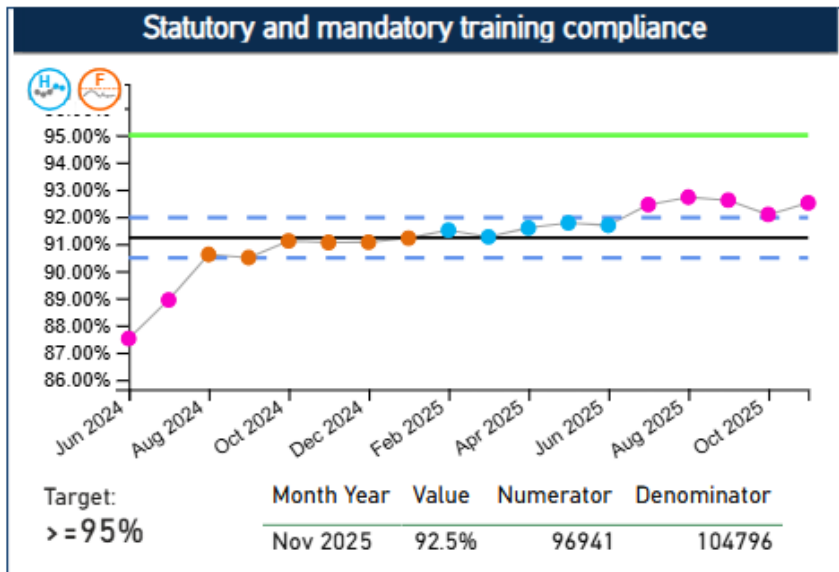
The retention programme has been reviewed, several workstreams have been closed and the work will now focus on:

- Flexible Working which is being reviewed
- and
- Staff Recognition for which a period of discovery is taking place to review what Oxford Health does to recognise its staff and discover what other NHS trusts do in this space.

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

## Risks

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



### Understanding the performance

The Statutory and Mandatory training compliance rate remains consistent with a small increase from 92.08% to 92.50%.

11 out of 12 modules of Mandatory training have a compliance rate above 90%. Only Resus remains under 90% at 79.21%.

The National NHSE Core Skills Training Framework (CSTF) alignment programme is currently reviewing safeguarding training.

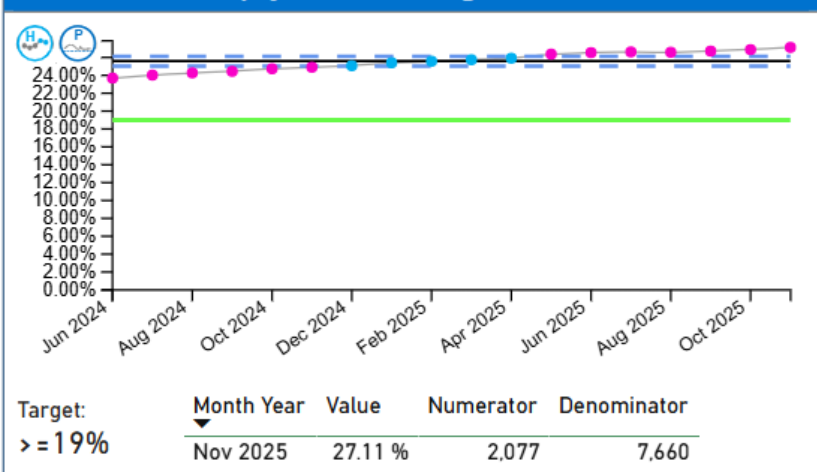
### Actions (SMART)

- This month has seen a slight reduction in Resus compliance from 80.09% to 79.21% - there continues to be high DNA rates but also some cancellation of training due to sickness (both internally but also in the private provider). L1 resus awareness training roll out started on 15th Dec in response to the need to fully align to the CSTF as part of the NHSE National programme. 20% of staff required to completed this training have already done so in the 1st month of roll out.
- The Oliver McGowan tier 1 and 2 training roll out is underway throughout the trust and wider system on a risk-based approach. The second part of the Oliver McGowan Mandatory training is being added to matrices in the Community and Corporate Directorates in three phases from October 2025 to October 2026 due to the availability of training places. Plans for other directorates will be confirmed once the ICB confirms the ongoing plans for delivery.

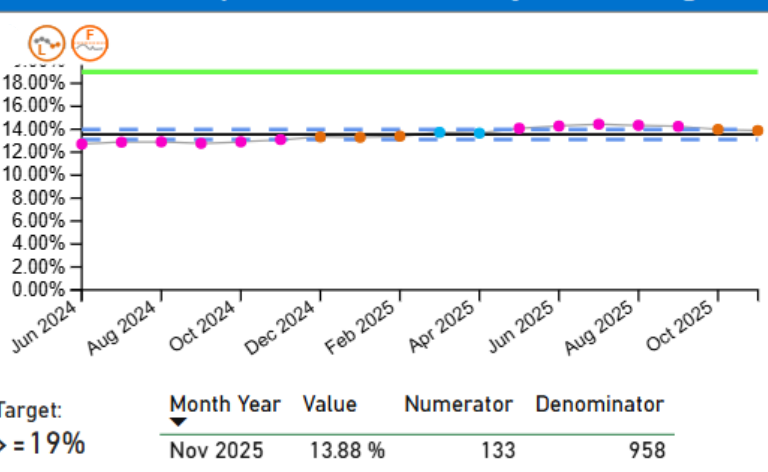
### Risks

If people have not attended mandatory training, there is a risk that quality of care and patient safety may be affected.

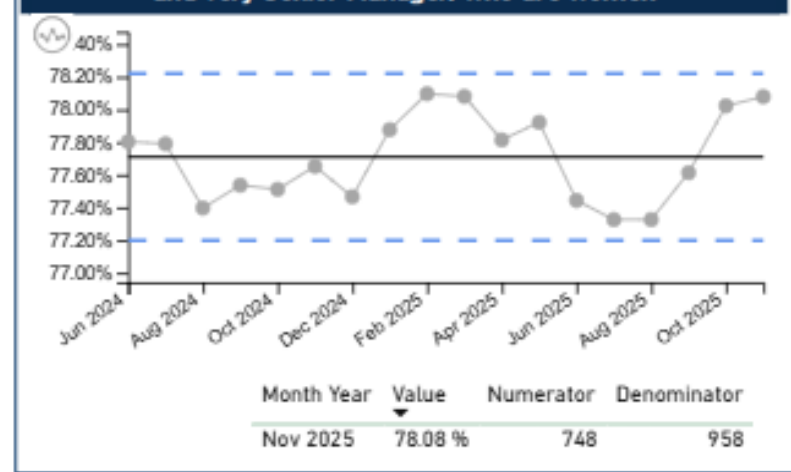
**% of BAME (black, Asian and minority ethnic) representation across all pay bands including board level**



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



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



## Understanding the performance

- There has been a slight increase of 0.85% in the representation of Black, Asian and Minority Ethnic staff across all pay bands in November 2025 reporting period.
- There has been a decrease of 0.25% in the representation of Black, Asian and Minority Ethnic staff in senior leadership roles (bands 8A-8D, B9 and Very Senior Manager ) in November 2025 reporting period.
- There has been a slight increase (78.08%) in the representation of female staff in senior leadership roles (bands 8A-8D, B9 and Very Senior Manager) in the October 2025 reporting period.

## Actions (SMART)

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

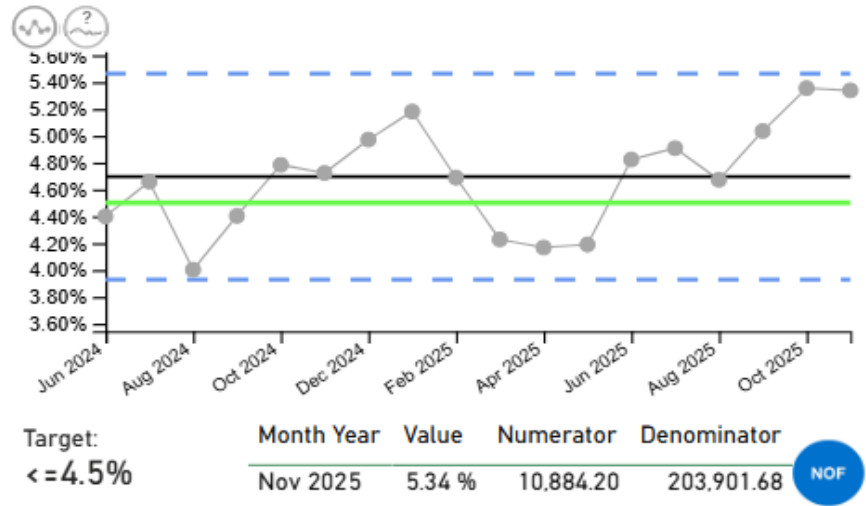
Actions have been included within the NHS Workforce Race Equality Standard (WRES) report that was presented at the Equality, Diversity and Inclusion Steering Group 12 June 2025. We are now focusing on reviewing current actions and will report back via the same Steering Group.

Work has commenced on creating a single plan pulling together all EDI actions, the draft will be socialised during January 2026, and presented at the EDI Steering group in early Feb 26

## Risks

Lack of diversity can result in narrow decision making that lacks cultural insight and does not meet the needs of our patients or staff. This can lead to reduced levels of patient care, increased labour turnover and difficulties attracting diverse talent.

## Reduce staff sickness to 4.5%



## Understanding the performance

The sickness absence rate has decreased from 5.36% to 5.34% in November 2025, 0.84% above target.

The proportion of long term versus short term cases remains rising slightly with the previous month. Long term absence has risen, from 2.84% to 3.20% and short-term absence has decreased slightly from 1.64% to 1.39%

The most common reasons for absence based on number of cases were Cold/Cough/Flu, Gastrointestinal, Not Specified and Headache and Migraine.

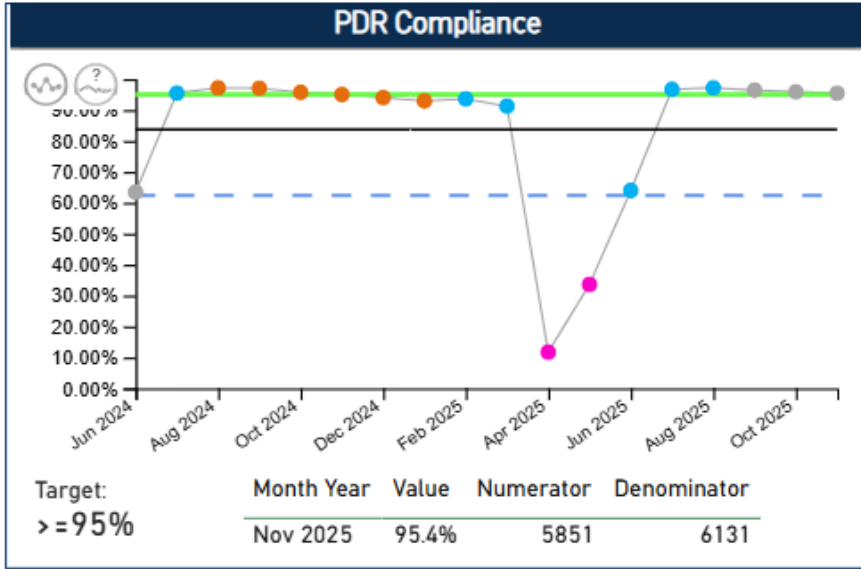
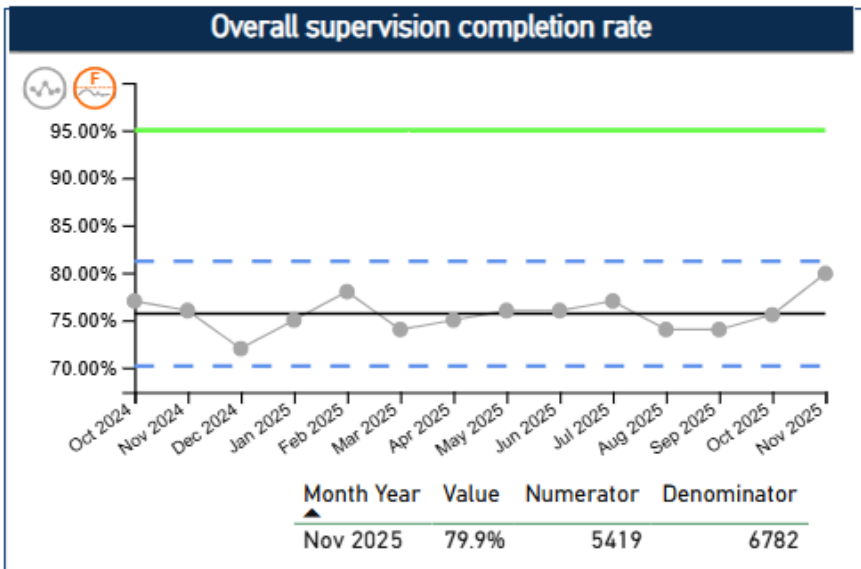
The NHS Medium Term plan states an ambition for all Trusts to reduce sickness absence levels to 4.1%.

