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Accountability Title	Accountabilit	Key Achievements Since Last Report	Current Concerns	Reasons for variance and Actions	(1)
09.I.1 Services will be of demonstrably high quality and value					
09.I.1.01 Delivery of a clear strategy for the future development of Forensic Mental Health Services by April 09 with business case to support investment by Sept 09	Chief Operating Officer	Forensic SOC developed and reviewed by Trust Board with all other estate and service developments in light of the current economic position. The Warneford Estates SOC heavily impacts on the Forensic Strategy, and options are currently being reviewed. Discussion held at Trust Board Seminar in Oct 09.	Delay in confirming strategy for forensic services, however this is due to constraints outside the Trust's control from the Specialist Commissioning Group, change in economic position and review of the Warneford Estates SOC.	The Forensic Directorate continues to review and consult on the Forensic strategy, including working with the Specialist Commissioning Group to understand commissioning intensions in the future.	A
09.I.1.02 Approval of the Manor House business case (including Maximum Guaranteed Price) by April 2010	Chief Operating Officer	Manor House SOC approved, demolition started 1st June 09 to be completed by Feb 2010, retraction plan complete. Kier Health appointed at 21 Principle Supply Chain Partner. Planning consent to be applied for in Nov 09, slightly later than planned. Consultation has included the mailing of 498 leaflets to residents local to Manor site with invitation to local open evening. User group established which incorporates service users, carers and staff; now meeting monthly to steer design and quality. To ensure optimum staff involvement there is a clear communication and involvement plan to which the Acute Pathway manager meets with staff on a weekly basis.	Master Estates Plan for Buckinghamshire NHS Services needs to be developed in parallel with main design. Engaging with Buckinghamshire PCT and Ridgeway Learning Disability NHS Trust about future.	Lack of service clarity and commissioners intent on some aspects of Buckinghamshire PCT and Ridgeway Learning Disability NHS Trust activity. Continue to consult and engage with PCT and Ridgeway Learning Disability NHS Trust.	A
09.I.1.03 Approval of revised Warneford SOC and Highfield replacement business case by June 2009, with work commenced on site for the Highfield by March 2010	Chief Operating Officer	Highfield Business Case approved. Planning consent for Highfield Unit to be applied for in Nov 09. Options for reminder of Warneford SOC still being reviewed in light of change in economic situation. Discussion held at Trust Board Seminar in Oct 09, next steps to work with local partners within NHS.	Delay in approval of Warneford SOC and risk to DH funding stream in respect of Highfield Business Case.	Change in economic situation has lead to a review of the options in the Warneford SOC. The review of the Warneford SOC led to a delayed in the approval of the Highfield business case.	R
09.I.1.04 Development of Carbon Management Strategy by March 2010, working with Carbon Trust from May 09	Chief Executive	Carbon baseline has been established. Target improvements have been developed are to be proposed to Board in October. Regular Project Team established. Opportunities to reduce the carbon footprint have been identified.			G
09.I.1.05 Implementation of new service models, in line with contracts, for new business won for Oxfordshire IAPT and Buckinghamshire CAMHS Tier 2 and 3, and further development opportunities including Wiltshire CAMHS, Swindon CAMHS, Buckinghamshire IAPT, OPS, OCTC online explored	Chief Operating Officer	The service development plans and new provider contracts for Highfield, Oxfordshire IAPT, and Buckinghamshire CAMHS T2 are all on track to be delivered. The Trust has also recently won the tender to deliver CAMHS in Swindon, Wiltshire and BaNES and is in discussions to take over the provision of Buckinghamshire IAPT. A business plan for OCTC online has been completed for approval.	None	None	G
09.I.1.06 Effective use of Resources across the 24 hour day with Increase availability of community based services outside normal office hours (evenings and weekends)	Chief Operating Officer	Both Oxfordshire and Buckinghamshire have Crisis Services operating 24 hours a day, 7 days a week, over 365 days a year. Oxfordshire operates an awake night shift and Buckinghamshire operates an on call system between the hours of 11pm-8am. YTD 96% of admissions were seen by the Crisis Service prior to admission, to see if an alternative to admission was appropriate. The Crisis Day Hospitals deliver services 7 days a week. Oxfordshire has set up a new Mental Health Intermediate Care Service to deliver intensive support to older adults in their homes or community, 7 days a week. At the weekends the team are co-located with the Oxfordshire Crisis Service. The AOT Services operates 7 days a week including an evening service. The Addictions Services in Oxfordshire and Buckinghamshire offer clinics in the evenings and at weekends. CAMHS in Buckinghamshire offer an Assertive Outreach and Crisis Service with evening and weekend access. The Directorates continue to monitor the demand for providing CMHT services outside normal working hours. AMHP and EDT services provided by the County Councils are also another access route to services our of normal office hours. Full compliance is declared against the Core Standard on choice of access to services and treatment (C18).	None	None	G

