

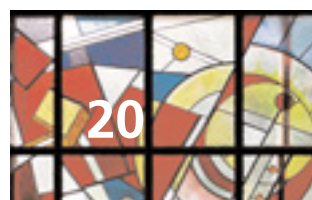


EVERYDAY PEOPLE
PEOPLE EVERYDAY



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Janet Godden

Letter from the Chair

The Annual Report for the year ending 31 March 2008 marks a significant milestone for the Trust, as we achieved Foundation Trust (FT) status at the close of the year. As opposed to simply noting the achievements of this one year, now is also a good time to look back at the years of progress that have brought the Trust to its current position, and look forward to our future as a new and different form of NHS organisation. OBMH is one of the first FTs in our area, and one of 30 mental health FTs across the country.

I would like to use this opportunity, at the very beginning of the Annual Report, to record my gratitude to all of our staff who supported our FT application so wholeheartedly and contributed so much to its success.

As I met with patients, their carers, the public, our FT Members and Governors over the past year, one question has come up time and again: what difference will being a Foundation Trust actually make?

Two essential differences will include being able to plan with greater flexibility for the longer term, and to retain any operating surplus for reinvestment in patient services. A less tangible but nonetheless vital difference is the increased opportunity for the Trust to be truly outward looking, to involve others in all that we do. Engaging and consulting with people with an interest in mental health services has always been important to us, but the structure of FTs moves this on to a much broader level, because we now have a body of some 5,300 Members who have asked to be included and involved in what we do. The input and expertise of such a large group, from both Oxfordshire and Buckinghamshire, will greatly enrich the flow of opinion and influence into the Trust. It will be up to all of us to make this work, both to bring in comments and ideas from outside - especially from excluded or hard-to-reach groups - and to hear those opinions and where possible act on them.

If you are not already a Member, please may I encourage you to consider

becoming one? You might feel that as one of over five thousand your voice will not be heard, but, believe me, it will. If you have anything to say about mental health issues as they affect people in Oxfordshire and Buckinghamshire, we want to hear it.

Early in the year we held elections to our Members' Council, an important component of an FT. The Council is the principal mechanism for bringing Members' views into the Trust's forward planning and decision making, and next year's report will have details of its activities and achievements.

Receiving FT status has not been our only achievement in the past year as will be apparent from the pages of this report. We have also taken strides forward in reaching groups who do not always find it easy to be engaged, and the Children's and Young People's Panel who have done so much good work in redesigning the Park Resource Centre in Headington is just one example of this. We look forward to working with them again in the future.

Finally, I would like to thank Professor Guy Goodwin and June McKerrow, who both came to the end of their tenure as Non-executive Directors of the Trust during the year, for their hard work and the contribution they have made over a spell of eight years in each case - no mean commitment. I am pleased to welcome Professor Tom Burns and Anne Grocock as new Non-executive Directors. Both joined the Board during the financial year under review. I would also like to thank the members of the Trust's Patient and Public Involvement Forum (PPIF) for being a true 'critical friend', and a friend indeed, during the brief life of the PPIF groups, which came to an end on 31 March 2008.

Janet Godden

**Janet Godden
Chair**

Letter from the Chief Executive

It falls to me each year to try and sum up a year in the life of the Trust, and it is never an easy task. In any given year we will provide care for 23,000 users of mental health services in the two counties, and will be seeing 8,000 of those at any given time. They all bring their own expectations with them and they gain first hand experience of our services. Their families, friends and carers will have hopes and fears about what the care and treatment will involve. In terms of achievement and a good patient experience, we have therefore to satisfy a lot of people with our standards and quality of care, and maintain those standards for each and every person we come into contact with.

In previous years, I have written this introduction after periods of upheaval, service changes, risks to jobs, and local restructuring, all of which caused uncertainty for those people we treat and for our staff. We have always made every effort to ensure that - whatever change was taking place in the local and national NHS - the experiences of our patients stayed good and got better. This has been a real

challenge in the past but I believe we have achieved many fantastic things in difficult situations. This gives me real optimism for what we can achieve for service users and staff when things are easier.

The biggest change for the Trust in recent times is gaining FT status on 1 April 2008, at the end of the period this Annual Report covers, and this change is a real boost. As an FT, we have more freedom to work quickly in making improvements and ensuring the experiences gained by our service users and their carers are drawn upon and used to drive these improvements.

During 2007/08, our staff have won national, regional and local awards, we have continued to improve our financial stability, we have upgraded our inpatient wards, we have proved ourselves worthy of FT status, and we have continued to expand our successful forensic and eating disorders services. It's been a great year, but we won't rest there. We now have the ability, as an FT, to build on all this superb work and improve again. Our commitment is to translate this into the reality of first class patient care, and to ensure that each and every person we care for experiences the best we can give them. I can't wait to make this happen and look forward to sharing our achievements with you in the months ahead.

Julie Waldron

Julie Waldron
Chief Executive





ANNUAL PATIENT SURVEY

The fourth national Patient Survey was carried out in February 2007. We used a sample size of 3039 patients of whom 2169 (71%) were registered as being on Standard Care Programme Approach (CPA) and 870 (29%) were registered as being on Enhanced CPA. The response rate to the survey for Oxfordshire & Buckinghamshire Mental Health Partnership NHS Trust was 40%.

The results identified areas where our services were performing well:

- High trust and confidence ratings for psychiatrists, Community Psychiatric Nurses (CPNs) and other staff
- High ratings for all staff treating service users with respect and dignity and listening carefully
- High levels of satisfaction with involvement in decision making about care plans and medication
- Helpfulness of day centre activities
- Providing service users with opportunities to express their views at review meetings.

The key areas of improvement since the 2006 Patient Survey were:

- Service users finding talking treatments helpful
- Service users being advised that they were able to bring a family member or friend to care reviews
- Having the opportunity to discuss what would happen in a care review with the care co-ordinator before the review meeting.

We did not perform as well as we would have liked in the following areas and action plans are in place to ensure we perform better next year:

- Access to talking therapies
- The number of people who have seen a Community Psychiatric Nurse (CPN)
- The number of people given a printed care plan.

£10 BILLION IS THE ANNUAL COST TO THE ECONOMY OF MENTAL ILLNESS

Awards and Achievements



PATIENT ADVICE AND LIAISON SERVICE

The Patient Advice and Liaison Service (PALS) helps people resolve their concerns, provides information and advice, and encourages comments and compliments.

Our PALS team was contacted more than 1040 times this year. It took an average of two working days for the team to respond to enquiries.

PALS can be accessed via Freephone, email, written correspondence, PALS Surgeries and through the PALS Office drop-in service (Warneford Hospital, Oxford). A Freepost Comment and Information Card is widely available throughout the Trust.

A new purpose-built office at the Tindal Centre, Aylesbury, Buckinghamshire is due to open in summer 2008. A drop-in service for people wishing to talk to PALS staff will be available at this office.

COMPLAINTS

We take complaints very seriously and changes are made to service provision and environment as a consequence of what we learn from them. Last year more than 100 actions were identified as a result of complaints. Implementation of these actions is monitored by the Complaints Manager and reported to the Board.

We always hope that we can discuss any concerns or problems informally without the need for a formal complaint. However, this is not always possible and we want to ensure that we have excellent systems in place that empower people to make their complaint and facilitate a speedy and effective response from us. We are also committed to ensuring that no one is discriminated against as a result of making a complaint.

Our performance with regard to complaints is monitored throughout the year.

Awards and Achievements



BEAT AWARD FOR EATING DISORDERS SERVICE

Nicky Boughton and Linette Whitehead were jointly awarded an Eating Disorder National Award (EDNA) for 'dedication to working with those with severe eating disorders'. The EDNAs are awarded by beat, the UK's leading charity for people with eating disorders. Nicky, pictured left, collected the award at a ceremony in London on behalf of them both.

The Eating Disorders Service was established in 1994, and includes a 14-bed inpatient unit at Cotswold House, Oxford, as well as the original day and outpatient service. This is the second time that Linette and Nicky have been nominated for the award by patients in recognition of their commitment and dedication to patients, some of whom sometimes find it very difficult to accept help. The service is expanding to an additional base in Marlborough, Wiltshire, as demand for these specialist services grows.

SUMMARY OF PERFORMANCE

Of the 145 complaints received, 77% were responded to within 25 working days. A further 13% were responded to within a longer timescale agreed with the complainant.

The table below shows how this performance figure has been reached and cases where an extension to the response time was agreed with the complainant.

Number of formal complaints received	145
Number of formal complaints responded to within 25 working days	111 = 77%
Number of cases still open	0 = 0%
Total anticipated compliance with national response times for the year	111 = 77%
Number of complaints responded to after 25 working days but where an extension was agreed with the complainant and subsequently met	19 = 13%

CASES WHERE AN EXTENSION TO THE RESPONSE TIME WAS AGREED WITH COMPLAINANT AND MET

The total number of complaints responded to within 25 working days or within a timescale agreed with the complainant was 130 (90%).

