



Oxford Health
NHS Foundation Trust

Oxford Health NHS Foundation Trust

Quality Account 2025/26

Caring, safe and excellent

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Be valued

Be proud

Be part of our team



Part 1: Statement on Quality

Caring, safe and excellent

Part 1: Statement from our Chief Executive

Welcome to the Oxford Health NHS Foundation Trust 2025/26 Quality Account.

I am delighted to introduce the Oxford Health NHS Foundation Trust Quality Account for 2025/26. This report reflects a year defined by dedication, resilience, and meaningful progress across our organisation. Despite continued operational pressures and increasing demand, colleagues across the Trust have remained steadfast in their commitment to delivering high-quality, compassionate care to the communities we serve.

Over the past year, Oxford Health has taken significant steps forward in strengthening the safety, experience, and effectiveness of our services. I am particularly proud that Oxford Health was placed in Segment 1 of the NHS Oversight Framework for the first half of the year—evidence of the professionalism, diligence and consistency shown by our teams every day.

Tackling health inequalities remains central to our purpose, and through our neighbourhood-based approach we are working with system partners and communities to ensure people can access high quality, compassionate care that meets local needs and improves outcomes.

Creating the right culture for our workforce to thrive remains central to our mission. We have continued to embed an organisational culture rooted in kindness, civility, and continuous learning, alongside expanding our wellbeing offer and celebrating excellence through our Staff Awards. These achievements reflect the talent, compassion, and innovation of our people, who are the foundation of everything we do.

This has also been a year of important progress in equality, diversity, and inclusion. Our strengthened governance, improvements in ethnicity data, enhanced staff network activity and commitment to anti-racist practice demonstrate our determination to deliver equitable care and foster a workplace where every colleague feels valued and able to contribute fully.

We are equally proud of the advances we have made in improving patient safety, enhancing learning from incidents, and strengthening multi-disciplinary collaboration across our mental health, forensic, learning disability and community, primary care, and dental services. The creation of our new Mental Health Acute Pathway Forum aims to support integrated decision-making and helping us to reduce variation, share best practice and improve patient outcomes.

continued on next slide

Part 1: Statement from our Chief Executive cont.



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Our commitment to future generations is reflected in the launch of our Green Plan 2025–2028. This sets a bold pathway towards environmental sustainability and climate resilience, including decarbonisation of our estate, digital transformation, and support for sustainable travel.

We have also invested significantly in professional development, training, and research, enabling our nurses, midwives, AHPs, psychologists, medical staff, and wider workforce to continue developing their skills and shaping the future of care.

While we celebrate these achievements, we remain acutely aware of the challenges ahead. Demand continues to outstrip capacity across several services, and our ability to meet needs in a timely way remains an area of focus and concern. We are working closely with our system partners to strengthen pathways, redesign services, and ensure that people receive the right care, in the right place, at the right time.

I am deeply grateful to all our colleagues, partners, volunteers, service users, families, and carers who have contributed to our progress this year. Your commitment, innovation and compassion embody the values of Oxford Health and make a profound difference to the lives of the people we serve.

As we look ahead, we do so with a renewed focus on quality, equity, sustainability, and continuous improvement. I am confident that together we will continue to strengthen our services and deliver the highest standards of care—locally, compassionately, and safely.

To the best of my knowledge the information contained in this report is an accurate representation of the year's events.



Grant Macdonald - Chief Executive

Part 1: Introduction to our Quality Account 2025/26



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What is a Quality Account?

A Quality Account is an annual report about the quality of services provided by an NHS healthcare organisation. Quality accounts aim to increase public accountability and drive quality improvements in the NHS.

This definition sets out three dimensions of quality, which must be present to be able to provide high quality services:

- ✓ **clinical effectiveness** – quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes;
- ✓ **safety** – quality care is care which is delivered to avoid all avoidable harm and risks to the individual's safety
- ✓ **patient experience** – quality care is care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect.

Our 2025/26 Quality Account looks back on the progress we have made over the past year to achieve our goals. The report also looks forward to the year ahead (2026/27) and identifies our priority areas for improvement and how we hope to achieve these.

Throughout the document we have used the terms patients, families, and carers to mean any person who has used or been involved with our services now or may be in the future.

The Quality Account should be read alongside the trust 2025/26 Annual Report that gives an overview of trust activity, summarises performance during the year and provides background information about its performance, business model and governance arrangements. When published the 2025/26 Annual Report can be found here: [Publications | Oxford Health NHS Foundation Trust](#)

If you require any further information about the Quality Account, please contact our Patient Advice and Liaison Service: pals@oxfordhealth.nhs.uk

Part 1: Our vision and values



Oxford Health
NHS Foundation Trust

Our vision is that no matter who you are or where you are, you will tell us that you receive:

“Outstanding care delivered by an outstanding team”.

The Trust works towards its vision through its values – **Caring, Safe, and Excellent:**

Caring

- ✓ Privacy and dignity is at the heart of our care.
- ✓ We treat people with respect and compassion.
- ✓ We listen to what people tell us and act upon what they say.

Safe

- ✓ Our services will be delivered to the highest standards of safety.
- ✓ All services will be provided within a safe environment for patients and staff.
- ✓ We will support our patients and staff with effective systems and processes.

Excellent

- ✓ We aspire to be excellent and innovative in all we do.
- ✓ We aim to provide the best services and continually improve.
- ✓ We will recognise and reward those who deliver excellence.

Caring, safe and excellent

Part 1: Our Trust Strategy

The Trust five year strategy 2021 – 2026 set out Oxford Health's four strategic objectives grouped into four themes:



Quality

Read our 2021-2026 strategy

- [Accessible Summary](#) (pdf)
- [One page summary](#) (pdf)
- [Full version](#) (pdf)



People



Sustainability



Research & Education

Oxford Health's current strategy comes to end in 2026, giving us an important opportunity to shape our new strategy for the next five years.

[Find out more and give us your thoughts.](#)

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Our strategy: At a glance

2021-2026

Our **four** strategic objectives:

- 1 Quality**

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

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

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

Be a leader in healthcare research and education
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.

Mission

To be the **best Trust of our kind** in the country

Vision

Outstanding care delivered by an **outstanding** team

Values

Caring • Safe • Excellent

Part 1: Our services

Who are We?

Oxford Health NHS Foundation Trust is a community-focused organisation that provides physical and mental health services and social care with the aim of improving the health and wellbeing of all our patients and their families. The trust is one of the largest NHS trusts in the country providing services for people of all ages across Oxfordshire, Buckinghamshire, Swindon, Wiltshire, Bath and North East Somerset.

Primary, community and dental care services across Oxfordshire (including planned, preventative and urgent care) along with vaccination services for Buckinghamshire and Oxfordshire

Mental health, autism and learning disability services in Buckinghamshire, Oxfordshire along with Swindon Wiltshire, Bath and North East Somerset

Specialist health services include forensic mental health and eating disorder services across a wider geographic area including support for patients in Berkshire and Wales.

Our services are delivered at community bases, hospitals, clinics and in people's homes.

We focus on delivering care as close to home as possible. In everything we do, we strive to be caring, safe and excellent.



Overall, our services are rated as “**good**” by the Care Quality Commission (CQC)

To find out more about our trust and the services we provide visit our website: www.oxfordhealth.nhs.uk

Part 1: Our services



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We lead three NHS Provider Collaboratives, these are regional partnerships that provide specialised mental health services for patients, forensic mental health and eating disorder services across a wider geographic area including support for patients in Berkshire and from Wales.

To find out more about NHS-led Provider Collaboratives visit:

<https://www.england.nhs.uk/mental-health/nhs-led-provider-collaboratives/>

https://youtu.be/V4J0FX_lfk4

The collaboratives we lead on are:

- The Thames Valley & Wessex Adult Secure Provider Collaborative, known as the [For Me Provider Collaborative](#)
- Thames Valley Specialised Children and Young People (CYP) Mental Health Services Provider Collaborative, [Tier 4 Provider Collaborative](#)
- HOPE (Healthy Outcomes for People with Eating disorders) [Adult Eating Disorder Provider Collaborative](#)

We are leading partners in:

- [Buckinghamshire, Oxfordshire, Berkshire West \(BOB\) Mental Health Provider Collaborative](#) with Berkshire Healthcare NHS Foundation Trust in partnership with BOB Integrated Care Board to improve the quality and efficiency of patient care across the neighbouring localities.
- [Thames Valley Community Dental Services Partnership](#), a collaboration between Berkshire Healthcare NHS Foundation Trust, Oxford Health NHS Foundation Trust and Central and Northwest London NHS Foundation Trust. We provide specialist dental care for children, young people and adults with additional and complex needs who require specialised care that cannot be provided by the general dental service.

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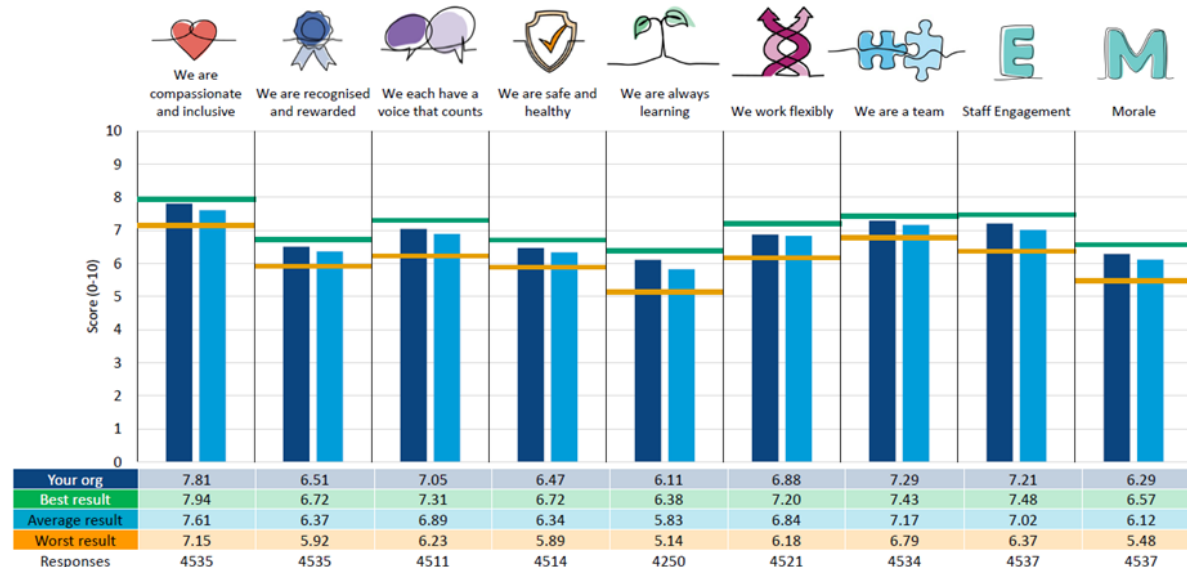
Part 1: Our people

We employ around **7,507 (6,920) people** or **6,672.33 (5,386.82)** whole time equivalent staff (2024/25 data).

The launch of the National People Promise in 2021 has given NHS Trusts a renewed drive to create a wellness culture for all. Providing the tools to help shift from a reactive response to staff wellbeing, to one that is proactive and preventative, truly embedded within our culture.

We are active participants in the National Staff Survey, 4,541 colleagues responded to the most recent 2025 survey. We achieved our highest response rate since 2009 of 61.3% which was also above the national average response rate (52% for our sector of Mental Health & Learning Disability and Mental Health, Learning Disability and Community Trusts). We are pleased to see that we are above the national average for all nine of the elements / themes for our sector compared with the national benchmark as shown in the graph below.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Part 1: Staff support and Wellbeing

Last year we launched two new programmes of work aimed to support staff in the workplace by reducing harm to staff and increasing our offer of post incident support.

Reducing staff experience of violence and aggression in the workplace

During 2025/26, Oxford Health made substantive progress in strengthening its approach to Violence Prevention and Reduction (VPR), moving from a narrow zero tolerance model to a trauma informed, system wide framework focused on prevention, staff support and organisational learning.

A new VPR Policy was developed and launched, replacing the previous Zero Tolerance Policy and providing clearer expectations on risk assessment, incident reporting, lone working and post incident support. It explicitly distinguishes clinically related challenging behaviour from intentional violence, while strengthening protections for staff.

Operationally, Operation Cavell was implemented in Oxfordshire (although not fully embedded), formalising joint working with Thames Valley Police and improving support for staff who experience criminal assaults. Staff engagement, training and communication activity increased, including policy launch webinars and continued rollout of TRiM and Post Incident Psychological Support.

Staff Sexual Safety

Our organisation signed the NHS England first ever sexual safety charter demonstrating our commitment to reducing and eliminating any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, since 2024 we have developed a programme of work to support the ten core principles and actions to help achieve this.

During the last year we have:

- Undertaken self-assessment against Sexual Safety Assurance Framework and developed actions in response
- Utilising the Sexual Misconduct National Policy Framework ,statements have been placed in all relevant policies with work underway to adopt the overarching national policy into OHFT.
- Introduced an e-Learning for health module: Understanding Sexual Misconduct in the Workplace
- Established Domestic Abuse (DA) Champions across the trust.
- Committed to raising awareness by displaying posters across sites, holding trust wide webinars and holding Health and Wellbeing Champions training days



Part 1: Staff support and Wellbeing



Oxford Health
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Our Health & Wellbeing promise

As an organisation we want to embed and enable a culture of support where staff feel valued, can perform to the best of their abilities, and view OHFT as an enjoyable and fulfilling place to work.

We want to build health and wellbeing into everyday of our working lives, acknowledging our values of caring, safe and excellent to help all staff achieve a sustainable balance between work, life and family.

The Trust's Strategic Framework sets out our vision for outstanding care delivered by outstanding teams.

It is of great importance that we have a happy and healthy workforce, not only because staff are our most valued asset but because there is also a need to bring existing and supportive elements together and develop these further into an integrated and coherent strategy which improves wellbeing.

We also continued to prioritise staff wellbeing, maintaining our commitment to providing an annual Wellbeing Day for all substantive staff for the fifth consecutive year— having listened to feedback from staff, we know that it helps to give a little more time and space for self-care and wellbeing.

In addition, we have supported teams to undertake a team-based activity to support 'We are a team' NHS People Promise.



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Part 1: Staff support and Wellbeing

We recognise staff achievements through our trust awards processes, some of these are detailed below:



We also support staff to share their achievements more widely and have had some fantastic national achievements this year!

Sustainability and National Recognition

“Leave the paper behind” project, led by Comfort Nkum, Health Visitor, made it through to the finals of The Nursing Times award, under the heading of Sustainability in Nursing and Midwifery.

National Nurse of the Year!

Gabbie Parham, Senior Matron Community Nursing won the *British Nursing Journal* – Sustainability Nurse of the Year award. A significant achievement showcasing leadership in environmentally responsible practice.

Excellence in Tissue Viability – Winner.

Martha Williams, Tissue Viability Clinical Lead, has won the Society of Tissue Viability – Going Green in Wound Healing Award 2026. This highlights innovative, sustainable approaches to wound care within our services.



Part 1: Staff support and Wellbeing



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We have a range of offers for staff support and wellbeing, that includes our Employee Assistance Programme (EAP) Wisdom Wellbeing.

Oxford Health's 24/7 staff helpline is fully operational offering compassionate support for our people whatever challenges they face.



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Part 1: CQC

The CQC's approach to assessment

The CQC are moving forwards with plans for sector-based regulation based upon consultation at the end of 2025 that sought views on CQC proposals to evolve and improve the approach to assessing and rating health and social care providers

Whilst this develops CQC continue to assess health and social care providers using a developed assessment framework as part of their regulatory approach. The assessment framework is based upon the 5 key questions, are services:

- ✓ **safe**
- ✓ **effective**
- ✓ **caring**
- ✓ **responsive to people's needs**
- ✓ **well-led**

The CQC assess services against quality statements that replaced the previous key lines of enquiry (KLOEs). Assessments may be responsive relating to information and data CQC receive and monitor or planned inspections.

The CQC last assessed Trust services as **Good** at 13th December 2019.

During November 2025 the CQC assessed trust Child and Adolescent Mental Health Inpatient Services applying the current CQC assessment framework.

As of 31st March 2026, the Trust is awaiting the formal report of findings and the outcome of the assessment that will inform the re-rating of the services assessed.



Part 1: Summary of successes!



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The opening of Murray House!

