



Oxford Health NHS Foundation Trust
Annual Report
2011/12

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Foreword

Welcome to the Oxford Health NHS Foundation Trust (FT) Annual Report for 2011/12. This report provides summaries of the Trust's activity and achievements for the year 2011/12. Oxford Health NHS FT was previously Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust (OBMH). The Trust formally changed its name in February 2011 following a period of consultation and formal approval from Monitor.

On 1 April 2011 Community Health Oxfordshire (CHO) was integrated into the Trust and the Trust now provides mental health services across five geographic areas, some specialist services nationwide and community physical health services in Oxfordshire. Following the integration, the organisation set up four new divisions. These divisions cover Children and Families services, Community services, Mental Health services and Specialised services. You can read more about the developments in each of the divisions in the Driving Quality Improvement section of this report.

Through implementing the new divisional structure, the Trust has already seen benefits within Childrens and Families Services and Specialised Services. These

divisions incorporate physical health and mental health services. Within the other divisions our staff are starting to share skills across mental health and physical health better to support adults and older adults who may have both physical and mental healthcare needs. This integration will continue over the coming years to maximise the benefits for our patients and service users.

In order to support the Trust to make a reality of our vision of outstanding care delivered by outstanding people, we have been working on the implementation of a Strategic Framework. This sets out the key objectives and drivers for the Trust. All of our services, teams and individual staff members are working towards delivering these. This annual report has been split into sections that reflect our Strategic Framework. It contains information about each of our objectives and what we have been doing in the past year to support their delivery.

We hope you find this report interesting and informative. We will also be producing an annual review publication that will share our good news, innovations and achievements from 2011/12.

Julie Waldron

Julie Waldron
Chief Executive



Martin Howell

Martin Howell
Chairman



Driving Quality

Improvement

This area of the Strategic Framework encompasses safety, clinical outcomes and patient experience objectives. It sets clear expectations of defined quality standards that are to be delivered consistently across all services within the Trust. The opportunities to provide services to patients via teams that are integrated not only

geographically but also across mental, community and social care, as well as primary and secondary care, will increase the quality of services provided by the organisation and improve the experiences of patients, while contributing to the local QIPP programme.

New Services

Children and Families Services Division

Swindon, Wiltshire and Bath and North East Somerset (BaNES) Child and Adolescent Mental Health Services (CAMHS)

We have continued to develop our CAMHS Services across Swindon, Wiltshire and BaNES during 2011/12 and the new service model is now fully in place. Our new Outreach Services have been particularly well received by young people, their families and our partner agencies. Delivering community services seven days a week has meant that hospital admissions have reduced in number and average lengths of stay have more than halved.

We were particularly pleased in autumn 2011, to win a further tender to deliver a new CAMHS Early Intervention Service for children and young people in Bath and North East Somerset. This new development has enabled CAMHS to deliver a fully integrated service within BaNES, providing early engagement and assessment to ensure children and young people receive prompt access to the right service, with the right professional, in the right place and at the right time. As a

result, we have been able to increase further the accessibility and acceptability of CAMHS Services to children, young people and their families and carers.

Child and Adolescent Harmful Behaviour Service (CAHBS)

CAHBS has been delivered in Oxfordshire for the past few years and during 2011 we were pleased that commissioners asked us to deliver this service in Buckinghamshire. Historically, there have been many misconceptions about the sexually problematic and harmful behaviours that a small number of children and young people display. The CAHBS service model is based on a holistic, whole systems approach that meets the needs and associated risks of these children and young people.

CAHBS now functions as a dual county specialist referral service for Oxfordshire and Buckinghamshire. The team accepts referrals from all agencies involved with a child or young person (including CAMHS, social care, police, YOS and education). Referral criteria have been simplified to enable a clear strategic overview across the two counties of all young people

accessing the services and displaying either problematic or harmful sexual behaviours. This enables a more robust response to such behaviours and will, over time, provide opportunities for early intervention and better care pathway provision.

[Children and Young People \(CYP\) Improving Access to Psychological Therapies \(IAPT\)](#)

The Trust, in collaboration with The Charlie Waller Institute at Reading University, was successful in bidding to become one of three Children and Young People National IAPT sites.

The aim of CYP IAPT is to transform existing services through training in evidence based therapies, the implementation of routine outcome measures and young people's participation in the way services are provided.

Training Courses are provided for supervisors and trainees in CBT and Parenting. We are also delivering a post-graduate Leadership Programme for Service Managers and Clinical Leads working within CAMHS. Staff from the Trust's CAMH services across Oxfordshire, Buckinghamshire, Swindon, Wiltshire and BaNES are participating and services in Gloucestershire and Bournemouth, Dorset and Poole have also joined our Collaborative.

Our young people's groups, Article 12 and Off the Record, have taken part in interviewing potential trainees as well as delivering training on the programmes. They are also making a film about CYP IAPT which will be completed in July 2012.

[Reprovision of Highfield Inpatient Unit for CYP](#)

We are very pleased to report that the building work on the new Oxford adolescent unit began this year. The 18

bedded inpatient centre is due to be completed in October 2012. There has been a great deal of input into design of the building from the Article 12 Young People's Group and this exciting and innovative new provision will ensure that young people receive excellent treatment in a modern therapeutic environment. The new unit will have state of the art facilities, including all en-suite rooms, an education centre, gym and through the generosity of Oxford Hospitals Services Charity (OHSC), a fully functioning music and recording centre.

[Cotswold House Eating Disorder Services](#)

We are delighted to report that the Trust was successful in winning a competitive tender to provide specialist community and inpatient eating disorder services in Wiltshire. The development of the new Wiltshire Specialist Community Eating Disorder Service has meant that people in Wiltshire are able to access such treatment locally. The team is providing a highly valued service working well with colleagues from Avon and Wiltshire Partnership Trust and with primary care to ensure that this vulnerable group of people receives the highest standards of care possible.

We were also especially pleased to be awarded a contract to provide specialist inpatient services to patients from Wales. Our staff work closely with community eating disorder services in Wales and provide specialist inpatient treatment when needed. This has been a very successful extension of our services and has led to creative work with colleagues from Wales to ensure we provide a pathway that enables Welsh patients to access this highly specialist service.

[Children's Integrated Therapies, Oxfordshire](#)

We continue to develop our Children's Integrated Therapy Services in Oxfordshire. This year we have successfully

rolled out our single point of request for input north, central and south across the county. This enables our therapy teams to work together to ensure that children and families receive co-ordinated assessment and provision within their local area.

We have involved children and young people in a review of our service and in helping us to plan towards achievement of the You're Welcome standard. We will be working on delivering the action plan we have agreed with them over the coming year. In addition we have established our Stakeholder reference group which involves parents and carers, County Council colleagues, GPs, Community Paediatricians and School Head Teachers in helping monitor our service delivery and plan service development and improvement.

We have integrated the delivery of the housing adaptation and equipment for home occupational therapy service into our integrated teams which enables us to provide children and families with more joined up provision across the range of settings they attend and at home.

Public Health and Universal Services

We now have two key public health services in our division; Oxfordshire's Smoking Cessation and Community TB services. We are pleased that our commissioners tell us that our community TB service is a leading example of working in partnership with primary care (GP) services in protecting public health. The smoking cessation service being part of our division has enabled us to build on previous joint working to develop some exciting projects such as joint delivery of smoking cessation groups with our School Health Nursing service in Early Intervention hubs.

We were pleased to be asked by commissioners to extend our delivery of the Family Nurse Partnership programme

in Oxfordshire. This service provides intensive evidence based services which support teenage parents and their infants from birth to year 2; supporting early parenting and helping parents link with services in their local communities. We have been able to double the coverage of the service and have received good feedback from service users and key stakeholders.

Our flexibility in delivering maternal mental health services has improved this year. Working in partnership with colleagues in Mental Health Services we have enabled our Health Visiting workforce to improve their support and assessment of parents with mental health difficulties. We are delighted that we have been able to increase group support to post natal mothers in local community settings.

We have been pleased with our overall service's performance this year. By ensuring our staff continue to focus on meeting key performance indicators for areas such as immunisation and key health visitor checks we are able to ensure that children are protected from illness by high immunisation rates. With good core assessment coverage, children remain protected, any needs are identified early and support is accessed when it is needed.

Integration in Children's Community Services

We continue to innovate and bring services together to provide more joined up care for our users. In addition to the examples above, this year we have:

- Improved our partnership working with maternity services so that parents' antenatal and post natal experience is more coherent and we can target support for our most vulnerable parents

- Moved our young people's drop in health advisory services to the new Oxfordshire County Council Early Intervention Service hubs to improve access for young people
- Increased joint working between our Contraceptive & Sexual Health Service and School Health Nursing Service to enable improved access for vulnerable young people and families
- Further developed our partnership working between Speech and

Language Therapists, Early Years Teachers and Children's Centres to run a range of new provision to support children in developing the language and communication skills they need to be "ready for school". This work is now linked to the work in Health Visiting regarding development of the 2 year old review which will improve children's and families' access to services.

Community Services Division

Hospital at Home (Urgent Care)

Our Urgent Care team has taken on the management of the new Hospital at Home service in the South and West of Oxfordshire. The aim of the service is to minimise and prevent admission to acute care services. We have been working in partnership with local NHS colleagues, particularly in Primary Care, and have seen an increasing number of people able to be cared for closer to home rather than be admitted to hospital.