Number of complaints responded to after 25 working days but where an extension was agreed with the complainant and subsequently met	16 = 11%
Number of cases still open with an extension in place	2 = 1%
Total number of complaints with an extension that is anticipated to be met	18 = 12%

COASTERS WIN EUROPEAN FOOTBALL TROPHY

The Coasters sports group came home from the annual International 'Trofeo' Tournament with the football trophy, beating off teams from Germany, Spain, Belgium, France and the hosts, Italy.

Coasters became involved with the overseas competition after forging links with Prato, Italy, in 1992. The group was pleased to win the Cup, which also involved competing in volleyball and basketball. Coasters were resplendent in their new kit sponsored by RESPONSE, and were joined by three players from Salerno making their first appearance at the event as part of the Oxford team.

The sports group includes people from Oxfordshire with a wide range of mental health problems and covers a variety of activities. It is now looking forward to a challenging series of events in various disciplines throughout 2008 with members united in the sharing of this positive, health promoting and inclusive experience.

COMPLEX NEEDS SERVICE RECOGNISED BY LILLY AWARD

In November 2007, the Thames Valley Initiative (TVI) received the Lilly award for outstanding achievement in mental health in the category of 'reintegration'. TVI is a network of Complex Needs Services (CNS) for people with personality disorders. The award recognised the treatment offered by CNS and the support offered by the STARS group (Support, Training and Recovery System) which is a system of support to enable people who have completed treatment to re-enter 'normal life'. The work that STARS members do includes role plays at conferences, training events and attending clinical groups to talk about recovery and reintegration as this offers those newly entering treatment the hope for change. People are paid for their work, receive feedback on what they have done, attend training courses and receive regular supervision. STARS can help to increase skills and confidence and bridge the gap into work.



ANNUAL HEALTHCHECK

The Healthcare Commission's (HCC) ratings for 2006/07 were published in October 2007. The Trust was rated 'good' for its use of resources and 'fair' for the quality of services.

We had action plans in place to improve performance and have monitored our position against the Healthcare Commission Standards for Better Health for the period 1 April 2007 to 31 March 2008. For the 2007/08 year we declared ourselves 'compliant' against 36 of the 41 core standards. Gaps in compliance were found in five of the standards in the first two quarters of the year.

These were:

- C2 Child protection (we didn't meet our own targets set on training attendance)
- C4a Infection control (we didn't meet our own targets set on training attendance)
- C11b Mandatory training (we didn't meet our own targets set on training attendance)
- C14c Complaints (we hadn't provided sufficient reassurance to patients that any complaint made would not affect the care they were receiving. This was rectified immediately)
- C16 Translation of information in other languages (we could not provide sufficient evidence that we provided translated information for patients)

Awards and Achievements





Awards and Achievements

Four of these standards had been declared unmet at March 2007 and had action plans for resolution in place at the start of the year. We were also qualified by the HCC on one standard (complaints) following an 'at risk' inspection visit in June 2007. These five standards were met by October 2007 and the Trust remained fully compliant on all standards for the remainder of the year.

Systems are in place to meet the requirements of the Health Act 2006 Code of Practice for the Prevention and Control of Health Care Acquired Infections. The Trust Board has received regular reports from the Director of Infection Prevention and Control to update and assure the effectiveness of infection control arrangements in the organisation. Infection control arrangements have been monitored through the Safety Committee of the Trust.

The HCC incorporated into the 2007/08 declaration the requirement for a third party comment from the local Safeguarding Children Board Chairs, with regard to core standard C2 child protection. There are separate local Boards for Buckinghamshire and Oxfordshire with representation from the Trust's child protection nurses. Both Boards confirmed our compliance with the standard.

Further third party comments were required from the Strategic Health Authority, County Overview and Scrutiny Committees and Patient and Public Involvement Forum (PPIF) whose commentaries largely supported the declaration. The Chair, CEO and key directors met the PPIF regularly during the year to discuss strategic and operational issues and PPIF members regularly attended Trust Board meetings during 2007/08. Their comments were listened to, explanations provided and steps taken to put problems right.

RECOGNITION FOR AYLESBURY ACADEMICALS FOOTBALL INITIATIVE

Bucks Mental Health Football League won this year's South Central SHA Celebrating Success award in the category of Improving Health and Reducing Inequalities. This involved OBMH patients initiating and setting up a league so that they could play more football. Since winning the award the players have arranged friendly matches, set up a charitable organisation and their own website, and have received a football kit sponsored by Unison. The players plan to write a promotional leaflet and get involved in local competitions as well as trying to develop the club and league further.

"It is brilliant to win this award as we have worked really hard to get the league off the ground and we all love being able to play football on a regular basis," said one of the players.

ONE IN FOUR PEOPLE WILL EXPERIENCE A MENTAL HEALTH PROBLEM IN THE COURSE OF A YEAR

RISK MANAGEMENT

Throughout 2007/08 we have focused on the development of robust systems to support the patient, public and staff safety agenda.

During the year, the risk register system has been expanded to capture team and ward risks in an electronic database to assist with monitoring implementation of safety solutions. In addition, Directorates have initiated registers of higher level risks to ensure that the Trust captures information on all types of risk, at all levels.

The mandatory training programme on risk and health and safety for staff has been reviewed and significant improvements made to education, particularly at induction. This is designed to ensure the competence of new staff in safety issues at first point of entry to the Trust.

A staff training programme to support local safeguarding children requirements in both Oxfordshire and Buckinghamshire has been given a high priority in 2007/08 and over 75% of staff have been trained in this. This has resulted in greater awareness of the procedures by OBMH staff, reflected in a significant increase in requests for advice and assistance on safeguarding issues to the central support team.

Infection control arrangements have been strengthened this year by the development of an internal infection control service which receives expert advice and support from the Oxford Radcliffe Hospitals NHS Trust's infection control team. Inpatient areas have been audited against the standards contained within the Hygiene Code (Health Act 2006 Code of Practice) and a deep clean programme was undertaken. Staff training in universal infection control practices, in particular good hand

hygiene, has been a particular focus and over 75% of clinical staff have taken part in this.

No incidents of MRSA Bacteraemia were reported during the year. Two incidents of Clostridium difficile were reported and resolved.

We have again been successful in achieving the Royal Society for the Prevention of Accidents (RoSPA) Gold Award for Occupational Safety and Health. This is the third year that the Trust has received this award which reviews the quality of the systems of an organisation in managing health and safety issues. We are one of only two NHS organisations to receive this award in 2008.

NEW PICU AT LITTLEMORE

During the year, the Psychiatric Intensive Care Unit (PICU) moved to the Littlemore Mental Health Centre site. This 15-bed unit has been created by adapting the existing Ashurst Ward, which had been severely fire damaged. A new entrance has been created adjacent to the ward office and five new en-suite bedrooms added as part of an extension.

The existing bedrooms have been reconfigured to provide full en-suite accommodation with the ability to separate off a female only corridor, sitting room and garden. A dedicated 'Section 136 suite', where patients detained under Section 136 of the Mental Health Act can be assessed in a safe environment, has been incorporated into the design along with environmentally controlled, en-suite, seclusion rooms with state of the art windows.

One of the more striking aspects of the project has been the creation of a new dining room which has provided a bright, airy space opening out onto a secure garden.



PARTNERSHIP SUCCESS FOR PCAMHS

Oxfordshire Primary Care Child and Adolescent Service (PCAMHS) won the 2007 Health Service Journal Award for Mental Health Innovation. PCAMHS delivers services for young people with mild to moderate mental health problems as well as providing the single point of referral for a specialist CAMHS services. This has been a joint venture between Oxfordshire Primary Care Trust (PCT), OBMH and Oxfordshire County Council. The judges praised the uniqueness of the work, in terms of a whole system approach and partnership between the agencies to deliver improved services for young people and families. Most young people can be seen within four weeks in any part of CAMHS and referrals are accepted from schools, social care and the voluntary sector as well as health professionals.

SUSTAINABILITY

The Board has asked for a strategy to be developed on 'sustainability'. With rising energy costs and awareness of the need to adapt to changes in climate, this is likely to focus on reducing OBMH's carbon footprint and on adaptations to improve the environmental quality of the Trust's buildings.

As OBMH operates from a significant range of buildings and has a major investment programme in upgrading and replacing them, we want to be sure that investment reduces energy use and provides buildings fit for the future. We want to have a positive impact through procurement (the buying of goods and services), where we have the scope to make a difference to how and where our money is spent.

We aim to reduce the environmental impact of travel through a 'green travel plan' developed with input from local councils, and want to learn from experience of this over the coming year.

CARBON FOOTPRINT

Following the Kyoto Protocol, in April 2001 the Minister of State for Health notified the NHS of mandatory energy targets that covered the period 2000-2010. These targets require the NHS to reduce primary energy consumption (and carbon emissions) by 15%.