Murray House, which is in the Jordan Hill Business Park in the north of Oxford, is the new base for a range of community health care -based services

Whilst many of the teams at Murray House, such as district nurses and health visitors, travel out every day to see their patients, often in their own homes, others provide clinics at the newly refurbished building itself. This includes podiatry, dentistry and specialist therapy services for children, young people and adults

Working with staff, patients and people from local communities, Murray House was designed and refurbished to be as welcoming as possible for patients and their carers, as well as great place for staff to work in. Previously teams were located in several, often poor-quality buildings in and around Oxford, which also meant that some patients had to travel to different locations for aspects of their care.



Banbury's Fiennes Centre refurbished

The project at The Fiennes included the complete refurbishment of the urgent care centre, GP out-of-hours and podiatry spaces, as well as additional staff offices and related facilities

Work got underway during the Autumn 2025 and continued at pace, with all phased works on track to conclude by mid-April 2026

This has all been made possible through the coming together of a project groups with representation from the clinical services based at The Fiennes, as well as representatives from Oxford Health's estates, facilities, IT, operations and transformation teams.

Working together, on-going patient care was prioritised whilst managing the refurbishment of a 'live' clinical building.

Part 1: Summary of successes!

Buckinghamshire Neurodevelopmental Pathway Transformation

This inspiring project showcases a bold redesign of the neurodevelopmental assessment pathway, improving both efficiency and experience for children, young people (CYP) and families while ensuring our resources are used sustainably and wisely.

Key achievements include:

- A dedicated Pre-assessment Team now manages information gathering and pathway decisions, reducing clinician admin and streamlining workflow.
- A one-day assessment model replaces multiple appointments, reducing travel, saving time and ensuring CYP receive a more focused and holistic diagnostic experience.
- Diagnostic meetings twice daily improve pace and clarity of decision-making.
- Diagnostic letters and reports sent within two weeks, offering a timely, reliable experience for families.
- A robust quality assurance framework, including reviews by Assistant Psychologists/trainees, ensures consistent use of neuro-affirming language and high-quality reporting.
- A strengthened staff induction and competency framework supports workforce development and confidence.
- Strong commitment to co-production, with parents and CYP shaping resource packs, letters, and forms.
- Ongoing process improvement, including exploring AI support for admin tasks, reviewing roles and refining pathways for those with previous private diagnoses.

This transformation is a powerful example of how smart redesign, teamwork and co-production can improve outcomes *and* ensure we use our resources responsibly.

It highlights the Trust's commitment to sustainable practice, high-quality care and meaningful involvement of families.

The project was a Trust wide winner at our 2025 Quality Improvement conference!



Part 1: Summary of successes!

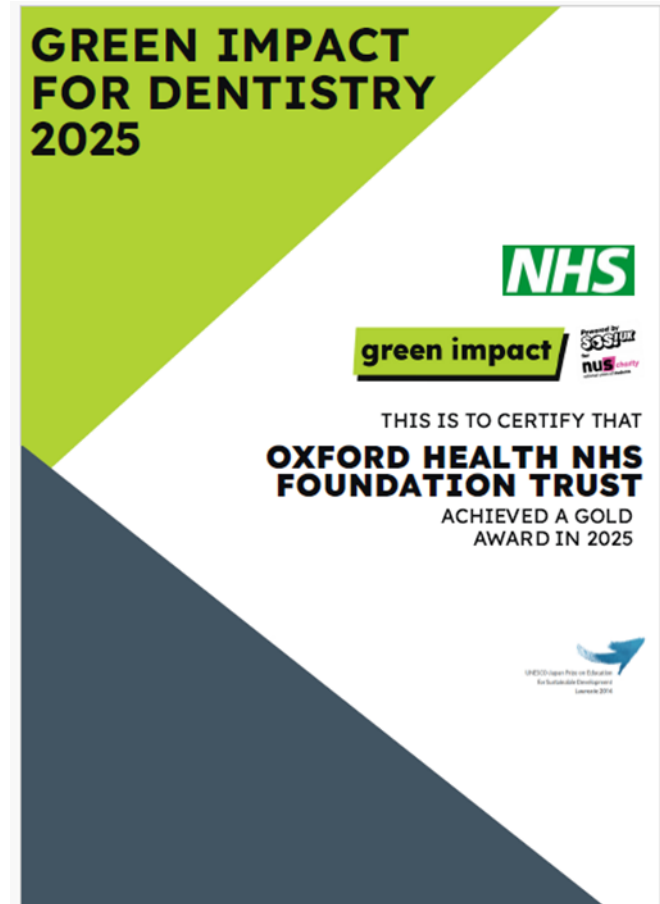
Dentistry – Green Award

Community dental team wins gold award

The community dental service recently achieved the gold award for Green Impact for Dentistry as part of the NHS Green Impact Scheme. This is an upgrade on the silver award the team was awarded in 2023. These national awards are a sustainability accreditation scheme that supports NHS services in making meaningful improvements to the environment and sustainability.

Building on its successful previous silver submission, the team worked through the wide range of indicators within the Green Impact environmental toolkit to identify where it could make meaningful and realistic improvements within community dental services. The toolkit covers multiple areas, including waste, energy, procurement and sustainable practice.

The team considered carefully those actions that were most relevant to its clinical setting, before then focusing on implementing and evidencing change in those areas. Key developments included launching a paper-free QI project to support the move towards digital working and reviewing the use of single-use items to reduce disposables where clinically appropriate. By strengthening and expanding on previous work, the team was able to demonstrate sustained progress and achieve gold accreditation.



Part 1: Summary of successes!

BSW CAMHS Complex Trauma Pathway

During 2025/26, Bath and North East Somerset, Swindon and Wiltshire (BSW) CAMHS implemented a Complex Trauma Pathway to improve access, experience, and outcomes for children and young people affected by complex trauma.

Positive experience and quality indicators The pathway has demonstrated strong quality indicators, with no complaints received to date and very low DNA and CNA rates, suggesting high levels of engagement and acceptability. Feedback from children and young people highlights feeling safe, listened to, and actively involved in decisions about their care. Carers and partner professionals report improved trauma-informed formulation, increased confidence, and greater stability within placements and professional networks.

Improved access and responsiveness Between April and September 2025, the pathway supported 265 children and young people, either through direct clinical input or consultation and wider network input. This included children and young people who had previously experienced long waits or who would not have met traditional CAMHS access criteria. Retrospective audit evidence indicates that the pathway has successfully widened access and addressed previously unmet need.

Workforce capability and system impact In addition to direct clinical impact, the pathway has strengthened workforce capability and system working. CAMHS practitioners describe the consultation model as essential in supporting trauma-informed practice, formulation, and care planning. At system level, the pathway has supported wider culture change through multi-agency collaboration, including delivery of a trauma conference attended by over 200 professionals.

External recognition and leadership The pathway has also received external recognition, with Trauma Pathway leads invited to present at the Institute for Recovery from Childhood Trauma at the House of Lords in September 2025. There was particular interest in the pathway's system-change approach, focusing on strengthening networks and partnerships rather than operating as a standalone specialist service.



Part 1: Summary of successes!

Oxford Health Renews Veteran Aware Accreditation

We are proud to share that Oxford Health NHS Foundation Trust has successfully renewed its Veteran Aware accreditation, delivered by the Veterans Covenant Healthcare Alliance (VCHA).

This recognition confirms that the Trust continues to meet the national standards required to support the Armed Forces community, following a comprehensive submission demonstrating our ongoing commitment and progress across key areas.

This achievement reflects the continued dedication of colleagues across the Trust in supporting the Armed Forces community, including serving personnel, reservists, veterans, service families and cadet force adult volunteers, ensuring they are treated with fairness, understanding and respect in both employment and access to our services.

The Trust remains committed to working in a forces-friendly way, and we will continue to develop and review our approach to ensure that members of the Armed Forces community are not disadvantaged and receive the understanding and support they deserve.



Part 1: Summary of successes!

Oxfordshire Talking Therapies (OTT)

During 2025/26, Oxfordshire Talking Therapies (OTT) continued to strengthen access, quality and workforce wellbeing through innovation, research and collaboration. The service implemented LIMBIC AI to streamline pre-assessment processes, reduce administrative burden and support early risk identification, with high patient satisfaction and ongoing staff feedback informing improvement.

Through active participation in the Buckinghamshire, Oxfordshire and Berkshire West (BOB) clinical network, OTT contributed to collaborative quality improvement, sharing learning on recovery, productivity and leadership. OTT maintains a strong research portfolio, supporting national studies in CBT and equity-focused service improvement. Workforce wellbeing and inclusivity remain priorities, underpinned by a co-produced Local Wellbeing Strategy and completion of anti-racism training across the service.



Psychological Therapies (PT)

During 2025/26, Psychological Therapies (PT) improved access and engagement through implementation of a Mentalisation-Based Therapy (MBT) group programme. Patients are booked directly from assessment, with flexible start dates and session times, resulting in reduced waiting times, improved engagement and higher therapy completion rates.

PT is planning to introduce expert-by-experience involvement within MBT groups to improve understanding, build confidence and reduce drop-out. This work reflects PT's continued focus on improving patient experience, accessibility and outcomes through service innovation and co-production.



Part 1: Summary of successes!

Forensic Recovery College



The Forensic Recovery College was privileged to present at the EPA 2026 European Congress of Psychiatry in Prague. The presentation, Pathways to Empowerment: Integrating Psychoeducation, Peer Support, and Co-production for Lasting Recovery, explored the particular challenges of recovery in forensic mental health services, where long stays in secure care can affect hope, identity, and personal agency.

The team demonstrated how peer support and recovery college approaches can work together in practical ways — for example, Peer Support Workers contributing as Student Support Officers within the College, supporting students during courses, enrolling as students themselves, and in some cases progressing into co-tutoring and wider co-production roles.

The presentation also highlighted how these approaches can complement one another through educational opportunities, improved relational security and shared recovery values, helping to strengthen a more recovery-focused culture within secure care.

The conference was also a valuable opportunity to network with international colleagues, share learning, and raise the profile of Oxford Health's recovery-focused work in forensic services, including opening up potential future links with Koç University School of Nursing in Istanbul, Türkiye.

Peer Support Worker Evaluation

Over the last 12 months the service completed an evaluation of the impact of peer support workers in a forensic mental health setting.

Thematic findings of the impact of the role of peer support worker:

- Created a ripple effect by offering a new perspective brought to MDTs by PSWs
- Enhanced opportunities for collaborative working with patients
- Brought a renewed embodiment of hope and promoted the human experience of services
- Challenged the fear of the unknown and enabled better scrutiny around role clarity.

The evaluation will be submitted for publication and is one of the presentations being delivered as part of the International Association of Forensic Mental Health Services 2026 Conference in Helsinki (in June of this year).



Part 1: Summary of successes!

Safeguarding people with mental health needs

The Trust led a cross-sector event to improve how well we support people with mental illness experiencing self-neglect, in November 2025.

Over 100 mental health professionals, social workers, VCSE practitioners and local authority leads attended a safeguarding session on adult colleagues attended the workshop.

This learning session was held in response to thematic findings from practice and review work and involved people with experience of mental health services as well as presentations by the trust service manager for social work and the chair of the Oxfordshire safeguarding adult's board.

Cross sector tenancy support event

The trust also led a Housing Needs system event, with cross-sector partners, in March 2026 to support 'tenancy sustainment and move on to independent living' for people recovering from mental illness.

Over 40 colleagues from different organisations attended the workshop, including a trust Peer Support Worker, who provided personal insight.

This workshop session was held to improve people's recovery outcomes with respect to the OHFT-commissioned supported accommodation pathway. Attendees developed ideas and further work is being done with housing providers and local authorities on next steps.





The Nursing Summit 2025

Part 2: Priorities for improvement and statements of assurance

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Part 2: Quality Management System

Quality Management System

By utilising a Quality Management System (QMS) a range of factors are included to ensure a continual cycle of improvement is in place that is supported using a QI approach, the Trust continues to work towards the implementation of a full QMS that places learning at the centre of all its efforts.



Oxford Health Quality Improvement Team continue to be the corporate support for teams and services across the trust to embed a Quality Improvement approach to improve safety, experience, effectiveness and outcomes for patients, carers and trust colleagues. The team provide training and support for quality improvement projects, enable collaboration, sharing of outcomes and horizon scanning for future projects, with the aim that improvements to patient care are always co-produced with patients and their families.

Part 2: Quality Priorities 2025/26



Oxford Health
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During 2025/26 we chose to focus our priority areas on five specific areas that are key indicators of quality across the trust. Other areas of quality and safety not included in priority areas are continually monitored by our Integrated Performance report, Quality Dashboard and local governance groups. A copy of our Board papers that include these reports can be found [here](#)

Priority Area	Detail	Aim	Trust area involved
Reducing restrictive practice	To continue to reduce the use of restrictive practice and care for patients using the least restrictive way possible.	To build upon previous years progress to reduce the use of prone restraint and seclusion.	MH & Forensic inpatient wards
Implementing PSIRF and creating a learning culture	To continue to develop the embedding of PSIRF across the trust with a focus to support continuous improvement of safety cultures, systems and behaviours.	To embed patient safety incident response within a wider system of improvement that supports cultural shift towards systematic patient safety management	Whole trust services
Involving patients and their families	Patients, carers and families are at the core of all we do. We aim to progress and develop ways to work together to learn from experience and improve trust services.	To have a framework for co-production developed and in place.	Whole trust services
Embedding continuous quality improvement.	To continue to develop the Quality Improvement (QI) culture across the trust to enhance patient care, safety and satisfaction.	To improve progression of QI project activity demonstrating a culture of improvement. To embed coproduction as an improvement fundamental.	Whole trust services
Address inequalities in the delivery of healthcare	To better achieve health equality, reliable data is required that supports the identification of potential areas of inequality across the trust to drive improvement.	Reliable and meaningful data is recorded and provides the trust with meaningful insights to focus antiracism interventions..	Whole trust services

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Part 2: Review of Quality Priority progress 2025/26

Quality Priority area: To reduce the use of seclusion and prone restraint



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Progress rating: Partially Achieved

Reducing Restrictive Practice

The aim of the 2025/26 quality priorities were to build upon previous years progress to reduce the use of prone restraint and seclusion.

Reduction in the use of Seclusion

The year 1 target to support seclusion reduction was to achieve a baseline measurement for seclusion usage with duration and episodes. Combined reporting from Ulysiss and RiO with retrospective data entry dating back to Sept 2025, when the RiO seclusion form went live. Data quality cleansing is being completed by teams. Manual reporting is currently available to provide duration along with episodes with development ongoing to feed into the Trust BI system.

Seclusion reduction achievements

We have achieved what we set out to do during 2025/26 for this area of the quality priority. Seclusion usage data is now generated from both RiO and Ulysiss achieving improved data quality. Duration data is available via a manual report and in the final stages of data quality checking of historical duration and episode data. Weekly data quality monitoring is in place to ensure the data is reliable going forward. Updates to the seclusion form have been made to improve data quality.

Reduction in the use of Prone Restraint

We did not achieve a sustained reduction in prone restraint this year. Over the previous two years we achieved year on year reduction in the use of prone restraint, for 2025/26 we set an ambitious increased reduction target based upon previous achievements which we have not been able to achieve.

Part 2: Review of Quality Priority progress 2025/26

Quality Priority area: To reduce the use of seclusion and prone restraint



Oxford Health
NHS Foundation Trust

Progress rating: Partially Achieved

Reducing Restrictive Practice

Prone restraint data review

We have reviewed trust data that captures the use of prone restraint from 01/04/2025 – 31/03/2026. Prone restraint was applied most frequently across 2 CAMHS inpatient services, 1 adult male acute ward and 1 adult female acute ward.

We found that CAMHS inpatient and CAMHS Psychiatric Intensive Care Unit (PICU) data combined accounted for just under 50% of the total amount of prone restraint that occurred during the year.

Over two thirds of prone restraint were applied to prevent Young People from harming themselves, with the remaining third largely attributable to prevention of violence and aggression to others.

Combined CAMHS inpatient data review shows that 89% of prone restraints that occurred, involved three Young People across the two units.

One adult male acute ward accounted for 11% of total prone restraints applied, involving 14 different patients, almost half of prone restraints were to prevent violent and aggression to others.

One adult female acute ward accounted for 11% of total prone restraints applied, involving 12 different patients, over half of prone restraints were in relation to health causes often relating to self harm.

Part 2: Review of Quality Priority progress 2025/26



Oxford Health
NHS Foundation Trust

Quality Priority area: To reduce the use of seclusion and prone restraint

Progress rating: Partially Achieved

Reducing Restrictive Practice

Prone restraint progress

During the year we have continued to focus our efforts to reduce the use of restrictive practice. We have made continued to equip our staff with skills and knowledge to support development of strong therapeutic relationships to deliver care that is individually planned and with patients and their carers/families using the least restrictive options.