We are pleased that our Urgent Care team has been instrumental in working with Principal Medical Limited to run a similar service in the North of Oxfordshire.

NHS 111 service

Our Urgent Care team has been at the heart of the ongoing plans to develop the NHS 111 service for Oxfordshire. We have been working in partnership with South Central Ambulance Service NHS FT.

The national 111 number will come into effect by April 2013 and we have been working hard in Oxfordshire to ensure the county is an early adopter. The 111 number will be an easy to use access point

for the public for all their Urgent Care health needs.

Productive Ward Programme

A large number of our Community Hospital wards are now completing the work linked to the Productive Ward series. There have been many successes in the last year with the implementation of Patient Status at a Glance Boards, the Quality Dashboard, protected meal times and standard operating procedures for multidisciplinary team meetings. This has all helped to "release time to care" and support an improved patient experience.

Continuing Care Service

During 2011 our county wide services have seen the successful implementation of Personal Health Budgets. These have been factored into the NHS continuing healthcare processes as part of a national pilot. Every new person entering our continuing care services is now offered a personal budget. We are pleased to have achieved this 12 months ahead of the national deadline.

Care Home Support Service

The Care Home Support service is a two year pilot that has seen the development of a specialist nursing and therapy team. This team supports all the care homes in

Oxfordshire for people aged over 65 years. We are helping reduce inappropriate admissions to hospital, shortening lengths of stay in hospital and supporting the improvement of the quality of care within the care homes.

Long Term Conditions

We are pleased to have secured Department of Health funding for two joint projects with the Improving Access to Psychological Therapies (IAPT) services. The projects will test a new approach to delivering integrated physical and psychological care to patients with long term conditions, many of whom also suffer from depression and anxiety. This supports our aim to deliver integrated care to our patients through taking a holistic approach.

District Nurse Review

A review of District Nursing across the county took place in autumn 2011 and was led by staff within the service. The service undertook peer review as part of the process. The aim of the review was to identify where and how the service needs to modernise, including opportunities for integration, managing greater demand and complexity of care in patients' own homes, as well as improving clinical standards. The outcomes of the review will be implemented across the service over the coming months.

Integration of Community Services

During the last year integration has been a top priority for the Community Services Division with the aim of 'Ensuring that holistic and coordinated care is provided across clear pathways for all of our patients' (The agreed Oxford Health NHS FT Integration Programme Board vision).

The integrated community localities project has been established which has a number of initiatives undertaken or planned by the Community Services Division to provide patients, GPs and local acute services with one quick and simple route to joined up, locality based care that enables patients to stay in their usual place of residence wherever possible, regardless of how many different community based health and social care specialists are involved in providing that patient with care.

To date this programme of work has seen:

- The establishment of the Move on Team, a multi-agency (Oxford Health NHS FT, Oxford University Hospitals NHS Trust, Oxfordshire County Council and Primary Care) clinical decision making group for enabling all discharges from acute care (operational since 12 December 2012)
- The establishment of a Single Point of Access: a patient bureau type service, with the key objective of ensuring the seamless and safe management and referral of patients who would benefit from community service intervention, either to prevent an admission or to support early discharge.

Further integration is planned in the following areas:

- Oxfordshire County Council to join the single point of access in summer 2012
- The Single Point of Access to be extended to integrate with Older peoples' Mental Health services by Winter 2012

Mental Health Services Division

Care Clustering

We are pleased to report that all relevant staff have been trained to undertake the Care Clustering tool and all patients within the Mental Health Division have now been clustered. This will enable us to measure the improvement of individual patients against their jointly agreed care plan. All patients will be given an opportunity to review their care package when they experience either a change in condition, or at any planned review. All patients will still be reviewed on discharge from a service. This allows both the patient and their clinical team to assess progress against their agreed care package and allows for changes to be made as required.

New Mental Health Facility for Buckinghamshire

We are delighted that work has been progressing throughout 2011/12 on the redevelopment of the former Manor House Hospital site. The new mental health facility being built on the site will provide a modern, fit for purpose environment for adults and older adults in Buckinghamshire. Local stakeholders including service users, carers, local residents, staff and partner organisations have been involved throughout the year and the Stakeholder Involvement Group has represented views and influenced decisions relating to the development.

Productive Mental Health Community Programme

We are delighted that the Productive Mental Health Community Programme has been launched over the last year across 20 of our Community Mental Health Teams in Oxfordshire and Buckinghamshire. Patients were asked to share with us what they want from our services and the individual modules were tailored in order to ensure that their needs could be incorporated into the changes, and subsequently

implemented.

The focus of the Productive Mental Health Community Programme is very much around service quality and the benefits of this programme have been significant. The programme has seen benefits such as improvements to waiting areas and interview rooms through to changes to the referral process to improve the patient experience by reducing the amount of clinical time used in administration.

We are also delighted to report that, through this programme, we have been able to facilitate a number of staff to undertake NVQs in Business Improvement, thereby providing them with a unique learning opportunity.

Productive Mental Health Ward Programme

We were keen to ensure that the Productive Mental Health Ward Programme was launched across our adult and older adult acute inpatient wards and over the last year we have implemented this in a phased approach.

As a result of this phasing the wards are all at different stages within the programme, but we were delighted that the Buckinghamshire adult and older adult wards completed their foundation modules in August 2011 and are now all working on their process modules. The adult and older adult wards across Oxfordshire have recently completed their foundation modules which is excellent news for the Division.

We have appointed Productive Leads and Facilitators across every team and, along with our Modern Matrons, they are responsible for driving and leading the programme. This is an exciting project for the Mental Health Division and we are delighted that our staff have committed to it with such enthusiasm.

Activity Workers

We were aware from patient feedback that some patients on our acute wards felt that there was a limited choice of activities on the wards during the evenings and at weekends. We listened to this feedback and we are now pleased to confirm that we now have new Activity Workers employed on all of our adult and older adult wards.

Their role is to ensure a programme of activity meets individual patient needs and includes activities during the evening and at weekends. These activities may take place both on and off the ward and they provide a valuable support to promote patient recovery and social inclusion.

Integration

The Mental Health Division has plans in conjunction with our colleagues from the Community Services Division, to launch a new joint education programme bringing together their Mental Health Nurses and District Nurses to improve services for older people across Oxfordshire.

The programme will focus on sharing knowledge and skills, so our Mental Health Nurses can develop a better understanding of some common but serious physical health conditions such as diabetes, heart failure and respiratory problems and our District Nurses are in a better position to be able to identify mental health problems which need to be referred to the patient's GP or local specialist mental health services.

It is well documented through extensive research that poor physical health, or poorly managed chronic conditions can lead to social isolation, anxiety and depression. It is now hoped that this work will strengthen Mental Health Nurses' and District Nurses' expertise in managing people with both physical and mental health problems. It is an exciting step in

providing integrated services to our patients.

Falls Programme

We are privileged to be working with Brunel University and the University of Hertfordshire to undertake an evaluation of falls for inpatients in our older adult services. This is the first study of its kind that concentrates on falls in a mental health setting and the work has been focused on how falls prevention and management are understood and experienced in our wards.

The interim report for the first year was produced in December 2011 and initial findings indicate that falls happen more often in private areas, where patients cannot be observed so easily, although falls in bathrooms and toilets were lower than expected. This is really vital data for all of our staff working in older adult services, and we will use this to continue to improve the range of tools we use for screening for risk and our subsequent falls prevention plans.

Leading Improvement in Patient Safety (LIPS)

The Mental Health Division has made a commitment to reduce the number of avoidable deaths across its services by 50% by March 2013. It was agreed that this area of work needed to focus on the improvement of risk assessment and risk management within our Crisis Resolution and Home Treatment Teams, and across their interfaces with other services. This work is in its very early stages, but we are committed to ensure that the learning derived from the primary work will be used to improve systems across all of our wider community services.

It is hoped that we will be able to launch a LIPS programme for older adults in late 2012.

Diagnosing Dementia

We are pleased to report that, with the support of Oxfordshire PCT which has funded three posts within our Memory Clinic Service, we have been working to a new model of care that enables our Community Psychiatric Nurses to take a lead in following up with patients after they have been diagnosed with dementia. This has led to our Consultant Psychiatrists having more time to assess and review

Specialised Services Division

Improving the Patient Environment in Forensic Mental Health Services

We are pleased that two additional womens' beds on Kingfisher Ward were completed in 2011/12 and patients will begin to be admitted to these beds from the waiting list in April 2012.

Along with these additional beds, this estates project has delivered improvements to communal and storage facilities on the ward. A new lounge has provided increased therapeutic space for patients, supporting an improved patient environment on the ward and impacting positively on patient experience.

During 2011/12, our low secure unit, Woodlands House, benefitted from anti-ligature work and refurbishment throughout. This included the creation of a designated sitting room for female patients and a refurbished seclusion room with en-suite facilities. This work on Woodlands has improved privacy and dignity.

Marlborough House, our medium secure unit in Milton Keynes, focussed attention on improvements to the patient environment throughout 2011/12. Over the past 12 months we have erected a 5.2 metre perimeter fence around Marlborough House and an integrated airlock system on the unit entrance in line

new patients and has increased our ability to support patients and their families who have been newly diagnosed with dementia, through follow up appointments at their local clinic. The initial feedback we have received from patients and their families has been very positive and we are looking forward to continuing our collaborative work with Oxfordshire PCT on this new project.

with Department of Health Medium Secure Standards. There are plans in place to build a Reception building at the front of Marlborough House which will be more aesthetically pleasing, along with a number of other estates project that form part of a 'total solution' for Marlborough House. This will help us to address feedback from our patients and their carers about the environment. The reception area in particular will support carers who sometimes find the building and environment daunting and unwelcoming.