## Actions (SMART)

- Absence levels are discussed monthly in Operational Meetings/Service Reviews and in Directorate People Meetings/SMT's and higher areas of absences are highlighted.
- HR Advisors are proactively working with managers to review sickness casework and try and 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. There is also a drive to reduce the number of absence reasons recorded as unknown
- The completion of Return-to-Work Interviews is encouraged, and information is being disseminated within the directorates on any outstanding Return to Work Interviews.

## Risks

- If periods of long-term sickness absence is not regularly reviewed by the line manager, then this can potentially delay any return to work and result in longer periods of staff absence.
- 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.

Personal Development Review (PDR) compliance for the month is in line with previous years patterns, although has fallen slightly (95.43%). All but three directorates are above 95% for PDR compliance (Buckinghamshire Mental Health are 94.0%, Research and Development at 89.2% and Oxfordshire Bath and North East Somerset, Swindon and Wiltshire mental health directorate and at 94.7%).

Clinical and Management supervision has been replaced with an Overall supervision compliance measure which has increased from 75.57% in October 2025 to 79.9% in November 2025.

## Actions (SMART)

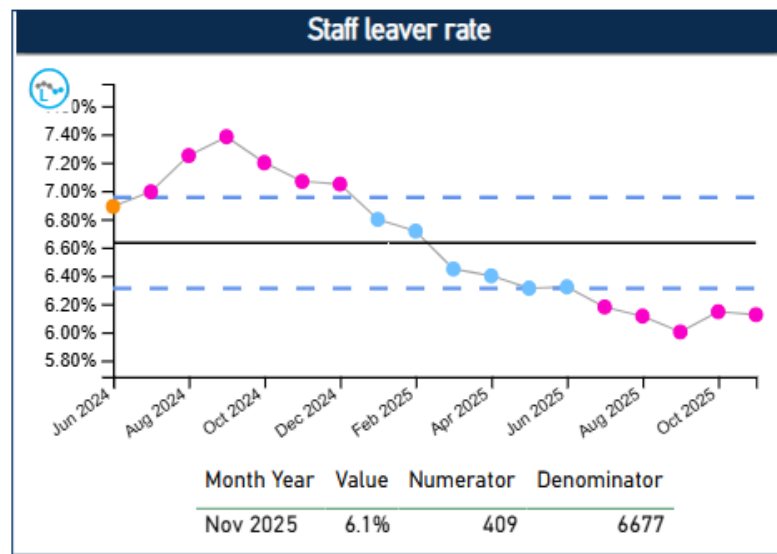
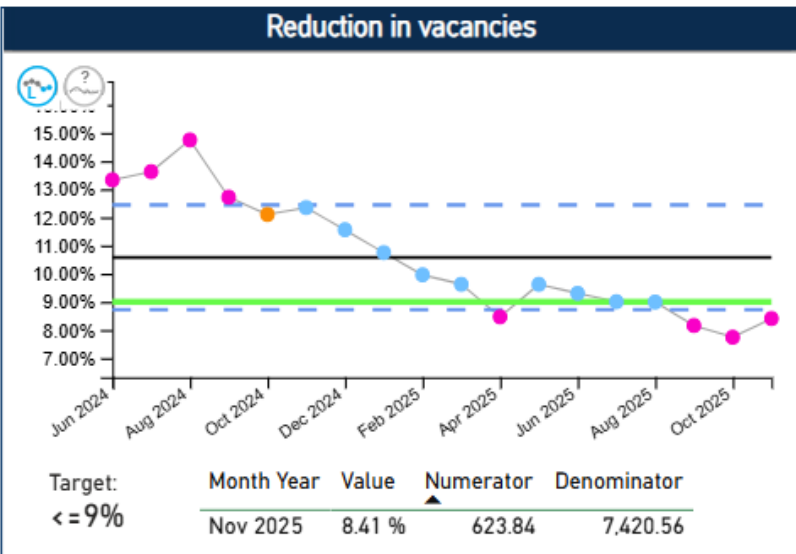
Since the change to a one reporting system for supervision, we have started to see improvements in compliance and feedback from most services and individuals is that they prefer the simplicity of the recording. Staff are still able to record both clinical and managerial supervision separately if needing to as well as options for group and safeguarding supervision.

There have been some concerns raised about the inability to report on separately for psychological therapies – options are being explored.

Using most recent staff survey results the Learning & Development and Organisational Development teams will review the quality of both PDR and supervision interactions and suggest changes in response to this.

## 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.



## Understanding the performance

Following a sustained reduction in the vacancy rate since September 2024, rate has risen in November 25 from 7.7% to 8.4% but remains below the 9% target.

The staff leavers remains low, has seen a slight fall in November 2025, from 6.14% to 6.12%.

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

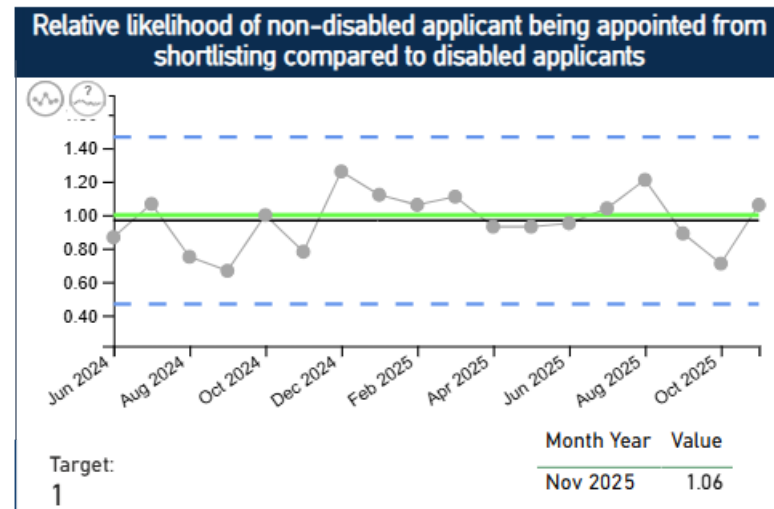
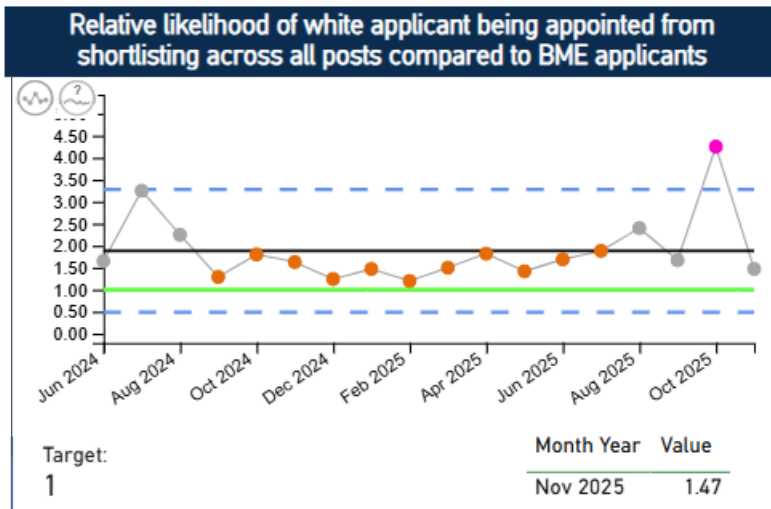
- Vacancy rates have continued to track under the 9% Trust target since July 2025.
- The December HCA event was moved to a bespoke event for Eating Disorders and resulted in successful hires.
- Total time to hire has reduced by 7.2 days since October, this is an expected reduction from changes to the onboarding process, such as the online forms and virtual ID checks. November 2025 time to hire was 64.65 days, in comparison to November 2024 which was 82.36 days.

### Marketing & Events

- The Internal Recruitment Bulletin averaged 2,578 views weekly across 2025, resulting in 817 applications and 152 successful offers to internal candidates, supporting staff retention and improving employee experience.
- The new External Vacancy Spotlight was launched in October 2025 and is now sent monthly to prospective candidates who have signed up to a mailing list and/or to our talent pool, readership averaged 38% in the first quarter.
- Social media spend decreased in 2025, delivering an 85% cost saving, while social reach increased from 3.5k in January 2025 to a peak of 151k in October 2025. Social Media activities resulted in 1526 applications received in 2025 and 64 successful offers.

## 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.
- Increased reliance on new digital tools for pre-employment checks and recruitment processes introduces system-dependency risks that could affect onboarding timelines if outages occur.
- Building sustainable talent pipelines, including early-careers 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 4.25 in October 2025 to 1.47 in November 2025. The higher the ratio, the more likely White applicants are to be appointed than Black, Asian and Minority Ethnic applicants. A ratio under 1 indicates that Black, Asian and Minority Ethnic applicants are more likely to be appointed than White applicants and vice versa. A ratio of 1 indicates equal likelihood for both groups.

The relative likelihood of non-disabled applicants being appointed from shortlisting compared to disabled applicants has increased from 0.71 in October 2025 to 1.06 in November 2025. The higher the ratio the more likely Non-Disabled applicants are to be appointed than Disabled applicants. A ratio of 1 would indicate equal likelihood for both groups.

## Actions (SMART)

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

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

## Risks

Lack of Diversity can result in narrow decision making that lacks cultural insight and does not meet the needs of our patients or staff. This can lead to reduced levels of patient care, increased labour turnover and difficulties attracting diverse talent.