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09.I.1.07 Integrated pathways of anticipated care across all the Trust's services are in place which are able to meet individual needs and expectations, and avoid unreasonable delays resulting from referrals between teams.	Chief Operating Officer	Each of the Directorates has clear service models and care pathways in place which identify interfaces with other services from primary to tertiary services and referral routes. The Forensic Directorate has, for the first time, been commissioned to provide whole service pathways from medium security to community services, in addition to linking prison in-reach and the criminal justice system with forensic psychiatric care. Patients are able to self refer to the Oxfordshire Crisis Services, Complex Needs Service and the Early Intervention Services. Trust wide protocols are in place with regard to the transfer of children and adolescents to adult services and from adult services to older adult services. Patient waits for new referrals into the Trust are monitored weekly at service level and reported to Trust Board monthly, YTD 85% of referrals (excluding psychological therapies)have been seen within four weeks. In addition there is also a focus on patient waits within the care pathway for Psychological Therapy Services. The Delayed Transfers of Care across the trust have been reduced (80% compared with position last year) and maintained at a minimal level, YTD 2.5%, due to the integration and joint working between health and social care staff and services. The County Council leads met with Trust Board members in Oct 09 to discussion the achievements, challenges and future steps for S75 and partnership working. The use of electronic notes in PCIS has been implemented across the inpatient and community services in the Trust to improve the sharing and access to patient notes and the integration of care and treatment. The service pathways continue to be reviewed by service directorates to ensure quality of service, patient experience, efficiency and innovation. For example reform work is being used across Buckinghamshire inpatient and community services and Oxfordshire Psychological Therapies, and Oxfordshire Crisis Service has been implementing lean principles. CPA is embedded across the trust services to ensure joint planning, working and care. The adult and older adult Directorates in Oxfordshire and Buckinghamshire, CAMHS and Forensic complete monthly CPA audits to improve and promote the quality and use of CPA within services.	None	None	G
09.I.1.08 The Carers Strategy reviewed and relaunched by September 2009 and implementation started	Chief Operating Officer	The Carers Strategy first launched in June 2006, is currently being reviewed and updated. The reviewed Carers Strategy is due to go to Trust Board in Nov 09.	Delay in approval of updated Carers Strategy.	Carers Leads at strategic level to be identified in each directorate to ensure strategy embedded.	A
09.I.1.09 Comprehensive benchmarking framework in place and embedded at all levels of operation across the organisation to drive performance improvement by March 2010	Director of Finance	Initial meeting with key stakeholders to agree a set of indicators that could be used in inpatient and outpatient settings. Operational Performance Manager will be taking the next stage forward with Directorates on behalf of the Chief Operating Officer. Next report delayed until November 2009.	Delays in implementing the KPI sets within services leads to the risk that benchmarking will not be embedded by end of financial year.	Agreed as a priority for Operational Performance Manager.	A
09.I.1.10 Clear quality indicators / metrics support the audit structure thereby demonstrating improvement in clinical care and areas for development/improvement	Director of Nursing & Clinical Governance	Trust-wide audit action plan approved. CEAG ratings now in use against clinical audits for Trust assurance - 8 clinical audits presented through IGC. process in place for approving the assurance against clinical audit findings. Infection control audit findings have shown the need to improve in some areas of infection control and an action plan is now in place, which has been signed up to through the infection control committee. POMh-UK audit shows that the Trust is the second best performing Trust in the county with regard to the prescribing of anti-psychotic medication. There has been an incremental change since 2006 and demonstrates the effectiveness of the audit cycle.	Diversity audit behind schedule due to the Equality & Diversity post being vacant. Urgent audits as a result of SUIs reduce the likelihood of all audits being completed according to the audit time plan. An example of this is the recent risk assessment audit requested by the Execs as a result of an SUI	14/15 audits completed within expected timeframe - Clinical Effectiveness committee will be informed of any slippage of audits due to urgent audit activity that does not fall within the agreed plan. The diversity audit is currently being reviewed between the Comms and audit team with an expected completion in Q4.	G