We have fully refurbished the two seclusion rooms at the Oxford Clinic and Marlborough House ensuring they are fully compliant and robust, supporting improved patient safety.

Productive Ward and Community Programmes

All our Forensic Mental Health wards and community teams have signed up to the Productive Programme and are at various stages of implementation. Teams are already reporting positive results in releasing time to care, reducing waste and inefficiencies and making time and cost savings.

Prison Services

Following the integration of Community Health Oxfordshire in April 2011, there has been an opportunity for the Specialised Services Division to review the health

services provided within HMP Bullingdon and HMP Huntercombe. The review of the services has allowed for a clear clinical leadership approach to be identified and embedded, ensuring equity of healthcare across the population within these prisons.

We are pleased that a detailed plan for improving the quality and efficiency of services within HMP Bullingdon has been developed and agreed. It is now in the process of being delivered.

Equality and Diversity

The Trust aims to deliver equality in our provision of services to our local communities. The Trust challenges discrimination, promotes cohesion and working together and addresses areas of inequality.

The main development this year was the implementation of the Equality Delivery System. This tool has introduced a systematic approach to measuring and achieving equal outcomes for patients, service users, carers and staff. The process has consisted of holding public meetings to ask patients, carers and the public about their thoughts on how we could improve equality, publishing information which demonstrates the Trust's compliance with the Equality Act 2010 and setting goals and actions from the published information to make improvements.

Our main goals for 2012/13 are:

- The Trust will improve information so that more effective comparisons can be made. This will include improving the quality of data for the following strands: religion and belief, sexual orientation and disability.

Dental Services

Our Oxfordshire Oral Health Promotion team, which forms part of the Salaried Dental service, have been shortlisted as a finalist in the Best National Smile Month Event at The Dental Awards 2012. This is as a result of some innovative health promotion in Oxfordshire earlier in the year. We are delighted that the service has got so far and to be a UK finalist is a great achievement for the service

- The Trust will improve information from complaints over the following year including recording how many complaints are received which are directly related to equality issues.
- The Trust will investigate how managers and team leaders support staff to work in culturally competent ways.

The Trust has also developed and implemented a session on Learning Disability Awareness for all staff. This session is delivered at the corporate Trust induction to all new staff and is also available to existing teams. The aim of the session is to raise awareness, help with communication and make reasonable adjustments that people with Learning Disabilities may find helpful when accessing our services. The Trust has also improved the number of staff trained in Equality and Diversity by holding extra sessions, in addition to the ones on induction. Over four hundred extra staff members have been trained this year.

More information on the Equality Delivery System and the Trust's goals for this year can be found on our Trust website:

www.oxfordhealth.nhs.uk

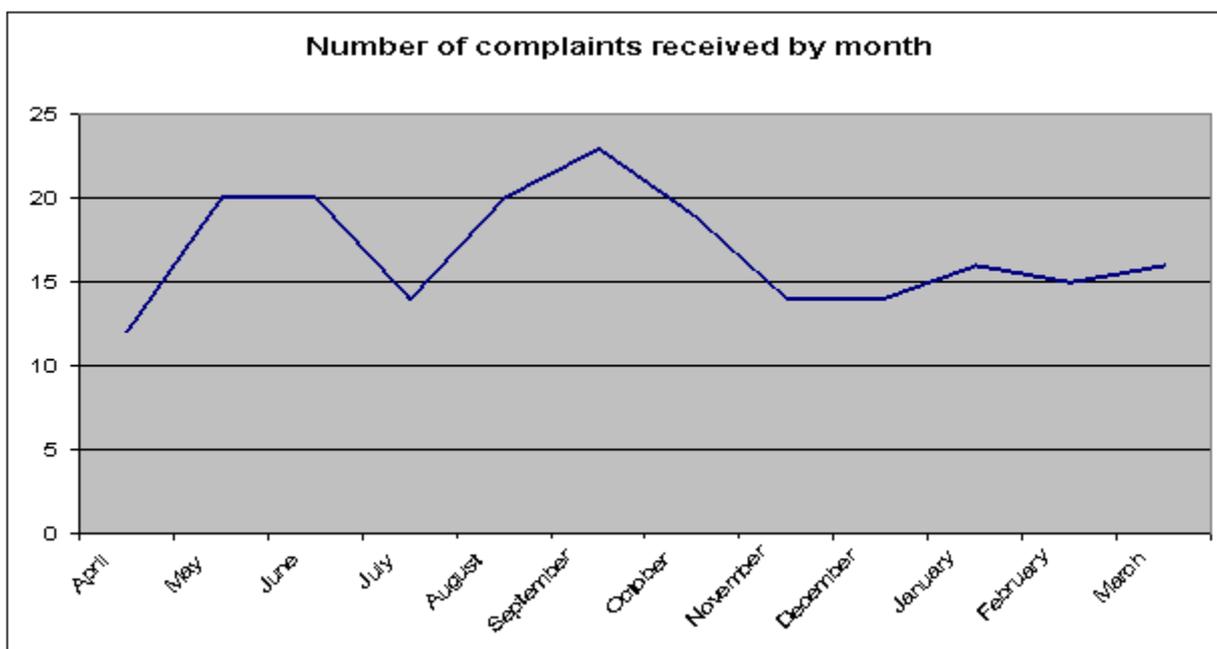
	Staff 2010/11	%	Staff 2011/12	%
Age				
0-18	1	0.03	9	0.15%
19-35	1004	31.77	1678	28.06%
36-64	2106	66.65	4134	69.14%
65 +	49	1.55	158	2.64%
Total	3160		5979	
Ethnicity				
White	2467	78.1	5006	83.73%
Mixed	60	1.9	81	1.35%
Asian or Asian British	153	4.8	255	4.26%
Black or Black British	336	10.6	433	7.24%
Other	56	1.8	93	1.56%
Unknown	88	2.8	111	1.86%
Gender				
Male	829	26.2	1059	17.71%
Female	2331	73.8	4920	82.29%
Disability				
No	1900	60.13	2362	39.50%
Not Declared	26	0.82	19	0.32%
Undefined	1179	37.31	3501	58.55%
Yes	55	1.74	97	1.62%

Complaints

As a Trust, we take complaints very seriously and strive to resolve them as quickly as possible. During 2011/12, we received 203 complaints. This was an increase of 49 (24%) complaints when compared to the previous year 2010/11, which is as a result of the Trust merging with Community Health Oxfordshire. Of these, 203 (100%) complaints were acknowledged within the agreed

timescale, which is an improvement from 2010/11 at 96%. 183 (91%) complaints were responded to within a timescale agreed with the complainant. Three (1%) complaints were out of time and the complainant would not agree to an extension of the timescale. 17 (8%) complaints are still open and within an agreed timescale or extension.

The number of complaints received during 2011/12 can be seen in the graph below.



Examples of actions taken as a result of complaints can be found in the Quality Report.

Quality Report

Statement of Quality from the Chief Executive

On behalf of the Board of Directors and all our staff, I am delighted once again to present our annual Quality Account and Report.

We are required as an NHS foundation trust by Monitor, the Regulator of NHS foundation trusts, to produce and publish our Quality Account. However we value the opportunity to demonstrate to a wider audience our wholehearted commitment to provide real and sustained improvement in the quality of our services.

This report allows us to report on the quality of our services for the year that has just ended, April 2011 to March 2012, and present our proposed quality initiatives for the forthcoming year, following involvement and comment from our stakeholders.

What we do

In 2011, Oxford Health NHS FT, an integrated provider of community based health and social care services for its local population and beyond, expanded its scope.

The Trust's primary population is the residents of Buckinghamshire and Oxfordshire (1.2 million). Our children's services also extend into Wiltshire, Swindon, and Bath and North East Somerset, and we admit young people to our inpatient adolescent units from Gloucestershire, Milton Keynes, Luton and Bedfordshire. Our Forensic Services serve the Thames Valley/South Central area.

General community health services for Oxfordshire were transferred from Oxfordshire Primary Care Trust on 1 April 2011 which expanded the organisation to nearly 6000 staff.

The organisation now operates a wide range of general community health services in Oxfordshire as well as local and specialist mental health and social care services within four divisions including:

- Children and Families services: CAMH services in Buckinghamshire, Oxfordshire, Swindon, Wiltshire and BaNES and children's health services in Oxfordshire, specialist psychological therapies
- Community Health services: adult community health services for the population of Oxfordshire
- Mental health services: for adults and older adults in Buckinghamshire and Oxfordshire
- Specialised services: specialist forensic, specialist addiction services; community dental, prison health and homelessness in Oxfordshire.

The vision for bringing these services together enables us to manage community based health and social care in a single organisation as recommended in the NHS and Social Care Act (March 2012) and the new Mental Health Strategy (DoH February 2011). The integration gives us the opportunity to deliver better care closer to home, acknowledge the interdependence between physical and mental health and wellbeing and provide alternatives to acute hospital admission or shorter stays for many people.

Quality Initiatives 2011/12

Our strategic vision is to deliver outstanding care by outstanding people. In 2011/12 we made a range of improvements to support this vision, in order to drive forward quality improvement and develop more baselines for measuring safety. We expect this to

gather momentum over the next two years.

