

**PAPER
MC 11/2009**

Report to the Meeting of the Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust Members' Council

For Information

21st April 2009

Annual Plan – Aims, objectives and milestones, and the Trust's financial plan

Executive

The Members Council has a statutory duty to be consulted by the Board of Directors regarding the Trust's forward planning in respect of each Financial Year for the purposes of the preparation by the Board of Directors of the Annual Plan which is to be given to the Independent Regulator.

At the meeting the Council will be receive a presentation summarising the Trust's strategic direction and areas of focus in 2009/10, together with a summary of the financial plan, again focusing particularly on 2009/10, to assure the Council that the Trust can afford the plans and meets the requirements of Monitor, the independent regulator.

Development of the Trust's strategic direction

The 2009/10 Annual Plan represents the action to be taken in the second year of the Trust's Integrated Business Plan.

At its meeting on 29th October 2008 the Board of Directors agreed to an approach to the corporate Annual Plan which fitted with the Board's stated aim, reiterated at the Senior Management Conference on 30th September 2008, to relinquish the "command and control" model of management and give greater authority to act further down the management structure. The proposal was based on experience of the 2008/09 round, particularly in the Operational services, and specifically on the LEAN approach adopted in Buckinghamshire Adult and Older Adult Directorate.

The approach endorsed calls for fewer aims and objectives which are more outcomes based and less prescriptive, thereby giving directorates more freedom to act and agree how they will achieve the desired outcomes.

Corporate milestones are based on the aggregation of planned activity being undertaken within the Directorates.

The aims, objectives and corporate milestones developed on this basis are presented to the Members' Councils for comment to facilitate the further development of the Annual Plan for submission to Monitor.

The Council last considered the aims and draft milestone its meeting on 17th February 2009. Meetings have also been held following this meeting with service users, carers and public governors to further discuss the draft milestones, the approach and the strategic nature of the objectives and milestones at a corporate level. Briefing sessions have also been arranged to inform the Council of existing services and proposed strategic development.

Recommendation

The Members' Council is asked to comment on the objectives and milestones for 2009/10 and the Trust's financial plan to allow the continued development of the Annual Plan for submission to Monitor at the end of May 2009.

Author and Title: Helen Millar, Director of Corporate Governance
Lead Executive Director: Julie Waldron, Chief Executive

1. *A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.*
2. *This paper provides assurance and evidence against the following Better Healthcare Standards: C7a*
3. *And Use of Resources Standards: 5.1*

TO BE RECOGNISED BY THE COMMUNITIES AND INDIVIDUALS WE SERVE AS AN ORGANISATION THAT EXCELS IN THE PROMOTION OF GOOD MENTAL HEALTH THROUGH THE PROVISION OF HIGH QUALITY SERVICES AND SUPPORT

