NHS
Oxford Health
NHS Foundation Trust

OXFORD HEALTH ANNUAL PLAN

FY2026/27

Executive Summary

Welcome

to Oxford Health's Annual Plan Financial Year (FY) 2026/27

Grant Macdonald
Chief Executive

Our plan for **2026/27** has been developed by colleagues across our organisation to set out how we will build on our progress and strengths to keep a focus on continuous improvement, quality care for patients and improving access across all our communities. We want to continue to embody our values of caring, safe and excellent in **delivering the best possible care for patients**.

Our plan reflects the national drive to deliver real change within the NHS. **The Ten Year Health Plan for England sets out national ambitions to deliver three 'shifts'**: from hospital to community, from analogue to digital and from treatment to prevention. To meet the needs of the populations we serve we must strive to do things differently, planning over the medium term to deliver innovative care with a greater focus on outcomes and productivity.

Whilst we do not underestimate the challenge, with the expertise and drive of our colleagues we are well placed to respond. Our 2026/27 plan marks the second (of two) bridging years between our current and new strategy, continuing with the delivery of the 6 priorities agreed in our bridging plan. For the future, we are developing a new OHFT strategy for 2026-2031 which will set our ambitions for the long term. Alongside publication of this strategy, we will publish our strategy delivery plan setting out how the strategy will be delivered and how we will continue to improve over the long term.

We know that more people are living longer in poorer health and there is a rise in long term conditions and mental health needs. As we continue to aim for more joined up care for patients, promoting a greater focus on prevention and supporting people closer to their homes, we will also continue to work in partnership with others in the integrated care systems in which we work. As a community-based provider, we are well placed to focus on localised delivery and developing a neighbourhood approach, working with partners in the places, communities and neighbourhoods where people live.

This not only supports the national ambitions to focus on prevention and care closer to home, but we know is also in line with what patients want and what our colleagues want to deliver.

Whilst focusing on these priorities, we need to live within our financial resources and continue to improve access, waiting times and quality of care for our patients. This means focusing on improving the value we deliver for our patients and populations and supporting our colleagues in the context of increases in demand and expectation.

The priorities which teams have identified this year will help us to achieve our **four strategic objectives**:

- **Quality** – Deliver the best possible care and health outcomes
- **People** – Be a great place to work
- **Sustainability** – Make the best use of our resources and protect the environment
- **Research** – Be a leader in healthcare research and education.

As we move throughout 2026/27, we will keep building on our strengths to support delivery of national aims whilst also focusing on the priorities of our local populations. Development of our new strategy will set out our ambitions as we move forward.

Grant Macdonald
Chief Executive

Contents

Oxford Health NHS Foundation Trust (OHFT)

Our Services Overview 06

Strategy Delivery for FY2026/27

- Strategy Delivery Plan 08
- Strategic Objectives 12
- 6 Strategic Priorities 18

Oxford Health NHS Foundation Trust

National and System Planning FY2026/27 27

- Relationship with NHS planning 28
- Operational Planning Activity and Performance Trajectories 31
- Finance Plan 37

Oxford Health NHS Foundation Trust

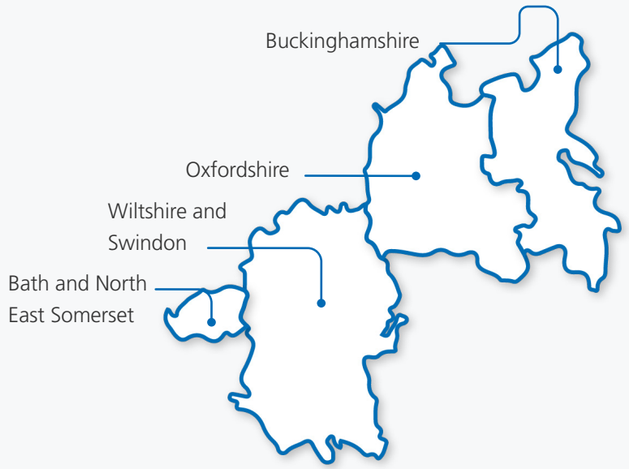
Clinical Directorates' and Provider Collaboratives' High-level Priorities and Quality Priorities for FY2026/27 38

- OHFT Quality Priorities 40
- Buckinghamshire Mental Health Directorate 42
- Oxon BSW Mental Health Directorate 44
  - *Oxfordshire, BaNES (Bath and North East Somerset)*
  - *Swindon and Wiltshire Mental Health Directorate*
- Forensic Mental Health Directorate 46
- Learning Disabilities Directorate 48
- Community Health Services, Dentistry and Primary Care Directorate 50
- For Me (Adult Secure) Provider Collaborative 52
- Healthy Outcomes for People with Eating (HOPE) disorders Adult Eating Disorders Provider Collaborative 54
- Thames Valley Child and Adolescent Mental Health (CAMH) Provider Collaborative 56

Glossary 58

Our services
Overview

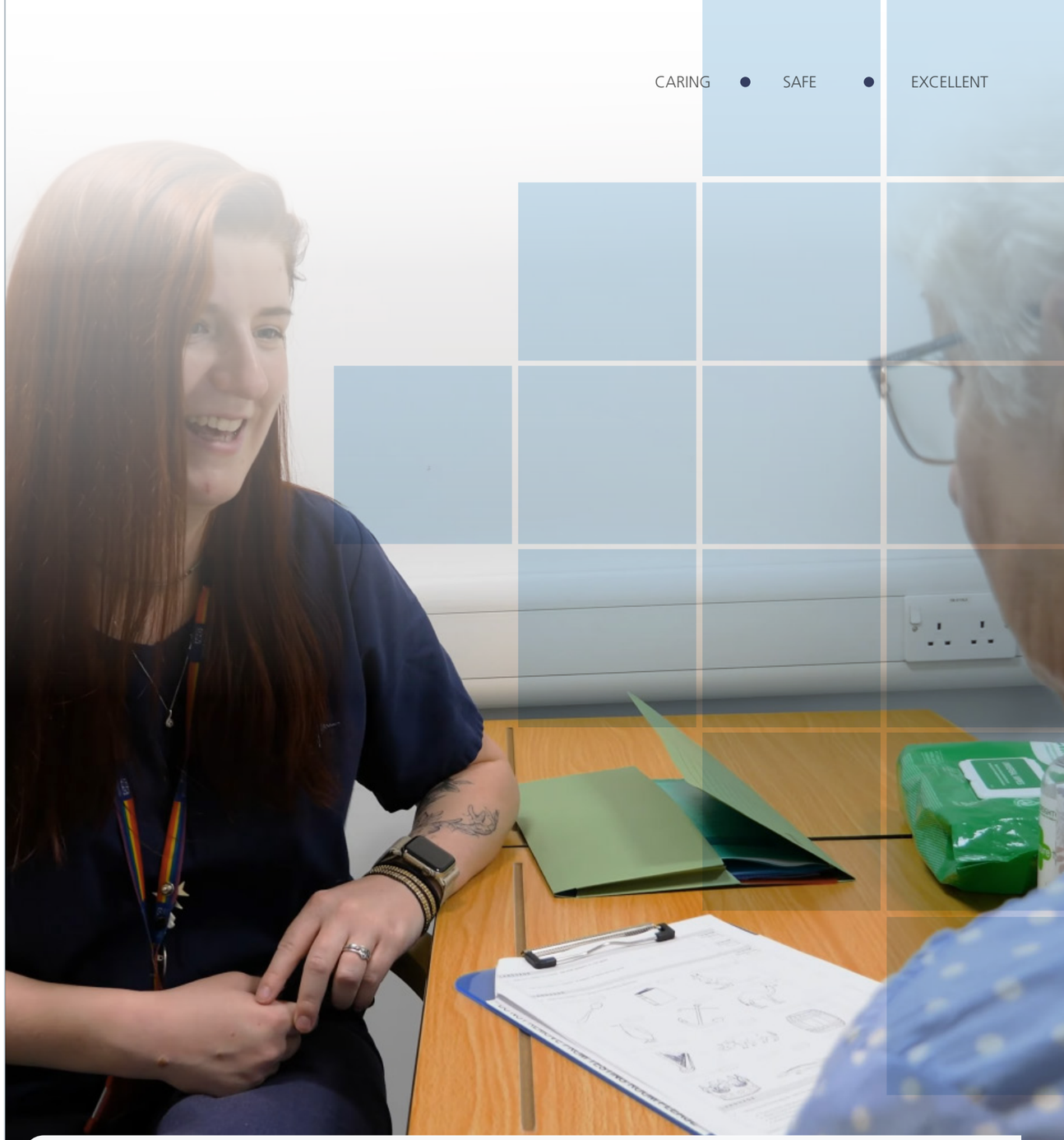
Oxford Health NHS Foundation Trust provides community and mental health services across Oxfordshire, Buckinghamshire, Wiltshire, Swindon, Bath, and North East Somerset. Our services are delivered at community bases, hospitals, clinics, and in people's homes, focusing on delivering care as close to home as possible.