Outstanding quality means consistently delivering excellent standards of care to patients and service users and carers. This meant for us during the year 2011/12 three key things:

Patient Safety

- Reducing towards zero avoidable suicides

Clinical Effectiveness

- Increasing the routine use of outcome measures

User Experience

- Developing a range of methods to gather and respond to patients, service user and carer experiences of our services.

Our priorities last year also included some general community services priorities which have been refined and given greater profile during 2011/12.

Consultation with stakeholders, including PCT commissioners, patients via LINK, public via Health Overview and Scrutiny Committees (HOSC) and our Governors, has enabled the Board of Directors to develop quality initiatives for which we outlined specific indicators and measures to monitor our progress. These indicators are available through the publication of this Quality Account, in our public Board papers on a quarterly basis throughout the year, through the Members' Council and presentation to Buckinghamshire and Oxfordshire HOSC.

We have continued to use best practice from other industries and healthcare organisations wherever possible and feasible to innovate and increase efficiency. Our team of staff dedicated to improving the systems and processes in the Trust has enabled us to eliminate wasteful activities to ensure our clinical

staff are spending the maximum possible time in direct patient care, and helping us to save money whilst maintaining the number of frontline staff. The team coordinates the Productive Ward and Productive Community programmes and later in this report we give examples of how much staff time has been released from tasks which add little or no value to patient care in order to spend more time with patients.

This team developed a dashboard of safety and quality care measures which won a prestigious South Central Strategic Health Authority (SHA) award for best innovation within the Productive series.

In our first year as a newly expanded organisation it is very good news that there has been a significant improvement in our staff survey run by the Care quality Commission (CQC), with a number of areas showing significant improvement and more areas in the top 20% compared with national benchmarks over the last year.

Quality of services is assessed by the external regulators, Monitor, and the Care Quality Commission. Last year I am pleased to report that we fully met all our Monitor governance and financial targets and participated fully in National Audits. In addition we also were fully compliant with the CQC's Essential Standards of Safety and Quality.

Finally, we were heartened to see that last year we received very positive feedback from our service users and patients in postal surveys across a wide range of community health services.

Quality Initiatives 2012/13

The identified quality priorities for the forthcoming year 2012/13 fall under the same three dimensions as last year are:

Patient Safety

- Preventing people from dying prematurely
- Treating and caring for people in a safe environment and protecting them from avoidable harm

Effectiveness

- Enhancing quality of life for people with long-term conditions
- Helping people to recover from episodes of ill-health or following injury

Patient Experience

- Ensuring people have a positive experience of their care

Specific initiatives to support the key objectives above are:

Community Health Service Improvements

- We are aiming to improve rapid treatment of people suffering cardiovascular events
- We are implementing the Patient Safety Thermometer in community hospitals and nursing, as well as older peoples' mental health services.
- We are improving child health services by redesigning Children's community nursing services and increasing the number of health visitors.

Mental Health Services Improvements

- We are implementing the new specialist harm minimisation services for people who misuse substances.
- We shall be developing care packages using evidence-based interventions; these will link to the care clusters that were determined during 2011/12
- We shall broaden the Leading Improvement in Patient Safety work across all divisions

The NHS, like all public services, has to deliver services using public funding wisely. The coming years will be increasingly challenging to us to work effectively, efficiently and within our resources, so it is vitally important that we develop a culture of continuous improvement.

In collaboration with stakeholders, we have an ambitious plan to drive quality improvement, ensure this is measurable and report in public on the progress we are making. We are confident that this will result in safer and better care for the population we serve.

To the best of my knowledge the information contained in the Quality Account is accurate.



Julie Waldron
Chief Executive
30 May 2012

Looking Forward: Priorities for Improvement 2012/13

We have identified five main priority areas for 2012/13 for the integrated Trust which includes both priorities from community health and mental health services. In selecting these priorities, and what we hope to achieve within them, we have been mindful of both the local and national context, as well as feedback from service users, staff and external bodies such as Monitor, Care Quality Commission, commissioners and LINKs.

The improvements in each area were selected by considering the requirements and recommendations from the following sources. Some examples of each are shown and we have sought to include them within our own priorities in the following pages:

- Department of Health
 - National priorities
- Care Quality Commission (via the Quality Risk Profile) and feedback from visits
 - National patient and staff surveys
- Monitor
 - Reporting requirements, particularly in the Statement of Directors' Responsibilities towards the Quality Report, Quarterly Governance Declarations and Governance Framework.
- NHS Buckinghamshire and Oxfordshire Cluster (main commissioners)
- Oxfordshire Local Involvement Network (LINK)
 - Personalisation of care, care for people with disabilities and localisation of services
- Oxfordshire Health Overview and Scrutiny Committee (HOSC)
 - Service integration, access issues, suicide rates, localisation of services
- Buckinghamshire HOSC and Buckinghamshire LINK
 - Importance of community care support
 - Equability of access to services through GPs
 - South Central Specialised Services commissioners and Swindon, Wiltshire, BaNES and Milton Keynes Commissioners
- Internal assessment of Care Quality Commission (CQC) Outcome compliance
 - Review of Prevention and Management of Violence & Aggression procedures
- Internal audits
 - Improvements in monitoring specific aspects of care
 - Enhancements in training in particular areas
 - Modifications to certain methods of working

This year we have continued the practice adopted last year within the Quality Account of using the national outcomes framework for our priority areas. This sets out our Quality Account priorities within the three broad dimensions for Quality, whilst also taking account of the White Paper emphasising the importance of focusing quality initiatives on outcomes rather than systems and processes. This publication, The NHS Outcomes Framework 2012/13 (Dec 2011)¹, has led us to develop sub categories for the three quality dimensions.

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http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131700

The identified priorities fall under the following three dimensions of:

Patient Safety

- Preventing people from dying prematurely
- Treating and caring for people in a safe environment and protecting them from avoidable harm

Effectiveness

- Enhancing quality of life for people with long-term conditions

- Helping people to recover from episodes of ill-health or following injury

Patient Experience

- Ensuring people have a positive experience of care

The priorities identified for this year are shown below. Under each aim, any actions to be undertaken are shown, whilst specific targets are displayed in italics. Progress against the priorities will be monitored and reported to the Board of Directors quarterly.

Patient Safety

Domain 1: Preventing people from dying prematurely

Current Position

Last year we continued our long term commitment to participate in the Leading Improvements in Patient Safety (LIPS) programme and a continued focus on reducing avoidable suicides whilst increasing low or minimum harm incident reporting,

setting our targets and actions in line with these objectives. We made good progress in achieving our targets; taking the identified initiatives of the LIPS programme, we see this continuing as the cornerstone in our improving patient/ service user safety in this year too. Preventing premature death is just as important in Community Health Services and our priorities are set out below, including addressing the treatment for people suffering cardio-vascular disease.

Aims

People will not die prematurely
<p>Measures:</p> <ul style="list-style-type: none"> • PYLL (Potential years of life lost) from causes considered amenable to healthcare²
<p>Targets:</p> <ul style="list-style-type: none"> • To reduce towards zero the number of community suicides by 2014 (8 known suicides in 2011/12, with a further 16 deaths where the Coroner’s verdict is pending) • To maintain at zero the number of inpatient deaths from suicide • To be fully compliant with Access to Healthcare for people with Learning Disabilities
<p>Initiatives:</p> <ul style="list-style-type: none"> • Roll out the LIPS programme across the Mental Health services to increase safety and reduce avoidable harm from health and social care interventions • Deliver Deliberate Self Harm (DSH) training for partner agencies, establishing a multiagency group to facilitate and update workshops in each of the target counties • Undertake ward refurbishment programmes as part of our annual Capital Programme • Enhance rapid access to treatment for cardio-vascular events by monitoring patient

² This is a Department of Health measure and at the time of writing had not been fully developed

contacts using the new Single Point of Contact service

- Investigate potential to improve access to services for people with a learning disability to support addressing nationally identified excess mortality for this patient group

Domain 2: Treating and caring for people in a safe environment and protecting them from avoidable harm

Current position

This priority is closely linked to the one above, where the emphasis on a learning culture should lead to a rise in the number of

low harm incidents reported but the number of incidents causing higher severity of harm should drop. The key to this is sound risk assessment, subsequently reducing any risks identified. Identification and avoidance of harm are therefore the continuing focus for our efforts next year, specifically in the areas of drug errors, falls, pressure ulcers, thrombosis and prevention and management of violence.