| AIMS | Trust Objectives | Exec Lead | Milestones 2009/10 |
|--|--|-----------|--|
| I. Improve the mental health and well being of the people we serve | I.I Services will be of demonstrably high quality and value • Applicable standards will be met (including the Care Quality Commission's core and developmental standards) • NICE guidelines will be applied consistently • Services will be delivered within available financial resources and value for money standards met as set by the Audit Commission's Key Lines of Enquiry • Service user feedback will be used to inform service improvement • Care pathways promoting recovery will be developed with commissioners and their effect monitored in improving access and improving service user experience of care | 1 COO | 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 |
| | | 2 COO | Approval of the Manor House business case (including Maximum Guaranteed Price) by April 2010 |
| | | 3 COO | Approval of revised Warneford SOC and Highfield replacement business case by June 2009, with work commenced on site for the Highfield by March 2010 |
| | | 4 DD | Development of Carbon Management Strategy by end 2009-10, working with Carbon Trust from May 09 - Feb 10 (still subject to Carbon Trust confirmation) |
| | | 5 COO | Implementation of new service models, in line with contracts, for new business won for Oxfordshire IAPT and Buckinghamshire CAMHS Tier 2 and 3, and pursue further appropriate development opportunities |
| | | 6 COO | Effective use of resources across the 24 hour day with increased availability of community based services outside normal office hours (evenings and weekends) |
| | | 7 COO | 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, supported by appropriate information for service users and carers |
| | | 8 COO | The Carers Strategy reviewed and relaunched by September 2009 and implementation started, demonstrating through the carer experience an improvement in the support to families and to carers individual needs |
| | | 9 DF | Comprehensive benchmarking framework in place and embedded at all levels of operation across the organisation to drive performance improvement by March 2010 |
| | | 10 DNCG | Clear quality indicators / metrics support the audit structure thereby demonstrating improvement in clinical care and areas for development/improvement |
| | | 11 DNCG | Trust systems for managing NICE guidelines reviewed and implemented by October 2009 |
| | | 12 COO | 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. |
| | | 13 DCM | 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 |
| | | 14 DHR | 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. |
| | | 15 DHR | Structured learning and development opportunities through PDRs are available to support staff to operate at the highest level of quality. |
| | I.II Services will be provided to the highest standards of safety • Surveys of service users' and staff experience of safety will be used to inform service improvement • Learning from untoward incidents will be shared and the reporting of all incidents encouraged • The management of medicines in inpatient and community settings will be strengthened to reduce untoward events • New and refurbished facilities for patient care will take account of all relevant evidence on safety | 16 DNCG | 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 |
| | | 17 COO | Improvements in safety and quality on the inpatient wards can be demonstrated through the patients' experience |
| | | 18 DHR | Continuous improvement in performance against mandatory training targets is demonstrated ensuring high levels of staff competence to operate safely. |
| | | 19 DNCG | Learning from SUIs, incidents, external enquires and Patient Safety Agency case studies can be demonstrated to improve the quality of services and avoid further adverse incidents |
| | | 20 DHR | Safe recruitment practices reflecting changes in legislation and good practice are in place by October 2009 |
| | | 21 DNCG | 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 |
| | | 22 DHR | Incentives introduced to drive an improvement in the quality of services and raising standards. |
| | | 23 COO | Continuous improvement in clinical data and information management is evidenced through performance management and targeted interventions to improve the quality of decision making |
| | | 25 COO | Compliance with all elements of the standard for mixed sex accommodation is fully achieved by June 2009 |

| AIMS | Trust Objectives | Exec Lead | Milestones 2009/10 |
|--|---|-----------|--|
| (Improve the mental health and wellbeing of the people we serve cont'd) | <p>I.III</p> <p>Work will take place to promote wellbeing, working with local partners wherever possible</p> <ul style="list-style-type: none"> • Actions will be put in place to improve the physical as well as mental health of OBMH inpatients • Working with primary care the Trust will help improve the physical as well as mental health of the Trust's community service users • Focused work will take place with commissioners, local NHS organisations and local authorities actively to promote mental well-being in local communities and with local employers • The FT Members' Council and membership will be involved in campaigns and activities to promote mental wellbeing and to raise awareness of mental ill-health and the services, including the Trust's, primary care and the voluntary • The Trust will continue to campaign to raise awareness around mental health, including challenging stigma, changing behaviours, improving understanding and educating, engaging with our service users and carer groups, and our stakeholders to advise us in this work | 24 | DCM 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 |
| | | 25 | DNCG 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 |
| | | 26 | DNCG 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 |
| | | 27 | MD 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. |
| | | 28 | DCM 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 |
| II. Employ and manage staff who are able to fulfil their potential at work | <p>II.I</p> <p>The wellbeing of OBMH staff will be promoted through active programmes of support and the impact of staff ill-health on teams reduced</p> <ul style="list-style-type: none"> • Human resources management will support teams and their managers in successfully managing sickness and performance issues whilst also promoting the wellbeing of staff and sustaining operational performance • The Trust's wellbeing strategy for staff will be progressed and its impact assessed | 29 | DHR 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. |
| | | 30 | DHR 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 |
| | <p>II.II</p> <p>Staff will be well managed and will regard working for OBMH as a positive experience</p> <ul style="list-style-type: none"> • Staff will be involved as early as possible in developing proposals for, and in decision-making about, service change and service improvement • Staff feedback will be used to inform improvements in working environments • Staff survey data will be used to inform expectations of and training provided for managers | 31 | ALL Corporate services are aligned with the goals and business objectives of operational directorates and leading corporate strategies. |
| | | 32 | DHR Leadership capacity and capability across the Trust can be demonstrated to improve the effectiveness in people management and delivering improved patient care, in line with the recommendations of the national Next Steps review. |
| | | 33 | DHR 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, building on the work with Aston University. |
| | <p>II.III</p> <p>OBMH employees will have individual plans and support to maintain and develop their skills.</p> <ul style="list-style-type: none"> • Staff have Personal Development Plans • Staff surveys are used to inform skills development and training • Learning and development activities continue to evolve in response to evidence of need and experience | 34 | DHR 85% of staff have received a management review by 31st March 2010 (snapshot) |