

EVERYDAY PEOPLE, PEOPLE EVERYDAY





# Everyday people, people everyday



Mental health issues affect us all - many of us have friends, colleagues, relatives or acquaintances whose lives have been touched by mental illness one way or another. We are in contact with people who face these problems every day - their care and health is why we are here. Our Trust revolves around our service users and their carers, friends and relatives, our staff, residents in the communities we serve, and our partners in voluntary and other caring organisations.

We continue to strive to improve the services we provide.

This Annual Report outlines some of the developments in our clinical services that have taken place over the last year and the steps we are taking as an organisation to improve for the benefit of our patients, their carers and our staff. We also report on the key information that is used to monitor us and to measure our performance.

### About the Trust

The Trust provides specialist mental health services and employs approximately 2,600 staff. It serves a local population of 1.1 million, operating from over 60 sites, and provides care for 23,000 people a year, 95% of whom are resident in Oxfordshire or Buckinghamshire. The Trust also delivers specialist care, training and education on a regional and wider basis and operates a short line (ie limited range) pharmacy which has customers across southern and central England. In 2007/08 its expected turnover is £152 million.

### Vision and strategy

Our vision is to excel in supporting people's recovery from mental ill-health and to promote good mental health and well-being. Our strategy to achieve our aims focuses on three key areas:

- Continually striving to improve our services
- Strengthening our partnerships, as these extend the efficacy of the care we offer
- Maximising the specialist knowledge and skills of our staff for the benefit of our patients.

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## Foreword

Welcome to the first Annual Report of Oxfordshire & Buckinghamshire Mental Health Partnership NHS Trust, abbreviated in this report to OBMH. The Trust provides mental health services across both Oxfordshire and Buckinghamshire, in partnership with our colleagues in primary health care and social care. This report demonstrates the progress and achievements the Trust has made in 2006-07.



The year has seen us adapt to a new organisation, formed from the two previous county mental health trusts, and ensure that best practice has been shared across both counties in small ways that still come to light as well as the major areas. At the time of writing we are preparing to become a Foundation Trust during the current financial year, and getting used to the newly formed NHS organisations at Primary Care Trust (PCT) and Strategic Health Authority (SHA) level in our region. Having sister NHS organisations coterminous with local authorities will be a significant and positive difference to our planning and service delivery, as will having two commissioning PCTs as opposed to eight. A simpler NHS structure locally is a good thing for patients, as it allows for consistency and constancy of provision.

Internally, we have devoted time to planning the strategic direction for the Trust over the next five years, and considering how being a Foundation Trust will better help us achieve our aims. Greater financial certainty will assist us in the much needed refurbishment of our sites to benefit patients, as will easier access to capital, and the ability to retain any surpluses we make to put back into improving patient care.

In the summer of 2006 the Trust Board was sorry to lose both Dr Geoffrey Harris, who was appointed Chair of South Central Strategic Health Authority in April 2006, and Dr Ollie Okeke. We welcomed Ms Elaine Whittaker and Mr Lyn Williams who joined as Non-Executive Directors in September 2006. In the same month Graeme Armitage joined the Board as an Executive Director.

The Trust ended the year with a small financial surplus, which is a great achievement given the challenges we have faced. Extending a healthy financial climate across both counties enables us to focus our time and efforts on what we can do to improve the well being and good mental health of our patients, those who care for them, our staff, and the residents of the counties we serve. We hope the Annual Report gives a flavour of that work, and the staff who provide it.

During the period covered by this Report we talked to many local people as well as our patients and staff about the differences being a Foundation Trust will bring and we continue to recruit many who are interested as Members. If you have joined, thank you for your support, and welcome. If you'd like to join, please go to [www.obmh.nhs.uk](http://www.obmh.nhs.uk), and click on 'Become a member'. We'd be very happy to have you. We both very much look forward to keeping you updated about the rest of our journey to Foundation Trust status.

The year ahead is certain to be a busy one both internally and externally, but full of opportunities for us all.

*Janet Godden*  
Janet Godden Chair

*Julie Waldron*  
Julie Waldron Chief Executive





One in four people will experience a mental health problem in the course of a year.

## Improving services, improving lives

### Early Intervention Service

A community based model of care is now in place in Oxfordshire for people aged 14 to 35 years, experiencing a first episode of psychosis for duration of up to three to five years. Oxfordshire adult services developed the Early Intervention in Psychosis service (EIS) working closely with a range of stakeholders, the established EIS in Buckinghamshire, and the national policy implementation guidance.

### Psychiatric Intensive Care

Work is under way to provide a modern Psychiatric Intensive Care Unit (PICU) on the Littlemore Mental Health Centre site for some of our most vulnerable service users. The new 15-bed unit will meet modern standards of privacy and dignity, and achieves the Department of Health's National Standards for General Adult Services in Psychiatric Intensive Care Units (PICU) and Low Secure Environments (DOH 2004). The unit is due to open in August 2007.

### Intermediate Care Teams

Investment in our Intermediate Care Service has meant that older people with acute mental health needs are able to reduce the amount of time they spend in hospital. Intermediate care provides rehabilitation, and re-enables people to live in their own homes following an in-patient admission. This is what patients tell us they want and it is what we want for them. Additional funding for the service has been made possible through the restructuring of in-patient wards in both our own Trust and the Oxford Radcliffe Hospitals NHS Trust.

The teams will comprise Mental Health Nurses and Occupational Therapists as well as Support, Time and Recovery (STR) staff, and Care Support staff. The enhanced service should be in place by Summer 2007.

### Buckinghamshire Community Acute Service

Our Buckinghamshire Community Acute Service (CAS), which was established in February 2006, consists of a Home Treatment Team and a Day Hospital in both Aylesbury and Wycombe. A recent review showed that a number of improvements needed to be made, and after a period of consultation with community mental health teams and wards a new operational policy was drawn up. Key changes are: treatment by the geographically closest team, flexibility around service delivery, and improved identification of client types in order to deliver the most appropriate services.

Links have been improved with other services. For example, protocols have been drawn up to assist Accident & Emergency and to optimise staff time for A&E referrals, and links have been made with the Complex Needs Service to get the best care packages for clients. The needs of 'dual diagnosis' clients (often alcohol and substance misuse) have been highlighted so as to ensure early appropriate referrals to the correct service.

CAS aims both to prevent hospital admission and to facilitate early discharge. A concept of 'trial leave' to CAS for a maximum of seven days is being piloted to see if we can overcome concerns about early discharge from hospital.

### UPWARD Project

A reassessment of the environments within our acute in-patient wards in Buckinghamshire revealed a number of potentially serious risks. Urgent action was required and so the UPWARD (Up Grading of the Ward Environment) Project was born.

The project remit was to identify and mitigate environmental and operational risks on our in-patient wards within Buckinghamshire (Frith, Kimble, Kimmeridge, Portland and Harding).

It included:

- Identifying and undertaking any urgent safety works.
- Scoping any essential large scale capital works required to ensure these wards achieve satisfactory PEAT (environmental assessment) scores in future, and putting in place appropriate capital finance and project management arrangements.
- Scoping any desirable (but less urgent environmental) capital works needed on these wards and ensuring that consideration is given to funding these through the 2007/08 capital programme.

d. Reviewing all arrangements for cleaning and maintenance and making recommendations about any changes required.

e. Working with ward managers to identify ways in which the operational management of wards could be improved.

f. Producing a new operational policy for adult in-patient care for OBMH.

The project team has successfully completed all the urgent safety works, new housekeeping arrangements are in place, and the Ward Managers now meet together regularly and are working proactively with the Service Manager/Lead Nurses to identify improvements in operational practice.







One in six people will have depression at some point in their life.

### Psychological Therapies

Our re-planned psychological therapies service is taking shape after several months of development. We are grateful for the large number of responses from staff and the public which helped refine and develop our proposal into a workable and imaginative model. The new service will consist of five locality teams across the two counties and will be clinically led by a new Head of Psychological Therapies. Each team will include both psychology and psychotherapy services which will simplify referral routes, improve equity of access and help the service to adopt evidence based approaches. There will be dedicated time within each locality to continue to provide supervision, consultation and advice to older adult services and adult Community Mental Health Teams (CMHTs) and wards. The changes started with new appointments to the Locality Manager positions in March 2007, and the new integrated locality teams are now being established.

### Remodelling of Children's Mental Health Services

A new model for children's mental health services has been developed following the Thames Valley review in 2005 which led to Primary Care Trusts (PCTs) switching investment from in-patient mental health services for children under 11 to community based services. The Park Hospital closed to in-patients in September 2006. Since then we have been working with our partners to develop a range of services with a local focus which will deliver a more flexible, community based service for local children, young people and families.