Aims

Patients will be protected from harm

Measures:

- Number of patient incidents involving severe harm or death
- Levels of training in Prevention and Management of Violence and Aggression (PMVA) to reach 85% in Mental Health Divisions (currently 82%)

Targets:

- Increase the number of staff who have completed the Trust's clinical safe and supportive observations competency training from 65% to at least 85% of existing mental health staff and 100% of new starters on mental health wards
- Improve the level of PMVA training to beyond 85% of target group
- Reduce avoidable serious drug errors in the Community Hospitals to fewer than 11 (2011/12 experience)
- Reduce the overall number of falls by patients/service users in the Trust to below 1,396 (5%) in 2012/13 from approximately 1,470 in 2011/12 (precise measurement was difficult due to different systems being used for the first 6 months of 2011/12)
- Achieve less than 8.6 falls per 1000 occupied bed days by 2014 (current position is 10.1). Target for 2012/13 is 9.4 per 1000 bed days.
- Increase the percentage of service users admitted to psychiatric wards who have a physical health examination including for venous thromboembolism (VTE) within 24 hours of admission from 93% to at least 98%, including those who refuse an examination.
- Increase the percentage of community health patients who are physically assessed for dementia and VTE within 48 hours of admission or referral, to Community Hospitals to at least 85%
- At least 85% of patients will be assessed for pressure ulcer risk on their first visit or within 6 hours of admission, and will have actions identified on the key risk factors and any preventative measures implemented within 2 days, for Community Hospitals and Older Adult Mental Health wards
- At least 85% of community hospital patients and Older Adult Mental Health service users will have a Malnutrition Universal Screening Tool (MUST) nutrition assessment within 3 days of admission
- Reduce the number of mental health patients who go Absent Without Leave from 237 to fewer than 213 (10% reduction)

- Implement the Safety Thermometer according to the nationally-defined Commissioning for Quality and Innovation standard (CQUIN) in Community Hospitals, District Nursing and Older Adult Mental Health teams

Initiatives:

- Implement the new Child Protection Service Model
- Implement the revised Buckinghamshire CAMHS model, to be fully operational by the end of the year
- Remodel Crisis Resolution and Home Treatment Services in Oxfordshire
- Implement care clusters. This is a system of classifying mental health service users by their condition in order to provide appropriate care packages
- Implement new management of medicines procedures in prison environments
- Implement new Addictions Harm Minimisation service in conjunction with partners to provide a recovery led service
- Implement the action plans to reduce the number of serious drug errors in Community Health Services and roll out staff competency framework on prescribing and/or administering medicines
- Enhance ward-based falls reduction programmes
- Monitor and analyse acquired infections in more detail, by location and service, implementing any preventative actions that may be identified as a consequence
- Introduce the Mortality Global Trigger Tool in Community Hospitals
- Investigate the number and nature of physical restraints and use of seclusion within the Mental Health wards with a view to analysing such incidents to ensure compliance with best practice and guidance and review current policy and practice
- Deliver the Health Visiting Call to Action using locally developed non-QIPP (Quality, Innovation, Productivity and Prevention) CQUIN
- Implement a programme of quality and safety walkabouts in Community Services
- Implement the NHS Safety Thermometer to assess risk of harm in key areas of care.
- Improve the level of safeguarding referrals by developing thresholds for safeguarding jointly with the relevant local authorities and commissioners.
- Improve Child Health and early detection and intervention to improve health of young children through increasing the number of Health Visitors in Oxfordshire

Patients will be treated and cared for in safe environments

Measures:

- Number of healthcare associated infections
- Number of incidents reported and proportion of non-severe incidents

Targets:

- Increase the overall number of non-severe incidents reported from 6,686 in 2011/12 to 8,500 (27%) in 2012/13
- Reduce the incidence of avoidable infections of C. diff (clostridium difficile) from 15 in 2011/12 to 10 or fewer in 2012/13
- Maintain a zero incidence of bacteraemia (MRSA and MSSA)
- Achieve the Quality in Dental Services Award in 2012/13

Initiatives:

- Actively promote reflective review of safety incidents, including the establishment of patient safety workshops in order to promote an open culture of reporting safety incidents
- Assess the impact of changing the testing for C. diff

- Continue implementing the current programme for acquired infections within community hospitals
- Work towards achieving the Quality in Dental Services Award in 2012/13

Effectiveness

Domain 3: Enhancing quality of life for people with Long-term Conditions (LTC)

Current position

There are two strands to our strategy for helping people to manage and live with long

term conditions. The first is aimed at improving their quality of life with a range of initiatives, measured by what patients report using tools such as the "Patient Reported Outcome Measures" or PROMs. The second is through a series of actions intended to reduce the amount of time people with long-term conditions spend in hospital.

Aims

The quality of life for people with Long-Term Conditions will improve
<p>Measures:</p> <ul style="list-style-type: none"> • % of service users engaged in meaningful activity • % of service users in settled accommodation • % of service users in employment • Number of people with long-term conditions receiving IAPT
<p>Targets:</p> <ul style="list-style-type: none"> • 100% of mental health patients on the Care Programme Approach (CPA) should have a current care plan, had their care reviewed in the last 6 months, a care coordinator and a risk assessment which has been reviewed in the last 12 months • 100% of mental health patients have a copy of their care plan and were offered an opportunity to be engaged in its development • At least 85% of general rehabilitation patients admitted to Community Hospitals have been screened for dementia and depression based on the screening and assessment protocol. • Patients with long term conditions will have a named professional coordinating their care • Redesign of Community Children's Nursing Services to reduce unplanned admissions and support early discharges • Patient Survey results show an improvement in involvement in care planning compared to 2011/12 as a result of the "East Kent" rehabilitation assessment and outcome setting tool for rehabilitation and stroke patients in OCS in-patients and community
<p>Initiatives:</p> <ul style="list-style-type: none"> • Improve access to IAPT • Ensure the integration and cross-working of physical and mental health skills to support people with Long Term Conditions (LTC). This will lead to improved access to IAPT for those with a LTC • Implement Patient Reported Outcome Measures (PROMs) in specific areas • Implement a self-monitoring system (Oxtext 7) that allows patients with a variety of conditions to take more control over their illness and also allows their care interventions to be tailored to the individual. • As part of PROMs, launch Outcomes Project within Forensics service in 2012 • Improving rehabilitation care for patients with dementia in OCS

- Improve use of the “Liverpool care pathway” for people supported in dying at home
- Consistent implementation of primary nursing across District Nursing
- Roll out of “East Kent Outcomes tool” to help assess rehabilitation for stroke patients
- Implement the 4 key principles for the development of services that support the management of patients with LTCs and frail elderly patients in OCS
- Develop our services to support care closer to home through acute hospital avoidance for OCS patients
- For service users with non-psychotic and psychotic high need, define clear and comprehensive early intervention packages of care
- Promote the wellbeing of people with mental health conditions through initiatives such as smoking cessation

People with Long-Term Conditions will spend less time in hospital

Measures:

- Number of unplanned hospital admissions for long-term conditions

Targets:

- At least 85% of general rehabilitation patients admitted to Community Hospitals have been screened for dementia and depression based on the screening and assessment protocol
- 100% of mental health patients on CPA:
 - have a current care plan
 - had care reviewed in the last 6 months
 - have a care coordinator
 - have a risk assessment which has been reviewed in the last 12 months
- Reduce the incidence of emergency readmission in mental health services within 28 days of discharge by careful discharge planning and assertive follow up
 - Under 9.3% of 28 day readmissions for adults (10.2% in 2011/12)
 - Under 4.3% of 28 day readmissions for older adults (1.4% in 2011/12)
- CQUIN Delayed Transfer of Care (DTC) (target presently being finalised)

Initiatives:

- Set up Single Point of Access action plan to support long term care and support in the community to avoid unnecessary admissions
- Support diabetic patients to feel confident in managing their condition
- Redesign of Children’s Community Nursing Service in line with specification and project plan to reduce admissions to children’s acute hospital care
- Develop pathways of care to integrate physical and mental health care for older people
- Review the provision of care for people with complex, enduring mental illness to provide a planned pathway of care for those patients who need different provision from that currently available in acute and forensic low secure accommodation.
- Reduce delayed transfers of care in Oxford Health NHS FT services and work in partnership to improve pathways and minimise delays across health and social care

Domain 4: Helping people to recover from episodes of ill-health or following injury

Current position

Last year, the emphasis in adult mental health services was on devising and developing care clusters and associated care packages under the Payment by Results work. This is

substantial piece of work and one which is continuing in 2012/13. Consequently, the actions this year will focus on developing and agreeing care packages with commissioners

and assigning service users to cluster groups to begin to deliver evidence based interventions by year end.

Aims

Patients will be supported to manage their own condition
Measures: <ul style="list-style-type: none"> • Proportion of people report feeling supported to manage their condition • Number of people with a personal physical health budget
Targets: <ul style="list-style-type: none"> • Increase by 20% the number of mental health patients who have Advance Statements in place
Initiatives: <ul style="list-style-type: none"> • Roll out and take up of personal health budgets within OCS • Review in Oxfordshire of self care of OCS patients with long-term conditions • Develop and roll out use of alternative user satisfaction measure as a part of Health Visiting Call for Action • Launch Outcomes Project within Forensics service in 2012 • Deliver Hospital at Home services for the population of Oxfordshire • Increase patient choice • Provide alternative services to support patients to prevent their attendance at acute A&E service using the new 111 service • Implement clinical recommendations from the OCS District Nursing review • Extend provision on the Trust website of medication details and information on specific conditions to include community health services • Reablement Service and Hospital at Home service reducing length of stay and avoiding admission

User Experience

Domain 5: Ensuring people have a positive experience of care

Current Position

Patient experience is an important indicator of the quality of services and can often pick up issues that would not be picked up by

audit, national or local targets or general monitoring of services. Gathering patient experiences picks up some of the interpersonal and personal aspects of care. The Department of Health's initiative of providing a Single Point of Contact, fronted by the new helpline number 111 will be an important area of development for us in 2012/13 in improving the level of care that our patients/service users experience.

