Oxfordshire and Buckinghamshire Mental Health

NHS

NHS Foundation Trust

2009/10

ANNUAL REPORT

caring, safe and excellent

Oxfordshire and Buckinghamshire Mental Health
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Annual Report 2009/10

This report will be presented to Parliament pursuant to Schedule 7, paragraph 25 (4) of the National Health Service Act 2006.

Chair's Report

My term of office as Chair of OBMH came to an end on 31 March 2010, so by the time you read this I will be a voice from the past and the new Chairman Martin Howell will have been in post for a few months. I know that our staff and the rest of the Board of Directors will be giving him every support, and I'm sure that he, like me, will enjoy working with such stimulating colleagues.

The past year has been our second year of operating as a Foundation Trust, and achieving FT status was one of my prouder moments as chair of OBMH (and the weeks leading up to it among the most nerve-wracking). We are still the only Foundation Trust in Oxfordshire or Buckinghamshire, which is a testament in itself to the strong commitment, wide ranging work and high standards of our staff who consistently deliver high quality care to our patients, manage our finances carefully and wisely, and support one another in their various roles. Working as an FT has also demonstrated to me the importance of our Members' Council - thirty-one people representing staff, the public, our service users and their carers and our partner organisations - who bring so much life experience and knowledge to this demanding role. I have been very appreciative of their views and the fact they gave their spare time to listen, comment and contribute to the work of the Trust. If you are an FT Member and have not yet considered standing for election to the Members' Council, I strongly advise you to find out more about it and consider doing so.

Another key achievement in 2009/10 was the winning of the contracts for the Trust to provide child and adolescent mental health services in Wiltshire, Swindon, Bath and North East Somerset. This success was based on our presentation to commissioners of the service model which has been working well in Oxfordshire and Buckinghamshire for some time, and aims to integrate together the various groups who may be involved in providing services to young people with mental health needs at any one time. I was also delighted that our planning application for the rebuilding of the Highfield inpatient Adolescent Unit on the Warneford site in Oxford was approved in March, and that work has started. Many parents, young people, staff and local families supported our application and made their views known to the City Council and we were very grateful for their support. The importance of our CAMHS services in offering the best possible care to young people with so much of their lives ahead of them cannot be overstated. It is a real pleasure to leave them so buoyant.

Once again I wish everyone connected with OBMH - staff, service users, carers, and our sister organisations in the NHS - every success for the future. The challenges facing the NHS are serious, and I know of no other organisation better fitted to rise to them than OBMH. I have been proud to have been involved with the Trust over a period of twelve years, and in the months to come I shall greatly miss the buzz, the pace of a high achieving environment, and of course the many friends I have left behind.

Janet Godden
Former Chair (end of tenure 31st March 2010)

Chief Executive's Report

Welcome to the OBMH Annual Report for 2009/10.

Each year, as I write this introduction, I am struck by how difficult it is to sum up a whole year on a page. Our second year as a Foundation Trust has been packed with achievement and activity.

This year has seen work begin on two major capital developments for the years ahead – the preparatory work for our new hospital site in Aylesbury, replacing Manor House; and the approval of our planning application to rebuild the Highfield Unit at the Warneford hospital in Oxford. Both of these will ensure that we can provide a high standard of care for our patients in modern, safe and fit-for-purpose environments. To see old buildings demolished and space cleared for new facilities is both exciting and inspiring, and it is good to be able to look forward to seeing these take shape over the next 18 months.

The changes brought about by the national Transforming Community Services programme has led to Primary Care Trusts separating their commissioner functions from their provider functions, meaning that other local NHS organisations could bid to take the management of community health services into their trusts. We know from providing community mental health services already that many patients have both physical as well as mental health care needs, especially younger people and older people. This year we were delighted to have been chosen as the preferred partner for community health services in Oxfordshire, and we will be working for the next ten months to integrate OBMH with Community Health Oxfordshire in April 2011. As part of this process, we will change our name to one which better reflects what we do. But our commitment to providing first class mental health care will not change, nor will our activity and partnerships in Buckinghamshire.

We were also privileged to be chosen as the host organisation for the Thames Valley Health Innovation and Education Cluster at the end of 2009. These Clusters will bring together health, education, voluntary sector and commercial organisations to work together for mutual benefits, and in our case, that means for the benefit of our patients and service users.

2009/10 saw OBMH receive our first registration from the Care Quality Commission (the organisation which replaces both the Healthcare Commission and the Mental Health Act Commission) and we were granted this registration without conditions. This is the best possible outcome, and we are pleased that this vote of confidence assures our patients and service users that the care they receive is of a high standard.

This year saw the retirement of our Chair, Janet Godden, after over twelve years of involvement with our organisation. Janet has made a great contribution and will be missed. Our new Chairman, Martin Howell, was appointed during the year and came into post on April 1st. I am looking forward to working with Martin, who brings a wealth of experience from a commercial background as well as from his time as a Non-executive Director at South Central Strategic Health Authority.

Finally, in 2009-10, we also established a set of values for the organisation, and these are to be *caring, safe and excellent.* We worked with staff groups to decide which values summed us up and at the same time gave us something to aspire to. We recognise it would be arrogant to assume we are excellent in all that we do, but we are 100% committed to working towards excellence every day. The British Olympic Organisation's values are *Better Never Stops* and I certainly believe that it is not enough simply to be either good or excellent and then stop trying – we need to be constantly working towards an improved patient experience, being an excellent employer, and keeping the patient at the heart of all we do.

I hope you will enjoy this Report. We value feedback and your comments, and if you'd like to let us know how you think we're doing, we would value hearing from you.
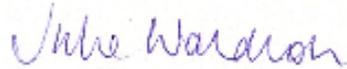
Julie Waldron
Chief Executive
7th June 2010

Background Info

This report provides summaries of the Trust's activity and achievements for the year 2009/10. OBMH is the first, and remains at time of writing the only, NHS Trust in either Oxfordshire or Buckinghamshire to receive Foundation Trust status.

OBMH was formed on 1st April 2006 after the two predecessor Trusts, Oxfordshire Mental Healthcare NHS Trust, and Buckinghamshire Mental Health NHS Trust, merged under the name Oxfordshire & Buckinghamshire Mental Health Partnership NHS Trust. Oxfordshire Mental Healthcare NHS Trust had come into being in April 1994, and Buckinghamshire Mental Health NHS Trust was established in April 2001.

The Trust became Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust on April 1st 2008 when we gained Foundation Trust status.

Directors' Report 2009/10

The **Board of Directors** during the year covered by this Annual Report consisted of:

Executive Directors
Julie Waldron, Chief Executive
Graeme Armitage, Director of Human Resources
Caroline Birch, Acting Director of Nursing and Clinical Governance
David Bradley, Chief Operating Officer
Dr Mike Hobbs, Medical Director
Duncan Smith, Director of Finance

Non-Executive Directors
Janet Godden, Chair – end of tenure 31 March 2010
Mike Bellamy
Professor Tom Burns
Dr Anne Grocock
Roger Reed
Cedric Scroggs, Vice-Chair
Elaine Whittaker
Lyn Williams

In November 2009, the Members' Council appointed Martin Howell to be Chairman from 1 April 2010. As part of his induction into the role and the Trust, Martin Howell shadowed the Board and attended meetings from February to March 2010.

The updated Register of Interests of our Board of Directors is available from the Trust Secretary, Justinian Habner, on request.

As Directors of the Trust, the Directors confirm that, as far as they are aware, there is no relevant information of which the auditors are unaware. Each Director has taken all of the steps that they ought to have taken as a Director in order to make himself or herself aware of any relevant information and to establish that the auditors are aware of that information.
The Board considers that the Trust is fully compliant with the principles of the NHS Foundation Trust Code of Governance, as well as the provision of the Code in all but the appointment of a senior independent director. It was agreed with the Members' Council that this was not appropriate at this stage but would be kept under review.

The way the Trust is governed falls under the responsibility of the Director of Corporate Management, Helen Millar. OBMH also has a Trust Secretary who provides advice and support to both the Members' Council and the Board of Directors.

Members' Council

The Trust's Members' Council plays a central role in the governance of the Trust. The main duties of the Members' Council are to:
  ▸ appoint/remove the Chair of the Trust and Non-executive Directors;
  ▸ decide on the remuneration and Terms & Conditions of the Chair and Non-executive Directors;
  ▸ approve the appointment of the Chief Executive;
  ▸ appoint/remove the auditor;
  ▸ be consulted in the setting of the Trust's forward business plans and any significant changes to services provided; and

- receive and approve the Annual Report, Annual Accounts and any Auditor's report on them.

The Trust's Members' Council is made up of Governors elected by our Foundation Trust members and appointed by partner organisations.

This table shows which Governors sat on the Members' Council for the fiscal year 2009/10, by constituency and tenure.

First Name	Surname	Governor Representing	Tenure
Mike	Alexander	Representing Public (Oxon)	3 years from 01 Feb 2008
Kate	Allison	Representing Carers (Bucks)	3 years from 18 Jun 2008
Jane	Amies	Representing Carers (Oxon)	3 years from 01 Feb 2008
Pam	Bacon	Representing Public (Bucks)	2 years from 01 Feb 2008
Carol	Bannister	Staff (Representing Corporate Support)	1.5 years from 05 Oct 2009
Meg	Barbour	Representing Public (Oxon)	3 years from 01 Apr 2009
Margaret	Batsel	Representing Carers (Oxon)	2 years from 01 Feb 2008
Stephen	Bell	Staff (Representing Adult Services)	3 years from 01 Feb 2008
Julia	Besooijen	Representing Service Users (Oxon)	3 years from 01 Apr 2009
Patricia	Birchley	Appointed: Bucks County Council	3 years from 01 Feb 2008
Jacqueline	Bourton	Representing Service Users (Oxon)	2 years from 01 Feb 2009
Chris	Brearley	Representing Carers (Bucks)	3 years from 01 Feb 2008
Jayne Ann	Champion	Representing Service Users (Oxon)	1 year from 01 Feb 2009
Jim	Couchman	Appointed: Oxon County Council	3 years from 01 Feb 2008
Maureen	Cundell	Staff (Representing Older Adult Services)	3 years from 01 Apr 2009
Mary	Daniel	Appointed: Age Concern Oxfordshire	3 years from 01 Feb 2008
Pauline	Fair	Representing Service Users (Bucks)	3 years from 01 Apr 2009
Andrew	Friend	Representing Service Users (Oxon)	2 years from 01 Jan 2010
David	Geaney	Staff (Representing Adult Services)	3 years from 01 Apr 2009
Stewart	George	Appointed: Bucks PCT	3 years from 01 Feb 2008
Mark	Hancock	Staff (Representing Forensic Services)	3 years from 01 Feb 2008

First Name	Surname	Governor Representing	Tenure
Jeanette	Hocking	Representing Service Users (Bucks)	3 years from 01 Feb 2008
Simon	Hyde	Representing Service Users (Bucks)	2 years from 01 Feb 2008
Ian	Jones	Representing Carers (Bucks)	2 years from 01 Oct 2009
Fiona	Lomas	Representing Service Users (Bucks)	2 years from 01 Feb 2008
Anthony	Monaco	Appointed: University of Oxford	3 years from 01 Feb 2008
David	Mushrow	Staff (Representing Older Adult Services)	2 years from 01 Feb 2008
Dana	Scott	Representing Public (Bucks)	3 years from 01 May 2009
Richard	Speight	Appointed: Bucks MIND	3 years from 01 Feb 2008
Lucy	Toynbee	Staff (Representing Adult Services)	2 years from 01 Feb 2008
Carrie-Ann	Wade Williams	Staff (Representing Corporate Services)	3 years from 01 Feb 2008
Lavinia	Walker	Representing Service Users (Oxon)	3 years from 01 Feb 2009
Alan	Webb	Appointed: Oxfordshire PCT	3 years from 01 Feb 2008
Linette	Whitehead	Staff (Representing CAMHS and Specialist Services)	2 years from 01 Feb 2008

The Trust has grown our FT membership from 5,325 at the beginning of the year to 5,410 at the end of the year.

For information about our membership, please see Appendix 2 on page 87.

The Members' Council meets quarterly in locations across both Oxfordshire and Buckinghamshire, and meetings are open to the public. Attendance at Members' Council meetings is as follows:

First Name	Surname	Apr 2009	Jul 2009	Nov 2009	Feb 2010
Mike	Alexander	✓	✓	✓	X
Kate	Allison	X	X	N/A	N/A
Jane	Amies	✓	X	✓	✓
Graeme	Armitage	✓	✓	X	✓
Pam	Bacon	X	✓	✓	✓
Carol	Bannister	N/A	N/A	✓	✓
Meg	Barbour	✓	✓	✓	✓
Margaret	Batsel	✓	X	X	X
Stephen	Bell	X	X	✓	✓
Mike	Bellamy	X	✓	X	X
Julia	Besooijen	✓	X	✓	✓
Caroline	Birch	✓	✓	✓	X
Patricia	Birchley	X	X	✓	✓
Jacqueline	Bourton	✓	✓	✓	X
David	Bradley	✓	✓	✓	X
Chris	Brearley	✓	✓	✓	✓

First Name	Surname	Apr 2009	Jul 2009	Nov 2009	Feb 2010
Prof Tom	Burns	X	✓	X	✓
Jayne Ann	Champion	X	X	X	X
Jim	Couchman	✓	✓	✓	X
Maureen	Cundell	✓	X	X	✓
Mary	Daniel	X	X	N/A	N/A
Pauline	Fair	X	✓	✓	✓
Andrew	Friend	N/A	N/A	N/A	✓
David	Geaney	✓	X	✓	✓
Stewart	George	✓	✓	X	X
Janet	Godden	✓	✓	✓	✓
Dr Anne	Grocock	✓	✓	✓	X
Dr Mark	Hancock	✓	✓	✓	X
Dr Mike	Hobbs	✓	✓	✓	X
Jeanette	Hocking	✓	X	✓	✓
Simon	Hyde	X	X	X	X
Ian	Jones	N/A	N/A	✓	X
Fiona	Lomas	X	✓	X	X
Anthony	Monaco	X	X	X	X
David	Mushrow	X	✓	X	✓
Roger	Reed	X	✓	X	X
Dana	Scott	N/A	X	✓	X
Cedric	Scroggs	✓	✓	X	✓
Duncan	Smith	✓	✓	✓	✓
Richard	Speight	X	X	N/A	N/A
Lucy	Toynbee	✓	✓	✓	✓
Carrie-Ann	Wade Williams	X	X	N/A	N/A
Julie	Waldron	✓	✓	✓	✓
Lavinia	Walker	✓	✓	✓	N/A
Alan	Webb	X	✓	✓	X
Linette	Whitehead	✓	✓	✓	✓
Elaine	Whittaker	X	✓	X	✓
Lyn	Williams	X	✓	X	X

The working relationship between the Members' Council and the Board of Directors continues to grow and develop. Both Executive and Non-Executive directors regularly attend meetings of the Members' Council to be able to present items on request and answer questions. At each meeting of the Members' Council a Non-executive Director has provided a report on the Board's activities and decisions taken. A similar report is presented to the Board of Directors following each Members' Council meeting.

The Members' Council held an 'away-day' during the latter part of 2009. This provided Governors with the opportunity to set out what they wanted the Members' Council to achieve and how it should work with the Board of Directors. The outcomes from the Council are being implemented and will continue to be during 2010/11. A follow-up event will be held in 2010/11. The Members' Council appointed Chris Brearley as a lead Governor to liaise closely with the Chairman and the Board.

For information about the Committee structure (and who attends which meetings) please see Appendix 2 on page 83.

How the services are provided and managed falls under the responsibility of the <u>Chief Operating Officer</u>, David Bradley.

New Services

OBMH continues to develop services which meet local and regional demand, and to ensure that these services are provided where they are needed.

TalkingSpace

In summer 2008, OBMH in partnership with Oxfordshire Mind formed a partnership to bid for a contract with Oxfordshire PCT to deliver primary care psychological therapies in Oxfordshire. The bid was successful, and the partnership was awarded a three year contract from January 2009. The official opening of the TalkingSpace service in Oxfordshire took place on 18th November 2009. The original service was for counselling and a fledgling Improving Access to Psychological Therapies (IAPT) service; IAPT is a national psychological therapy treatment programme based on a Cognitive Behavioural Therapy (CBT) model. It provides a range of treatments including guided self help, brief CBT treatments (up to 20 sessions) and group work. It is targeted at people who have mild to moderate anxiety or depression.

Oxfordshire PCT was then successful in their bid to become an IAPT Expansion Site, a contract which is worth over £1.5m. The OBMH and Mind partnership is the provider of this IAPT service. TalkingSpace already has one of the highest referral rates in the country with over 2000 people being referred in the first six months of operation.

Young Family and Friends Empowerment (YFAFE) service

This service offers a support, activity and education service for young people aged 10-17 who have a relative with a personality disorder. In July 2009 a pilot weekend involving fun activities, group bonding and focus groups was held at the local scout camp. It was attended by a small group of young people, all of whom have parents who have been or are currently in the Complex Needs Service.

Self Directed Support

Self Directed Support (SDS) assists and empowers service users with social care needs to create personalised and potentially very flexible packages of care that fit with their own personal preferences and needs. It ensures that people are aware of the funding available for their support and gives the individual more choice and control over the ways in which care is delivered. The initiative is part of the overall personalisation agenda which is transforming adult social care services.

During 2009/10 both counties participated in learning exercises to implement this for service users (both adults of working age and older adults) with mental health needs and further work was undertaken to extend this initiative to include adults of working age across Oxfordshire. Further work is now in hand to extend this to all eligible service users.

OBMH is participating in a collaborative project across both counties, which will enable the counties to learn from local experiences and build on best practice, as well as working as a demonstrator site for SDS in Mental Health across the South East.

Estates Developments

Key to providing high quality services is ensuring that our sites and patient environments are fit for purpose. The Trust continually strives to ensure that our sites and environment provide patients with the best possible setting to enable their recovery.

OBMH invested £10.5m in 2009/10 on improving the buildings and facilities across our sites.

As described in the previous Annual Report, the Trust Board approved a Strategic Outline Case to invest £30m in the redevelopment of the Manor House site in Aylesbury. Throughout 2009/10 the outdated buildings on the Manor House site were demolished and the ground prepared for building work which is anticipated to commence in late summer 2010. Several open meetings have been held during the year to update the public, staff, patients and carers on the development. Their views and ideas have been extremely valuable in helping with the design of the new building. A stakeholder group has also been established and meets each month to contribute to aspects of the project such as design, furniture and landscaping.

Once planning permission has been granted, construction will start on the 80-bed inpatient unit. The building will be divided into four 20-bed wards for adults and older adults and additional support services. The next phase of the development is envisaged to contain a Day Hospital, CMHTs and management and this is currently being taken through an option appraisal.

The new unit will replace services currently provided in the Tindal Centre and John Hampden Unit and will open in spring 2012.

In March 2010 a planning application was approved to build a brand new adolescent inpatient unit to replace the Highfield Unit in Oxford. The modern state-of-the-art building will have 18 en-suite bedrooms as well as two adolescent psychiatric intensive care beds. A new learning and education area will be located on the first floor. The setting and site for recreational activities is very much considered part of the therapeutic environment being created for patients and staff.

Young people currently receiving care on the unit have been involved throughout the project in helping with the design.

Work has already started on the £11 million project, of which £4.1 million is funded by the Department of Health, and the building is due for completion in late 2011/early 2012. The current Highfield building will continue to operate as normal until the new unit is ready.

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. The Trust is committed to providing every patient with same sex accommodation, because it helps to safeguard their privacy and dignity when they are at their most vulnerable. Over the past year we have invested £300k to ensure that mixed sex accommodation has been eliminated and we meet the Delivering Single Sex Accommodation (DSSA) standards. A further £400k has also been invested to ensure we meet Infection Control standards. In addition to this funding, the Trust continued to maintain the fabric of buildings to ensure they remain safe.

External Awards and Recognition

The Trust received the RoSPA Gold Award for occupational health for the fourth year running. The Royal Society for the Prevention of Accidents recognises good health and safety practice and management systems through this award.

The OBMH Communications Team was short-listed in the Best Engagement Category at the AHC (Association of Healthcare Communicators) Awards 2009 for the Stamping Out Stigma campaign. The campaign features as a case study on the website of Article 13 www.article13.com in recognition of activity in the field of corporate social responsibility.

The Trust won a national eWell-Being award for a research project that has been trialling a tracking system which enables carers and families of those with dementia to use a web based tool to locate them if they become disorientated or get lost. The research project won the Independent

Living category which recognised ICT based initiatives in the public sector and was presented by the UK Centre for Economic and Environmental Development.

Set up in 2008, the Article 12 Council (A12) is made up of young people who have used mental health services in Buckinghamshire. Their aim is to make themselves heard in the planning and provision of mental health services for the future. A12 was shortlisted for the National Involvement Awards 2009, run by the NHS Centre for Involvement. A12 was shortlisted as an excellent example of involvement in practice in a provider services Trust.

The Department of Health released a best practice guide for Improving Access to Child and Adolescent Mental Health Services (CAMHS) and Oxfordshire CAMHS has been chosen as one of the case studies. The guide highlights the best performers nationally who have managed to reduce waiting times whilst improving the quality of services.

The photographic project Cowley Echoes which was initiated by Artscape in partnership with OBMH Occupational Therapists was awarded a Certificate of Commendation by the Royal Society for Public Health in recognition of its contributions to the field of arts and mental health.

Geoff Fairburn, a volunteer with Stokebury Day Service was recognised by Chiltern District Council via a Community Award for Long Service. Geoff's dedication to the service since 1990 was formally recognised at the Awards Ceremony in December.

The Infant Parent Perinatal Service (IPPS) was awarded second place in the category Team of the Year at the National Journal for Midwifery Awards 2009. This service has been developed in partnership with midwives and health visitors in Oxfordshire, and received praise from the judges at the awards ceremony.

Wendy Paskell, Approved Mental Health Practitioner (AMHP) Manager, was awarded a Thames Valley Police Departmental Commendation in March 2010. Wendy received the award for supporting mental health staff to work positively with local police staff by training police staff on mental health related issues.

Innovations and Initiatives

Most of the information regarding our innovations and initiatives is held within our Quality Account, on page 18.

Productive Mental Health Wards

The Productive Mental Health Ward empowers staff to challenge the processes that they use in their daily practice to bring about change to release more time for direct patient care. It does this by offering teams a systematic way of thinking about their work and planning new processes to deliver safe, high quality care. During 2009-2010 three wards took part in the productive mental health ward programme in Oxfordshire.

Transformation of the Adult Inpatient Wards

The transformation of the Buckinghamshire adult inpatient wards, as part of Buckinghamshire Adult and Older Adult Directorate's transformation programme, has made significant progress during the last year. Work started with the support of a consultancy company which specialises in the transformation of mental health services and uses Lean methods.

Key developments in 2009-10 include:
  - A significant reduction in the use of bank staff and minimal agency use e.g. FY09 cost was £2.275M against £1.553 FY10
  - All inpatients come in and go out via Community Acute Service (CAS) ensuring continuity and smooth transition

- Development and implementation of new processes and documentation, e.g. purpose of admission form, inpatient treatment forms (which are linked to CMHT CPA Care Plans), which support smoother working within the acute pathway i.e. the transfers of care from CAS to inpatient, inpatient to CAS, CAS to CMHT
- All wards are now using a structured approach to Person Centred Information System (PCIS). By making entries at regular times each day care planning has become more efficient and Community Mental Health Teams can see at any stage how service users are progressing in their care
- All Charge Nurses are undertaking a leadership development programme in conjunction with the University of Bedfordshire
- The appointment of a modern matron and ward manager into the older adult wards

South East Bucks CMHT Lean Transformation

Over the last year, using Lean principles, Buckinghamshire SE CMHT has been looking at its processes in order to eliminate time wastage and provide a safer and value added service for service users. One notable cause of delay was the time taken to obtain further information from GPs as often there was insufficient information on GP referrals to enable prioritisation of the service user. This caused delay in delivery of support to the service user and family.

Processes are being streamlined by adapting the CMHT Screening Referral Tool to become an electronic referral. This gives all the information to process the referral without delay and allows for it to be saved directly into the service user's electronic notes.

HoNOS PbR (Health of the Nation Outcomes Score - Payment by Result)

HoNOS PbR is a system of clinical outcome measure. It has been successfully rolled out across Oxfordshire and Buckinghamshire adults and older adult teams during 2009/10. Implementation of HoNOS PbR will enable OBMH to understand better the needs of service users and ensure that service responses to these needs are high quality (safe, effective and a positive experience) and good value (by being efficient and productive). It will also enable better informed operational and strategic decisions by the Trust by radically improving available information.

'Support for families with substance misuse and/or mental health issues' project

OBMH Bucks Directorate and Specialist services are working jointly with commissioners and Young Carers Bucks to develop a service providing support to families with children in periods of high stress, for example during school holidays, and to enable parents to attend treatment for mental health and substance misuse issues. The project is currently recruiting childcare staff prior to implementation which is expected in summer 2010.

Lean Review of Transport Bookings in Buckinghamshire Adult Directorate

In the last year Buckinghamshire Adult Directorate have greatly improved the effectiveness of value for money obtained from the current Service Level Agreement with South Central Ambulance Service (SCAS), for the non-emergency movement of patients.

A series of investigations and observations revealed that there were high numbers of aborted journeys often due to a breakdown of communication between the service booking the transport and the SCAS control room. This resulted in the use of private taxis which had a negative impact on patient experiences and team budgets.

The Coordination Centre was tasked to field calls from taxi companies or Ambulance Trust drivers who received no response at the client's home. The Coordination Centre would then telephone the patient while the vehicle was in situ or alert the team as soon as they came into their respective units.

Following training OBMH Coordination Centre staff were granted access to modules of the SCAS online booking system. This is a significant step forward and an example of good partnership

working with an external provider and has led to patients and staff reporting higher levels of satisfaction, a reduction in risk and improved flow in patient treatment plans. Spend on taxi journeys has reduced considerably.