The new model has a number of components:

- The Highfield Adolescent Unit will now include children from 11. Staff with expertise in managing this younger group of children have been recruited.
- The Outreach service capacity has been increased in Oxfordshire and is being developed in Buckinghamshire during 2007.
- A single point of access to Specialist Child and Adolescent Mental Health Services (CAMHS) in Oxfordshire, delivered in conjunction with Oxfordshire County Council and Oxfordshire PCT. We are working with Buckinghamshire County Council and Buckinghamshire PCT to agree a similar process for the Buckinghamshire service.
- A Community-based Infant Mental Health Team, working to develop parenting and attachment work.
- A Neuro Psychiatry service, offering direct specialist work, consultation and support to community teams.

A review of community services in line with the National Service Framework for Children and Young People and Every Child Matters framework will lead to further improvements, particularly an emphasis on early engagement and home treatment, with care planning and care co-ordination at the centre.

In Oxfordshire, team boundaries have been realigned to shadow County Council locality boundaries and we intend to do the same in Buckinghamshire in order to continue to support close working with our partners.

### Forensic Mental Health Services

Forensic Services (services for people with a conviction or those who have been in contact with the criminal justice system and have mental health needs) are in the process of being transformed in line with plans for developing the Thames Valley Forensic Service. This is supported by the Thames Valley Local Specialist Commissioning Group (LSCG) and will substantially improve both the quality of the service as well as our overall capacity to respond to the needs of all commissioners within the Thames Valley area of the South Central Strategic Health Authority (SHA).

Major developments include:

- The capacity of the new service to care for an additional 46 people who were previously cared for in distant units.
- The commissioning of Woodlands House in Aylesbury as a 20 bed low secure unit in July 2006.
- Initiating substantial environmental improvement and refurbishment work at Marlborough House in Milton Keynes that will greatly improve both the range and function of in-patient facilities (expected completion in July 2007).
- The development of the Bucks/Milton Keynes element of the Forensic Community Mental Health Service (Outreach). The new service is due to operate from September 2007.
- The creation of a high quality in-patient unit for women (Thames House at Littlemore) which will offer women a 'state of the art' care programme in a purpose designed environment.

Our next key steps are to complete the expansion and re-designation of Marlborough House as the Low Secure and Pre-Discharge provision for Buckinghamshire and Milton Keynes; agree plans for a proposed 16-bed extension at the

Oxford Clinic and complete the new-build work at the Oxford Clinic; and the expansion of specialised assessment and therapeutic provision at the Oxford Clinic.

### Eating Disorders Service

The Trust's Oxfordshire and Buckinghamshire Eating Disorders Service (OBEDS) has continued to develop and expand over the last year.

Four new in-patient beds became available in December 2006 following the completion of building work, and all patients now have single rooms. The sitting room has been replaced with two smaller rooms (to allow for a quiet space) and there is a newly furnished, larger art room. The provision is now a total of 14 beds: three for Oxfordshire, three for Buckinghamshire and one for Bedfordshire, with the other seven available for purchase by others needing to access this specialist service.

The service continues to offer an intensive group programme to the majority of its in-patients and six day patients along with individual work, mainly CBT (Cognitive Behaviour Therapy) in focus, but including a range of other approaches. We are now focusing on developing our outpatient service, both in Oxfordshire and Buckinghamshire.

OBEDS welcomes visits from interested parties. Please ring 01865 226988 for more information.







Andrew Smith opening the Complex Needs Service team base.



**Complex Needs Service**

Our Thames Valley Complex Needs Service is an innovative personality disorder service. At its inception in 2003, it formed the major part of a Department of Health pilot to develop community based personality disorder services as centres of excellence and templates for new services in other Trusts. Our service has become one of the largest and most comprehensive personality disorder services in the country. The Department of Health has pronounced the service successful, and arrangements are now in place to devolve responsibility for it to local commissioners. Comprehensive research and audit procedures demonstrate over 90% reduction in in-patient admission days, 50% reduction in medication use, and 50%

reduction in visits to GPs for people engaged by the service. In September 2006, the permanent team base for the Oxfordshire part of the service was officially opened by Andrew Smith MP. Service users and former service users have been involved at every stage of the planning and implementation of the service, and are employed as consultants to the service. Several have now been employed on substantive contracts, moving beyond 'expert by experience' status to a new role. The Complex Needs Service works closely with voluntary sector organisations, and plans are in place to develop services for older adults and prison inmates.

**Developing our organisation, looking ahead**

**Preparing to become an NHS Foundation Trust**

The Trust completed public consultation on its Foundation Trust plans in May 2006 and has spent the remainder of the year preparing for the changes needed if it is authorised to operate as a Foundation Trust in 2007 - 2008. One of the main benefits of becoming a Foundation Trust is that we can build a membership of people who are interested in the work we do and they will have a real opportunity to mould the development of our services. In February 2007 we launched our membership recruitment campaign. Full details about joining can be found on our website [www.obmh.nhs.uk](http://www.obmh.nhs.uk)

**Putting People First moves forward**

The Trust has been putting into action our plans for services in Buckinghamshire which were agreed in early 2006 following a public consultation called Putting People First. Residents of South Buckinghamshire are now served by the Trust through a transfer of responsibility from Berkshire Healthcare Trust. This allows people to receive care from integrated teams of health and social care staff – the model of care we have been delivering for some time in the rest of Buckinghamshire. There have been changes in our services for older adults, including the redesign of day services for older people with dementia in the Buckingham area, which are now provided jointly with the British Red Cross.

The purpose-built Mandalay House in Aylesbury has been providing all our in-patient rehabilitation services in Buckinghamshire since March 2006, allowing the closure of the Elvaston unit in Wycombe. We have been working with families and social service colleagues to resettle older people with long-term needs from Drake Ward at Manor House, Aylesbury, into more suitable settings for their long-term care. This is a group of people who had been in-patients at the former St John's Hospital. We wish them well in their new homes.

**Corporate HQ relocation**

The development of the new Women's Forensic Unit on the Littlemore site has been an exciting and progressive project for the Trust. In order to find space for this new service a number of corporate staff had to be relocated. This provided an excellent opportunity to bring together the Executive Directors and their teams into one building and form a corporate Headquarters. After an extensive search of suitable complexes within the Oxford ring road, premises on the Oxford Business Park were chosen to become the new base for Finance and Information, Procurement, Human Resources, Nursing and Clinical Governance and the Executive Offices. The move has been a positive step in bringing the corporate functions together to enable closer and more effective ways of working between us all.

About 40% of all attendances at GP surgeries are related to mental health and well being.







#### Building up trading activity

The Oxford Pharmacy Store (OPS) is a small trading department within OBMH which specialises in the wholesale purchase and distribution of pharmaceuticals to NHS organisations. Originally supplying hospitals in the Oxfordshire region, it now operates in a number of counties supplying over 120 customers. By buying in bulk it is able to offer its customer organisations excellent value for money.

OPS has grown dramatically in terms of customers and sales since its inception in 1988 and it is now reaching an annual turnover of over £16m. An analysis of prices shows that OPS is extremely competitive. A recent customer survey also suggests that in addition to offering good prices, OPS is appreciated for its quick and efficient service.

In addition to the general benefit OPS brings to the NHS through securing low prices, it adds value to the Trust in particular. OPS sponsors Artscape and enables the Trust to run this creative project which is not funded through mainstream funding.

OPS is entering a key phase in its development. Its aim is to become the most cost-efficient short-line pharmacy store in the country, to be extremely competitive yet commercially successful.

So how does it hope to get there? Over the past 12 months, the Trust has been scrutinising the activity and performance of OPS and forming a business plan to

take it forward. Investment is required. The Trust believes that there is room for growth – both by extending the range of products to existing customers, and by attracting new customers. Fuller consideration of the business opportunity presented by OPS is a priority for the coming months.

#### Artscape pilot success

Artscape provides creative opportunities for our service users, their carers and our staff to engage with the Arts.

OBMH Chaplain Revd Anne Holmes encapsulated the importance of Artscape in her feedback during the pilot phase: 'I think that Artscape is a marvellous idea and can really contribute to our sense of identity which can easily be eclipsed by treatment or diagnosis. This impoverishes us but by developing our capacity for the arts we enrich our lives and can become more fully ourselves.'

The pilot phase of Artscape enabled it to focus on three strands of activity:

- Creative engagement of service users, carers and staff.
- Enhancing the environment of the Trust.
- Developing community partnerships.