# Section 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.

Quality	People	Sustainability	Research
<p>Deliver the best possible care and health outcomes</p>	<p>Be a great place to work</p>	<p>Make the best use of our resources and protect the environment</p>	<p>Be a leader in healthcare research and education</p>
			
<p>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.</p>	<p>To maintain, support and develop a high-quality workforce and compassionate culture where the health, safety and wellbeing of our workforce is paramount. To actively promote and enhance our culture of equality, diversity, teamwork and empowerment to provide the best possible staff experience and working environment</p>	<p>To make the best use of our resources and data to maximise efficiency and financial stability and inform decision-making, focusing these on the health needs of the populations we serve, and reduce our environmental impact</p>	<p>To be a recognised leader in healthcare research and education by developing a strong research culture across all services and increase opportunities for staff to become involved in research, skills and professional qualifications</p>
			
<ul style="list-style-type: none"> <li>• Care is planned and delivered around the needs of patients</li> <li>• Patients are receiving effective care</li> <li>• We provide timely access to care and when waits occur, we will effectively monitor patients and minimise harm</li> <li>• We are addressing health inequalities</li> <li>• We consistently provide safe care, which a reduction in avoidable in-services harm</li> <li>• We have a safe and learning culture</li> </ul>	<ul style="list-style-type: none"> <li>• We have a sustainable workforce</li> <li>• We have an engaged, well led workforce</li> <li>• We have a skilled, learning workforce</li> <li>• We foster a just work environment</li> </ul>	<ul style="list-style-type: none"> <li>• We are spending and investing as efficiently as possible and sustaining our financial position over the medium term</li> <li>• We are on track for Net Zero Carbon emissions by 2045 as defined within the NHS Carbon Footprint plus</li> <li>• Our digital systems work for us, providing and asking for the right information to enable clinical care and population health management</li> <li>• We will have moved toward a modern, efficient estate that enables access and wellbeing for staff and patients</li> </ul>	<ul style="list-style-type: none"> <li>• We will sustain our leadership in research, strengthen our academic partnerships and embed research capability in the organisation</li> <li>• We will build our capacity to translate our research into services</li> </ul>

# General Appendices

# Latest NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) Performance (source: Mental Health Core Data Pack)

Metric	Latest ICB Target	Aug-25				Sept-25 - Quarter 2				Oct-25			
		BOB ICB	Oxon	Bucks	Berks W	BOB ICB	Oxon	Bucks	Berks W	BOB ICB	Oxon	Bucks	Berks W
Mean LoS for MH adult acute, older adult acute and PICU discharges (target changing periodically)	50	48	47	37	60	47	53	37	46	51	60	35	50
OAPs Percentage of Inappropriate OAPs bed days in Adult Acute beds in the period	null	2%	2%	1%	2%	2%	2%	2%	3%	3%	2%	3%	4%
72hr Follow-up	null	87%	81%	94%	88%	81%	87%	81%	71%	84%	87%	79%	84%
CMH 2+ contacts	null	19510	9030	5590	4905	19610	9085	5610	4935	19710	9135	5620	4975
CMH referral-spells waiting for a full clock stop	null	9805	4520	3405	1880	9790	4575	3310	1905	9655	4490	3235	1935
CMH referral-spells waiting more than 104 weeks for a 2nd contact	null	135	100	30	5	115	80	25	5	110	80	25	5
Open CMH referral-spells waiting for a 2nd contact	null	3065	1145%	1115	800	3015	1180	1035	805	3050	1170	1070	810
Open CMH referral-spells with 2+ contact that have had a full meaningful help clock stop	null	34%	25%	23%	62%	35%	26%	24%	62%	37%	28%	26%	62%
CYP 1+ contacts (target changing periodically)	25329	26705	8960	7900	9860	26940	9085	7960	9915	27140	9220	8050	9890
CYP Paired scores (%)	null	6%	*	*	*	9%	*	*	*	13%	*	*	*
CYP Self-rated measurable improvement (%)	null	35%	*	*	*	16%	*	*	*	30%	*	*	*
CYP referral-spells waiting for a full clock stop	null	24870	9350	6605	8910	25135	9480	6655	9005	25455	9640	6835	8975
CYP referral-spells waiting more than 104 weeks for a 1st contact	null	2830	1210	730	890	2865	1220	730	915	2905	1225	740	945
Open CYP referral-spells waiting for a 1st contact	null	10665	3000	2310	5355	10980	3190	2465	5320	11030	3265	2535	5230
Open CYP referral-spells with 1+ contact that have had a meaningful help clock stop	null	13%	12%	8%	21%	15%	14%	11%	22%	16%	14%	11%	23%
CYP ED Routine (interim)	null	90%	89%	89%	94%	89%	89%	80%	94%	92%	89%	90%	100%
CYP ED Routine (interim)	null	81%	67%	100%	*	86%	82%	86%	*	85%	78%	88%	100%
Dementia: 65+ Estimated Diagnosis Rate	null	62.60%	64.10%	58.40%	65.40%	62.70%	64.40%	58.40%	65.30%	63.10%	64.70%	59.00%	65.60%
EIP 2 week waits	null	81%	81%	77%	100%	69%	68%	65%	*	68%	69%	60%	100%
Inpatient No Contact BME	null	13%	14%	17%	*	13%	15%	13%	*	15%	21%	*	*
Inpatient No Contact White British	null	13%	12%	19%	14%	13%	15%	*	14%	10%	11%	8%	10%
Inpatient No Contact	null	14%	12%	13%	12%	13%	16%	10%	12%	12%	14%	10	10%
Individual Placement and Support (IPS, rolling 12 month; target changing periodically)	1032	1545	715	370	465	1580	750	360	470	1605	755	370	480
% of People discharged from adult acute beds aged 18 to 64 with a length of stay 60+ days	null	21%	24%	15%	22%	21%	23%	17%	24%	25%	27%	19%	28%
% of People discharged from older adult acute beds aged 65+ with a length of stay 90+ days	null	34%	30%	*	57%	40%	35%	31%	60%	42%	41%	29%	62%
OAPs bed days (inappropriate only)	null	515	285	90	135	620	260	150	210	710	210	155	345
OAPs active at the end of the period (inappropriate only)	6	5	*	*	*	5	*	*	*	5	*	*	5
Perinatal access (rolling 12 month)	1379	1615	585	425	605	1645	600	420	625	1675	605	430	640
Restrictive Interventions per 1,000 bed days	null	*	*	*	*	*	*	*	*	*	*	*	*
SMI PH (quarterly metric)	null					47%	41%	50%	54%				
Talking Therapies Completing a course of treatment	1824	1715	660	665	390	1945	730	710	505	2020	790	705	520
Talking Therapies Completing a course of treatment 65+(quarterly metric)	null					535	170	255	110				
Talking Therapies Completing a course of treatment (YTD) (target changing periodically)	13219	9355	3635	3465	2255	11300	4360	4175	2760	13245	5155	4810	3275
Talking Therapies Reliable Improvement (target changing periodically)	68.2%	66%	68%	65%	64%	68%	70%	67%	68%	65%	65%	67%	60%
Talking Therapies Reliable Recovery (target changing periodically)	49.7%	48%	69%	48%	46%	50%	53%	49%	48%	48%	48%	49%	45%
Talking Therapies Reliable Recovery BME (quarterly metric)	null					42%	43%	43%	41%				
Talking Therapies Reliable Recovery White British (quarterly metric)	null					51%	52%	51%	49%				
Talking Therapies 1st - 2nd Treatment >90 days	null	7%	6%	2%	15%	8%	6%	3%	16%	9%	7%	3%	21%
Talking Therapies 6 week waits	null	94%	100%	99%	75%	93%	100%	96%	77%	93%	99%	97%	77%
Talking Therapies 18 week waits	null	100%	100%	100%	99%	100%	100%	100%	99%	100%	100%	100%	100%
Mental Health A&E 12hr breaches - Adult (%)	null	10%	4%	16%	12%	14%	7%	22%	19%	13%	8%	16%	18%
Mental Health A&E 12hr breaches - CYP (%)	null	*	*	*	*	5%	*	*	*	7%	10%	*	*
Referrals to LPS from A&E (contacts within 1hr)	null	86%	88%	90%	78%	85%	90%	91%	72%	90%	93%	92%	81%
Urgent referrals to CCS (contacts within 24hrs)	null	66%	56%	72%	61%	65%	69%	60%	72%	68%	67%	66%	69%
Very Urgent referrals to CCS (contacts within 4hrs)	null	52%	*	*	100%	71%	60%	*	79%	74%	*	78%	100%

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

# 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	<b>Improve access to mental health support for children and young people</b>	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.
	<b>Four (4) week wait for mental health support for children and young people</b>	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.
	<b>% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - children and young people</b>	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.
	<b>% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - children and young people</b>	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.
	<b>Increase the number of adults and older adults completing a course of treatment for anxiety and depression</b>	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.
	<b>% of those completing a course of treatment for anxiety and depression who are older adults (65 and over)</b>	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.
	<b>Reliable improvement rate for those completed a course of treatment adult and older adults combined</b>	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.
	<b>% of people receiving first treatment appointment within 6 weeks of referral</b>	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.
	<b>% of people receiving first treatment appointment within 18 weeks of referral</b>	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.
	<b>Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments)</b>	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.
<b>Reliable recovery rate for those completed a course of treatment adults and older adults combined</b>	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	<b>Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined</b>	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.
	<b>Recovery rate for White British - complete a course of treatment, adult and older adult combined</b>	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.
	<b>Improve access for Adults and Older Adults to support by community mental health services</b>	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.
	<b>4 week wait (28 days) standard (interim metric – two contacts within pathway)</b>	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.
	<b>Deliver annual physical health checks to people with Severe Mental Illness</b>	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.
	<b>Improve access to perinatal mental health services</b>	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.
	<b>% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral</b>	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.
	<b>Number of people accessing Individual Placement Support (IPS)</b>	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.
	<b>Recover dementia diagnosis rate</b>	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	<b>Response from Mental Health Psychiatric Liaison within 1 hour</b>	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.
	<b>Response from Mental Health Psychiatric Liaison within 24 hours</b>	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.
	<b>Response from Mental Health Crisis Service within 4 hours (Very Urgent)</b>	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.
	<b>Response from Mental Health Crisis Service within 24 hours (Urgent)</b>	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.
	<b>Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission</b>	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.
	<b>Mean Length of Stay Mental Health acute, older adult acute and Psychiatric Intensive Care Unit (PICU) discharges (combined; rolling 3 months)</b>	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.
	<b>72 hour follow up for those discharged from mental health wards</b>	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.
	<b>Inappropriate Out of Area Placements (mental health inpatients)</b>	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.
	<b>% adult acute readmission within 30 days for mental health</b>	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.
<b>Average number of clinically ready for discharge patients per day</b>	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	<b>% of out of hours palliative care referrals responded to within 30 minutes</b>	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.
	<b>% of out of hours palliative care referrals responded to within 60 minutes</b>	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.
	<b>National Early Warning System (NEWS) escalated appropriately</b>	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.
	<b>National Early Warning System (NEWS) completed where applicable</b>	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.
	<b>% of breastfeeding prevalence at 6–8 weeks old</b>	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.
	<b>% of Minor Injury Unit patients seen within 4 hours</b>	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.
	<b>Consistently meet or exceed the 70% 2-hour Urgent Community Response (UCR) standard</b>	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.
	<b>Available virtual ward capacity per 100k head of population (nationally reported system measure)</b>	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.
	<b>Virtual ward occupancy (nationally reported system measure)</b>	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	<b>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</b>	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.
	<b>Healthy Child Programme - No. and % of families receiving a new birth visit within 14 days of birth</b>	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.
	<b>Healthy Child Programme - % of 6-8 week reviews completed</b>	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.
	<b>Healthy Child Programme - % of 12-month development reviews completed by the time the child turned 12 months</b>	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.
	<b>Healthy Child Programme - % of 2 to 2.5 year reviews completed</b>	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.
	<b>Community Dentistry - Proportion of patients accepted for care who are seen for an assessment within 12 weeks (Of those treated in period)</b>	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.
	<b>Community Dentistry - Special Care - Core Units of Activity (UDA)</b>	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.
	<b>Community Dentistry - Urgent Care - Out of Hours Units of Activity (UDA) combined with main out of hours dental service</b>	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.
	<b>Emergency Dental Service Waiting times to triage - % Patients triaged within 6 hours</b>	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	<b>Out of Hours GP - average response time for out of hours high priority referrals</b>	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.
	<b>Out of Hours GP - average response time for out of hours less urgent referrals</b>	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.
	<b>Out of Hours GP - average response time for out of hours urgent referrals</b>	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.
	<b>Out of Hours GP - average response time for out of hours routine referrals</b>	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.
	<b>% of patients waiting over 52 weeks for community services - Children and Young People</b>	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.
	<b>% of patients waiting over 52 weeks for community services - Adults</b>	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.
	<b>Average number of Medically Optimised per Discharge patients per night</b>	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	<b>Reduce agency usage to meet target (% of agency used)</b>	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.
	<b>Reduction in % labour turnover</b>	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.
	<b>% of staff completing Quality Improvement Training Level 1</b>	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.
	<b>BAME representation across all pay bands including Board level</b>	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.
	<b>BAME representation in senior leadership roles (Bands 8a-9, VSM)</b>	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	<b>Proportion of senior leadership roles held by women (Bands 8a-9, VSM)</b>	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.
	<b>% of patients responding that overall care was good or very good</b>	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.
	<b>% of patients report being involved in their care</b>	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.
	<b>Reduction in the use of prone restraints (number of incidents involving prone restraint)</b>	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.
	<b>Reduction in use of seclusion (number of incidents involving seclusion)</b>	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.
	<b>Total number of patient incidents (all levels of harm excluding inherited pressure damage)</b>	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.
	<b>Total number of unexpected deaths reported as incidents (by date of death, including natural and unnatural)</b>	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.
	<b>Number of suspected suicides</b>	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.
	<b>Total number of incidents involving physical restraint</b>	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.
	<b>Total number of violence, physical, non-physical and property damage incidents (patients and staff)</b>	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	<b>Total number of complaints and resolutions</b>	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.
	<b>Reduce staff sickness to 4.5%</b>	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.
	<b>Personal Development Review (PDR) compliance (PDR season is between April–July)</b>	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.
	<b>Reduction in vacancies</b>	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.
	<b>% of early turnover</b>	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.
	<b>Statutory and mandatory training compliance</b>	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.
	<b>Clinical supervision completion rate</b>	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.
	<b>Management supervision rate</b>	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.
	<b>Staff leaver rate</b>	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.
	<b>Relative likelihood of white applicant being appointed from shortlisting compared to BME applicants</b>	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.
<b>Relative likelihood of non-disabled applicant being appointed from shortlisting compared to disabled applicants</b>	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