We offer a wide range of services, including:

- **Adult and older adult mental health services**
- **Children's and adolescent mental health services**
- **Forensic mental health services**
- **Learning disability services**
- **Primary care services**
- **Community health services for adults and children**
- **Dental services**

150 sites
c.7,700 colleagues



1.8m
Appointments

198,000
Caseload

2,900
Admitted

Our **7,700 colleagues** work from **150 sites**, delivering care to a population of **2 million people**. In FY 2024/25 we delivered **1.78 million appointments**, looked after a caseload of **197,893 people**, and cared for **2,945 patients** admitted to our inpatient services and our patient feedback scores average a rating of 4.7/5 (Oxford Health in Numbers).

At Oxford Health, we strive for timely responses, sustained patient improvements, and equitable access and outcomes for all.

Oxford Health's
Strategy Delivery Plan

FY2025/26 and FY2026/27

Our strategy delivery plan for FY2026/27 reflects the second year of focus on our 6 core priorities as we develop our next strategy. These priorities encompass key elements of our previous strategy delivery plan, whilst strengthening our strategic focus to guide our work as we develop our next strategy. Through our annual planning cycle, the plan will be implemented in line with our clinical planning principles set by our Chief Medical Officer and Chief Nurse.

Aspirations and Measures of Success

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

Vision
Outstanding care delivered by an **outstanding** team

Values
Caring● Safe ●Excellent

Strategic Objectives:

What we want to achieve

Quality
Deliver the **best** possible care and **health outcomes**

People
Be a **great place** to **work**

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

Research
Be a **leader** in healthcare **research** and **education**

6 Strategic Priorities

Our focus for FY2025/26 and FY2026/27

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

Supported by Trust-wide work

Moving to our new strategy

Oxford Health is in a transition period between the current 2021–2026 strategy and the development of the 2026–2031 strategy. This transition is shaped by the Ten Year Health Plan for England and the new Medium-Term Planning (MTP) Framework, which requires providers to move to multi-year planning, produce five-year plans, and participate in new Neighbourhood Health Plans at place level.

Our annual plan for 2026/27 sets out how we will deliver against the six strategic priorities. The accompanying five-year strategy delivery plan, to be published alongside the new strategy, will explain how the strategy will be delivered.

Current strategy (2021–2026)

- Our guiding Vision, Values and Strategic Objectives

Transition

- 6 Strategic Priorities (2025/26–2026/27) bridging between the existing and the new strategy
- FY2026/27 Annual Plan
- Developing our new strategy 2026–2031
- Engagement and consultation across the Trust, patients and partners
- Aligning with national direction from the Ten Year Health Plan for England (e.g. community, digital, prevention)

New strategy (2026–2031)

- Published Autumn 2026
- Long-term strategic direction for the Trust
- Responding to the Ten Year Health Plan for England and NHS Medium-Term Planning Framework (2026/27–2028/29)
- A strategy delivery plan shaping annual plans from 2027 onwards

Strategic Objectives

Oxford Health's four strategic objectives have been translated into a set of ambitions and related outcome measures.

Our four strategic objectives:

Quality

Deliver the best possible care and health outcomes

To maintain and continually improve the quality of our mental health and community services to provide the best possible care and health outcomes.

To promote healthier lifestyles, identify and intervene in ill-health earlier, address health inequalities, and support people's independence, and to collaborate with partner services in this work.

People

Be a great place to work

To maintain, support and develop a high-quality workforce and compassionate culture where the health, safety and wellbeing of our workforce is paramount.

To actively promote and enhance our culture of equality, diversity, teamwork and empowerment to provide the best possible staff experience and working environment.

Sustainability

Make the best use of our resources and protect the environment

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

Research

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.

Our Ambitions and Objectives

Oxford Health's four strategic objectives have been translated into a set of ambitions and related outcome measures. These outline what we want to achieve and how we will measure success.
Progress against the strategic objectives will continue to be measured in our strategic dashboard that forms part of our Board's Integrated Performance Report.

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.

- Care is planned and delivered around the needs of patients
- Patients are receiving effective care
- We provide timely access to care and when waits occur, we will effectively monitor patients and minimise harm.
- We are addressing health inequalities
- We consistently provide safe care, with a reduction in avoidable in-services harm
- We have a safe and learning culture

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 colleague experience and working environment.

- We have a sustainable workforce
- We have an engaged, well led workforce
- We have a skilled, learning workforce
- We foster a just work environment

Sustainability

Make the best use of our resources and protect the environment

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

- We are spending and investing as efficiently as possible and sustaining our financial position over the medium term.
- We are on track for net zero carbon emissions by 2045 as defined within the NHS Carbon Footprint plus.
- Our digital systems work for us, providing and asking for the right information to enable clinical care and population health management.
- We will have moved toward a modern, efficient estate that enables access and wellbeing for colleagues and patients.