Last year saw a number of highlights, culminating in the launch of Artscape as a Trust-wide project and the establishment of the Artscape Gallery and Exhibition Service, which will

Up to 420 000 people in the UK care for someone with mental health problems.



display work from across the Trust as well as community-based initiatives. The launch was celebrated at a special event in April 2007, which incorporated the official opening of the Artscape Gallery at the Warneford Hospital, installation of the stained glass window by Kay Gibbons, publication of *New Horizons* (which explains in detail what Artscape is and how to get involved) and the *Coasters Ridgeway Walk* photographic exhibition.

Artscape does not receive direct funding from the NHS, and is now applying to other funding bodies to enable the full range of proposed projects to go ahead.

#### Examples of Artscape activity 2006

- Arts & Spirituality project (now the Arts & Well Being programme).
- Participation in the Oxford Arts and Health Network (OAHN), including music and music therapy seminars.
- Waiting Rooms touring exhibition (with OAHN).

- 'Creating Routes' at the Nuffield Orthopaedic Centre and the Warneford Hospital Crisis Day Services.
- Stained glass windows commissioned by OBMH Estates.
- Truth Tides residency and exhibition at OVADA, Summer 2006.

For further information about Artscape, please contact Allie Butler, Artscape Project Co-ordinator,  
Alison.Butler@obmh.nhs.uk.





## Listening to you, influencing our future

### Having a voice

We continue to engage with a wide number of people including those who use our services, carers, local communities and partner organisations. Examples of involvement activity in the past year include:



- The Foundation Trust consultation
- The Buckinghamshire Carers Network Reference Group
- Oxfordshire Mental Health Strategy workshops
- World Mental Health Day conference in Wycombe
- A number of conferences were held throughout the year including the Alzheimer's Conference, the Buckinghamshire Carers Conference and the Voluntary Sector Forum

We have also launched a series of regular 'Help Shape the Future' events to give local people, service users, carers, staff and other stakeholders in the communities we serve an opportunity to inform service developments and improvements in their area.

In January 2007 we appointed a Patient and Public Involvement (PPI) Officer, responsible for ensuring the Trust meets the standards set out by the Department of Health and regulators around engagement and involvement of a wide range of stakeholders. This is a new post which has a Trust-wide remit and will look to ensure there is equitable access to feedback mechanisms across all the services and both counties.

We want to provide many different ways for people to have a voice and are committed to listening to feedback and learning from people's experiences.

Our PPI Officer will be supporting staff throughout the organisation to feel confident and empowered in facilitating people in contact with services to have a stronger voice.

The PPI Officer can be contacted by emailing:

Carrie-ann.wade@obmh.nhs.uk

### Annual patient survey

In March 2006 the third national patient survey for mental health was conducted in Oxfordshire and Buckinghamshire. Over 660 service users responded.

The results identified areas where our services were performing well and areas where we were not performing so well. Examples of good performance were:

- The high contact rate: 94% (Bucks), 85% (Oxon) of service users who had been seen in the previous 3 months.
- High trust and confidence ratings for Psychiatrists, Community Psychiatric Nurses and other staff.
- The high level of continuity in terms of seeing the same psychiatrist for successive appointments in Oxfordshire.

- The high proportion of service users in Buckinghamshire who had been told who their Care Co-ordinator was.

Actions taken to improve the ratings in the survey include:

- The review of and changes to crisis services in Buckinghamshire.
- A CPA (Care Programme Approach) improvement project is currently underway throughout the Trust to improve the application of the CPA process and an e-CPA system is being trialled to support this.
- A CPA Co-ordinator has been appointed for Oxfordshire.
- Consultant recruitment has been a top priority for Buckinghamshire with great success.

### Patient Advice and Liaison Service (PALS)

Our PALS team was contacted more than 880 times this year. People contacted us for help in resolving their concerns, for information and advice, or simply to make a comment or compliment about our services.

In July 2006 a full-time PALS Officer was appointed to work across Buckinghamshire. This has enabled us to develop the service and to set up PALS Surgeries on some of our wards, and a new PALS office has opened at the Tindal Centre in Aylesbury. It will offer a drop-in service for any patients, relatives or carers who would like to talk to PALS staff.

## Complaints

We hope that we can discuss any concerns or problems you may have informally without the need to make a formal complaint. However, this is not always possible and we want to ensure that we have robust systems in place that empower you to make your complaint and facilitate a speedy and effective response from us without fear of discrimination. Our performance with regard to complaints is monitored throughout the year.

From 1 April 2006 to 31 August 2006 the national timescale for responding to formal complaints was 20 working days. From 1 September 2006 this timescale was increased to 25 working days. In addition, the NHS complaints procedure was also amended to give Trusts the flexibility to negotiate, with complainants, an extension to the 25 working day timescale.

### Summary of Performance

Of the 150 formal complaints received, it is anticipated that 118 complaints will be responded to within national timescales or within a timescale that has been agreed with the complainant. This would give a total performance of 79%

*The tables below show how this performance figure has been reached*

Number of formal complaints received	150
Number of formal complaints responded to within 20/25 working days	103 = 69%
Number of cases still open (at end of March 2007)	9
Number of cases still open (at end of March 2007) and within time	7
<b>Total anticipated compliance with national response times for the year</b>	<b>110 = 73%</b>

*Cases where an extension to the response time was agreed with complainant*

Number of complaints responded to after 25 working days but where an extension was agreed with the complainant and subsequently met	6
Number of overdue cases still open with an extension in place	2
Total number of complaints with an extension that is anticipated to be met	8

Complaints are taken seriously by the Trust and changes are made to service provision and environment as a consequence of what we learn from them. For example:

- A Carers' Day has been arranged at Harlow House Day Hospital.
- A full audit of nursing records (to monitor the quality of the records) was undertaken on Sandford Ward.
- The arrangements for covering medical staff at Kimble Ward during times of absence are being reviewed to ensure that appropriate cover is in place at all times.

We have also made changes to our complaints processes as a result of feedback about how we handle complaints.



7 million adults in the UK suffer from depression or mental illness.



## Achieving success, winning awards

It is a particular delight for us when the hard work of dedicated teams and individual members of staff is recognised by others outside of the Trust. Here are some examples.



### 'Celebrating Success' Health Awards

The Thames Valley Complex Needs service (see page 8) won a prestigious health award in recognition of the improvements it makes to the lives of people with a personality disorder. The team fought off stiff competition to win the award in the 'Health Improvement and Reducing Health Inequality' category at the annual Celebrating Success Awards event held by the South Central Strategic Health Authority in November 2006. The award made it three in a row for the Trust as we have been successful in winning awards at the same event in the previous two years.

The Crisis Day Services Bridge Building team also made it to the final of the Celebrating Success awards.

A further accolade for the Thames Valley Complex Needs Service came from the Health Services Journal (HSJ), which short listed the team for an award in the HSJ national competition.

### Positive Practice Commendation

One of our members of staff, Sheena Money, was Highly Commended in the CSIP (Care Services Improvement Partnership) Positive Practice Awards, in the individual award category of 'Making a Difference'. Sheena is a team therapist for the Thames Valley Complex Needs Service.

### CBE for Trust Professor

Professor Tom Burns was awarded a CBE in the Queen's 80th Birthday Honours List for services to mental health. Professor Burns



is Chair of Social Psychiatry at the University of Oxford and has been with the Trust for three years. His area of expertise is in ensuring the best possible care for individuals with severe mental illness, particularly in the community. He received his award from the Queen at Buckingham Palace in November 2006.

### Nurses meet the Prime Minister

Twenty of our nurses were invited to meet Tony Blair at a special Downing Street event in July 2006. The members of staff were selected with other nurses from around the country for making a particular impact in their field. The former Prime Minister paid tribute to their dedication, and said "It's a very tough area that you work in, and just occasionally you should know... just how deeply appreciated you all are."



## Monitoring our performance, acting responsibly

### Performance against Key Performance Indicators (KPIs)

The Trust Board monitors the organisation's performance against performance indicators covering operational services (health and social care), commissioned Service Level Agreement (SLA) activity, estates, data quality, workforce and finance.

The Trust reports separately on finance and its performance against Healthcare Commission Better Healthcare Standards for quality and use of resources. An objective of the Trust's 2007/08 business planning process is to embed the Healthcare Commission standards into the Trust's objectives and each objective will have clear KPIs identified. Work has been commissioned to develop a balanced scorecard covering the performance of services delivered under each of the Section 31 Agreements (now called Section 75) with the two County Councils. A single summary indicator derived from the balanced scorecard will be included in the Board KPI set from September 2007.