09.I.1.11 Trust systems for managing NICE guidelines reviewed and implemented by October 2009	Director of Nursing & Clinical Governance	Process for implementing NICE guidance approved at CEC Sept 09, subject to minor adjustments. Meeting has taken place (July 09)with an adviser from NICE to facilitate review of the process. Improved engagement from all directorates with NICE guidance	Still have outstanding NICE guidance to review despite general improvements.	Quality and audit team working with all directorates to improve engagement. Teaching sessions for all Bucks CMHTs. Forensic identifying charge nurses who will lead on NICE guidelines. CAMHS have identified medical leads for NICE and Oxford have also now identified leads for NICE guidance.	G

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09.I.1.12 Service user and carer satisfaction with the Trust's services is shown to have improved, the evidence being provided through the use of research and focus group techniques, local surveys and the Dr Foster Patient Experience Tracker system.	Chief Operating Officer	The Directorates continue to engage actively with service users and carers in a variety of ways to ensure a wide diversity of people are able to feedback about their experiences of services, to influence and to share ideas about service changes and developments. Examples of this include; the development of young people's involvement within CAMHS with the establishment of Article 12 Council in Buckinghamshire and the Young People's Advisory Panel in Oxfordshire; Patient Councils in the Forensic Services; use of focus groups across services; patients and carers involvement in PEAT inspections on wards, Satisfaction questionnaires are being used throughout services as well as being an important part of the Productive Ward Initiative, Essence of Care audits and the reform work in Buckinghamshire. From Dec 08 the Trust introduced 26 Patient Experience Tracker (PET) devices across inpatient and community services to gather rapid feedback from service users/ patients, the results of feedback are used to implement actions. YTD over 5000 responses have been received through the PET devices with 66% of responses positive for inpatient services (including Forensic) and 74% of responses positive for community services (including CAMHS). The benefits to collecting and using rapid patient feedback are being realised, however the feedback from the directorates highlights a number of limitations with using the PET devices for service and practice developments. Therefore the Trust leads for the PET devices are currently completing a review with directorates on what method to use in the future, (contract for the PET devices ends in Dec 09), to continue to collect and report on patient experience and feedback information to develop services and practice. The Trust are working collaboratively with the PCT around developing the collection and use of information around patient experiences. The Trust internally commissioned for the Community Patient Survey to be re-ran in 2009 alongside the National Inpatient Survey, results from both have been disseminated to directorates who are initially focusing on key areas to action plan.	None	None	G
09.I.1.13 Concerns and complaints are dealt with in a way that satisfies the individual involved - processes and systems reviewed in light of new national regulations by September 2009	Director of Corporate Management	A draft protocol is in place to implement the new national regulations for handling complaints. The protocol has been shared and consulted on with the Trust's governors, services users and carers, and front line staff. A pilot for the new protocol began at the beginning of September with the aim to refine and finalise by December 2009. The new policy will then be taken to the Integrated Governance Committee for approval. A Non-Executive has been appointed to have an interest in complaints.			G
09.I.1.14 Workforce planning is embedded in service planning and redesign ensuring recruitment of the right number of staff with the right skills to deliver services and elimination of the use of agency and bank.	Acting Director of Human Resources	Directorates workforce plans are in place and are being refined and up-dated on a quarterly basis. Courses to support 'New ways of working' initiatives, e.g. Mental Health Practitioner and Assistant Practitioner are up and running with support from some directorates. Currently exploring external resource to support the introduction of patient centred approach to workforce planning. A working group is being set up to include representatives from HR, L&D, Operations, Nursing directorate and Medical directorate to take this work forward.	There still appears to be an element of resistance from Service Directors in the value of workforce planning and further work needs to be done in highlighting the benefits of planning especially in the light of service developments and changes. HR are working with the Director of Nursing to drive this forward in 2009/10.	1. Reiterating the benefits of workforce planning, ensuring all managers involved in workforce planning have a clear understanding of what is required. 2. Efficiency savings need to be integrated with local workforce plans. 3. Workforce Planning is now identified as a milestone in the Trust corporate objectives. 5. Each HR Manager/Business Partner assigned to each directorate will be supporting directorates to produce long term workforce plans.	A