## November 2025 (Month 8 FY26)

### Report to Board of Directors

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

## Executive Summary



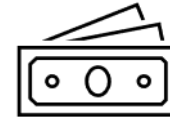
### Income & Expenditure position

- YTD – £2.3m surplus, £0.1m better than plan
- Forecast £4.8m surplus, on plan



### Capital Expenditure

- Full Year Forecast Outturn –£22.7m which matches the funding available



### Cash

- Actual £96.0m

## Key messages:

1. The Trust's YTD and Forecast Revenue positions are on plan. The forecast includes a £1.1m provision held for unknown risks this month due to the directorate forecasts being better than plan. There are £4.5m of risks and £10.5m of opportunities to the forecast position.
2. Capital programmes have spent less than was expected so far, with YTD net capital expenditure of £5.4m. Programme activity and spend will increase over the coming months and purchase order commitments of £8.4m are in place. The forecast is for spend of £22.7m. The capital plan has been revised with the intention of ensuring it is delivered within the financial year.
3. Controls over staffing are working well and Agency spend is forecast to be £3.1m better than plan this year, which has improved from £2.2m better than plan at month 7.

## 1. Income & Expenditure Statement

	INCOME STATEMENT											
	Month 8				Year-to-date				Forecast			
	Plan £m	Actual £m	Variance £m	Variance %	Plan £m	Actual £m	Variance £m	Variance %	Plan £m	Forecast £m	Variance £m	Variance %
Clinical Income	47.6	47.6	0.0	0.0%	381.8	375.9	-5.9	-1.6%	585.6	568.8	-16.8	-3%
Other Operating Income	11.8	12.8	1.1	9.0%	93.4	100.5	7.1	7.6%	140.8	151.7	10.9	8%
<b>Operating Income, Total</b>	<b>59.3</b>	<b>60.4</b>	<b>1.1</b>	<b>1.8%</b>	<b>475.2</b>	<b>476.4</b>	<b>1.2</b>	<b>0.2%</b>	<b>726.4</b>	<b>720.5</b>	<b>-6.0</b>	<b>-1%</b>
Employee Benefit Expenses (Pay)	36.3	36.0	0.3	0.9%	289.4	284.8	4.5	1.6%	434.0	429.2	4.9	1%
Other Operating Expenses	21.1	22.6	-1.5	-7.1%	172.3	179.0	-6.7	-3.9%	270.9	269.5	1.3	0%
<b>Operating Expenses, Total</b>	<b>57.4</b>	<b>58.6</b>	<b>-1.2</b>	<b>-2.0%</b>	<b>461.7</b>	<b>463.8</b>	<b>-2.1</b>	<b>0.5%</b>	<b>704.9</b>	<b>698.7</b>	<b>6.2</b>	<b>1%</b>
<b>EBITDA</b>	<b>1.9</b>	<b>1.8</b>	<b>-0.1</b>		<b>13.5</b>	<b>12.6</b>	<b>-1.0</b>		<b>21.5</b>	<b>21.8</b>	<b>0.2</b>	
Financing costs	1.4	1.3	0.1	9.4%	11.3	10.2	1.1	10.5%	16.8	16.0	0.9	5%
<b>Surplus/ (Deficit)</b>	<b>0.4</b>	<b>0.5</b>	<b>0.0</b>		<b>2.2</b>	<b>2.4</b>	<b>0.1</b>		<b>4.7</b>	<b>5.8</b>	<b>1.1</b>	
Adjustments	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0
<b>Adjusted Forecast Surplus/ (Deficit)</b>	<b>0.4</b>	<b>0.5</b>	<b>0.0</b>		<b>2.2</b>	<b>2.3</b>	<b>0.1</b>		<b>4.8</b>	<b>5.8</b>	<b>1.1</b>	
Amount held for unknown risks										1.1	1.1	
<b>Forecast Surplus/ (Deficit)</b>									<b>4.8</b>	<b>4.8</b>	<b>0.0</b>	

The month 8 YTD position is a **£2.3m** surplus which is **£0.1m** better than plan. EBITDA is **£1.0m** adverse to plan and Financing costs are **£1.1m** favourable to plan. The underspend on Financing costs is due to higher than planned interest receivable (**£0.6m**) and lower than planned depreciation costs (**£0.7m**), offset with higher than planned interest payable costs (**£0.2m**). The underspend on depreciation is offset with an adverse variance on clinical income as NHS England fund actual depreciation costs.

Income is **£1.2m** favourable to plan YTD. The main drivers are a **£3.1m** adverse variance on Provider Collaboratives where income has been matched to spend offset by a **£3.8m** favourable variance in Oxford Pharmacy Store due to higher than planned income.

Operating expenditure is **£2.1m** adverse to plan YTD. This includes the corresponding variances to the income variances: **£3.8m** higher than planned expenditure in Oxford Pharmacy Store and **£3.1m** lower than planning expenditure in Provider Collaboratives. Pay in other areas of the Trust is **£3.6m** underspent offset with the following areas of overspend in non-pay: **£2.5m** on mental health out of area placements, **£1.0m** on CAMHS sub-contracts using budget from vacancies, **£0.7m** on Drugs and **£0.7m** on Learning Disabilities out of area placements.

The forecast is a **£4.8m** surplus, which is on plan. This includes **£1.1m** not in the directorate forecasts but held for unknown risks.

## 2. Forecast Risks & Opportunities

Risks	£'000	Likelihood
Balance Sheet changes	3,000	Medium
Mental health out of area placements	550	Medium
Estates contract accruals	200	Medium
Profit on disposal assumed in plan	152	Medium
Professional fees in Estates and Facilities	150	Medium
Insurance claim	120	Medium
Learning Disabilities OAPs	120	Medium
Legal fees	100	Medium
PFI consultancy and legal costs	100	Medium
	4,492	

Opportunities	£'000	Likelihood
Balance Sheet changes	3,000	Medium
Agency Doctors VAT reclaim	1,440	Medium
Secure PC gain share	1,304	Medium
Clinical income not confirmed	1,217	Medium
Strategic Estates spend reduction	544	Medium
Learning Disabilities OAP discharge	480	Medium
Improved directorate positions	345	Medium
Additional income in Forensics	279	Medium
Improvement in R&D position	100	Medium
IT licenses VAT saving	863	Low
Clinical income not confirmed	550	Low
Additional income in Oxford Psychology Institute	200	Low
Risk Share on ICB MH spend	200	Low
	10,523	

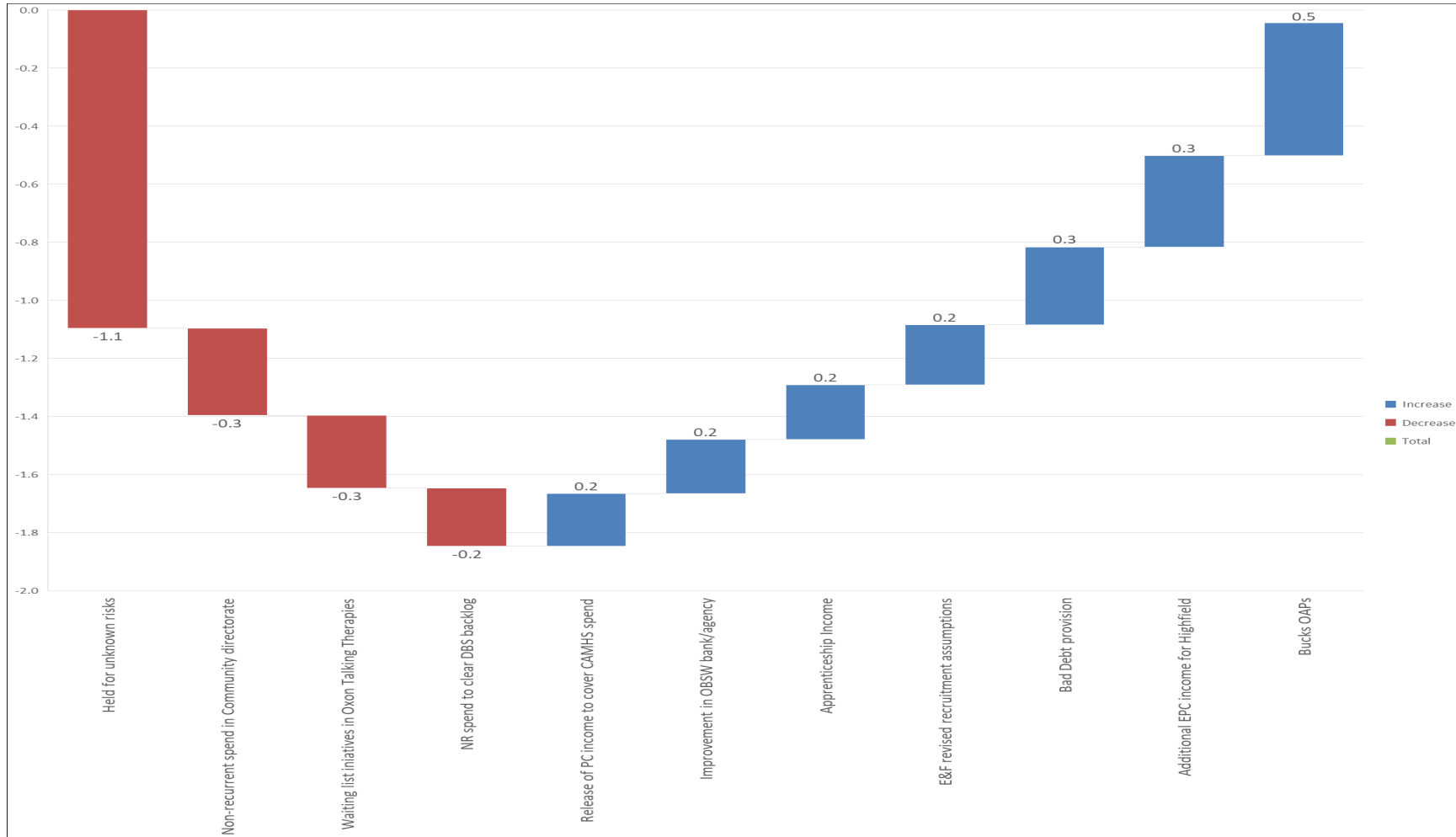
The Trust's Forecast Outturn is for a **£4,750k** surplus, which is on plan. This includes **£1.1m** not in the directorate forecasts but held for unknown risks.

There are **£4.5m** of risks and **£10.5m** of opportunities to the forecast. This gives a forecast range of between **£10.5m** better than plan and **£4.5m** worse than plan. There are no high likelihood risks and opportunities.