2006/07 Key Performance Indicators	Actual	Target	Variance %
<b>Service Level Agreement</b>			
Crisis Services - Buckinghamshire number of teams	1	1	0
Crisis Services - Buckinghamshire caseload	471	618	-24
Crisis Services - Oxfordshire number of teams	2	2	0
Crisis Services - Oxfordshire caseload	987	931	6
Early Intervention Services - Buckinghamshire number of teams	1	1	0
Early Intervention Services - Buckinghamshire caseload	73	62	18
Early Intervention Services - Oxfordshire number of teams	1	1	0
Early Intervention Services - Oxfordshire caseload	82	71	15
Acute and rehabilitation (all care groups) in-patient services (activity measure is occupied bed days)	173920	164602	6
Outpatient & community (all care groups) services (activity measure is contacts)	169989	211666	-20
Day care (all care groups) services (activity measure is attendees)	13924	18677	-25
7-day follow-up of adults on enhanced CPA discharged from an in-patient setting (% seen)	78%	86%	-9
Choice - Referrals directly booked by clients (activity measure is % of total referrals)	99%	100%	-1
<b>Estates</b>			
Therapeutic and working environment is 'fit for purpose' (assessed against national standards)	73%	75%	-3
Total Backlog £/m <sup>2</sup>	45	23	96
Estates occupancy and running costs (£/m <sup>2</sup> benchmarked against national average)	135	138	-2
<b>Data Quality</b>			
Trust Data Completeness	76%	90%	-16
<b>Workforce</b>			
Staff Whole Time equivalent (WTE)	2600	2576	-6
Staff sickness/absence rate (% of days lost against total days worked)	5.0%	4.5%	11
Bank & agency spend (% of total pay bill)	8.6%	6.5%	32
<b>Finance</b>			
Income and Expenditure Account - Break-even	157	-1588	1745
CBI Prompt Payment Code (% settled within 30 days)	89%	95%	-6
External Financing Limit (target set by DH)	-1023	-1011	1.2
Cost Savings & Income Generation Plan delivery (% of plan delivered, excluding contingencies)	85%	90%	-6
Capital investment plan delivery (£'000 spend)	8911	8911	0

30% of employees in the UK will have a mental health problem in any one year.



Of the 26 KPIs reported against, at the 31st March 2007, six (23%) are reported as red, indicating underperformance for the year. This adverse performance will be addressed in 2007/08.

In summary, the key messages are:

#### Service Level Agreements

- The significant performance improvements have been realised in the Buckinghamshire Crisis Resolution Home Treatment Service, through a LEAN evolution approach led by local staff. Staffing vacancies still threaten capacity and delivery against national trajectories. The Oxfordshire CRHT service continues to meet its targets.
- Early Intervention Services in Oxfordshire were launched in March 2007.
- Under its main commissioning SLAs, the Trust is underperforming against its activity targets for outpatient/community (22%) and daycare (25%) services. Community contact targets were increased this year reflecting a shift of treatment from in-patient to community settings. However, due to the delays in the service changes, the revised targets have not been met. Performance overall is higher than the activity targets set in 2005/06. The main reason for the reported underperformance is poor data capture on the Trust's electronic patient information system, estimated at a minimum of 15%. The Trust is addressing this through a Clinical Information Improvement Programme (CIIP) and is looking to deploy an electronic care record in 2007/08. Vacancy levels in Buckinghamshire remain unacceptably high and the Trust has a proactive recruitment and retention programme in place.

#### Estates

- The March 2007 internal assessment on the quality of the patient environment rated the Trust at 72.6%. This is against the minimum target of 75% set by the Trust, representing a classification of 'good' across all the Trust's operational units. It is pleasing to note that significant progress has been made to improve and ensure that Trust facilities provide a good therapeutic and working environment. This reflects the considerable input made into these areas in terms of environmental and housekeeping standards over the last year. Plans are in place to deliver a rating of 'good' across all units in 2007.
- The Estates backlog was reduced during the course of the year through the delivery of the Capital Programme and planned property disposals. However, the backlog remains higher than the national target. The Estates Strategy, approved by the Trust Board in March 2007, addresses the backlog through specific new programmes and refurbishment within the Capital Programme.

#### Data Quality

During the past year, a great deal of work has taken place to improve the information we hold within our electronic information system. There are three broad categories which we concentrate on:

- Demographic information - this helps us in many ways, from simply ensuring letters go to the right address, to monitoring that our services are offered equitably to those who need them.
- Service information - we are required to record each time a person is visited, or each attended appointment, as well as who is involved in the person's care. We also use this information to focus our resources where the need is greatest.

- Care Programme Approach - we use this information to make sure people have a named individual responsible for their care, and that there is a care plan present that has involved the person and their family if appropriate.

By the end of the financial year, a data quality team had visited two thirds of the teams in the Trust, and helped the staff in those teams to improve this information by over 15%. Currently held information within the Trust averages at 76.3%. As with all mental health trusts, we are required to submit anonymised data to be measured on our quality. This report is called the Mental Health Minimum Data Set, and we hope to find out later in 2007 how well we are doing against the other mental health trusts nationally.

#### Workforce

- The Trust's target to reduce expenditure on temporary bank and agency staff to an average of 6.5% of the pay bill by March 2007 was not delivered; see the graph across the page. Plans are in place to deliver this target in 2007/08. The actual result achieved was 8.6% because of:
- Recruitment difficulties, particularly in South Buckinghamshire.
- The significant service changes consulted on and implemented in the spring of 2006 resulted in the Trust proactively managing the risk of redundancies through a clearing house, giving staff at risk priority when posts became vacant in the Trust. This delayed external recruitment and placed a higher reliance on temporary staffing than desirable.

Bank and Agency as a % of total pay



#### The Annual Health Check

Last year, the self declaration process for the Standards for Better Health was submitted for the two separate Trusts to the Healthcare Commission (HCC). Oxfordshire was rated 'fair' for its use of resources and 'fair' for the quality of services.

Buckinghamshire was rated 'weak' for its use of resources and 'weak' for the quality of services. There are many positive improvements which have already taken place in Buckinghamshire and these were demonstrated in the recent community mental health service review commissioned by the Healthcare Commission where Buckinghamshire was rated in the top 9% in the country for community mental health services. Buckinghamshire also received very positive feedback from the user survey, also commissioned by the Healthcare Commission.

For the year 2006-2007, the declaration will be made for the single Trust.

The declaration has two extra components this year. A developmental standard has been incorporated to assess 'Clinical and cost-effectiveness'. This looks at progress in the implementation of the following National Service Frameworks:

- The National Service Framework for Mental Health
- The National Service Framework for Older People: Standard 7
- The National Service Framework for Children, Young People and Maternity Services: Standard 9.

The standard also looks at progress against the implementation of several NICE (National Institute for Health and Clinical Excellence) guidelines: schizophrenia; obsessive compulsive disorder; post-traumatic stress disorder; depression; anxiety; violence and aggression; self-harm; eating disorders; and depression in children and young people.

The declaration will also incorporate a statement regarding the Trust's compliance with the Health Act 2006: Code of Practice for the Prevention and Control of Health Care Associated Infections.

#### Use of Resources

All Trusts are assessed on how well they manage and use their financial resources. These assessments have been carried out by the Audit Commission and the results published by the Healthcare Commission. Oxfordshire Mental Healthcare NHS Trust (OMHT) and Buckinghamshire Mental Health NHS Trust (BMHT) were assessed separately for 2005/06.

The assessments cover 5 areas:

- Financial reporting
- Financial management
- Financial standing
- Internal control
- Value for money







The assessment concluded that BMHT was 'weak' and did not meet minimum standards, having failed to break-even in its final year before it was dissolved on 31 March 2006 and having failed to break-even over a five-year period up to 31 March 2006. The Audit Commission also concluded that the Trust's budgetary control and arrangements for promoting and ensuring probity in the conduct of its business did not meet minimum standards. However, the Audit Commission reported that:

- During the year of assessment most policies and governance arrangements had been reviewed, with clear evidence of improvement.
- Areas of weakness were due to lack of process or evidence to support process at the beginning of the year and not later in the year.
- Robustness of the budget setting process should be improved by the new organisation's arrangements.

During this year, the management of OMHT took responsibility for the governance of BMHT. BMHT did perform well in respect of its financial accounting and adequate in terms of internal control and value for money.