Shrublands
In October 2009 work commenced to refurbish Shrublands Older Adult CMHT base and Day Hospital in High Wycombe. Staff welfare facilities were updated and the IT infrastructure reviewed. The refurbishment created more office space producing capacity to enable the service to expand.

Sustainability/Climate Change
The government has introduced a number of national drivers aimed at improving energy efficiency and reducing carbon emissions as part of a strategy to achieve a sustainable environment and meet climate change targets agreed under the Kyoto Protocol. Minimising waste and energy consumption will deliver a reduction in greenhouse gas emissions.

It is estimated that the NHS has a carbon footprint of more than 21 million tonnes of CO_2 per annum; this equates to 25% of public sector emissions.

The Government has sent a clear message to the NHS that it is expected to reduce the levels of carbon emissions attributable to its activities.

- The Climate Change Act 2008 has committed to reducing the United Kingdom's carbon emissions by at least 80% by 2050 with a minimum of 34% by 2020.

- The NHS Sustainable Development Unit has set the NHS a target of a 10% reduction in carbon emissions by 2015 against 2007 baseline figures.

- The NHS Operating Framework 2009/10 states that "The NHS can make significant contributions to reducing its carbon impact. Every NHS organisation should ensure that it measures and progressively reduces its own carbon footprint. This will save resources now, improve health today and set an important example to deliver high quality and sustainable services for the future"

Working in partnership with the Carbon Trust OBMH has established a baseline of its carbon emissions and developed a five year plan to reduce carbon emissions by 15%.

This carbon reduction plan details how we will integrate a reduction in carbon emissions in to all Trust activities including policy, transport, procurement, estates and capital projects.

We are undertaking an engagement and awareness campaign with our staff and service users to identify opportunities to reduce OBMH's energy consumption and encourage recycling.

Our new builds on the Manor House site in Aylesbury and the Warneford site in Oxfordshire (Highfield unit) will incorporate energy efficiency into the design of the building.

We see this as a positive step in ensuring the delivery of cost effective, safe, and excellent quality patient care in fit-for-purpose environments.

Progress against the carbon reduction target is reported bi-annually to the Services and Estates Quality and Improvement Committee. This Committee reports to the Integrated Governance Committee.
There is both a Board Champion and an Executive Lead for the carbon reduction programme

Summary performance

Area		Non-financial data	Non-financial data		Financial data (£) cost	Financial data (£) cost
		2008/09	2009/10		2008/09	2009/10
Waste minimisation and management	Absolute values for total amount of waste produced by the Trust.	594 tonnes landfill 103 tonnes clinical waste	646 tonnes landfill 89 tonnes clinical waste	Expenditure on waste disposal (excluding recycling).	162,207	104,503
Finite Resources	Water Electricity Gas	57,425 m^3 5,464,579 kWh 13,537,544 kWh	57,226 m^3 4,377,613 kWh 10,302,409 kWh	Water Electricity Gas	118,033 544,195 481,682	198,081 587,474 570,931

The umbrella of carbon emission reduction encompasses a broad range of opportunities to implement the sustainability agenda. OBMH will be focusing on the following areas:

Travel
The Trust is developing a travel options plan that promotes green travel options to staff and service users. This will include the provision of maps at the main entrance of all Trust sites. These maps will highlight bus stops and routes, safe road crossing places and cycle routes.
OBMH will continue to encourage staff to participate in the National Cycle to Work Scheme.

Procurement
Development of a sustainable procurement plan.

Energy, waste and recycling
Starting in 2010 the carbon reduction project team will be working with staff and service users at seven pilot sites over a six month period to identify ways to reduce carbon emissions at these sites. The key areas of focus will be transport, energy use, waste generation and recycling. Progress in reducing carbon emissions will be monitored over the six months. The learning from these pilot sites will be rolled out across the Trust in a systematic and managed way.

Estates
OBMH is investing in the redevelopment of its Manor House Hospital to create an inpatient unit providing care for adults of working age and older adults. OBMH is also investing in a new development to replace the current Highfield site, providing inpatient care for young people. Both sites will be purpose built, imaginatively designed, utilising the latest technology to minimise energy use and increase efficiency.

The Trust has also invested in Voltage Optimisers and improved insulation for some of our buildings. This will reduce gas and electricity consumption and therefore carbon emissions.

Good Corporate Citizenship
OBMH will look to sign up to the Good Corporate Citizenship Model and undertake a self-assessment to benchmark our performance within the field of sustainability.

Monitoring
Carbon emissions will be monitored annually against the 2008 calendar year baseline. Our five year carbon reduction plan details annual milestones. The Trust Board of Directors will monitor the progress against the agreed milestones.

The Board of Directors has needed a range of information to provide assurances against the healthcare standards the Trust has to meet. Co-ordinating this information falls under the responsibility of the Director of Nursing and Clinical Governance. This role is currently held by Caroline Birch on an acting basis.

Reports provided during the year to the Board of Directors included:
- Access and diversity (annually)
- Safety (quarterly)
- Section 75 Arrangements (CPA)(annually)
- Partnership Working (CPA)(bi-annually)
- Public Health and Wellbeing (annually)
- Clinical effectiveness (bi-annually)
- Privacy and dignity (bi-annually)
- Patient satisfaction – including complaints and PALS (bi-annually)
- Human Resources and workforce (bi-annually)
- Service user and carer information and involvement (annually)
- Food and Nutrition (bi-annually)
- Estates and Facilities (annually)
- Quality Report (monthly)
- Governance (annually)
- CQC Review of Arrangements in NHS Safeguarding Children

Complaints
The level of complaints and performance data is detailed in the Quality Account on page 41.

During 2009/10, OBMH introduced a new complaints procedure. The new approach gives OBMH much greater flexibility to deal with complaints effectively. It also encourages a culture that seeks and uses people's experiences to make services safer, more individualised and more effective. This new procedure may partly explain why the number of formal complaints captured during the year increased.

Examples of actions taken as a result of complaints are:
- The Department of Nursing and Clinical Governance has put in place a system which ensures that any issues raised by families/carers when they have received a 'Root Cause Analysis' (RCA) report are responded to within a tight timescale. RCA reports present the findings of investigations into Serious Untoward Incidents.
- Implementation of a new system to record all telephone contacts with the Crisis team.
- Vaughan Thomas Ward, Warneford Hospital, has been made more secure with a fence, and a staff rota has been introduced to help facilitate breaks outside for service users.
- Creation of a Forensic Services information pack for carers and families which includes information about visiting arrangements/times.

‣ Guidelines have been issued to clinicians about the importance of consulting with carers/relatives prior to a person's discharge from hospital.

Improvements and changes to the care provided to individual service users have also been made.

Data Loss

Records indicate that during 2009/10, there were six reports where data was lost; in each case an investigation was completed. These incidents were as follows:

1. Reports of a patients notes going missing in the internal post between Kimmeridge and Ashurst Wards. These later arrived due to slow internal post system.
2. A USB data stick was found in car park at Stoke Mandeville Hospital.
3. A Doctor's diary was found to be missing.
4. Notes were left in a local supermarket café.
5. Loss of digital recorder.
6. Section papers were faxed to an incorrect number.

Quality Account 2009/10

Statement on quality from the Chief Executive

In 2009/10 we worked with staff groups to decide which values summed us up and at the same time gave us something to aspire to. From this we developed a set of values for the organisation which are; to be *caring, safe and excellent.* We recognise it would be arrogant to assume we are excellent in all that we do, but we are 100% committed to working towards excellence every day. The British Olympic Organisation's values are *Better Never Stops* and I certainly believe that it is not enough to simply be either good or excellent and then stop trying – we need to be constantly working towards an improved patient experience, consistently first class care, and keeping the patient at the heart of all we do. To me the right values and striving for excellence is essential in assuring quality.

As part of the Board's commitment to quality we participated in a programme of work led by the King's Fund, in partnership with the Burdett Trust for Nursing, aimed at understanding better how NHS boards assure themselves about the quality of clinical care that patients receive. The first phase of the programme took place in 2008 and looked at seven pilot sites from across the UK. A number of themes emerged from this first phase and were published in a report, *From Ward to Board* (Machell et al 2009). Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust (OBMH) participated in the second phase of the programme, involving a further six NHS organisations in England; four Acute and two Mental Health Trusts. The programme took a developmental approach to help the Board with the task of engaging in continuous quality improvement and entailed:

- ‣ A diagnostic site visit to establish how the Board addressed issues of quality.
- ‣ Three observational visits to look at how the Board operates in relation to quality, including the leadership style of the Chair and how it impacted on the Board's ability to properly engage in quality issues. After each observation of a Board meeting immediate feedback on the Board's discussion was given.
- ‣ Three coaching sessions with Acting Director of Nursing drawing on observations of her effectiveness and impact at the Board.

As a result of participating in this programme the Board has committed to; tabling Quality and services reports first on the Board agenda, spending at least 25% of time discussing quality at Board meetings and receiving a Quality report at every meeting.

Whilst this is our first statutory account, last year at the request of Monitor we published a Quality Report in which we outlined our priorities for 2009/10; physical healthcare; patient experience and measuring outcomes. We have made some progress on these which are detailed in this report. I am pleased that our commissioners are taking a continuous quality improvement approach and have included patient experience and outcomes in our 2010/11 CQUIN (Commissioning for Quality and Innovation payment framework), so that we can build on the progress we have made into next year. In 2009/10 we met all five of our CQUIN goals and in particular I would like to congratulate our clinical staff on the progress they made in using the Health of the Nation Outcome Scale to rate patients' problems on a number of domains. This is an essential foundation for the future measurement of the effectiveness of our interventions. I believe we have made improvements which are shown in this report, but I know there is much to do this year and in future years. In particular as a minimum I want patients to report that whilst using the services of Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust they felt safe and supported, involved in decisions about their care and were treated with courtesy and respect.

I hope this first formal Quality Account demonstrates our commitment to our new values and shows some of the progress we have made in a number of areas related to improving services and the experience of using our services. In developing the account we held a series of focus groups in April 2010 and also asked for comments on our proposed priorities for 2010/11 from our key stakeholders including service users, governors, staff, commissioners, voluntary organisations

and representatives from the Local Involvement Networks. The comments received from engaging with key stakeholders have been incorporated into this Quality Account.

This report cannot cover all the developments undertaken by the Trust. Those wishing to explore our performance further or monitor our developmental progress can do so reading the rest of our Annual Report or by visiting the Quality and Productivity page on our website. This contains details of most of our quality or development initiatives http://www.obmh.nhs.uk/qp/.
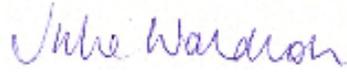
Julie Waldron

Julie Waldron (Chief Executive Officer) 7th June 2010

Priorities and Statements
Priorities for 2010/11

Last year we identified three areas for improvement that we considered to be a priority; physical health; patient experience and measuring outcomes. These were detailed in the Quality Report we published in May 2009 and our Annual Plan. As part of OBMH's drive for continual quality improvement we have agreed three areas to focus our efforts on in the coming year and we have done this in consultation with our commissioners, staff and Governors. Two of these priority areas are the same as last year, measuring outcomes and patient experience as we hope to build on the progress we made last year. The third priority is safety and we intend to work on the objectives we describe over the next few years.

In selecting our priorities we have been mindful of both the national and local picture as well as those issues which are of concern to our service users, carers, Governors, our workforce and our local healthcare partners. Details of these priorities are: -

1. SAFETY

The Trust has been nominated to take part in the Leading in Patient Safety (LIPS) programme. This is the first programme of its kind for Mental Health Trusts and seven Trusts across the country have been nominated. A programme team consisting of two Executive Directors, one Director of Operations, a Clinical Director and two Deputy Directors of Nursing have been put forward to work with the NHS Institute of Innovation and Improvement. Three aims have been agreed for this project:
  ‣ Reduce towards zero the number of in-patient deaths from suicide by 2012
  ‣ Reduce towards zero Community Deaths by suicide of patients in our services by 2014
  ‣ Increase reporting of lower rated incidents (less harmful) by 50% by March 2012

Actions:
This is a new development with ambitious aims that span several years. The first task of the project team is to engage widely with all clinical staff to agree a developmental plan that when implemented will achieve the overall aims. It is anticipated that such plans will cover improvements in risk assessments, risk assessment training modifications, clinical leadership training, management strategies for monitoring quality; engaging with families and using their expertise and experience in managing risk. A full plan will be developed by October 2010.

Progress updates on this project will be reported quarterly in the Quality Report to the Board, also provided to the Governors and will be published on the Trust's website.

2. PATIENT EXPERIENCE

Improving patients' experience of our services is central to any quality improvement initiative. This priority looks at building on the progress we achieved last year, aiming to ensure that the organisation continually learns from patient feedback and can demonstrate that we have listened and learnt by making appropriate changes to how we deliver care.

We realise that one method of receiving feedback is not sufficient and will not suit all patients, so we currently use a number of different methods. These include:

- As part of our Essence of Care audit programme
- Local patient satisfaction questionnaires including clinical pathway questionnaires
- Patient and carer members and Governors
- National Patient Surveys
- Real time feedback using electronic handsets
- Patients and carer forums, for example Patient Councils, Acute Care Forums and Article 12 Young People's Panel
- User and carer involvement in service developments

We aim to ensure that all service areas collect feedback from patients, consider what patients are saying and make appropriate changes.

Feedback from patients has improved over the last year but the Trust needs to focus more on taking actions as a result of feedback and then reviewing whether these actions have worked, rather than focusing on the gathering of feedback.

Progress in this area will be monitored through quarterly reports to our Integrated Governance Committee, a sub-committee of the Board that has responsibility for Quality. Our commissioners also attend this committee. The Board will also receive information in the Quality report on high level indicators from questions on electronic devices used to get immediate feedback from patients.

3. MEASURING OUTCOMES

Measuring clinical outcomes was a priority for 2009/10 and we made significant improvement in the number of patients for whom a Health of the Nation Outcome Scale (HoNOS) was used.

This year we want the use of this tool to be further improved by ensuring that measurement is taken at the start of treatment and then again at least once after or during treatment/care. The purpose of this is to determine whether and in what areas progress has been made.

As HoNOS is only used in adult and older adult services, including Forensic, other services will use clinical outcome measures which are relevant to that clinical area. The other clinical outcome measurement tools that are presently used routinely within our Trust are:

1. CORC-SDQ and CGAS used in CAMHS
2. CORE-OM used in Psychological Therapies
3. TOPs used in the Specialist Community Addictions Services

Progress will be monitored and reported in the monthly Quality Reports, which will be submitted to Board.

Statements of Assurance from the Board

During 2009/10 Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust provided and/or sub-contracted four NHS services. Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust has reviewed all the data available to them on the quality of care in all four of these NHS services. These services are based on the Directorates within the Trust which are:

1. Oxfordshire Adult and Older Adult Services
2. Buckinghamshire Adult and Older Adult Services
3. Child and Adolescent Mental Health and Specialist Services
4. Forensic Services

Each of these Directorates reviews service provision through quarterly performance meetings, monthly clinical governance meetings, quarterly performance and quality reports and patient feedback.

The income generated by the NHS services reviewed in 2009/10 represents 100 percent of the total income generated from the provision of NHS services for Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust for 2009/10.

National audits

We are committed to participating in national audit programmes where these are relevant to our services. This is an essential external mechanism for identifying the strengths and weaknesses in the Trust's provision of services.

During 2009/10, four national clinical audits and one national confidential enquiry covered NHS services that Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust provide.

During that period Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust participated in 75% of national clinical audits and 100% national confidential enquiries of the national clinical audits and the national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust was eligible to participate in during 2009/10 are as follows:
- NAPTAD – Anxiety and Depression (pilot in 2009/10)
- POMH –UK -Topic 1d prescribing high dose and combination antipsychotics on adult acute wards and PICU
- POMH –UK -Topic 2d screening for metabolic side effects of antipsychotics in patients treated by Assertive Outreach Team (AOT)
- POMH –UK -Topic 6 Assessments of side effects of depot antipsychotic medication
- POMH –UK -Topic 7 Monitoring of patients prescribed Lithium
- POMH –UK -Topic 8 Medicines reconciliation
- National falls (data collection to start Sept 2010)
- National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH).
- Continence Care Audit 2010

The national clinical audits and national confidential enquiries that Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust participated in during 2009-2010 are as follows:
- POMH – UK- Topic 1d prescribing high dose and combination antipsychotics on adult acute wards and PICU
- POMH –UK -Topic 2d screening for metabolic side effects of antipsychotics in patients treated by AOT
- POMH –UK - Topic 6 Assessments of side effects of depot antipsychotic medication
- POMH –UK -Topic 7 Monitoring of patients prescribed Lithium
- POMH –UK - Topic 8 Medicines reconciliation
- National falls (registered participation)
- National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH).

Oxfordshire and Buckinghamshire Mental Health Foundation Trust have registered to participate in the NAPTAD - Anxiety and Depression audit in 2010/11 although we didn't participate in the pilot audit in 2009/10.

The national clinical audits and national confidential enquiries that Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust participated in, and for which data collection was completed during 2009/10, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

1. POMH – UK- Topic 1d (reference full annual audit on Topic 1b) prescribing high dose and combination antipsychotics on adult acute wards and PICU. No sample size specified. Nationally 35 Trusts participated across 290 wards with a sample size n=4269. In OBMH five wards participated n=124.
2. POMH –UK -Topic 2d screening for metabolic side effects of antipsychotics in patients treated by AOT. No sample size specified. 21 Trusts participated for 56 teams and 2522 clinical records. In OBMH all assertive outreach teams participated n=48.
3. POMH –UK -Topic 6a Assessments of side effects of depot antipsychotic medication. No sample size specified. Nationally 38 Trust participated across 500 teams with a sample size n=5804. In OBMH 28 teams participated n=147.
4. POMH –UK -Topic 7 Monitoring of patients prescribed Lithium. No sample size specified. For OBMH part 3 of audit: 20 teams participated and 66 records (n=66).
5. POMH –UK - Topic 8 Medicines reconciliation. No sample size specified.
44 Trusts participated in audit. For OBMH five teams participated and 22 records were audited (n=22)
6. National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH).

The reports of six UK national clinical audits were reviewed by the provider in 2009/10, and Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided as shown in Table 1.

Table 1 POMH-UK audit

Audit	Areas of Good Practice	Areas for improvement	Agreed actions
POMH-UK Topic 1d - Prescribing of high dose and combination antipsychotics on adults inpatient wards and PICU	Compliance with NICE standards for high dose and combination antipsychotic prescribing		Continue monitoring to ensure continued compliance
POMH-UK Topic 5b - Bench marked Prescribing of high dose and combination antipsychotics on adult inpatient wards and PICU			
POMH-UK Topic 2d – Screening for metabolic side effects of antipsychotics in patients treated by Assertive Outreach Teams	OBMH average percentage of patients with recorded, weight, lipid, glucose measurements equal or higher than benchmarked national average for patient group	71% patients did not have records of all four metabolic monitoring measurements: blood pressure, lipid, glucose, weight	- Liaise with PCTs & Pathology Labs about communication of results between primary and secondary care - GP Good Practice Psychotropic monitoring Guidelines agreed with PCTs - Develop Patient-held monitoring card
POMH-UK Topic 6 - Assessments of side effects of depot antipsychotic medication	76% patients had documented evidence of side effect monitoring in the last year		Encourage use of side effect rating scales & communication of monitoring results from primary to secondary care

Audit	Areas of Good Practice	Areas for improvement	Agreed actions
POMH-UK Topic 7 - Monitoring of patients prescribed lithium	79% had documented evidence of lithium level results in notes	Documented frequency of monitoring less than NICE guidance. Monitoring results from primary care are not always communicated to secondary care. Quality Outcome Framework for primary care currently has lower monitoring frequency than NICE guidelines.	- Good practice psychotropic monitoring guidelines developed with NICE guidance - NPSA issued safety alert and patient packs for lithium will be implemented across OBMH - Shared care lithium guidelines being developed with PCT
POMH-UK Topic 8 - Medicines reconciliation	Over 84% had medicines reconciled from two or more sources within 24 hours and discrepancies identified.	Proportion of patients admitted at weekends and reconciliation longer than 24hrs	Education about medicines reconciliation and entry in admissions policy

National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)

The Trust has participated in the national audit by reporting all inpatient deaths to the National Patient Safety Agency. An action plan regarding the recommendations in the 2009 report (relating to data from 1997 to 2006), is currently being developed and will be finalised by the end of May 2010.

In 2010/11, OBMH are due to participate in the following national audit programmes and will report on these in next year's Quality Account:

- The National Confidential Enquiry into Suicide and Homicide by People with Mental Illness. This is an ongoing audit programme, which all Trust services participate in, including the implementation of National Confidential Enquiry Recommendations.
- National Patient Survey – community service users. This is a mandatory survey which is linked to the assurance framework and is due to take place in 2010.
- National Falls audit – This audit is being undertaken by the Royal College of Physicians, further to their previous audit in 2008, the full details of which are due to be published.
- NAPTAD – Anxiety and Depression.

Trust-wide Clinical Audits

The reports of ten local clinical audits were reviewed by the provider in 2009/10 and Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. A number of agreed actions from these audits are as follows:

Details of these ten audits and some of the main recommendations are shown in Table 2.

Table 2 Local Trust Audits

Audit	Main recommendations
Medications Management	To review the standards for drug administration competency assessments on wards. Improve checking off medicines received on the ward against delivery notes and standards of medicines waste disposal. Ensure prescribers write their surnames in capital letters to enable identification. To improve the documentation of patient consent to use their own medicines.
Essence of care	Assessment and evaluation of oral hygiene have been identified as areas for improvement. The least favourable results were from around obtaining food and promotion of healthy eating.
Violence and aggression incorporating Rapid tranquillisation	Responses to alarm calls should be agreed, consistently applied and rehearsed, ratio and staff mix should be appropriate to the patient population Need to increase patient involvement about the decision of observation level Need to improve provision of opportunity for patients to talk about the incident and document in their notes themselves. Need to reduce number of patients who received PRN medication Document involvement of a specialist Mental Health pharmacist, during Rapid tranquillisation, monitoring of patients' communication and vital signs Post incident review and discussion with patient as to why intervention had taken place. Specific area for de-escalation (fit for purpose) needs addressing Older adults training needs for managing severely challenging behaviour.
Self harm – audit against NICE guidance	Increase the percentage of young people under the age of 18 who undergo psychological assessment Patients to be offered a choice of female or male staff and if this is not possible to document the reason. Increase level of parent/carer involvement and consideration of carers needs Ensure accurate recording of abuse or child protection issues
Clinical Risk Management audit	Review Risk Assessment documentation to include series of prompts to improve the quality of the risk assessment and risk management plan. Include the quality of risk management planning as part of management supervision within teams
Physical Health Policy Audit	Clinical staff to include document side effects of medications on admission. To ensure recording of BMI calculations, and documentation of family history of physical health problems (e.g. weight gain, diabetes and cardiovascular disease).
Hand Hygiene (using light box)	21 of our 25 wards were over our acceptable level (85%) of hand hygiene in March 2010. One ward was rated red (poor) that month but had been green (acceptable) most of the year. This is an audit that has been repeated regularly throughout the year in order to drive up standards. This audit will be repeated bi-monthly to continue to raise staff awareness and improve compliance.
Decontamination of medical equipment	This audit demonstrated an improvement in practice across the majority of areas reviewed. We therefore intend to ensure that clinical areas carry out regular medical equipment checks (using checklist located in Medical Devices Manual), and we will continue to undertake unannounced re-audits every three months.
CPA	To review caseloads ensuring that where appropriate patients are placed on CPA To provide timely feedback to clinical staff regarding the outcome of the CPA audit to ensure that each clinical team take immediate actions on areas highlighted for improvement.

Audit	Main recommendations
Dual Diagnosis	To draft Dual Diagnosis Policy for review by senior managers, To identify realistic solutions to addressing unmet training needs for dual diagnosis, and agree a plan of action to address unmet training need in OBMH. To commission the development of care pathways for dual diagnosis that reflects differing needs in various clinical teams.

Local audits which have been undertaken during 2009/10 and for which action plans are still being developed are: Suicide audit, Health and social care records, Child protection and Did Not Attend.

Research
We participate in ongoing research and development activity as a key to service improvement and clinical effectiveness. As an organisation we work alongside the National Institute for Health Research UK Clinical Research Network (NIHR UKCRN), who holds a portfolio of studies which they have adopted. The National Institute for Health Research UK Clinical Research Network is building a complete picture of the clinical research which is currently taking place across the UK.

Details of studies which meet specific eligibility criteria are recorded in a database, known as the National Institute for Health Research UK Clinical Research Network, which comprises the National Institute for Health Research Portfolio in England, and the corresponding portfolios of Northern Ireland, Scotland and Wales.

The National Institute for Health Research UK Clinical Research Network Portfolio is a national data resource and will be used to manage the allocation of NHS infrastructure funding. It will support the performance management of the National Institute for Health Research UK Clinical Research Networks.

During 2008/09, there were 28 portfolio studies registered. This number increased to 35 during 2009/10. In total as of April 2010 we have 99 individual active research studies in progress – 35 portfolios, 24 are being undertaken by trainee Clinical Psychologists and five led by students. (It is anticipated that we will sponsor 20-25 trainee psychologists per year). In addition we have 13 National Institute for Health Research funded studies active within the Trust, with an additional two studies pending.

Portfolio studies
The number of patients receiving NHS services provided or sub-contracted by Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust in 2009/10 who were recruited during that period to participate in research approved by a research ethics committee was 1360.

Goals agreed with commissioners
A proportion of Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework (CQUIN).

Further details of the agreed goals for 2009/10 and for the following 12 month period are available on request from the Nursing and Clinical governance team at OBMH Headquarters on 01865 741717.

The CQUIN goals for adult services in 2009/10 together with our end of year performance for the year are shown in Table 3.