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 colleagues to become involved in research, skills and professional qualifications

- We will sustain our leadership in research, strengthen our academic partnerships and embed research capability in the organisation
- We will build our capacity to translate our research into services
- Education ambition

Key FY2025/26 highlights:
Strategic Objectives

The following are key highlights of progress against our strategic objectives in FY2025/26

Quality

People

Sustainability

Research

Deliver the best possible care and health outcomes

Our ambition is to deliver patient-centred care, effective treatments, timely access, address health inequalities, and ensure safe care. In 2025/26 over 80% of patients responded said that their care was good or very good, and that they were involved in their care. We have worked with system partners to develop neighbourhood health and care approaches to strengthen prevention, access and population health management across Oxfordshire, Buckinghamshire and Bath, Swindon and Wiltshire. A focus on waiting lists has improved governance and performance, reducing long waits in children's community services and strengthening harm minimisation in mental health. Patient engagement and co-production have become more consistent across the Trust, with improvements enabling people to more easily use their lived experience to influence care. Focused work is taking place to reduce use of restrictive practice.

Be a great place to work

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

Make the best use of our resources and protect the environment

Our goal is to spend and invest efficiently, achieve net zero carbon emissions by 2045, improve digital systems, and modernise estates. The Trust has met financial targets in FY2025/26 and set balanced plans for FY2026/27, FY2027/28 and FY2028/9. The Board approved Oxford Health's new Green Plan, including expanding green social prescribing and other nature-based approaches. Increased business mileage has meant milestones to meet the required direct carbon emission reduction have been missed and work is ongoing to strengthen our approach, notably the development of a sustainable transport strategy to enable lower-carbon travel. Digital work has progressed to strengthen our digital maturity with the Trust benchmarking 2nd in its sector in the 2025 survey. Work is ongoing with all clinical directorates to support the development of our Estates and Facilities strategy.

Be a leader in healthcare research and education

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

Our 6 Strategic Priorities

Our strategy delivery plan for FY2025/26-2026/27 focuses on 6 strategic priorities supported by Trust-wide work. This plan guides our work as we transition from our current strategy to our new strategy.

Our 6 Strategic Priorities:

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

Our Trust-wide supporting work:

- Continuing to improve the quality and safety of the care we provide through embedding quality improvement
- Develop and provide innovative clinical services, and support world-class research
- Improving how we use insights and deliver value
- Improving our central support and corporate services
- Measuring and improving outcomes for our patients
- Rolling-out our Frontline Digitisation Programme
- Building our workforce planning approach
- Implementing our Operating Framework and building our Well-led Assurance
- Improving our estates, including delivering the Warneford Park Programme
- Developing our Green Plan

As we move into the second year of delivery, our six strategic priorities continue to guide our work and remain aligned to our Quality and People objectives. These priorities will ensure we stay focused on the highest impact areas to improve patient care in a changing and challenging context.

WHY

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

By better understanding the needs and inequalities in access and outcomes of the populations in the neighbourhoods we serve we can tailor our services to improve outcomes.

Improving access and waiting times

By improving access and waiting times in our services, we can make sure that people are adequately supported in the right place at the right time.

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

By actively listening and valuing the voice of people who use our services, we can have a clear picture of how they experience care and improve our services to better respond to their needs.

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

By developing and empowering our people and teams, we will ensure that decisions are made by teams of people working at the closest possible point to our patients and carers, and better address their needs.

Building an anti-discriminatory organisation

By improving equality, diversity and inclusion, we will improve the experience of our colleagues and teams and the experience and outcomes of our patients, families and carers.

Prioritising colleagues' safety and minimising violence and aggression

By prioritising the safety of our colleagues and minimising violence and aggression we will ensure colleagues feel supported, safe and secure at work and can operate at their best to support patients, families and carers.

Key FY2025/26 highlights:
6 strategic priorities

1. Developing our neighbourhood health contribution

Progress made in FY2025/26:

During FY2025/26, Oxford Health began developing a neighbourhood health and care approach focused on prevention, accessibility and population health management, while also strengthening our Trust-wide approach to tackling health inequalities. The year has focused on establishing governance, system alignment and early foundations for delivery, alongside improving visibility of variation in access and waiting times to identify more equitable approaches. Progress of neighbourhood health and care approaches has progressed at different stages across systems:

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

Across all areas, clinical and community teams are increasingly working within neighbourhood models, including closer alignment of primary care mental health services, school-based support for children and young people, and specialist services contributing to integrated care pathways. Work is also underway to strengthen the use of population health data to better understand inequalities and target support to under served groups.

FY2025/26 has focused on creating the conditions for more integrated, neighbourhood-based delivery, with stronger implementation and more sophisticated use of insight expected to develop further in FY2025/26.

2. Improving access and waiting times

Progress made in FY2025/26:

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

- More consistent governance and oversight of waiting times, with regular review through pathway-level, directorate-level and Trust-level forums across community and mental health services.
- Standardised approaches to triage, safety-netting and pathway management, supported by clearer key performance indicators, reporting timelines and routine performance review.
- Improved understanding of demand and capacity, with modelling completed across priority pathways and agreed trajectories and implementation plans signed off through directorate boards.
- Stronger operational grip and harm minimisation, including targeted scrutiny of longest waiters, routine review in mental health service and performance meetings, and wellbeing and mitigation calls for people waiting for services.
- Targeted pathway improvement and partnership working where waits were highest, alongside increasing use of an ethnicity and deprivation lens to identify potential health inequalities.
- Reductions in the longest waits, including the elimination of all 104-week waiters in children and young people's services, no 52-week waiters in most adult community services by March 2026, and services broadly on track to deliver agreed performance trajectories.

FY2025/26 has been a year of strengthening grip, consistency and forward planning in the management of waiting times across services.

Key FY2025/26 highlights:

6 strategic priorities

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

Progress made in FY2025/26:

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

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

FY2025/26 has focused on putting the foundations in place to embed lived experience more consistently across the Trust, with further maturity and impact expected to develop in FY2026/27.

4. Supporting our people and our teams

Progress made in FY2025/26:

Progress focused on understanding current culture activity and putting the foundations in place for a more coherent Trust-wide approach. The appointment of a Deputy People Director towards the end of Quarter 3 provided leadership and momentum for this work, which was primarily diagnostic and design-led. Progress included:

- A Trust-wide stocktake of existing activity against the culture framework, identifying strengths, duplication and gaps. Five "asks" for all teams have been identified.
- Recognition of the need for a more joined-up and consistent approach to culture, leadership and development activity.
- Establishment of a small cross-functional working group, led by the Deputy People Director, to co-design priority culture workstreams and develop proposals for Executive consideration.
- Embedding trauma-informed and compassionate leadership approaches, including strengthened supervision, Trauma Risk Management support, and a focus on supportive team culture.
- Using staff survey feedback to inform local action planning.

FY2025/26 has laid the groundwork for a more coherent and focused approach to culture, with delivery expected to progress in FY2026/27.