OMHT assessment for the same period was 'fair', an adequate performance overall. The Trust performance was an example of best practice in the production of financial statements, with financial reporting in line with the upper 40% of other trusts. The Trust also



performed well in respect of its value for money. The Audit Commission commented that there was evidence of on-going improvement and strengthening of governance arrangements during the year.

In summary, the new organisation, OBMH, must address the gaps in the BMHT assessment, principally around the break-even duty, robust budget management, moving financial planning from the 2 year financial recovery plan to medium term financial planning (3-5 years) and strengthen financial governance, bringing the 2006/07 assessment (as a minimum) in line with that achieved by OMHT. The new organisation will continue to target an overall improvement in its use of resources assessment.

The new organisation completed a self assessment against the Audit Commission's own key lines of enquiry, clearly identifying the actions the Trust is implementing to address gaps in assurance and the evidence that will be presented in respect of the 2006/07 self assessment to the Audit Commission. The Trust hopes at least to maintain assessments against standards in all areas and to improve in many.

£10 billion is the annual cost to the economy of mental illness.

### Risk Management

The year has seen a number of developments in risk management, including a focus on using information from local risk assessments and incidents. Training on assessing and recording environmental risks and specialised training in clinical risk assessment of patients has also been developed.

Improved reporting of incidents and near misses has supported services in the development of safety solutions and learning from adverse events. This has been used for the review of internal policies for observation of patients and clinical risk assessment, and the development of a more robust process relating to blood specimens. The Trust also feeds into the national reporting and learning system run by the National Patient Safety Agency to promote national learning from patient safety incidents.

Mental health service staff can be subject to high levels of verbal and physical aggression. The Trust has implemented training in Promoting Safer Therapeutic Services, which gives insight into personal safety and the de-escalation of potentially challenging situations to support staff in their working environment.

The Trust has recruited Named Nurses for Child Protection and is currently progressing a comprehensive training programme in safeguarding

children for all staff in contact with children through their work. Infection control arrangements have been reviewed this year in order to ensure that the Trust has robust advice and outbreak control arrangements in place.

Finally, in relation to health and safety arrangements for staff, patients and visitors, the Trust achieved the RoSPA (Royal Society for the Prevention of Accidents) Gold Award in Occupational Safety in both 2006 and 2007.

### Planning for major incidents

The Trust has in place a Major Incident Plan which is consistent with best practice guidance, in particular the strategic guidance from the Department of Health's Emergency Planning Guidance 2005.







## Supporting staff, creating opportunity

### Aiming to be an employer of choice

This year has been both challenging and, largely due to the support of our front line staff and managers, successful. Having achieved Improving Working Lives Practice Plus status in 2005/06 we have continued to build upon strategies to provide greater flexibility for our staff. This has seen the introduction of a range of new policies such as Career Breaks, Flexible Working, Carers, and Job Share policies. In addition we continue to focus on equality and diversity and have agreed and implemented revised associated policies during 2006/07.

The Trust employs approximately 2,600 members of staff

Developing these policies has enabled the Trust to establish a firm basis upon which to become an employer of choice. We also value the work and involvement of our staff-side representatives through the partnership arrangements we have in place. We will continue to build upon this relationship as we progress towards becoming a Foundation Trust.

We currently employ approximately 2600 staff including staff seconded from the local authorities who work with the Trust under Section 75 partnership agreements. Investing in their future development is a key element of our Human Resources

Strategy and consequently we have established a new Learning and Development Centre which is due to open formally during 2007. The centre will co-ordinate all mainstream training activity within the Trust and will also offer development opportunities for staff from other agencies such as the voluntary sector.

Linking closely to Learning and Development is the need to modernise our services to provide the highest possible levels of care to patients. Modernisation activities are taking place across all directorates enabling the better use of resources and providing opportunities to reinvest in front line services, for example the Support, Time and Recovery Worker (STR) scheme.



This offers opportunities for unqualified staff to gain NVQs and a broader spectrum of work. The role focuses on the direct needs of service users providing support in their recovery, whilst helping them to remain in the community and to build their own support network.

This modernisation work will ensure that we remain focused on patient care and at the same time create a workforce which is able to adapt quickly to change. Our staff are being equipped to meet the



challenges of a modern and strong NHS, and enabled to enhance their career prospects across the broad spectrum of Mental Health services.

### Flexible working

A revised Flexible Working Policy was introduced in November 2006. Flexible working is a positive equal opportunities measure and has been shown by the Trust to be an aid to recruitment and retention.

### Recruitment, selection and employment

To improve our recruitment processes and ensure equality of opportunity we have: amalgamated separate county HR departments into one, updated practices to comply with legislation, provided recruitment training, reviewed systems for advertising vacancies, introduced a service user employment scheme, and introduced improved recording and data collection for the ethnicity of staff. The Director of HR will continue to monitor processes to ensure we maintain a robust approach to equality and diversity.

Recruitment and retention remain high on our Human Resources agenda. In particular we have made great progress in recruiting

HR Performance Measure	2006/07 Performance	2007/08 Target
Sickness	4.8%	4.5%
Turnover	20%	15%
Bank and Agency	7%	4%

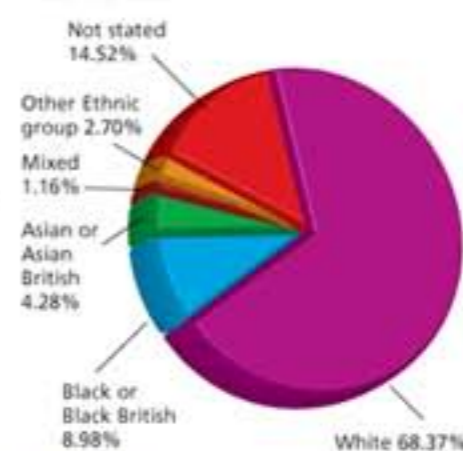
to our consultant vacancies and now have almost all posts filled. Some progress has been achieved with nursing posts in South Buckinghamshire; we will be looking to improve the vacancy situation further throughout 2007/08. We have therefore set some challenging targets which are summarised in the table above. Another feature of the improvements being made for patients and staff is in the provision of higher quality accommodation. Allen Ward, which re-opened in June 2006, emphasises our approach to creating an environment in which patients' wellbeing is of the highest importance and within which staff are able to work effectively.

### Equal Opportunities

In October 2006, the Trust introduced its policy on Equal Opportunities. The aim of the policy is that no present or future employee or job applicant will receive less favourable treatment on the basis of colour, gender, sexual orientation, marital status, age, disability, race, nationality, ethnic origin, religion or belief, or offending background. They will not be disadvantaged by the application of conditions or requirements which cannot be justified.

We are aware that there is a consistent under-representation of minority ethnic groups in the managers and senior managers category. Over time and with the plans in place for equality in recruitment, training and promotion opportunities, the Trust will aim to ensure that ethnicity in management categories will reflect the workforce as a whole.

Ethnic Background of Staff Employed by Oxfordshire & Buckinghamshire Mental Health Partnership NHS Trust at 31st December 2006



### Diversity Strategy

The Trust wants to do more than simply comply with the law and aspires to be among the best organisations in actively promoting equal opportunities and diversity. Our Diversity Strategy, introduced in July 2006, is founded on conviction rather than compliance. We hope it will gain the support of our employees and ensure the Trust provides a diverse environment for its patients and staff.

To promote equality and diversity, the Trust has provided an awareness raising session at Induction for all new staff. Further training has been provided on Equality and Diversity which covers legislation in much more depth. Diversity training will be made more widely and more easily accessible in 2007/08 with a computer based Diversity training module.

### The Race Equality Scheme

In September 2006 the Trust revised its Race Equality Scheme to promote and support a better understanding of our approach to race equality both within and external to the trust. In addition we have established a Diversity Steering Group which is

responsible for taking forward the Race Equality Scheme action plan and monitoring progress against this.

The Trust Board has given a strong commitment to promoting race equality by allocating responsibility to the Director of Nursing to lead on this and the wider diversity agenda. The Board has also nominated a Non-Executive Director to support this work.

### Implementation of the Disability Discrimination Act

The Trust has met the criteria to use the Employment Services Disability Symbol, which means all people with a disability who meet the person specification for a post are guaranteed an interview.







## Finance Report

The annual accounts are prepared in accordance with Department of Health requirements as approved by HM Treasury. The Trust is required to follow the Treasury's Financial Reporting Manual, which follow UK Generally Accepted Accounting Practices, with certain agreed departures. They are available in full on request, together with the Statement on Internal Control. Summary Financial Statements are included in the annual report and our external auditor has reviewed these statements to ensure they are consistent with the audited annual accounts.