Some of the ways we have approached this are highlighted below:

- Alternative injection site (non gluteal) training to reduce the need for prone restraint has been rolled out across inpatient and community teams.
- Positive Engagement And Caring Environments (PEACE), training is aligned to alternative injection site administration incorporating the use of the safety pod for administering alternative injection sites.
- Patient information leaflets created (also in an accessible format) for alternative injection sites.
- Staff guidance on alternative injection sites.
- Safety pods are available in each team. All PEACE trained staff are trained in their use. The safety pod is the highest reported restraint position, used in 54% of all restraints during 2025/26.
- Oversight and governance for all prone restraints is now through the trust Weekly Review Meeting where all prone restraints are reviewed, and the service is undertaking reviews of each prone restraint to identify learning. It is acknowledged that this needs to be strengthened to allow for week-on-week identification of themes and trends.

Next steps

Whilst we acknowledge we have not made as much progress in the use of prone restraint as hoped this year, we continue to work collectively to drive down the use of restrictive practice across the trust. We will continue to focus on the use of prone restraint and seclusion as Quality Priorities for 2026/27.

Part 2: Review of Quality Priority progress 2025/26

Quality Priority area: To reduce the use of seclusion and prone restraint



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Progress rating: Partially Achieved

Reducing Restrictive Practice

Next Steps continued

A task force commissioned by the Chief Nurse is being launched dedicated to reducing the use of restrictive practice across the trust. Work will focus on areas identified with high use of restrictive practice whilst also setting up real time robust monitoring systems to alert to the use of prone for timely review and deployment of resource to support staff and patients to be cared for in the least restrictive way.

We have appointed a Clinical Lead for Reducing Restrictive Practice as of 1st April 2026 who will provide specialist resource to support the task force objectives. Efforts will continue to embed a culture that does not view prone restraint as acceptable while maintaining an open culture of transparency and one of learning. We will establish a formalised monitoring process for all prone restraints to capture learning and to prompt real time review and intervention.

We will monitor the use of seclusion via duration secluded as well as by number of episodes to inform of the reason for, how often as well as the length of time restrictions are applied, this will allow us to understand usage, inform improvement actions and capture and share learning and best practice.

Impact on Health Inequalities

Work to achieve accurate ethnicity data has taken place and errors in how the data reports are compiled has been adjusted. A full data set is now available on TOBI in relation to restrictive practice. This has begun reporting in quarterly reports since quarter 3 2025/26. Ongoing analysis of the data is required to inform this work and identify health inequalities that require focus in line with the Use of Force act, this work has been achieved in conjunction with PCREF work.

Part 2: Review of Quality Priority progress 2025/26

Quality Priority area: Address inequalities in the delivery of healthcare



Oxford Health
NHS Foundation Trust

Progress rating: Partially Achieved

Address inequalities in the delivery of healthcare

The aim for the year was that 90% of patients had reliable and meaningful ethnicity data recorded to provide insight of patient populations and ensure the delivery of services is in line with an antiracism approach. The end of year trust position is 82.4% of all records include ethnicity data, the target has not been fully achieved but demonstrates a continuously improving position.

Achievements this year include:

- Mental Health services: Over the course of the year, there has been a steady increase in data quality at an average rate of approximately 0.3% per month. This trend has continued throughout the year with 82.4% of records including ethnicity data.

Primary Community and Dentistry services:

- Total open end of year caseload data evidences that 58.56% of all records have evidence of ethnicity data, although low this is an improving picture with Community Hospital data demonstrating 90.52% of patients have ethnicity recorded

Next steps

- Aligned with PCREF Mental Health services are engaging in a QI project modelled on the successful Gateway QI improvement project approach.
- Specific test sites in Primary, Community & Dentistry services have been identified to adopt a place-based improvement approach with learning to inform rollout across wider services.

Impact on Health Inequalities

Alongside a range of aligned equalities work within the Trust, directorate have been focusing on improving data quality. There have been additional (non-tangible) benefits when discussing the importance of asking, recording and acknowledging protected characteristics in the interest of patient centred care.

Part 2: Review of Quality Priority progress 2025/26

Quality Priority area: Involving Patients, Carers and their Families



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Progress rating: Partially Achieved

Listening and Responding to the Voices of Patients, Carers and their Families

We have made significant progress over the last year with increasing practical resources and regular training for staff as well as the beginning of lived experience infrastructure taking place. We still have a lot of progress to make against the targets within this quality priority, however this year we have focused on the foundations to strengthen and support this shift in culture.

Achievements this year include:

- Development and roll out of co-production training for all staff - 2 levels of co-production training, co-delivered by the Experience & Involvement (E&I) team and people with lived experience of our services aimed at staff across all directorates
- Regular session for engagement and involvement at trust induction
- Development and publication of 2 co-production handbooks, one for Experts by Experience (EbE) and one for staff to promote, guide and support involvement.
- Established induction session for all EbE's who join the trust to undertake involvement work.
- Established project groups for workforce development and Quality Improvement.
- Lived experience project plan approved by Executive Team in Feb 26.

Next steps

- Integrate lived experience into board governance, including rotating Voice Group members and pairing board members with Experts by Experience (EbE) mentors – commencing in May 2026.
- Pilot a Lived Experience Reference Group with governance and decision-making responsibilities, evaluating its impact for future Trust-wide adoption – commencing April 2026.

Impact on Health Inequalities

Representation: Voices from marginalised communities shape service design and governance.

Accessibility: Digital tools and proactive communication reduce barriers to participation.

Responsiveness: Data-driven action enables targeted improvements for disadvantaged groups.

Cultural Change: Coproduction and lived experience become embedded in organisational practice, aligning with the NHS Long Term Plan's vision for inclusive, equitable care.

Part 2: Review of Quality Priority progress 2025/26

Quality Priority area: Implementing PSIRF and creating a learning culture



Oxford Health
NHS Foundation Trust

Progress rating: Fully Achieved

To continue to develop the embedding of the PSIRF (Patient Safety Incident Response Framework) across the Trust with a focus to support continuous improvement of safety cultures, systems and behaviours

Progress has been made around each of the programme deliverables set out for 2025/26, although some pieces of work have not yet been fully completed.

The position against all the PSIRF measures identified for 2025/26 is monitored via the Trust Quality and Clinical Governance Sub Group and shows an improving picture over the last 12 months with specific areas of focus identified to take forward.

Achievements this year include:

- The Trust's Patient Safety Incident Response Plan was last reviewed/approved by the ICS in May 2025. In 2025/26 the Trust identified **37 PSIRF cases** across the organisation using a range of different review types including ILH, PSII, system reviews and thematic reviews.
- Incident learning huddles continue to be well used as a learning response to identify changes, with **203 ILH** were completed in 2025/26.
- WE recruited the second cohort of **Patient Safety Partners** in July 2025. The partners are involved in a number of QI projects, as well as the Trust's PSIRF oversight processes and they led on a mechanism to collect feedback from patient/family members on their experiences of safety review processes.
- In November 2025 we self-assessed our position against the Health Services Safety Investigations Body (HSSIB) report on future learning from investigating under the PSIRF ([Investigating under the Patient Safety Incident Response Framework \(PSIRF\): sharing HSSIB learning for future development — HSSIB](#)). The self-assessment demonstrates the benefits of investing in dedicated reviewers/investigators whereby staff are trained, have ring fenced time and experience in applying safety science analysis and methods, engaging with those affected and writing high quality reports.

Part 2: Review of Quality Priority progress 2025/26



Oxford Health
NHS Foundation Trust

Quality Priority area: Implementing PSIRF and creating a learning culture continued

Progress rating: Fully Achieved

To continue to develop the embedding of the PSIRF (Patient Safety Incident Response Framework) across the Trust with a focus to support continuous improvement of safety cultures, systems and behaviours

Achievements this year include:

The NHS Trusts across the BOB system completed a second annual peer review of completed safety reviews. This most recent peer review was completed in the BOB system Patient Safety and Improvement Forum held in November 2025 including our Patient Safety Partners, commissioners (ICB), NHS England and Health Innovation Oxford and Thames Valley. The feedback we received about our reviews was very positive. We have used the exercise to reflect on our report templates.

The Trust has introduced a new mechanism called Safety Action Review Visits, to enhance the current process to monitor not only the completion of actions after a safety review but also the effectiveness and whether the change has been sustained

We have seen an improvement in safety culture and staff engagement within safety reviews. This is demonstrated in a number of ways one being the annual staff survey results. All 4 patient safety measures in the national staff survey improved from 2024 and are above the national average levels.

- 19a treat those involved in an incident fairly 71%,
- 19b encouraged to report incidents 92.3%,
- 19c take action from incidents 77.4%,
- 19d feedback about changes from incidents 71.3%.

The 6-weekly patient safety webinars have been a success alongside sharing the learning from all PSIRF cases at team/ward level meetings and on the intranet.

The Trust has regular reviews of progress against PSIRF held with BOB ICB and NHSE. We have had positive feedback throughout about continued progress and level of maturity.

Part 2: Review of Quality Priority progress 2025/26

Quality Priority area: Implementing PSIRF and creating a learning culture continued



Oxford Health
NHS Foundation Trust

Progress rating: Fully Achieved

To continue to develop the embedding of the PSIRF (Patient Safety Incident Response Framework) across the Trust with a focus to support continuous improvement of safety cultures, systems and behaviours

Next steps

The programme board will re-set the PSIRF programme deliverables and measures for 2026/27.

Focus areas are likely to include;

- Continue with QI project on improving the patient/family voice in ILH
- Introduce new medicine incident safety reviews with the clinical pharmacists and MSOs
- Work on strengthening ILH and IRR actions, pilot started in Oxon and BSW
- Build on initial Duty of Candour/professional transparency contact by clinical team with patient/family
- Roll out the agreed new patient safety educational programme

Impact on Health Inequalities

The ethnicity, age and gender are identified for the patient(s) involved in every PSIRP case and ILH. We also capture this information for all incidents. We have completed thematic reviews around neurodiversity, CAMHS to adult transitions and more.

In 2025/26 we have been piloting some work on cultural sensitivities within safety reviews.

The Patient Safety Partners with lived experiences of services are involved in the safety review oversight and sign off processes as they provide an important different perspective to look at inequalities

Part 2: Review of Quality Priority progress 2025/26

Quality Priority area: Embedding Continuous Quality Improvement



Oxford Health
NHS Foundation Trust

Progress rating: Fully Achieved

To continue to develop the Quality Improvement (QI) culture across the trust to enhance patient care, safety and satisfaction

We have made strong progress in advancing our priority to develop a sustainable Quality Improvement (QI) culture across the Trust. This is evidenced by a consistently high level of engagement in QI activity including clinical audit, improvement work, webinars and work being submitted for awards and publication. This is alongside a significant investment in capability building within improvement with 751 staff members completing a form of QI training across the year.

Importantly, our approach has evolved from focusing on volume to emphasising quality and impact as part of a robust quality management system. The introduction of vigorous approval processes across all hubs ensures that QI projects are not duplicated, well-designed, with clearly defined aims, measurable outcomes, and alignment to organisational priorities. This has strengthened the overall standard and effectiveness of improvement work across the Trust. We are now seeing the Trust adopt the improvement process for larger scale pieces of work, looking at patient flow, patient safety incidents and culture building.

In addition, we have seen a meaningful increase in the involvement of patients and carers in QI initiatives with 45% of relevant projects now involving lived experience, up from 36% last year. This reinforced our commitment to co-production and ensures that improvements are informed by the patient voice and experience. Collectively, these demonstrate a maturing QI culture that is embedded, collaborative, and increasingly focused on delivering measurable benefits for patients.

Achievements this year include:

- Oxfordshire Primary, Community & Dental Services have delivered a year of exceptional progress and innovation which has received national recognition. Teams across services have demonstrated a strong commitment to improvement, sustainability, and high-quality care, contributing to a growing culture of excellence with 76 active QI projects

Part 2: Review of Quality Priority progress 2025/26

Quality Priority area: Embedding Continuous Quality Improvement continued



Oxford Health
NHS Foundation Trust

Progress rating: Fully Achieved

To continue to develop the Quality Improvement (QI) culture across the trust to enhance patient care, safety and satisfaction

Achievements this year continued:

- OxBSW adult and older adult services have maintained stability with over 20 active QI projects at any one time. There has been an increase in the number of projects having patient and/ or carer involvement with currently 86% of projects evidencing this.
- CAMHS services number of active projects has remained around 20 with an increased engagement across a range of CAMHS services as well being active participants and champions of research.
- Forensic services have experienced a consistent level of projects over the year with a core, engaged group of staff utilising QI to make improvements across the directorate. There has been extensive work across the Culture of Care programme as part of the national transformation programme for inpatient care.
- Buckinghamshire have made significant progress embedding a culture of Quality Improvement, contributing to broader and more sustained QI activity. This is evidenced by an increase in the number of active QI projects underway, alongside stronger alignment with Trust Quality and Patient Safety priorities
- Corporate Services welcomed Senior Leaders to a series of Q&A sessions on 'What QI Means to Me', supported by Executives. These candid interviews provided excellent insights and real validation for improvement approaches that reach from 'the Board to the ward' staff have feedback that they have felt inspired to take on more improvement work as a result.

Impact on Health Inequalities

Quality Improvement has contributed to reducing health inequalities across the trust through targeted projects. One prominent example of this is the Bucks Gateway ethnicity information project, which has significantly improved ethnicity data capture, increasing from 26.32% to 77.41%, enabling better understanding of population and outcomes. A further example is a recently initiated project focusing on reducing dropout rates for underrepresented communities in Bucks Talking Therapies.

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Part 2: Quality Priorities 2026/27



Oxford Health
NHS Foundation Trust

During 2026/27 we have chosen to focus our priority areas on six specific areas that are key indicators of quality across the trust and align with strategic objectives. Other areas of quality and safety not included in priority areas are continually monitored by our Integrated Performance report, Quality Dashboard and local governance groups.

Priority Area	Directorate strategic priority	Quality Priority Aim	Trust area involved
Reducing restrictive practice	To continue to reduce the use of restrictive practice and care for patients using the least restrictive way possible.	Reduction of the use of prone restraint and duration of seclusion.	MH & Forensic inpatient wards.
Violence Prevention and Reduction	Establishing Mental Health Acute Care Board overseeing improvements in inpatient and crisis services including restrictive practice and patient experience.	Reduction of staff harm associated with restrictive practice in inpatient services	MH & Forensic inpatient wards.
Patient & Carer Experience	Progress methods of collecting feedback on patient experience and consistently demonstrate patient involvement and choice in the delivery of care everywhere	Meaningful focus on patient/ family experience feedback and actions taken in response.	MH, PC&D, LD and Forensic services.
Physical Health	Establishing an oversight group for integrating physical health care and specialisms across Trust services	Embed and progress the trust Integrated Health Strategy across directorates.	MH, PC&D, LD and Forensic services
Quality Management System	Strengthening the Quality Management System driven by Quality Improvement methodology.	Embed a consistent approach to quality across the trust, using real-time data and strengthened governance to deliver consistent and measurable improvements in care.	MH, PC&D, LD and Forensic services
Core Clinical Standards	Assurance around core clinical standards such as care plans, risk assessments, and physical health assessment and observation.	Develop mechanisms to support the monitoring and reporting of the quality-of-care plans, safety assessments and plans and patient 1:1's.	MH & Forensic inpatient wards.

Each quality priority area has identified key deliverables and measures of success and progress which are monitored throughout the year via the trust Quality priority Programme Board and reported by trust internal governance structures.

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Part 2: Monitoring our performance

Performance Reports

The Integrated Performance Report (IPR) provides the Board of Directors with an integrated view of the strategic domains of Operational Performance, Quality and People. It has been re-designed for an improved alignment with Trust strategic ambitions, national and local reporting performance requirements. The report continues to be developed further to provide a comprehensive and reassuring oversight of Trust performance measures. The report continues to be developed further to provide a comprehensive and reassuring oversight of Trust performance measures.

The IPR is fed by directorate data that is monitored and reviewed robustly at a local level to understanding performance metrics and inform improvement and appropriate early escalation where necessary.

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

The Integrated Performance Report has been reviewed to ensure alignment with the updated National Oversight Framework. Detailed performance data and the annual strategic measures reporting can be found within the trust public board papers [here](#)

Further information about performance can be found 2025/26 Annual Report when published : [Publications | Oxford Health NHS Foundation Trust](#)



Part 3: Key Dimensions of Quality

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Part 3: Clinical Audit

Clinical Audit - a tool for improvement

Clinical audit is undertaken to systematically review the care that the Trust provides to patients against best practice standards. Based upon audit findings, the Trust takes actions to improve the care provided.

Clinical Audit activity forms part of the trusts wider Quality Management System aimed to support inform learning, improvement and to ensure the trust can demonstrate that it is meeting regulatory, commissioning, contractual and legal requirements in relation to the quality and safety of the services provided.