5. Building an anti-discriminatory organisation

Progress made in FY2025/26:

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

6 strategic priorities

6. Prioritising staff safety and minimising violence and aggression

Progress made in FY2025/26:

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

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

FY2025/26 has established a stronger and more consistent framework for preventing and responding to violence and aggression, with remaining risks and gaps clearly identified to inform priorities for FY2025/26.

National and System Planning FY2026/27

Relationship with NHS planning

This diagram illustrates how the OHFT FY2026/27 annual plan relates to NHS planning.

NHS England

Develops and sets national policy and strategy, agreeing the mandate with the government.

National Policy

Sets out the national long-term priorities

Medium Term Planning Framework

Sets out medium term national priorities

Ten year Health Plan for England

Published by Government to set out the long-term strategy for transforming healthcare

Integrated Care Boards

Allocates the NHS budget and commissions services for the population – we predominantly operate within the Thames Valley Integrated Care Board (ICB), but also offer services in the Bath and North East Somerset, Swindon, and Wiltshire (BSW) ICB and other ICBs.

Joint Forward Plan and Strategic Commissioning Plan

Sets out how commissioners will work with partners to deliver more joined up care for populations

Thames Valley ICB Commissioning Intentions

The ICB's objectives to be delivered through commissioning over the next 3 years

Capital Plan

ICBs and partner trusts set out planned capital resource use

Oxford Health NHS Foundation Trust

Provider of mental health and community health services and lead provider of several provider collaboratives.

Oxford Health Foundation Trust strategy delivery plan (to be published in 2026)

Sets out how we will deliver our Trust strategy over the medium term in the context of the ICBs we are part of and the national guidance

Oxford Health Foundation Trust Annual Plan

Sets out annual priorities and how we will deliver these to support the strategy delivery plan

Operational Planning Activity and Performance Trajectories

Oxford Health NHS Foundation Trust (OHFT) monitors a range of nationally required performance standards to ensure we continue to provide high-quality, timely care across our mental health and community services. These standards help us understand demand, track improvement, and ensure services remain safe, effective, and responsive.

For FY2026/27, our plan sets out how we will:

- Aim to meet the Operational Planning Activity and Performance metrics we are nationally required to report on for our mental health services.
- Work in partnership with the Thames Valley Integrated Care Board (ICB), for our mental and community health services' contribution to the system-wide Operational Planning Activity and Performance metrics that the ICB lead on.

We will track progress monthly, ensuring our teams remain focused on delivering improvements. Detailed performance metrics and trajectories will continue to be reviewed monthly by our Executive Team and reported to our Board through our Integrated Performance Report.

OHFT Mental Health

Operational Planning Activity and Performance Trajectories

CARING ● SAFE ● EXCELLENT

Oxford Health NHS Foundation Trust are responsible for the following key performance indicators. We are required to submit information to NHS England confirming that we are meeting all the required indicators.

Indicator number	Mental Health Planning Indicators	MTP Requirement for 26/27	Plan Basis	APR 25	MAY 25	JUN 25	JUL 25	AUG 25	SEP 25	OCT 25	NOV 25	DEC 25	JAN 26	FEB 26	MAR 26
E.A.5	Number of active inappropriate adult acute out of area placements (OAPs) at the end of the reporting period.	Reduce from 5 (baseline)	End of Period	6	6	6	6	6	6	6	6	6	5	5	4
E.A.7	Number of children and young people with mental health waits over 104 weeks (help-based clock stop) at the end of the reporting period.	Reduce to 0	End of Period	5320	4836	4352	3868	3384	2900	2416	1932	1448	964	484	0
E.A.38	Sum of total bed days across all adult acute and psychiatric intensive care unit mental health beds.	Reduce from baseline 36.3	3 month rolling	7655	7655	7655	7655	7655	7655	7655	7655	7655	7655	7655	7655
	Total number of discharges from adult acute and psychiatric intensive care unit mental health beds.			211	211	211	211	211	211	211	211	211	211	211	211
	Average length of stay for patients in adult acute and psychiatric intensive care unit mental health beds.			36.28	36.28	36.28	36.28	36.28	36.28	36.28	36.28	36.28	36.28	36.28	36.28
E.A.39	Sum of total bed days across all older adult acute mental health beds	Reduce from baseline 67	3 month rolling	5425	5425	5425	5425	5425	5425	5425	5425	5425	5425	5425	5425
	Total number of discharges from older adult acute mental health beds			81	81	81	81	81	81	81	81	81	81	81	81
	Average Length of Stay for Patients in older adult acute mental health beds			66.98	66.98	66.98	66.98	66.98	66.98	66.98	66.98	66.98	66.98	66.98	66.98

ICB Mental Health

Operational Planning Activity and Performance Trajectories

NHS England require ICBs to meet the following key performance indicators. OHFT is working with the ICBs covering the geographies in which we work to support delivery against these indicators.

Indicator number	Mental Health Planning Indicators	MTP requirement for 2026/27	Alignment and achievability
E.A.4a	Number of patients that achieved reliable recovery Number of patients discharged having received at least 2 treatment appointments in the reporting period, that meet caseness at the start of treatment. %	To achieve 51% by March 27	NHS England require ICBs to meet these key performance indicators. OHFT is working with the ICBs covering the geographies in which we work to support delivery against these indicators. As a trust we are aligned to the ICB trajectories with the aim to achieving the planning requirements
E.A.4b	Number of patients that achieved reliable improvement Number of people who are discharged having received at least 2 treatment appointments in the reporting period. %	To achieve 69% by March 28	
E.A.6	Access to mental health support teams (MHST) in schools and colleges.	To increase inline with MHST expansion to meet 77% coverage for March 27	
E.H.34	Number of patients accessing individual placement support services (rolling 12-month).	To maintain levels of access achieved in 25/26	
E.H.15	Total number of discharges from Older Adult Acute mental health beds.	To increase access in line with MHST expansion	
E.H.9	Number of children and young people (0-17) accessing (1+ contact) mental health services (rolling 12-month).	To meet the ICB proportion of the national ambition of 63,500	

Indicator number	Community planning indicators	MTP requirement for 2026/27	Alignment and Achievability
E.T.9	Community waiting list over 52 weeks	To eliminate all waits over 52 weeks to 0 by March 27	NHS England require ICBs to meet these key performance indicators. OHFT is working with the ICBs covering the geographies in which we work to support delivery against these indicators. As a trust we are aiming to achieve the planning requirements, podiatry and children and young people speech and language will be the most challenging areas for compliance.
E.T.9a	Number of people on waiting lists for children and young people services who are waiting over 52 weeks.		
E.T.9b	Number of people on waiting lists for adult services who are waiting over 52 weeks.		
E.T.12	Number of people on waiting lists per system who are waiting 18 weeks or less Number of people on entire waiting list Percentage of people on waiting list for community services per system who are waiting 18 weeks or less as a proportion of the entire waiting list.	To achieve 78% of people waiting less than 18 weeks by March 27	
E.T.12a	Number of people on waiting lists for adult services per system who are waiting 18 weeks or less. Number of people on entire adult waiting list Percentage of people on waiting lists for adult community services per system who are waiting 18 weeks or less as proportion of entire adult waiting list.	To achieve 78% of people waiting less than 18 weeks by March 27	
E.T.12b	Number of people on waiting lists for children and young people services per system who are waiting 18 weeks or less. Number of people on entire children and young people waiting list Percentage of people on waiting lists for children and young people community services per system who are waiting 18 weeks or less as proportion of entire children and young people waiting list.	To achieve 78% of people waiting less than 18 weeks by March 27	