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

Forecast range - all risks and opportunities			
£'000	Budget	Full Year Actual	Forecast Outturn
Upside Forecast	-4,750	-15,272	10,522
Downside Forecast	-4,750	-258	-4,492

### 3. Change from Previous Month's Forecast



#### 4. Capital Investment Programme – 2025/26

Capital Projects	Month 8			Year to Date			FY26				Commitments £,000
	Plan £,000	Actual £,000	Variance £,000	Plan £,000	Actual £,000	Variance £,000	Original Plan £,000	Latest Plan £,000	Forecast £,000	Variance £,000	
<b>Capital</b>											
Operational	-	136	(136)	1,330	298	1,032	1,585	1,560	1,424	136	313
Transformation	562	93	469	3,688	881	2,807	6,410	4,801	2,727	2,074	3,485
<b>Sub-Total</b>	<b>562</b>	<b>229</b>	<b>333</b>	<b>5,018</b>	<b>1,180</b>	<b>3,839</b>	<b>7,995</b>	<b>6,361</b>	<b>4,151</b>	<b>2,210</b>	<b>3,798</b>
<b>Critical Infrastructure Risk</b>											
Operational	203	22	181	2,920	202	2,718	3,487	3,488	3,809	(322)	2,313
Transformation	244	35	209	732	111	621	1,707	1,037	1,037	-	43
<b>Sub-Total</b>	<b>446</b>	<b>57</b>	<b>390</b>	<b>3,652</b>	<b>313</b>	<b>3,339</b>	<b>5,194</b>	<b>4,525</b>	<b>4,846</b>	<b>(322)</b>	<b>2,356</b>
<b>Bid</b>											
UEC - Transformation (Witney MIU)	102	-	102	351	19	332	690	690	838	(149)	906
NHSE Transformation (Solar PV)	104	-	104	134	0	134	343	343	343	(0)	-
<b>Sub-Total</b>	<b>206</b>	<b>-</b>	<b>206</b>	<b>485</b>	<b>19</b>	<b>466</b>	<b>1,032</b>	<b>1,032</b>	<b>1,181</b>	<b>(149)</b>	<b>906</b>
<b>Other</b>											
PFI Exit	-	-	-	2,000	-	2,000	2,000	2,000	2,000	-	-
IFRS16 new leases / dilapidations	300	589	(289)	1,455	1,781	(326)	1,300	1,300	2,080	(780)	-
IFRS16 Lease renewals / increases	100	-	100	758	182	576	900	900	600	300	-
<b>Sub-Total</b>	<b>400</b>	<b>589</b>	<b>(189)</b>	<b>4,213</b>	<b>1,963</b>	<b>2,250</b>	<b>4,200</b>	<b>4,200</b>	<b>4,680</b>	<b>(480)</b>	<b>-</b>
<b>IM&amp;T</b>											
IT	342	433	(91)	1,266	476	790	1,750	1,750	1,696	54	510
Clinical Systems	10	249	(239)	710	440	270	750	750	750	-	134
<b>Sub-Total</b>	<b>352</b>	<b>682</b>	<b>(330)</b>	<b>1,976</b>	<b>917</b>	<b>1,059</b>	<b>2,500</b>	<b>2,500</b>	<b>2,446</b>	<b>54</b>	<b>645</b>
<b>Total Agreed by FIC &amp; Exec's</b>	<b>1,967</b>	<b>1,557</b>	<b>410</b>	<b>15,344</b>	<b>4,391</b>	<b>10,953</b>	<b>20,922</b>	<b>18,618</b>	<b>17,305</b>	<b>1,313</b>	<b>7,705</b>
<b>Additional Projects</b>											
UEC - Transformation (Abingdon)	-	-	-	-	-	-	-	1,200	1,200	-	-
Wantage Capital Transformation (Additional budget - Orig £277K)	-	-	-	-	-	-	-	-	1,050	(1,050)	-
NHSE Transformation (Chargepoint Scheme)	-	-	-	-	-	-	-	130	130	-	-
Additional Estates Projects	-	-	-	-	-	-	-	1,559	1,544	15	728
Additional IT Projects	1,000	999	1	1,000	999	-	-	1,810	1,810	-	-
Amount Held for Unanticipated (Over)/Underspends	-	-	-	-	-	-	-	-	(322)	322	-
<b>Sub-Total</b>	<b>1,000</b>	<b>999</b>	<b>1</b>	<b>1,000</b>	<b>999</b>	<b>-</b>	<b>-</b>	<b>4,699</b>	<b>5,412</b>	<b>(713)</b>	<b>728</b>
<b>Grand Total</b>	<b>2,967</b>	<b>2,556</b>	<b>410</b>	<b>16,344</b>	<b>5,390</b>	<b>10,953</b>	<b>20,922</b>	<b>23,317</b>	<b>22,717</b>	<b>600</b>	<b>8,432</b>

- The Trust's original capital plan of £20.9m was approved by Execs and FIC in May.
- The plan has now been updated to include £2.6m of additional transformation projects for Abingdon and Wantage, with funding confirmed by NHSE. New projects across Estates and IT have also been approved to offset delays in the core capital programme. **The updated funding available is £22.7m.**
- **The YTD net spend is £5.4m (£2.8m in Oct)**
- **The forecast outturn is £22.7m.**

## The 3As from Capital Programme Group are:

### Alert

- **Medium Term Capital Plan:** It is an advantage to be able to plan ahead but the process deadlines are tight and the plan is being set before Trust Strategy and Estates and Digital strategies are complete so there will be risks of unknown cost pressures arising and a need to respond to new circumstances as they arise.

### Assurance

- **Financial Spend and Estates Commitments:** A significant increase in Estates spending and new purchase order commitments are bringing spend closer to year to plan. Ongoing monthly monitoring and vigilance required.

### Advise

- **PFI Exit Settlement:** The arbitration process for the PFI exit settlement is still ongoing. Currently we are in the process of independent experts completing their review and reports on the state of the building at transfer. By December we will have a clearer idea of the maximum capital risk and whether there is a revenue risk.

## 5. Directorate Financial Performance Summary

Directorate	Month 8				Year-to-date				Forecast			
	Plan £m	Actual £m	Variance £m	Variance %	Plan £m	Actual £m	Variance £m	Variance %	Plan £m	Forecast £m	Variance £m	Variance %
Oxfordshire & BSW Mental Health	12.8	12.5	0.3	0.0%	101.9	102.2	-0.3	-0.3%	152.8	152.9	-0.1	0%
Buckinghamshire Mental Health	6.2	5.7	0.5	8.3%	49.7	49.9	-0.1	-0.3%	74.5	74.8	-0.3	0%
Forensic Mental Health	3.0	3.2	-0.2	-6.3%	24.2	25.5	-1.3	-5.2%	36.4	38.1	-1.8	-5%
Learning Disabilities	0.6	0.7	-0.1	-22.2%	4.6	5.1	-0.5	-11.8%	6.9	7.4	-0.6	-9%
Provider Collaboratives	0.0	0.0	0.0	0.7%	-0.1	-0.1	0.0	0.8%	-1.2	-1.2	0.0	0%
<b>MH Directorates Total</b>	<b>22.6</b>	<b>22.1</b>	<b>0.5</b>	<b>2.2%</b>	<b>180.4</b>	<b>182.6</b>	<b>-2.2</b>	<b>-1.2%</b>	<b>269.4</b>	<b>272.1</b>	<b>-2.7</b>	<b>-1%</b>
Community Health Services, Dentistry and Primary Care	8.9	8.8	0.1	0.6%	71.9	70.2	1.7	2.4%	107.7	106.4	1.3	1%
Corporate	6.7	6.6	0.1	1.8%	52.4	51.2	1.2	2.3%	79.3	78.3	1.0	1%
Oxford Pharmacy Store	-0.1	-0.1	0.0	5.3%	-0.8	-0.8	0.0	5.6%	-1.2	-1.3	0.1	8%
Research & Development	0.1	0.1	0.0	6.8%	0.5	0.5	0.1	13.8%	0.8	0.7	0.0	6%
Reserves	0.1	0.6	-0.6	872.3%	2.2	3.2	-1.0	-44.7%	3.1	2.6	0.5	16%
Block Income	-40.1	-39.8	-0.2	-0.6%	-320.1	-319.4	-0.8	-0.2%	-480.6	-480.6	0.0	0%
<b>EBITDA</b>	<b>-1.9</b>	<b>-1.8</b>	<b>-0.1</b>		<b>-13.5</b>	<b>-12.6</b>	<b>-1.0</b>		<b>-21.5</b>	<b>-21.8</b>	<b>0.2</b>	
Financing Costs	1.4	1.3	0.1	9.4%	11.3	10.2	1.1	9.5%	16.8	16.0	0.9	5%
Adjustments	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0	0.0	
<b>Adjusted (Surplus)/Deficit</b>	<b>-0.4</b>	<b>-0.5</b>	<b>0.0</b>		<b>-2.2</b>	<b>-2.3</b>	<b>0.1</b>		<b>-4.8</b>	<b>-5.8</b>	<b>1.1</b>	
Amounts held for unknown risks										-1.1	1.1	
<b>Forecast (Surplus)/Deficit</b>									<b>-4.8</b>	<b>-4.8</b>	<b>0.0</b>	

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

## 6. Provider Collaboratives Financial Performance Summary

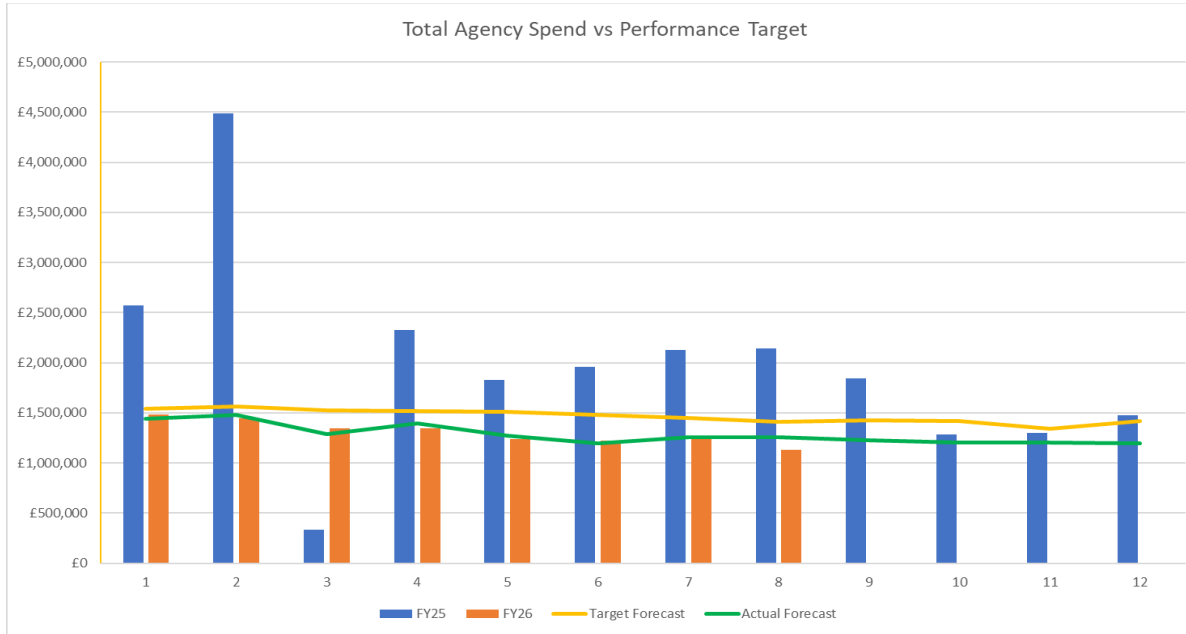
	Month 8			Year-to-date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
Secure	8.4	7.8	0.6	67.2	65.4	1.8	100.8	98.0	2.8
CAMHS	2.6	2.6	(0.1)	20.4	18.6	1.9	30.7	27.9	2.8
Adult AED	0.8	0.5	0.2	6.2	5.2	1.1	9.4	8.5	0.8
<b>Provider Collaboratives FY26</b>	<b>11.7</b>	<b>10.9</b>	<b>0.8</b>	<b>93.9</b>	<b>89.2</b>	<b>4.7</b>	<b>140.8</b>	<b>134.4</b>	<b>6.4</b>
FY26 b/f	10.2	10.2	0.0	13.9	13.9	0.0	29.1	16.9	12.1
<b>Provider Collaboratives I/E FY26</b>	<b>22.0</b>	<b>21.2</b>	<b>0.8</b>	<b>107.7</b>	<b>103.0</b>	<b>4.7</b>	<b>169.9</b>	<b>151.4</b>	<b>18.5</b>

The Provider Collaboratives' income is deferred in the YTD position to match spend. The table above details the expenditure position.