In 2025-26 we participated fully in 13 national audits. Alongside these we carried out 41 locally identified clinical audits. Updates for the national audits we participate in can be found in appendix 1 of this report.



13 national audits



126 locally managed clinical audits.

The clinical audit plan 2026/27 has been developed by the corporate audit team in coordination and collaboration with the directorate governance leads and clinical teams. The plan has been developed to balance directorate/service level audits with national and trust wide priorities.

Summary of the National Audit Results appendix 1 of this report.

Part 3: Implementing the Patient Safety Incident Response Framework



Oxford Health
NHS Foundation Trust

Background The PSIRF was introduced as part of the National Patient Safety Strategy to fundamentally shift how the NHS responds to patient safety incidents and makes changes to improve care. With NHS Trusts being empowered to determine their incident responses locally, and a shift to a system-based approach to learning.

OHFT transitioned to working under PSIRF from 3rd Dec 2023. This programme remains in place to oversee the next phase of changes, which will continue to embed the PSIRF's principles and approach.

We have had regular reviews of our progress with embedding the PSIRF principles with our commissioners and NHS England throughout 2025/26.

Vision and Outcomes The vision for the next phase of the programme is to achieve a patient safety culture where staff report all incidents, there is openness to identify learning and make changes, and we can demonstrate the impact of this. We expect to see;

- Increase in patient incidents reported with a decrease in moderate and severe harm incidents.
- Improved feedback from staff and patients/families affected by incidents about their experience.
- Increase in use of alternative learning response approaches, to enable tailored and richer learning.
- More reviews occurring with other organisations/external agencies participating to maximise learning
- A reduction in reoccurring learning themes, demonstrating safer systems of care

Further details More details about the Trust's approach and patient safety incident response plan can be found at Patient Safety Incident Response Framework (PSIRF) - Oxford Health NHS Foundation Trust.

A report on embedding PSIRF and learning from safety reviews is published at each Board of Directors meeting, papers are available here [Board Papers](#) | Oxford Health NHS Foundation Trust

Key deliverables 2025/26

- Implement next iteration for Incident Learning Huddles (also commonly known as After Action Reviews) including developing how patients/families are more involved.
- Develop the Patient Safety Partner role, involving people with lived experience working with us.
- Continue improvement work on duty of candour/professional transparency
- Focus on demonstrating impact of changes/actions from PSIRP cases which overall improve the safety of systems
- Continue to support a positive staff safety culture
- Continue to develop how we share learning and feedback to teams about changes being made, in different formats and through different routes

Part 3: Patient Safety



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Learning from patient incidents We review the immediate learning and trends from all patient incidents.

We use incident learning huddles (ILH) (sometimes known as After Action Reviews) as an initial learning response where there has been significant harm to a patient, or we believe there is a potential for great learning. An ILH is a facilitated group discussion with professionals involved in the care provided to a patient to help us to understand more about what's happened and why. The huddles will check support is in place for those affected and focus on what can be learnt. The approach has proven to be an effective way to improve engagement in identifying and acting on learning. In last 12 months we have completed 203 incident learning huddles (this compares to 183 in 2024/25).

Some incidents are identified for further in-depth review, these are categorised through the Trust's Patient Safety Incident Response Plan. The plan was last reviewed in May 2025 and available here [Patient Safety Incident Response Framework \(PSIRF\) - Oxford Health NHS Foundation Trust](#). Every review is focused on learning to inform improvement.

In 2025/26 the Trust identified 37 cases under our Patient Safety Incident Response Plan, there is a break down by clinical directorate and safety area in the table below. We have used a range of learning responses including Incident Learning Huddles, Patient Safety Incident Investigations, System Reviews and Thematic Reviews. Most cases have been in the local safety area of 'access to care and treatment'. All safety reviews have used a human factors methodology (SEIPS = Systems Engineering Initiative for Patient Safety) to better understand what happened ('work done') and why, against what we think or expect should happen ('work imagined') so that the learning and the safety actions we identify address the real issue(s).

Directorate/ Type of learning Response	Safety Area						Grand Total
	Assess care/treatment	Detained patient death	Emergent theme	Homicide	Joint working with other organisations	Physical Deterioration	
Buckinghamshire Mental Health	4	1	2 [1-perinatal death 1- self neglect]	1	2		10
Forensics Mental Health	0	0	0	0	0	1	1
Oxfordshire Community, Primary and Dental	5	0	2 [1-Wrong tooth extraction 1 -missed diagnosis of fracture]	0	2	3	12
Oxfordshire & BSW Mental Health	9	0	2 [1- capacity assessments/decisions 1 – Adult ADHD deaths while waiting]	0	1	2	14
Grand Total	18	1	6	1	5	6	37

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Part 3: Patient Safety



Oxford Health
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Learning from Patient Incidents continued

There has been a measurable improvement in safety culture and staff engagement within safety reviews. This is demonstrated in a number of ways one being the recent annual staff survey results for 2025. All 4 patient safety measures in the survey improved from 2024 and are above the national average levels compared to other NHS Trusts.

We have recruited the second cohort of Patient Safety Partners from July 2025, they are in 18-month fixed term contracts and are a really valuable addition to the patient safety team and organisation. The partners are involved in a number of quality improvement projects, as well as the Trust's PSIRF oversight processes and they led on a mechanism to collect feedback from patient/family members on their experiences of safety review processes.

Current performance with the national patient safety syllabus level 1 is at 96% (end of March 2026) for all staff in the Trust. We have rolled out additional patient safety training for all reviewers/investigators, key staff in oversight roles and those engaging with patients/families.

In the last year the key areas for learning are:

- ❖ Sharing information and engaging with family members
- ❖ Joint working and communication with external agencies (GPs, care homes, police, private providers)
- ❖ Coordination of care between OHFT services
- ❖ Quality of clinical documentation – risk assessments/formulations, capacity assessments, care plans, NEWS2

Coroner Preventing Future Death Notices

In 2025/26 the Trust received 3 Preventing Future Death Notices (June 2025, September 2025 and February 2026), and a letter from an Oxfordshire Coroner in December 2025. The learning identified in the four cases is described below for each we have reflected and identified actions.

- ❖ Develop inpatient discharge processes and medication supervision in the community.
- ❖ Strengthen communication of important clinical information and decisions to GPs.
- ❖ Transfer of care between OHFT teams and oversight by the multidisciplinary team.
- ❖ Communication between OHFT teams and communication of risks with patient/family.

Part 3: Learning from Deaths



Oxford Health
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Oversight and Reviews

The Trust takes our role and responsibilities very seriously around reviewing, learning and taking appropriate actions after a death. The Trust's learning from deaths process reviews all patients against a national database to ensure we identify all deaths, including patients under our care at the time of their death and those who die within 12 months of their last contact to help identify any themes or trends.

The Trust's internal mortality review process involves the deaths of all patients under the Trust's care at the time they die, screened by at least two senior clinicians to decide whether a formal review of care is required, the outcome of the screening feeds into our weekly patient safety forums and is aligned with our approach under the Patient Safety Incident Response Framework (PSIRF). Most deaths are expected however where there is either; a concern about the care provided, the death relates to self-harm, or a patient comes from a particularly vulnerable group, there is a formal review. The level of review required depends on various criteria such as our level of involvement in care provided, the persons age, the setting they die in, the circumstances surrounding their death and whether the family have concerns about the care provided.

The Trust is an active member of various external multi-agency review processes for, all child deaths, for people who are homeless or in temporarily accommodation at the time they die and for those people with autism or a learning disability. We attend the Buckinghamshire and Oxfordshire suicide prevention multiagency groups and the BOB integrated care system Learning from Deaths Network. The Coronial and Medical Examiner processes run independently and are parallel to the Trust's internal mortality review process.

We also submit information to the following national confidential enquiries to support national learning:

Learning disabilities and autistic people mortality review programme

National child mortality database

National confidential inquiry into suicide and homicide

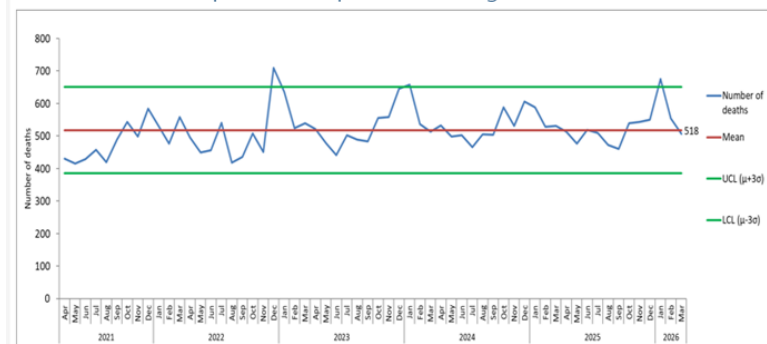
The following slide gives an overview of our review of mortality data and trends.

Part 3: Learning from Deaths

Mortality data and trends up to 31st March 2026

- No significant change in number of deaths over the last 5 years including patients open to services at the time they have died and those discharged from services within 12 months. Average 518 deaths per month. Figures generally within normal levels of variation but spike seen in January 2026 during period of excess winter deaths.
- An even split between male (49%) and female (51%) deaths.
- Compared to total deaths in England and Wales (ONS) – similar pattern over time, the spike in January was also seen in national figures.
- Majority of deaths are for patients last seen by physical health services such as District Nursing. With most deaths are for patients aged 75 plus from natural causes.
- There have been 3 inpatient mental health deaths in the last 12 months,. All patients died unexpectedly of natural causes on the ward. There were also 2 patient deaths on a Community Treatment Order in the previous 12 months; 1 death is a suspected suicide and 1 death was an unexpected natural death.
- There have been 57 confirmed/suspected suicides for open and discharged patients in the last 12 months, of which 21 were open at the time to mental health services, 4 open to physical health services and 4 to both types of services. 6 were seen by urgent care services in the 7 days prior to death. Higher number of male suspected suicides although not as big a gap as seen previously (31 males/26 females).

Total number of deaths
current patients and patients discharged from our care



Pattern: Trust deaths vs National rate
current patients and patients discharged from our care



Part 3: Learning from deaths

Summary of the key areas for improvement in progress:

- ❖ Mental health services;
 - Updating risk formulation, safety planning and care plans.
 - Clarity of roles within MDT.
 - Family involvement/consideration of their needs.
 - Cross agency working and sharing information.
- ❖ Physical health services;
 - Involving families.
 - Cross agency working and sharing information, with a particular focus on end-of-life care
 - Continued work around early recognition and responding to soft signs of sepsis and physical deterioration (inpatient and community teams).
- ❖ Care for patients with a Learning disability;
 - Strengthen proactive end-of-life planning. Workstream underway on RESPECT processes and accessible information.

Part 3: Learning from Deaths



Oxford Health
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Suicide Prevention

The Trust is committed to supporting the national suicide prevention strategy as well as the local authority action plans and we actively contribute to the multi-agency suicide prevention groups to strengthen collaboration and joint working. The Oxfordshire plan [Oxfordshire Suicide and Self-Harm Prevention Strategy 2025-2030](#) and the Buckinghamshire plan [Buckinghamshire-Suicide-Prevention-Action-Plan-2024-2028.pdf](#).

We are part of two real time surveillance systems one in the Thames Valley and one national.

The suicide rate for OHFT is 4.36 per 100,000 people which is similar to the national median of 4.39 for NHS Trusts (data source latest NCISH annual safety scorecard).

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

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

The Trust's Suicide Prevention Steering Group oversees the Trust's partnership work to help prevent and reduce suicides in populations we serve.

The Trust continues to embed the *Staying Safe from Suicide Best Practice Guidance for Safety Assessment, Formulation and Management*, published in 2025 <https://www.england.nhs.uk/long-read/staying-safe-from-suicide/>. The guidance promotes a person-centred collaborative approach to safety assessments to understand a patient's situation, changeable risk factors and to co-produce a safety plan, rather than relying on risk prediction tools, scales and static stratification which is unreliable as suicidal thoughts are dynamic and can change quickly.

The Chief Medical Officer is the Board lead for suicide prevention and for implementing this guidance. The latest update on the actions we have taken was presented to the Board of Directors in March 2026 available here [25 March 2026 | Oxford Health](#)

Part 3: Patient Experience

Complaints, Concerns and Compliments

The Trust continues to embed the new NHS Complaints Standards introduced 1st April 2024.

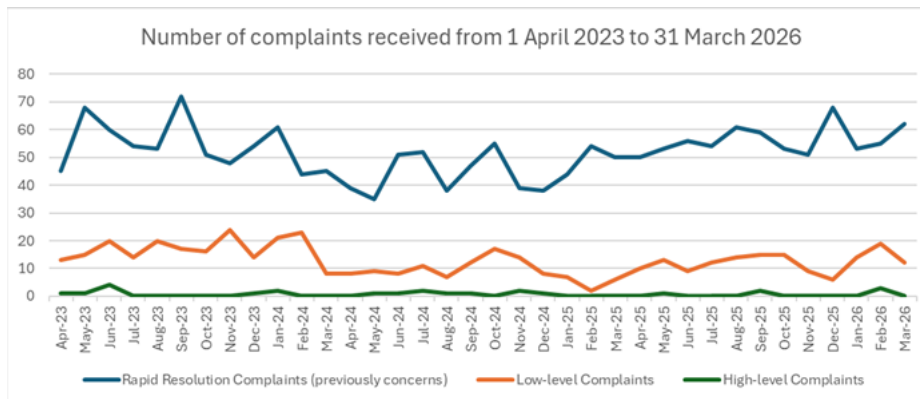
The Complaint Standards support organisations to provide a quicker, simpler and more streamlined complaint handling service. The new standards encourage organisations to focus on the early resolution of complaints and as such have changed the language used and the way we approach and categorise complaints to promote early resolution. Pre-1 April 2024 categories: *Formal Complaints and Concerns*. post 1 April 2024 categories: *Rapid Resolution, Low-Level Complaints, High-Level complaints*.

In 2025-26, Oxford Health NHS Foundation Trust (OHFT) received a total of 825 complaints which is an increase from the previous year of 629

2025 -26 breakdown by type:

- 670 rapid resolution complaints (2025 = 513)
- 149 low-level complaints (2025 = 108)
- 6 high-level complaints (2025 = 8)

The Trust also received and responded to 187 early resolution cases, 48 CQC cases and 112 MP cases during the year.



- ✓ 100% of low/high level complaints were acknowledged within three working days.
- ✓ 100% of low/high level complaints were responded to within a timescale agreed and communicated with the complainant. This includes complaints with an extension to the timescale.

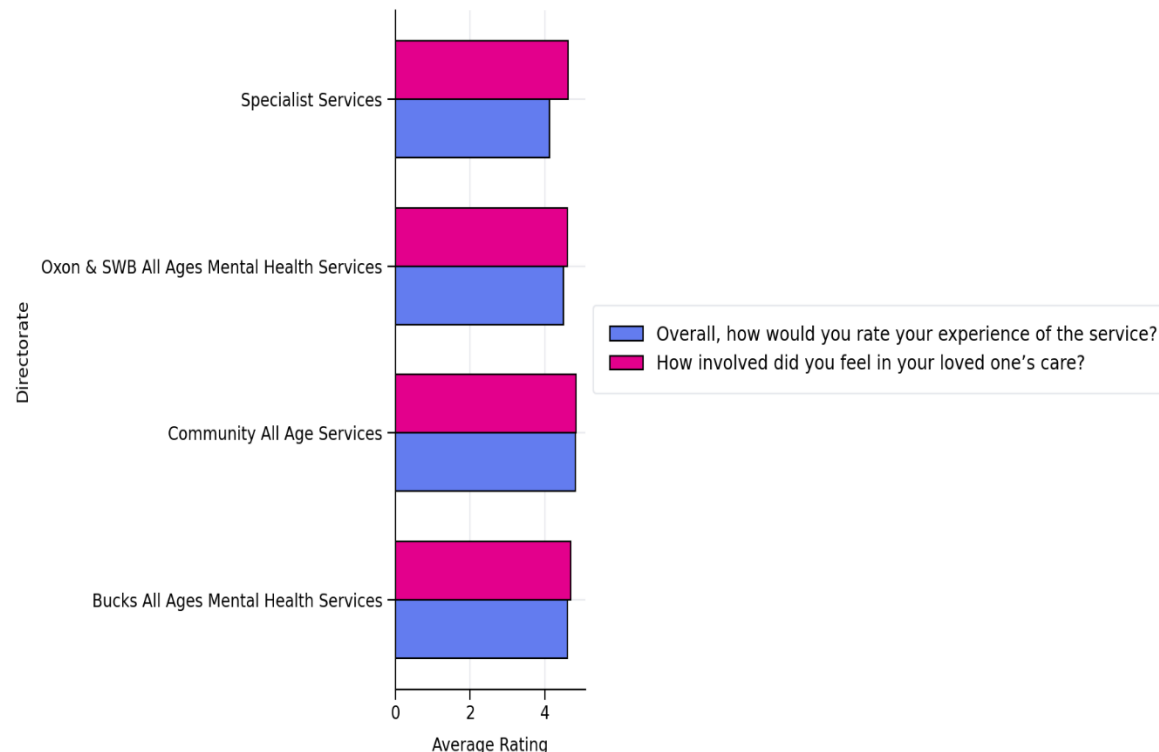
Part 3: Patient Experience

Feedback from patients and carers

We have a mechanism for collecting feedback. 19,121 reviews were received on I Want Great Care (IWGC) over a 12-month period with 4,702 of those coming from self-identified friends, family members and carers.