Table 3 Performance against CQUIN Goals for 2009-2010

Summary of CQUIN indicators 2009-2010		
	Goal	**How did we perform?**
Seven day follow up	Increase the number of patients on CPA with a follow up within seven days of discharge	Overall our end of year position was 96.03% against a target of 90%. Oxfordshire PCT patients were 96.03% and Buckinghamshire PCT patients 96.94%.
Physical Health Assessment	Inpatients on CPA will have had a physical health assessment in the last 12 months. Action was to complete an audit of case notes.	We have undertaken an audit in both counties and action plans are in place which are monitored through the relevant Clinical Governance Groups. Goal achieved. Responsibility and completion of a physical health check will continue to be audited Trust wide through the quarterly CPA audit. In addition the Directorates are planning a local re-audit in 2010/11.
Crisis Services	Patients referred to crisis services who receive face to face assessment within four hours of referral. Action was to complete an audit and to ascertain the barriers to achieving this to ensure improved future performance.	Audit in both counties have been completed and action plans are in place and monitored through the relevant Clinical Governance Groups. Goal achieved.
Dementia Care	Improve MMSE recording. Compliance with TAG	Audit completed and goal achieved. Further development plan around Dementia Services within CQUIN for 2010/11 to include audit against NICE guidelines. We also intend to participate in the national POMH-UK audit on Dementia Prescribing in 2011 (date to be confirmed).
Clinical Outcome Measures	Ensure outcome measures are used across all services. HoNOS assessment in the last 12 months in Adult and Older Adult	The Trust wide performance at Q4, April 2010: 83.6% of patient records have at least one HoNOS form, this achieves the goal of above 62%. All Trust services have an appropriate outcome measure implemented. The Trust continues to monitor and develop the use of HoNOS and other appropriate outcome measures.

n addition to the above CQUIN targets, the East of England contract for Cotswold House Specialist Eating Disorders unit included a Quality Improvement Plan. The required actions outlined within this plan, which were all met during 2009/10, were as follows:

  ‣ The introduction of community meetings redesigned at Cotswold House Oxford
  ‣ At the request of the patients Cotswold House Marlborough are holding a spring fayre
  ‣ The introduction of a patient experience tracker project
  ‣ Appointment of Social Worker to Cotswold House Oxford
  ‣ Plan for nurse training and development
  ‣ Electronic record keeping
  ‣ Service to explore possibility of introducing Naso-Gastric feeding
  ‣ Introduction of a friends and family group
  ‣ To develop a proposal to provide dialectical behavioural therapy at Cotswold House Marlborough
  ‣ Online support proposal being developed
  ‣ Audit programme to be developed to look at patient pathways.
  ‣ Patient safety - Patients reported that they would feel safer if security on the ward was enhanced. As a result all visitors to the ward are required to report to the nurse in charge

- Dining room arrangement - It was identified in patient and staff surveys that some people were unhappy with the arrangements for staff eating with patients. The practice has now been agreed and a new policy has been established.
- To establish a charitable fund for Cotswold House Marlborough
- To implement the collection of HoNOS data in the eating Disorders Service

The CQUIN targets for 2010/11 build on the previous CQUIN and also link to the Trust's key priority areas.

Adult and Older Adults Oxfordshire and Buckinghamshire CQUIN Goals for 2010/11

1. Dementia - To carry out an audit against the key standards within the NICE guidelines for dementia, and to develop and agree an action plan with commissioners based on the outcomes.

2. Patient Experience - Using patient experience to directly influence service provision. Each care group collects, analyses and actions patient experience surveys to directly affect service provision. Seven care groups in the Trust are able to demonstrate that they conduct, analyse and action patient experience surveys, with organisational support. This will be achieved via a range of methods including real-time surveys and national patient surveys.

3. Carers Survey - To conduct a survey for carers of patients with a diagnosis of Schizophrenia and in Older Adult services.

4. Outcomes - To increase the number of patients who have a paired HoNOS outcome measure recorded in their notes.

5. You're Welcome - To conduct an audit against the quality standards outlined in You're Welcome. You're Welcome quality criteria sets out principles that will help and improve health services to become young people friendly; the criteria will be applied to CAMHS services provided by our community teams. This will be a self assessment audit of quality criteria as outlined in You're Welcome over ten topic areas; accessibility, publicity, confidentiality and consent, the environment, staff training, skills, attitudes and values, joined-up working, monitoring and evaluation, involvement of young people, and health issues for adolescents.

Forensic CQUIN Goals for 2010/11

Table 9   **Safety** - Medium and Low Secure providers will use: HoNOS secure and HCR 20 or other structured risk assessment suitable to need.

2. Innovation – For Medium and Low secure providers to use the Climate Evaluation Schema (CES). During 2010/11 all providers will introduce the use of the tool.

3. User Experience – Medium and Low secure providers to demonstrate a robust system/process that promotes the empowerment and involvement of service users. Providers will work in partnership with service users to develop a service wide Involvement and Personalisation Strategy outlining development of Involvement at all levels of the organisation (individual, ward, unit and decision making).

4. Service Improvement – Medium and Low secure providers will implement one new service user defined service improvement. Service (including service users), to implement action plan to develop clear target for focus and development on. For example: 1) Productive Mental Health Ward programme 2) pathway management 3) Work on current dining experience scheme.

5. Best Practice Guidance for Medium Secure Units – Medium and Low secure providers to further develop the quality standard A81 of the Best Practice guidance for Medium Secure Units

(Department of Health, Health Offender Partnerships 2007) by developing a benchmarking tool linking 25 hours of patient activity to personalisation and recovery.

> **Table 9**   **Effectiveness** – Medium and Low secure providers will implement a recognised tool for recovery planning. OBMH to inform the Specialist Commissioning Group how they feel they can meet effectiveness CQUIN around pathway planning for patients in all levels of security and that come from places where recovery based plans are being used.

Specialist Services CQUIN Goals for 2010/11

> **Table 9**   **Effectiveness** – Commence the Productive Mental Health Ward programme, improving the effectiveness, safety and reliability of mental health wards.

2. Innovation – Proposal to purchase and implement SPSS (Statistical Package for the Social Sciences) to enable the collection and analysis of patient outcome data and patient satisfaction data.

3. User Experience – The service is to review the Integrated Group Programme to best meet the patients' requirements and needs.

4. Patient Participation – To develop patient participation in service developments, to use information from patient satisfaction analysis and patient experience devices. To best use patient participation to improve service delivered.

Regulation of Services

Oxfordshire and Buckinghamshire Mental Health Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered as of 31 March 2010. Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust have no conditions on registration.

The Care Quality Commission has not taken enforcement action against Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust during 2009/10.

For the 2009/10 registration for healthcare associated infection we advised the CQC that the Trust had one gap in one of the compliance criteria and that this gap extended into 2009/10. The gap in compliance related to having an adequate provision of hand wash facilities and antibacterial hand rubs.

We advised the CQC that a programme for the replacement and the installation of additional hand wash basins in wards was planned and actions would be completed by March 2010. OBMH fulfilled this obligation. Additionally, there is adequate provision of antibacterial hand rubs in clinical areas and staff also carry small bottles of antibacterial gel (tottles) which is regularly audited.

Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust is subject to periodic reviews by the Care Quality Commission and the last review was in 2008/09. The Care Quality Commission's assessment of the Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust following that review was **good** for quality of services and **excellent** for management of resources. Below is OBMH's dashboard from the CQC website.

The results of the current review for 2009/10 will not be published till June 2010 and will cover the new registration, the national priorities and special reviews where relevant.

Performance rating 2008/09 - Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust

Overall performance

The overall performance rating is made up of two parts: 'quality of financial management', which looks at how effectively a trust manages its financial resources; and 'quality of services', which is an aggregated score of performance against national standards, existing commitments and national priorities. The below tables summarise the four years of the performance assessment.

	2008/09	2007/08	2006/07	2005/06
Quality of Services	WEAK FAIR **GOOD** EXCELLENT	● ● ● GOOD	● ● ● ● FAIR	NOT APPLICABLE

Components of quality of services:

	2008/09	2007/08	2006/07	2005/06
Meeting core standards	NOT MET PARTLY MET ALMOST MET **FULLY MET**	● ● ● ● ALMOST MET	● ● ● ● PARTLY MET	NOT APPLICABLE
Existing commitments	NOT APPLICABLE	● ● ● ● FULLY MET	● ● ● ● FULLY MET	NOT APPLICABLE
National priorities	WEAK FAIR **GOOD** EXCELLENT	● ● ● ● EXCELLENT	● ● ● ● GOOD	NOT APPLICABLE

Within the assessment for Quality of Services Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust fully met the core standards and received a good rating against the national priorities. The indicators which were not achieved were: delayed transfers of care, experience of patients (National Inpatient Survey) and Green Light Toolkit (services for people with a learning disability and mental illness). The actions taken around these indicators can be viewed below and in Table 4.

Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust has made the following progress by 31st March 2010 in taking such action in respect of delayed transfers and experience of patients.

Delayed transfers – this target refers to delays in patients being discharged due to aftercare arrangements not being in place. The actions taken to improve this included reviewing the system used on adult wards to identify when people are near and ready for discharge; participated in a project established across the whole system lead by the PCT to review funding panels/ streams, available placements and funding processes and trained additional staff in continuing care assessments. The graph below shows the improvements made following taking these actions.

**Graph 1 Delayed Transfers of Care (April 2008-March 2010)**

Trust wide Delayed Transfers of Care
Delays as a % of Occupied Bed Days (Monitor Guidelines)
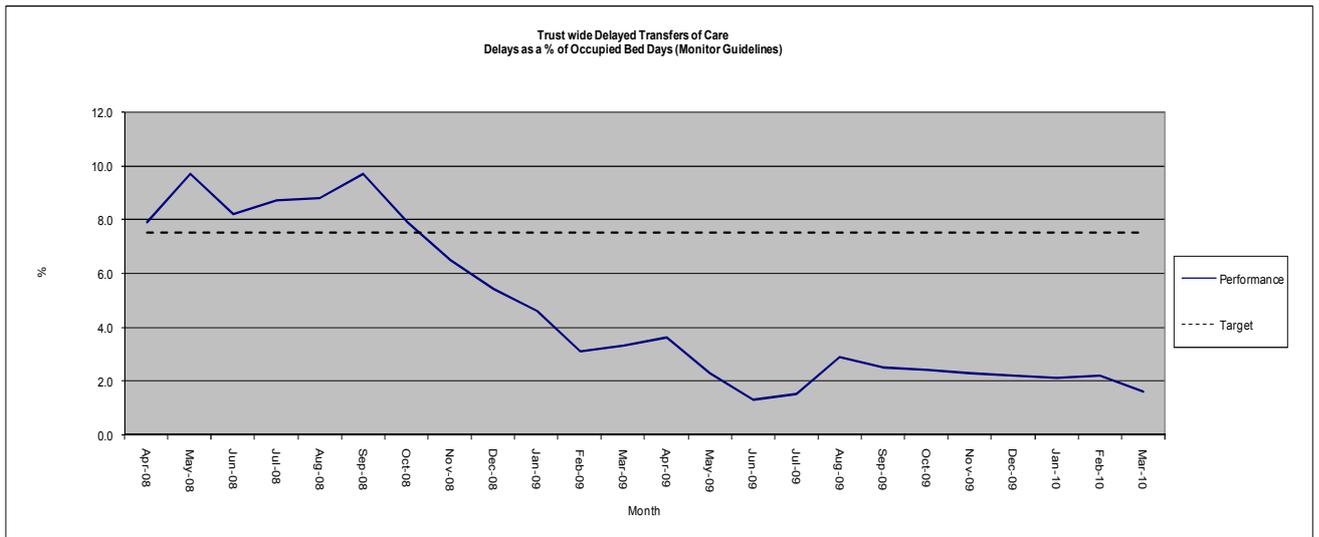
National Inpatients' Survey – The results of the survey were disappointing for the Trust and actions to improve this position included:

▸ Periods of time each day where there are no meetings or visitors and the time is "protected" to spend with patients.
▸ Staff allocated with clear responsibility to "meet and greet" any visitors and welcome new patients being admitted.
▸ Additional staff to engage patients in therapeutic activities.
▸ Development of a 'Welcome Pack' to be placed in the bedroom of all new admissions in Oxford.
▸ Designated male and female wards in adult services.

Graph 2 shows patient responses to five questions from the National Inpatient Survey that OBMH needed to improve on. The responses are shown in comparison to the average response from other Mental Health and Learning Disability Trusts and responses the Trust received from surveying patients using handheld devices for immediate feedback.

Graph 2 Patient feedback on 5 key questions (NPS and Patient Experience Tracker devices)

PET Results Compared with 2009 National Inpatient Survey Results
PET Period: 1st Dec 08 to 20th Dec 2009
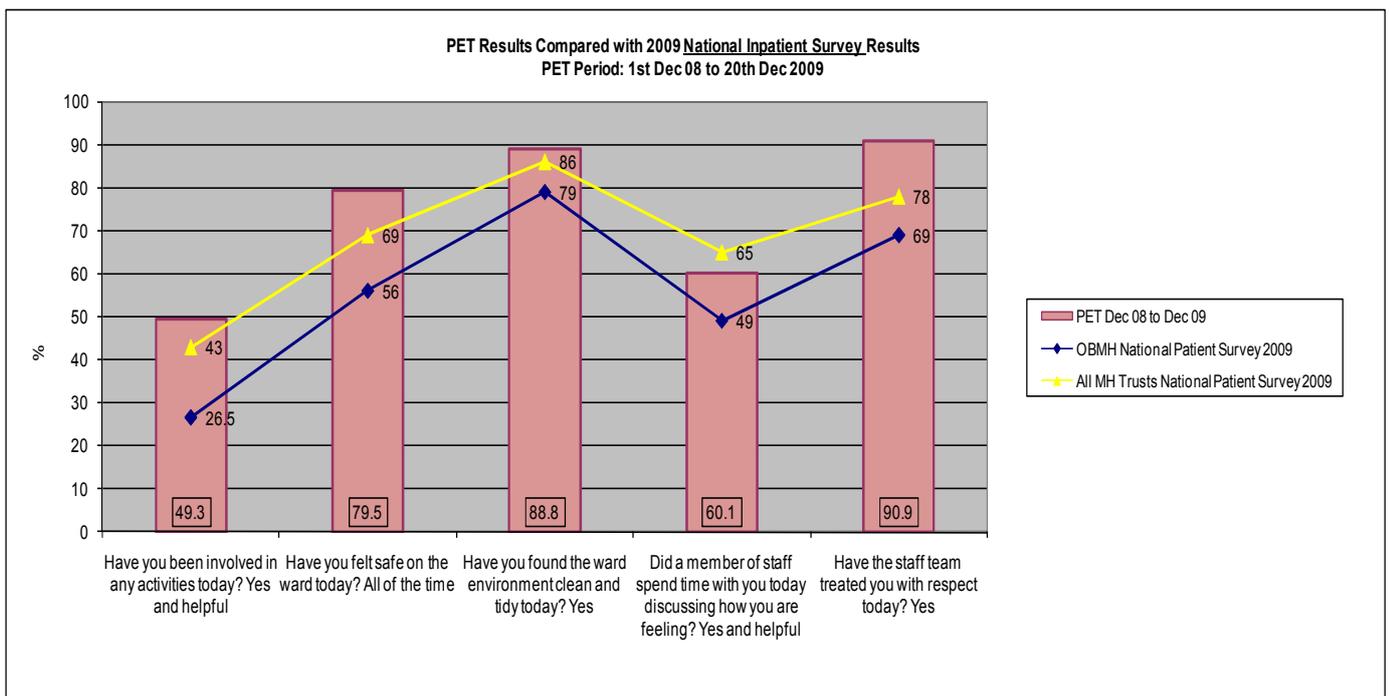
Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust intend to take the following action to address the points made in the CQC's assessment in respect of the Green Light Toolkit, details described in Table 4.

Table 4 Action Plan following Self Assessment against the Green light toolkit

Target	Action Plan: Trust wide
Mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients	The Trust will put in place an interim solution to flag people with learning disabilities immediately using the current alert system within PCIS pending the installation of a new national electronic system. The Trust Health Informatics Section will deliver a flagging system for the longer term with the existing PCIS system and future proofed with the newly commissioned system RiO
In accordance with the Disability Equality Duty of the Disability Discrimination Act (2005), does the Trust provide readily available and comprehensible information (jointly designed and agreed with people with learning disabilities, representative local bodies and/or local advocacy organisations) to patients with learning disabilities.	The Professional Lead Managers for Social Care will review the information the Trust makes in relation to social care and treatment options and recommend any improvements which need to be made.
Protocols in place to provide suitable support for family carers who support patients with learning disabilities, including the provision of information regarding learning disabilities, relevant legislation and carers' rights	The Trust will review the information it provides regarding the specialist needs of carers for information regarding learning disabilities to ensure best practice.
Protocols in place to routinely include training on learning disability awareness, relevant legislation, human rights, communication techniques for working with people with learning disabilities and person centered approaches in their staff development and/or induction programmes for all staff	The Trust will review and develop its training programme for the workforce to include specific training regarding dual diagnosed service users and their families to ensure best practice regarding communication.
Protocols in place to encourage representation of people with learning disabilities and their family carers within Boards, local groups and other relevant forums, which seek to incorporate their views and interests in the planning and development of health services. Does the Trust have protocols in place to encourage representation of people with learning disabilities and their family carers within Boards, local groups and other relevant forums, which seek to incorporate their views and interests in the planning and development of health services	The Board of Directors will discuss and decide establishing a specialist champion role for one of the Non-executive Directors to enable specialist knowledge, links and awareness of the needs of dual diagnosed people to be represented.
Protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports	The Trust will to establish within each of its localities audit plans for 2010/11. Audits regarding people and their families who are dual diagnosed will establish baseline information about their experiences and access to clinical services to meet the complexity of their needs.

Oxfordshire and Buckinghamshire Mental Health Foundation NHS Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Following discussion with the Care Quality Commission (CQC) (formerly the Healthcare Commission) in August 2008, in which we raised with them concerns we had about two serious incidents. The CQC undertook some preliminary enquiries of Oxfordshire and Buckinghamshire Mental Health Foundation Trust. This comprised of a scrutiny of some systems, policies and processes related to learning from incidents. These enquiries continued over an extended period and concluded in September 2009. The CQC made nine recommendations for improvement and then made a site visit in February 2010, which included visiting clinical areas and speaking to staff to check on our progress with their recommendations. They agreed with us that six of the recommendations had been fully met and that the actions we were taking on the remaining three indicated good progress and were on target to be fully met.

CQC Service Inspection of Adult Social Care
OBMH provides integrated health and social care services, on behalf of the Oxfordshire and Buckinghamshire County Councils as part of a Section 75 agreement. The CQC judges the performance of councils using the following four grades: 'performing poorly', 'performing adequately', 'performing well' and 'performing excellently'.

An inspection team from the CQC visited Oxfordshire adult social care in June 2009 to find out how well the council was delivering social care across all sectors including mental health. The inspection team looked at the following areas as part of the inspection: safeguarding vulnerable adults, improving health and wellbeing for older people and increasing choice and control for older people.

The outcomes of the inspection by CQC are below:
1. Safeguarding vulnerable adults: Oxfordshire was "performing adequately"
2. Improving health and wellbeing for older people: Oxfordshire was "performing well"
3. Increased choice and control for older people: Oxfordshire was "performing well"

The Care Quality Commission rates a Council's capacity to improve its performance using the following four grades: 'poor', 'uncertain', 'promising' and 'excellent'. The CQC concluded that the capacity to improve in Oxfordshire was "promising".

Mental Health Act Visits
The following outlines details of the Mental Health Act (MH Act) Annual Statement on OBMH in December 2009. The CQC visits all places where patients are detained under the MH Act 1983. MH Act Commissioners meet and talk with detained patients in private and also talk with staff and managers about how services are provided. At the end of each visit a feedback summary is issued to the provider identifying any areas requiring attention and OBMH responds stating what action is being taken.

The Mental Health Act Annual Statement on OBMH covers the period from 1st August 2008 to 31st October 2009. During this time the MH Act Commissioners visited 12 sites and 23 wards in the Trust, 67 patients were interviewed in private and 68 sets of records were reviewed. The CQC report that in the 23 wards visited no instances of unlawful detention were found.

In their response, the commissioners report on four areas: these are; Legal (compliance with the Mental Health Act); Environmental; Patient issues; and General issues. The Commissioners made recommendations in the Annual Statement against two of these areas: legal and environmental, detailed below.

Legal: Commissioners found evidence of full compliance with the Mental Health Act and Code of Practice on Ashurst; Wintle; Cotswold House, Oxford; Kennet; Chaffron; Lambourn House; Phoenix; Glyme wards. Phoenix and Glyme wards were singled out for 'Good Practice'. Where

issues of compliance were raised, these related to recording in patient notes and were not due to illegal detention or treatment.

Environmental: The main issues raised were ligature risks; privacy and dignity; smoking areas and shelters. All of these have been resolved with the Commission.

The Commissioners found:
  (1) 'There was generally good compliance with presentation of rights to patients in the majority of the units visited'.
  (2) 'Commissioners visited a wide range of wards in the Trust and found that the majority of detained patients interviewed were satisfied with the care and treatment they had received. Detained patients reported generally they were treated with respect and dignity and were consulted about their treatment'.

Data Quality
Details of our data submission were monitored monthly by the Trust monthly within the Quality Report to the Trust. This information is reported as Trust wide and by Directorate and clinical team.

Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust submitted records during 2009/10 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data. The percentage of records in the published data, which included the patient's NHS number, was 97.6%, and which included the patient's valid General Medical Practice Code was 99.2% (as of 1st April 2010).

Information Governance Toolkit
Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust score for 2009/10 for Information Quality and Records Management, assessed using the Information Governance Toolkit, was 84.2%.

This equates to a score of 48 out of a possible 57. (This differs to the toolkit because two of the Mental Health Trust requirements are not applicable for OBMH, standards 407 and 511; therefore we score on only 19 requirements, which gives a maximum possible score of 57.

Clinical Coding
Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2009/10 by the Audit Commission.

Payment by Results is not being introduced to Mental Health nationally until 2011/12 and OBMH is currently preparing for this.

Review of Quality Performance
During 2009/10 we provided mental health care assessment and treatment, covering a large geographical area, encompassing all mental health services within Oxfordshire and Buckinghamshire. We also provided Forensic mental health services in Milton Keynes and Berkshire, and Eating Disorder services in Wiltshire.

Review of identified Priorities for 2009/10 and progress to date
In 2009 we set three priorities for 2009/10 which were described in our Quality Report and published in our Annual Plan. These priorities formed part of our ongoing drive for continual quality improvement. The three priorities selected for 2009/10 were as follows:

1. Physical Health
We selected physical health as one of our priorities, due to the known physical health issues which can accompany mental illness and substance misuse. The priority aimed to improve the

recognition and treatment of physical conditions such as cardiovascular disorders in psychiatric patients (NICE 2009). It is recognised that there are higher smoking rates amongst people with serious mental illness; a tendency to take less exercise and for diet to be higher in fat and lower in fibre.

These factors combined with some drugs prescribed in mental health care may have potential side-effects including weight gain, which in turn can lead to physical conditions such as high blood pressure, heart problems and diabetes. Whilst physical health care remains principally the responsibility of the GP and primary care team we intended to work with primary care and service users to increase the likelihood of accessing appropriate screening when attending GP practices.

How did we perform?
We are pleased to report that we have made ongoing progress against this target. Physical healthcare audits have been undertaken in both Buckinghamshire and Oxfordshire. These audit results showed a number of positive practices are in place which included 95% of inpatients reviewed in the audit had received a physical health assessment completed on admission, 80% of patients received routine blood tests, and the recording of primary diagnosis, psychiatric history and medical history were good. Areas identified for improvement included documentation of side effects of medicines already prescribed on admission, recording of Body Mass Index (BMI) and documentation of family history of physical health problems (e.g. weight gain, diabetes and cardiovascular disease).

Improvement plans have been agreed in clinical services; these will be monitored through the relevant Clinical Governance Groups and re-audited in 2010/11.

2. Measuring outcomes
At the beginning of 2008 the Trust undertook to introduce the use of the Health of the Nation Outcome Scale (HoNOS). The scale contains 12 domains relating to both health (e.g. Physical illness; Problems with depressed mood) and social circumstances (e.g. Problems with living conditions or occupation). We made some progress in using this scale in 2008 and planned to significantly increase this in 2009/10. Graph 3 shows the improvement made during 2009/10 with clinical staff using the scale once during an episode of care.

Graph 3 Percentage of patients with a recorded Health of the Nation outcome scale
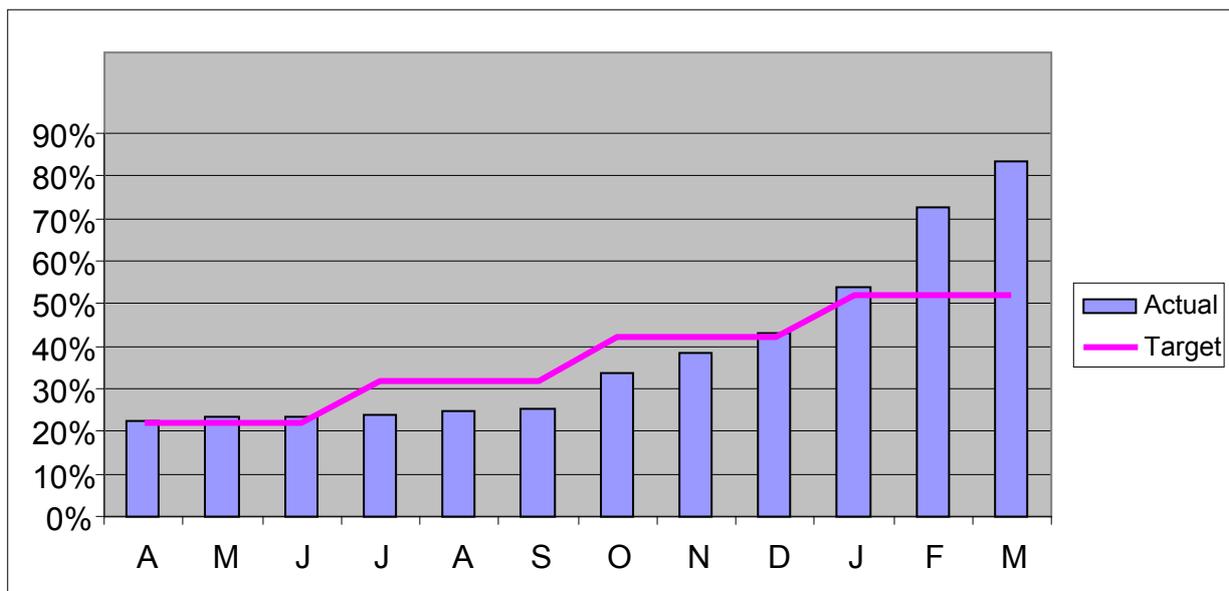
3. Patient Experience
Feedback on patient experience was obtained from national and local surveys, service user and carer forums, complaints and PALS and immediate feedback was obtained during the year via

portable electronic handheld devices called Patient Experience Trackers (PET). Over the last 12 months the PET devices received 6281 responses from service users regarding their experience of services. A larger number of responses were received from the devices used within inpatient settings

Over the 12 month period 40 different questions have been developed and used on the 26 PET devices as the devices have been moved around different inpatient wards and community teams. For inpatient wards the same five questions have been used for the year period (graph 4). In the community services a range of questions have been used and therefore the questions and answers have been grouped into common areas and summarised in Table 5.