There are no material changes to accounting policies in 2006/07, except that the Trust entered into three pooled budgets with local authorities under Health Act flexibilities in 2006/07. These pools are not legal entities and have been treated in accordance with Financial Reporting Standard 9 (accounting treatment for joint ventures published by the Financial Reporting Council). The Trust will not be required to use International Accounting Standards until 2008/09 - then the 2007/08 values will be restated for direct comparison purposes.

There have been two significant changes to the financial regime under which the Trust operates:

- 2006/07 - Resource Accounting and Budgeting no longer applies to Trusts. Under this policy, if the Trust incurred a deficit in year 1, in year 2 (the following financial year), the Trust would have to deliver a surplus equivalent to the size of the deficit in year 1 and would also suffer a deduction in income of an amount equivalent to the deficit in year 1
- 2007/08 - The current capital funding mechanism of block capital allocations has been

replaced by a loan system, akin to the arrangements in place for foundation trusts. The amount that can be borrowed in any year is based on a financial risk assessment of the Trust.

On 1 April 2006, the assets and liabilities of Buckinghamshire Mental Health NHS Trust (BMHT) transferred under statutory instrument to Oxfordshire Mental Healthcare NHS Trust and the Trust changed its name to Oxfordshire & Buckinghamshire Mental Health Partnership NHS Trust (OBMH). The accounting treatment for the merger by absorption of BMHT by OMHT would have involved the acquiring trust temporarily accounting for the initial acquisition of the net assets of the dissolved trust (as the dissolved trust no longer exists, it cannot sell the assets). Technically, OBMH acquires BMHT's Public Dividend Capital (PDC) - the Secretary of State funding in the Trust, akin to an equity stake on which the Trust makes a return - as well as the net assets (land, building and equipment stock, payments due from third parties, cash less payments due to third parties). OBMH should have received new PDC in cash to the value of the net assets and then repay BMHT's outstanding PDC to clear its balance with the Department of Health (DH). At the balance sheet date, the PDC cash transactions had not taken place. The DH was making arrangements for this to happen in the first quarter of 2007/08. Therefore as the PDC transactions have not taken place in 2006/07 the Trust has set up Other Reserves in the interim. The BMHT revaluation reserve was not carried into OBMH's balance sheet as the assets were acquired at book value. BMHT's cumulative income and expenditure deficit was written off.

## Accomplishments, challenges and opportunities

The work leading up to the acquisition of the assets and liabilities of Buckinghamshire Mental Health Trust on 1st April 2006 may be the most significant achievement. The service changes and efficiency savings delivered in Buckinghamshire moved the new Trust into an underlying surplus by March 2007 with an excellent set of financial results in 2006/07. It enabled the new organisation to focus on the delivery of the £6m cost savings and income generation plan.

OBMH delivered a surplus of £157k (moving from a predicted deficit of £1.6m at the start of the financial year). The Trust therefore delivered financial balance for the seventh consecutive year.

However, the year was marked by other accomplishments, as well as some challenges, which led the Trust to report these results for the financial year ended March 31st 2007:

- The Trust recorded an Income and Expenditure account surplus of £157k, after the:
  - Repayment of £1.5m previous financial support
  - Non-recurrent discounts provided to PCTs, £1.3m
  - Profit on sale of operationally surplus assets, £924m
- Income from patient activities was £107m, up 1% from the previous year. The Buckinghamshire PCTs' Service Level Agreements (SLAs) contributed £41m, 38%. The principal movements in relation to service changes and their financial impact were:
  - Forensic services - New 3-year SLA with Berkshire Healthcare to deliver 20 low secure places, £1.1m (part year effect)

- Children's in-patient services at the Park Hospital were decommissioned and replaced by community based services in Oxfordshire and Buckinghamshire. The Trust's income for tertiary work fell by £0.8m (full year effect £1.1m)
- Adults of Working Age (Oxfordshire) - New pooled budget established under Section 75 of the Health Act with Oxfordshire County Council on 1st April 2006, £2.4m
- Adults of Working Age (Buckinghamshire) - New pooled budget established under Section 75 of the Health Act with Buckinghamshire County Council on 28 March 2007 (full year effect £1m)
- Older Adults (Buckinghamshire) - New pooled budget established under Section 75 of the Health Act with Buckinghamshire County Council on 28 March 2007 (full year effect £3.1m)
- Eating Disorders - An increase in capacity generating £0.2m
- Learning Disability services provided by the former Buckinghamshire Trust transferred to new providers by 26 March 2007, £4m (full year effect £6.9m)
- Other service changes - in realignment with their own county boundaries Bedfordshire and Hertfordshire PCTs stopped commissioning services for Leighton Buzzard and Tring areas, respectively, £0.6m
- £6.7m, 85% of the cost savings and income generation plan was delivered, with contingencies and non-recurrent measures covering the balance in-year
- All national financial key performance targets were delivered except delivery against the prompt payment code, where only 89% of non-NHS creditors were settled within 30-days (target 95%). The Trust is targeting an improvement in this performance through system investment and re-engineering processes. Please see over page for a summary.





Indicator	Description	2006/07	Outturn £'000	2005/06
		Target £'000		Outturn £'000
<b>Financial break-even</b>	Break-even duty: income is equal to or exceeds expenditure in the year of account.	-1,588	157	3
<b>Capital resource limit</b>	The statutory duty is to operate within a resource limit determined by the Department of Health. It excludes capital receipts.	53	53	4,484
<b>External financing limit</b>	The Trust has a duty to manage cash resources within a specific target relating to the cash flow financing set by the Department of Health.	1,011	1,011	1,310
<b>CBI BPP Code</b>	Payment of creditors within 30 days.	95%	89%	89%
<b>Capital cost absorption</b>	Duty to absorb the cost of capital at a rate of 3.5% of average relevant assets.	3.5%	3.5%	3.3%

- The Trust delivered a £8.5m capital programme, funded principally through £8.9m of capital receipts. This spend included £965k on ICT.
- The Trust's target to reduce bank and agency spend to an average of 6.5% of the pay bill by March 2007 was not delivered. Please see key performance indicator information on page 15 for further details.
- Liquidity remains a challenge for the Trust as the result of the inherited £3.5m cash deficit from the Buckinghamshire operation. Assessed under MONITOR risk rating, the Trust's liquidity ratio is '1', which would not be acceptable to the regulator. MONITOR is the independent organisation established by the Government to regulate NHS Foundation Trusts making sure they are well managed and financially sound. The Trust took out a £2.5m 4-

year loan in March 2007 at the LIBOR rate of 5.5% applicable at the time. LIBOR is the London Inter-Bank Offered Rate - a short-term interest rate published by the Bank of England. It is repayable in 16 equal installments. Achieving break-even in 2007/08 has improved the cash position by £1.7m above the original plan approved by the Board and a further £1.0m cash brokerage will be received in 2007/08.

**Commissioners**

£94m, 84% of the Trust's patient services were commissioned by the PCTs in Oxfordshire and Buckinghamshire in 2006/07 and 96% of these services are contracted under 'block' contracts. Only 1% of the Trust's patient income was contracted under 'cost and volume' contracts and 3% under 'cost per case' contracts.



**Service Spend**

£87m, 61% of the Trust's income in 2006/07 (2005/06, also 63%) was spent on pay, see below. This figure includes the implementation of Agenda for Change and the nationally agreed pay award, averaging 4.2% (2005/06, 4.2%). The estimated impact of Agenda for Change incremental drift is 6% gross over 5 years. 74% of the Trust's pay and non-pay expenditure, which excludes depreciation and interest, is managed by Service Directors and their teams. The balance relates to central support functions (21%), medical (3%) and other (2%). Central support budgets include c£3m of costs that will be devolved to operational budgets in 2007/08, principally relating to inter-trust service level agreements.

On a full cost basis, £73m, 50% of the Trust's total income is consumed by services provided to adults of working age. 7% is spent on training and research, mainly commissioned by the NHS.

**Financial Outlook**

The Trust ended the financial year with an underlying recurrent surplus of £1.012m. This indicates that recurrent income exceeds recurrent costs but this surplus is fully committed for 2007/08 against the development of Early Intervention and Crisis services in Oxfordshire. Financial challenges continue in 2007/08 and a further efficiency requirement of 2.5%, equating to £3.5m, will need to be made if recognised inflationary pressures are to be funded appropriately.