09.I.1.15 Structured learning and development opportunities through PDRs are available to support staff to operate at the highest level of quality.	Acting Director of Human Resources	Successful conclusion of work with the SHA on the Learning Beyond Registration project has resulted in a 60/40 split of funding for the new HEI contracts from April 2010. This will provide greater influence over and funding for the development of Bands 5-9.	Consequence of item 9.1.1.14 is a need for additional work on workforce planning to produce realistic development needs in preparation for the new contract.	Request to COO to start process with Directorates.	G

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09.I.1.16 Improve the quality of services provided on the inpatient wards	Chief Operating Officer	Link with point 09.1.2.9. The Productive Ward Initiative (NHS Institute of Innovation and Improvement) continues to be implemented across four wards to empower front line staff to find solutions to improve the direct care time provided to patients on inpatient wards. Buckinghamshire have introduced the reform work onto the adult wards to create capacity on the wards resulting in: 1) improved processes; for example having a clear purpose for admission engages staff early; facilitates prompt treatment and discharge planning; 2) reduced bank & agency use, which in turn increases stability on the ward 3) time for quality initiatives such as role clarification ie clarity on who is doing what; in-house professional development programmes and completion of mandatory training - all of which improve quality on the wards. Oxfordshire adult and older adult wards are assessing themselves against the standards within the Accreditation for Inpatient Mental Health Services (AIMS) set out by The Royal College of Psychiatrists, to identify areas for action. Buckinghamshire and Oxfordshire hold regular Acute Care Forums with representation from patients. Both the adult and older adult wards in Oxfordshire and Buckinghamshire are included within the Warneford and Manor House SOC to rebuild, update and improve the physical environments. In Buckinghamshire the Upward 3 Business Justification is about to be submitted which will improve the physical environment in the interim whilst the Manor House work is completed. The annual PEAT ratings between Jan-April 09 showed 6 out of 9 sites excellent for environment, 7 out of 9 sites excellent for food provision and 6 out of 9 sites good for privacy and dignity (the other 3 sites received an excellent rating). The Trust completed an assessment against the DoH's checklist for privacy and dignity and single sex accommodation, the majority of inpatient accommodation meets the guidelines on single sex accommodation and where this is not the case an action plan is in place to achieve this, see further information in point 09.1.2.9. The National Inpatient Survey results for 2009 have been disseminated to directorates who are initially focusing on key areas to action plan. one of these areas is to strengthen leadership on the wards. The Directorate of Nursing & Clinical Governance hold regular Trust wide "lunch and learn" sessions for ward staff to explore issues of leadership and safety. 9 of the 26 Patient Experience Tracker (PET) devices are being used across inpatient services to gather rapid patient feedback to drive practice development, as stated in point 09.1.1.12, the future method for collecting rapid patient feedback is currently being reviewed. The use of clinical dashboards for wards is currently being consulted on which will empower ward staff in reviewing and improving quality of service.	None	None	G
09.I.2 Services will be provided to the highest standards of safety					
09.I.2.1 The Trust can demonstrate improvements in patients safety by the application of learning to local services including through its participation in the SHA Patient Safety Federation	Director of Nursing & Clinical Governance	OBMH, Hampshire Partnership Trust and Berkshire Healthcare have agreed to participate in mental health workstream allied with the SHA Patient Safety Federation. Terms of reference are in draft form and funding contributions (£10k/trust) have been agreed. However, Hampshire is requesting additional funding and negotiations over final funding contributions, therefore, remain outstanding. However, this will not delay the work. The PID for mental health work stream is in final draft			A
09.I.2.2 Continuous improvement in performance against mandatory training targets is demonstrated ensuring high levels of staff competence to operate safely.	Acting Director of Human Resources	Q2 Performance exceeded target	Increasing demand for PMVA training and a reduction in the availability of part-time instructors has led to a gap in provision which is being addressed through an action plan agreed with Clinical Governance.	Recruiting for an additional PMVA Trainer creating pressure on L & D pay budget.	G