The Trust has however identified limitations with this device due an inability of the device user to write any statements about care. In order to address the limitations of the existing system, a replacement real time patient experience feedback system is in the process of being procured and should be in place in 2010/11. The replacement system will allow much greater flexibility than the existing system.

Despite this limitation, a number of actions were however implemented following feedback from the PET devices. These have included the following:
▸ Posters have been put up in community reception and inpatient areas to raise awareness of the crisis out of hours number. In addition the out of hours telephone number has been added to all CPA care plans, letter templates, and added to the new business cards introduced for care coordinators.
▸ Information given to service users is being reviewed and developed in Buckinghamshire community services.
▸ Wards across the Trust are promoting existing activities better as well as reviewing and developing new activity programmes with service users
▸ Forensic wards now ensure that staff spend more time speaking to service users about their feelings
▸ Oxfordshire wards have been discussing and developing an action plan with service users via regular community meetings to improve service user perception of feeling safe on wards
▸ Protected mealtimes have been re-introduced across all wards to ensure that meal times are not interrupted and that staff can ensure that patients are eating and drinking adequately.

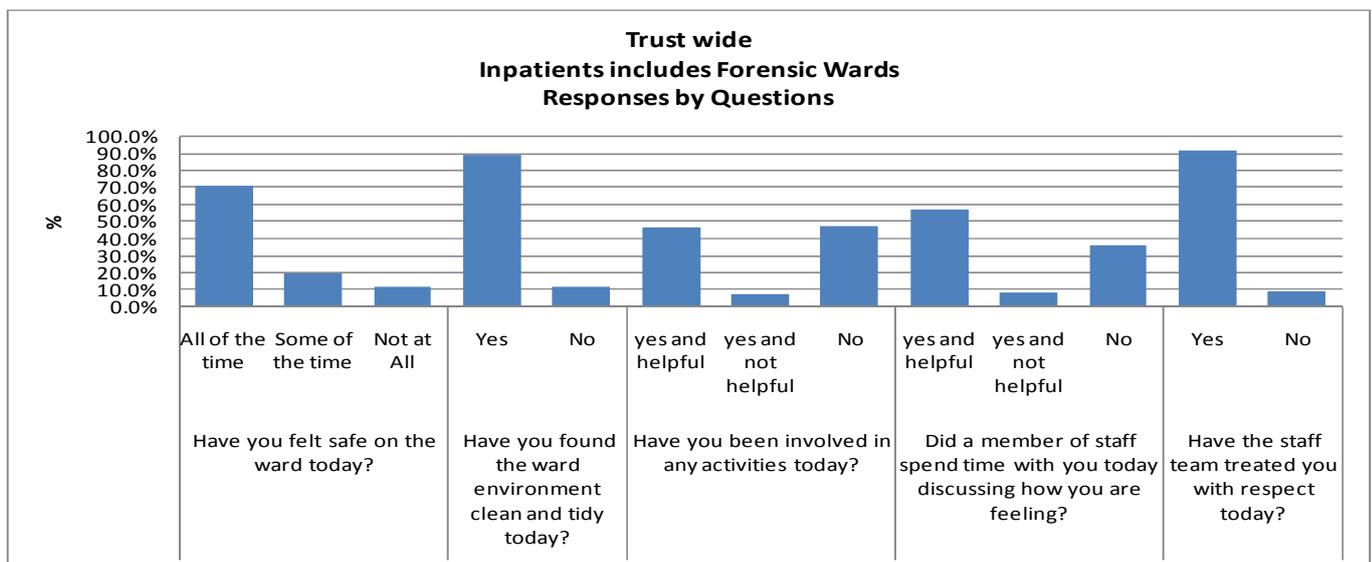**Graph 4 – Inpatient Patient Experience Tracker (PET) Questions**

Table 5 – Community Questions

Area	Response
Care Coordinator	88% (n=1793) said yes they know how to contact their Care Coordinator or Lead Professional
Care Planning	67.1% (n=1793) said yes they had been offered a copy of their care plan/ statement of care/ treatment plan 63.2% (n=60) said yes definitely were involved in decisions about care, and further 31.6% said yes to some extent
Contact Services out of Hours	72.5% (n=1793) said yes they had a number to contact services out of office hours
Information and Support	87.6% (n=1793) said either yes they received information and support or that the information support they were given was excellent or good 96.7% (n=122) said yes information had been explained so they understood 75% (n=122) said yes they have been given information on confidentiality 79.6% (n=122) said yes they are aware that someone else can inform us of their concerns
Time to Discuss Care	89.6% (n=1799) said either yes they were given time to discuss their condition and treatment or that the amount of time they had was excellent or good 80.7% (n=60) said yes they felt listened to
Customer Service	98.3% (n=60) said yes they feel staff were friendly and approachable
Dignity and Respect	96.7% (n=122) said yes they felt staff were considerate and treated them with respect 93.3% (n=122) said yes they felt staff respected their privacy
Waiting Time	85% (n=419) said the time taken to respond to their initial referral was excellent or good
Choice of Appointment	87.9% (n=60) said yes their appointment was held where they wanted to be seen 78.9% (n=60) said yes they were able to choose when they were seen
Facilities	100% (n=6) said yes the environment and facilities where they had their appointment are satisfactory

Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust participated in the first National Inpatient Survey in 2009. The results were disappointing and the progress and actions being taken are described under the national priorities section above. In addition to completing the National Inpatient Survey we decided to repeat the Community Patient Survey that had been mandatory in the previous year. Following the 2008 National Community Patient Survey an action plan had been implemented focusing on three main areas for improvement which are shown in Table 6.

Table 6- Three Areas Targeted for Improvement from the 2008 Community Patient Survey

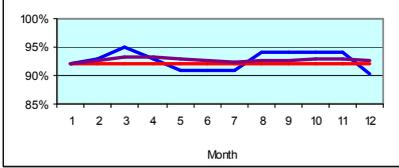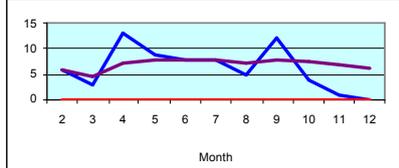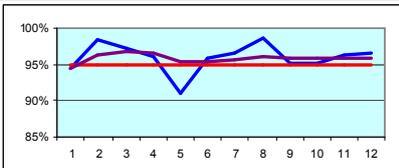| Target Area	2008 Results	2009 Result	Trend	2009 National Average
Service users receiving a number within mental health services to contact out of hours or in crisis	27% yes	38% yes	Improvement by 11%	47%
Service users receiving copies of their care plan	38% yes	47% yes	Improvement by 9%	46%
Service users perception of information given to family and friends	65% yes definitely & to some extent	71% yes definitely & to some extent	Improvement by 6%	70% yes definitely & to some extent

Quality Measures

During 2009-2010, we monitored a range of quality measures which were reported under the three dimensions set out in High Quality of Care for all; Patient Safety, Clinical Effectiveness and Patient Experience. We also include a Workforce dimension.

Table 7 outlines the quality measures monitored monthly in the Quality Report to the Board. This table shows trends month on month for 2009/10 and the final position at the end of the year for the past three years, where the data was available.

The final position for three of these quality measures, indicate that we have not achieved the year end target and have therefore rated these areas as red. The reasons for non achievement of these targets are shown in Table 8.

Table 7 – Quality Measures for years 2008, 2009 and 2010

2009/10 Key Performance Indicators						
Indicator	Actual –·–- Plan -·–– Trend –·–· An upward arrow shows improvement from 2009 to 2010 and a downward arrow shows a decline from 2009 to 2010.	FY08 Final Position	FY09 Final Position	FY10 Final Position	FY10 Target	RAG Status
Patient Experience						
% of clients seen within 4 weeks (in month)		71.20%	78.3%	80.4%	90.0%	
Delayed Transfers of care bed days lost as a percentage of Occupied bed days plus leave days		10.70%	7.0%	2.1%	7.5%	
Ratio of complaints per 1000/patients (3 month rolling average)		1.4	1.0	0.3	1.4	

2009/10 Key Performance Indicators		FY08 Final Position	FY09 Final Position	FY10 Final Position	FY10 Target	RAG Status
Indicator	Actual –––– Plan –––– Trend ––––– An upward arrow shows improvement from 2009 to 2010 and a downward arrow shows a decline from 2009 to 2010.					
Patient Experience						
Quality of patient environments PEAT		90%	95.0%	90.0%	92.0%	🟢
Single sex accommodation breaches		Not available	Not available	69	0	🔴
Safety						
100% of inpatients on CPA followed up within 7 days of discharge		84.30%	96.3%	96.0%	95.0%	🟢
Ratio of Serious Untoward Incidents (per 10,000 patients/3 month rolling average)		0.9	0.68	0.8	1.3	🟢
Ratio of Patient and Staff incidents (per 1000 patients/3 month rolling average)		3.3	3.2	7.7	7.0	🟢
MRSA/CDIF occurrences		0	1	0	0	🟢
Clinical Effectiveness						
Emergency readmissions within 28 days of discharge - **Adult acute**		4.20%	3.9%	4.4%	3.1%	🔴
Use of HoNOS across all services (% of patients coded)		4.40%	21.7%	83.5%	52.0%	🟢
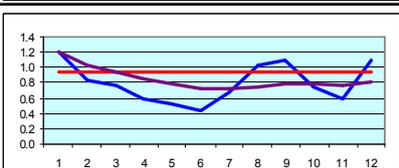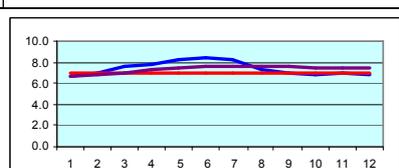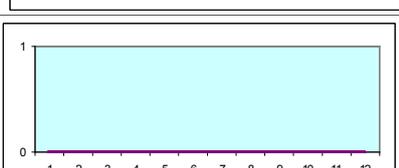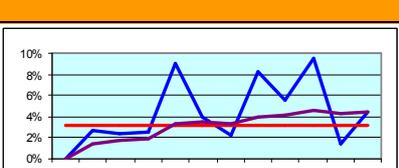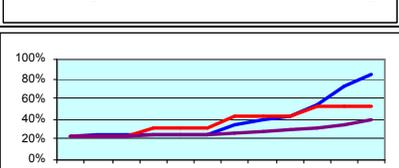
2009/10 Key Performance Indicators						
Indicator	Actual –––– Plan –––– Trend –––– An upward arrow shows improvement from 2009 to 2010 and a downward arrow shows a decline from 2009 to 2010.	FY08 Final Position	FY09 Final Position	FY10 Final Position	FY10 Target	RAG Status
Workforce Indicators						
Mandatory Training completed in last 12 months Snapshot		53.0%	72.0%	83.0%	72.0%	🟢
Appraisal completed in last 12 months Snapshot		81.0%	82.0%	82.0%	85.0%	🟡
Staff with short term sickness in Clinical Services (1 mth in arrears)		Not available	Not available	1.5%	3.5%	🟢
Other National Indicators						
Trust Data completeness to quality of clinical information held electronically		84.50%	85.9%	85.1%	85.0%	🟢
Access to Crisis prior to admission		N/A	94.2%	96.2%	90.0%	🟢 ⬆
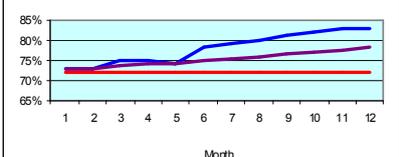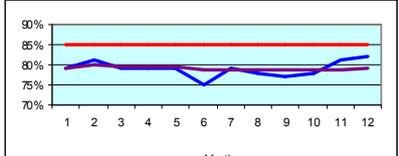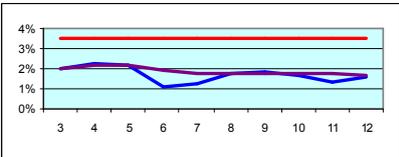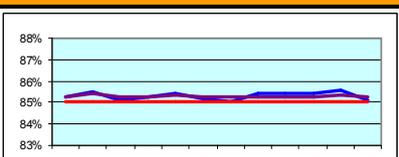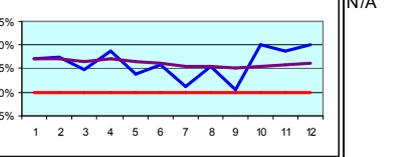
Table 8 Quality Measures reason for variance

Key Performance Indicator	Annual Target	Annual position	Reason for variance
% of clients seen within 4 weeks in month	90%	80.4%	This number includes breaches relate to the memory clinic and patient referrals for outpatient appointments. These appointments cannot take place until the patient has received a brain scan at a general hospital. As a result the memory clinic process has been reviewed. Referrals are now only counted once the scan is complete. These figures include numbers where the patient has cancelled or not attended their appointment.
Single sex accommodation breaches	0	69	Prior to November 2009 OBMH had mixed sex inpatient facilities. Oxfordshire Adult services moved to single sex wards in November 2009 and Older Adults by April 2010. Buckinghamshire adult services moved to single sex in January 2010, older adult wards remain mixed sex but refurbishment and bed management ensures we comply with requirements.
Emergency readmission within 28 days	3.1%	4.4%	This figure includes details of patients who are discharged to general hospitals for acute care (from OBMH) and who are then readmitted back to OBMH for mental healthcare.

National Drug Treatment Measures

The following drug treatment measures are reported nationally through the National Drug Treatment Monitoring System and relate to our specialist drug treatment services in Oxfordshire and Buckinghamshire. These figures are reported from 1st January 2009 to end of December 2009 (as seen in Table 9).

Table 9 National Drug Treatment Measures

Dataset	New Journey Starts	Number Retained for 12 weeks or more	Percentage Retained for 12 weeks or more	Number Completed within 12 weeks	Number Retained or care planned exit within 12 weeks	Percentage Retained or care planned exit within 12 weeks
March 2010	242	208	86%	16	224	92%

Other initiatives and innovations which we have implemented during 2009/10 have included the following:

Quality and Productivity – In January 2010 an event was held at the Oxford's Kassam Stadium to launch OBMH's Quality and Productivity Programme. OBMH's quality and productivity web page was launched. This is designed to promote the sharing of ideas and information throughout OBMH and to enable the sharing of best practices. Information on all aspects of quality improvement and innovation including current, past and future projects, upcoming events, tools and resources can all be found on the page.

BigHand Initiative – During 2009/10 the BigHand initiative was piloted in the SE CMHT in Buckinghamshire. It enables clinicians to record information into a digital recording device such as a hand held recorder or a mobile phone and then send an encrypted sound file to available secretarial support. This has ensured that documents and patient notes are written immediately after the patient is seen; therefore there is no delay in record keeping.

Team Working Initiative – Evidence demonstrates that teams whose members work well together are more effective in the delivery of good health care, are more responsive to changing needs of service users, deliver increased patient safety, and draw more efficiently on the skills of professional staff, compared with teams which either work poorly together, or people working independently on their own. For the past year, additional support for teams has been provided within OBMH, with the aim of positively enhancing the organisation's capacity to work effectively for its users. Effective teams are also more likely to attract and retain staffs, who are in turn more effective in their work with service users. Good team working therefore plays a key part in staff wellbeing, which has a major and long-term impact on service user wellbeing, via improved staff morale and higher productivity.

Top Three Diagnosis in Adult Services – During 2009/10 work commenced on drawing up the audit criteria for the three most prevalent mental health disorders seen in adult services; schizophrenia, bipolar disorders and depressive disorders. For each disorder we examined how we evidence the interventions and treatments that are offered and how these relate to evidence-based practice and national recommendations and guidance including NICE recommendations and National Service Frameworks. The schizophrenia audit was successfully undertaken in early 2010.

Electronic E-notes – A big drive during 2009/10 resulted in all service user records being held in a secure electronic format. All service user paper records have been archived. This enables all clinicians to view a service user's records in real time.

Single Sex Accommodation – During 2009/10 OBMH moved to same sex accommodation for adult service users, although our Older Adult wards remain mixed sex in some areas. We have or are undertaking some environmental changes and do comply with the single sex regulations.

Employment Support – As part of a research project Restore were successful in winning a tender to provide Individual Placement and Support (IPS) workers into the CMHT. Four IPS workers were recruited to work within the CMHTs accepting referrals of those service users who wish to find work.

The Clive Project – In August 2009 OBMH (Oxford Directorate) and the Clive project came together to develop an integrated model of service that has a focus on younger people with dementia, their families and their quality of life. The Clive Project works alongside younger people with dementia and their families and friends. It aims to enable people affected by early onset dementia to live life to the full. The collaboration aims to improve the experience of younger people with dementia by ensuring that a clearly identified network of trained, well informed, consistent support and care is available to them.

CBT Training – Cognitive Behavioural Therapy (CBT) has been shown to help with many different types of problems. These include anxiety, depression, panic, stress, bulimia, obsessive compulsive disorder, bipolar disorder and psychosis. 120 staff across Oxfordshire and Buckinghamshire have now received a range of CBT training courses. This training was funded through a Strategic Health Authority grant.

Chief Executive's Award for Innovation and Nursing Initiative Awards – A new Chief Executive's Award for Innovation was introduced in 2009/10. The award for innovation encourages all staff to share ideas they have developed which improve patient care, reduce waste and duplication, demonstrate the Trust's values and bring new ideas into the workplace. The award was launched at the Quality and Productivity event in January 2010, and the award winners will be recognised at the staff conference in May 2010.

The Nursing and Clinical Governance team also announced the first nursing quality initiative prize introduced in 2009/10. The award is to offer an individual nurse or a team lead by nurses to propose a project that is focused on quality and will have a real impact for service users. The award was presented to a nurse working in the Early Intervention Team, and the project focused on the education of staff in primary care to recognize signs of psychosis in women following childbirth to ensure early referral for treatment.

Working with Governors – The Governors have had active involvement in a wide range of Trust activities. These have included key strategic and operational management meetings, staff forums, visits to wards and teams and involvement in projects.

Patient Complaints

We take complaints very seriously and strive to resolve them quickly. During 2009/10, we received 129 formal complaints. This was an increase of 17 complaints from 2008/09 (15%). Of these:

▸ 114 (88%) of complaints were acknowledged within agreed timescales which is an improvement from 2008/09 at 71%.
▸ 128 complaints (99%) were responded to within agreed timescales with the complainant, an improvement from 2008/09 at 95%.
▸ The majority of complaints are responded to personally by the Chief Executive.

The number of complaints which were received during 2009/10 can be seen in graph 5. The number and ratio of complaints received ranges from 0.2 to 0.3 complaints per 1000 appointments or inpatient days and has remained relatively stable throughout the year. This equates to 1 complaint for every 3333 appointment or inpatient bed days.

Graph 5 – Complaints by month 2009/10

Complaints Received by Month 2009/10
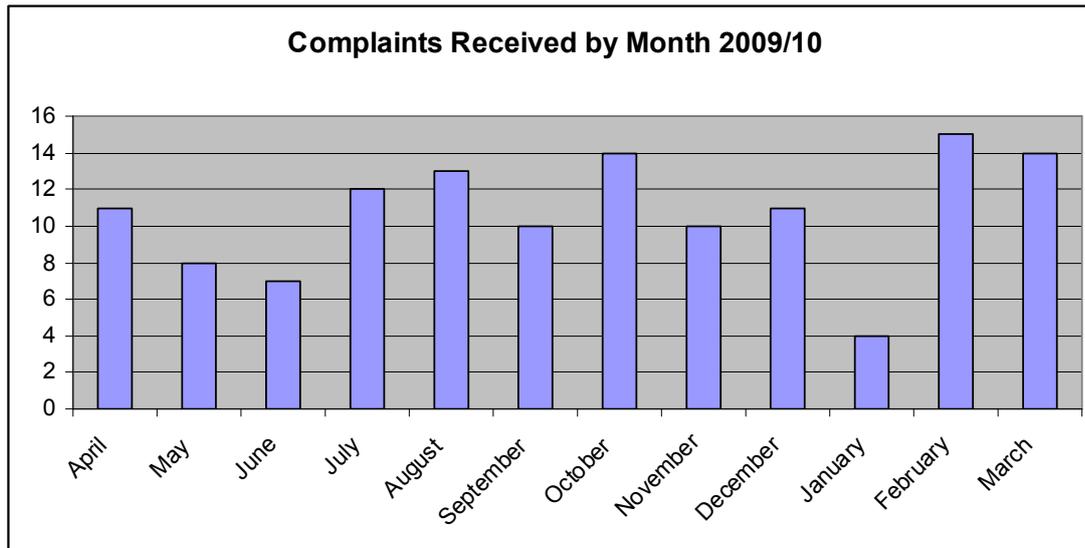
Workforce Factors
Staff Survey
We were disappointed with our 2008 staff survey and worked with staff and Governors to develop an improvement plan. 2009 results were more favourable but we still have more to do to ensure that staff feel well supported, appreciated and equipped to provide the best possible care.

In the most recent survey we achieved a 64% response rate to the survey; this was in the highest 20% of Mental Health/Learning Disability Trusts.

Key areas where OBMH improved since 2008 were:
▸ Support from immediate managers
▸ Percentage of staff suffering work related stress in last 12 months
▸ Percentage of staff saying hand washing material are always available
▸ Perceptions of effective action from employer towards violence and harassment

Key finding where OBMH have deteriorated since 2008:
▸ Percentage of staff having equality and diversity training in last 12 months however we achieved one of the top four ranking scores nationally in this area.

The Trust achieved the top four ranking scores in the following areas:
▸ Percentage of staff having equality and diversity training in last 12 months
▸ Percentage of staff suffering work-related stress in last 12 months
▸ Percentage of staff believing Trust provides equal opportunities for career progression or promotion

‣ Percentage of staff receiving health and safety training in last 12 months

The Trust compared least favourably with other Mental Health /Learning Disability Trusts and was in the bottom four ranking scores for:
‣ Percentage of staff working in a well structured team and environment
‣ Percentage of staff saying hand washing materials are always available
‣ Percentage of staff reporting good communication between senior management and staff
‣ Percentage of staff having well structured appraisals in last 12 months

Process of involvement in the development of this Quality Account
During the development of the Quality Account, we have had the opportunity to consult with a wide range of key stakeholders. This has been achieved via a process of a written questionnaire to ask for comments in relation to draft priorities, and two consultation events held in April 2010. In addition we have arranged individual meetings with people and teams on request.

This consultation process has resulted in us receiving a wide range of views from patients, staff, external partners and commissioners. In general we received positive comments regarding the identified priorities; a number of views were expressed regarding the importance of focusing on the needs of Children's and Young People's services, especially in relation to response times.

Statement on Internal Control
The directors of Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust are required to satisfy themselves that the Trust's annual Quality Accounts are fairly stated. In doing so we are required to put in place a system of internal control to ensure that proper arrangements are in place based on criteria specified by Monitor, the Independent Regulator of NHS Foundation Trusts.

The steps which have been put in place to assure the Board that the Quality Accounts are fairly stated are as follows:
‣ Report specifications are written for each report and take account of any Department of Health rules/guidance on how activity should be counted.
‣ Service capacity plans are agreed with each Directorate annually. These plans feed into the contracting process.
‣ Monthly activity is monitored against agreed contract targets. Month on month activity is compared to identify any inconsistencies.
‣ Quality in this sense is concerned with ensuring that systems are managed to support validity of data e.g. that all codes used are nationally recognised codes, or map to national values. Internal data quality also includes maintenance of changeable reference data.
‣ The system support function identifies and corrects inconsistent data
‣ Systems are also managed to enforce data quality where necessary
‣ Production and maintenance of data quality reports that can be run by end users.
‣ Specific data quality awareness, including the minimal use of default codes, is included with system training, and training support materials.
‣ Monthly monitoring reports produced for the service delivery teams to monitor the quality of the data, raising issues if tolerances are exceeded.
‣ Audits of records in the form of spot checks of paper records (where held), and validation of inpatient data entered electronically on a daily basis.

Signed on behalf of the Board

Julie Waldron

Julie Waldron (Chief Executive) 7th June 2010

Statements from partners on the Quality Account 2009/10

OBMH - Quality Accounts – NHS Oxfordshire Statement
NHS Oxfordshire has reviewed the Oxfordshire and Buckinghamshire Mental Health Trust Quality Account. The Quality Account provides information across the three areas of quality as set out by Lord Darzi: patient safety, patient experience and clinical effectiveness. The PCT is satisfied as to the accuracy of the data contained in the Account. There is evidence that the Trust has relied on both internal and external assurance mechanisms. The Trust prioritised physical health; patient experience and measuring outcomes last year and although there is detailed information on physical health and patient experience there is limited information on clinical outcomes. The Trust have participated in a national project led by the Kings Fund in partnership with the Burdett Trust for Nursing aimed at understanding better how NHS boards assure themselves about the quality of clinical care that patients receive and this may help improve this aspect of the account.