Finance plan for FY2026/7

The key components of the financial plan include:

- The Trust is planning to deliver a breakeven revenue position.
- The revenue plan includes an efficiency target of £26.7m, comprising £20.1m recurrent and £6.6m non-recurrent savings.
- An Operational Capital plan of £12.3m. Additional bids have been submitted for national and regional capital funding; however, allocations have not yet been confirmed.
- Agency staff spend is planned at £10.9m, meeting the planning guidance requirement to reduce agency expenditure by 30%.
- Bank staff spend is planned at £35m, which is £1m above the Trust's cap of £34m. This reflects a deliberate "bank-first" approach to reduce reliance on agency staff. It is not considered feasible to reduce both agency and bank spend to their respective cap levels simultaneously. The majority of bank usage supports funded vacancies or enhanced observations due to patient acuity, and will be managed within the overall financial plan.

Oxford Health NHS Foundation Trust (OHFT)

Clinical Directorates' and Provider Collaboratives' high-level priorities and Quality Priorities for FY2026/27

- **Quality Priorities for FY2026/27**
- **Buckinghamshire Mental Health Directorate**
- **Oxon BSW Mental Health Directorate**
  - *Oxfordshire, BaNES (Bath and North East Somerset) Swindon and Wiltshire Mental Health Directorate*
- **Forensics Mental Health directorate**
- **Learning Disabilities directorate**
- **Community Health Services, Dentistry and Primary Care directorate**
- **Provider Collaboratives**
  - *For Me Adult Secure*
  - *Healthy Outcomes for People with Eating Disorders (HOPE) Adult Eating Disorders*
  - *Thames Valley Child and Adolescent Mental Health Provider Collaborative Priorities*
- **Glossary**

OHFT Quality Priorities FY2026/27

The table below brings together our Quality Priorities for **FY2026/27**. These are being delivered via our overall quality governance approach and embedded in the plans of our clinical directorates.

Priority Area	Detail	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.	• Mental Health and 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.	• Mental Health and Forensic inpatient wards.
Patient and 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.	• Mental Health, Community Health services, Dentistry and Primary Care, Learning Disabilities 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.	• Mental Health, Community Health services, Dentistry and Primary Care, Learning Disabilities 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.	• Mental Health, Community Health services, Dentistry and Primary Care, Learning Disabilities 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.	• Mental Health and Forensic inpatient wards.

Buckinghamshire Mental Health Directorate

Top Directorate priorities and efficiencies

Service re-design and sustainability

- Implementation of clear and robust medium-term sustainability plans that will make best use of our existing resources.
- Focus on reducing unwarranted variation, integrating services based on evidence, and shifting care from hospital settings into the community to improve quality and support long-term financial stability.

Neighbourhood delivery and partnership integration

- Ensure that mental health is a key embedded component of neighbourhood health.
- Make best use of opportunities to work differently with key partners in delivering core services.
- Seek opportunities for greater integration of infrastructure where possible.

Workforce and equality diversity and inclusion

- Continued improvements in recruitment and staff wellbeing to support retention and reduce reliance on agency staff.
- Focus on equality diversity, and inclusion as part of our workforce plans.
- Continued reduction in agency usage.

Health inequalities

- Improve data quality (at service level) and the way in which we use the information to plan and deliver care.
- Improve access and experience for people at greatest risk of poor health outcomes due to socioeconomic, ethnic, and geographic factors.

Prevention and digital

- Expansion of Mental Health Support teams working towards 100% coverage in line with national planning.
- Talking therapies focus on delivery of courses of treatment, sustained reliable improvement and recovery rates.
- Make best use of digital to support productivity, efficiency and quality.

Risks to plan delivery

Change fatigue

- The scale and pace of change required over the next five years may place pressure on teams. This will require careful sequencing, clear communication and appropriate support to ensure changes are delivered safely and sustainably.

Infancy of the programme

- As the neighbourhood health programme is at an early stage, the full impact on workforce, infrastructure, and the scale of change required cannot yet be quantified.

Achieving key targets

- While demonstrable progress has been made in reducing agency use, further work is required, and recruitment to the medical workforce remains a risk.

Data quality

- While progress has been made in improving data quality at Directorate level, further medium-term work is required. Failure to achieve this may risk delivery of priorities.

Availability of investment

- The expansion of key prevention provision is dependent on investment.

Oxfordshire and BaNES (Bath and North East Somerset), Swindon and Wiltshire Mental Health

Top Directorate priorities and efficiencies

Reviewing service delivery

- Implement a whole-directorate service review to inform cost improvement plans for FY2026/27 and planning for FY2027/28
- Develop and review the Oxfordshire Mental Health Outpatients Hub, including estates review and refurbishment planning
- Continue required national transformation priorities, including inpatient improvement and community transformation aligned with the NHS Community Mental Health Transformation programme
- Expand Mental Health Support Teams to achieve 100% coverage and continue Children and Adolescent Mental Health Services transformation in line with national expectations
- Ensure consistent, integrated crisis and home-based support across the county
- Review adult community teams to enhance assertive outreach and intensive case management capacity

Partnership Integration

- Continue implementing the Buckinghamshire, Oxfordshire, and Berkshire (BSW) Alliance.
- Continue developing 10-year transformation plans for mental health services in Oxfordshire through the contract review programme, including work with voluntary and community sector partners.
- Continue reviewing contracts for children and adolescent mental health services, adult, and older adult voluntary, community and social enterprise (VCSE) provision.
- Support the implementation of the Oxfordshire neighbourhood teams and primary care interface proposal.
- Explore the development of mental health crisis centres involving partners in developing ideas.

Recruitment and Retention / Health Inequalities

- Improve recruitment and retention across the directorate, with a focus on colleagues' wellbeing.
- Continue to update, develop, and implement the directorate People Plan.
- Continue holding listening events, working to continuously improve the process based on staff feedback.
- Develop leadership skills within teams, supported by the Organisational Development and Learning and Development teams, and through the implementation of Affina/ Strengthify.
- Develop a consistent directorate-wide approach to health inequalities, ensuring it runs as a thread through all work and services that we deliver.

Temporary workforce review

- Continue to review the use of medical staff across the directorate.
- Work with finance and medical workforce leads to reduce the use of locums and ensure medics are used in the most effective way.
- Continue reviewing temporary staff roles across the directorate, with a view to reducing costs by making more positions permanent.

Risks to plan delivery

Ligature risk assessments

- Ongoing improvements are being made across all wards following ligature risk assessments.
- Work is underway to enhance patient safety by addressing potential risks associated with bedroom door frames.
- Ensuring a safe and supportive environment remains a priority.