The average for all our sites for the year 2006/07 is 66.79 kg/m². The average for Mental Health and Learning Disability trusts for the same period is 87.56 kg/m² and 105.8 kg/m² for all trusts within South Central Strategic Health Authority.

Our provisional average for year 2007/08 is assessed as 58.0 kg/m², showing a 13.2% reduction from the previous year.

2008/09

Changes in the use of our estate and the introduction of energy conservation measures, including a rolling programme of replacing heating boilers with high efficiency units and improved heating controls, have seen a reduction in the consumption of energy. It is anticipated that the adoption of an environmental policy, currently in draft form, will improve energy conservation with further reductions in consumption and associated carbon emissions.

WE SEE AND
TREAT 23,000
PATIENTS A YEAR

DATA QUALITY AND PEAT AWARDS

During 2007/08 Data Quality awards were given to community teams which showed the biggest improvements in the quality of the clinical data on the Trust's electronic patient information systems. Six inpatient areas also received awards for improving and maintaining high standards of cleanliness.

The awards were £1,000 for the ward or team to spend on the environment or on staff development. One team used the award money to fund a team away day whilst another used the money to turn a bathroom into a wet room.

Improvements to patient care & environment



PLANNING FOR MAJOR INCIDENTS

We have a Major Incident Plan in place which is consistent with best practice guidance, in particular the strategic guidance from the Department of Health's Emergency Planning Guidance 2005. The Plan covers major incidents such as a flu pandemic or a large fire. We also participate in inter-agency major incident planning across both counties.

ONE IN SIX PEOPLE WILL
HAVE DEPRESSION AT
SOME POINT IN THEIR LIFE



*Our staff -
key to our success*



Improvements to patient care & environment

OUR STAFF – KEY TO OUR SUCCESS

In 2007/08 the Trust built upon strong relationships with staff and their representatives by providing more opportunities to help shape our future. This has included the development of a new 'Wellbeing' initiative and will be further enhanced through the relationship established with the new Members' Council.

Our focus for the year has been to work with staff to find ways of improving patient care and to make the best use of all our resources. Frontline staff and managers work hard to maintain standards and their contribution over the last 12 months has been significant, as demonstrated by the number of externally adjudicated awards gained in 2007/08.

Developing these relationships further, supported by best practice, policies and procedures, 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. This was emphasised through the signing by all major unions of the Foundation Trust Memorandum of Agreement.

We currently employ approximately 2600 staff and in addition 149 staff seconded from the local authorities who work with the Trust under Section 75 partnership agreements, and 197 staff who have honorary contracts. Investing in the future of our staff is a key element of our Human Resources Strategy underpinned by the introduction of the Workforce and Learning and Development Strategies this year. As a consequence, there has been a significant improvement in recruitment activity helping to reduce our reliance on temporary staffing, and also reduce turnover and sickness levels. In addition, the opening of the Learning and Development Centre in October 2007 has provided a focus for all

mainstream training activities within the Trust. The success of the centre, in only its first year, has enabled development opportunities to be offered to staff from other employers in the healthcare sector.

Through the centre, we have also extended the range of vocational qualifications to support the development of skills across our workforce helping to raise standards in line with government initiatives. Working with Higher Education Institutes we have committed to foundation degree places for the new role of Assistant Practitioner as part of modernising healthcare careers. This will open up new and exciting opportunities for employment which we hope will encourage more people to join our Trust.

Modernising our workforce is being achieved by remaining focused on patient care whilst equipping staff to meet the challenges of a modern and strong NHS. As our aim is

NEW OUTDOOR SPACE FOR MANDALAY HOUSE PATIENTS

Patients using the rehabilitation services at Mandalay House in Aylesbury now have an exciting new outdoor space to use, thanks to a £35,000 project to improve their environment.

OBMH was awarded funding for this by the King's Fund as part of their 'Enhancing the Healing Environment' programme. The project team at Mandalay House decided that a pre-fabricated covered structure would provide much needed additional social, recreational and therapeutic space, with the added bonus that it could be used all year round.

The design was produced in consultation with patients and includes a water feature to create a relaxing environment, seating areas and low upkeep planting. Sarah Waller, Programme Director for the King's Fund, said: "I am delighted to see the end result as a definite achievement in creating a relaxing and therapeutic environment for patients."



UPGRADED PATIENT ENVIRONMENT IN AYLESBURY

Patients using the two wards at Tindal Centre and Harding Ward at Stoke Mandeville Hospital site are now enjoying improved safety, security and physical environments following work to upgrade these areas for the benefit of patients.

The first phase of the project, known as Upwards, began in July 2007 and was tasked with improving the physical environment for patients on Portland, Kimmeridge and Harding Wards. This built upon the safety and security work completed the previous year. The focus this year has been on new windows, ventilation at the Tindal site, refurbishing bathrooms and toilets across all of the wards and replacing much of the flooring on Harding Ward.

Further work to create a new and improved 'section 136 suite' attached to Kimmeridge Ward and to provide additional single rooms that increase the bed capacity on Portland Ward was also undertaken.

genuinely to be an employer of choice, we also ensure that career prospects are improved across the broad spectrum of mental health services. In 2007 we have seen the introduction of a new Women's Forensic Service and we expect to see other new services coming into effect over the next three to five years.

COLLEAGUE OF THE MONTH AWARD

Our staff are encouraged to nominate a colleague or a team who they believe make a real difference for other staff and patients. Over the past year a variety of staff and teams have received the awards: health care assistants, ward teams, housekeeping staff, day hospital and ward managers, nursing staff and social care staff.

FLEXIBLE WORKING

We have a range of policies to promote the work-life balance of our staff. These include: Annual and Special Leave, Career Break, Carers, Job Share, Maternity, Paternity and Adoption, and the Work Experience. Managers are encouraged to provide flexible working opportunities for staff and this has been evidenced by positive feedback in this area through the annual staff survey. The survey is an important part of our Workforce Strategy and is used to monitor year on year improvements in staff opinion.



Improvements to patient care & environment

CAMHS YOUNG PEOPLE'S PANEL (YPP)

This project has been set up to engage children and young people meaningfully in the evolution of services. Members of the YPP, Becca and Denise said, "Our opinions have been listened to and valued. The redevelopment of the Park Hospital has been great to be involved with because we have been able to see our ideas literally built before our eyes. We have been involved in staff interviews; this has helped us to feel more confident that the staff are the right ones to work with children. We were shortlisted for a 'Celebrating Success Award' and came third! We made a successful bid to become a 'Big ideas project' which is a national project run by the National Children's Bureau. We are one of only three national sites working to give young people the specific skills needed to help them understand how they can become involved with mental health service design and development."

RECRUITMENT, SELECTION AND EMPLOYMENT

To improve our recruitment service and ensure equality of opportunity, we have revised our recruitment procedures. We have improved the experience for people interested in joining the Trust through high quality customer-focused staff who are able to liaise effectively between the public and our services. The recruitment team fully utilises the potential of online applications through NHS Jobs and speeds up the process from advert to appointment, minimising delays. This, in combination with the introduction of Electronic Staff Records (ESR) in October 2007, provides an opportunity to supply managers with high quality workforce information and to help us move further towards paperless systems.

Recruitment and retention remain high on our Human Resources agenda and therefore we have once again set some challenging targets which are summarised in the table below:

HR Performance Measure	2007/08 Performance	2008/09 Target
Sickness	3.9%	3.5%
Turnover	14.4%	13%
Bank and Agency	7.6%	5.7%

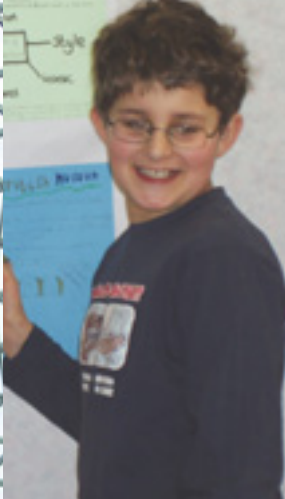
Another feature of the improvements being made for patients and staff is in the provision of higher quality wards and improved working environments. We have embarked upon major developments of the Warneford Hospital site in Oxford and the Manor House site in Aylesbury. This will see an investment of over £60million in the next five years emphasising our approach to creating an environment in which patients' wellbeing is uppermost and within which staff are able to work effectively.



*Improvements to
patient care &
environment*



"I think it's a cool project, we should be the ones who are telling adults what kids need, because we might need it too" Nadia, 11



Improvements to patient care & environment

EQUALITY AND DIVERSITY

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 is founded on conviction rather than compliance and is supported by our employees to ensure the Trust provides a diverse environment for its patients and staff.

The Trust Board has given a strong commitment to promoting equality by allocating responsibility to the Director of Nursing to lead on this and the wider diversity agenda.

To promote equality and diversity, training in diversity is provided at induction for all new staff and this is refreshed every three years using a mandatory online diversity training module. The module is provided through the NHS Core Learning Unit and has been available to staff since August 2007.