The Provider Collaboratives (PC) position is **£4.7m** 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.

The CAMHS provider collaborative has agreed **£6.4m** of non recurring investments in Oxford Health CAMHS community services.

## 7. Agency Analysis



\*Included in the FY25 month 2 figures is £1m of agency cost related to FY24 which was reversed in month 3 as the FY24 accounts were amended to reflect this.

In Month 8 temporary staffing was **11.6%** of the Trust total pay bill with Agency at **3.2%** and Bank at **8.4%**.

Year to date agency spend, is **£1.4m** better than plan and **£7.3m** better than the same period in FY25.

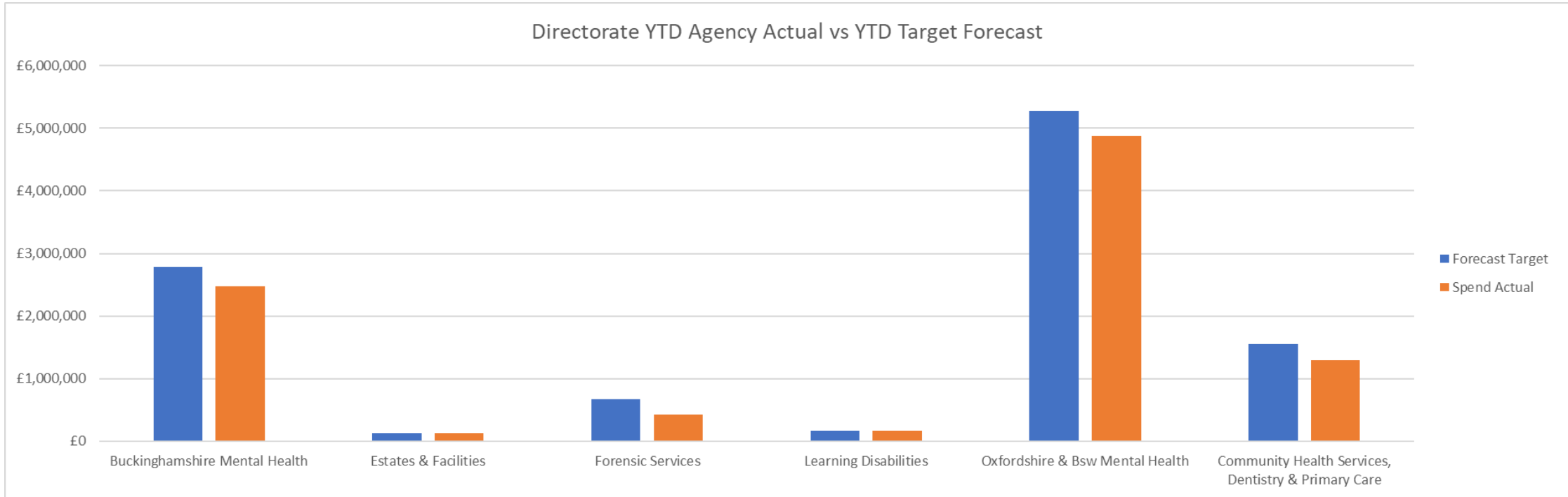
The Trust submitted a plan to BOB ICB and NHS England to spend a maximum of **£17.6m** on Agency in FY26. The forecast spend at month 8 is **£14.4m** which is **£3.1m** better than target.

	FY25 Apr - Nov	FY26 Apr - Nov	Change from FY25
Medical	£8,341,695	£5,999,703	-£2,341,992
Nursing	£7,954,720	£4,176,916	-£3,777,804
AHP/HSS	£931,545	£141,874	-£789,672
Admin & Clerical	£383,666	£145,485	-£238,182
Estates	£18,464	£3,203	-£15,261
<b>Total</b>	<b>£17,630,091</b>	<b>£10,467,180</b>	<b>-£7,162,911</b>
FY24 VC's & FY25 Retros	£149,373	£0	-£149,373
Prior year/Finance adjustments	£0	£0	£0
<b>Total Reported</b>	<b>£17,779,464</b>	<b>£10,467,180</b>	<b>-£7,312,284</b>

YTD Target Forecast vs Actual Spend M8			
Staffing Type	FY26 Target April - Nov	FY26 Actual April - Nov	FY26 Variance April - Nov
Agenda for Change	£6,241,504	£4,465,455	£1,776,049
Medical	£5,756,107	£6,033,404	-£277,297
<b>Total</b>	<b>£11,997,611</b>	<b>£10,498,859</b>	<b>£1,498,752</b>

Full Year Forecast Target vs Full Year Forecast Actual			
Staffing Type	Full Year Target Spend	Full Year Forecast Spend	Full Year Forecast Variance
All Agency Staff	£17,604,024	£14,458,035	£3,145,989
<b>Total</b>	<b>£17,604,024</b>	<b>£14,458,035</b>	<b>£3,145,989</b>

### Agency Analysis Continued



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

All Directorates are delivering within the target forecast year to date at month 8.

## 8. Cost Improvement Programme (CIP)

The Trust's NHSE CIP target is **£36m** made up of a **£9.6m** efficiency from FY26 contract requirements (CIP) and **£26.4m** additional CIPs agreed through the planning round. The Trust is reporting a full delivery of the **£36m** to NHS England on the assumption that any shortfall in these programmes will be mitigated by other non-recurrent benefits in the Trust's position.

The forecast delivery for non-recurrent programs were revised at month 5 to account for certain schemes related to vacancies, which will now be categorised as recurrent based on the assumption that Oxford Health will consistently maintain a level of vacancy across directorates.

Table of Planned Efficiencies							
Recurrent or Non Recurrent	Efficiency Programme Area	YTD Plan M8 £000	YTD Actual M8 £000	YTD Variance M8 £000	Full Year Plan £000	Full Year Forecast £000	Full Year Forecast Variance £000
Non-Recurrent	Pay	12,743	6,071	-6,672	18,295	9,505	-8,789
	Non Pay	1,592	111	-1,481	3,500	2,385	-1,115
	Income - Non-Patient Care	0	2,365	2,365	0	3,547	3,547
<b>Total Non-Recurrent</b>		<b>14,335</b>	<b>8,546</b>	<b>-5,788</b>	<b>21,795</b>	<b>15,437</b>	<b>-6,358</b>
Recurrent	Pay	4,932	10,922	5,991	9,020	15,784	6,763
	Non Pay	2,972	2,767	-205	4,839	4,430	-409
	Income - Non-Patient Care	233	236	3	350	354	4
<b>Total Recurrent</b>		<b>8,137</b>	<b>13,925</b>	<b>5,788</b>	<b>14,209</b>	<b>20,567</b>	<b>6,358</b>
<b>Grand Total</b>		<b>22,471</b>	<b>22,472</b>	<b>0</b>	<b>36,004</b>	<b>36,004</b>	<b>-0</b>

## Cost Improvement Programme (CIP) Cont.

As well as the **£9.6m** FY26 contract requirement, **£2.1m** FY25 CIPs were not delivered recurrently by directorates last year, and there is a planned over-achievement of CIP targets in corporate making the total directorate CIP plans expectation **£13.1m**.

**£10m** of the **£13.1m** directorate CIP expectation has been delivered through CIPs including staffing establishment reviews and non-pay efficiencies. The remaining balance for the year is being met through non recurrent mitigations while recurrent plans are being developed. There is also a non recurrent VAT benefit forecast related to digital hosting services.

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

£'000						
Directorate	CIP Target	Planned Delivery	Forecast Recurrent Delivery	Forecast Non-Recurrent	Forecast Total Delivery	Forecast Variance to Plan
Community Health Services, Dentistry & Primary Car	3,677	3,677	3,406	272	3,678	1
Oxon & BSW MH	3,436	3,436	2,663	773	3,436	-0
Bucks MH	1,728	1,728	1,486	242	1,728	0
Forensic MH	865	865	585	0	585	-281
Learning Disabilities	143	143	143	0	143	0
Corporate	1,802	3,271	1,941	1,098	3,039	-232
<b>Total CIP</b>	<b>11,652</b>	<b>13,121</b>	<b>10,224</b>	<b>2,385</b>	<b>12,609</b>	<b>-512</b>
			88%	20%	108%	-0

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

### Month 8

#### Statement of Financial Position - Headlines

Net assets have increased by £2.4m YTD to **£210.2m**. This is represented by:

	£m
Decreases in net capital assets	(£5.7m)
Increases in current assets	£3.3m
Decreases in net liabilities	£4.8m
<b>Net increase</b>	<b>£2.4m</b>

#### Cash Flow - Headlines

Cash balance of **£96.0m** at the end of November  
 Forecast year-end cash balance of £80.1m

Net cash has decreased by £1.7m YTD. This is represented by:

Net Cash used in operations	£6.2m
Net Cash used in investing activities	(£0.8m)
Net Cash used in financing activities	(£7.1m)
<b>Net increase</b>	<b>£1.7m</b>

#### Working Capital Ratios

Ratio	Target	Actual	Risk Status
Debtor Days by value	30	32	●
Debtor Days by number of inv's	30	30	●
Debtors % > 90 days	5.0%	9.5%	●
BPPC NHS - Value of Inv's pd within target (ytd)	95.0%	96.7%	●
BPPC Non-NHS - Value of Inv's pd within target (ytd)	95.0%	95.2%	●
Cash and Cash Equivalents (£m) - per y/e forecast	80.1	96.0	●

#### Working capital ratio's

- Debtor days by number of invoices on target, and debtor days by value marginally below target.
- Debtors % over 90 days is below target, due to unpaid invoices. These are mainly various ICB's £257k (£257k in M07), OUH £204k (£220k in M07), Central & NW London £74k (£74k in M07), Salary overpayments £266k (£261k in M07), Various Councils £268k (£192k in M07) and other £37k (£47k in M07).
- NHS BPPC (Better Payments Practice Code) is ahead of target.
- Non-NHS BPPC (Better Payments Practice Code) is ahead of target.
- Cash is ahead of the year-end target at M8. This is mainly due to a delay in spend of £10.9m against the YTD capital plan. Any PFI exit payment will also need to be financed from cash balances. Short-term investments in the National Loans Fund have begun as approved by Finance & Investment Committee.

<b>Meeting</b>	Board of Directors Meeting
<b>Date of Meeting</b>	28 January 2026
<b>Agenda item</b>	12(b)
<b>Report title</b>	Quality and Safety Dashboard
<b>Executive lead(s)</b>	Brita Klinck, Chief Nurse
<b>Report author(s)</b>	Jane Kershaw, Head of Patient Safety
<b>Action this paper</b>	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance
<b>Reason for submission to the group</b>	Regular report to each meeting to be viewed alongside the Integrated Performance Report.
<b>For disclosure or confidential</b>	For disclosure to group members.

**Executive summary**

The information in the Quality and Safety Dashboard is up to 30<sup>th</sup> November 2025. The list of indicators reviewed are provided in Appendix A these cover workforce and the quality domains of safety, clinical effectiveness and patient experience.

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

The three teams/wards in enhanced support have been the same for more than 6 months.