Recruitment and Retention

- There is a risk that the directorate may face challenges in recruiting skilled staff, which could reduce capacity and service quality.
- This may affect the ability to provide consistent, high-standard care, impacting patient and family experiences and outcomes.

Demand and capacity on services across the directorate

- There is an ongoing gap between demand and capacity across the directorate, leading to increased pressure on colleagues.
- This may result in longer waiting lists and potentially poorer outcomes for patients.

Bed Capacity

- Limited adult mental health inpatient bed capacity, particularly for acute adult male beds, may result in people being placed outside the local area when a bed is needed.
- This can affect patient and carer experience and may increase costs for the organisation.

Forensic Mental Health Directorate

Top Directorate priorities and efficiencies

People
Create a supportive and psychologically safe working environment that recognises the challenges colleagues face, prioritises wellbeing and development, and equips teams with the right skills and support systems, delivered through:

- Establishing a Wellbeing Task and Finish Group (with diverse representation, informed by focus groups).
- Further development of the staff wellbeing strategy, supported by Wellbeing Champions in each team.
- Development of cultural key performance indicators, baseline measures, and a dashboard to track progress.

Health inequalities
Continue to reduce health inequalities experienced by patients with severe mental illness:

- Defining a high-level workplan for the Directorate's approach to health inequalities.
- Designing an inequalities dashboard supported by enhanced data collection and analysis.

Sustainability
Collaboration across providers will be strengthened to create a future-proof, population-responsive model connected to community and adult mental health services:

- Enhancing protected pathways (women's, learning disabilities and men's), using inclusive co-design.
- Monitoring health inequalities through key metrics such as admissions, length of stay, and discharge outcomes.

Digital/data development and analytics
Establish a directorate-wide data improvement plan to enhance care quality, standardisation, clinical decision-making, and productivity, delivered through:

- Establishing a Digital/Data Steering Group with clinical, operational, and digital representation.
- Review current systems and data flows to identify priorities and develop a 2–3 year improvement roadmap, including integration and technical planning.

Research and development
Continue to advance research and innovation to strengthen evidence-based forensic mental health practice and service improvement, including the development of a clear strategy to ensure research and development activity is aligned to Directorate, Trust, and national priorities, through:

- Strengthening academic partnerships and increasing colleagues' engagement in research activity.
- Promoting a research-active culture that supports professional development, job satisfaction, and continuous service improvement.

Risks to plan delivery

- Without consistent infrastructure, inclusive representation, and effective feedback mechanisms, progress in improving colleagues' wellbeing and psychological safety may be limited, negatively affecting morale, retention, and overall workforce sustainability.

- Incomplete data, fragmented care pathways, and limited cross-sector coordination may reduce the Directorate's ability to identify and address health inequalities, potentially leading to poorer outcomes and widening disparities for patients with severe mental illness.

- A lack of aligned planning across providers may lead to fragmented delivery and limit the development of sustainable, integrated pathways capable of meeting future population needs.

- Limited real-time data restricts service assessment, risking demand exceeding capacity and negatively impacting patient care, colleagues' wellbeing, and potentially impacting the Trust's financial sustainability.

- Capacity and funding may constrain the Directorate's ability to lead and progress research activities.

Learning Disabilities Directorate

Top Directorate priorities and efficiencies

Partnership working to improve health outcomes

Strengthen partnership working to improve health outcomes by embedding a neighbourhood health and care approach with place-based partners, delivering integrated, person-centred care closer to home.

- Lead delivery of the Oxfordshire Learning Disability Physical Health strategy, strengthening clinical areas of practice, work towards eliminating out-of-area placements, and aligning services with neighbourhood models.
- Improve integration and capability through joint working agreements with social care, aligned consultation models, workforce training for mental health teams, and use of population health data to inform pathways.

Service review and sustainability

Review pathways, improve access, and strengthen service delivery while ensuring patients and carers are supported during transitions and co-production underpins all developments.

- Establish a co-production and consultation approach and complete an engagement and communication strategy.
- Finalise the service clinical strategy review and deliver a quality improvement project on screening and core assessment.
- Achieve agreed cost improvement programme targets for the year.

Digital and data development

Strengthen digital and data capability to support population health management and ensure service redesign is effectively targeted. Ensure digital solutions are accessible and effective for people with learning disabilities, and equip colleagues with the training and technology needed to maximise the benefits of digital tools in the workplace.

- Embed the Reasonable Adjustments digital flag, and align the Learning Disability digital strategy with the Trust Digital strategy.
- Strengthen digital delivery and improve data quality across services.

Our workforce

Review service workforce to ensure our workforce meets evolving service demand, develops leadership skills through Strengthify, prioritises our colleagues' wellbeing, strengthens capabilities, and achieves a healthy work/ life balance.

- Roll out job planning alongside developing a workforce and training plan.
- Collaborate with Oxfordshire County Council Learning Disability Specialist Social Workers to explore embedding integrated workforce practices.

Risks to plan delivery

- Teams and services across Oxford Health may not always work together consistently, and Learning Disability professionals may not be fully included in the planning of care pathways and development of neighbourhood-based services
- Limited engagement from system partners could affect progress in delivering the Physical Health strategy objectives
- The devolved budget for out-of-area beds may be insufficient to cover actual costs compared with target plans

- Lack of alignment of Directorate priorities and Learning Disabilities not always being included in development of pathways
- Lack of appetite from Learning Disabilities colleagues across services for change in delivery model
- Colleagues and teams may experience change fatigue

- Funding and resources may affect the implementation of digital solutions
- Insufficient data may make it harder to plan services based on population health needs

- Limited career progression opportunities within specialist Learning Disability services

Community Health Services, Dentistry and Primary Care Directorate

Top Directorate priorities and efficiencies

Workforce: Our People

Prioritising colleagues' wellbeing, enhancing the employee experience, and strengthening skills and capabilities while building inclusive, anti-discriminatory environments and delivering our People Plan.

- Investment in colleagues' wellbeing and working environments, embedding anti-racism commitments and strengthening Equality, Diversity and Inclusion delivery.
- Strengthening leadership capability and career development, aligned to neighbourhood health priorities and delivery of the People Plan.

Sustainability and Productivity

Driving sustainability through efficiency, productivity and delivery of our Green Plan, implementing financially sustainable models of care and progressing towards Net Zero by 2030, aligned with the NHS National Oversight Framework and focused on reducing unwarranted variation and improving outcomes.

- Evaluation of digital tools, including Accurx, to inform wider roll-out and optimisation of scheduling systems.
- Implementation of the Estates and Facilities strategy to support sustainable, high-quality service delivery.

Digital and data development

Advancing digital and data capability to enable data-informed service design, improve quality and standardisation, and strengthen clinical decision-making to enhance outcomes and productivity.

- Triangulation of demand, capacity, workforce, quality and performance data through Performance Board reporting, with operational alignment across system partners

- Introduction of population health management risk stratification and impact analysis using community data sets.
- Analysis across all services to enhance care quality, standardisation, and clinical decision-making for improved outcomes and productivity.