The graph shows the responses across the organisation from parents, carers and friends who answered the questions, “overall, how would you rate your experience of the service?” and “were you involved as much as you wanted to be in your loved ones care?” between March 2025 –Feb 2026

Friends, Family members and Carers: Involvement and Experience Ratings by Directorate

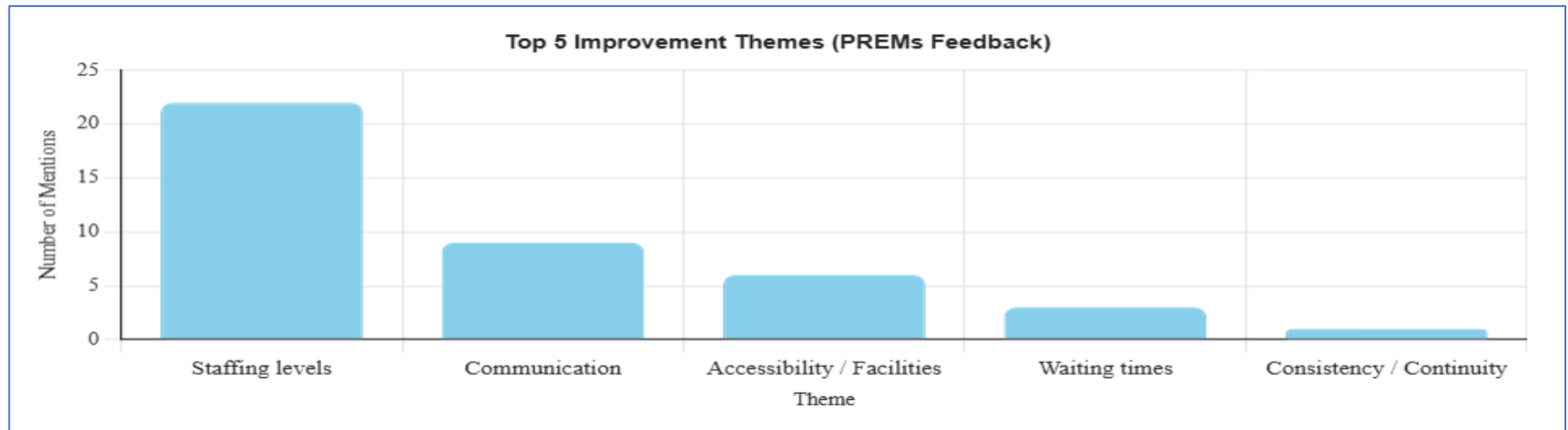


Part 3: Patient Experience

Feedback from patients and carers

Themes from IWGC qualitative data

Themes emerging from the “what could be improved?” qualitative feedback from self identified friends, family members and carers:



Staffing levels – 22 mentions

Includes comments about needing more staff, stretched teams, or limited clinician availability.

Communication – 9 mentions

Includes requests for better updates, clearer information, being kept informed, or easier ways to contact staff/services.

Accessibility / Facilities – 6 mentions

Covers issues such as wheelchair access, building layout, signage, parking, or room suitability.

Waiting times – 3 mentions

Refers to long waits for appointments, delays between contacts, or long gaps between therapy/clinical sessions.

Consistency / Continuity – 1 mention

Touches on regularity of sessions, staffing continuity, or consistent scheduling.

Part 3: National Survey Outcomes



Oxford Health
NHS Foundation Trust

National Survey Adult and Older Adult Community Mental Health Patient Survey 2025

The Care Quality Commission (CQC) undertakes an annual community mental health survey, which asks people who use NHS community mental health services in England about their experiences of care. OHFT response rate was 21.06% with 254 respondents

The trust's results were about the same as most trusts for 29 questions. 2 questions scored worse or somewhat worse than most. 3 questions scored better or somewhat better than most. 0 questions scored much better or much worse than other trusts. The trust is reviewing the results of the survey in further detail to understand where improvement efforts may be directed and share the good practice identified.

Lowest scoring questions (red) and highest scoring questions (green) below:

Question number	Question	Respondents 2025	Score 2025	Band 2025
Q32_2	In the last 12 months, did your NHS mental health team give you any help or advice with finding support for... Finding or keeping work	141	2	About the same
Q40	Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?	206	2.1	Somewhat worse
Q32_3	In the last 12 months, did your NHS mental health team give you any help or advice with finding support for... Help with money or benefits	151	2.2	About the same
Q32_1	In the last 12 months, did your NHS mental health team give you any help or advice with finding support for... Joining a group (e.g. art, sport etc)	200	3.7	About the same
Q37	Do you feel the support provided meets your needs?	72	4.4	About the same
Q39	Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	244	8.1	About the same
Q21_2	Have any of the following been discussed with you about your medication? Benefits of medication	121	8.3	Better
Q25	Thinking about the last time you received therapy, did you have enough privacy to talk comfortably?	118	8.3	About the same
Q21_1	Have any of the following been discussed with you about your medication? Purpose of medication	124	8.6	Better
Q22	In the last 12 months, has your NHS mental health team asked you how you are getting on with your medication?	113	8.9	About the same

Caring, safe and excellent

Part 3: Statement of Directors responsibilities in respect of the Quality Account

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Accounts (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Account.

In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Account meets the requirements set out by NHS England, available here [NHS England » Quality Accounts requirements](#)
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2025 to March 2026
 - papers relating to quality reported to the Board over the period April 2025 to March 2026
 - feedback from commissioners 02/06/2026
 - feedback from governors: 18/05/2026
 - feedback from local Healthwatch organisations: 26/05/2026
 - feedback from Overview and Scrutiny Committees 25/06/2026

The Trust's annual complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009

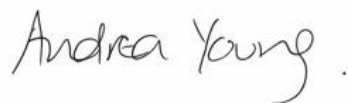
Part 3: Statement of Directors responsibilities in respect of the Quality Account

- The 2025 national patient survey
- The 2025 national staff survey
- The Head of Internal Audit's annual opinion of the Trust's control environment
- Any CQC inspection reports
- The Quality Account presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review, and
- The Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board.

Signed 29/06/2026 by



Andrea Young Trust Chair



Grant Macdonald Chief Executive

Appendices

- Appendix 1: National Clinical Audit summary
- Appendix 2: Commissioners feedback
- Appendix 3: Council of Governors feedback
- Appendix 4: Health watch feedback
- Appendix 5: Oxfordshire Joint Health Overview & Scrutiny Committee feedback

Appendix 1: National Clinical Audit updates

Clinical Audit	Summary
Core National Diabetes Audit (NDA) – Education Element	National deadline for 2025/26 data is 07/05/2026. Audit team will liaise with relevant service to receive the information for upload by the deadline. The audit collects data on diabetic patients. There are multiple audits which track a patients diabetes management to form a wider registry of diabetic care in England and Wales. Oxford Health provides structured education to Type 2 diabetic patients and enters this data into the audit. For the 2024/25 year, 1873 patients were offered structured education, of which 415 attended. This gives an attendance rate of 22% (down from 61% in 2023/24). Data is currently being collated ready for upload to the national audit.
National Audit of Diabetes Footcare (NDFA)	Audit data is collected and submitted on a quarterly basis. Collections are ongoing, with a final submission deadline for 2025-26 data in June. Outcomes below are based on quarter 1 and quarter 2 reporting. Deadlines: Q3: 25/03/26 Q4: 13/06/26 Key Successes • NHS digital access has been updated to include new/ relevant staff. • Clinic manager working alongside staff to support data collection. • Monthly review meetings for NDFA champions now in place. Key Concerns • Completed audit form numbers are below target at end of Q2. • Staffing levels continue to be cause of concern. Actions • The NHS digital access to be updated at regular intervals to include new/ relevant staff. • Investigate options for including NDFA form accessible via a template on the EMIS system. • Regular, monthly NDFA review meeting within podiatry team.

Appendix 1: National Clinical Audit Updates



Oxford Health
NHS Foundation Trust

Clinical Audit	Summary
National Audit of Eating Disorders	The National Audit of Eating Disorders (NAED) is a new audit commissioned by the HQIP and is part of the NCAPOP Programme on behalf of NHS England. The audit will run from August 2024 to July 2027. All services were invited to register for the audit – 16 teams from OHFT have registered and leads for each team have been identified. Between 2024-25, NAED undertook a mapping exercise for eating disorder services to understand provision and the pathway of care. This included two organisational surveys for completion by as many registered teams as possible. The trust submitted 15 responses for survey 1, and 12 responses for survey 2, based on the 16 registered teams participating in the audit. The service mapping report was made available in December' 2025 which was shared with the teams for information only purposes. In December 2025, NAED released a survey, to gather views of children and young people under the age of 16 with lived experience of an eating disorder. Teams were encouraged to actively participate with the aim that the voices of the Trusts service users and carers could be used to influence the build of the audit to support areas that matter to them. A staff survey was issued in February 2026, gathering data regarding workforce, referrals, caseloads, inpatient beds, contacts and budget. The deadline for submission is March 2026. Dates for main data collection is yet to be confirmed but the Trust have met all deadlines pertaining to all elements in the preparatory phase.
National Audit of Care at the End of Life (NACEL)	Oxford Health NHS Foundation Trust registered to participate in the NACEL Mental Health Spotlight Audit. The audit ran from 20/01/2025 – 16/01/2026 and included; Case Note Reviews, Staff Reported Measure, Trust/Health Board overview and Annual death data collection.
Mental Health	Oxford health took part in all elements however, there were no eligible cases for case note review submission. The national report is due August 2026.

Appendix 1: National Clinical Audit Updates

Clinical Audit	Summary																																	
National Audit of Care at the End of Life (NACEL)	Data collections took place from Jan – Dec 2025. Key Indicator Summary:																																	
	<table><tr><th>Key Indicator</th><th>Submission (n)</th><th>Submission (%)</th></tr><tr><td>▲</td><td></td><td></td></tr><tr><td>The number of deaths where it was expected that the person would die during the final admission as a proportion of the sample 'all deaths' included in the audit</td><td>61</td><td>78.7%</td></tr><tr><td>The proportion of people who died with documented evidence in their clinical records of communication about hydration with those important to the dying person, or a reason recorded why not</td><td>61</td><td>88.5%</td></tr><tr><td>The proportion of people who died with documented evidence in their clinical records that anticipatory medication was prescribed for symptoms likely to occur in the last days of life</td><td>59</td><td>100.0%</td></tr><tr><td>The proportion of people who died with documented evidence in their clinical records of an assessment of the emotional/psychological needs of the person, or a reason recorded why not</td><td>61</td><td>98.4%</td></tr><tr><td>The proportion of bereaved people that rated the overall care and support given to themselves and others by the hospital as excellent or good</td><td>0</td><td>-</td></tr><tr><td>The proportion of hospital/sites with a face-to-face specialist palliative care service (doctor and/or nurse) available 8 hours a day, 7 days a week</td><td>1</td><td>0.0%</td></tr><tr><td>The proportion of bereaved people that strongly agree or agree that they were communicated to by staff in a sensitive way</td><td>0</td><td>-</td></tr><tr><td>The proportion of people who died who had an individualised plan of care addressing their needs at the end of life, where it was recognised that the person may die during the final admission (Cat 1 only)</td><td>48</td><td>89.6%</td></tr><tr><td>The proportion of people who died with ethnicity documented in their clinical records</td><td>61</td><td>96.7%</td></tr></table>	Key Indicator	Submission (n)	Submission (%)	▲			The number of deaths where it was expected that the person would die during the final admission as a proportion of the sample 'all deaths' included in the audit	61	78.7%	The proportion of people who died with documented evidence in their clinical records of communication about hydration with those important to the dying person, or a reason recorded why not	61	88.5%	The proportion of people who died with documented evidence in their clinical records that anticipatory medication was prescribed for symptoms likely to occur in the last days of life	59	100.0%	The proportion of people who died with documented evidence in their clinical records of an assessment of the emotional/psychological needs of the person, or a reason recorded why not	61	98.4%	The proportion of bereaved people that rated the overall care and support given to themselves and others by the hospital as excellent or good	0	-	The proportion of hospital/sites with a face-to-face specialist palliative care service (doctor and/or nurse) available 8 hours a day, 7 days a week	1	0.0%	The proportion of bereaved people that strongly agree or agree that they were communicated to by staff in a sensitive way	0	-	The proportion of people who died who had an individualised plan of care addressing their needs at the end of life, where it was recognised that the person may die during the final admission (Cat 1 only)	48	89.6%	The proportion of people who died with ethnicity documented in their clinical records	61	96.7%
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AMaT Compliance per month:																																		
<table><tr><td>Jan 96.2% (5 deaths)</td><td>May 93% (6 deaths)</td><td>Sep 100% (3 deaths)</td></tr><tr><td>Feb 97.6% (4 deaths)</td><td>Jun 95.7% (6 deaths)</td><td>Oct 94.8% (5 deaths)</td></tr><tr><td>Mar 95.9% (7 deaths)</td><td>Jul 97.5% (8 deaths)</td><td>Nov 93.9% (6 deaths)</td></tr><tr><td>Apr 95.4 (7 deaths)</td><td>Aug 90.9% (4 deaths)</td><td>Dec 91% (6 deaths)</td></tr></table>	Jan 96.2% (5 deaths)	May 93% (6 deaths)	Sep 100% (3 deaths)	Feb 97.6% (4 deaths)	Jun 95.7% (6 deaths)	Oct 94.8% (5 deaths)	Mar 95.9% (7 deaths)	Jul 97.5% (8 deaths)	Nov 93.9% (6 deaths)	Apr 95.4 (7 deaths)	Aug 90.9% (4 deaths)	Dec 91% (6 deaths)																						
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The corporate audit team are currently working with clinical leads to review data to inform key successes and areas of improvement to support the creation of improvement actions.																																		

Appendix 1: National Clinical Audit Updates

Clinical Audit	Summary
Prescribing Observatory for Mental Health (POMH-UK) – Improving the quality of Valproate prescribing in adult mental health services	This audit was included on the 2024/25 Quality accounts list. It commenced on 16th June'2025 with data collection ending on 8th August'2025. The final report was published in January'2026 The eligibility criteria specified – all patients currently prescribed Valproate and under the care of adult Mental Health services (including forensic services), irrespective of age. CAMHS, LD and Older Adult were not required nationally to participate in this audit. A total of 65 patients were audited, covering 23 teams/wards across the Trust. Areas for improvement • Documentation of information including: ▪ Valproate prescribing, including recording the indication and target symptoms, age-related prescribing requirements and specialist justification. ▪ Discussion of maternity and paternity risks prior to initiation. ▪ 3-month treatment review (response and common side effects.) ▪ Annual risk–benefit review including therapeutic benefit ▪ Adverse effects and adherence. Actions • To address the identified gaps, the teams will explore using our existing digital clinical systems to embed mandatory prompts, templates, and review triggers for valproate prescribing and monitoring. These system-based checks will support clinicians to complete and document all required criteria at the appropriate stages of treatment.

Appendix 1: National Clinical Audit Updates

Clinical Audit	Summary
Prescribing Observatory for Mental Health (POMH-UK) - The use of Clozapine	The audit was conducted in the Q4 of 2024-2025 between 3rd March' 2025 to 30th April' 2025. The national report was released in September' 2025. The audit included any person under the care of adult mental health services at the time of audit, irrespective of age, and currently prescribed Clozapine treatment. The trust data collections included a sample of 139 patients, covering 23 teams/wards across the Trust. Key successes • Pre-treatment screening which included physical examination with cardiovascular assessment. • During the first two weeks of treatment, patients had daily monitoring of temperature, blood pressure, and pulse, and in the first month there was weekly assessment for common side effects such as cardiac symptoms, hypotension, constipation, and weight gain. • Patients established on clozapine for more than a year were reviewed annually by a senior clinician. • Initiation of clozapine for treatment-resistant schizophrenia was preceded by documented discussion with patients and/or carers about potential benefits and side effects. Areas for improvement • Off-label Clozapine prescription should have the discussion with the patient and registration with the relevant monitoring service documented. • Patients on Clozapine for more than a year should have an annual medication review, addressing therapeutic response and recognised side effects. Actions Clinical teams are currently in discussion to create action plans to effectively address the improvement areas.