The changes this month are as follows;

- ❖ Moved out of early warning: Ruby ward.
- ❖ New to early warning: Aylesbury AMHT, Adult Speech & Language, Ashurst PICU, Vaughan Thomas, Phoenix, Oxon South AMHT
- ❖ Moved from enhanced to early warning: Sapphire ward

Highlighted wards/teams by exception:

	<b>Enhanced Support</b>	<b>Early Warning</b>
Inpatient Wards	<ul style="list-style-type: none"> <li>• CAMHS PICU Meadow Unit</li> <li>• CAMHS Highfield</li> </ul>	<ul style="list-style-type: none"> <li>• Sapphire</li> <li>• Ashurst PICU</li> <li>• Vaughan Thomas</li> <li>• Ashurst PICU</li> <li>• Vaughan Thomas</li> <li>• Phoenix</li> </ul>
Community Teams	<ul style="list-style-type: none"> <li>• Oxon City and NE AMHT</li> </ul>	<ul style="list-style-type: none"> <li>• Aylesbury AMHT</li> <li>• Bucks and Oxon CAMHS ADHD and Autism service</li> <li>• Bucks and Oxon Adult ADHD and Autism</li> <li>• Bucks Complex Needs Service</li> <li>• Bucks OA Memory Clinic</li> <li>• Bucks Adult PCMHT</li> <li>• Bucks Adult Psychological therapies</li> <li>• Minor Injury Units</li> <li>• District Nursing</li> <li>• Children's Speech &amp; Language</li> <li>• Adult Speech &amp; Language</li> <li>• Community Respiratory service</li> <li>• Podiatry</li> <li>• Special Care &amp; Paediatric Dentistry</li> <li>• Oxon North and West AMHT</li> <li>• Oxon South AMHT</li> <li>• Oxon CAMHS</li> <li>• BSW CAMHS</li> <li>• Oxon Complex Needs Service</li> <li>• Oxon OA Memory Clinic</li> <li>• Oxon Adult PCMHT (Keystone teams)</li> <li>• Oxon Adult Psychological therapies</li> </ul>

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

The Dashboard is developed with input from the Clinical Directorates and presented monthly to the Quality and Clinical Governance Group chaired by the Chief Nurse and Chief Medical Officer.

**Recommendation(s)**

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

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

**Link to CQC domain – where applicable**

Safe      Effective      Caring      Responsive      Well-led

**Links to / Implications**

Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	<input type="checkbox"/> BAF	<input type="checkbox"/> TRR
Equality, diversity and inclusion	No	
Legal and regulatory	We are required to report on the inpatient staff fill rates to Trust Board members, this role has been delegated to the Quality Committee. Inpatient fill rates is an indicator considered in the monthly dashboard.	

## 1. Introduction

The information in the Quality and Safety Dashboard is up to 30<sup>th</sup> November 2025. The purpose of the dashboard is to bring together activity, quality and workforce data as well as soft intelligence to help identify wards/teams that might be struggling and need more support. The list of indicators reviewed are provided in Appendix A these cover workforce and the quality domains of safety, clinical effectiveness and patient experience.

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## 3. Overall summary of highlighted wards/community teams

From reviewing a range of indicators the below wards and community teams are highlighted by exception as flagging with an area of concern based on the position in November 2025 and a review of any trends from the last 3 months (Sept to November 2025).

The three teams/wards in enhanced support have been the same for more than 6 months.

The changes this month are as follows;

- ❖ Moved out of early warning: Ruby ward.
- ❖ New to early warning: Aylesbury AMHT, Adult Speech & Language, Ashurst PICU, Vaughan Thomas, Phoenix, Oxon South AMHT
- ❖ Moved from enhanced to early warning: Sapphire ward

	Enhanced Support	Early Warning		
Inpatient Wards	<ul style="list-style-type: none"> <li>• CAMHS PICU Meadow Unit</li> <li>• CAMHS Highfield</li> </ul>	<ul style="list-style-type: none"> <li>• Sapphire</li> <li>• Ashurst PICU</li> <li>• Vaughan Thomas</li> <li>• Ashurst PICU</li> <li>• Vaughan Thomas</li> <li>• Phoenix</li> </ul>		
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The rest of the report is organised by clinical Directorate.

#### 4. Buckinghamshire Mental Health Services

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

The performance for November 2025 is 36 eligible discharges in the 'Bucks Place' commissioning area. 0 breaches to 48 hour follow up (as of 3<sup>rd</sup> December).

##### 4.2 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
Sapphire	<ul style="list-style-type: none"> <li>Identified at enhanced level last month.</li> <li>11% sickness rate, however safe staff fill rates 100%+. 3 staff on long term sickness.</li> <li>3 patients went AWOL from leave, no specific harm identified.</li> <li>2 uses of prone physical restraint and 5 uses of seclusion.</li> <li>3 complaints; 1 rapid resolution and 2 low level complaints received in the month. Concerns around discharge, medical and physical health needs.</li> <li>24 admissions in the month and bed occupancy at 99%. OATs show pressure on beds.</li> </ul>

##### Community Teams at Early Warning

Team	Reason for highlighting
Aylesbury AMHT	<ul style="list-style-type: none"> <li>High number of concerns raised in November; 3 early resolution and 4 rapid resolution complaints about a range of areas. Average of 2 rapid resolution complaints received a month with a spike in July 2025.</li> <li>17 patients waiting more than 12 weeks to be seen, as of 12<sup>th</sup> December 2025.</li> <li>Team has scored low in the clinical audit core standards audit for the last 6 months up to Dec 2025 (July-Sept 2025 = 73% and Oct-Dec 2025 = 68%).</li> </ul>
CAMHS ADHD and Autism service	As of 1 <sup>st</sup> December 2025–3,748 patients waiting for assessment (last month at 3,700). Median wait time 71 weeks. 212 new referrals received this month.
Adult ADHD and Autism	As of 1 <sup>st</sup> December 2025, <ul style="list-style-type: none"> <li>Adult ADHD: 960 patients waiting for assessment (last month at 985). Mean wait time 131 weeks. 1 new referral received this month.</li> <li>Adult Autism: 457 patients waiting for assessment (last month at 455). Mean wait time 97 weeks. 9 new referrals received this month.</li> </ul>
Bucks Complex Needs Service	121 patients waiting more than 4-week wait by episode level as of 12 <sup>th</sup> December 2025 (last month 160 patients). Most patients waiting for triage or assessment. 35 patients have been waiting for more than a year (reduction from 63 last month).  Service improvement work is underway.
Memory clinic services	As of 12 <sup>th</sup> December 2025 – 804 patients waiting for 60 days or longer against wait standards , a reduction from last month (810 patients). 9 patients have been waiting for more than a year.
Adult PCMHT	364 patients waiting more than 4-week wait by episode level as of 12 <sup>th</sup> December 2025 (last month 405 patients). 36 patients recorded as waiting for more than a year.
Adult Psychological therapies	148 patients waiting more than 4-week wait by episode level as of 12 <sup>th</sup> December 2025. (last month 180 patients). 49 patients have been waiting for more than a year.

## 5. Community Health Services, Dentistry and Primary Care

### 5.1 Detail about wards and community teams highlighted

There are no wards/teams identified at Enhanced Support.

The following wards/teams are identified at an Early Warning level,

Team	Reason for highlighting
Minor Injury Units	<ul style="list-style-type: none"> <li>A small cluster of missed fractures has led to a patient safety thematic review being started in Sept 2025.</li> <li>11% sickness and 13% agency use.</li> <li>5 rapid resolution complaints and 1 low level complaint received in November 2025 and failure to diagnose and staff behaviour. Increase in rapid resolution complaints in November (average 2 a month).</li> </ul>
District Nursing Service	<ul style="list-style-type: none"> <li>Gap between capacity and demand for service well known with around 500 visits being deferred each day. In November 2025 there were 26 incidents reported about delays in care (14 with no harm/near miss and 12 with minor harm). Executive Team agreed additional funding at risk to increase staffing and to explore new technologies such as scheduling tools and purchase eKare wound app to support the service.</li> <li>14 moderate harm incidents of which 8 were pressure ulcers developed during care in November 2025. Incidents with no harm or minor harm have slightly increased in the last year however incidents with moderate and severe harm have remained the same/reduced.</li> <li>31 incidents related to medications, 22 about administration/supply in November 2025. Average of 35 incidents a month. Increase in number of medication incidents in July 2025.</li> <li>6 unexpected deaths in month – 4 from natural causes and 2 suspected suicides.</li> <li>3 rapid resolution complaints and 3 early resolutions received in November 2025 about communication and staff behaviour. No change in pattern of concerns received over time.</li> </ul>
Children's Integrated Therapies – speech and language	<ul style="list-style-type: none"> <li>New patient referral waits breaching internal targets n=1,534 as of 12<sup>th</sup> December 2025 compared to 1,566 patients waiting last month. Median waiting time 44 weeks. 795 patients currently waiting for more than 1 year.</li> <li>There are also waits in CIT for Physiotherapy and OT but numbers are much lower.</li> </ul>
Adult Speech and Language	<ul style="list-style-type: none"> <li>13% agency use and 19% vacancies in November 2025.</li> <li>New patient referral waits breaching internal targets n=274 as of 12<sup>th</sup> December 2025. 29 patients currently waiting for more than 1 year.</li> </ul>
Community Respiratory service (respiratory, COPD and home oxygen assessment)	<ul style="list-style-type: none"> <li>New patient referral waits breaching internal targets n=544 as of 12<sup>th</sup> December 2025 compared to 605 patients waiting last month. With most waits for respiratory pulmonary rehab. Median waiting time 23 weeks. 61 patients currently waiting for more than 1 year.</li> </ul>
Podiatry	<ul style="list-style-type: none"> <li>On average of 350 new referrals a month and caseload of approximately 10,000 patients. High demand and reduced capacity due to vacancies meaning the staff group are under considerable pressure. Vacancies 36% (same as last month) and agency use 7%.</li> <li>Waits for treatment, including high risk/urgent patients on weekly follow up appointments are being deferred due to capacity and pressure on the service. 3 incidents in November 2025 about delay in treatment (1 no harm/near miss and 2 low harm).</li> <li>New patient referral waits breaching internal targets n=1,486 as of 12<sup>th</sup> December 2025 compared to 1,537 patients waiting last month. Mostly in the City and Witney area. Breakdown, 796 patients 'at risk' a small reduction from last month. Median waiting time 26 weeks. 365 patients currently waiting for more than 1 year.</li> <li>1 moderate harm incident in November 2025 related to a patient's condition.</li> <li>3 unexpected deaths in month – 2 from natural causes and 1 suspected suicide.</li> <li>3 rapid resolution complaints in November 2025 about insufficient care, access to assessment and transport issue.</li> <li>There is a podiatry transformation plan with multiple workstreams to try and increase capacity. Including sub-contracting more routine care to a private podiatry company which started from May 2025.</li> </ul>

Team	Reason for highlighting
Special Care & Paediatric Dentistry	<ul style="list-style-type: none"> <li>• Waits for treatment under general anaesthetic (GA) for both children and special care adults as of 18/11/2025; <ul style="list-style-type: none"> <li>○ 138 children on the waiting list, with waiting times of up to 5 months from their general anaesthetic assessment (increase from 113 in September 2025). 41 children waiting &gt;18 weeks.</li> <li>○ 5 adults who have been assessed and are waiting for treatment at the Horton Hospital. 5 adults waiting for treatment at the JR Hospital due to medical complexity. Waiting times for patients from general assessment to treatment at the Horton Hospital up to 2 weeks and up to 136 weeks at JR for more complex cases.</li> <li>○ 15 adults waiting for joint dental/anaesthetic assessment, waiting time from referral to assessment 6 months (reduction from September 2025)</li> </ul> </li> </ul> <p>Additional GA weekend sessions are continuing in 2025-26 (using carried over Restoration &amp; Reset funding). 6 additional full day weekend GA list was carried out year to date (42 patients treated). 2 full day lists confirmed in November 2025 and 1 full day list provisionally available in December 2025.</p>

## 6. Forensic Services

### 6.1 Detail about wards and community teams highlighted

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

There are some high vacancies on Evenlode 20.9% (same as last month) as well as high sickness 15% in November 2025, however safe staff fill rates are being met and bed occupancy is low at 46%.