09.I.2.3 Learning from SUIs and incidents to improve the quality of services and avoid further adverse incidents can be demonstrated	Director of Nursing & Clinical Governance	The 72 hour report template and action plan has been revised. The action plan now asks for evidence of practice change following a recommendation and associated action being implemented. All orange incidents as well as red incidents are expected to complete a 72 hour report and action plan. The implementation of RCA actions is monitored by the Risk Team, using Safeguard. 84% of actions from RCAs were implemented within an agreed timeframe. Individual directorates monitor the implementation of action plans from other red and orange incidents. Team risk registers are completed by all teams and monitored by service managers and health and safety advisors. Placing directorate risk registers on Performance Accelerator has not been completed.	CQC has completed preliminary enquiries and has asked for the Trust to action plan on some outstanding issues. CQC is visiting the Trust in Dec 09 and will require an update on the outstanding actions.	Action plan to go to the Board in October.	A
09.I.2.4 Safe recruitment practices reflecting changes in legislation and good practice are in place by October 2009	Acting Director of Human Resources	The safe recruitment training has progressed well with in excess of 90 members of staff trained to date. More sessions are planned for October/November/December. Feedback from attendees continues to be good. Recruitment process has been amended to reflect the needs of safeguarding which includes advertising, job descriptions, person specifications and additional information sent to candidates.		Monitor attendance of all staff required to undertake training.	G

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09.I.2.5 The Trust achieves Level 2 National Health Service Litigation Authority (NHSLA) Risk Management Standards for learning disability and mental health trusts by Q1 2010/11	Director of Nursing & Clinical Governance	Project to achieve NHSLA is in 2 parts - Part 1 is to implement the assessor's recommendations following Level 1 assessment; Part 2 is to collect evidence required to confirm the implementation of the standards. Part 1 of the project is due for completion September 2009. A review date has been agreed with the assessor for January 2010. An assessment date is being arranged for Q1 20010-11. PID has been completed for part 2 and is awaiting executive sponsor sign off expected end of Oct 09.	Part 1 of project has been delayed and is now running in parallel with part 2 this will not impact on the successful completion of part 2.	Majority of actions have been completed but the delay is mainly around policy ratification following changes. Regular progress reports against actions are requested the most recent reporting cycle to be completed by 16th October.	A
09.I.2.6 Incentives introduced to drive an improvement in the quality of services and raising standards.	Acting Director of Human Resources	The Trust has moved to a tier system for reward and recognition expanding the ways in which staff can be recognised. The awards cover staff suggestions, patient environment, innovations and the monthly award for exceptional people. The Chief Executive's award rewards innovation and positive change. The staff suggestion scheme focuses on the following areas - improving patient care, patient environment, partnership working, improving processes and customer focus. The PEAT and Data Quality awards are currently under review. The Exceptional People award replaces the Colleague of the Month award and recognises individuals			G
09.I.2.7 Continuous improvement in clinical data and information management is evidenced through performance management and targeted interventions to improve the quality of decision making	Chief Operating Officer	A standardised quality performance framework has been implemented across all directorate areas from 1st April 09, with the focus of indicators more towards the quality domains of safety, user experience, effectiveness and innovation. The completeness and timeliness of data quality continues to be monitored at directorate and Trust Board level. At Q2 trust wide the data quality against 15 key demographic and CPA fields is 85.2%. A new Trust wide Quality Report has been developed to report to Trust Board monthly, which reviews data quality/ governance. Patient information is available and accessible through the Trust's person centered information system (PCIS) 24 hours a day, 7 days a week and 365 days a year. A project was implemented from May 09 across the Trust to facilitate the roll out and use of electronic notes available within PCIS, to move to a paper "lite" environments. The current phase of the project is concentrating on identifying training needs around IT skills and training both cascade trainers and clinical staff to use the electronic notes. The Trust is deploying a new patient information system called RiO in 2010 as part of the national programme for IT, teams will start to go live from Nov 2010. As part of the project a data warehouse is also being implemented to ease transition between information systems and to improve real time data reporting.	Forecast delay in deploying RiO national patient information system.	Forecast delay in deploying RiO national patient information system due to decision to deploy straight to version 6.1 rather than deploy sooner and use an older version of the database. PCIS system will remain in place until RiO is available.	G