Appendix 1: National Clinical Audit Updates

Clinical Audit	Summary
Prescribing Observatory for Mental Health (POMH-UK) – The use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	This audit was included in the 2025/26 Quality accounts list. The audit took place between 1st Oct'2025 and 28th November'2025 and the national report is due to be published in April' 2026. All patients under the care of Older Adults Mental Health services were eligible for inclusion, without age restriction. Patients under care of any other services irrespective of age were not included. The sample included patients across Inpatient wards, Memory Clinics and Community MH teams for Older Adults. A total of 351 patients were audited covering 12 teams/wards across the Trust. While we are awaiting the National report, a preliminary analysis was carried out by the Corporate Audit team and shared with the relevant stakeholders. This preliminary report highlighted key success and areas that require close monitoring. Key Successes • Prescribing practices in older adults generally favoured medications with low or no anticholinergic burden. • Antidepressants and antipsychotics were largely selected to minimize anticholinergic effects, including in patients with dementia. • Similarly, medications for urinary incontinence were predominantly chosen for their low anticholinergic activity, reflecting attention to reducing potential cognitive and systemic side effects in this population. Areas for Improvement • Assessment of cumulative anticholinergic burden: When medications with anticholinergic properties are prescribed, the patient's total burden should be assessed, ideally using a formal screening tool. • Screening and monitoring of anticholinergic side effects. • Screening and monitoring of urinary incontinence/bladder instability medications. Actions To provide a targeted training for prescribers on the evidence and gaps regarding anticholinergic burden This will be achieved by developing a brief, recorded presentation of current evidence, which can be shared with prescribers for ongoing education and encouraging the use of formal screening tools to assess cumulative anticholinergic burden and document monitoring of side effects, particularly in patients prescribed urinary incontinence medications or those at higher risk (e.g., dementia.)

Appendix 1: National Clinical Audit Updates



Oxford Health
NHS Foundation Trust

Clinical Audit	Summary
National Respiratory Audit Programme (NRAP): Pulmonary rehabilitation	This audit is ongoing and has an annual deadline of 07/08/2026 for the data collection period 2025-26. Currently, 100% of eligible patients submitted. Key Successes Wait times are reducing even with numbers continuing to increase. Staff actively engaged in service improvement plan. Results remain stable despite some disruption in team. Key Concerns Equity of provision still isn't where the team would like it to be, but the number of venues being used is starting to increase to provide a service closer to patient's homes where possible. Enhancing the engagement of ethnic minorities continues to be a concern and something that requires attention. Staff are now permanent and need a robust development plan in place. Accreditation process is ongoing. The results in terms of % achieving MCID in 6MWT and CAT are lower than national average and lower than historic local targets. The team need to find a way to monitor this and determine what the cause is, if any, and create plan to improve. Actions Reduce waiting time from referral to being offered a first appointment to under 1 year, a working group has been set up to lead on initiatives to achieve this. Submit accreditation self-assessment paperwork. Utilisation of all suitable venues around the county (gym plus separate confidential area for education) to allow equitable access for all patients suitable for PR within Oxfordshire. Implementing regular data review process within monthly PR team meeting to review assessment data input each month. To include a quarterly review of audit result data. Review assessment process and data collected to ensure all data is accurate and complete (to include ensuring MRC score is collected at post-assessment routinely.)

Appendix 1: National Clinical Audit Updates

Clinical Audit	Summary
National Clinical Audit of Psychosis (NCAP) (EIP)	The national audit of Psychosis has now transitioned to using routinely collected data through standard reporting structures i.e., the Mental Health Services Data Set (MHSDS) using team codes. With the aim to help EIP teams to improve the quality of data submitted and to understand the impact of changing data source, NCAP ran a pilot in early 2025 not only to check the completeness/coherence of the data but also allow NCAP to test proxy measures which were introduced (where data for historic NCAP standards is not available in MHSDS). NCAP shared a comprehensive list of SNOMED codes associated with each audit standard to support more accurate data submissions. Following the pilot, refinement of proxy measures and sharing of SNOMED codes, a national roll-out of the routine audit was commenced.
	Eligibility for audit are; people with first episode psychosis (FEP) or an at-risk-mental-state (ARMS) diagnosis, who are: Aged 65 and below and; Have been on the team’s caseload for 1 year or more at the date of data extraction and still on the caseload of: NHS-funded EIP teams in England or; NHS-funded Children and Young People’s Mental Health/Child and Adolescent mental health services in England (where EIP teams do not extend their offer to children and young people under 18yrs).
	Exclusions are all the patients who are experiencing psychotic symptoms due to an organic cause (for example, brain diseases such as Huntington’s and Parkinson’s disease, HIV or syphilis, dementia, or brain tumours or cysts). NCAP will be performing quarterly extractions throughout 2026, with the goal of moving to monthly extractions at the end of the year
	The NCAP routine dashboard has been made available from December’ 2025 onwards to view the reports with organisational access: Due to the nature of data collection and infancy of the process, there may be some data quality issues. The data pull at each extraction is being monitored to address possible issues. Collaborative working with information teams will ensure the appropriate changes are implemented and correct data is pulled in extraction. Therefore, it may take a few data extractions before data is fully reflective of practise.

MHSDS data extraction date	Reporting period	NCAP dashboard publication
July 2025	1 April 2022 - 31 March 2025	December 2025
September 2025	1 September 2022 - 31 August 2025	February 2026
December 2025	1 December 2022 - 31 November 2025	February 2026
March 2026	1 March 2023 - 28 February 2026	TBC
June 2026	1 June 2023 - 31 May 2026	TBC
September 2026	1 September 2023 - 31 August 2026	TBC

Appendix 1: National Clinical Audit Updates

Clinical Audit	Summary				
Sentinel Stroke National Audit programme (SSNAP)	This audit is ongoing and includes quarterly data collections by extraction. The information below is informed by Quarters 1&2 of data collections 2025-26.				
	SSNAP reports on the processes of care and patient outcomes in two ways: • Patient-centred' results are attributed to every team which treated the patient at any point in their inpatient care. • A team's patient-centred results demonstrate the quality of care that their patients received across the whole inpatient care pathway, regardless of how many teams cared for the patient, or which of the teams provided each aspect of care. 'Team-centred' results attribute to the team considered to be the most appropriate to be responsible for a given measure.				
	SSNAP scores hospitals based on the care they provide against these key indicators and domains. Both patient-centred domain scores and team-centred domain scores are calculated. An overall SSNAP score is calculated as follows: • Domain levels are combined into separate patient-centred and team-centred total key indicator scores. • A combined total key indicator score is derived from the average of these two scores. • This combined score is adjusted for case ascertainment and audit compliance. • Further guidance and how key indicators are calculated is available on the SSNAP website. For simplicity, the following key can be used as a guide for compliance A to E: <table><tr><td>Band A 90-100</td><td>Band B: 80-89.9</td><td>Band C: 70-79.9</td><td>Band D: 50-69.9</td><td>Band E: 0-49.9</td></tr></table>	Band A 90-100	Band B: 80-89.9	Band C: 70-79.9	Band D: 50-69.9
Band A 90-100	Band B: 80-89.9	Band C: 70-79.9	Band D: 50-69.9	Band E: 0-49.9	

Appendix 1: National Clinical Audit Updates

Clinical Audit	Summary
UK Parkinson's Audit	Physiotherapy (PDPS) submitted 30 cases and Speech and language therapy (SALT) submitted 12 cases. The national report is due in March 2026. Preliminary analysis was completed by the audit team and shared with the services for action planning. These will be reviewed and updated once the National report is published. Key successes SALT: Holistic communication assessment including language impairments and intelligibility as well as voice and speech. SALT: The need for Augmentative and Alternative Communication (AAC) was addressed. SALT: The impact of Parkinson's on communication and friends/family was documented. SALT: Therapists supported patients to make informed decisions about their care. SALT: Reports were made back to the referrer. PDPS: Improving the use of and recording of outcome measures and exercise provision - now being nearly 100% on both scores. This is due in part to assessment forms being updated a couple of years ago with emphasis on these 2 areas. In addition to that, forms are now also set as a 'template' on EMIS so inputting a record of outcomes and exercise interventions has been made even easier for the team. Key concerns SALT: On/off phase and assessment of drooling not documented - the Parkinson's Disease (PD) case history form is not being used consistently. SALT: Swallowing was not always screened if the person was referred for communication alone. However, it would be expected for swallowing to be screened at the MDT clinic/by Parkinson's Nurse Specialists and a referral made if needed. SALT: It is currently not possible to store audio recordings of patients' speech on EMIS. SALT: Reports not always sent to the acute trusts' Parkinson's Specialist nurses (who are unable to view them on EMIS). PDPS: A key ongoing concern, which is not really reflected in the audit, is the growing wait time for patients to be seen - often over 20 weeks now (was 14 weeks a year ago). Continued on next slide.....

Appendix 1: National Clinical Audit Updates

Clinical Audit	Summary
UK Parkinson's Audit continued	Recommendations/Actions PDPS: Reduce waiting times: Offering more clinic slots in outpatient settings. PDPS: Promote participation in research with patients: Sign posting to local projects and the NIHR https://bepartofresearch.nihr.ac.uk/ PDPS: To maintain excellent work of recording outcomes/exercises taught and ensure new members are encouraged with this too: All to complete relevant outcome measures and exercises on EMIS templates following patient assessments/To promote teaching regarding outcome measures in team meetings/Induct new team members re- relevant measures to be used. SALT: PD case history to be reviewed and relaunched; and reports should be copied to PD nurse/referrer: The PD case history form is being revised and developed as a template on EMIS in consultation with the whole team and could include prompt to send report to referrer. SALT: Explore recording devices & decibel meters: Re-visit whether audio recordings of patients' speech can be stored. SALT: Training for the team about On/off phases: Team to watch Parkinson's UK bitesize training which includes on/off phases.
National Audit of Inpatient Falls (NAIF)	From January 2025, NAIF expanded to collect information from patients who sustain any fracture, spinal or head injury as a result of an inpatient fall and allowed participating organisations to identify patients who are eligible for audit data collection. Monthly falls reports are being reviewed and eligible cases audited. 11 falls were identified as eligible for the NAIF audit and uploaded within the deadline. The audit team is awaiting feedback from the clinical leads regarding this data while the national report is being generated. The report analysing the 2024 falls was published in October 2025.

Statement from NHS Thames Valley Integrated Care Board Oxford Health NHS Foundation Trust Quality Account 2025/26

Dear Grant Macdonald,

NHS Thames Valley Integrated Care Board (TV ICB) has reviewed the Oxford Health NHS Foundation Trust Quality Account and believes that it is accurate and meets the requirements of a Quality Account as published in the [NHS England Quality Account List for 2025-26](#).

The National Quality Board now includes the additional dimensions of sustainability, leadership, and equitable care to its definition of quality in addition to the established areas of safety, effectiveness, and experience. We would encourage the consideration of these additional dimensions for discussion in the organisational clinical quality priorities. The quality of the services provided at Oxford Health is therefore measured by looking at:

1. Patient Safety:

Key developments across the patient safety space are still driven by the ongoing implementation of the NHS [Patient Safety Strategy](#), with a focus on system-wide digital, cultural, and operational reforms. A key part of this is the introduction of Martha's Rule – giving patients, families, and staff a way to request a rapid review if they are worried about patient deterioration.

Oxford Health NHS FT is demonstrating this further by developing this through strengthening patient and family escalation routes, improving consistency of awareness across the services, and embedding patient safety principles into routine practice through the PSIRF approach.

The Patient Safety Incident Response Framework (PSIRF) is a system-based learning and continuous improvement approach to incidents. It is now implemented in most Thames Valley provider organisations delivering NHS-funded care and is transforming how we learn and respond to patient safety events. Oxford Health has embraced and demonstrated this very well through the implementation of its PSIRF plan for 2025/26, completion of 37 PSIRF reviews, delivery of 203 incident learning huddles, and introduction of system-wide thematic reviews.

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The ICB would like to see further development in embedding the patient voice more consistently into safety governance arrangements and demonstrating that learning from incidents results in measurable and sustained reductions in harm.

Planned improvement workstreams for 2025/26 are highlighted within the Quality Account as a continued reduction in restrictive practices, further embedding of PSIRF across the services, increased involvement of patients and families in safety processes, strengthening continuous quality improvement approaches, and enhancing equality data to support improved monitoring and assurance.

2. Delivering clinically effective patient interventions:

One of the aims of the [10-Year Health Plan](#) (published in July 2025) is to improve clinical effectiveness. This is proposed through shifting care from hospitals to the community, moving from analogue to digital, and pivoting from illness to prevention. Oxford Health has demonstrated this through:

- Electronic Prescribing and Medication Administration (ePMA) rollout has improved medication safety and efficiency by reducing prescribing errors.
- Adoption of the trauma-informed care approach is improving patient outcomes and stability.
- The implementation of the PSIRF framework is strengthening system-wide learning and continuous improvement.

It is clear from this Quality Account that Oxford Health has a comprehensive process in place for the implementation and auditing of NICE Guidelines, Quality Standards, Baseline Assessments, and Technology Appraisals.

Improvement opportunities highlighted through national audit results linking to improvement workstreams within Oxford Health and the wider TV ICS – including assurances around sustainability.

Annual evaluation of clinical effectiveness priorities as set in the previous year's Quality Account to celebrate successes and identify next steps to address any gaps or deviation from the original vision.

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3. Patient feedback about care provided:

The primary purpose of gathering patient feedback is to listen to, reflect on and act on the feedback to improve patients' experiences, interactions, and health outcomes. Within OHFT, this has led to the following improvements over the past year:

- Enhanced feedback from staff and from patients, families, and carers affected by incidents, particularly in relation to their experience of care and incident management.
- A total of 19,121 reviews were received on I Want Great Care (WGC) over 12 months, of which 4,702 were submitted by self-identified friends, family members, and carers.
- Feedback from children and young people indicates that they feel safe, listened to, and actively involved in decisions about their care.

4. Sustainability:

The NHS remains on track to achieve its interim target of an 80% reduction in direct emissions by 2032. ([NHS England » Five years of a greener NHS: progress and forward look](#)). Between 2020 and 2024 in England, the UK Health Security Agency (UKHSA) estimated there were a total of [10,781 heat-associated deaths](#) as a direct consequence of heatwaves. It is encouraging to see that sustainability is increasingly embedded within the improvement activity, with some services already exceeding sustainability standards and achieving recognised sustainable service accreditation in dentistry. OH NHS FT contribution to the NHS commitment to combat climate change in line with The [Health and Care Act 2022](#).

5. Leadership:

The [draft Management & Leadership Framework](#) was published by NHS England in September 2025. ([NHS England » Management and leadership development](#)). The ICB is excited to work with Oxford Health Foundation Trust over the coming months to see how this will translate into practice.

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6. Equitable care:

Reducing health inequalities is a national priority and a key focus for the TV system. The ICB would like to see this and a clear alignment between the organisation's quality priorities and the overall Integrated Care System goals as set out in the Buckinghamshire, Oxfordshire and Berkshire West Joint Forward Plan (Thames Valley Joint forward plan still in development).

TV ICB is delighted that OHFT has improved on key quality metrics such as embedding PSIRF implementation and continuous quality improvement. The ICB would like to see improvement in Prone restraint reduction, health inequalities data completeness, and embedding lived experience into governance fully.

TVICB is noting that OHFT has maintained an overall CQC rating of good on 13th December 2019. In November 2025, the CQC assessed the Trust's Child and Adolescent Mental Health Inpatient Services, and as of 31st March 2026, the Trust is awaiting the formal report of these findings and the outcome of the assessment that will inform the re-rating of the services assessed.

2025/26 has been yet another challenging year for health and social care, with significant challenges across our geography in both the Health, Social Care, and VCSE landscapes. TV ICB is looking forward to collaborating with its system partners to develop the national direction of travel for healthcare to future-proof the NHS for future generations by continuing to work on the following [3 key shifts at the core of the government's health mission](#):

- From hospital to community – providing better care close to or in people's own homes, helping them to maintain their independence for as long as possible, only using hospitals when it is clinically necessary for their care
- From treatment to prevention – promoting health literacy, supporting early intervention and reducing health deterioration or avoidable exacerbations of ill health
- From analogue to digital – greater use of digital infrastructure and solutions to improve care

Your Sincerely



Sarah Bellars
Chief Nursing Officer
NHS Thames Valley ICB

Appendix 3: Council of Governor feedback 1 of 1



Oxford Health
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As Lead Governor, I welcome the opportunity to reflect on the Trust's Quality Account for 2025/26. This report demonstrates the continued commitment of colleagues across the organisation to delivering safe, compassionate and high-quality care, despite ongoing pressures. I am particularly encouraged by the strengthening of a learning culture, through the embedding of PSIRF and the growing maturity of quality improvement approaches across the Trust (pp. 34–36, 37–38).