## 7. Learning Disability Services

### 7.1 Detail about community teams highlighted

There were no teams identified at Early Warning or Enhanced Support.

## 8. Oxfordshire and BSW Mental Health Services

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

The performance for November 2025 is 49 eligible discharges in the 'Oxon Place' commissioning area. 4 breaches to 48 hour follow up (as of 3<sup>rd</sup> December);

- Patient seen same day as discharge from the ward.
- Patient followed up in community whilst on S17 leave but then not followed up once section discharged.
- AWOL from ward and discharged, no follow up (Phoenix ward discharged on 7<sup>th</sup> Nov)
- No follow up recorded (Phoenix ward discharged on 4<sup>th</sup> Nov)

### 8.2 Detail about wards and community teams highlighted

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

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

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

#### Wards at Early Warning

Ward	Reason for highlighting
Ashurst PICU	<ul style="list-style-type: none"> <li>• Vacancies at 18% (increase from last month), although safe staffing levels were always met. 8% sickness in month.</li> <li>• 2 incidents resulting in moderate harm to staff. 1 RIDDOR reportable following violence from a patient.</li> <li>• 15 physical restraints of which 2 used prone position. 6 uses of rapid tranquilisation and 6 uses of seclusion in November 2025.</li> </ul>

Ward	Reason for highlighting
Vaughan Thomas	<ul style="list-style-type: none"> <li>• Vacancies 11% (15% last month), although safe staffing levels were always met.</li> <li>• High bed occupancy, 100% in November 2025 with 7 admissions in the month.</li> <li>• 3 AWOLs with no specific harm identified, although in 2 of the cases the patient escaped from the ward. (1 AWOL reported in Sept and Oct 2025)</li> <li>• 1 moderate harm incident relating to failing to respond to a patient deteriorating. 3 prescribing incidents (1 no harm/near miss and 2 minor harm). Most incidents relate to violence from patients.</li> <li>• 2 rapid resolution complaints received in November 2025 about medication and staff behaviour.</li> <li>• Ward has scored low in the clinical audit core standards audit for the last 3 months; Sept 71%, Oct 72% and Nov 81%.</li> </ul>
Phoenix	<ul style="list-style-type: none"> <li>• Vacancies 14% and sickness 4%.</li> <li>• 2 rapid resolution complaints and 1 low level complaint received in November 2025 about staff behaviour and communication.</li> </ul>

### Community Teams at Early Warning

Team	Reason for highlighting
North and West AMHT	<ul style="list-style-type: none"> <li>• Deep dive presented to the QCG Group in October 2025.</li> <li>• As of 12<sup>th</sup> December 2025 – 41 patients waiting for assessment/treatment with Banbury team and 27 patients waiting for assessment/treatment with the Witney team.</li> <li>• Teams have scored low in the clinical audit core standards audit for the last 6 months up to Dec 2025. North; July-Sept 2025 = 78% and Oct-Dec 2025 = 84%. West; July-Sept 2025 = 66% and Oct-Dec 2025 = 80%.</li> <li>• Improvement plan in place being monitored by Directorate SLT.</li> </ul>
South AMHT	<ul style="list-style-type: none"> <li>• Vacancies 10% and sickness 5%.</li> <li>• 2 rapid resolution complaint and 1 low level complaint received in November 2025 about discharge and insufficient care.</li> <li>• 2 moderate harm incidents in November related to serious self-harm attempts by patients. In the last 12 months 2 suspected suicides, both patients open to the team.</li> <li>• As of 12<sup>th</sup> December 2025 – 32 patients waiting for assessment/treatment.</li> </ul>
CAMHS ADHD and Autism service	<p>As of 1<sup>st</sup> December 2025 –4,562 patients waiting for assessment (last month at 4,590). Median wait for assessment 85 weeks. 52 new referrals received this month.</p> <p>Work happening:</p> <ul style="list-style-type: none"> <li>• ADHD model developments still underway</li> <li>• BOB NDC AI being piloted in clinic</li> <li>• OVATT project coming to an end</li> <li>• Owl centre being gradually sent 1000 referrals to assess</li> </ul>
Oxon CAMHS	<p>As of 12<sup>th</sup> December 2025;</p> <ul style="list-style-type: none"> <li>• 194 patients waiting for Getting Advice (SPA) against national/local waits standards (last month at 72)</li> <li>• 113 patients waiting for supportive steps</li> <li>• 1 patient waiting more than a year under Getting Help North</li> <li>• 40 patients waiting for Getting More Help South, of which 4 patients have been waiting more than a year. North and South teams have scored low in the clinical audit core standards audit for the last 6 months up to Dec 2025.</li> </ul> <p>There is a range of improvement and pathway transformation work underway.</p>
BSW CAMHS	<p>As of 12<sup>th</sup> December 2025;</p> <ul style="list-style-type: none"> <li>• 136 patients for Getting Advice (SPA) against national/local waits standards (last month, 151).</li> <li>• 15 patients waiting for Getting More Help BaNES and 19 Melksham (of which 1 patient waiting more than a year). Melksham team have scored low in the clinical audit core standards audit for the last 6 months up to Dec 2025.</li> </ul>

Team	Reason for highlighting
	<ul style="list-style-type: none"> <li>17 patients waiting for BaNES MHST.</li> </ul>
Adult ADHD	<p>The Oxfordshire Adult ADHD Service lacks sufficient operational capacity to meet demand - the service closed to new referrals in February 2024 and has a waiting list of 2,150 patients awaiting assessment as of 1<sup>st</sup> December 2025 (last month at 2,177), while the average waiting time for assessment is 145 weeks. Trust has engaged in a BOB ICS review.</p> <p>The waiting time for Post Diagnostic Consultations (PDCs) is approximately 2 years.</p> <p>Waiting time from diagnosis until first titration appointment for appropriate medication is approximately 7 months. This 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.</p>
Oxon Complex Needs Service	<p>517 patients waiting more than 4-week wait by episode level as of 12<sup>th</sup> December 2025 (last month 527 patients). 199 patients have been waiting for more than a year, a reduction from last month.</p> <p>Deep dive was presented in August 2025 to the QCG Group around the issues, mitigations and actions being taken.</p>
Memory clinic services	<p>As of 12<sup>th</sup> December 2025 – 523 patients waiting for 60 days or longer against wait standards (last month 498 patients). 2 patients have been waiting for more than 1 year.</p>
Adult PCMHT (Keystone teams)	<p>162 patients waiting more than 4-week wait by episode level as of 12<sup>th</sup> December 2025 (last month 249 patients). Most of the waits are in the City/East Oxford. 23 patients have been waiting for more than a year.</p>
Adult Psychological therapies	<p>170 patients waiting more than 4-week wait by episode level as of 12<sup>th</sup> December 2025 (153 last month). Most patients are waiting for assessment psychodynamic therapy. 0 patients are waiting for more than a year.</p>

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	<ul style="list-style-type: none"> <li>High vacancies 37% in November 2025, 19% use of agency and 4.6% sickness. Although safe staff fill rates were met, with the exception of skill mix change for night shifts with more unregistered and less registered staff than planned.</li> <li>2 admissions in month and bed occupancy at 60%.</li> <li>High use of restrictive interventions; 139 physical restraints involving 3 patients, 5 uses of prone restraints in month and 34 uses of rapid tranquilisation (involving 2 patients). Overall, 1 patient accounted for 120 uses of restrictive interventions.</li> <li>There are ongoing issues with the safety of the physical environment and particularly the garden area, smoke detectors and extra care area space. Regular engagement with the estates team.</li> </ul>	<p>Development action plan in place, described in last report and monitored by the Directorate SLT.</p> <p>The CQC inspected the unit in November 2025.</p>
CAMHS Highfield	Yes	<ul style="list-style-type: none"> <li>High vacancies 20% in November 2025 and 4% sickness. Although safe staff fill rates were met, with the exception of skill mix change for night shifts with more unregistered and less registered staff than planned.</li> <li>3 admissions in month and bed occupancy at 39%.</li> <li>High use of restrictive interventions; 86 physical restraints involving 9 patients, 2 uses of prone restraints in month and 35 uses of rapid tranquilisation (involving 3 patients). Overall 1 patient accounted for 64 uses of restrictive interventions.</li> </ul>	<ul style="list-style-type: none"> <li>Team is engaged in the management of violence and aggression work group</li> <li>Ongoing recruitment campaign. Use of long lines of agency agreed. Comprehensive induction package for new starters and support for new preceptees.</li> <li>The unit are part of a regional headbanging QI project to develop best practice guidelines for management.</li> </ul> <p>The CQC inspected the unit in November 2025.</p>
City and NE AMHT	Yes	<ul style="list-style-type: none"> <li>Turnover at 18%.</li> <li>2 rapid resolution complaints received in November 2025 about insufficient care. Last 3 months 12 rapid resolution complaints, 2 low level complaints and 2 early resolutions.</li> <li>Concerns about medication management, MDT working, staff competence and caseload management</li> <li>Patients waiting more than 4-week wait by episode level as of 12<sup>th</sup> December 2025; 89 patients; 37 Aspen, 31 Oak and 21 Willow team.</li> <li>Teams have scored low in the clinical audit core standards audit for the last 6 months up to Dec 2025 (July-Sept 2025 = 64% and Oct-Dec 2025 = 71%).</li> </ul>	<p>Team has been split to function as three separate sub teams. New team rosters and budgets now in place to support better transparency and accountability.</p> <p>Improvement plan and project support time remains in place and is being closely supported by the Directorate SLT, with weekly monitoring.</p>

Appendix A. Indicators reviewed

	Inpatient Wards	Community Teams
<b>Workforce Measures</b>	Day Reg Fill Rate (target more than 85%)	
	Day Unreg Fill Rate (target more than 85%)	
	Night Reg Fill Rate (target more than 85%)	
	Night Unreg Fill Rate (target more than 85%)	
	Nursing Associates - Day Shift Hours worked	
	Nursing Associates - Night Shift Hours worked	
	Agency % total pay (target less than 10.4%)	Agency % total pay (target less than 10.4%)
	Vacancies % (target less than 9%)	Vacancies % (target less than 9%)
	Total Turnover % (target less than 14%)	Total Turnover % (target less than 14%)
	Sickness % (target less than 3.5%)	Sickness % (target less than 3.5%)
<b>Safety Domain</b>	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
	Most common sub-group group for reported incidents (patient and staff)	Most common sub-group group for reported incidents (patient and staff)
	Number of incidents of AWOLs (detained patients - unescorted, escorted or escape from ward) [this is Falls for Community Hospital wards)	
	Medicine Incidents resulting in harm (minor harm or above. Excludes patient refused)	Medicine Incidents resulting in harm (minor harm or above. Excludes patient refused)
	Number of pressure ulcers developed in service (categories 1-4, deep injury & unstageable. Includes where there are no lapses in care)	Number of pressure ulcers developed in service (categories 1-4, deep injury & unstageable. Includes where there are no lapses in care)
	Number of Incidents under the PSIRP from 4th Dec 2023 (note. SI criteria no longer exists)	Number of Incidents under the PSIRP from 4th Dec 2023 (note. SI criteria no longer exists)
	Unexpected deaths (natural and unnatural) incl. within 2 days of inpatient stay	Unexpected/unnatural and suspected suicides
	Number of physical restraint episodes (<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
<b>Clinical Effectiveness Domain</b>	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
	Clinical Supervision (target more than 95%)	Clinical Supervision (target more than 95%)
	Overall Mandatory Training performance (target more than 95%)	Overall Mandatory Training performance (target more than 95%)
	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
<b>Patient Experience Domain</b>	Clinical audit starting with the mental health Core clinical standards audit	Clinical audit starting with the mental health Core clinical standards audit
	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
	Overall feedback from IWGC structured surveys	Overall feedback from IWGC structured surveys