The Trust details a number of initiatives relating to patient safety and is to take part in the Leading in Patient Safety (LIPS) programme. The aims of the project are to:
  o reduce to zero the number of in-patient deaths from suicide by 2012;
  o reduce to zero Community Deaths, of patients in our services, by 2014;
  o increase reporting of lower rated incidents (less harmful) by 50% March 2012.
It is expected that the Trust will report progress in future quality accounts.

The Trust should consider simplifying the content to enable patients to better understand the accounts and in future include more detailed information to compare their clinical outcomes for high volume conditions such as depression and schizophrenia to what would be expected nationally. The primary purpose of Quality Accounts is to encourage boards to assess quality across the totality of services they offer and this document does not fully allow the board to achieve this goal. NHS Oxfordshire recognises that this is the first year of production and would expect to see more detailed information in future years.

Response from Oxfordshire Joint Health and Scrutiny Committee
Thank you for the opportunity to respond to the OBMH Quality Account. I have discussed this with the Chairman of the Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC). In view of the fact that HOSC's are now able to share information with CQC about NHS providers at any time during the year, the OJHOSC will not be commenting on the Quality Account but will reserve the right to comment on Trust services on occasions when such comment is appropriate

Quality Account Glossary

Term	Abbreviation
Assertive Outreach Team	AOT
Body Mass Index	BMI
Children and Adolescent Mental Health Services	CAMHS
Community Acute Service	CAS
Cognitive Behavioural Therapy	CBT
Chief Executive Officer	CEO
Clinical outcome measurement tool	CORC-SDQ
Clinical outcome measurement tool	CORE-OM
Care Programme Approach	CPA
Care Quality Commission	CQC
Commissioning and Quality and Innovation	CQUIN
General Practitioner	GP
Historical clinical and risk management scale	HCR 20
Health of the Nation Outcome Scale	HoNOS
Individual Placement and Support	IPS
Local Involvement Networks	LINks
Leading in Patient Safety	LIPS
Mental Health Act	MH Act
mini-mental state examination	MMSE
National Audit for Psychological Therapies on Anxiety and Depression	NAPTAD
National Confidential Inquiry (NCI) into Suicide and Homicide	NCI/NCISH
National Institute for Clinical Excellence	NICE
National Patient Survey	NPS
National Patient Safety Agency	NPSA
Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust	OBMH
Overview and Scrutiny Committee	OSC
Person Centred Information System (existing clinical information system)	PCIS
Primary Care Trust	PCT
Patient Experience Trackers	PET
Psychiatric Intensive Care Unit	PICU
Prescribing Observatory for Mental Health-UK	POMH-UK
Medicines when required	PRN
Clinical information system (newly commissioned system)	RiO
Statistical Package for the Social Sciences	SPSS
Technology Appraisal Guideline	TAG
Clinical outcome measurement tool	TOPs

Regulatory Ratings

The Board of Directors is required to submit a quarterly report to Monitor. These reports are used by Monitor to assign the Trust with financial, governance, and mandatory goods and service risk ratings. The ratings are designed to indicate the risk of failure to comply with the Terms of Authorisation. The ratings used by Monitor are described below:

Financial risk rating
1. Highest risk - high probability of significant breach of authorisation in short-term, e.g. less than 12 months, unless remedial action is taken
2. Risk of significant breach in medium-term, e.g. 12 to 18 months, in absence of remedial action
3. Regulatory concerns in one or more components. Significant breach unlikely
4. No regulatory concerns
5. Lowest risk - no regulatory concerns

Governance risk rating
- Red - concern that issue(s) significantly breaches authorisation
- Amber - concerns about one or more aspects of governance
- Green - governance arrangements comply with authorisation

Mandatory services risk rating
- Red - concern that issue(s) significantly breaches authorisation
- Amber - concerns about one or more aspects of mandatory services
- Green - mandatory services comply with authorisation

During 2009/10, the Trust's ratings were:

	Annual Plan 09/10	Q1 09/10	Q2 09/10	Q3 09/10	Q4 09/10
Financial Risk Rating	3	5	4	4	4
Governance Risk Rating	Green	Green	Green	Green	Green
Mandatory Services	Green	Green	Green	Green	Green

During 2008/09, the Trust's ratings were:

	Annual Plan 08/09	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09
Financial Risk Rating	4	4	4	4	4
Governance Risk Rating		Amber	Amber	Amber	Green

Performance

The Financial Risk Rating throughout the year was above plan. The explanation for this can be found in the Financial Performance Report.

During 2009/10, the Trust maintained a Green Governance rating in line with the plan. This represented an improvement from 2008/09 due to improved performance on delayed transfers of care (DTCs). The improvement in the numbers of DTCs across the Trust has been achieved by focusing on a whole pathway approach rather than looking at issues in isolation. DTCs are

monitored on a weekly basis by the Senior Management Operational team and at Board level on a monthly basis.

Mandatory Services were rated Green throughout the year in line with the Annual Plan.

Financial performance for 2009/10

The Trust's financial position and end of year Accounts are detailed in the Summary Financial Statements on page 68 of this report. The accounts are now prepared under International Financial Reporting Standards, previously being reported under UK GAAP.

The Trust's Director of Finance and Deputy Chief Executive, Duncan Smith, in addition to corporate responsibilities as an Executive Director of the Board, has two key responsibilities to provide financial governance and assurance, and business and commercial advice to the Board.

Financial highlights

‣ Total income for the Trust was down by £73k, 0.1% as a proportion of £156.0m total income
‣ Income from activities was up £4.0m, 3.4% at just over £121.2m
‣ Operating surplus up £2.7m to £3.6m
‣ Surplus before the impairment of assets following a change to the basis of revaluation under International Accounting Standards, £2.0m, down £0.5m
‣ Retained deficit £1.5m after the impairment of assets following a change to the basis of revaluation under International Accounting Standards
‣ Surplus margin up 4 base percentage points against last year to 1.6%
‣ Return on assets of 5.2%, down from 5.3%

Key performance indicators (KPIs)

Table 1 - Monitor Financial Risk Metrics for the year ending 31 March 2010					
		Plan	Actual	Variance	Risk Status
Underlying Performance: EBITDA %	YTD	6.5%	6.9%	0.4%	●
Achievement of Plan: EBITDA % achieved	YTD	100.0%	104.2%	4.2%	●
Financial Efficiency: Return on Assets	YTD	4.3%	5.2%	0.9%	●
I&E Surplus Margin %	YTD	0.6%	1.6%	1.0%	●
Liquidity: Liquid Ratio	YTD	28.4	33.3	4.9	●

Trust Performance

The Trust's full-year results reflect a sound performance.

The Trust, and its predecessor Trusts, have maintained a break-even position for eight consecutive years and in the last three years, a surplus before exceptional items which is available to invest back into the Trust's plan to improve its services.
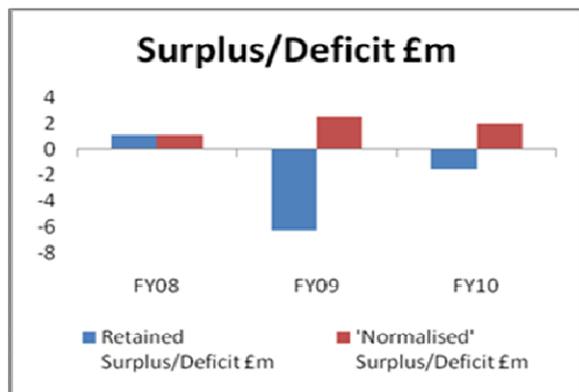
Table 2 2009/10 Statement of Comprehensive Income Summary

	£000
Total Income	156,028
Expenses	(148,350)
Operating Surplus	7,678
Loss on disposal	(588)
Finance income/expense	(1,000)
Dividends to Government	(4,118)
Surplus before exceptional items	1,972
Impairment of assets	(3,517)
Retained deficit	(1,545)

Total income was just over £156.0m, a decrease of £73.0k, (0.1%) on last year. Income from clinical activities was up £4.0m, (3.4%) to £121.3m driven by £2.4m of service developments, while income from other activities fell £4.1m, (10.5%), principally relating to the Trust's short-line pharmacy store where sales were down £3.8m year on year. The Trust's main commissioners remain the Buckinghamshire and Oxfordshire PCTs, which account for 73.4% of the clinical activity income.
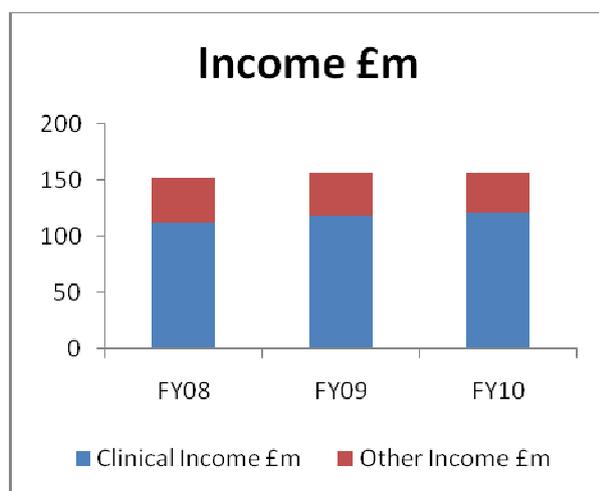
Operating expenses fell by £2.8m, 1.8% on the previous year at £152.4m, which includes £3.5m of property, land and equipment impairments. Excluding impairments, operating expenses increased on the previous year by £2.5m, 1.7%.

Pay costs represented 55.5% of operating expenses in 2009/10 and increased by 6.4% on the previous year. 2.4% of the increase was national pay awards and 4.0% service developments.

The Trust recorded a £2.0m surplus before impairments. However, following the change in asset valuations for property, plant and equipment to a Modern Equivalent Asset basis as required by International Financial Reporting Standards and other market land and property movements, the Trust has incurred impairments totalling £3.5m, which resulted in a £1.5m retained deficit for the financial year.

Capital expenditure

Capital spent in 2009/10 increased by £2.0m to £10.5m, compared with £8.5m last year. The Trust's main capital investment areas were:

- ▸ Manor House, Aylesbury (£5.2m) - preparation for a new hospital which will cost in the region of £36.0m and is due to be commissioned in March 2013
- ▸ Highfield unit, Oxford (£0.9m) – work commenced on a new inpatient unit for young adults, which will open by December 2011
- ▸ Keynsham, Avon (£0.5m) – a new CAMHS base for community staff, which opened in April 2010
- ▸ Infection control and other health and safety schemes, £0.7m

Cash flow and net debt

The Trust's cash position has improved by £6.4m during the year as a result of the drawdown of a £8.8m loan received from the Department of Health to finance the new hospital development in Aylesbury, part of which was not expended in-year, giving the Trust a £3.3m timing benefit. Cash also improved, as dividends paid to the Government fell by £2.4m due to the fact that the dividend is calculated as 3.5% on gross assets, which reduced significantly; see below:
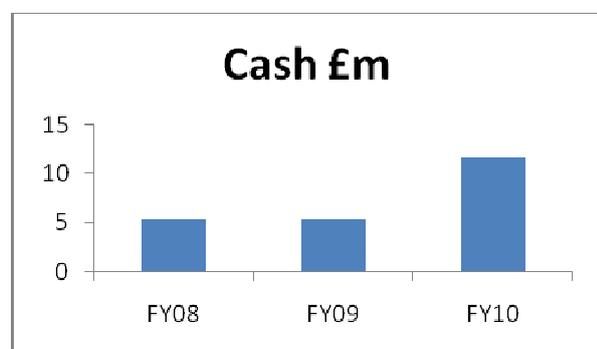
The Trust generated £13.1m in operating cash flow , down 19.4% on the prior year, primarily as a result of a reduction in operating surplus before exceptional items, increased pharmacy inventories and a reduction in payables outstanding.

The Trust's gearing ratio increased to 13.5%, with year-end net debt increasing by £8.1m to £14.4m.

The Trust's Liquidity Ratio increased from 31.6 days to 33.3 days in 2009/10.

Return on invested capital

Return on assets was 5.2%, 0.1% lower than last year's 5.3%, reflecting the £1.5m payment to the South Central Strategic Health Authority in respect of financial support provided to the former Buckinghamshire Mental Health Trust in 2006.

Total assets employed

Total assets employed decreased by £33.8m, 24.0% to £106.9m. This is mainly due to the fall in non-current assets following a change to the basis of revaluation under International Accounting Standards.
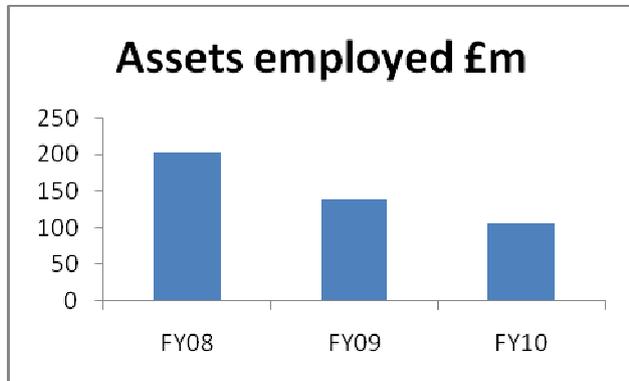
The value of non-current assets (land, buildings and equipment) fell by £26.6m, 19.1%, to £112.4m. Asset values decreased by £28.8m following a revaluation of the estate following the change to Modern Equivalent Asset valuation and £5.8m following a further reduction in-year of market land values. These reductions in value were offset by a £10.5m capital investment programme. The impact of the revaluation will be to make the Trust more competitive as it lowers the cost of providing services.

Other material movements in assets included:
  ▸ a net £8.1m increase in loans, as the Trust drew down funding to finance the new hospital build in Aylesbury
  ▸ current liabilities increased by £4.1m to £18.2m, primarily due to a £1.2m increase in deferred income, mainly research and development, and capital creditors £1.5m.
  ▸ £6.4m increase in cash

Health Act Flexibilities

The Trust operates three provider pooled budgets under Section 75 Health Act Flexibilities, where health and local authority funding is brought together to deliver integrated services and seamless pathways of care. The value of the pools at 31st March was as follows:
  ▸ Oxfordshire - £28.4m, (£19.4m, 2008/09)
  ▸ Buckinghamshire Adult - £ 13.8m, (£13.9m, 2008/09)
  ▸ Buckinghamshire Older Adult – £5.1m (£5.5m, 2008/09)
  ▸ The local government contribution to the pooled budgets and spend are excluded from the accounts of the Trust. However, the Board of Directors' performance monitoring of the Section 75 agreements includes local authority targets.

The Trust's performance against the Better Payment Practice Code is shown in the table below:

Better Payment Practice Code		
	2009/10	
	Number	**£000**
Measure of Compliance		
Total Non-NHS trade invoices paid in the year	**35,047**	**53,329**
Total Non NHS trade invoices paid within target*	**31,754**	**51,124**
Percentage of Non-NHS trade invoices paid within target	**90.6%**	**95.9%**
Total NHS trade invoices paid in the year	**1,467**	**11,399**
Total NHS trade invoices paid within target*	**1,365**	**10,723**
Percentage of NHS trade invoices paid within target	**93.0%**	**94.1%**

*Target - 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.

90.6% of the total number of non-NHS invoices received and processed were paid within the 30 day target, 95.9% by total value. The Trust is continually seeking to improve its invoice payment processes and improve performance against this Code. No interest was incurred under the Late Payment of Commercial Debts (Interest) Act 1998.

Countering Fraud and Corruption

The Board of Directors is absolutely committed to maintaining an honest, open and well-intentioned atmosphere within the Trust. It is therefore committed to eliminating any fraud within the Trust, and to the rigorous investigation of any such cases. Where any acts of fraud or corruption are proven, the Trust will ensure that the culprits are appropriately dealt with, and will also take all appropriate steps to recover any losses in full. The reporting procedures are detailed in the Trust's Counter Fraud policy which is available on the Trust's Intranet along with other useful information about countering fraud. It is the Trust's policy that an employee should not suffer detriment as a result of reporting reasonably held suspicions.

Any reasonably held suspicions should normally be reported to the Local Counter Fraud Specialist (LCFS) or Director of Finance. Serious concerns may also be raised using the Trust's Public Interest Disclosure (Whistle Blowing) Policy. Reports on any counter fraud activity are made to the Audit Committee.

Performance summary for 2009/10 (FY10)

The Financial year 2009/10 is referred to as FY10

The Board of Directors receives a Quality Report on a monthly basis covering service user and carer experience, workforce, clinical effectiveness and safety. Performance indicators summarised below are an extract of the Quality Account.

The Trust uses a Red, Amber, Green (RAG) traffic light system to flag if performance is below, on or above target.

Table 4 Access performance indicators FY10

Access	Target / Benchmark	Actual	
Delayed transfers of care	7.5%	2.1%	🟢
Number of clients accessing the Crisis Team prior to admission to an inpatient service	90.0%	96.2%	🟢
Crisis Service episodes	1637	1993	🟢
Early Intervention service caseload	298	289	🟡

Monitor, the regulator of Foundation Trusts, sets mental health trusts the target to have no more than 7.5% of the beds occupied by patients who are ready to be discharged but whose discharge has been delayed. Through close partnership working with Buckinghamshire and Oxfordshire County Councils, our delayed transfers of care have continued to reduce from 3.6% in April 2009 to 1.1% in March 2010, an overall annual performance of 2.1% in FY10.

Table 5 Workforce indicators FY10

Workforce	Target / Benchmark	Actual	
Staff sickness rate	3.5%	4.1%	🔴
Staff turnover	12.0%	10.3%	🟢
% of staff with Personal Development Reviews	85.0%	82.0%	🟡
Use of bank and agency staff	5.0%	5.5%	🔴

The average staff sickness absence rate for the year was 4.1%, the same as FY09. In the period November 2009 through to January 2010 there were particularly high levels of influenza.
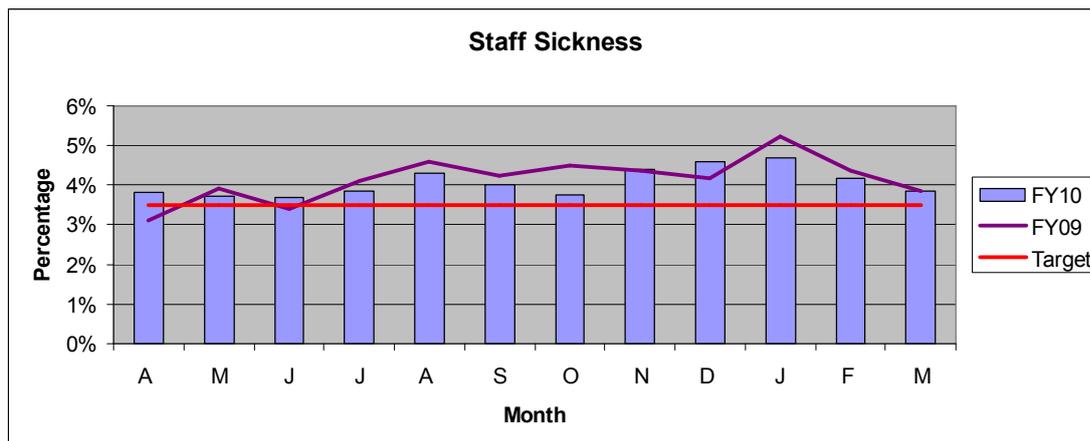
There were 2,928 staff employed by the Trust, equating to 2,485 whole time equivalents. This compares to the previous year when 2,760 staff were employed by the Trust equating to 2,345 whole time equivalents. The increase reflects an increase in establishment in Forensic services and the transfer in of staff associated with new contracts in CAMHS, Specialist and Trust Finance and Information services.

Staff Turnover
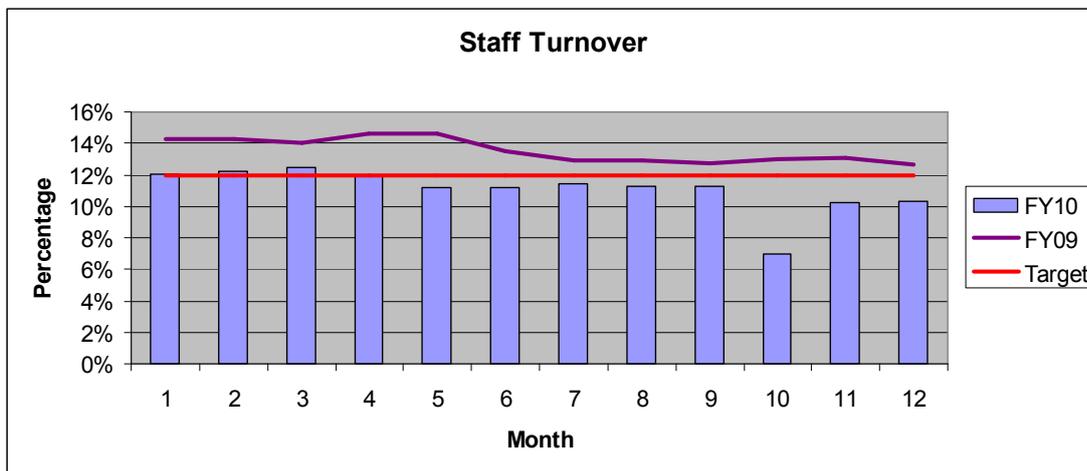
The Trust set a target of reducing bank and agency spend to a maximum of 5.0% of the total pay bill in FY10. The actual spend was 5.41%, a reduction from 7.8% in FY09 as a result of targeted management action and the introduction of 'sessional' contracts that have been issued to the Trust's own staff who work extra hours.

Bank and Agency
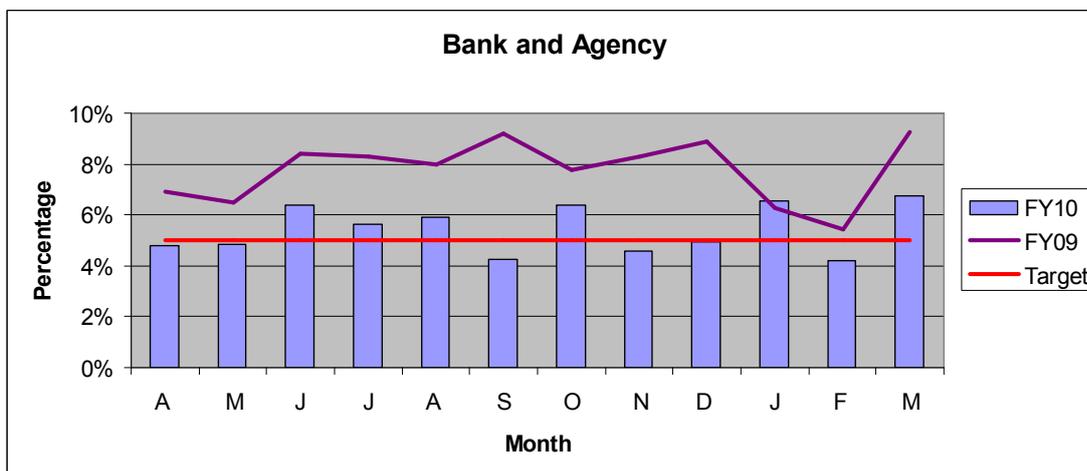
Table 6 Quality indicators FY10

Quality	Target / Benchmark	Actual	
A 'Fit for Purpose' environment	92.0%	90.2%	🟡
Emergency readmissions within 28 days of discharge	3.1%	3.5%	🔴
Clients on CPA discharged and followed up within 7 days	95.0%	96.0%	🟢
Privacy and Dignity	85.0%	95.0%	🟢
Nutritional & Quality Food (wards audited to date)	85.0%	85.0%	🟢

OBMH's assessment of its accommodation, particularly therapeutic areas, is subject to quarterly inspection against nationally agreed standards. The inspection teams include service users and clinical staff. At 31st March 2010, with the exception of three wards, all of our facilities were rated 'good' or better.

Action was taken to reflect the short comings in the following areas:

- ‣ Kimmeridge (Buckinghamshire) - One toilet was left in an unacceptable condition following use and was addressed immediately by staff.
- ‣ Phoenix (Oxfordshire) - General improvement in cleanliness was required following staff shortages.
- ‣ Glyme (Forensic) – Floor stripping was in progress and completed. General improvement in cleanliness was targeted.
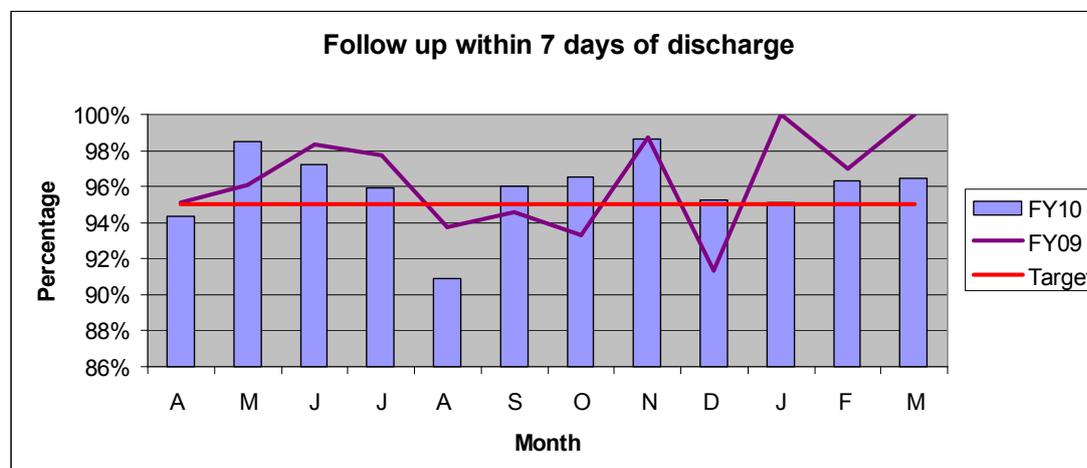
931 patients were discharged from inpatient wards in FY10 and 96.0% were followed up in the community within 7 days of discharge.