The Trust has in place the required:

- Race Equality Scheme with an action plan. This is due for revision this year and consultation with the Black and Minority Ethnic (BME) communities commenced in September 2007.
- Disability Equality Scheme (DES) with an action plan against which progress is monitored.
- Gender Equality Scheme (GES). The Gender Equality Duty came into force in April 2007 and

requires the Trust to be proactive in promoting equality for women, men and transgender people. It has relevance to the Trust both as an employer and a provider of services. The Trust developed and published its Gender Equality Scheme (GES) by the required deadline in April 2007.

STAFF SURVEY

We always welcome the staff survey and aim to learn from the results. This year nearly 1,000 staff took part and results showed that improvements have been made over the past year in the following areas:

- Job satisfaction and design
- Availability of hand-washing materials
- Fair procedures for reporting errors, near misses or incidents

A number of areas were highlighted where we could make improvements and we plan to address these as part of our Wellbeing Project. These include the extent to which we involve our staff in decisions and how we combat bullying and harassment.

Staff wellbeing is a priority for the Trust and we are very keen that staff contribute to discussions about how they, and the teams they work in, are supported at work and how the wellbeing initiatives can achieve positive outcomes for all of us.

IMPROVING PATIENT CARE USING LEAN SYSTEMS

LEAN is an approach to improving quality which focuses on adding value for the patient. The Buckinghamshire Adult Services Directorate has been using this approach to identify and remove barriers that prevent patients from accessing and receiving care in a timely manner. This includes organising patients into 'families' according to their needs and not diagnosis. The focus has been on teams at the frontline, including the Community Acute Service (Crisis Resolution and Home Treatment Team), Community Mental Health Teams (CMHTs) and most recently, the inpatient wards. A new service has been created which is responsible for co-ordination of services outside of working hours.

The Community Acute Service is now able to provide more home treatment options for people who ordinarily would have been admitted to hospital. Access to CMHTs has become more streamlined with clear systems for seeing patients quickly. Clinicians who work out of normal hours now have access to up-to-date clinical information for all known patients, provided by the Out of Hours Co-ordination Centre.

REDEVELOPING THE MANOR HOUSE SITE

We have major long-term plans to develop a new inpatient unit on the Manor House site in Aylesbury. The new unit will provide care for adults of working age and older adults, and will replace wards at the Tindal Centre, John Hampden Unit and Chartridge Ward, Amersham.

The unit will be purpose-built and owned by the Trust. OBMH wants to make it a 'landmark' building, imaginatively designed and minimising energy use as far as possible. Construction should begin by early 2010, with the new unit expected to open in 2012.

Services and staff will move from the Manor House site in late 2008. A building in Aylesbury has been identified as a base for some clinical services and management offices, and use will be made of the Tindal Centre for teams that need to remain close to the acute inpatient wards.

MONITORING OUR PERFORMANCE

In addition to monitoring financial performance and the Healthcare Commission standards for quality and use of resources, the Trust Board agrees a set of key performance indicators (KPI) each year covering service level agreements, safety and quality, data quality, estates and workforce, see table on the facing page.

Areas are selected which have a direct impact on the Trust's ability to deliver best value in quality and service. Further indicators are under development, including a balanced scorecard covering the performance of services delivered under the Section 75 Health Act Agreements with the County Councils, waiting times for first appointments and numbers waiting, waiting times for treatment following assessment in psychological therapy services and patient experience of services. Performance information is published directly on the Trust's website www.obmh.nhs.uk



Improvements to patient care & environment



Key Performance Indicators

Indicator	2007/08			2006/07
	Outturn	Target	Variance	
Service Level Agreements				
1 Crisis and Home Treatment Service caseload	1757	1,637	7.3%	471
2 Early Intervention Service caseload	247	246	0.4%	73
3 Inpatients - occupied bed days	170,845	160,411	6.5%	173,920
4 Outpatient & community contacts	200,949	188,420	6.6%	169,989
5 Day care attendees	6,670	6,349	5.1%	13,924
6 Inpatients on enhanced CPA followed up within 7 days of discharge	93.0%	100.0%	-7.0%	-
7 Referrals directly booked by clients	99.0%	100.0%	-1.0%	99.0%
Safety & Quality				
8 Ratio of incidents (per 100 patients/monthly moving average)	2.99	3.76	20.5%	-
9 Ratio of SUIs (per 1000 patients/monthly moving average)	0.81	1.39	41.7%	-
10 Ratio of complaints (per 1000 patients/rolling average)	1.37	1.38	0.9%	-
11 Diversity (% of people using our services who have recorded a BME origin)	13.82	-	-	-
Data Quality				
12 Trust Data Completeness	84.5%	82.5%	2.4%	76.3%
13 % of all open records with ethnic group coded	88.0%	100%	-12.0%	-
Estates				
14 "Fit for Purpose" - environment (Quarterly)	90.0%	87.0%	3.4%	86.0%
15 Total Backlog £/m ² (Quarterly)	32.8	32.3	-1.7%	45.0
Workforce				
16 Number of WTE	2,559	2,650	-3.4%	2,428
17 Staff Sickness Absence Rate (reported one month in arrears)	3.9%	4.0%	2.5%	5.0%
18 Turnover (12 month rolling/cumulative)	14.4%	15.0%	4.0%	20.3%
19 Percentage of Staff with Personal Development Records in place	81.0%	80.0%	1.3%	-
20 Stability Index (monthly)	83.9%	90.0%	-6.8%	-
21 Bank & Agency spend-total as % of total pay bill (Actual in month/Average YTD)	7.6%	6.7%	-13.4%	8.6%

REDEVELOPMENT OF THE PARK HOSPITAL

The Estates and Facilities teams are currently working on our vision for a flagship conversion of the existing Park Hospital in Oxford from the previous inpatient wards for children and younger people to a multi-agency resource centre for child and adolescent mental health services (CAMHS). The building will also include office accommodation for 60 staff on the upper floor.

The scheme provides for a new protected stairwell, with lift, to allow the removal of the unsightly external escape stairs and landings. A new façade is being incorporated which will form a gateway to Churchill Drive. This will also form the main entrance to the new complex.

Improvements to patient care & environment





Improvements to patient care & environment

SERVICE LEVEL AGREEMENTS

ACTIVITY - The Trust has seen significant improvement in the recording of data on activity delivered on its electronic information system. This recording is required to support the delivery of care and clinical governance, in addition to contracting and other business processes. Community contacts for the year were 6.6% above plan compared to 20.0% below plan in the previous year.

CRISIS AND HOME TREATMENT SERVICES - The Oxfordshire service provided 965 episodes of care over the year, 3.7% above their national target and the Buckinghamshire service provided 792 episodes of care over the year, 12.2% above their national target.

EARLY INTERVENTION - The new Oxfordshire service had a caseload of 145 at March 2008, 3.6% above their national target and the Buckinghamshire service had a caseload of 102 at March 2008, 3.8% below their national target, as a result of delays in the appointment of medical

staff and moving to an open access basis. The Buckinghamshire service has worked hard to increase referrals, in-reaching into schools, colleges and youth centres.

CLIENTS ON ENHANCED CPA FOLLOWED-UP WITHIN SEVEN DAYS OF DISCHARGE FROM AN INPATIENT UNIT - The Trust followed-up 98% of clients within seven days during February and March. The average for the year was 93%.

SAFETY AND QUALITY

COMPLAINTS - 145 complaints were received during the year, slightly fewer than the 150 received the previous year. 90% of complaints were responded to within 25 working days or extension agreed with the complainant.

INCIDENTS - Incidents per 100 open referrals fell over the year from a three monthly rolling average of 4.08 to 2.99, which is 20.5% below the continuous improvement target set at the beginning of the year.



PSYCHOLOGICAL SERVICES REDESIGNED

This year has seen the redesign of the Specialist Psychological Services. We have combined the previous psychology and psychotherapy adult and older adult services and moved to five integrated locality teams (based in North, City and South Oxfordshire and North and South Buckinghamshire). The focus of the changes has been to deliver an equitable service across each county, to provide patients of all ages with timely access to psychological services, increase direct clinical work with patients, less assessment and more treatment and simplify referral routes. The service is a partner in the Buckinghamshire 'Improving Access to Psychological Services' national pilot with Buckinghamshire Primary Care Trust, Buckinghamshire Mind and the independent counselling sector.

SERIOUS UNTOWARD INCIDENTS

(SUIs) - The number of SUIs, at a three monthly rolling average of 0.81 per 1,000 open referrals a month, was 41.7% below the continuous improvement target set at the beginning of the year and the trend is downwards since May 2007. Recent guidance requires the Trust to report any SUIs involving loss of data. No such incidents were reported during 2007/08.