The Trust Board approved a budget, and £6.1m cost savings and income generation plan for 2007/08, which delivers key financial targets. The Board has also approved an updated 5-year Financial Plan and 5-year £65m Capital Investment Plan. The Finance and Investment Committee reviewed a longer term strategic approach to economy, efficiency and productivity, which will underpin the delivery of financial targets. The Trust has been working closely with the Audit Commission to develop a benchmarking framework and productivity metrics which will be used to focus future plans to meet national efficiency targets and maintain financial health.

The Trust is in discussion with its main commissioners on the basis of local contracting in the future. A national consultation on the application of Payment by Results, the current basis of payment in the acute sector, suggests that local agreements on currency, a focus on the quality of clinical information, the collection and use of health outcome data should be the way forward in mental health ahead of any national system or tariff that may be agreed.

The Trust expects to be licensed as a Foundation Trust in 2007/08 and has assessed its 5-year financial plan against MONITOR financial risk ratings. With a working capital facility of a minimum of £4.8m, the overall rating is acceptable.

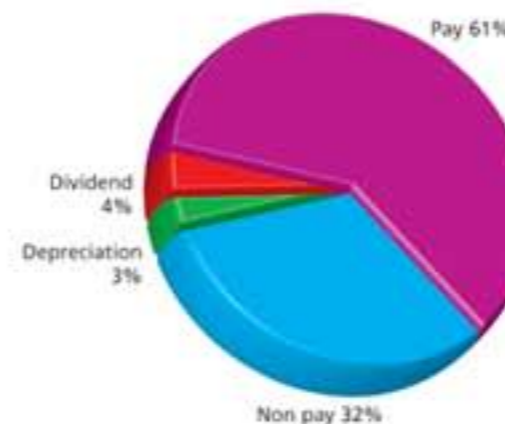
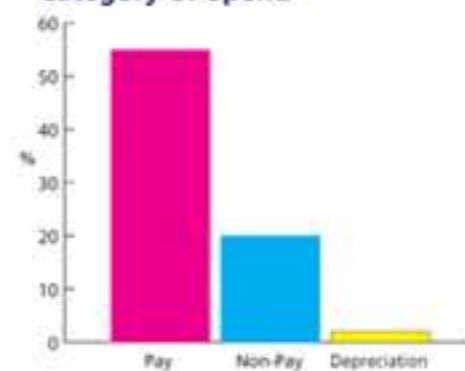
**External Auditor**

The External Auditor is appointed by the Audit Commission which, in respect of this Trust, is the Commission's own auditor. The External Auditor agrees a plan for the financial year with the Trust's Audit Committee. The amount of work the external auditor will undertake is predominately determined by the Audit Commission nationally, based on a risk assessment of the organisation, with some limited scope for local discretion. For example in 2006/07 work has been undertaken to support the development of a benchmarking framework. The Trust has not directly commissioned the external auditor to undertake any additional work. Fees paid for external audit during 2006/07 were £174k, broken down as follows:

- Statutory Accounts, £61k
- Use of Resources opinion, £85k
- Planning and reporting, £28k



**Category of Spend**





## Trust Board Membership

Janet Godden	Chair
Roger Reed	Non-Executive Director
Cedric Scroggs	Non-Executive Director
Guy Goodwin	Non-Executive Director
June McKerrow	Non-Executive Director
Ollie Okeke	Non-Executive Director - until July 2006
Geoff Harris	Non-Executive Director - until July 2006
Elaine Whittaker	Non-Executive Director - appointed October 2006
Lyn Williams	Non-Executive Director - appointed October 2006
Julie Waldron	Chief Executive
Duncan Smith	Director of Finance
Mike Hobbs	Medical Director
Jon Allen	Director of Nursing
David Bradley	Chief Operating Officer
Graeme Armitage	Director of HR - was adopted as a full Board member on 29th September 2006

### Governance & Risk Management Committee (until December 2006)

Jon Allen  
Graeme Armitage  
David Bradley  
Janet Godden  
Guy Goodwin  
Mike Hobbs  
June McKerrow  
Roger Reed  
Duncan Smith  
Julie Waldron  
Lyn Williams

### Integrated Governance Committee (from January 2007)

Jon Allen  
Graeme Armitage  
David Bradley  
Janet Godden  
Mike Hobbs  
June McKerrow  
Duncan Smith  
Julie Waldron  
Elaine Whittaker

### Audit Committee

Guy Goodwin  
Roger Reed  
Cedric Scroggs  
Lyn Williams

### Charitable Funds Committee

Jon Allen  
Graeme Armitage  
David Bradley  
Janet Godden  
Guy Goodwin  
Mike Hobbs  
June McKerrow  
Roger Reed  
Cedric Scroggs  
Duncan Smith  
Julie Waldron  
Elaine Whittaker  
Lyn Williams

### Remuneration Committee

Janet Godden  
Guy Goodwin  
June McKerrow  
Roger Reed  
Cedric Scroggs  
Elaine Whittaker  
Lyn Williams

### Finance and Investment Committee (Established September 2006)

Janet Godden  
Cedric Scroggs  
Duncan Smith  
Julie Waldron  
Lyn Williams



## Schedule of Directors' Interests

Name	Organisation	Nature of Interest	Comments
Janet Godden	University of Oxford Oxfordshire County Council	Employee County Councillor for North Hinksey & Wytham division	
Guy Goodwin	Pharmaceutical Companies (Astra-Zeneca, BMS, Lilly, Organon, P1Vital, Janssen-Cilag, GSK Lundbeck, Novartis, Pfizer, Sanofi, Servier, Wyeth) University of Oxford Meadow94 limited	Occasional Advisor (last 5 years) Employee Director	Advice on drug development policy Consultancy, speaking and writing
Lyn Williams	Unilever Dr. Challoner's High School Buckinghamshire Mind	Employee Governor Wife Employee	
June McKerrow	Court of Oxford Brookes University The Shirley Foundation (Reg Charity) Donnington Doorstep (Reg Charity) Soundabout (Reg Charity) Autism Speaks (Reg Charity) Revolving Doors Agency (Reg Charity)	Member Advisor Trustee Employee Advisor Advisor	
Elaine Whittaker	Shares with Smiths Medical Community Governor at Bardwell (Special) School	Small number of shares only Effective from January	
Roger Reed	South Bucks District Council	Elected Member	
Cedric Scroggs	A portfolio of listed shares which includes sundry pharmaceuticals	Shareholder	
Geoff Harris	No Interest Declared		
Julie Waldron	Court of Oxford Brookes University	Member	
Mike Hobbs	Board Member of the British Association of Medical Managers South Region sub-committee of Advisory Committee on Clinical Excellence Awards	Member Appointed member	
Duncan Smith	No interest declared		
Jon Allen	Mental Health and Learning Disabilities, Lead Nurse Forum	Member of steering group and bulletin editor	
David Bradley	No Interest Declared		
Graeme Armitage	No Interest Declared		

The Trust Statement of Internal Control is available on the Trust website at [www.obmh.nhs.uk](http://www.obmh.nhs.uk)



## Income and Expenditure Account for the year ended 31 March 2007

	2006/07 £000	2005/06 £000
Income from activities	104,001	60,978
Other operating income	38,628	34,995
Operating expenses	(138,377)	(92,079)
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>4,252</b>	<b>3,894</b>
Profit/(loss) on disposal of fixed assets	936	0
<b>SURPLUS/(DEFICIT) BEFORE INTEREST</b>	<b>5,188</b>	<b>3,894</b>
Interest receivable	370	96
Interest payable	(7)	(3)
Other finance costs - unwinding of discount	(25)	0
Other finance costs - change in discount rate on provisions	0	0
<b>SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR</b>	<b>5,526</b>	<b>3,987</b>
Public Dividend Capital dividends payable	(5,369)	(3,984)
<b>RETAINED SURPLUS/(DEFICIT) FOR THE YEAR</b>	<b>157</b>	<b>3</b>

## Balance Sheet as at 31 March 2007

	31 March 2007 £000	31 March 2006 £000
<b>FIXED ASSETS</b>		
Intangible assets	85	33
Tangible assets	186,177	123,956
Investments	0	0
	<u>186,262</u>	<u>123,989</u>
<b>CURRENT ASSETS</b>		
Stocks and work in progress	1,322	1,500
Debtors	12,152	9,003
Investments	0	0
Cash at bank and in hand	418	279
	<u>13,892</u>	<u>10,782</u>
<b>CREDITORS: Amounts falling due within one year</b>	<b>(8,256)</b>	<b>(7,282)</b>
<b>NET CURRENT ASSETS/(LIABILITIES)</b>	<b>5,636</b>	<b>3,500</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>191,898</b>	<b>127,489</b>
<b>CREDITORS: Amounts falling due after more than one year</b>	<b>(1,951)</b>	<b>(473)</b>
<b>PROVISIONS FOR LIABILITIES AND CHARGES</b>	<b>(3,038)</b>	<b>(725)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>186,909</b>	<b>126,291</b>
<b>FINANCED BY:</b>		
<b>TAXPAYERS' EQUITY</b>		
Public dividend capital	47,719	51,091
Revaluation reserve	82,567	73,252
Donated asset reserve	1,265	1,086
Government grant reserve	185	0
Other reserves*	52,074	0
Income and expenditure reserve	3,099	862
<b>TOTAL TAXPAYERS' EQUITY</b>	<b>186,909</b>	<b>126,291</b>