09.I.2.8 Compliance with all elements of the standard for single sex accommodation is fully achieved by June 2009	Chief Operating Officer	The Trust has taken the DoH recommendations around elimination of same sex accommodation seriously. The majority of inpatient accommodation within the Trust is single sex. Following an assessment against the DoHs checklist on privacy and dignity and same sex accommodation, an action plan has been developed with support from commissioners, to work towards achieving full compliance in all areas. The action plan is currently being updated and progress refreshed. Some of the actions are dependent on physical estate changes within the Warneford SOC and Manor House SOC. Single sex accommodation breaches have been reported monthly from July 09 and are included within the new Trust Board Quality Report.	Moving to same sex accommodation is not possible on all wards until estate work has been completed. There are plans and actions in place and significant improvement and commitment can be shown.	Action plan in place to achieve full compliance.	A
09.I.2.9 Improvements in safety and quality on the inpatient wards can be demonstrated through the patients experience.	Chief Operating Officer	See points 09.1.1.16 and 09.1.1.12. Information about patient experiences is collected through a number of different ways including the Patient Experience Tracker (PET) devices, the National Inpatient Survey in 2009, PEAT environment inspections, Essence of Care audits, ward community meetings with inpatients, Acute Care Forums, inpatient discharge questionnaires, Productive Ward Initiative satisfaction surveys, Article 12 Councils, Young People Advisory Panel and Forensic Patient Councils. The information is collected, reported and used to action practice and service changes to improve the quality and safety of inpatient services.			G
09.I.3 Work will take place to promote wellbeing, working with local partners wherever possible					
09.I.3.1 The Trust demonstrates, throughout the year, better promotion and sharing of information about mental health and wellbeing including an improved presence of information in GP practices and further development of all forms of social networking media, including website and Facebook content	Chief Executive	Facebook, Twitter and You Tube have grown in popularity and are used to stimulate discussion between stakeholders and to promote engagement activities such as events. Open meetings have taken place to support capital development projects with local communities in Oxfordshire and Buckinghamshire. Trust wide Service User and Carer Involvement Group continues to meet and has sent out the GP survey. The Comms & Involvement Team have started to gather feedback from stakeholders to support further development of the brand and the website.			G

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09.I.3.2 The Trust demonstrates its commitment to promoting equality and diversity through the approval of a Single Equality Scheme by April 2009 and the action plan for 2009/10 implemented to target	Director of Nursing & Clinical Governance	Single equality Scheme is approved, in place and publicised on Trust internet. Action plan reviewed informally July 09 and will be formally reported at the end of Q4.	The Diversity Steering group has struggled with attendance and engagement and this is now on hold until the diversity coordinator post has been transferred to Comms in Nov 09.	Review of equality and diversity post has taken place and the budget will sit with the Comms team from Nov 09. Interviews for the governance element of the post took place on 14th October.	A
09.I.3.3 Quality Accounts developed and made available to the public and service users and carers across the range of services provided by the Trust by March 2010 and expectation of the Commissioning for Quality and Innovation (CQUIN) payment delivered	Director of Nursing & Clinical Governance	The Trust completed a Quality Accounts report as required by Monitor for the 2008/09 Annual Report which served as a trial run for the March 2010 deadline when this is expected to be a statutory requirement. The CQUIN has been agreed with the Oxon and Bucks PCTs, which will also serve as the CQUIN for minor contracts. Forensic have agreed CQUIN with Specialist commissioning. CQUIN targets met for Q1, monthly quality report for the board has been developed and will be commencing Oct 09.			G
09.I.3.4 Systematic and managed disease prevention and health promotion programmes in place, working with primary care, to meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted diseases	Medical Director	Work progressed in Bucks & Oxon to incorporate physical health information in standard GP referral template. Continued attendance Bucks Health Communities forum. Electronic access arranged for clinicians to Bucks Hospitals lab test results. Significant work undertaken to reduce falls.	Limited progress on smoking cessation & weight loss in OBMH patients, though evidence of good practice in Bucks adult CMHTs incorporation of physical health actions in patients' care plans.	Public health lead left Trust in September: successor to be appointed , to work with nurse lead. Trust public health and nutrition & wellbeing groups integrated to maximise impact. Urgent attention needed to sexual health, smoking cessation and weight control.	A