Aims

Patients' experiences of Inpatient/Outpatient services will improve
Measures: <ul style="list-style-type: none"> • Admitted and non-admitted Referral to Treatment time (e.g. 18 weeks) • Position in the annual patients' survey relative to other Trusts • Productive Dashboard

- Results from local surveys

Targets:

- Improve the % of mental health patients who respond positively in the monthly service users' survey
- Improvement in local survey results
- Community Services aim to improve the percentage of patients who rate their care good, very good or excellent. on the monthly patient users' survey
- Within two years achieve a "good" or "excellent" score in the annual patients' survey to the question "Overall how do you rate the care you are receiving from Mental Health Services?" and within five years to be in the top 20% of integrated health trusts.
- Year on year improvement of measures on the Productive Dashboard
- Achieve at least 90% uptake of "Ages and Stages" checks for 2-2.5 year olds
- Achieve at least 90% in measuring height and weight of children in reception year and year 6

Initiatives:

- Implementation of Patient Experience Clinical Guidelines as produced by the National Institute for Health and Clinical Excellence (NICE) Clinical Guideline 138 "Patient Experience in Adult NHS Services" (Feb 2012)
- Complete the refurbishment of the Highfield inpatient ward for young people
- Progress the new mental health services unit in Buckinghamshire on the former Manor House site
- Uniforms to be piloted in CAMHS mental health inpatient services in Swindon
- Improve waiting times for prison health services
- Improve waiting times for access to physiotherapy services
- Develop and roll out use of alternative user satisfaction measure as part of Health Visiting Call for Action programme delivery
- Implement Productive Programme "releasing time to care" to all teams, increasing the number of teams which have successfully implemented Productive Teams
- Roll out and implement "Ages and Stages" quality initiative

Responsiveness to patient/service user's needs will improve

Measures:

- Patients/service users and carers report a positive experience in patient surveys

Targets:

- Improve patient satisfaction scores in mental health services by 10%
- Improve patient satisfaction scores in community health services according to the individual targets set
- Children's Therapies to achieve "You're Welcome" accreditation
- Increase the number of people supported to die at home according to the CQUIN requirements

Initiatives:

- Enhance the support for people wanting to die at home
- Continue roll out of patient wellbeing checks with patients in community hospitals
- Action plan implemented in Children's Therapies to achieve "You're Welcome" accreditation
- Actions to reduce the number of complaints within the Prison Service
- Carry out bespoke patient experience survey in the Addictions Harm Minimisation Service
- Implement session by session outcome measures for children and young people in CAMHS IAPT services

Patient's access to community-based services will improve

Measures:

- Number of patients assessed and treated in community settings
- National CQC Community Mental Health Service User Survey results

Targets:

- The Trust aims to score better than the average of other organisations in the National Survey (Community) in the following areas:
 - Service users knowing who their care coordinator is
 - Service users being offered a copy of their care plan
 - Service users have had a care plan review meeting in the past 12 months
 - Having a contact number out of hours
- Reduce the number of incidences of Delayed Transfer of Care in the Trust

Initiatives:

- Develop skills in community nursing to extend scope and volume of sub-acute nursing care (Hospital at Home)
- Introduce recommendations of the Delayed Transfer of Care (DTC) action plan
- Introduce Single Point of Contact (SPOC) and 111 service to improve access to community based services for referrers
- Pilot Routine Outcome Measures (ROM) and Self Referral within CAMHS as part of the Young People IAPT project
- Increase number of home-based community treatments in line with the care clustering packages

Statements of Assurance from the Board of Directors

Review of Services

During 2011/12 Oxford Health NHS FT provided and/or sub-contracted 29 NHS services. Oxford Health NHS FT has reviewed all the data available to them on the quality of care in all of these NHS services. These services are based in the Divisions within the Trust during 2011/12 as:

- Children and Families Services Division
 - Child and Adolescent Mental Health and Specialist services
 - Eating disorders
 - Psychological therapies
 - Children's Universal services e.g. Health Visiting, School Nursing and Children's Therapies
 - Public Health services
 - Children's Nursing services
 - Contraception and Sexual Health services
- Community Services Division
 - 8 Community hospitals
 - District Nursing and Specialist Nursing Therapies
 - Urgent Care Services
 - Dietetics
 - Speech and Language Therapy
 - Podiatry
 - Musculoskeletal Physiotherapy
 - Rehabilitation Service
 - Reablement Service
 - Care Home Support Service
 - Case Management
- Mental Health Division
 - Adult and older adult inpatient services
 - Adult and older adult community services
 - Crisis response
 - Early intervention in psychosis
 - Psychiatric intensive care
 - Assertive outreach community service

- Specialised Services Division
 - Forensic mental health services
 - Drug and Alcohol services
 - Prison Health
 - Community Dental services
 - Services for homeless people

Each of these divisions reviews service provision through quarterly performance meetings, monthly clinical governance meetings, quarterly performance and quality reports and patient feedback. The data reviewed covers the three dimensions of quality – patient safety, clinical effectiveness and patient experience. The amount of data available for review has not impeded this objective to effectively review the quality of performance.

The income generated by the NHS services reviewed in 2011/12 represents 85% per cent of the total income generated from the provision of NHS services by the Oxford Health NHS FT (subject to confirmation by audit).

Participation in Clinical Audits and National Confidential Enquiries

During 2011/12, seven national clinical audits and one national confidential inquiry covered NHS services that Oxford Health NHS FT provides.

During that period Oxford Health NHS FT participated in 100% of the national clinical audits and 100% of the national confidential inquiries, in which it was eligible to participate.

The national clinical audits and national confidential inquiries that Oxford Health NHS FT participated in and for which data collection was completed during 2011/12, are listed below in Table 1 alongside the number of cases submitted to each audit or inquiry as a percent of the number of registered cases required by the terms of that audit or inquiry.

Table 1

Audit or Inquiry	Participation (Yes or No)	Number of Cases Required by Terms	Number of Cases Submitted
Eliminating Mixed Sex Accommodation – audit data quality – completed, awaiting review	YES	N/A	N/A
Back pain management by NHS Occupational Health Services in England- completed, awaiting national report	YES	N/A	67
POMH-UK Topic 1 Prescribing high dose and combined antipsychotics on Adult & PICU wards – completed, awaiting national report	YES	N/A	296
POMH-UK Topic 6 Assessment of side effects of depot antipsychotic medication- completed and reviewed	YES	N/A	232
POMH-UK Topic 7 Monitoring of patients prescribed lithium- completed, awaiting review	YES	N/A	118
POMH-UK Topic 10 Use of antipsychotic medicine in CAMHS- completed, awaiting national report	YES	N/A	54
POMH-UK Topic 11 Dementia- completed and reviewed	YES	N/A	196
POMH-UK Topic 12 Prescribing for People with a Personality Disorder – April 2012 start		N/A	-
National Audit of Schizophrenia (NAS) – completed, awaiting national report	YES	80	86
Infection Control Programme: 1) Hand hygiene audit 2) Survey of staff knowledge and training needs on infection	YES	N/A	N/A

Audit or Inquiry	Participation (Yes or No)	Number of Cases Required by Terms	Number of Cases Submitted
prevention and control 3) Environmental audit - completed and reviewed			
Audit tool for National Falls Audit – participating at 2 sites in pilot programme	YES	N/A	N/A

The reports of three national clinical audits were reviewed by the Trust in 2011/12 and Oxford Health NHS FT intends to take the following actions to improve the quality of

healthcare provided (table 2). Other reports have been received and are due to be reviewed.

Table 2

Title of National Audit	Agreed actions to improve the quality of healthcare
POMH-UK Topic 6 Assessment of side effects of depot antipsychotic medication	<ul style="list-style-type: none"> • Improve ability to evidence regular (6 monthly/ annually) medical reviews for community patients which document monitoring side effects for patients. The Trust’s Drug and Therapeutic Committee has identified this as an area for work, with initial actions to pilot the use of e-prescribing module on RiO and write Trust guidance on where and how to label information entered on RiO about medical reviews/ side effect monitoring. • Suitable rating scales for monitoring side effects of antipsychotics to be used more regularly at team level as patients are more likely to have side effects addressed if some form of systematic review is used at least yearly. • Regular physical health monitoring continues to be a focus for all wards and teams. Community Teams to continue to follow up/ check GP blood monitoring results. Consultants to ensure that as part of local induction all junior doctors know how to access system GP blood test results.
POMH-UK Topic 11 Dementia	<ul style="list-style-type: none"> • Guidelines for managing BPSD to be drawn up • Better liaison between GP and secondary

Title of National Audit	Agreed actions to improve the quality of healthcare
	care <ul style="list-style-type: none"> • Develop forms to be used before prescribing antipsychotics
Infection Control Programme	<ul style="list-style-type: none"> • Working with the estates and facility team to standardise the type/ model of washing machines used within the Trust • Review infection prevention and control training content to ensure common points identified in audits are captured in mandatory training i.e. single use items • Standards for cleaning materials and wipes have been set this year, alongside a new Trust cleaning manual. • Standards for core decontamination cleaning records have been set this year.
National Audit of Psychotherapies	<ul style="list-style-type: none"> • IAPT and Psychology Services: to continue to monitor waiting lists within teams (both 13 weeks referral to assessment and 18 weeks referral to treatment) • Oxfordshire IAPT: increase evening clinics and increase group session sizes for Step 2 to improve referral to treatment times • Psychology Services: implement information groups for patients to enhance treatment engagement • IAPT and Psychology Services: to hold a training event for staff on the benefits of and how to develop a therapeutic alliance • Psychology Services: increase CORE-OM return rates by piloting extension of last therapy session by 15 minutes to complete forms

The reports of 21 local clinical audits were reviewed by the Trust in 2011/12 and Oxford Health NHS FT intends to take actions to improve the quality of healthcare provided as

identified in Table 7. Another 14 local clinical audits were undertaken and will be reported in the first quarter of 2012/13

Participation in Clinical Research

The number of patients receiving NHS services provided or sub-contracted by Oxford Health NHS FT who were recruited during that period (2011/12) to participate in research approved by a research ethics

committee was 2,316. This is a provisional figure and is likely to increase by around 120 once the final figures are received. This puts the Trust as second highest active research Trust in the mental health sector.