OBMH over-performed against both of its main commissioner contracts in FY10. In Oxfordshire, this equates to £5.4m of additional activity, mainly in CAMHS and Specialist services. In Buckinghamshire the value of the over-performance was £0.2m, all of which relates to Adult services. No additional income was received.

Overall, the Trust delivered over 6.0% more inpatient activity, 24.3% more community activity and 9.0% more Day Care activity across the two counties than planned and contracted for.

Table 8 Contracted Activity performance FY10

Contracted activity	Target	Actual	
Inpatient services - Occupied bed days	137106	145278	●
Outpatient & Community services - Contacts	183404	227892	●
Day care services - Attendees	6589	7182	●

Future performance and outlook
NHS Oxfordshire community provider services
On 29th March 2010, the Trust was notified it had been successful in its application to NHS Oxfordshire to become the preferred partner to integrate with community health services in Oxfordshire. These services are currently provided by an arm's length body, Community Health Oxfordshire. The value of these services is c£95m and the anticipated start date for their acquisition by the Trust is 1st April 2011. The Trust submitted a detailed business case supporting the transformation of community services in line with government policy.

NHS Oxfordshire will formally approve the recommendation to proceed with the transaction with the Trust in July 2010 but approval by the Department of Health, following Competition and Co-operation Panel review, is required before the transaction can be completed.

The Trust's Board of Directors will formally consider a business case to agree the transaction in September 2010 but will not formally agree to go ahead until possibly early January 2011, following a review by Monitor.

The Trust is working closely with NHS Oxfordshire and the senior team in Community Health Oxfordshire to prepare the supporting business case that will be required before the transaction can go ahead. Joint planning for an integration of services is moving forward on the basis that the necessary approvals will be given.

Finance

The financial strategy for the Trust for 2010/11-12/13 is built on the firm financial foundations laid in the previous two years, since becoming a Foundation Trust.

The Trust has a very ambitious 3-year, £60.1m capital investment programme and is planning to raise £17.0m through cash generated from operations and surplus asset sales over the next three years to fund the capital programme and financing costs, building on the £29.4m generated in 2008/09-09/10. In addition, the Trust has secured £28.1m in loan financing towards our new hospital in Aylesbury, Buckinghamshire.

Revaluation of non-current assets under International Financial Reporting Standards and a fall in local land and property prices, have seen the Trust's asset base fall from £208.5m on 1st April 2008 to £112.4m at 31st March 2010, despite an additional investment of £19.0m over the two years. The impact of this fall in asset values is to improve the Trust's price competitiveness, reducing depreciation charges and dividend payable, which are calculated as a percentage of gross assets. However, there is an adverse impact in terms on the Trust's ability to borrow as the Foundation Trust Prudential Borrowing code limit is based on its risk rating and gross asset value. Monitor has introduced a second tier borrowing Code, which will enable the Trust to fund estate development over the next 5-7 years, subject to approvals and affordability. In the short-term, the scheme to build a new hospital in Aylesbury will require Monitor approval in August.

The Trust is planning to dispose of surplus land and property in Oxford in 2010/11 and Aylesbury in 2011/12. Capital receipts will be retained by the Trust and invested back into the capital investment programme.

The Trust is planning two gateway reviews on key projects: the new hospital in Aylesbury before the contract is let and the data warehouse project before phase II is commissioned.

The Board of Directors approved the 2010/11-12/13 Financial Plan and 2010/11 budget at its March meeting. Highlights are:

- The Trust is targeting a '4' financial risk rating with Monitor over the next three years
- Planning for retained surpluses of £12.1m, not less than 2.0% per annum
- EBITDA rises from 6.7% to 7.5% by 2011/12
- The requirement for cash releasing efficiency savings of £19.5m to deliver a national efficiency target of 4.0% per annum.

Three year contracts have been agreed with the Trust's main commissioners NHS Buckinghamshire and NHS Oxfordshire to provide mental health services to their respective resident populations. In addition, the Trust has in place with Buckinghamshire and Oxfordshire County Councils pooled health and social care budgets under Health Act Flexibilities for the Trust to deliver integrated community mental health services. These agreements have a further two years to run. Since 1st April 2010, the Trust has been contracted to deliver child and adolescent mental health services in Swindon, Wiltshire, Bath and North East Somerset.

The Trust is preparing for the introduction of Payment by Results in mental health over the next two years.

The Trust will continue to be proactive in responding to the economic recession and the potential impact on public service funding, through:
- Strengthening financial governance
- Targeting reductions in overhead costs, including support service functions
- Ensuring real health gain in all investments
- Driving increased productivity and quality with no net increase in funding
- Planning for the delivery of national cash releasing efficiency targets at a level that is higher than seen before in the NHS
- Mitigating financial risk through forward planning and contingencies.

Information technology
The Trust will invest £1.8m in IT over the next three years. Its priorities for the next three years include the deployment of the nationally mandated care record system through the Southern Programme for IT. This system will be the RiO mental health information system currently being deployed in London and across Southern England. The Trust's Forensic Services will 'go live' in November 2010 with a full deployment by August 2011

Information Management
The Trust is working to develop a better understanding of resources used in delivering services and outputs from its services. Initiatives in 2010/11 include the use of rating tools to assess 'health value' added and the introduction of a new system to capture our service users' experience of their care:
- Consistent application of the Care Programme Approach
- Compliance with NICE and other guidance in design and delivery of services

Quality
Please refer to the Quality Account section of the Annual Report on page 18 of this document.

Performance improvement
The Trust has plans in place to meet or exceed the national performance targets and indicators for mental health:
- 95% of care programme approach patients receive follow-up contact within seven days of discharge from inpatient care
- 95% of care programme approach patients have formal review within 12 months
- Delayed transfers of care do not exceed 7.5% of available bed days
- 90% of admissions to inpatient services have access to crisis and resolution home treatment teams
- The Trust meets at least 95% of its Early Intervention Service caseload target of 301 cases, across Buckinghamshire and Oxfordshire
- Patient minimum data set is on average 95% complete.

The quality of care the Trust delivers to patients depends on the hard work and commitment of its staff. How staff are managed, recognised, trained and developed is the responsibility of the <u>Director of Human Resources</u>, Graeme Armitage.

OBMH currently employs 2928 staff and in addition 122 staff are seconded from the local authorities under Section 75 partnership agreements. The breakdown of OBMH staff by staffing group is shown below:

Breakdown of OBMH staff by staffing groups as at 31st March 2010

- Qualified Nurses - 27%
- Admin & Clerical - 20%
- Clinical Psychologists & Psychotherapists - 9%
- Unqualified Nurses - 18%
- Medical - 6%
- Allied Health Professionals - 6%
- Managers - 4%
- Social Care & Support Workers - 7%
- Pharmacists - 1%
- Other - 2%
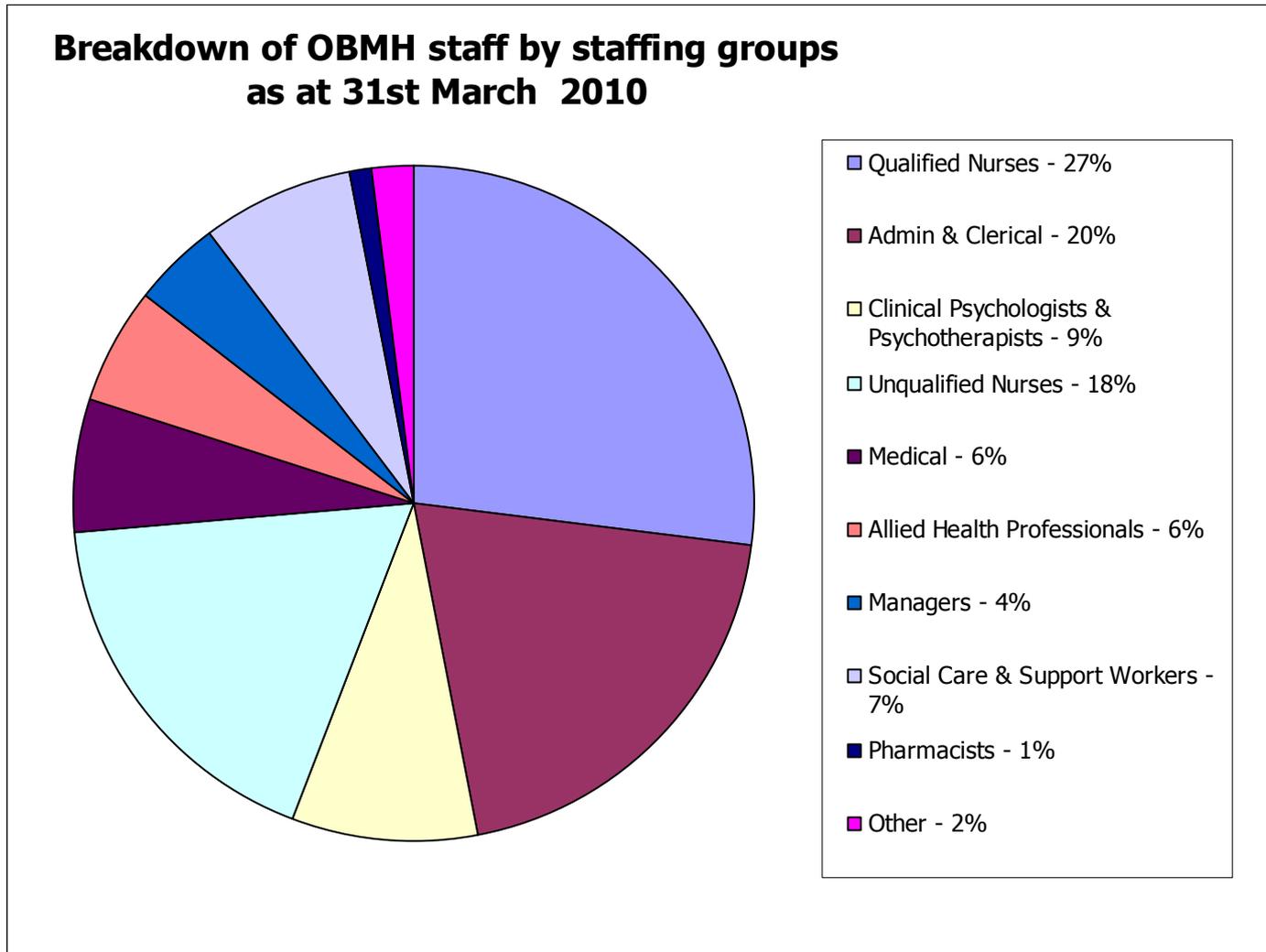
Leadership and management development is particularly important to OBMH's future and over the last 12 months the Trust has further invested in programmes for new managers and ward managers. In addition the Trust has been taking the Aston University effective team principles and applying them across the Trust. This work has been led by an internal facilitator who has undertaken a number of master class and developmental sessions.

Training for staff, especially mandatory training, has seen significant improvements in management and attendance with the average for the year being in excess of 75% in all areas. The Learning and Development team has worked closely with operational managers and their staff to ensure the Trust has a more focused approach which helps to minimise the time staff spend away from direct patient care.

The HR teams have been working hard to support operational directors on their workforce key performance indicators (KPIs) in particular bank and agency, sickness and turnover. The Trust has seen some improvements in bank and agency expenditure which was 5.41% for the year however although an improvement over the previous 12 months was still above the Trust target.

The same was true of sickness management which again improved to 4.1% for the year but above the target of 3.5%. The teams will focus further on this for 2010/11. On a positive note 'Turnover' showed a big improvement over the year with the average being 10.3% against a target of 12%. This is helping the Trust to provide more stability in the workforce which results in better overall care for patients.

Workforce planning is now starting to be applied more effectively across all services and these are monitored quarterly through meetings between HR, Learning and Development and operational managers. OBMH will be driving this further over the next year to ensure even greater integration between service and workforce planning. This will ensure the Trust has effective and efficient services providing higher quality patient care.

OBMH has well established working arrangements with staff side representatives and these have proved to be very useful in supporting the development of new services e.g. Eating Disorders in Wiltshire.

Staff Survey

OBMH uses the staff survey to determine areas to focus on using year on year results to monitor improvements and identify areas where staff are less satisfied. The Trust is improving the Personal Development Review (PDR) system this year to simplify the system, making it easier to use and less onerous for managers. There is a staff group looking into this along with the other two areas from this year's survey. In addition there are Staff Partnership Negotiation and Consultation Committee (SPNCC) formal and informal meetings, and the Trust engages with staff on significant changes e.g. integration with CHO. Senior Directors meet staff Governors regularly in addition to the Governors' meetings. The Learning and Development (L&D) team monitors PDRs to make sure the Trust is providing everyone with an appraisal and they also monitor mandatory training and adjust the delivery of this training following feedback from staff and managers attending. The Director and the L&D team hold reviews with Directorates which provides further opportunities for feedback and monitoring. Data is reported to the Board monthly or quarterly.

The sample response rate to the annual staff survey from the Trust was 64%, which is in the highest 20% of MH/LD Trusts.

	2008/2009		2009/2010		Trust Improvement/Deterioration
Response Rate	Trust	National Average	Trust	National Average	
	51%	54%	64%	53%	13% Increase

	2008/2009			2009/2010	
Top 4 Ranking scores	Trust	National Average	Top 4 Ranking scores	Trust	National Average
% of staff having equality and diversity training in last 12 months	73%	35%	% of staff having equality and diversity training in last 12 months	67%	42%
% of staff experiencing physical violence from patients/relatives in last 12 months	14%	19%	% of staff suffering work-related stress in last 12 months	27%	30%
% of staff suffering work-related injury in last 12 months	7%	8%	% of staff believing trust provides equal opportunities for career progression or promotion	91%	90%

% of staff receiving health and safety training in last 12 months	83%	75%	% of staff receiving health and safety training in last 12 months	85%	75%
	2008/2009			**2009/2010**	
Bottom 4 Ranking scores	**Trust**	**National Average**		**Trust**	**National Average**
% of staff working in a well structured team environment	36%	41%	% of staff working in a well structured team environment	35%	41%
Availability of hand washing materials	4.28 (ranked 1-5)	4.47 (ranked 1-5)	% of staff saying hand washing materials are always available	50%	59%
% of staff feeling satisfied with the quality of work and patient care they are able to deliver	53%	59%	% of staff reporting good communication between senior management and staff	24%	29%
% of staff suffering work-related stress in last 12 months	33%	30%	% of staff having well structured appraisals in last 12 months	29%	37%

Areas of improvement and deterioration

Key findings where OBMH has improved since 2008
- ‣ Support from immediate managers
- ‣ Percentage of staff suffering work related stress in last 12 months
- ‣ Percentage of staff saying hand washing material are always available
- ‣ Perceptions of effective action from employer towards violence and harassment

Key finding where OBMH has deteriorated since 2008

Percentage of staff having equality and diversity training in last 12 months – staff at OBMH

The Trust achieved the top four ranking scores in the following areas:
- ‣ Percentage of staff having equality and diversity training in last 12 months
- ‣ Percentage of staff suffering work-related stress in last 12 months
- ‣ Percentage of staff believing trust provides equal opportunities for career progression or promotion
- ‣ Percentage of staff receiving health and safety training in last 12months

The Trust compared least favourably with other MH/LD Trusts in the bottom four ranking scores
- ‣ Percentage of staff working in a well structured team and environment
- ‣ Percentage of staff saying hand washing materials are always available
- ‣ Percentage of staff reporting good communication between senior management and staff
- ‣ Percentage of staff having well structured appraisals in last 12 months

Progress so far

Staff survey results have been communicated to all staff via the Trust intranet and a summary of staff survey results attached to payslips in April. The staff survey working group met in March following the publication of the 2009/10 results and has agreed to focus on the following three areas:

1. Percentage of staff working in a well structured team and environment
   - o Deputy Director of HR will work closely with an internal facilitator focussing on team work

2. Percentage of staff reporting good communication between senior management and staff
   o The Communications team will work in conjunction with the HR Department to look at ways of improving communication between senior management and staff
3. Percentage of staff having well structured appraisals in last 12 months
   o The Chief Executive will lead a working group on appraisal.

Future priorities and targets include: embedding workforce planning into business planning, working closely with staff side and staff governors to deliver on-going improvement in the staff survey; Boorman recommendations on staff well-being implemented within the organisation which results in a significant improvement in physical and mental well-being in staff; safe recruitment practices embedded in the organisation and all staff are aware of changes in legislation. Leadership capacity across the Trust can be demonstrated to improve the effectiveness in people management and delivering improved patient care. Priorities and targets relating to workforce and workforce developments are monitored via a number of mechanisms including the Performance Accelerator tool, Board reports and the HR Quality Improvement Committee.

Equality and Diversity

The Trust aims to deliver equality in its provision of services to surrounding communities. OBMH challenges discrimination, promotes cohesion and working together and addresses areas of inequality. To support this work the Trust has produced a Single Equality Scheme which is published on its website with a three year action plan. This scheme is reported on annually and updated as work is completed. This annual report is published on the Trust website. Equality Impact Assessments are published in a list on the website and available on request. A log of completed Equality Impact Assessments is kept by the Equality and Diversity Support Officer. To promote equality and diversity within the Trust, a short film has been produced to raise awareness of equality issues within mental health.

Summary of performance – workforce statistics

OBMH collects information on employees on age, ethnicity, gender, disability, religion or belief and sexual orientation at the point of employment. The data collected is analysed annually and as far as possible against local population information. Staff members are mandatorily required to disclose their age, gender and any disability that could affect their work, but have the option not to disclose other personal information, should they not wish to.

	Staff 2008/09	%	Staff 2009/10	%
Age				
0-18	4	0.14	4	0.14
19-35	869	31.49	956	32.65
36-64	1857	67.25	1926	65.78
65 +	30	1.09	42	1.43
Unknown				
Total	2760		2928	
Ethnicity				
White	2083	78.9	2241	79.1
Mixed	48	1.8	55	1.9
Asian or Asian British	136	5.2	148	5.2
Black or Black British	314	11.9	333	11.8
Other	59	2.2	56	2.0
Unknown				

	Staff 2008/09	%	Staff 2009/10	%
Gender Male Female Trans- gender Unknown	731 2029 0	26.5 73.5	784 2144 0	26.8 73.2
Disability No Not Declared Undefined Yes			1928 28 1125 50	61.58 0.89 35.93 1.60

	Membership 2008/09	%	Membership 2009/10	%
Age 0-16 17-21 22 + Unknown	2 26 1622 576	0 1 73 26	5 20 1581 529	0 1 74 25
Ethnicity White Mixed Asian or Asian British Black or Black British Other Unknown	1758 49 24 8 4 383	79 2 1 0 0 17	1705 16 45 23 5 341	80 1 2 1 0 16
Gender Male Female Trans- gender Unknown	905 1297 24	41 58 1	873 1237 25	41 58 1

Priorities and targets going forward

During 2010/11 the Trust aims to improve mandatory staff training on Equality and Diversity by moving to a classroom based interactive induction session. This will be rolled out to every member of staff as they join the Trust, and also members of staff who have not completed Equality and Diversity training. The new training began on 1st April 2010. Equality Impact Assessments are another priority for the Trust over the coming financial year. The guidance on completing Impact Assessments will be rewritten and face to face training for staff will be offered from December

2010. This will improve the quality of the Impact Assessments being produced and serve to encompass equality at the core of our processes.

As <u>Medical Director,</u> Dr Mike Hobbs is responsible for medical staffing. The Medical Directorate has supported three specific pieces of work over the past year.

Preparation for medical revalidation

Current proposals for the reform of the professional regulation of doctors were triggered by the Shipman Inquiry and other investigations of dangerous or incompetent medical practice, and were set out in the Government white paper 'Trust, Assurance and Safety - the Regulation of Health Professionals in the 21st Century' (2007). The proposals for medical revalidation will need to be implemented across the NHS in time for the first cohort of doctors to be revalidated in 2011.

Revalidation is the process by which doctors will demonstrate to the General Medical Council (GMC) that they are up to date and competent to practise. The process will be undertaken by each doctor on a five year cycle, based on building a portfolio of evidence and completing a 'strengthened' process of annual appraisal.

The strengthened appraisal seeks to ensure that doctors' performance is assessed objectively and consistently in relation to (a) professional standards defined by the GMC, and (b) specialist competences set out by the Royal Colleges. The Trust is developing systems for training appraisers in the new process of strengthened appraisal, and for collating information about each doctor's performance to inform their appraisal.

The Trust has appointed Dr Mike Hobbs (Medical Director) as Responsible Officer for medical revalidation, a post required by the GMC for each organisation which employs doctors. The Responsible Officer has overarching responsibility for the revalidation process and makes recommendations to the GMC about whether a doctor's licence to practise should be revalidated. Dr Jane Pearce has been appointed to oversee the introduction of the revalidation process, including ensuring that appraisers are trained and appraisals are taking place reliably across the Trust.

Thames Valley Health Innovation and Education Cluster

Health Innovation & Education Clusters (HIECs) were proposed by Lord Darzi in 'High Quality Care for All' (2008) as a means of improving progressively the quality of health care through (a) accelerating the implementation into clinical practice of innovations in treatment and service delivery, and (b) enhancing the education and training of NHS and related workforces to transform the way in which health care is delivered to patients and their carers. HIECs would achieve this aim through developing partnerships between NHS organisations, universities and other relevant organisations, including commercial organisations.

In summer 2009, OBMH led a bid to the Department of Health (DH) to establish a HIEC in the Thames Valley. The bid was successful, OBMH agreed to host the Thames Valley HIEC (TVHIEC) for its first year, and TVHIEC was established in April 2010. At its inception, TVHIEC includes all the NHS provider organisations and all six universities in the Thames Valley, a number of local authorities, voluntary sector organisations and a small initial number of commercial firms.

In its description of TVHIEC, the DH identified three key commitments – service integration, patient safety, and patient and public involvement. The HIEC will have its own governance framework, separate from OBMH, and will act as a broker or market place for the development and delivery by its partners of workforce development and innovations which improve the quality of health care in this area.

Mind-body interface

Recognising that 'there can be no health without mental health' (WHO), a central recommendation emerging from the 2008 review of the next 10 years of the NHS was to address the interface between physical and mental health and ill-health. This requires greater attention to the physical health of people with serious mental illness, who die on average 10 years younger than people without SMI, to people with physical/mental co-morbidities (especially common in older people, including those with dementias, and people with long term conditions such as diabetes, chronic lung disease), and to those with medically unexplained physical symptoms which are actually caused by mental ill-health such as anxiety and depression.

OBMH was asked by South Central SHA to lead for the region on development of services to address these interface conditions, recognising that these services could improve the health outcomes for people who suffer them and deliver significant efficiencies within the wider health system. A project is being developed by OBMH in conjunction with the SHA's clinical programmes for mental health, long term conditions, and planned care.

It is hoped that this initiative will be advanced by establishment of a work stream for TVHIEC, especially to support the workforce transformation which will be essential to deliver improved services for physical / mental interface conditions. This will become also a key area of service development for the proposed integration of OBMH and Community Health Oxfordshire, and could be replicated in Buckinghamshire in conjunction with community health services there.

Communications and Involvement

The Trust has a responsibility to communicate openly with patients, carers, staff and the public. OBMH is committed and has a legal duty to involve all of these groups in the work of the Trust. The Communications and Involvement portfolio is lead by the Associate Director of Communications and Involvement who reports to the Chief Executive.

The Trust's communications and involvement activity in 2009/10 included the following:

OBMH launched its Privacy and Dignity Promises in January 2010 following consultation with service users, carers, Governor's and staff. The promises were launched in response to the national campaign to improve dignity and respect within the NHS. Following the consultation, seven promises were agreed and communicated via a number of mechanisms including a film to raise awareness and for use in staff training. There will be an audit in summer 2010 to follow up and track any changes in patient's experiences and staff training.

The Trust continues to run the programme of wellbeing events in partnership with other public and private sector organisations. These events are open to members of the public who were invited to find out more about mental health services as well as local physical health services. The events promote good mental and physical wellbeing and challenge stigma associated with mental ill-health.

OBMH was heavily involved in promoting the national Get Moving Week in October 2009 as well as supporting teams to celebrate World Mental Health Day. A series of events took place across the week, linking physical and mental health and wellbeing. OBMH engaged with over 100 people during the week from face to face interactions to engagement via social networking.

The OBMH Facebook presence has continued to grow and the Trust now interacts with over 450 people via this forum. In 2009/10 the Trust launched its Twitter feed and has over 806 followers. This is used to raise awareness, ask for feedback and has also formed part of the emergency planning communications during bad weather, and for 'flu pandemic' preparations.

The Trust continues to make short films to raise awareness, share information and engage with service users, carers and the public. There are now 14 films on the OBMH YouTube channel covering a range of topics from innovation to challenging stigma.

The Communications and Involvement Team set up and manned a dedicated telephone number that was used by service users and carers to find out about services affected by swine flu and also by the bad weather. This was received positively by staff and service users.
OBMH has continued to work with young people through schools and colleges by running workshops and speaking at assemblies.

The Communications and Involvement team continues to control costs. This Annual Report is printed in-house and for the first time will not be externally printed.

Board of Directors

The role of the Board of Directors is to consider the strategic, managerial and performance issues facing the Trust. Directors are accountable for meeting national standards, performance targets, and governance and financial targets. The Executive Directors are responsible for the day-to-day running of the organisation and implementing decisions taken at a strategic level by the Board of Directors. The Board reviews key risks regularly at the Audit Committee and the Integrated Governance Committee and monitors the actions being taken to mitigate risks.

The Board of Directors meets monthly and meetings are held in private. At each meeting of the Members' Council, a formal report on the Board of Directors activities is presented.

The membership of the Board of Directors is balanced, complete and appropriate as demonstrated by the biographical details of Board members. The Remuneration and Terms of Service Committee for Executive Directors, and Nominations and Remuneration Committee of the Members' Council review the membership of the Board to ensure it remains well balanced and covers the full range of expertise required.