DATA QUALITY

HEALTH OF THE NATION

OUTCOMES (HONOS) - There are 12 scales designed to be used by clinicians before and after interventions with patients, so that changes attributable to the interventions (outcomes) can be measured. These scales are being used in Oxfordshire adult and older adult services, CAMHS and forensic services.

DIVERSITY - As part of our goal to ensure that we are meeting the needs of all our service users, we are monitoring the quality of data (84.5% complete at March) and use of our services by people

with a black or minority ethnic origin.

This measure has only been reported as a Board Key Performance Indicator (KPI) in the last quarter of the year. It has demonstrated on a monthly snapshot basis that around 14% of people with open referrals for our services have recorded a black or minority ethnic background. This is slightly higher than the estimated black and minority ethnic populations for our catchment areas which are 9% for Buckinghamshire and 11% Oxfordshire.



ARTSCAPE GALLERY WOWS VISITORS

The Artscape Gallery officially opened at the Warneford Hospital in April 2007 and was much welcomed as a new display space. The gallery has now hosted a range of exhibitions: the work of individual service user artists, work generated through Arts projects, and displays of works of local professional artists.

The atmosphere of the Warneford long corridor has been transformed by the gallery. Staff and service users have enjoyed the variety of exhibits on show. The gallery plays an important role in enhancing the environment, while contributing to the self esteem of service user artists who are able to exhibit their work to a recognised professional level.

Artscape is now planning several other gallery sites across Trust locations and will run an ongoing programme of exhibitions.

Improvements to patient care & environment



ESTATES

'FIT FOR PURPOSE' - The overall performance against the Trust's 'fit for purpose' rating was 90%, a 'good' classification using national standards for the environment, including cleanliness. Inspection teams drawn from clinicians, management and service users make quarterly inspections of all ward areas and although the overall position was an improvement of 18% to 90% in-year. Vaughan Thomas Ward and Phoenix Ward scored 83.0% and 85.0% respectively and were only rated 'adequate'. Plans are in place to improve this position and Phoenix Ward is due for a refit in 2009.

BACKLOG MAINTENANCE - Reduced to £32.8 per square metre by March. In total £4.3m of work is still required but £1.3m will be addressed by the planned new hospital in Aylesbury.

WORKFORCE

STAFF SICKNESS - Marginally better than the target of 4.0% at 3.9% at March and a 22.0% improvement over the previous year.

STAFF TURNOVER - Consistently fallen over the year from a high of 17.8% to 14.4% at March. The Trust has also seen a rise in the Stability Index (staff in post in March who were employed by the Trust 12 months prior) from 80.0% to 84.0%.

PERSONAL DEVELOPMENT RECORD - 81.0% of staff have received an appraisal in the last 12 months and have a personal development record, an increase of 21%.

USE OF BANK AND AGENCY STAFF - Only 3.4% of posts were not covered at March. However, bank and agency use remains high at 7.6% for the year and 10.8% in March. The trend is upward, just under 6.0% for bank use and 3.0%

for agency, driven by operational requirements, primarily in Forensic Services. Work to improve rostering and recruitment is ongoing, with an aspirational target of 4.0%. The majority of bank work is covered by the Trust's own staff.

USE OF FINANCIAL 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. Our Trust was assessed as 'good' for 2006/07, across five standards, financial reporting, financial management, financial standing, internal control and value for money. This was the first year of the merged Buckinghamshire and Oxfordshire mental health trusts, which were assessed as 'weak' and 'fair' respectively for 2005/06. The 2007/08 performance will not be published until autumn 2008.

ABOUT 40% OF ALL ATTENDANCES AT GP SURGERIES ARE RELATED TO MENTAL HEALTH AND WELLBEING.



Financial Report



REVIEW OF FINANCIAL PERFORMANCE 2007/08

HIGHLIGHTS

- Total income for the Trust increased by £9.1m (6.4%) to £151.7m, excluding Section 75 agreements
- Earnings before Interest, Tax, Depreciation and Amortisation (EDITDA) has increased by £3.4m (38.6%) to £12.1m
- Income and Expenditure Surplus (after the write down of operationally surplus buildings of £0.8m) has increased by £0.9m, to £1.1m
- I&E Surplus margin for the year is 0.7%, up by 0.6%
- Cost Improvement Plans have been delivered in full at £4.7m
- Capital Programme delivered on plan, £11.9m

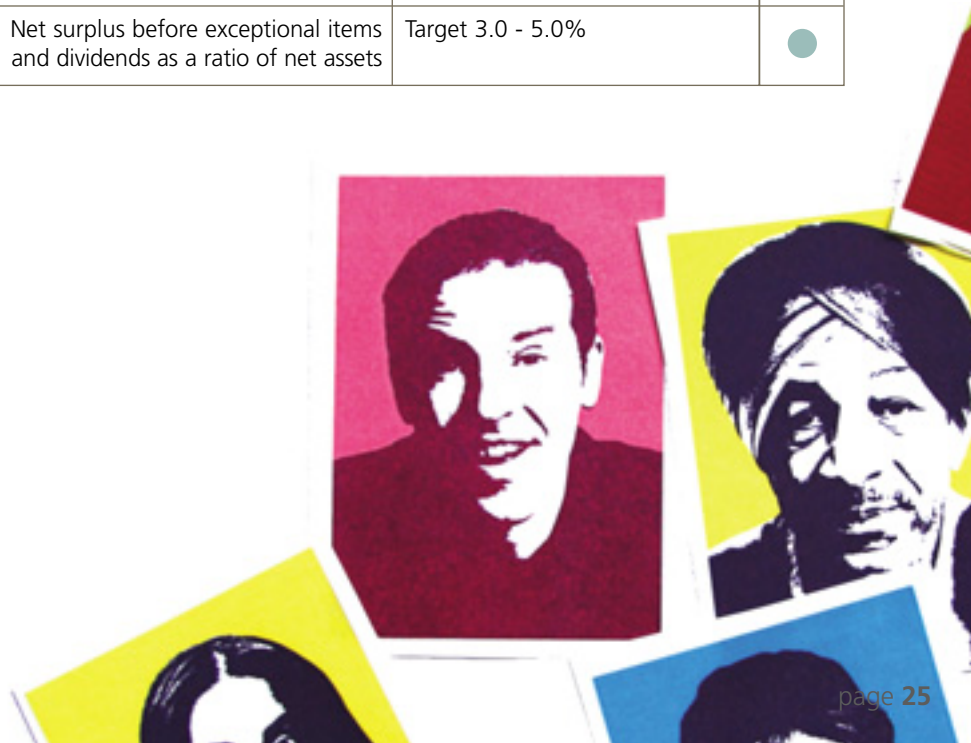
FIVE YEAR RECORD – YEARS ENDED MARCH

The Trust's five year record is one of break-even or surplus, meeting its statutory duty.

£million	2003/04	2004/05	2005/06	2006/07	2007/08
Income					
Clinical Income	55.6	59.6	61.0	104.0	112.2
Other Income	26.4	27.0	35.0	38.6	39.5
Total Income	82.0	86.6	96.0	142.6	151.7
Expenses					
Pay Costs	(47.9)	(53.1)	(56.7)	(87.6)	(89.3)
Non-Pay Costs	(29.7)	(28.6)	(32.9)	(46.3)	(50.3)
Total Expenses	(77.6)	(81.7)	(89.6)	(133.9)	(139.6)
EBITDA	4.4	4.9	6.4	8.7	12.1
Depreciation, Impairments and Disposals	(2.0)	(2.2)	(2.5)	(3.5)	(5.5)
Dividends	(2.5)	(2.8)	(4.0)	(5.4)	(5.9)
Interest	0.1	0.1	0.1	0.4	0.4
Net Surplus/(Deficit)	0.0	0.0	0.0	0.2	1.1