Use of the CQUIN Payment Framework

A proportion of Oxford Health NHS FT's income in 2011/12 was conditional on achieving quality improvement and innovation goals (CQUIN) agreed between Oxford Health NHS FT 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. Further details of the agreed goals for 2011/12 and for the following 12 month period are available online at:

www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugin/ktbrowser/openTKFile.php?id=3275

There were six separate CQUIN schemes agreed with our commissioners for 2011/12:

- Oxfordshire and Buckinghamshire Adult and Older Adult Mental Health Services
- Forensic Mental Health (Specialist Commissioning Group)
- Wiltshire and BaNES CAMHS
- Swindon CAMHS
- East of England
- Oxfordshire Community Services

Details of these CQUIN goals together with our attainment levels are shown in Annex 4:

Further details of the agreed goals for 2011-2012 and for the following 12 month period are available electronically on the Trust's website at;

www.oxfordhealth.nhs.uk

Updates on progress against each goal are reported in the Quality Report presented to the Board of Directors quarterly and available on the Trust Website.

Table 3 - Income from CQUINs 2011-2012

Commissioner	Mental Health Amount £	% of Contract Value £	Community Services CQUIN Amount £	% of Contract Value
NHS Oxfordshire	669,862	1.4%	1,228,074 ³	1.5%
NHS Buckinghamshire	466,833	1.4%	2,009	1.5%
Wiltshire & BaNES PCT	97,875	1.5%	-	-
Northants	-	-	6,346	1.5%
Swindon PCT	37,079	1.4%	2,872	1.5%
East of England PCT	6,348	1.4%	-	-
Warwickshire PCT	-	-	1,015	1.5%

³ Subject to agreement with the Commissioner

Statements from the Care Quality Commission

Oxford Health NHS FT is required to register with the Care Quality Commission (CQC) and its current registration status is registered without conditions.

The CQC has not taken enforcement action against Oxford Health NHS FT during 2011/12.

Oxford Health NHS FT has not participated in special reviews or investigations by the Care Quality Commission during 2011/12.

The CQC undertook inspections of inpatient mental health facilities to inspect the welfare of patients detained under the Mental Health Act (1983). The CQC Mental Health Act Annual Statement for the year 2011/12 is expected shortly. The 2010/11 report was presented by the CQC inspector to the Integrated Governance Committee; recommendations included ensuring patients understand their rights to access and egress in the wards. Improvements to standards in Care Planning and environmental improvements have also been made.

Quality of Data

Oxford Health NHS FT submitted records during 2011/12 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 valid NHS Number was 98.7% for admitted

patients (Mental Health); 99.9% for admitted patients (Community Health) and 99.2% for outpatients. We do not submit data for accident and emergency care;

- which included the patient's valid General Practitioner Registration Code was: 81.6% for admitted patients (mental health); 77.6% for admitted patients (Community Health) and 81% for outpatients. We do not submit data for accident and emergency care.

Oxford Health NHS FT's Information Governance Assessment Report overall score for 2011/12 was 80% and was graded green (satisfactory).

Oxford Health NHS FT will be taking the following actions to improve data quality:

- We are ensuring the governance committee structure receives sufficient data quality assurance
- The Completeness and Validity report is now generated quarterly
- Improving the clinical coding by ensuring staff undertake the National Clinical Coding Qualification

Payment by Results Clinical Coding Audit

Oxford Health NHS FT was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

Looking Back – Priorities for Improvement 2011/12

Introduction

Last year 2011/12 our Quality Account for Oxford Health NHS FT set out ambitious targets in the areas of safety, patient experience and outcomes, some of which were to be achieved over the following two to four years. We linked the quality measures into five broad areas which matched the NHS' own key quality initiatives and defined them so that they would accurately cover the important and immediate areas of quality improvement. Details of these priorities and the progress we have made within the first year are outlined below.

Patient Safety

Domain 1: Preventing People from Dying Prematurely

Last year, as this year, we based our key patient/service user priorities principally upon our ongoing Leading Improvements in Patient Safety (LIPS) programme, following a long term commitment to participate in the LIPS programme and a continued focus on reducing avoidable suicide whilst increasing low or minimum harm incident reporting. Although we shall not know how many suicides there were last year until all the inquests have been heard by the Coroner, it appears that we were able to achieve our targets and complete, or make good progress on, achieving the initiatives we set ourselves.

During 2011/12 Oxford Health NHS FT received one Rule 43 (see glossary) from the Buckinghamshire Coroner relating to resuscitation practice in an inpatient ward. All recommended actions have been implemented.

Identified Initiatives

The following is a summary of progress on our actions last year:

- 91 SIRIs were reported in 2011/12, leading to 58 Root Cause Analysis investigations and 20 record reviews. Themes from investigations are analysed annually and inform an overarching action plan that is updated quarterly. The Oxfordshire PCT, who oversees our SIRI investigation process, has asked us to mentor and advise other Trusts in the effective management of SIRIs.
- Senior Managers and clinicians have received in-depth and bespoke training in the LIPS programme with a view to helping deliver and implement the programmes in the specific clinical areas
- We had planned to increase the number of staff who had completed the Trust's clinical risk assessment training from 79% to a minimum of 85% by August 2011. Despite a setback in the second quarter when we redefined how the attendance was being measured which had a significant adverse effect on the figures. By the end of the year, the figure stood at 82%.
- We have made good progress in introducing the SBARD tool (Situation, Background, Assessment, Recommendation and Decision) in clinical teams. Training has taken place and we have now implemented it in Oxfordshire older adult mental health teams. Other teams are to follow in the nine month programme.
- New Absent without Leave guidelines have been drawn up along with environmental improvements to gardens and are being implemented to prevent absconding from inpatient mental health wards. The pilot ward, Marlborough House Swindon, has demonstrated significant improvements reducing AWOL to zero.
- Community Mental Health Teams have identified their specific initiatives

to prevent suicide, with the Buckinghamshire teams focusing their attention collectively, and have undertaken advanced assessment skills training.

- Audits were carried out last year in both Oxfordshire and Buckinghamshire against NICE guidelines on the care of patients who present to A&E after self harming. Action plans were produced as a result, which are being implemented
- An examination into integrating the LIPS programme with other areas such as care clusters and Productive Wards was carried out last year to identify

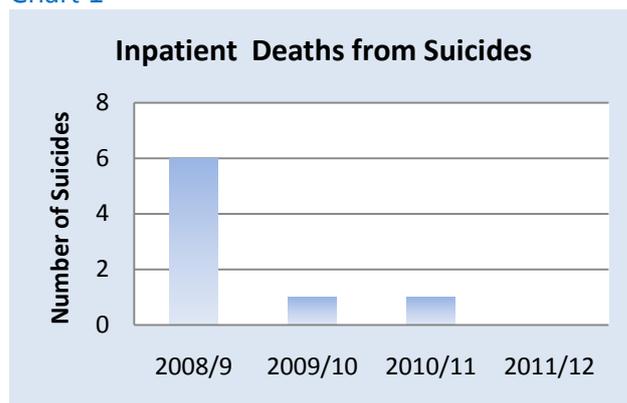
areas of overlap and co-ordinate activities better

- Executives began a programme of Safety Walkabouts so that they can see patient care in action from a different perspective. Each executive has a schedule of sites to visit and feedback from these meetings is fed back to the Executive Board meetings
- Following the Carer Survey the previous year, the resultant action plan to improve carer engagement was implemented last year and a 6-monthly report is now prepared for the Board of Directors and Members' Council.

Aims

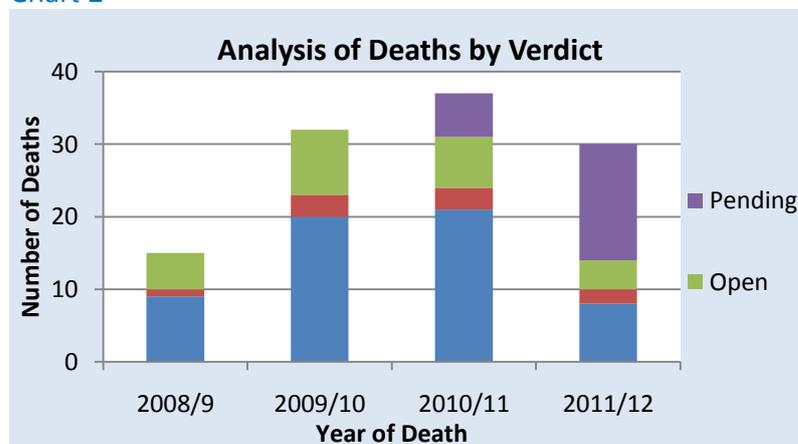
To reduce towards zero the number of inpatient deaths from suicide by 2012