09.I.3.5 A strategic approach to the development of the Trust's membership is agreed by July 2009 that will assist the Trust meet its aims and objectives but particularly target stigma in mental health services, drive the quality of services for users and carers and enhance the reputation of the organisation	Director of Corporate Management	The existing strategy, developed as part of the application to become an NHS foundation trust, remains in place and is actively being implemented. A revised strategy, developed in partnership with a working group of governors, remains in draft format but will be presented to the Members' Council for adoption in the coming months. Nevertheless, key parts of the draft strategy are being implemented, including the publication of the first-ever Members Update (published in August 2009), distribution of membership leaflets and posters to Trust sites, development of business case to support a new option to manage membership data, and supporting Members and Governors to communicate with each other. The number of members continues to grow month-on-month.	The development of the revised strategy has been a difficult process due to a general lack of engagement in what is an important part of the terms of the Trust's Foundation Trust status - to grow a representative membership.	As part of the adoption of the new strategy it is planned to propose that a formal membership committee be established with both governors and non-executive membership to drive forward the strategy. The Members' Council will also be reminded that it needs to hold the Trust to account for this as part of the terms of authorisation.	A
09.II.1 The wellbeing of OBMH staff will be promoted through active programmes of support and the impact of staff ill-health on teams reduced					
09.II.1.1 Working in partnership with the Staffside and Staff Governors deliver a meaningful improvement in the annual national staff survey result for the organisation, demonstrating the learning from the staff surveys, direct business and well-being strategies.	Acting Director of Human Resources	A working group (membership including staff side, staff governors, occupational health, learning and development and the CEO) has developed an Action Plan from the findings of 2008 staff survey. The Action Plan has been communicated to all staff via internet and letter from CEO. The 2009 survey will be monitored closely and Executive Directors, Non-Executive Directors and Operational Directors will be visiting teams to encourage completion of 2009 survey and feedback on Action Plan.			G
09.II.1.2 The Wellbeing Strategy is implemented producing, over time, a significant improvement in the physical and mental wellbeing of our staff, resulting in improved service delivery, recruitment and general community wellbeing	Acting Director of Human Resources	Wellbeing strategy is being revised in light of comments from Executive Team. Review of Occupational Health service is now complete. Recommendations for the future service have been signed off by Executive Team. Consultation process due to be complete in October. New service will be operational by November 2009.			A
09.II.2 Staff will be well managed and will regard working for OBMH as a positive experience					

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09.II.2.1 Corporate services are aligned with the goals and business objectives of operational directorates and leading corporate strategies.	Chief Executive	The Nursing and CG Directorate restructuring has been agreed. Interviews for 3 of the 4 new posts completed but not yet started. The aim of the new structure is to improve the interface between corporate and operational services, the key focus of this interface will be on enhancing and monitoring the quality of practice. HR and finance team members are designated to specific directorates and work closely to ensure their work is aligned with the goals and business objectives of directorates. The Executive Team is pursuing a Transformation programme across the whole Trust encompassing the corporate services.			G
09.II.2.2 Leadership capacity across the Trust can be demonstrated to improve the effectiveness in people management and delivering improved patient care.	Acting Director of Human Resources	Leadership Strategy draft socialised with key stakeholders prior to ET and Board submission. Open application process completed for SHA High Potential Leadership programmes.	Funding for deliverables to be identified.		G
09.II.2.3 The Trust can demonstrate that it has a values based culture which supports localised decision making, based on a set of values agreed by June 2009 and recognised by all staff.	Acting Director of Human Resources	The Trust has developed a set of values which have been widely consulted upon, engaging staff from across the Trust, discussed at the senior staff conference, Executive Team and Board meetings. The Trust Values have now been signed off as "Caring, Safe, Excellent". HR working with the Communications Team to communicate values throughout the Trust.			G
09.II.3 OBMH employees will have individual plans and support to maintain and develop their skills.					
09.II.3.1 85% of staff have received a management review by 31st March 2010 (snapshot)	Acting Director of Human Resources	Further reduction to 75% target in Q2 follows annual pattern.	Some Directorates report that sickness levels and line management changes have an impact on the ability to complete PDR'S.	The trend for 2008 was September 74%, October 75%, dropping again in December to 72%, before increasing throughout the last quarter to reach target	A