2007/08 KEY FINANCIAL PERFORMANCE INDICATORS

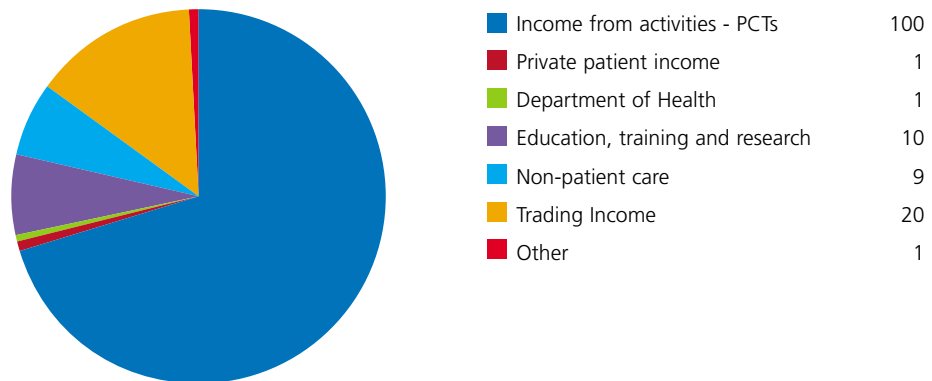
INDICATOR	ACTUAL	DESCRIPTION	BENCHMARK	
TRADING				
Underlying performance: EBITDA	8.0%	Total income less total costs	Average FT performance quarter 3 2007/08 7.9%	●
Achievement of plan: EBITDA % Achieved	113.2%	Actual compared to plan	Target 100.0%	●
Financial efficiency: Income and Expenditure Surplus Margin	0.7%	Net surplus (less exceptional items) expressed as a % of total income	Target 1.0%	●
Income (£'000) per month, per WTE staff	5.4	Average monthly income earned per whole time equivalent member of staff	Top 25% of mental health trusts	●
Pay (£'000) per month, per WTE	3.2	Average monthly pay per whole time equivalent member of staff	Above national average	●
INDICATOR	ACTUAL	DESCRIPTION	BENCHMARK	
CASH FLOW & LIQUIDITY				
Net cash inflow	5.0%	Net movement in cash retained in the business	Not available	●
Capital Programme: Expenditure delivery against plan	100%	Actual compared to plan	Target 100.0%	●
Minimum interest cover	55.9x	Earnings available to cover interest on loans and leases	Minimum 3x	●
Minimum dividend cover	1.2x	Earnings available to cover the payment of dividend	Minimum 1x	●
Liquidity ratio	6.5 days	Number of days working capital available to cover operational costs	Target 25 days+	●
INDICATOR	ACTUAL	DESCRIPTION	BENCHMARK	
BALANCE SHEET				
Current Assets: Current Liabilities	1.6	Ratio comparing value of assets against payments to be made	Not available	●
Debt cover	0.6%	Loans/leases to net assets	Target 10% ceiling	●
Financial efficiency: Return on assets%	3.1%	Net surplus before exceptional items and dividends as a ratio of net assets	Target 3.0 - 5.0%	●



FINANCIAL PERFORMANCE

Summary accounts are provided on pages 30 to 33 of this annual report. The Trust's external auditor has reviewed these statements to ensure that they are consistent with the audited annual accounts. However, the reader should note that these summary financial statements may not contain sufficient information for a full understanding of the Trust's financial position and performance. If required, the full statutory accounts are available on request from the Trust's website www.obmh.nhs.uk

The Trust has had another successful year. Total income was up 6.4% to £151.7m, excluding income in relation to Section 75 agreements (£5.9m). Income from client services contracted by commissioners (Primary Care Trusts, other NHS Foundation Trusts and some Local Authorities) was £112.2m, up 7.9%, while other income was £39.5m, up 2.2%. Other income includes Training and Education of £9.9m, Research and Development of £0.7m, and short-line pharmacy sales of £17.5m.



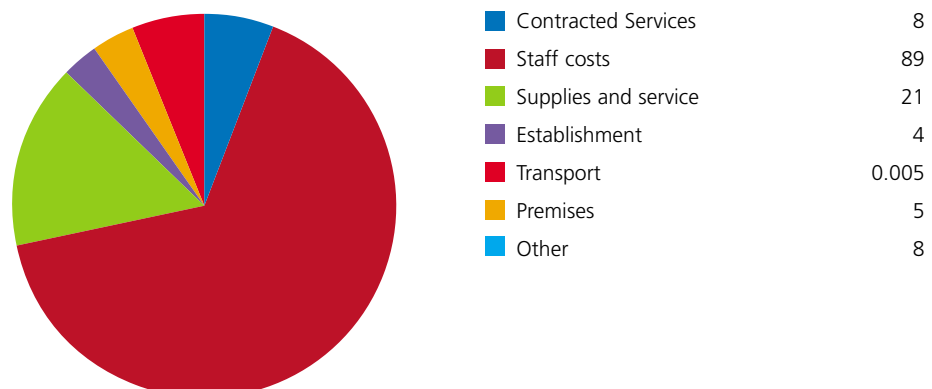
88% of the Trust's income from client services comes from the Oxfordshire and Buckinghamshire Primary Care Trusts (PCTs).

2.5% of the increase in income from client services was driven by uplifts agreed with the PCTs to cover nationally agreed pay awards and price inflation. The other material increases resulted from:

- £2.5m (2.2%) of additional secondary commissioning budgets devolved to the Trust by Buckinghamshire PCT
- The opening of the Women's Forensic Inpatient Unit, Thames House (£1.6m, 1.4%)
- The full year effect of new contracts agreed in 2006/07 (£1.3m, 1.2%)
- An additional £1.0m (0.9%) invested into forensic inpatient places by Oxfordshire PCT.

The Trust's total income was £8.4m below the plan for 2007/08; £2.5m on client services income due to the delayed opening of the Women's Forensic Unit and a discount agreed with Buckinghamshire PCT to support the whole system financial recovery; £3.0m on the Oxfordshire Local Informatics Service (LIS) (shared service, income recovered from other trusts to cover costs incurred) hosted by the Trust; £2.7m on trading, primarily relating to the short-line pharmacy store sales.

Pay and non-pay were £5.0m, 5.0%, and £3.6m, 6.6%, below plan, respectively. The pay variance was driven by delayed service developments and higher than planned vacancies, particularly in the first six months (Month 12 Whole Time Equivalents (WTEs) were 113, whilst the average for the year was 187) and non-pay, principally £3.0m relating to Oxfordshire LIS discussed above.



Analysis of costs -58.9% of income is spent on pay, £89.3m, which was up by 2.0% on the previous year.

The Trust's Earnings before Interest, Tax, Depreciation and Amortisation (EBITDA) increased by 38.6% to £12.1m. Expressed as a percentage of total income this figure increased from 6.1% to 8.0%, which compares favourably to the 7.9% average reported at quarter three by foundation trusts.

The Trust's Income and Expenditure Surplus increased by £0.9m to £1.1m, after a £0.8m write-down following the decommissioning of buildings on the Manor House site ready for the development of new facilities. The margin expressed as a percentage of total income increased from 0.1% to 0.7%.

Segmental reporting - The Trust is organised into four business segments, Oxfordshire (Adult and Older Adult), Buckinghamshire (Adult and Older Adult), Specialist (Psychological Therapies, Child and Adolescent, Addictions, Eating Disorders) and Forensic. There are a number of other trading accounts which are reported separately, i.e. short-line pharmacy store. For the purpose of costing and pricing, corporate and other costs are allocated to the business segments based on the use they make of corporate facilities and services. In 2007/08, the Trust monitored total client income less pay and non-pay costs (EBITDA). The Trust will introduce full Service Level Reporting (by business segment) in 2008/09.

Loans - Interest payable on loans was £0.1m, with £0.6m repaid in year, leaving £1.9m outstanding at March 2008. Minimum interest cover (the number of times the Trust could meet its interest liabilities from its EBITDA) was 55.9 times.

Return on invested capital - Return on invested capital was 3.1%, a reduction from 3.5% reported for 2006/07 caused by the slippage in the disposal of operationally surplus assets. This meant that the Trust's average relevant net assets for the year were higher than originally forecast.

Retained surplus - Retained surplus was £1.1m, up by £0.9m from £0.2m last year.

Current assets: current liabilities - Increased by £0.3m, 6.2%, to £6.0m. This is due to an increase in cash of £5.0m and stock of £0.3m, offset by an increase in creditors of £1.7m and a decrease in debtors of £3.2m.

Dividends - The total dividend was £5.9m (2007: £5.4m). Dividend cover improved to 1.2 times compared to 1.0 times last year.

Financial and treasury risk - The principal financial risk which we face is the ability to generate sufficient cash to satisfy our business needs, particularly to fund our capital programme and to mitigate against any adverse financial impact resulting from risks identified in our business planning process. Other financial risks and mitigations are covered below:

- **Funding and liquidity** - Liquidity requirements are managed in line with short and long term cash flow forecasts. The NHS rules relating to year end cash balances changed in 2007/08, enabling the Trust to carry forward £5.4m against an original plan of £0.8m
- **Interest rate risk** - Exposures to interest rate fluctuations are not material
- **Pay awards** - The Trust has planned sufficient headroom to be able to absorb a 20% variation on the pay award planning assumption without impacting on its service delivery plans
- **Capital risk** - The Trust's strategic objective in respect of financial performance is to be in a position to sustain a level '4' financial risk rating in its first year of operation under the Foundation Trust regime. The Trust has sufficient cash to repay outstanding loans on demand
- **Land sales** - The Trust will manage potential timing differences in relation to land sales through having gateways built into major capital schemes, which prevent entering into works contracts before the land sale contracts are exchanged
- **Insurance** - The Trust is a full member of the NHS Litigation Authority, providing insurance cover for liabilities to third parties, property and clinical negligence. Additional cover for vehicles is sourced from commercial insurers.