Co-production and research to improve community outcomes

Embed engagement with patients, carers, and the wider community to shape inclusive, high-value services, drive improvement and innovation, and deliver the five-year research strategy aligned with population health and system priorities.

- Development and commencement of an engagement and involvement plan with patients, carers, and colleagues.
- Strengthening partnerships with local primary care research leads to support neighbourhood team models and assessment of access against agreed targets.

Healthier communities shaped in partnership

Working with place-based partners and communities to deliver integrated, person-centred care, embed a neighbourhood health and care approach, and focus on prevention and early intervention to improve access, equity, and population health outcomes.

- Implementation of neighbourhood health and care models, including centre-based and home visiting services for complex needs.
- Alignment of resources and long-term planning with system partners, including contracts for special care, paediatric and urgent dental services.

Risks to plan delivery

- Without a skilled and engaged workforce, services will struggle to deliver high-quality care or achieve financial and performance targets

- Service assessment is limited by the lack of real-time, benchmarked population health data, which restricts effective planning and delivery
- As a result, demand may exceed capacity, affecting patient care, colleagues' wellbeing, and potentially impact the Trust's financial sustainability

- Not all workforce models in use are sustainable
- Resourcing and capacity constraints may pose challenges to developing and implementing necessary changes effectively
- Misalignment between workforce strategies and sustainability objectives may also limit the ability to meet environmental targets and operational efficiencies

- Limited capacity within the team, combined with funding and support, may limit the ability to lead and advance research work

- If services do not adapt to increasing complexity, follow national guidelines, or take opportunities to collaborate, there is a risk that care will not be safe or high-quality, potentially worsening health inequalities

For Me (Adult Secure) Provider Collaborative Directorate

Top Directorate priorities and efficiencies

Workforce strategy
Implementation of the provider collaborative workforce strategy to build sustainable workforce capacity, enhance training and skills sharing across the network, and improve colleagues' wellbeing and experience, including:

- Strengthening workforce skills, training, and onboarding across the women's and neurodiverse pathways.
- Supporting flexible, rotational roles and developing core teams to improve workforce capacity and collaboration.

Women's service review
Close the gaps for women in the criminal justice system, by developing a women's secure treatment pathway that delivers a safer future for those in our care, their support networks and carers, along with the communities in which they live, including:

- Transforming services through cultural change, mentoring, and the phased adoption of new models of care.
- Developing and improving estates and community provision, including business cases and implementation programme.

Meeting the needs of our diverse patient groups, including learning disability and autism
Promote equitable access, care, and outcomes for all patients by addressing health inequalities, particularly for neurodiverse individuals, through improved bed provision and strengthened colleagues' capability including:

- Embedding co-production, enhancing colleagues' training, and developing core teams to improve care delivery.
- Implementing environmental improvements and flexible workforce models to support neurodiverse patients across the network.

Improving transitions, access and decision making
Enhance patient flow and continuity by strengthening transitions between forensic, prison, and community services, developing flexible, joined-up models that use digital tools, embed prevention, and provide recovery-focused support, including:

- Establishing governance, stakeholder engagement, and co-ordination to map current pathways and identify gaps.
- Developing and testing flexible, integrated models of care to improve transitions and decision-making across services.

Physical health and frailty
Deliver integrated care that addresses both mental and physical health needs, promotes prevention and lifestyle interventions, responds to early physical frailty, and uses digital tools to support monitoring, self-management, and timely intervention, including:

- Co-producing and piloting a new weight management model while developing workforce skills and training.
- Rolling out and refining the model of care across units, aligned with best practice and national frameworks.

Risks to plan delivery

- Limited network provider engagement
- Challenges in recruitment and retention activities
- Gaps in specialised staff capabilities and skills
- Network geography and coverage constraints.

- Limited system engagement including clinical and service leadership expert capacity
- Access to capital funding
- Estates configuration constraints.

- Limited-service capability and capacity to meet the needs of our neurodiverse patients
- Limited engagement with Experts by Experience.

- Potential gaps in system engagement and the availability of clinical and service leadership expertise.

- Requires substantial investment in both our physical estates and specialist clinical roles.

Healthy Outcomes for People with Eating disorders (HOPE) Adult Eating Disorders Provider Collaborative

Top Directorate priorities and efficiencies

Improving environments of care
Develop environments where patients can feel comfortable and able to focus on recovery, incorporating digital innovations into environments and enhancing flexibility and activity to improve wellbeing.

- Establish project governance and complete baseline assessments across all units, gathering feedback from patients, carers, and colleagues to identify key themes.
- Co-produce an environment improvement strategy, explore capital and funding options, and develop action plans to support delivery.

Reducing readmissions
Develop joined-up, person-centred care that reduces readmissions by improving transitions between inpatient, community, and social care services, reducing fragmented working, and strengthening links across neighbourhoods.

- Establish a project steering group with clinical, operational, community, and lived experience representation, and map current discharge. pathways to identify gaps, delays, and variation
- Review best practice and exemplar services, engage stakeholders including VCSE partners, and develop a business case to support pathway improvements.

Alternative approaches to inpatient pathways
Develop flexible, multidisciplinary service models building on Stepcare principles, the day hospital model, and digital innovations, identify and develop links with emerging neighbourhood models.

- Establish a project steering group, review findings from the Stepcare service evaluation, and map current pathways, bed use, and demand against location of care, informed by the Strategic Needs Assessment.
- Engage patients, carers, families, and VCSE partners to explore themes, review best practice and exemplar models, and develop a business case to support service redesign.

Responding to evolving complexity
Adapt eating disorder services to meet increasingly complex and diverse needs by providing flexible, inclusive, and equitable care. Strengthened support for neurodiverse patients and those with comorbidities, alongside the use of digital solutions to enhance accessibility.

- Establish a project steering group and review service data to understand changing demand, patient demographics, and complexity, mapping pathways to identify gaps for neurodiverse, trauma-affected, avoidant/restrictive food intake disorder, and other emerging groups.
- Engage patients, carers, and VCSE partners, review best practice and national models, identify workforce development needs, and develop a business case and implementation plan for pilot delivery.

Workforce strategy
Implement the provider collaborative workforce strategy to deliver sustainable workforce capacity, training and skills sharing across the network, with an improved focus on colleagues' wellbeing and work experience.

- Establish a workforce steering group and review current staffing levels, skill mix, and gaps across hospital and community pathways.
- Engage colleagues and stakeholders to identify workforce challenges, priorities, training needs, wellbeing considerations, and retention opportunities, informing development of the workforce strategy.