The Trust considers all the Non-executive Directors to be independent in character and judgement, but it is noted that one of the Non-executive Directors, Professor Tom Burns, is an appointed representative of the University of Oxford's Department of Psychiatry.

The performance of the individual members of the Board of Directors is appraised on an annual basis. The Chair appraises the Chief Executive and Non-Executive Directors, and the Chief Executive appraises the Executive Directors. The Members' Council will appraise the Chair. During 2009/10 Janet Godden informed the Members' Council that she would step down as Chair of the Trust at the end of her term on 31 March 2010. Given this the Members' Council did not undertake a formal appraisal process of the Chair. Rather the focus was on recruiting a new Chair to take up post on 1st April 2010, ensuring that the person specification and job description met the needs of the Trust. The Members' Council will be assisted in developing an appraisal process for the new Chair during 2010/11.

The Board of Directors has assured itself of the robustness of its governance arrangement through its internal auditors. In addition an 'away-day' was held which provided an opportunity for Directors to self assess Board performance and set objectives for the coming year.

Board sub-committees submit an annual report each year to the Board of Directors on the business transacted and their effectiveness. The Board of Directors received annual reports relating to 2008/09 from the Audit, Finance and Investment, and Integrated Governance committees during 2009/10.

Attendance at Board of Directors' Meetings April 2009 - March 2010

Director	29 Apr 09	27 May 09	05 June 09 (Ext)	24 June 09	29 July 09	21 Aug 09 (Ext)	30 Sept 09	28 Oct 09	25 Nov 09	09 Dec 09 (Ext)	27 Jan 10	24 Feb 10	10 Mar 10 (Ext)	31 Mar 10
Graeme Armitage	✓	✓	✓	X	✓	X	✓	X	✓	✓	✓	✓	✓	✓
Mike Bellamy	✓	X	X	X	✓	✓	✓	✓	✓	✓	X	✓	✓	✓
Caroline Birch	✓	✓	✓	✓	✓	X	✓	✓	✓	X	✓	✓	✓	X
David Bradley	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Professor Tom Burns	✓	X	X	X	✓	X	X	✓	✓	✓	✓	X	✓	✓
Janet Godden	✓	✓	X	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Anne Grocock	✓	✓	X	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓
Dr Mike Hobbs	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	X
Roger Reed	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓
Cedric Scroggs	✓	✓	✓	✓	X	✓	✓	✓	✓	X	X	X	✓	✓
Duncan Smith	✓	✓	✓	✓	X	✓	✓	✓	✓	X	✓	✓	✓	✓
Julie Waldron	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Elaine Whittaker	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	X	✓	✓
Lyn Williams	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Key: Ext – Extraordinary meeting of the Board of Directors

Term of Office and Termination
The Chair and Non-executive Directors are appointed for a period of office as decided by the Members' Council at a general meeting, following provisions set out in the Trust's Constitution.

Terms of office may be ended by resolution of the Members' Council following the provisions and procedures laid down in the Foundation Trust's Constitution.

Period of Office

Name	Period of Office End Date
Janet Godden	31/03/10
Mike Bellamy	01/02/12
Professor Tom Burns	31/10/11
Dr. Anne Grocock	31/01/12
Roger Reed	30/04/13[*]
Cedric Scroggs	30/09/10
Lyn Williams	30/09/10
Elaine Whittaker	30/09/10

[*] = re-appointed during 2009/10 by Members' Council for final term

Biographies: Non-executive Directors

Janet Godden (Chair)

Janet is the Deputy Publisher at the Voltaire Foundation, University of Oxford and has enjoyed an extensive career in academic publishing. She has a BA in History from the University of London. Janet has been an elected member of Oxfordshire County Council since 1993 and a political group leader for social services since 1995. From 2000 to 2004 Janet chaired the Oxfordshire Learning Disabilities Partnership Board.

Janet was appointed Chair in April 2006. Prior to this she was a Non-executive Director of Oxfordshire Mental Healthcare NHS Trust from December 1997 and was Chair from December 2004.

Mike Bellamy (Non-executive Director)

Mike was appointed by the Members' Council in February 2009. He worked in the NHS for 32 years including 18 years as a CEO. Since leaving the NHS Mike has carried out a variety of projects for organisations including the WHO, National Patient Safety Agency and the Healthcare Commission as well as working part time for the Cancer Action Team for the last five years. He has also previously served as a Non-executive Director of the Blood Services Authority and the Buckinghamshire Hospitals NHS Trust. He was on the Board of Bucks New University for ten years including three as deputy Chairman and joined the Board of Thames Valley University in late 2008.

Professor Tom Burns CBE (Non-executive Director)

Tom's qualifications are from Cambridge University and Guy's Hospital in London. His experience in psychiatry includes the pioneering of community based services in Scotland and England. He has published three books and his research interests are predominantly in community psychiatry. He is currently conducting a randomised trial of the new Community Treatment Order introduced just over a year ago. He was awarded the CBE in 2006 for services to mental health care.

Tom was appointed Non-executive Director in 2007 and is the University of Oxford's nomination.

Dr Anne Grocock (Non-executive Director)

Anne was appointed Non-executive Director in February 2008. She has an MA (BA) in Zoology, and a DPhil from Department of Agriculture, both University of Oxford. She is a fellow of the Royal Society of Arts (FRSA).

Anne retired as Assistant Registrar in the University of Oxford in February 2010. She is chair of the Nuffield Oxford Hospitals Fund. She continues as a non-executive member of Defence Storage Distribution Agency (MOD) Audit Committee but retired from Defence Estates (MOD) Audit Committee in January 2010. Anne was previously Executive Director of the Royal Society of Medicine.

Councillor Roger Reed (Non-executive Director)
Roger is a former Non-executive Director of Buckinghamshire Mental Health NHS Trust and was appointed to the Board of OBMH in 2006. He is an elected member of South Buckinghamshire District Council since 1995 and is Deputy Leader of the Council and Cabinet. Roger was elected to the Buckinghamshire County Council in 2009.

Cedric Scroggs (Non-executive Director)
Cedric was a visiting Fellow of Nuffield College, Oxford and a marketing director in various industries. Cedric was formerly Chief Executive of Fisons plc, and a former Chairman of Montpellier Group PLC.
He was former Acting Chair of Oxfordshire Mental Healthcare NHS Trust and former Chair of South East Oxfordshire Primary Care Trust. Cedric was appointed as Non-executive Director in 2006 and Vice-Chair of the Trust in 2008.

Elaine Whittaker (Non-executive Director)
Elaine was appointed in October 2006. In her career she has held senior management roles in sales and marketing within several healthcare and business services organisations, including many years with Smiths Group plc. MBA qualified (Henley) and a Fellow of the Chartered Institute of Marketing, Elaine brings broad commercial experience to the Board.

Lyn Williams (Non-executive Director)
Lyn was appointed in 2006. He has five years' audit experience with constituent firms of Ernst & Young and PwC. He held various senior management positions in Finance, IT and Supply Chain for Unilever PLC.
Lyn has a BA (Hons) in German and French from the University of Oxford and is a Chartered Accountant.

Biographies: Executive Directors

Julie Waldron (Chief Executive)
Julie joined Oxfordshire Mental Healthcare NHS Trust as Chief Executive in 1999. This Trust then joined Buckinghamshire Mental Health NHS Trust in 2006 to form OBMH. Julie was Chief Executive of BMHT from 2004.
Julie has a BA (Hons) French from University of London and she completed the Senior Executive Programme at London Business School. She is former Director of Commissioning for Brent and Harrow Health Authority and was the Reconfiguration Director for Mental Health Services in North West London, East London and City and North East London.

Graeme Armitage (Director of Human Resources & Organisational Development)
Graeme is a Chartered Member of CIPD and has a BTEC National Diploma in Business Studies. He has previously been Deputy Director of Human Resources for East Surrey Primary Care Trust and Deputy Director of HR/Training and Development for Surrey Heartlands NHS Trust.
Graeme joined Oxfordshire Mental Healthcare Trust in November 2005.

Caroline Birch (Acting Director of Nursing & Clinical Governance)
Caroline has worked in the Trust and its predecessor organisations since 1978, starting her career as a Nursing Assistant on an Older Adult ward. The majority of her nursing career has been spent as Community Psychiatric Nurse before working in senior management positions. Caroline has taken over the position as Acting Director until October 2010.
Caroline is a Registered Mental Health Nurse with an MSc in Professional Practice. She has gained the Community Practice Teachers' Certificate (Part 1&2).

David Bradley (Chief Operating Officer)

David was the former Director of Operations in Oxfordshire Mental Healthcare NHS Trust and also held senior executive management positions in Trusts across London and Surrey. David has 20 years of experience in leading transformational change in the NHS and Social Care. He has an MBA from Henley Management College (2000), a BA (Hons) in Public Administration (1988) and Diploma in Health Service Management (1991) and has recently completed a High Potential Leaders development programme run by South Central Strategic Health Authority.

Dr Mike Hobbs (Medical Director)
Mike joined the former Mental Health Trust in Oxfordshire in 1985. Mike's qualifications are MA, MB, BChir (University of Cambridge), MSc in Psychotherapy (University of London), MA, Diploma in Cognitive Therapy (University of Oxford and FRC Psych (Royal College of Psychiatrists).
His experience includes; Consultant Psychiatrist in Psychotherapy, Clinical Director for Specialist Services and Honorary Senior Clinical Lecturer at the University of Oxford. Mike was the former Medical Director for both Oxfordshire Mental Healthcare NHS Trust and Buckinghamshire Mental Health NHS Trust.

Duncan Smith (Deputy Chief Executive & Director of Finance)
Duncan joined Oxfordshire Mental Healthcare NHS Trust in February 2001. He is a Fellow of the Association of Certified Accountants and his experience includes turn-round, business case development, Health Act flexibilities, investment appraisal, major service change delivery, project management, and risk management. He has executive lead for Information Management and Technology (IM&T), health records and procurement.
Duncan has been a professional accountant and financial adviser to the Board of Trusts in Bath & West, West Dorset, and Walsall.

SUMMARY FINANCIAL STATEMENTS

These summary statements have been taken from the Trust's full annual accounts for 2009/10 and been prepared under a direction issued by Monitor. After making enquiries, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

Statement of the Chief Executive's responsibilities as the accounting officer of Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the accounting officers' Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the NHS Act 2006, Monitor has directed Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Oxfordshire and Buckinghamshire Mental Health NHS foundation trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the *NHS Foundation Trust Annual Reporting Manual* and in particular to:
- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS foundation trust Financial Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's *NHS Foundation Trust Accounting Officer Memorandum*.

Signed

Julie Waldron, Chief Executive   Date: 2nd June 2010

Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust Statement on Internal Control 2009/10

1. Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust's (Trust) policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The Board of Directors (Board), through its Audit Committee, agreed the Trust's FY10 Internal Audit Plan with its Internal Auditors. The results of these audits culminated in the Head of Internal Audit's opinion on the system of internal control. This Statement on Internal Control (SIC) is consistent with findings of the Head of Internal Audit's opinion.

With effect from 1st April 2008, the Trust was authorised as a Foundation Trust by Monitor. 18 month contracts were in place with the Trust's main PCT commissioners, setting out the contractual arrangements for services provided by this Trust, including performance, activity and management of Serious Untoward Incidents. These were extended to 2 years, ending 31st March 2010. From April 2009 a year's contract was agreed with South Central Specialist Commissioning Group for Forensic Mental Health Services. Contracts of at least three years have been negotiated, with effect from 1st April 2010, with both Oxfordshire and Buckinghamshire PCTs, and the Specialist Commissioning Group (to be finalised).

Section 75 (NHS Act 2006) agreements with Oxfordshire County Council (mental health services for older adults and adults of working age) and Buckinghamshire County Council (mental health services for older adults and adults of working age) are in place, covering a 5 year period, effective from 1st April 2007. These agreements enable the Trust to exercise various local authority functions relating to the management and delivery of mental health services and local authority staff have been seconded to the Trust.

The Audit Committee is responsible for seeking evidence and obtaining independent assurance, on behalf of the Board, that there is an effective framework of internal control and corporate governance in place.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in the Trust for the year ending 31 March 2010 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

The Board has in place a comprehensive Integrated Governance Framework which clearly sets out how the organisation:
- safeguards high standards,
- ensures a structured control environment, where risks are identified, assessed and properly managed,
- enables the Trust to demonstrate continuous improvements in service,
- creates an environment in which excellence will flourish and

‣ manages and transfers risks, as appropriate, to any organisation providing services on the Trust's behalf.

Assurance on the adequacy of the Trust's governance arrangements has been gained through the work of Internal Audit.

The Trust has an effective and embedded process for assuring the Board on matters of risk, which enhances the organisation's overall capacity to handle risk.
The Assurance Framework forms the key document for the Board in ensuring all principal risks are controlled, that the effectiveness of the key controls has been assured, and that there is sufficient evidence to support the declaration set out in the SIC.

The Integrated Governance Committee supports the Board in relation to meeting quality standards and the management of corporate risk and in turn is supported by five quality improvement committees: Safety, Clinical Effectiveness, Governance and Information Management, Human Resources, and Service and Estates. These five committees lead and supervise governance within the Trust.

Under the Trust's Standing Orders Scheme of Delegation, the Director of Nursing and Clinical Governance takes executive responsibility for risk management (both clinical and non-clinical) in the organisation reporting to the 'Accounting Officer'. The Risk Management Strategy clearly sets out the roles and responsibilities of executive directors, managers and staff for risk management across the organisation. Staff have been alerted to both the strategy and supporting policy, i.e. Incident Reporting policy. The strategy was last reviewed and amendments approved by the Board of Directors in October 2009.
A comprehensive risk management training needs analysis has been completed across the organisation and there are programmes in place to deliver the identified training needs to all staff.

4. The risk and control framework
The Trust had a clear purpose and agreed aims for 2009/10 as follows:

> "To be recognised by the communities and individuals we serve as an organisation that excels in the promotion of good mental health through the provision of high quality services and support."
> Its aims are to:
> ‣ Improve the mental health and well being of the people we serve
> ‣ Employ and manage staff who are able to fulfil their potential at work

The vision and aims have been reviewed and revised for 2010/11.
The continued delivery of responsive, high quality services requires the Trust to identify, manage and reduce the effect of events or activities which could result in a risk to our service users, visitors and all healthcare professionals and other employees and contractors deployed in the course of our business. All staff are expected to accept the management of risks as one of their fundamental duties. Additionally, every member of staff is expected to be committed to identifying and reducing risks.

The Board believes the management of risk is best achieved through an environment of honesty and openness, where mistakes and untoward incidents are identified quickly and dealt with in a positive and responsive way.

The Risk Management Strategy covers all aspects of risk management: environmental, clinical and business. The objectives of this strategy are stated as follows:

- To protect patients, carers, staff and others who come into contact with the Trust,
- To promote positive risk taking in the context of clinical care and in controlled circumstances,
- To provide a robust basis for strategic and operational planning through structured consideration of key risk elements,
- To enhance partnership working with stakeholders in the delivery of services,
- To improve compliance with relevant legislation and national best practice standards and
- To enhance openness and transparency in decision-making and management

The requirement for all NHS Chief Executive Officers to sign a SIC, as part of the statutory accounts and annual report, heightens the need for the Board of Directors to be able to demonstrate that they have been properly informed about the totality of their risks, both clinical and non clinical. To do this the Trust has to be able to provide evidence to the Board that objectives and principal risks of delivery have been systematically identified. The Trust's assurance framework fulfils this purpose and provides the organisation with a comprehensive method for the effective and focused management of the principal risks to meeting our objectives. It is linked to the Trust's Annual Plan and Integrated Governance Framework. It provides a structure for the evidence to support the SIC. This simplifies Board reporting and the prioritisation of action plans which, in turn, allows for more effective performance management. The Trust's approach has been:

- through the business planning process, to identify the organisation's principal objectives (clinical, financial and generic),
- identify the principal risks that threaten the achievement of the Trust's principal objectives including achieving satisfactory compliance with national standards and
- ensuring that the key controls are in place which are designed to manage the principal risks. Controls were documented and their design subject to scrutiny by independent reviewers, which include internal audit, in conjunction with clinicians and other specialists where necessary, the Healthcare Commission and external audit. The key controls have been mapped to the principal risks.

The Board has implemented a system to gain assurances about the effectiveness of the operation of the controls that are in place to manage the organisation's principal risks. To ensure effective management and provide evidence to support the SIC, it was necessary to map the organisation's assurance needs and identify the potential sources for providing them. For each key control, risk or control system, the organisation identified potential sources of assurance. The most objective assurances are derived from independent reviewers which include the Care Quality Commission (Mental Health Act Commission), reports by the Internal and External Auditors and these are supplemented by non-independent sources such as clinical audit, internal management representations, performance management and self assessment reports.

The Board and its sub-committees, including the Audit Committee, have reviewed the Assurance Framework during the year. The Board is informed on a quarterly basis of the top risks facing the Trust in achieving its objectives. The sub-committees and the Quality Improvement Committees (which report to the Integrated Governance Committee) review, on a regular basis, the effectiveness of the organisation's system of internal control, covering all of the principal risks and details of:

- positive assurances on principal risks where controls are effective and objectives are being met,
- where the organisation's achievement of its principal objectives is at risk through significant gaps in control
  - o The Trust has mapped user and carer involvement across the organisation and updates this mapping exercise on a 6 monthly basis. With respect to the public

stakeholder element of risk management, the Trust has aimed to involve the public in minimising risks which impact on them.

The 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. The Director of Nursing and Clinical Governance is the Senior Information Risk Owner with overall responsibility for Information Governance and the responsibilities of Caldicott Guardianship, information security and data protection. Significant assurance has been gained through the annual Information Governance Toolkit self assessment, which has been reviewed by Internal Audit. No serious untoward incidents involving personal data were identified this year that are required to be reported to the Information Commissioner, as set out in guidance on serious untoward incidents involving data.

The Board has in place an Assurance Framework Action Plan to address weaknesses and ensure continuous improvement of the system of internal control. The Trust was fully compliant with the core standards for better health for FY 2010. It has attained registration with no conditions from 1st April 2010. Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. The Board does not believe that the Trust has any gaps in control or assurance which could significantly undermine the business of the Trust, in terms of both patient safety and financial viability. The table below identifies some areas of continued development of the system of internal control that will be addressed in 2010/11.

Strengthening Controls
Comprehensive competency framework for all staff groups over the next three years
A strategic approach to staff 'wellbeing' to address issues arising from the staff survey by September 2010
Quality Account by June 2010
Agreed Strategic plan for the Warneford and Littlemore hospital sites in Oxfordshire by July 2010
New Electronic Care Record fully rolled out by September 2011
Clinical Quality Improvement Strategy incorporated into annual plan by May 2010
Strengthening of the annual appraisal process for doctors and implementation of systems to support the professional revalidation of doctors by October 2010
Strengthening of controls in payroll systems and internal Trust feeder systems

Assurance on effectiveness
Quality Account
Ongoing mechanism to assess staff knowledge and understanding of polices relevant to their practice
Waste management training
Operation links with local employment agencies
Compliance with smoking legislation including policy, cessation support and guidance to staff
Performance Management

As a Foundation Trust the Trust has a Members' Council with 31 governors of which 24 are elected from staff, public, patient and carer constituencies. The Council meets quarterly and the Trust consults with it on future strategy.

The Trust meets regularly with both statutory and non-statutory partners to brief them, identify areas of concern and facilitate involvement in the development of strategies to address key risk areas. Meetings, or attendance at public meetings, with LINks, Voluntary Organisations and the Overview and Scrutiny Committees, allow the Trust to raise issues, engage stakeholders in better

understanding of concerns and invite debate on potential ways forward. The Trust also holds regular community "Wellbeing" events. Further involvement is facilitated through the appointment of representatives of such organisations to project boards, responsible for steering projects and recommending future action. Wider engagement in developing solutions to specific risk areas is achieved through the involvement of service users and carers in audit and through consultation on policy and strategy.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources
Financial and non-financial performance is reported through a framework which generates 'dashboards' at Board, Executive Team and Directorate level. These include local authority indicators in respect of services managed under NHS Act 2006 Section 75 agreements. The Trust reports separately on its performance against Care Quality Commission standards through the Quality Improvement Committees reporting to the Integrated Governance Committee, which is a sub-committee of the Board of Directors.

The Trust has an agreed strategic approach to promote economy, efficiency and productivity. In the absence of national metrics for mental health the Trust has developed, in conjunction with the Audit Commission, a set of high-level performance metrics which can be used to focus improvement plans and resources to optimise benefit. Also in association with the Audit Commission the Trust has developed a comprehensive benchmarking framework from which a mental health benchmarking club has been established.

5. Annual Quality Accounts
The Directors of Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust are required to satisfy themselves that the Trust's annual Quality Accounts are fairly stated. In doing so we are required to put in place a system of internal control to ensure that proper arrangements are in place based on criteria specified by Monitor, the Independent Regulator of NHS Foundations Trusts.

The steps which have been put in place to assure the Board that the Quality Accounts are fairly stated are as follows:
  ‣ Report specifications are written for each report and take account of any Department of Health rules/guidance on how activity should be counted.
  ‣ Service capacity plans are agreed with each Directorate annually. These plans feed into the contracting process.
  ‣ Monthly activity is monitored against agreed contract targets. Month on month activity is compared to identify any inconsistencies.
  ‣ Quality in this sense is concerned with ensuring that systems are managed to support validity of data e.g. that all codes used are nationally recognised codes, or map to national values. Internal data quality also includes maintenance of changeable reference data.

- The system support function identifies and corrects inconsistent data
- Systems are also managed to enforce data quality where necessary
- Production and maintenance of data quality reports that can be run by end users.
- Specific data quality awareness, including the minimal use of default codes, is included with system training, and training support materials.
- Monthly monitoring reports produced for the service delivery teams to monitor the quality of the data, raising issues if tolerances are exceeded.
- Audits of records in the form of spot checks of paper records (where held), and validation of inpatient data entered electronically on a daily basis.

5.   Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system is informed by the work of Internal Audit and the Executive Directors and managers within the Trust who have responsibility for the development and maintenance of the internal control framework, and by comments made by the External Auditor in the management letter and other reports.

The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive Directors who have responsibility for the development and maintenance of the system of internal control provide me with assurance in a variety of ways, including through reports on the implementation of audit action plans and reports of the work of the Quality Improvement Committees. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by:

- Work of the Trust's Audit Committee
- CQC Standards for Better Health declaration and registration requirements
- Self assessment against Use of Resources standards
- Assessment against the NHSLA Risk Management standard
- Royal College of Psychiatrists accreditation
- Patient and staff surveys
- PEAT inspections
- CQC (Mental Health Act Commission) reports
- Internal sources – such as clinical audit, internal management reviews, performance management reports, user and carer involvement activities, benchmarking and self-assessment reports
- RoSPA gold award for Health and Safety
- Monitor quarterly assessment process
- Assessment against key findings of external enquiries

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board and aforementioned committees, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board has monitored progress against the top risks facing the Trust and assured itself that the strategic intent of the Trust appropriately addresses the risks facing the Trust and the continual improvement of the totality of its business. The Audit Committee has sought assurance from the Trust's internal and external auditors from the agreed audit programmes which have been developed through consideration of the gaps in assurance as identified by the Assurance Framework. The Integrated Governance Committee and its executive sub-committees have ensured that programmes of work, and the development of policy and strategy, address identified risk areas. These committees have also considered the sources of assurance and incorporated the findings of these assurances in future work programmes.

The Trust is declaring compliance for FY10 against the Standards for Better Health.

6. Conclusion

No significant strategic internal control issues have been identified by the Trust in FY10 and the Trust's Statement on Internal Controls is a balanced reflection of the actual control position.

Julie Waldron, Chief Executive
Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust
2nd June 2010

Independent Auditor's report to the Members' Council (Board of Governors) of Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust

Opinion on the summary financial statement

I have examined the summary financial statement for the year ended 31 March 2010 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity and the Statement of Cash Flows.

This report is made solely to the Board of Governors of Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust as a body in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. My work was undertaken so that I might state to the Board of Governors those matters I am required to state to it in an auditor's report and for no other purpose. In those circumstances, to the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Foundation Trust as a body, for my audit work, for the audit report or for the opinions I form.

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. The other information comprises only the Chair's Report, the Chief Executive's Report, the Directors' Report and the unaudited part of the Remuneration Report.
I conducted my work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust for the year ended 31 March 2010.