GOVERNANCE

- **Operational efficiency, effectiveness and productivity** - Operational efficiency is of paramount importance in a business dedicated to delivering best value in quality and service. The Trust has developed a strategic approach to delivering efficiency, effectiveness and productivity. It has monitored itself using external benchmarks and under the Healthcare Commission's annual value for money assessment, the Trust was rated 'good'.
- **Business continuity and disaster recovery** - Any significant incident, or an event which impacts upon our IT networks or key central support functions, could severely compromise our business, although the prime care record remains the paper record held on wards and by community teams. The Trust continues to refine Business Continuity Plans for all significant business areas, which are supported by systems and regularly tested.
- **Audit Committee** - The Audit Committee is a sub-committee of the Trust Board with four non-executive members. The Audit Committee meets a minimum of three times a year. The Trust's Chair is specifically excluded from membership and normally the Chief Executive, Director of Finance, external and internal auditors are invited to attend each meeting. The prime duties of the Committee are to review the establishment and maintenance of an effective system of integrated governance, to ensure that there is an effective internal audit function, review the work and findings of the Audit Commission appointed external auditors, to review the findings of other significant assurance functions and to review the Annual Report and Financial Statements before submission to the Trust Board. Minutes of the Committee are submitted to the Trust Board on a regular basis, together with an annual report on the Committee's work and performance against the NHS Audit Committee Handbook.
- **Internal Audit** - The Trust's internal audit function has been contracted out to the Central England Audit Consortium (CEAC), an NHS consortium of trusts and PCTs. The annual internal audit plan is risk based; it is part of a three year programme. The plan is designed to complement and support the work performed by the external auditors and is approved by the Audit Committee. A report is taken to every Audit Committee meeting detailing progress against plan and drawing attention to any concerns. The internal auditors have the opportunity to meet the Audit Committee members in private (without the executives).
- **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 agreed a plan for 2007/08 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 2007/08 work has been undertaken to support the development of a benchmarking framework. The Trust has also commissioned the external auditor to undertake a review of financial governance and the Human Resources function as part of the preparation for Foundation Trust. Fees paid for external audit during 2007/08 were £172k, broken down as follows:

- Statutory Accounts, £60k
- Use of Resources opinion, £81k
- Additional work, £31k

As with the internal auditors, the external auditors have the opportunity to meet privately with the Audit Committee.

- **Information and data** - The Trust Board has been assured through the Integrated Governance Committee that effective arrangements are in place to manage and control risks to information and data. An Information Governance Strategy and suite of policies are in place with an Executive Director (the Director of Nursing and Clinical Governance) with overall responsibility for Information Governance and the Caldicott Guardianship, information security and data protection appropriately allocated. Significant assurance has been gained through the completion of the first phase of the Information Governance Assurance Programme and the annual Information Governance toolkit assessment. No serious untoward incidents involving personal data were reported this year that are required to be reported to the SHA or Information Commission, as set out in recent guidance on serious untoward incidents involving data.
- **Fraud and compliance** - As with any business, there is a risk of fraudulent behaviour from our employees. We do not underestimate the potential for financial crime at any level of the business and extensive steps are taken to reduce this risk, including clear financial instructions, accounting processes and auditing and review by our Internal Audit. In addition, the Trust has a nominated Local Counter Fraud Specialist and participates in national fraud exercises.

The Trust Statement on Internal Control is available on our website at www.obmh.nhs.uk

FINANCIAL OUTLOOK

The Trust was authorised on 1st April 2008 as a Foundation Trust (FT) by Monitor, the FT Regulator, and consequently will operate under a different financial regime as set out in the National Health Service Act 2006. The accounts must comply with UK GAAP and the Trust also falls within the remit of the Financial Reporting Advisory Board.

The Trust ended the financial year with an underlying recurrent surplus of 1.0%.

The Trust still operates in a financially challenged health system in Buckinghamshire and will continue to work with its partners to contribute to the overall financial recovery in that system. The Trust entered into 18 month contracts with its main commissioners from 1 April 2008 and expects a new national mental health contract to be in place by 1 October 2009. The Trust does not expect a national mental health tariff to be introduced before 2012 and will continue to work with its commissioners on the

development of local contract currencies that reflect the actual activity delivered under service specifications and health outcome indicators. With effect from 1 October 2008, the contracts for forensic services will transfer to specialist commissioning arrangements hosted by Hampshire PCT.

In future, as an FT, the Trust will be monitored against the following key financial targets:

Ratio	Monitor Risk Ratings					
	Calculation	Rating				
		1	2	3	4	5
EBITDA margin	Total income less total costs	Less than 1%	1%	5%	9%	11%
EBITDA achieved	EBITDA actual dividend by EBITDA planned	Less than 50%	50%	70%	85%	100%
Return on assets	Net surplus, add back dividend and impairments dividend by average (opening and closing balance sheet figures) total assets (fixed assets, current assets less liabilities)	Less than minus 2%	Minus 2%	3%	5%	6%
Income and Expenditure Surplus Margin	Net surplus less exceptional items divided by total income	Less than minus 2%	Minus 2%	1%	2%	3%
Liquidity	opening cash position divided by total costs multiplied by 365 days. Opening cash position is calculated: Debtors, accrued income, cash less creditors and accruals.	Less than 10 days	10 days	15 days	25 days	35 days

Together these targets make up the Financial Risk Rating applied by Monitor. Performance in each area is scored and weighted to determine a total score on a scale of 1 to 5, with 5 indicating the best possible performance.

The Trust Board at its March meeting approved the 2008/09 budget, which, if delivered in full, will see the Trust rated at '4' by Monitor under their financial performance risk rating scheme and achieve full compliance against the Prudential Borrowing Code. Budget highlights include:

- Income, £166.9m
- EBITDA, £10.8m, 6.5%
- I&E surplus, £2.3m before exceptional items, 1.3%

- Capital Programme, £12.0m
- 3% cash releasing efficiency savings
- There is no external borrowing planned

Two major capital projects will commence in 2008/09, the refurbishment of the Warneford Hospital, including a new Adolescent Inpatient Unit to replace the Highfield and a new hospital at Manor House, Aylesbury to replace existing facilities in Amersham, Stoke Mandeville and Aylesbury. Both schemes are due for completion by 2012 and are dependent on land sales for part of the finance.

OTHER INFORMATION

Additional financial and non-financial information, including press releases and year end presentations, can be accessed on our website, www.obmh.nhs.uk.

GLOSSARY

Section 75 agreements – Agreements between the Trust and local authorities to pool funds to provide services covering health and social care

Depreciation – The writing down of capital assets over their economic life

Amortisation – Depreciation for intangible fixed assets (e.g. software licenses)

EBITDA – Earnings before Interest, Taxation, Depreciation and Amortisation

WTE – Whole Time Equivalent, the number of hours worked expressed as a proportion of a full time post

Income and Expenditure Account for the year ended 31 March 2008

	2007/08 £000	2006/07 £000
Income from activities	112,201	104,001
Other operating income	<u>39,487</u>	<u>38,628</u>
Operating expenses	<u>(144,247)</u>	<u>(138,377)</u>
OPERATING SURPLUS/(DEFICIT)	7,441	4,252
Profit/(loss) on disposal of fixed assets	<u>(806)</u>	<u>936</u>
SURPLUS/(DEFICIT) BEFORE INTEREST	<u>6,635</u>	<u>5,188</u>
Interest receivable	515	370
Interest payable	<u>(125)</u>	<u>(7)</u>
Other finance costs - unwinding of discount	<u>(33)</u>	<u>(25)</u>
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR	6,992	5,526
Public Dividend Capital dividends payable	<u>(5,939)</u>	<u>(5,369)</u>
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR	1,053	157

Balance Sheet as at 31 March 2008

	31 March 2008 £000	31 March 2007 £000
FIXED ASSETS		
Intangible assets	42	85
Tangible assets	<u>199,928</u>	<u>186,177</u>
	199,970	186,262
CURRENT ASSETS		
Stocks and work in progress	1,625	1,322
Debtors	8,974	12,152
Cash at bank and in hand	<u>5,369</u>	<u>418</u>
	15,968	13,892
CREDITORS: Amounts falling due within one year	<u>(9,983)</u>	<u>(8,256)</u>
NET CURRENT ASSETS/(LIABILITIES)	5,985	5,636
TOTAL ASSETS LESS CURRENT LIABILITIES	<u>205,955</u>	<u>191,898</u>
CREDITORS: Amounts falling due after more than one year	<u>(1,313)</u>	<u>(1,951)</u>
PROVISIONS FOR LIABILITIES AND CHARGES	<u>(2,274)</u>	<u>(3,038)</u>
TOTAL ASSETS EMPLOYED	<u>202,368</u>	<u>186,909</u>
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	88,380	47,719
Revaluation reserve	89,378	82,567
Donated asset reserve	1,373	1,265
Government grant reserve	172	185
Other reserves	18,517	52,074
Income and expenditure reserve	4,548	3,099
TOTAL TAXPAYERS' EQUITY	<u>202,368</u>	<u>186,909</u>