I want to highlight the importance of lived experience and co-production as a central theme within this report. The progress made in developing co-production training, strengthening lived experience infrastructure, and planning to embed these voices within governance arrangements is positive (p. 33). It is essential that this continues, ensuring that people who use our services, alongside their families and carers, are not only heard but actively shape how services are designed, improved and evaluated.

I also want to emphasise the critical importance of listening to and learning from our staff. The report reflects strong investment in staff wellbeing, safety and development, alongside high levels of engagement in improvement activity (pp. 12–13, 37). From my perspective, creating a culture where staff feel safe to speak up, share learning and influence change is fundamental to improving quality and patient experience.

Whilst there has been good progress, I recognise that further work is needed in key areas, including reducing restrictive practice, addressing inequalities and embedding learning consistently across the organisation (pp. 27–31, 32). As Governors, we remain committed to working with the Board to ensure that learning—particularly from lived experience and frontline teams—continues to translate into meaningful and measurable improvements for the communities we serve.

Vicki Power, Lead Governor 18th May 2026

Thank you for letting Healthwatch Oxfordshire and Healthwatch Bucks have sight of the Oxford Health NHS Foundation Trust Quality Account for 2025/26 prior to publication and giving us the opportunity to comment. We are the independent local health and social care champions for Oxfordshire and Buckinghamshire residents.

We would like to thank all staff for their commitment to patient care, service delivery and improvement during the year, and in what is still a fast-changing landscape.

We also thank staff for supporting Healthwatch Oxfordshire and Healthwatch Bucks visits to Oxford Health services during the year, as part of our programme of **Enter and View** visits, (part of our statutory responsibilities), and outreach to community hospital settings, enabling us to speak to both patients, carers and staff about their experiences. These visits included to the Phoenix Ward at Littlemore Mental Health Centre, Wintle Ward at Warneford, Ashurst Ward at Littlemore in Oxfordshire and Bucks Safe Haven service in Aylesbury You can see the reports on the Oxfordshire and Bucks Enter and View visits, which reflect findings on experiences of support and care here: <https://healthwatchoxfordshire.co.uk/enter-and-view-reports> [Enter and view visit to Bucks Safe Haven, Aylesbury – Healthwatch Bucks](#).

We also thank you for asking for support of Healthwatch Bucks and Healthwatch Oxfordshire in joint engagement on the Oxford Health Strategy 2026-31. We were able to pull on our extensive community, Patient Participation Group and resident contacts, to bring in patient view on this, and to convene a Webinar in April to enable people to speak directly with Oxford Health. <https://healthwatchoxfordshire.co.uk/our-webinars#Oxford-Health-strategy-webinar>

Healthwatch Oxfordshire and Healthwatch Bucks have also been actively involved in supporting patient engagement into the development of Neighbourhood Health models, in which Oxford Health plays a strong role.



Quality Priority area: To reduce the use of seclusion and prone restraint

We look forward to seeing the implementation in the coming year of improvements as outlined in the Care Quality Commission (CQC) Report published in April 2026 on the Child and Adolescent Mental Health (CAMHS) inpatient wards. This service was identified as 'requiring improvement' and recommended that young people need to be supported to be more involved in decisions about their own care, so critical in supporting improved experience and outcomes.

The progress on the 2025-6 Quality Priorities shows some positive areas of improvement, along with areas that remain unchanged – for example use of restrictive practice and prone restraint in mental health services including the above mentioned CAMHS inpatient services. What does the data tell you about ethnicity and the use of restraint? How are patients and families themselves involved in supporting this target and insight into factors to support reduction of restraint?

Quality Priority area: Address inequalities in the delivery of healthcare

We see that you have made improvements in collecting meaningful and reliable data on ethnicity – although the target has not been fully achieved. This data is essential for better understanding of how Oxford Health is meeting the needs of all its populations, and in providing a baseline understanding of where health inequalities in access and experience may exist. How will you be working to achieve the target of 90% data capture, and what are the actions needed to implement this?

Data collection is the first step in understanding inequalities in delivery of healthcare. Addressing the persistent barriers – including to access and experience of care- involves development of patient led and culturally appropriate services, working with patients and families to understand and create progress. Understanding what you are hearing from communities and people who may be experiencing inequalities in healthcare also is key and making sure that they too have a voice. It will be critical to see how this was also to be achieved.



Quality Priority area: Involving Patients, Carers and their Families

We are pleased to see some progress on development of a co-production approach across the Trust. You committed to produce a co-production framework in Quality Accounts for 2025-6, and this indicates an early development. It is positive that staff now have co-production training, and that you have developed co-production handbooks with Experts by Experience.

We would like to see more indication of how members from marginalised communities might be supported to be meaningfully engaged, including important relationship building key to a shift to community care. The mention of accessibility being improved by digital communication, also needs to be supplemented with opportunities for relationship building and genuine listening.

Learning from deaths

Of note, Healthwatch Oxfordshire raised the issue of LeDeR reviews at Oxfordshire Health Overview Scrutiny Committee in January 2026 meeting. Healthwatch Oxfordshire raised the question about the local Integrated Care Board (ICB) backlog in LeDeR reviews and sought reassurance that this would not impact on local intelligence, tracking and response planning in Oxfordshire.

Patient Experience

In the section on 'Feedback from patients and carers' with the summary of I Want Great Care – can you provide an explanation of the rating (1-4) used?

You also provide a summary of themes, with relatively low levels of responses of qualitative feedback (for example 1 mention of consistency) - if derived from the overall 19, 121 responses. It would be good to understand what the other themes from the wider reviews told you.



We would also like to see emphasis on how what you hear from patients and families drives improvement and change, how this is tracked, and how it is reflected back to demonstrate how you have acted on feedback.

We would like to see reference to your adherence and commitment to ensuring Accessible Information Standards in all your communications, including provision of interpreting and translation, and additional formats, as well as enabling people who may not use digital means to provide feedback, through listening in a range of ways. How are you ensuring you address inequalities in health through linking data and action?

Finally, we thank Oxford Health for your support in our insight and engagement, and in responses to recommendations in our reports, based on what we have identified.

Healthwatch Oxfordshire and Buckinghamshire reports of relevance

Our reports published in the last year on what we have heard from residents, patients and carers include:

Reports Healthwatch Oxfordshire: <https://healthwatchoxfordshire.co.uk/research-reports>

- Women's health
- Navigation or urgent and emergency care
- Digital health
- Trans and Non-binary people's experiences of healthcare

[Reports Archive – Healthwatch Bucks.](#)

- Men's Health
- Healthcare Travel Costs Scheme
- Finding information on Adult Social Care in Buckinghamshire

We ask you to pass on to all staff and volunteers at the Trust our thanks for their ongoing commitment to serving the people of Oxfordshire and Buckinghamshire and congratulate you and your team on awards you have received, in particular the award for community dentistry.



Dr. Veronica Barry, Executive Director, Healthwatch Oxfordshire



Zoe McIntosh, Chief Executive, Healthwatch Bucks

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FEEDBACK REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (JHOSC): Oxford Health NHS Foundation Trust Quality Account 2025/2026.

REPORT BY: HEALTH SCRUTINY OFFICER, OXFORDSHIRE COUNTY COUNCIL, DR OMID NOURI

The Oxfordshire Joint Health Overview and Scrutiny Committee (JHOSC) welcomes the [Oxford Health NHS Foundation Trust \(OH\) Quality Account](#) for 2025/26 and thanks the Trust for the significant level of detail and transparency provided. The document offers a comprehensive overview of activity across the Trust and demonstrates a clear commitment to the three core dimensions of quality—clinical effectiveness, patient safety, and patient experience—as defined within NHS Quality Account guidance.

The Committee notes the continued challenging operational context described by the Trust, including increasing demand and capacity constraints, and recognises the effort of staff in maintaining service delivery under these pressures.

Overall, the Quality Account reflects a Trust that is maturing its approach to quality improvement, particularly through the embedding of system-wide learning frameworks such as PSIRF, expansion of quality improvement (QI) activity, and strengthening of workforce and culture initiatives. However, the Committee's key observation—consistent with previous years—is that there remains insufficient evaluative analysis linking activity to measurable impact and outcomes, particularly in areas such as patient experience, inequalities, and safety improvements.

This quality account has provided useful insights into the following:

- What the Trust has been doing well over the past year.
- The particular services that require improvements, both in terms of their quality and quantity.
- The priorities for improvement for the Trust for the ensuing year.
- The degree to which the Trust has continued to engage with patients who use its services, as well as its staff, in shaping its priorities for improvement.

Below are some key feedback points and reflections that the JHOSC has on specific themes. These themes have also been drawn from the quality account. The themes below are generally directly related to the content of the quality account, although they may contain broader reflections on the Trust's services as a whole.



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Trust Vision, Strategy and Organisational Direction: The Committee welcomes the continued articulation of the Trust's vision of providing "outstanding care delivered by an outstanding team" and its core values of "Caring, Safe, and Excellent". However, consistent with previous scrutiny, the Committee considers that the report does not sufficiently demonstrate how these values are operationalised, measured, and embedded into practice.

From a policy perspective, this raises important questions in relation to emerging national leadership frameworks, including the NHS Management and Leadership Framework, which emphasises the importance of measurable leadership behaviours and accountability in driving organisational performance .

Furthermore, the Trust's strategic direction must now be understood within the broader context of the 10-Year Health Plan for England (2025), which identifies three core shifts:

- from hospital to community care;
- from analogue to digital;
- from treatment to prevention .

The Committee considers that the Quality Account would benefit from a more explicit articulation of how the Trust's strategy aligns with these national shifts, particularly given its strong focus on community and mental health services.

Workforce, Culture and Staff Wellbeing: The Committee recognises and welcomes the strong emphasis placed within the Quality Account on workforce, organisational culture, and staff wellbeing. The Trust's articulation of its workforce strategy—including trauma-informed approaches to violence prevention, the introduction of post-incident support mechanisms, and broader initiatives to develop a "wellness culture"—represents a significant and necessary response to the demands placed on mental health, community, and learning disability services.

This focus is strongly aligned with national NHS priorities. In particular, the NHS people plan and subsequent workforce strategies have emphasised the importance of creating a compassionate, inclusive, and psychologically safe working environment as a prerequisite for delivering high-quality care . These policies recognise that workforce wellbeing is not simply a human resources concern but a core determinant of patient safety, clinical effectiveness, and service sustainability.



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Academic evidence reinforces this position. A substantial body of research has demonstrated that burnout, stress, and poor staff wellbeing are associated with increased rates of clinical errors, reduced patient satisfaction, and poorer health outcomes. Conversely, organisations with strong staff engagement and supportive cultures tend to demonstrate better safety performance and improved patient experience.

The Committee therefore welcomes the Trust's shift towards a trauma-informed and learning-based culture, particularly within the context of violence prevention. The move away from a purely "zero tolerance" model towards a more nuanced and preventative approach is consistent with emerging best practice across mental health services and reflects a deeper understanding of the interaction between patient behaviour, clinical context, and environmental factors.

However, the Committee's central concern is that, while the Quality Account provides detailed descriptions of workforce initiatives, it offers limited evaluative analysis of their impact. For example, while new programmes are introduced and engagement is described, there is insufficient clarity regarding:

- whether these interventions have reduced staff sickness absence or turnover;
- the extent to which staff feel safer or more supported in their roles;
- and whether improvements in workforce wellbeing are translating into improved patient outcomes or reduced incidents.

This is particularly important in light of the national context described in the 2025/26 NHS operational planning guidance, which highlights ongoing workforce pressures, capacity constraints, and the need for improved productivity and quality across services.

Furthermore, the Committee notes that workforce challenges are explicitly linked to service performance within the 10-Year Health Plan for England (2025), which identifies workforce expansion, retention, and wellbeing as fundamental to delivering the transformation required across the NHS, including the shift towards community-based care and prevention.



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The Committee therefore considers that future Quality Accounts should:

- provide clearer quantitative indicators of workforce wellbeing (e.g. retention, sickness absence, staff survey trends);
- explicitly evaluate the impact of wellbeing initiatives;
- and demonstrate the relationship between workforce metrics and improvements in patient care.

In addition, the Committee emphasises the importance of staff voice and engagement within organisational learning systems, particularly within PSIRF and QI frameworks. Evidence suggests that staff who feel empowered to raise concerns and contribute to improvement processes are more likely to support sustained organisational change.

Finally, the Committee highlights that workforce capacity is not solely a Trust-level issue but a system-wide challenge. Given the Trust's key role within the Integrated Care System (ICS), future reporting should more clearly articulate:

- how workforce planning is aligned with system partners;
- how workforce shortages are being mitigated collaboratively;
- and how workforce constraints impact the delivery of quality priorities

Patient Safety and Implementation of the Patient Safety Incident Response Framework (PSIRF): The Committee recognises the substantial progress made by the Trust in implementing the Patient Safety Incident Response Framework (PSIRF), which represents a fundamental shift in how NHS organisations approach patient safety and learning from incidents. The Quality Account reports that 37 PSIRF cases were undertaken during 2025/26 alongside 203 incident learning huddles, indicating a high level of engagement with the framework and a growing organisational capacity for structured learning.

This work is strongly aligned with national policy, as set out in the NHS England Patient Safety Incident Response Framework guidance, which defines PSIRF as a system for developing “effective processes for responding to patient safety incidents for the purpose of learning and improving patient safety”.

The framework represents a significant departure from previous approaches to incident investigation, such as the Serious Incident Framework, by:

- focusing on systemic factors rather than individual blame;
- promoting proportionate and flexible responses;
- and embedding incident learning within continuous improvement systems



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From an academic perspective, the introduction of PSIRF has been recognised as a major shift in safety culture within the NHS. However, ongoing evaluation work, such as that undertaken by the Healthcare Improvement Studies Institute (THIS Institute), highlights that the success of PSIRF depends heavily on the ability of organisations to demonstrate tangible improvements in safety outcomes, rather than simply increased activity in reviewing incidents. In this context, the Committee's assessment is that the Trust has made strong progress in implementing the processes and structures associated with PSIRF, including:

- the use of Incident Learning Huddles to support rapid learning;
- the involvement of Patient Safety Partners;
- and the adoption of a systems-based analytical approach.

However, the Committee considers that the Quality Account does not yet provide sufficient evidence regarding the impact of these processes on patient safety outcomes. Specifically, there is limited analysis of:

- whether the frequency or severity of patient safety incidents has reduced;
- whether recurring themes have diminished over time;
- and how learning from incidents is translated into sustained changes in clinical practice.

This reflects a broader national challenge identified in PSIRF implementation, where organisations often demonstrate strong compliance with processes but struggle to evidence measurable improvements in outcomes.

The Committee also emphasises the importance of integrating PSIRF within a wider organisational learning system. The framework itself makes clear that incident response should not be isolated but should form part of a broader safety management system, incorporating: complaints data; patient feedback; staff insights; and mortality reviews. While the Quality Account references these areas individually, there is limited evidence of systematic integration or triangulation of data to inform organisational priorities.

Furthermore, the Committee highlights the importance of patient and family involvement within safety processes. PSIRF explicitly emphasises compassionate engagement and the inclusion of those affected by incidents. While the Trust has made progress in this area, including the introduction of Patient Safety Partners, the Committee considers that further work is required to:

- ensure consistent involvement across all safety reviews;
- capture and reflect patient and family perspectives;
- and demonstrate how these perspectives influence improvement actions.



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Finally, the Committee notes that patient safety within Oxford Health must be understood within the context of system-wide care pathways, particularly given the Trust's role in community and mental health services. Many safety risks identified within the Quality Account—such as communication failures, transitions between services, and coordination challenges—are inherently cross-organisational in nature. This aligns with national priorities, including those set out in the 10-Year Health Plan, which emphasises the importance of integrated, community-based care and coordinated pathways across organisational boundaries.

The Committee therefore considers that future Quality Accounts should provide:

- clearer evidence of reductions in harm and improved safety outcomes;
- more robust analysis of recurring incident themes;
- stronger linkage between PSIRF learning and organisational priorities;
- and greater emphasis on system-wide learning and collaboration.