Phil Sharman
Officer of the Audit Commission

Audit Commission
Unit 5 Isis Business Centre
Horspath Road
Oxford OX4 2RD
7 June 2010

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED
31 March 2010

	2009/10		2008/09	
		£000		£000
Operating income		156,028		156,101
Operating expenses		(152,455)		(155,228)
Operating surplus		3,573		873
Finance costs				
Finance income	38		465	
Financial expense - financial liabilities	(1,038)		(1,009)	
Public Dividend Capital dividends payable	(4,118)		(6,566)	
Net finance costs		(5,118)		(7,110)
Surplus from continuing operations		(1,545)		(6,237)
Surplus from discontinued operations		0		0
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR		(1,545)		(6,237)
Other comprehensive income :				
Revaluation gains/(losses) on property, plant and equipment		(31,072)		(49,418)
Revaluation gains/(losses) on intangible assets		0		0
Revaluation gains/(losses) on non current assets held for sale		(1,166)		0
Actuarial gains/(losses) on defined benefit pension schemes		0		0
Reduction in donated asset reserve in respect of depreciation, impairment, and/or disposal of donated assets		(44)		(45)
Additions/(reduction) in "other reserves"		0		(6,703)
TOTAL COMPREHENSIVE INCOME AND EXPENSE FOR THE YEAR		(33,827)		(62,403)

STATEMENT OF FINANCIAL POSITION AS AT
31 March 2010

	31 March 2010	31 March 2009	1 April 2008
	£000	£000	£000
NON-CURRENT ASSETS			
Intangible assets	97	90	42
Property, plant and equipment	112,254	138,819	208,380
Trade and other receivables	30	30	30
Total non-current assets	112,381	138,939	208,452
CURRENT ASSETS			
Inventories	1,885	1,286	1,625
Trade and other receivables	7,886	7,339	7,524
Non-current assets held for sale	6,400	9,211	0
Cash and cash equivalents	11,745	5,344	5,369
Total current assets	27,916	23,180	14,518
CURRENT LIABILITIES			
Trade and other payables	(13,718)	(11,416)	(8,630)
Borrowings	(692)	(708)	(735)
Other financial liabilities	(1,197)	(1,237)	(1,000)
Provisions	(869)	(232)	(275)
Other liabilities	(1,758)	(495)	(737)
Total Current Liabilities	(18,234)	(14,088)	(11,377)
NON CURRENT LIABILITIES			
Trade and other payables	(100)	(105)	(148)
Borrowings	(13,733)	(5,626)	(6,333)
Other financial liabilities	0	0	0
Provisions	(1,328)	(1,574)	(1,999)
Other liabilities	0	0	0
Total Non Current Liabilities	(15,161)	(7,305)	(8,480)
TOTAL ASSETS EMPLOYED	106,902	140,726	203,113
TAXPAYERS' EQUITY			
Public dividend capital	88,380	88,380	88,380
Revaluation reserve	13,206	41,880	91,278
Donated asset reserve	1,003	1,043	1,373
Available for sale financial assets reserve	0	0	0
Other reserves	8,076	11,814	18,517
Merger reserve	0	0	0
Income and expenditure reserve	(3,763)	(2,391)	3,565
TOTAL TAXPAYERS' EQUITY	106,902	140,726	203,113

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Total	Public Dividend Capital	Revaluation Reserve	Donated Assets Reserve	Other Reserves	Income and Expenditure Reserve
Taxpayers' equity at 1 April 2008 under IFRS	203,113	88,380	91,278	1,373	18,517	3,565
Prior period adjustment	0	0	0	0	0	0
Taxpayers' equity at 1 April 2008, as restated	203,113	88,380	91,278	1,373	18,517	3,565
Total comprehensive income for the year	(6,237)					(6,237)
Revaluation gains/(losses) and impairment losses on property plant and equipment	(49,418)		(49,133)	(285)		
Revaluation gains/(losses) and impairment losses on non current assets held for sale	0					
Reduction in the donated asset reserve in respect of depreciation, impairment, and/or disposal of donated assets	(45)			(45)		
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure reserve	16		(265)			281
Additions/(reduction) in other reserves	(6,703)				(6,703)	
Movements on other reserves	0					
Taxpayers' Equity at 31 March 2009	140,726	88,380	41,880	1,043	11,814	(2,391)
Taxpayers' Equity at 1 April 2009 under IFRS	140,726	88,380	41,880	1,043	11,814	(2,391)
Total comprehensive income for the year	(1,545)					(1,545)
Revaluation gains/(losses) and impairment losses on property plant and equipment	(31,072)		(27,334)		(3,738)	
Revaluation gains/(losses) and impairment losses on non current assets held for sale	(1,166)		(1,166)			
Reduction in the donated asset reserve in respect of depreciation, impairment, and/or disposal of donated assets	(44)			(44)		
Transfer of the excess of current cost depreciation over historical cost depreciation to the income and expenditure reserve	0		(174)			174
Movements on other reserves	3				4	(1)
Taxpayers' Equity at 31 March 2010	106,902	88,380	13,206	1,003	8,076	(3,763)

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED

31 March 2010

	2009/10 £000	2008/09 £000
Cash flows from operating activities		
Operating surplus/(deficit) from continuing operations	3,573	873
Operating surplus/(deficit) of discontinued operations	0	0
Operating surplus/(deficit)	3,573	873
Non-cash income and expense:		
Depreciation and amortisation	3,548	3,904
Impairments	3,517	8,738
Reversals of impairments	0	0
Transfer from the donated asset reserve	(44)	(45)
(Increase)/decrease in trade and other receivables	95	188
(Increase)/decrease in other assets	0	0
(Increase)/decrease in inventories	(599)	339
Increase/(decrease) in trade and other payables	816	2,993
Increase/(decrease) in other liabilities	1,223	(242)
Increase/(decrease) in provisions	391	(468)
Tax (paid) / received	0	0
Movements in operating cash flow of discontinued operations	0	0
Other movements in operating cash flows	588	0
NET CASH GENERATED FROM/(USED IN) OPERATIONS	13,108	16,280
Cash flows from investing activities		
Interest received	38	465
Purchase of intangible assets	(27)	(56)
Sales of intangible assets	0	0
Purchase of property, plant and equipment	(9,012)	(8,404)
Sales of property, plant and equipment	0	0
Net cash generated from/(used in) investing activities	(9,001)	(7,995)
Cash flows from financing activities		
Loans received	8,800	0
Loans repaid	(638)	(638)
Capital element of finance lease rental payments	0	0
Capital element of private finance initiative obligations	(70)	(97)
Interest paid	(164)	(96)
Interest element of finance lease	0	0
Financing element of private finance initiative obligations	(874)	(913)
PDC dividend paid	(4,760)	(6,566)
Cash flows from (used in) other financing activities	0	0
Net cash generated from/(used in) financing activities	2,294	(8,310)
Increase/(decrease) in cash and cash equivalents	6,401	(25)
Cash and cash equivalents at 1 April	5,344	5,369
Cash and cash equivalents at 31 March	11,745	5,344

Remuneration report

The remuneration report includes the table of salaries and allowance of senior managers and the table of pension benefits of senior managers.

These tables together with the narrative notes are required to be audited.

Salaries and allowances		2009/10			2008/09		
Name	Title	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	160-165	0	0	140-145	0	0
Duncan Smith	Director of Finance	120-125	0	0	105-110	0	0
Jon Allen	Director of Nursing	N/A	N/A	N/A	50-55	0	0
Caroline Birch	Acting Director of Nursing and Clinical Governance	85-90			70-75	0	0
Graeme Armitage	Director of Human Resources	100-105	0	0	85-90	0	0
David Bradley	Director of Operations	105-110	0	0	95-100	0	0
Mike Hobbs	Medical Director	185-190	0	0	170-175	0	0
Janet Godden	Chair	40-45	0	0	35-40	0	0
Cedric Scroggs	Non-Executive Director	15-20	0	0	15-20	0	0
Tom Burns	Non-Executive Director	10-15	0	0	5-10	0	0
Anne Grocock	Non-Executive Director	10-15	0	0	10-15	0	0
Roger Reed	Non-Executive Director	10-15	0	0	10-15	0	0
Elaine Whittaker	Non-Executive Director	10-15	0	0	5-10	0	0
Lyn Williams	Non-Executive Director	15-20	0	0	15-20	0	0
Michael Bellamy	Non-Executive Director	10-15	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.

Jon Allen resigned from the Trust in November 2008.
Janet Godden resigned as Chair on 31st March 2010.

PENSION BENEFITS

	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 2010 (Bands of £5,000)	Lump Sum at Age 60 Related to Accrued Pension at 31 March 2010 (Bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2010	Cash Equivalent Transfer Value at 31 March 2009	Real Increase in Cash Equivalent Transfer Value as at 31 March 2010	Employer's Contribution to Stakeholder Pension
Title	£000	£000	£000	£000	'000	£000	£000	£000
Julie Waldron Chief Executive	10 - 12.5	35.0 - 37.5	65 - 70	205 - 210	1,719	1,299	356	0
Duncan Smith Director of Finance	5.0 - 7.5	15.0 - 17.5	45 - 50	145 - 150	985	797	148	0
Graeme Armitage Director of Human Resources	2.5 - 5.0	12.5 - 15.0	30 - 35	100 - 105	605	480	100	0
David Bradley Chief Operating Officer	2.5 - 5.0	10.0 - 12.5	25 - 30	80 - 85	476	370	88	0
Caroline Birch Director of Nursing and Clinical Governance (Acting)	10 -12.5	35.0 - 37.5	40 - 45	125 - 130	846	547	272	0

Dr Mike Hobbs, Medical Director has not contributed to the Pension scheme this financial year and therefore is not included in the above table.

Appendices

Appendix 1: Committee Attendance between 1 April 2009 and 31 March 2010

The Chair of each Committee is identified in bold in each table.

Audit Committee
The role of the Audit Committee is independently to monitor, review and report to the Board of Directors on the processes of governance and, where appropriate, to facilitate and support through its independence the attainment of effective processes. Its areas of responsibility include governance, internal control, risk management, internal and external audit and financial reporting.

The work of the Audit Committee in the discharge of its areas of responsibility has included: review of the draft Annual Report at its meeting on 6 May 2009; review of the draft annual accounts and financial statements at its meeting on 5 June 2009; regular consideration of the Assurance Framework to gain ongoing assurance of risk and internal control processes; review and approval of the internal and external audit plans; regular review of internal audit reports on key systems of internal control including finance, clinical governance and risk management and of external audit reports on governance and quality assurance, amongst other matters; regular review of Counter Fraud reports with updates on investigations and awareness raising activities; and review of the work of other committees within the Trust whose work can provide relevant assurance to the Audit Committee's own scope of work (for example, the minutes of the Integrated Governance Committee are regularly presented for information).

Given the skill and experience of the current Committee members, the Board of Directors is satisfied that the Committee has remained effective.

Director	06 May 09	13 May 09 (Ext)	05 June 09	21 Aug 09 (Ext)	29 Sept 09	08 Dec 09	09 Feb 10
Cedric Scroggs	✓	✓	✓	✓	✓	✓	✓
Dr Anne Grocock	✓	X	X	X	✓	✓	✓
Roger Reed	X	X	X	✓	X	✓	✓
Lyn Williams	✓	✓	✓	X	✓	✓	✓

Key: Ext – Extraordinary meeting

Finance and Investment Committee
The Finance and Investment Committee provides assurance to the Board of Directors on a number of key financial issues relevant to the Trust. In particular, it reviews investment decisions and policy, financial plans and reports, and approves the development of financial reporting, strategy and financial policies, consistent with the foundation trust regime.

Director	21 Apr 09	21 July 09	21 Aug 09 (Ext)	25 Sept 09 (Ext)	19 Nov 09	15 Jan 10	10 Feb 10 (Ext)	09 Mar 10
Lyn Williams	✓	✓	✓	✓	✓	✓	✓	✓
Janet Godden	✓	✓	✓	✓	✓	✓	✓	✓
Roger Reed	✓	✓	✓	✓	X	X	X	X
Duncan Smith	✓	✓	✓	✓	✓	✓	✓	✓
Julie Waldron	✓	✓	✓	✓	✓	✓	✓	✓

Key: Ext – Extraordinary meeting

Integrated Governance Committee
The key function of the Integrated Governance Committee is to lead on the development and monitoring of quality and risk systems within the Trust to ensure that quality, patient safety and risk management are key components of all activities of the Trust. The Committee ensures that appropriate risk management processes are in place to assure the Board that action is taken to identify and manage risks within the Trust. It is also responsible for the development of systems and processes to ensure that the Trust implements and monitors compliance with the Department of Health Standards for Better Health. During the Financial Year 2009/10, the Committee focused on compliance with the Department of Health Standards for Better Health and, towards the latter part of the Financial Year 2009/10, the Committee started to prepare for compliance with the new CQC outcomes for registration (to come in effect during Financial Year 2010/11). The Committee makes sure that services provided are appropriate, reflect best practice, represent best value for money, are responsive to service user needs, and reflect the views and experiences of service users and carers in service delivery.

Director	10 July 09	10 Nov 09	21 Jan 10
Julie Waldron	✓	✓	✓
Graeme Armitage	X	X	X
Jayne Halford	✓	✓	X
Mike Bellamy	✓	✓	✓
Caroline Birch	X	✓	✓
David Bradley	X	✓	✓
Professor Tom Burns	✓	✓	✓
Janet Godden	X	✓	✓
Dr Mike Hobbs	✓	✓	X
Duncan Smith	X	✓	✓
Elaine Whittaker	✓	X	✓

Jayne Halford, Acting Director of Human Resources since 1 April 2009 deputising for Graeme Armitage until 31st March 2010.

Charitable Funds Committee
The Charitable Funds Committee is responsible for ensuring that the Trust fulfils its duties as a trustee in the management of the charitable fund.

Director	27 May 09	25 Nov 09	24 Feb 10
Elaine Whittaker	✓	✓	X
Graeme Armitage	X	X	X
Mike Bellamy	X	✓	✓
Caroline Birch	X	✓	✓
David Bradley	X	✓	X
Professor Tom Burns	X	✓	X
Janet Godden	✓	✓	✓
Dr Anne Grocock	X	✓	✓
Dr Mike Hobbs	✓	X	✓
Roger Reed	✓	✓	✓
Cedric Scroggs	✓	X	X
Duncan Smith	✓	✓	✓
Julie Waldron	✓	✓	✓
Lyn Williams	✓	✓	✓

Executive Directors' Remuneration and Terms of Service Committee

This Committee is a sub committee of the Board and oversees the appointment and remuneration of Executive Directors of the Trust. The Committee receives recommendations on the annual remuneration for the Chief Executive and Executive Directors and any proposed changes to their terms and conditions of service including proposals for bonus payments.

The Committee met three times during 2009/10 and attendance was as follows:

Name	14 October 09	9 December 09	3 February 09
Roger Reed	✓	✓	✓
Janet Godden	✓	✓	✓
Lyn Williams	✓	✓	✓
Elaine Whittaker	✓	✓	X
Cedric Scroggs	X	✓	X
Tom Burns	X	✓	X
Anne Grocock	✓	✓	✓
Mike Bellamy	✓	✓	✓
In Attendance			
Julie Waldron	✓	✓	✓
Graeme Armitage	✓	✓	✓
Duncan Smith	N/A	N/A	✓

NB: N/A – not required to attend for this meeting

The remit of the Committee is to approve or reject recommendations on Executive appointments, remuneration and conditions of service. In addition the Committee also considers significant changes to senior management arrangements in the Trust e.g. proposed senior manager reductions. The Committee also receives recommendations on addressing any identified gaps in the Board's skills, experience and competencies.

During 2009/10, the Committee received recommendations from the Chief Executive, on behalf of the Executive Directors, that there should be no increase in remuneration until 1st April 2011 in light of the recession. The Trust does not pay bonuses or other emoluments to Executives. The Committee also considered and approved the proposed redundancy of two senior managers and arrangements for the appointment of the Director of Nursing and Medical Director in 2010/11.

Nominations and Remuneration Committee

This Committee is a sub committee of the Members' Council and oversees the development, implementation and review of the composition of Non-executive Directors. The Committee makes recommendations to the Members' Council on the appointment of the Chair and Non-executive Directors. The Committee also makes recommendations to the Members' Council on the terms and conditions, including remuneration and allowances, of the Chair and Non-executive directors.

The Committee met three times during 2009/10 and attendance was as follows:

Name	Role	1 April 09	20 July 09	2 Nov 09
Janet Godden	Chair of Trust	✓	N/A	N/A
Jim Couchman	Partner Governor	✓	✓	✓
Chris Brearley	Patient (carer) Governor	✓	✓	✓
Mark Hancock	Staff Governor	✓	✓	✓
Mike Alexander	Public Governor	N/A	X	✓
Simon Hyde	Patient (service user) Governor	X	X	N/A
Jeanette Hocking	Patient (service user) Governor	N/A	N/A	✓

Key: N/A – not a member of the Committee at this time

Through the terms of reference, the Chair of the Trust is a member of the Committee. However, given the nature of the business discussed during the latter part of 2009/10 it was decided that the Chair should not attend further meetings of this Committee during the year.

The remit of the Committee is to make recommendations to the full Members' Council on such matters as appointments to Non-executive positions on the Board of Directors, Non-executive Directors remuneration and the skills framework for the composition of the Non-executive Directors on the Board of Directors. The full Members' Council makes final decisions on such matters but is guided by the Committee. On the recommendation of the Chair and Non-executive Directors, the Council agreed that there should be no increase to Non-executive Director remuneration in 2010/11.

During 2009/10, the Members' Council appointed a new Chair of the Trust to take up post on 1 April 2010. The Committee oversaw this appointment process and acted as the selection panel during shortlisting and interview. The Committee reported its recommendation to the full Members' Council in November 2009, which was unanimously adopted. This appointment occurred through open advertisement and was supported by the Trust's recruitment team.

Appendix 2: Our Foundation Trust membership

Membership size and movement

Public constituency	Last year
At year start (April 1)	2,226
New members	84
Members leaving	175
At year end (March 31)	2,135
Staff constituency	**Last year**
At year start (April 1)	2,760
New members	590
Members leaving	427
At year end (March 31)	2,923
Patient constituency	**Last year**
At year start (April 1)	339
New members	34
Members leaving	21
At year end (March 31)	352

Analysis of current membership

Public constituency	Number of members	Eligible membership
Age (years):		
0-16	5	221,973
17-21	20	85,171
22+	1,581	777,370
Unknown	529	N/A
Ethnicity:		
White	1,705	1,017,379
Mixed	16	13,387
Asian or Asian British	45	32,593
Black or Black British	23	11,171
Other	5	9,984
Unknown	341	N/A

Socio-economic grouping		
ABC1	1,620	516,596
C2	386	110,774
D	43	110,001
E	83	98,481
Unknown	3	248,662
Gender		
Male	873	533,996
Female	1,237	550,518
Unknown	25	N/A

Patient constituency	Number of members	Eligible members
Age (years):		
0-16	5	5,824
17-22	6	2,327
22+	286	21,843
Unknown	55	N/A

- Eligible public data for; age, ethnicity and gender, was taken from the Office for National Statistics, 2001 Census analysis.
- Eligible patient data provided by the Information Analysts Department within OBMH, on 1 April 2010.
- Eligible social grade data was taken from the Office for National Statistics, 2001 Census approximated social grade analysis.
- Current Membership data was taken from the Membership Relationship Management (MRM) database, provided by Capita Group, on 1 April 2010.
- Staff Constituency data provided by OBMH Human Resources, on 6 April 2010.

Elections

During 2009/10 two elections were held.

The table below summarises elections during 2009/10:

Date of election	Constituencies involved	Election turnout %
18 May 2009	Public: Buckinghamshire	19.3%
26 March 2010	Service User: Oxfordshire	23.7%
	Staff: Older Adult Services	Uncontested
	Staff: Adult Services	Uncontested
	Staff: CAMHS and Specialist Services	Uncontested

Electoral Reform Services was appointed as the independent Returning Officer for the elections. The elections were run in accordance with the Trust's Rules for Elections as set out in the Constitution.

During 2009/10, three Governors resigned midway through their tenure. In line with the Trust's Rules for Elections, following each resignation the vacant seat was offered to the candidate who had received the next highest vote in the relevant election. On each occasion, that candidate took up the remaining tenure. The Constituencies concerned were:

Date	Constituencies involved
October 2009	Staff: Corporate Support
October 2009	Carers: Buckinghamshire
January 2010	Service User: Oxfordshire

At the time of writing, an election was being held in the following Constituencies:
- Public: Buckinghamshire – one vacancy.
- Carer: Oxfordshire – one vacancy.
- Service User: Buckinghamshire – Two vacancies.

Results for this election were made public on 18 May 2010.

Membership commentary

Members belong to one of three Constituencies, which are further sub-divided into classes or groups.

Public

There are two classes: Public: Oxfordshire; and Public: Buckinghamshire. These Constituencies are open to anybody (excluding staff) who lives in either of the counties of Buckinghamshire or Oxfordshire. Service users and carers may also join this Constituency if they wish.

There has been a 4% decrease in the public Membership as a result of people who have died or gone away. The Trust has maintained its ongoing campaigns to recruit public members by attending community events, hosting "Wellbeing" events in the counties' market towns and launching its 'Member Get Member' promotion.

Service Users and Carers

There are four classes: Service Users: Buckinghamshire; Service Users: Oxfordshire; Carers: Buckinghamshire; and Carers: Oxfordshire. This Constituency is open to service users or carers who have had contact with the Trust in the previous five years from the date of application.

There has been a 4% increase in the patient membership.

Staff

There are five classes: Adult Services; Older Adult Services; CAMHS and Specialist; Forensic Mental Health; and Corporate Support. This Constituency is open to all employees of the Trust, including County Council staff employees seconded to the Trust under integrated management arrangements.

There has been a 6% increase in staff Membership.

Membership for Public and Service Users/Carers constituencies is under an 'opt-in' system.

Membership for the Staff Constituency is under an 'opt-out' system.

Membership recruitment activity

A Membership Strategy is in place which sets out how OBMH recruits, engages and managers Members. During the year a range of recruitment opportunities was employed in order to promote the benefits of Membership to our communities.
Attendance at public events has included:
- Buckinghamshire County Show, August 2009 – >5,000 attendance, low turnout target audience, recruited four public Members.
- Blackbird Leys, Oxford, Community Fair, September 2009 – >500 attendance, high turnout target audience, recruited 30 Members, in patient and public.
- Faringdon, Oxfordshire Health and Wellbeing event, October 2009 – <100 attendance, low turnout target audience, recruited five Members, from patient and public.
- Oxford Volunteer and Funding Fair, February 2010 – >100 attendance, low turnout target audience, recruited three Members, from patient and public.

In May 2009, a new leaflet to promote membership and NHS foundation trust status was produced. Responding to feedback from Governors and Members, the new leaflet provides more information about membership and includes a new application form to elicit more information from Members so as to improve ongoing engagement and involvement.

During the year the Trust commenced publishing its first Members-only newsletter. Published on a quarterly basis, the Members Update provides information about the Trust, allows Governors, Directors and Members to communicate, and advertises opportunities for further engagement.

Other recruitment and engagement activities held throughout the year have included:

- ▶ Launched in February 2010 a Member-get-Member campaign – providing a prize incentive to existing Members to recruit new Members.
- ▶ Undertaking ward visits in key OBMH sites to explain membership and recruit new Members.
- ▶ Support Governors to hold surgeries, work-shops and reference group meetings for current and potential Members.
- ▶ Paid-for advertisement in local mental health charity newsletters.

Whilst the growth in the overall membership number has not been as high as planned, OBMH is pleased with the quality of Members it has recruited. During the year, many more Members than in previous years have become actively involved in the Trust and with particular campaigns. This has included assisting the Trust with planning applications before Council, participating in workshops to design and rebuild the Manor House unit in Buckinghamshire, and contacting Governors to raise concerns or provide suggestions.

OBMH continues to employ a Membership Officer whose role it is to support Governors, and assist the Trust in recruiting and engaging Members.

OBMH's membership criteria

Our membership is segmented into four Constituencies (or groups):

- ▶ Public Members
  To be a public Member you must:
    - o live in Oxfordshire or Buckinghamshire (excluding Milton Keynes)
    - o not be eligible to become a Member of the Staff Constituency and not be a Member of any other constituency
    - o be at least 12 years of age at the date of your application to become a Member

- ▶ Patient Members
  To be a patient Member you must:
    - o have attended any of the Trust's services as a patient within the five years, or,
    - o be the regular carer of a patient who has attended any of the Trust's services, and not provide care for that patient:
    - o not be a Member of any other constituency;
    - o be at least 12 years of age at the date of your application.

- ▶ Staff Members
  To be a staff member you must:
    - o be employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months
    - o have been continuously employed by the Trust under a contract of employment for at least 12 months exercise functions for the purposes of the Trust, otherwise than under a contract of employment or under an honorary contract with the Trust. Such individuals may become or continue as
    - o members of the staff constituency provided they have exercised these functions continuously for a period of at least 12 months.
    - o Have accepted an invitation to become a Member of the relevant Class of the Staff Constituency and whose name has been entered on the Register of Members

Anyone wishing to contact a Governor should contact the Trust Secretary or Membership Officer at: ft@obmh.nhs.uk or call: 01865 782180 or write to: FREEPOST MENTAL HEALTH FOUNDATION TRUST.

Glossary

A12	Article 12 Council
AMHP	Approved Mental Health Practitioner
AOT	Assertive Outreach Team
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CEO	Chief Executive Officer
CHO	Community Health Oxfordshire
CMHT	Community Mental Health Team
CPA	Care Programme Approach
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation payment framework
DTCs	Delayed Transfers of Care
FY	Financial year
GMC	General Medical Council
GP	General Practitioner
HIEC	Health Innovation and Education Cluster
HR	Human Resources
IAPT	Improving Access to Psychological Therapies
IPPS	Infant Parent Perinatal Service
KPIs	Key Performance Indicators
LD	Learning Disability
L&D	Learning and Development
LINks	Local Involvement Networks
MH	Mental Health
NHS	National Health Service
NHS LA	National Health Service Litigation Authority
OBMH	Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust
PALS	Patient Advice and Liaison Service
PCT	Primary Care Trust
PDR	Personal Development Review
PEAT	Patient Environment Action Team
PET	Patient Experience Tracker
RCA	Root Cause Analysis
RoSPA	Royal Society for the Prevention of Accidents
SDS	Self Directed Support
SHA	Strategic Health Authority
SIC	Statement of Internal Control
SPNCC	Staff Partnership Negotiation and Consultation Committee
UKCIP	United Kingdom Climate Impacts Programme
WHO	World Health Organisation

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If you would like to request copies of the Quality Account, Summary Financial Statements or Full Financial Statements, please email us: enquiries@obmh.nhs.uk

If you need the information in another language or format please ask us

Nëse ky informacion ju nevojitet në një gjuhë apo format tjetër, ju lutem na kontaktoni

আপনি যদি এই তথ্যাদি অন্য কোন ভাষায় বা মাধ্যমে (ফরমেট) পেতে চান তবে দয়া করে আমাদেরকে বলুন

જો તમને આ માહિતી બીજી ભાષામાં અથવા બીજા આકારમાં જોઇએ, તો કૃપા કરીને અમને પૂછો

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

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اگر آپ کو یہ معلومات کسی دوسری زبان یا کسی اور طریقے سے درکار ہوں تو براہ مہربانی ہم سے پوچھیے۔

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