Risks to plan delivery

- Progress and the quality of planned improvements depends on securing sufficient capital and revenue
- Physical or environmental improvements may be limited by the constraints of existing estates

- There is a risk that workforce sustainability and resilience challenges will impact on continuity of care, resulting in higher rates of readmission

- There is a risk that workforce capacity and skill gaps could impact on the delivery of flexible, multidisciplinary service models

- Teams need appropriate skills and expertise to manage increasingly complex, diverse, and multimorbid cases effectively

- Progress relies on active participation and collaboration from network providers

Thames Valley Child and Adolescent Mental Health (CAMH) Provider Collaborative

Top Directorate priorities and efficiencies

Children and young people (CYP) intensive mental health – developmental specification

Align CYP mental health services with the national specification to provide flexible, needs-led care in local settings. Use evidence-based practice and strengthen multi-agency partnerships enhance reach and efficiency through digital innovation and neighbourhood alignment including:

- Complete stakeholder mapping, establish the project team, and review benchmarking activity against the new specification.
- Attend national meetings and webinars, and begin engaging CYP and families to gather feedback on potential service improvements.

Integration and partnership working

Optimise collaboration between the provider collaborative, social care, and child and adolescent mental health services to ensure coordinated, person-centred support for looked after children and other high-risk young people across the footprint including:

- Complete stakeholder mapping, establish a multi-agency steering group, and map existing pathways and points of interface.
- Identify themes, gaps, and barriers, and begin engagement with young people, families, and communities to inform service improvements.

Workforce strategy

Implementation of the provider collaborative workforce strategy to build a sustainable workforce capacity, enhance training and skills sharing across the network, and strengthening focus on colleagues' wellbeing and work experience through:

- Establish a workforce steering group and review current staffing levels, skill mix, and gaps across hospital and community pathways.
- Engage colleagues and stakeholders to identify workforce challenges, priorities, training needs, wellbeing considerations, and retention opportunities, informing development of the workforce strategy.

Specialist provision in Buckinghamshire and Gloucester

Enhance specialist mental health services aligning to the developmental specification by strengthening local provision, collaborating with VCSE partners, using digital tools, and aligning with neighbourhood models.

Risks to plan delivery

- The pace of change may be influenced by the constraints of existing estates and the ability to make physical or environmental improvements
- Progress in implementing elements of the specification will depend on securing sufficient ongoing funding

- Delivery will depend on consistent participation and commitment from key partners and stakeholders across the system
- Progress may be influenced by workforce availability, resource constraints, and competing priorities

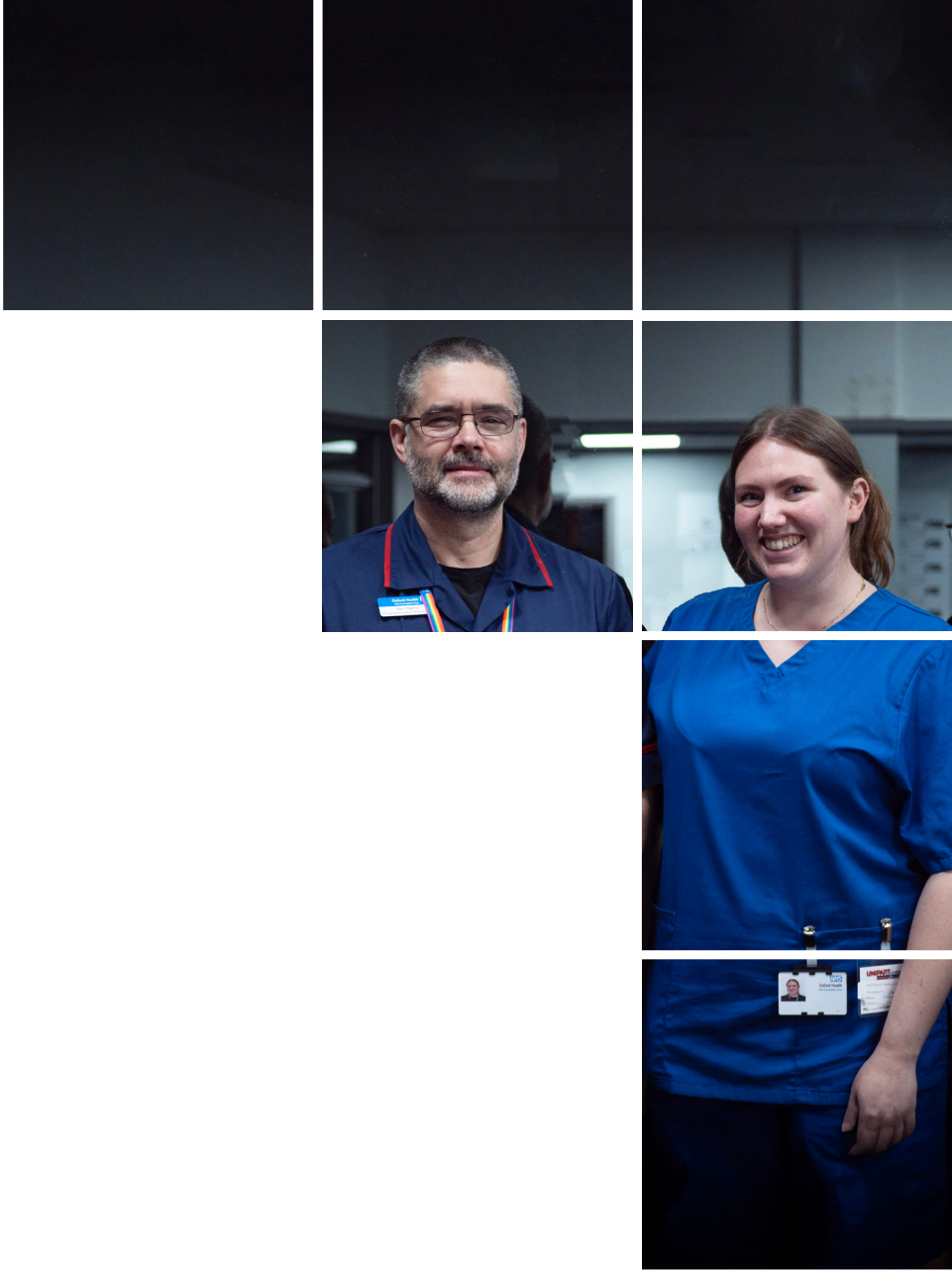
- Progress relies on strong engagement from providers across the network

- Lack of available capital and/ or available revenue may hinder progress leading to compromised quality of improvements

Glossary

ACRONYM	FULL NAME
BSW	BaNES (Bath and North East Somerset) Swindon and Wiltshire Mental Health Directorate
CYP	Children and Young People
FY	Financial Year
HOPE	Healthy Outcomes for People with Eating Disorders
ICB	Integrated Care Board

ACRONYM	FULL NAME
MHST	Mental Health Support Team
MTP	Medium Term Plan
OAPs	Out of Area Placements
OHFT	Oxford Health NHS Foundation Trust
VCSE	Voluntary, Community, and Social Enterprise
VPR	Violence Prevention and Reduction



OXFORD HEALTH ANNUAL PLAN

FY2026/27

Executive Summary

Published by Oxford Health NHS Foundation Trust, July 2026

www.oxfordhealth.nhs.uk

OMI 120478