Cash Flow Statement for the year ended 31 March 2008

	2007/08 £000	2006/07 £000
OPERATING ACTIVITIES		
Net cash inflow/(outflow) from operating activities	14,841	5,509
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	516	370
Interest paid	(128)	(4)
Net cash inflow/(outflow) from returns on investments and servicing of finance	388	366
CAPITAL EXPENDITURE		
(Payments) to acquire tangible fixed assets	(10,801)	(9,290)
Receipts from sale of tangible fixed assets	0	9,807
(Payments) to acquire intangible assets	(34)	0
Net cash inflow/(outflow) from capital expenditure	(10,835)	517
DIVIDENDS PAID		
	(5,939)	(5,369)
Net cash inflow/(outflow) before management of liquid resources and financing	(1,545)	1,023
MANAGEMENT OF LIQUID RESOURCES		
Net cash inflow/(outflow) from management of liquid resources	0	0
Net cash inflow/(outflow) before financing	1,545	1,023
FINANCING		
Public dividend capital received	7,104	4,300
Public dividend capital repaid (not previously accrued)	0	(7,672)
Loans received from DH	0	2,500
Loans repaid to DH	(626)	(12)
Other loans repaid	(12)	0
Other capital receipts	30	0
Net cash inflow/(outflow) from financing	6,496	(884)
Increase/(decrease) in cash	4,951	139

Statement of total recognised gains and losses for the year ended 31 March 2008

	2007/08 £000	2006/07 £000
Surplus/(deficit) for the financial year before dividend payments	6,992	5,226
Fixed asset impairment losses	(5,303)	0
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	12,637	11,044
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	30	772
Additions/(reductions) in 'other reserves'**	(33,570)	52,074
Total recognised gains and losses for the financial year*	19,214	69,416
Prior period adjustment	0	0
Total gains and losses recognised in the financial year*	19,214	69,416

*Total recognised gains and losses. This does not represent a financial target of the Trust but helps to explain the movements in reserves during the year.

**2006/07 additions of £52,074K reflects the acquisition of Buckinghamshire Mental Health NHS Trust (£34m provision for Public Dividend Capital (PDC), £18m Reserves), in line with DH acquisition by merger accounting rules. 2007/08 reduction of £33,570K reflects the subsequent movement to PDC from 'Other Reserves'.

MANAGEMENT COSTS

	2007/08 £000	2006/07 £000
Management costs	8,784	7,952
Income	151,688	142,629
%	5.8%	5.6%



BETTER PAYMENT PRACTICE CODE – MEASURE OF COMPLIANCE

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

Total	2007/08 Number	£000
Total non-NHS trade invoices paid in the year	33,795	53,639
Total non-NHS trade invoices paid within target	29,667	50,402
Percentage of non-NHS trade invoices paid within target	88%	94%
Total NHS trade invoices paid in the year	1,922	17,644
Total NHS trade invoices paid within target	1,470	15,020
Percentage of NHS trade invoices paid within target	76%	85%

SALARIES AND ALLOWANCES

Name	Title	2007/08			2006/07		
		Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in kind (rounded to the nearest £00)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in kind (rounded to the nearest £00)
Julie Waldron	Chief Executive	120-125	0	0	120-125	0	0
Duncan Smith	Director of Finance	95-100	0	0	90-95	0	0
Jon Allen	Director of Nursing	80-85	0	0	75-80	0	0
Graeme Armitage	Director of Human Resources	75-80	0	0	75-80	0	0
David Bradley	Director of Operations	85-90	0	0	85-90	0	0
Mike Hobbs	Medical Director	165-170	0	0	155-160	0	0
Jonathan Horbury	Director of Development	60-65	0	0	60-65	0	0
Helen Millar	Director of Corporate Management	60-65	0	0	60-65	0	0
Janet Godden	Chair	20-25	0	0	15-20	0	0
Cedric Scroggs	Non-executive Director	5-10	0	0	0-5	0	0
Tom Burns	Non-executive Director	0-5	0	0	n/a	n/a	n/a
Guy Goodwin	Non-executive Director	0-5	0	0	5-10	0	0
June McKerrow	Non-executive Director	0-5	0	0	5-10	0	0
Anne Grocock	Non-executive Director	0-5	0	0	n/a	n/a	n/a
Roger Reed	Non-executive Director	5-10	0	0	5-10	0	0
Elaine Whittaker	Non-executive Director	5-10	0	0	0-5	0	0
Lyn Williams	Non-executive Director	5-10	0	0	0-5	0	0

The Remuneration Committee is a sub-committee of the Trust Board, made up of Non-executive Directors, and set up to recommend the remuneration levels for Executive Directors and other top managers in line with Department of Health guidelines.

PENSION BENEFITS

Name and title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of 2,500)	Total accrued pension at age 60 at 31 March 2008 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2008 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2008	Cash Equivalent Transfer Value at 31 March 2007	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Julie Waldron, Chief Executive	7.5-10	22.5-25	45-50	145-150	892	715	159	0
Duncan Smith, Director of Finance	0-2.5	2.5-5	35-40	115-120	571	521	38	0
Jon Allen, Director of Nursing	0.2.5	5-7.5	20-25	65-70	265	230	29	0
Graeme Armitage, Director of Human Resources	22.5-25	72.5-75	25-30	75-80	343	325	18	0
David Bradley, Director of Operations	0-2.5	2.5-5	15-20	55-60	266	236	25	0
Mike Hobbs, Medical Director	5-7.5	15-17.5	70-75	215-220	1350	1199	120	0
Jonathan Horbury, Director of Development	0-2.5	0-2.5	10-15	40-45	168	156	8	0
Helen Millar, Director of Corporate Management	0-2.5	2.5-5	15-20	50-55	251	223	22	0



Independent auditor's statement to the Directors of the Board of Oxfordshire & Buckinghamshire Mental Health Partnership NHS Trust

I have examined the summary financial statement which comprises the on the Income and Expenditure Account, Balance Sheet, Cash Flow Statement, Statement of Total Recognised Gains and Losses, Management Costs, Better Payment Practice Code and Remuneration Report set out on pages 30 to 33 and the Financial Report on pages 24 to 29.

This report is made solely to the Board of Directors 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.

Respective responsibilities of directors and auditor

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 2008.

Maria Grindley
Engagement Lead
Audit Commission

Unit 5, ISIS Business Centre,
Horspath Road, Cowley,
OXFORD OX4 2RD

12 June 2008



Trust Board Membership

Janet Godden	Chair
Jon Allen	Director of Nursing
Graeme Armitage	Director of HR
David Bradley	Chief Operating Officer
Tom Burns	Non-executive Director (from November 2007)
Anne Grocock	Non-executive Director
Guy Goodwin	Non-executive Director (until October 2007)
Mike Hobbs	Medical Director
June McKerrow	Non-executive Director (until October 2007)
Roger Reed	Non-executive Director
Cedric Scroggs	Non-executive Director
Duncan Smith	Director of Finance
Julie Waldron	Chief Executive
Lyn Williams	Non-executive Director
Elaine Whittaker	Non-executive Director

Integrated Governance Committee

Julie Waldron	Chair
Jon Allen	
Graeme Armitage	
David Bradley	
Tom Burns	(from November 2007)
Janet Godden	
Mike Hobbs	
June McKerrow	(until October 2007)
Duncan Smith	
Elaine Whittaker	

Audit Committee

Cedric Scroggs	Chair
Guy Goodwin	(until October 2007)
Anne Grocock	(from March 2008)
Roger Reed	
Lyn Williams	

Charitable Funds Committee

Elaine Whittaker	Chair
Jon Allen	
Graeme Armitage	
David Bradley	
Tom Burns	(from November 2007)
Mike Hobbs	
Guy Goodwin	(until October 2007)
Janet Godden	
Anne Grocock	(from February 2008)
June McKerrow	(until October 2007)
Roger Reed	
Cedric Scroggs	
Duncan Smith	
Julie Waldron	
Lyn Williams	

Remuneration Committee

Roger Reed	Chair
Tom Burns	(from November 2007)
Janet Godden	
Guy Goodwin	(until October 2007)
Anne Grocock	(from February 2008)
June McKerrow	(until October 2007)
Cedric Scroggs	
Elaine Whittaker	
Lyn Williams	

Finance and Investment Committee

Lyn Williams	Chair
Janet Godden	
Julie Waldron	
Cedric Scroggs	(until November 2007)
Duncan Smith	



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

若您需要本信息的另一种语言或格式的版本文，请与我们联系:

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੀ ਦੂਜੀ ਭਾਸ਼ਾ ਜਾਂ ਸ਼ਕਲ ਵਿੱਚ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰ ਕੇ ਸਾਨੂੰ ਪੁੱਛੋ:-

اگر آپ کو یہ معلومات کسی اور سی ڈی زبان میں یا کسی اور شے میں چاہیں تو براہ کرم ہم سے پوچھیں۔

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