## Cash Flow Statement for the year ended 31 March 2007

	2006/07 £000	2005/06 £000
<b>OPERATING ACTIVITIES</b>		
Net cash inflow/(outflow) from operating activities	5,509	5,801
<b>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:</b>		
Interest received	370	96
Interest paid	(4)	(3)
Interest element of finance leases	0	0
<b>Net cash inflow/(outflow) from returns on investments and servicing of finance</b>	<b>366</b>	<b>93</b>
<b>CAPITAL EXPENDITURE</b>		
(Payments) to acquire tangible fixed assets	(9,290)	(4,401)
Receipts from sale of tangible fixed assets	9,807	1,181
(Payments) to acquire intangible assets	0	0
Receipts from sale of intangible assets	0	0
(Payments to acquire)/receipts from sale of fixed asset investments	0	0
<b>Net cash inflow/(outflow) from capital expenditure</b>	<b>517</b>	<b>(3,220)</b>
<b>DIVIDENDS PAID</b>	<b>(5,369)</b>	<b>(3,984)</b>
<b>Net cash inflow/(outflow) before management of liquid resources and financing</b>	<b>1,023</b>	<b>(1,310)</b>
<b>MANAGEMENT OF LIQUID RESOURCES</b>		
(Purchase) of investments with DH	0	-
(Purchase) of other current asset investments	0	0
Sale of investments with DH	0	-
Sale of other current asset investments	0	0
<b>Net cash inflow/(outflow) from management of liquid resources</b>	<b>0</b>	<b>0</b>
<b>Net cash inflow/(outflow) before financing</b>	<b>1,023</b>	<b>(1,310)</b>
<b>FINANCING</b>		
Public dividend capital received	4,300	4,628
Public dividend capital repaid (not previously accrued)	(7,672)	(3,366)
Public dividend capital repaid (accrued in prior period)	0	0
Loans received from DH	2,500	-
Other loans received	0	120
Loans repaid to DH	0	-
Other loans repaid	(12)	(19)
Other capital receipts	0	0
Capital element of finance lease rental payments	0	0
Cash transferred (to)/from other NHS bodies*	0	0
<b>Net cash inflow/(outflow) from financing</b>	<b>(884)</b>	<b>1,363</b>
<b>Increase/(decrease) in cash</b>	<b>139</b>	<b>53</b>



## Statement of total recognised gains and losses for the year ended 31 March 2007

	2006/07 £000	2005/06 £000
Surplus/(deficit) for the financial year before dividend payments	5,526	3,987
Fixed asset impairment losses	0	0
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	11,044	5,080
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	772	0
Defined benefit scheme actuarial gains/(losses)	0	0
Additions/(reductions) in "other reserves"	52,074	0
<b>Total recognised gains and losses for the financial year</b>	<b>69,416</b>	<b>9,067</b>
Prior period adjustment	0	0
<b>Total gains and losses recognised in the financial year</b>	<b>69,416</b>	<b>9,067</b>
<b>Management costs</b>	<b>2006/07 £000</b>	<b>2005/06 £000</b>
Management costs	7,558	4,440
Income	142,629	95,973
%	5.3%	4.6%

### Better Payment Practice Code - measure of compliance

	2006/07 Number	£000
Total Non-NHS trade invoices paid in the year	32,468	48,030
Total Non NHS trade invoices paid within target	28,890	45,100
Percentage of Non-NHS trade invoices paid within target	89%	94%
Total NHS trade invoices paid in the year	1,994	30,760
Total NHS trade invoices paid within target	1,429	25,028
Percentage of NHS trade invoices paid within target	72%	81%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

Name	Title	Periods	Salary (bands of £5000) £000	Employees pension contribution	Employers pension contribution	Other remuneration (bands of £5000) £000	Benefits in kind rounded to the nearest £100
Julie Waldron	Chief Executive	1-12	120-125	7166.81	16722.60	0	0
Duncan Smith	Director of Finance	1-12	90-95	5658.02	13202.07	0	0
Jon Allen	Director of Nursing	1-12	75-80	4590.00	10710.04	0	0
Graeme Armitage	Director of Human Resources	1-12	75-80	4567.73	10658.03	0	0
David Bradley	Director of Operations	1-12	85-90	5115.85	11963.99	0	0
Mike Hobbs	Medical Director	1-12	155-160	7240.51	16894.58	0	0
Jonathan Horbury	Director of Development	1-12	60-65	3827.48	8930.75	0	0
Helen Millar	Director of Corporate Management	1-12	60-65	3654.00	8526.00	0	0
Janet Godden	Chair	1-12	15-20			0	0
Olisa Okeke	Non-Executive Director	1-4	0-5			0	0
Lyn Williams	Non-Executive Director	1-12	0-5			0	0
June McKerrow	Non-Executive Director	1-12	5-10			0	0
Cedric Scroggs	Associate Non-Executive Director	1-6	0-5			0	0
Cedric Scroggs	Non-Executive Director	7-12	0-5			0	0
Guy Goodwin	Non-Executive Director	1-12	5-10			0	0
Elaine Whittaker	Non-Executive Director	1-6	0-5			0	0
Councillor Roger Reed	Non-Executive Director	1-12	5-10			0	0
Geoff Harris	Non-Executive Director	1-3	0-5			0	0

Name	Title	Real Increase in Pension at Age 60 (Bands of £2,500) £'000	Real Increase in Pension Lump Sum age 60 (Bands of £2,500) £'000	Total Accrued Pension at Age 60 at 31 March 2007 (Bands of £5,000) £'000	Lump Sum at Age 60 Related to Accrued Pension at 31 March 2007 (Bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 2007 £'000	Cash Equivalent Transfer Value at 31 March 2006 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Employers Contribution onto Stakeholder Pension £'000
Julie Waldron	Chief Executive	CTDW	CTDW	CTDW	CTDW	CTDW	CTDW	CTDW	0
Duncan Smith	Director of Finance	(2.5)-(5)	(7.5)-(10)	35-40	105-110	521	532	-24	0
Jon Allen	Director of Nursing	0-(2.5)	0-(2.5)	15-20	55-60	230	225	0	0
Graeme Armitage	Director of Human Resources	0-2.5	2.5-5	0-5	0-5	tbc	tbc	tbc	0
David Bradley	Director of Operations	0-2.5	2.5-5	15-20	50-55	236	204	27	0
Mike Hobbs	Medical Director	2.5-5	12.5-15	65-70	195-200	1199	1060	113	0
Jonathan Horbury	Director of Development	0-2.5	0-2.5	15-20	45-50	223	207	11	0
Helen Millar	Director of Corporate Management	0-2.5	0-2.5	10-15	40-45	156	143	10	0

### Independent auditors' statement to the Directors of the Board of Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust

I have examined the summary financial statement which comprises the Income and Expenditure Account, the Balance Sheet, Cashflow Statement, Statement of Total Recognised Gains and Losses, Management costs, Better Payment Practice Code and the Directors' Remuneration Statement (set out on pages 28 to 31).

This report is made solely to the Board of Oxfordshire & Buckinghamshire Mental Health Partnership NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission<sup>1</sup>.

### Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

### Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

### Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2007.



Maria Grindley  
20 June 2007  
Unit 5 ISIS Business Centre Horspath Road Oxford OX4 2RD



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*শে বদনে অর মারিবে নীচে মাধ্যমা অথবা খীল মাধ্যমা শিঠি, নো কৃপা করিবে অধনে খুচি :*

*यदि आपको यह जानकारी किसी दूसरी भाषा या आकार में चाहिए तो कृपया हम से पूछें :-*

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*मेरे वृत्तुं हित महत्वाती किसी दूसरी भाषा में ज्ञान विधि चाहती है तो कृपया हम से संपर्क करें:-*

*اگر آپ کو یہ معلومات کسی دوسری زبان میں یا کسی دوسرے فرقے سے دیکھنا ہے تو ہمارے سے رابطہ کریں۔*

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