Reducing Restrictive Practice: The Committee notes that reducing restrictive practice remains a central quality priority for the Trust during 2025/26, and welcomes the detailed reporting within the Quality Account on both progress and areas of ongoing challenge. The explicit acknowledgment that the Trust has not achieved its ambition to reduce prone restraint represents an important level of transparency, and the data analysis provided—highlighting concentration of restraint use in particular wards and cohorts—demonstrates an increasingly sophisticated understanding of the issue. However, the Committee considers that the lack of overall reduction in restrictive practice must be viewed as a significant and material concern, particularly when assessed against the wider national policy framework and established evidence base.

The reduction of restrictive practice is a core expectation within national policy, particularly in mental health services. Guidance from NHS England on reducing restrictive practice emphasises that restrictive interventions should only be used as a last resort, with providers expected to adopt a least restrictive, human rights-based approach. This expectation is reinforced through the Mental Health Act 1983 Code of Practice and associated Equality and Human Rights Commission frameworks, which define restraint as any act restricting liberty or movement, and explicitly require that such interventions be proportionate, necessary, and minimised wherever possible.



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Furthermore, national safety improvement programmes—such as the Mental Health Safety Improvement Programme—have demonstrated that sustained reductions in restrictive practice are achievable through structured, evidence-based approaches. For instance, a national collaborative supported by the Royal College of Psychiatrists achieved a 15% reduction in restrictive interventions through the application of quality improvement methods and cultural change programmes. In light of this, the Committee considers that the Trust's progress, while partially positive, does not yet meet the expectations set out within national policy or demonstrated by comparable programmes.

The Quality Account identifies several factors associated with restrictive practice usage, including concentration within a small number of patients and wards, and the predominance of restraint used to prevent self-harm or aggression. From a scrutiny perspective, the Committee considers that this data should prompt a more detailed evaluation of underlying drivers, including:

- Clinical complexity and acuity, particularly within CAMHS and PICU environments;
- Workforce capacity and skill mix, including the ability to provide therapeutic alternatives;
- Environmental and ward design factors, which may contribute to escalation;
- and availability of community-based alternatives, which may reduce reliance on inpatient care.

Academic research consistently demonstrates that restrictive practice is rarely attributable to a single factor. Instead, it is often the result of complex interactions between patient characteristics, staff capacity, environmental design, and organisational culture. In particular, studies have shown that high use of restraint is often associated with staffing pressures, inadequate therapeutic engagement, and organisational cultures that normalise restrictive interventions.

Moreover, the Committee acknowledges the Trust's efforts to embed trauma-informed care and develop alternative approaches, including PEACE training and the introduction of safety pods. These initiatives are consistent with national guidance, which emphasises the importance of understanding patient behaviour within the context of trauma and reducing the need for restrictive interventions. However, national evidence and policy make clear that technical interventions alone are insufficient without a fundamental culture shift. NHS England guidance emphasises that reducing restrictive practice requires:

- a culture that prioritises therapeutic engagement over containment;
- strong leadership and accountability;
- and consistent involvement of patients and families in care planning.



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The Committee therefore considers that the Trust must move beyond programme implementation towards demonstrating a sustained cultural transformation, in which restrictive practice is actively challenged, minimised, and continuously monitored. The Committee emphasises that reducing restrictive practice is not solely a clinical or operational issue, but also a patient experience and human rights issue. National guidance highlights the importance of involving patients and families in understanding the causes of restrictive interventions and developing alternatives. The Trust's work in this area, including the development of accessible patient materials and co-produced resources, is welcome.

However, the Committee considers that further progress is required to ensure that:

- patients are consistently involved in decisions relating to their care;
- lived experience is embedded within QI programmes;
- and learning from restrictive practice incidents includes patient perspectives.

Therefore, whilst progress has been made around restrictive practice, the pace and scale of improvement remain insufficient, particularly given the national policy context and established evidence base. Future reporting should therefore:

- demonstrate measurable reductions in restrictive practice over time;
- provide deeper analysis of underlying causes;
- and evidence the effectiveness of interventions, rather than simply describing their implementation.

Health Inequalities and Equity: The Committee strongly supports the identification of health inequalities as a core quality priority and acknowledges the progress made in improving data collection, particularly in relation to ethnicity data. However, the Committee considers that the Quality Account remains at a relatively early stage in its approach to addressing inequalities, with a continued emphasis on data collection rather than outcome-focused intervention.

Health inequalities remain one of the most significant challenges facing the NHS. The Marmot Review: Fair Society, Healthy Lives established that health outcomes are fundamentally shaped by the “social determinants of health”—including income, education, employment, housing, and environment—and that reducing inequalities requires action across these domains.

Subsequent analysis, including the Marmot Review 10 Years On, found that health inequalities in England have widened, with life expectancy improvements stalling and the gap between the most and least deprived communities increasing.



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These findings are reinforced within national NHS strategy, including the NHS Long Term Plan and subsequent policy developments, which emphasise the need to:

- identify and target disadvantaged populations;
- reduce variation in access and outcomes;
- and integrate health and social care interventions.

Furthermore, the Trust has made measurable progress in improving the completeness of ethnicity data, reaching 82.4% of records. This represents an important foundation for understanding inequalities. However, the Committee considers that:

- data completeness alone does not constitute improvement;
- there is limited evidence of targeted interventions based on this data;
- and there is insufficient analysis of outcome disparities between population groups.

This reflects a common challenge across the NHS, where organisations have invested significantly in data infrastructure but have struggled to translate this into actionable insight and measurable improvement.

Academic and policy evidence consistently emphasises that addressing health inequalities requires moving beyond data collection towards targeted, evidence-based interventions. The Marmot framework identifies several key areas for action, including: early intervention and prevention; improving access to services; addressing wider determinants such as employment and education; and strengthening community resilience.

The Committee considers that the Trust's current work would benefit from a clearer articulation of:

- priority population groups (e.g. based on deprivation, ethnicity, or clinical vulnerability);
- targeted improvement initiatives;
- and measurable outcomes associated with these initiatives.

Moreover, the Committee emphasises that addressing health inequalities cannot be achieved by a single organisation acting alone. The Trust operates within a broader Integrated Care System (ICS), and the Quality Account acknowledges the importance of partnership working. However, there is limited detailed analysis of how the Trust contributes to system-wide inequalities reduction, including:

- alignment with ICS priorities (e.g. Joint Forward Plans);
- collaboration with local authorities and VCSE organisations;
- and integration with public health initiatives.



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This is particularly important given Oxfordshire's ambition to become a Marmot Place, which requires coordinated action across all system partners.

In addition, the Committee also highlights the relationship between inequalities and patient experience. Evidence demonstrates that disadvantaged populations often experience: poorer access to services; lower levels of satisfaction; and worse health outcomes. While the Quality Account references engagement and co-production, there is limited analysis of how these activities are reaching underrepresented or underserved groups. National guidance on co-production—such as NHS England co-production guidance—emphasises that meaningful engagement must involve diverse communities and address power imbalances in decision-making. The Committee therefore considers that further work is required to ensure that: engagement activity is inclusive and representative; patient voice is used to address inequalities; and outcomes are measured across population groups.

Patient Experience, Engagement and Co-production: The Committee welcomes the scale of patient, carer and family engagement activity described within the Quality Account, including over 19,000 pieces of feedback gathered through the “I Want Great Care” platform and other mechanisms. This demonstrates a strong organisational commitment to capturing patient voice and reflects an important foundation for improvement. However, the Committee's assessment is that the Quality Account continues to place greater emphasis on the collection of feedback rather than its systematic analysis, interpretation, and translation into measurable improvements in services. This is a persistent issue identified in previous JHOSC feedback and remains a central area for development.

National policy frameworks are clear that patient experience is not supplementary to clinical effectiveness and safety but is a fundamental dimension of quality. As set out in NHS Quality Account guidance and reinforced through national strategies, patient experience encompasses: communication and information sharing; involvement in decision-making; dignity and respect; and continuity of care.



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Academic research similarly reinforces that patient experience is strongly correlated with clinical outcomes, adherence to treatment, and service utilisation, meaning that ineffective engagement is not simply a governance issue but a clinical risk factor.

The Quality Account provides positive evidence of high engagement and highlights feedback channels, but there is limited interrogation of what this feedback reveals about service performance. For example:

- the report does not provide sufficiently detailed thematic analysis of qualitative feedback;
- there is limited distinction between different service areas or population groups;
- and there is insufficient tracking of how experience has improved (or deteriorated) over time.

This reflects a missed opportunity to use patient experience data as a strategic tool for quality improvement.

Furthermore, the Committee welcomes the Trust's work to strengthen co-production, including the development of a co-production framework, training programmes, and the establishment of lived experience roles. This aligns strongly with national guidance, including NHS England co-production guidance, which defines co-production as a process of working in equal partnership with people who use services, carers, and communities to design, deliver, and evaluate services .

Meaningful co-production can improve service design and effectiveness; enhance trust and engagement; and support better outcomes, particularly in complex areas such as mental health. However, there is also clear evidence that co-production can become tokenistic if not embedded into decision-making structures. Studies and guidance such as the Health Equity Evidence Centre co-production guide (2025) caution that co-production must involve a genuine redistribution of power, rather than acting as a consultative or symbolic exercise .

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The Committee therefore considers that the current Quality Account reflects progress in establishing the infrastructure of co-production, but provides limited evidence regarding:

- how lived experience influences Board-level decisions;
- how co-production shapes service design in practice;
- and how outcomes are improved as a result.

In particular, the Committee welcomes planned developments such as the integration of lived experience into governance systems and the establishment of a Lived Experience Reference Group. However, it will be essential for future reporting to demonstrate the impact of these initiatives.

The JHOSC also welcomes the maturing concept of co-production with patients and families but also on neighbourhood settings working with local community and elected leaders. We would recommend inclusion in future of the hospital to community project with digital enhancement happening with Wantage community hospital led by the Trust in co-production with the Wantage Health Committee, which is demonstrating clear meaningful partnership. This is bringing clear added value due entirely to the strength of the relationships.

Moreover, a key concern for the Committee is the extent to which patient experience and engagement activity is inclusive and representative of the populations served by the Trust. National guidance makes clear that engagement must extend beyond those who are easiest to reach and must actively involve under-represented communities. This is particularly important in the context of mental health services, where certain groups—including ethnic minorities, those in deprivation, and individuals with complex needs—may face barriers to engagement.



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Evidence from national inquiries, including the Francis and Ockenden Reviews, highlights that failures to listen to patients and families—particularly those from marginalised groups—can lead to serious harm and systemic failure. The Committee notes that while the Quality Account references engagement activity, there is limited detailed analysis of who is participating in this feedback and whose voices may be missing. Future Quality Accounts should therefore:

- provide demographic analysis of engagement activity;
- identify gaps in representation;
- and outline targeted strategies to engage under-served communities.

Therefore, there is a need to strengthen the “you said, we did” feedback loop. While the Quality Account demonstrates strong feedback collection, there is less clarity on: how feedback informs improvement priorities; what changes have been implemented as a result; and whether those changes have improved patient experience. The Committee considers that this represents a significant gap in both accountability and transparency. Future reporting should ideally include:

- clear examples of service changes driven by patient feedback;
- measurable outcomes associated with those changes;
- and longitudinal tracking of patient experience indicators.

Learning from Deaths, Suicide Prevention and Organisational Learning: The Committee welcomes the comprehensive approach to learning from deaths set out within the Quality Account, including structured mortality review processes, alignment with PSIRF, and participation in national and multi-agency review systems. This reflects a mature approach to governance and aligns with national expectations regarding transparency, accountability, and learning. Learning from deaths is underpinned by national frameworks, particularly the National Quality Board’s guidance on Learning from Deaths, which sets expectations for:

- systematic identification and review of deaths;
- engagement with families and carers;
- and the translation of learning into service improvement.



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In addition, the Committee also emphasises the importance of engaging families and carers in mortality review processes. National guidance highlights that family involvement is essential both for transparency and for improving the quality of learning. Families often provide critical insights into care pathways and system failures. While the Quality Account references engagement with families, there is limited detailed analysis of how families are involved; how their feedback is captured and acted upon; and how the Trust supports them through the review process. Given the Committee's broader focus on patient and family experience, this represents an important area for further development.

Moreover, the Committee welcomes the Trust's participation in multi-agency review processes, including child death reviews, suicide prevention groups, and learning networks. However, there is limited analysis of how learning is shared across organisational boundaries and integrated into system-wide improvement. This is particularly important given that many safety risks—such as transitions between services, communication failures, and discharge processes—occur at system interfaces rather than within a single organisation.

Concluding Remarks: The Oxfordshire JHOSC welcomes the submission of the Oxford Health NHS Foundation Trust Quality Account for 2025/26 and acknowledges the significant breadth of information provided within it. The report reflects a Trust that is highly active across a wide range of quality domains, is aligned with national policy developments, and demonstrates a continued commitment to improvement in a complex and challenging operating environment.

In particular, the Committee recognises the Trust's progress in embedding key national frameworks and priorities, including the Patient Safety Incident Response Framework (PSIRF), the strengthening of quality improvement capability, the development of co-production infrastructure, and the ongoing focus on workforce wellbeing and organisational culture. These developments position the Trust as an organisation that is responsive to the evolving expectations set out in national policy, including the NHS Patient Safety Strategy and the 10-Year Health Plan for England, which emphasise system-wide transformation, prevention, integration, and improved patient outcomes.



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However, in exercising its scrutiny function, the Committee has sought to move beyond a descriptive understanding of the Quality Account and assess the extent to which it provides robust assurance regarding the impact of activity on patient care, safety, and outcomes. Across all sections of the report, a consistent and overarching theme emerges: while the Trust demonstrates a significant volume of activity and a strong alignment with national frameworks, there remains insufficient evidence demonstrating how this activity translates into measurable, sustained improvements in outcomes for patients and populations. This is evident across multiple domains examined within this feedback report:

- In patient safety, where strong progress in PSIRF implementation is not yet matched by clear evidence of reductions in harm or recurrence of incidents;
- In restrictive practice, where improvements in governance and understanding have not yet translated into consistent reductions in restraint;
- In health inequalities, where progress in data collection has not yet been accompanied by demonstrable improvement in outcomes for disadvantaged groups;
- In patient experience, where extensive feedback collection is not yet systematically linked to clear and measurable service changes;
- and in learning from deaths, where identification of themes is not consistently followed through into evidenced improvement cycles.

This reflects a broader challenge identified across the NHS, as highlighted in national guidance such as the 2025/26 NHS operational planning guidance, which emphasises the need for health systems to move from activity-driven models towards outcome-focused, measurable improvement.

A further cross-cutting theme identified by the Committee is the importance of strengthening the “golden thread” between data, learning, and action. While the Quality Account demonstrates that the Trust is increasingly data-rich—particularly in areas such as patient experience, safety incidents, and inequalities—there is more limited articulation of how this data is:

- analysed and prioritised;
- translated into targeted interventions;
- implemented at scale;
- and evaluated for impact over time.



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The Committee also emphasises the importance of system context and integration. Many of the issues identified within this report—such as patient safety risks at transitions of care, workforce pressures, access to services, and inequalities—are not confined to a single organisation. They reflect system-wide challenges that require coordinated responses across the System. While the Quality Account references partnership working, there is scope for more explicit analysis of how the Trust contributes to collective system outcomes, in line with national policy under the Health and Care Act 2022 and the shift towards integrated, community-based models of care.

In addition, the Committee continues to place strong emphasis on equity, inclusion, and patient voice. While the Trust has made progress in developing co-production infrastructure and improving data on inequalities, further work is required to ensure that:

- patient and community voices—particularly those of underrepresented groups—are consistently embedded in decision-making;
- services are designed in ways that actively reduce inequalities;
- and improvements are experienced equitably across all populations.

Finally, the Committee highlights the central importance of organisational culture and workforce capacity as enablers of quality. The Trust's work on workforce wellbeing and safety culture is commendable, but future reporting should ideally provide clearer evidence of how these initiatives contribute to improvements in patient outcomes and service performance.



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Links to footnotes:

[NHS Management and Leadership Framework](#)

[10-Year Health Plan for England \(2025\)](#)

<https://www.england.nhs.uk/ournhspeople/>

<https://www.england.nhs.uk/ournhspeople/>

[NHS England Patient Safety Incident Response Framework guidance,](#)

[Healthcare Improvement Studies Institute \(THIS Institute\)](#)

[NHS England on reducing restrictive practice](#)

[Marmot Review: Fair Society, Healthy Lives](#)

[Marmot Review 10 Years On](#)

[NHS England co-production guidance](#)

[Health Equity Evidence Centre co-production guide \(2025\)](#)

[Suicide Prevention Strategy for England 2023–2028](#)



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