Chart 1



To reduce towards zero preventable community suicides by 2014

Chart 2

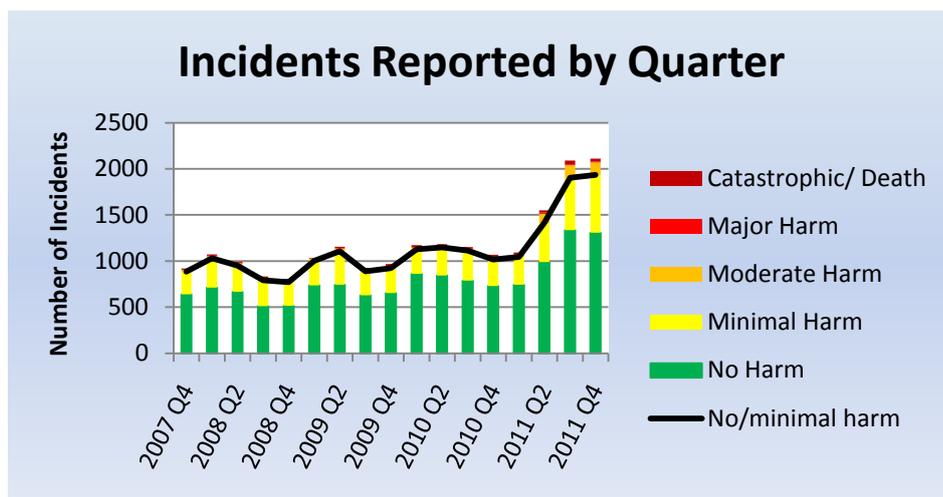


There is always an unfortunate and unavoidable delay between a fatality and the Coroner's verdict, sometimes many years, hence the high number of "pending" verdicts. This means that sometimes we have a long

before the outcome becomes clear. However, as it is highly unlikely that all the pending fatalities will be open, narrative or judged as a suicide, the overall trend is positive and there are grounds for qualified optimism.

Increase reporting of no or minimal harm incidents by 50% by March 2012

Chart 3



Frequently it takes some time for an initiative to have an effect and the particular aim of increasing the number of incidents reported is a good example of this. There was an overall increase of 43% in the number of less serious incidents reported, but in each of the

latter quarters there was a marked increase so that by the last quarter of the year, 1,935 were reported compared with 968 for quarter 4 of the previous year, an increase of over 90%.

Domain 2: Treating and caring for people in a safe environment and protecting them from avoidable harm

Linked to the above criterion, last year we saw a sharp rise in incidents reported but a proportionate decrease in the number of serious incidents due in part to the measures we took to produce a safer environment for our patients and service users. These aims are in line with the NHS Outcomes Framework 2011-2012 (DoH, Dec 2010).

Identified Initiatives

- We said that we would introduce ward based falls training programmes. This was delivered to all our five mental health wards during the last quarter of the year, having collated data from each site to assess their particular needs
- Prevention of falls by patients was a priority last year in the Community Hospitals. Monitoring showed that 95% of patients had a Falls Risk Assessment Tool in their records, a slight improvement on the previous year and one which is demanding further attention. However there has been a considerable

increase in the number of falls communications sheets sent to the Falls Prevention Service, which is encouraging.

- This was assisted by the introduction of an early warning observation tool (“track and trigger”) the previous year to ensure effective monitoring of physical health in all inpatient areas. Monthly audits show that compliance is 93%
- The use of the MUST tool, which assesses nutrition requirement, and the Falls assessments are now being audited every six months and the Productive programme actively manages any identified shortfalls
- It is our aim to ensure that each mental health ward has a minimum of two nurses trained in the detection and management

of common physical health problems. This programme of training continues to be rolled out

- Similarly, training is continuing to ensure there is at least one nurse per ward in each of the eight community hospitals is trained in the detection of dementia and depression, with some wards additionally employing dual trained nurses
- Staff competency assessments have been developed and are now being introduced for nursing staff in Community Division in prescribing and/or administering medicines.
- All learning from investigation of identified grade 3 and 4 pressure sores is being regularly reviewed and the pressure ulcer action plan updated as necessary

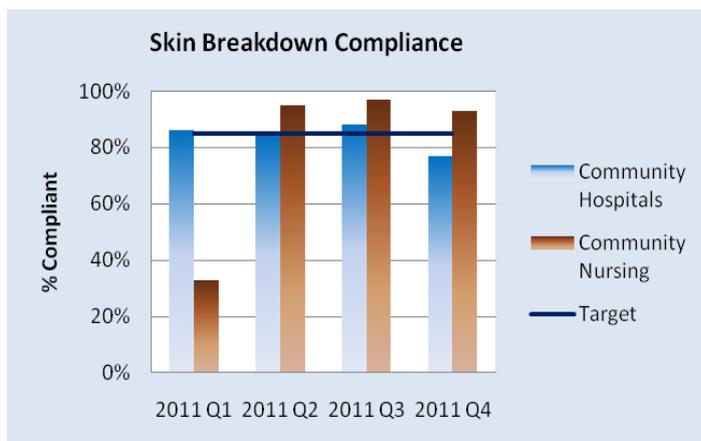
Aims

At least 85% of patients will be assessed for pressure ulcer risk on their first visit or within 6 hours of admission for Community Hospitals and 24 hours for Older Adult Mental Health wards, and will have actions identified on the key risk factors and any preventative measures implemented within 2 days

Preventing avoidable skin breakdown which can lead to pressure ulcers is an important aspect of patient/service user care. It is important therefore that we correctly assess patients/service users for pressure ulcers in

line with our standards. For 2011/12 we set ourselves the target of 85%, which we achieved for Community Nursing but showed inconsistency for Community Hospitals.

Chart 4

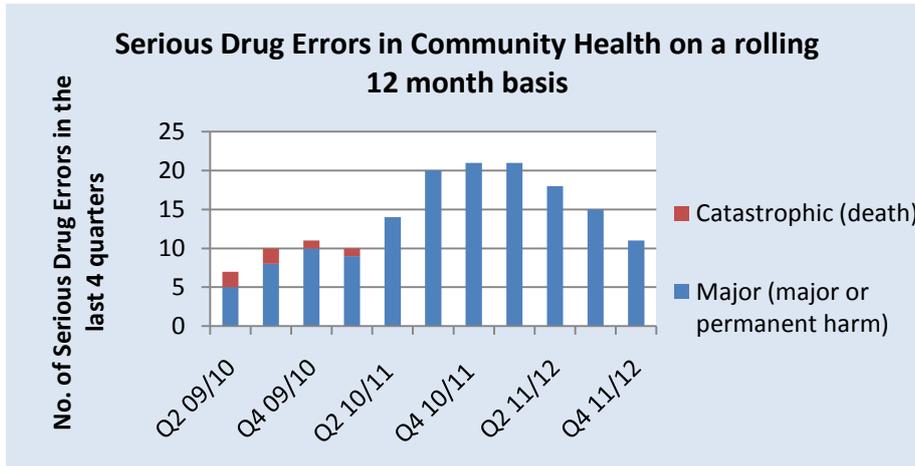


Preventing avoidable serious drug errors in Community Health by 15% in 2010-11

There was a concern that the number of drug errors in Community Health had been steadily rising and so a work programme to reduce them was implemented. The aim of reducing

these by 15% in 2011/12 was achieved, with 11 being reported last year compared to 21 the previous year. The Trust continues to focus on this to reduce the number further.

Chart 5



Note: Community Health Services was integrated into Oxford Health NHS FT on 1 April 2012

Reduce the number of falls in community hospitals and older people’s mental health wards by 10% by March 2013

Our target was to reduce the number of falls to below 999 in the year 2011/12. By the end of the year, we had 1,107 falls reported compared with 1,100 in the previous year.

During the second quarter of the year, the two separate systems for reporting falls in

Mental Health and Community were combined into a unified process. This is shown in Chart 6 below. Chart 7 smoothes out any seasonal variation by displaying the number of falls on a rolling annual basis (i.e. showing the total for the last four quarters each quarter).

Chart 6

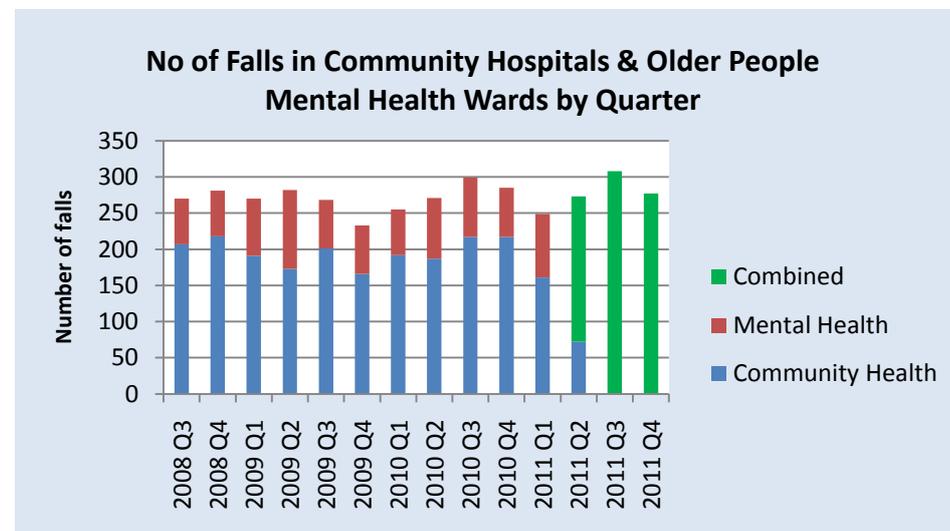
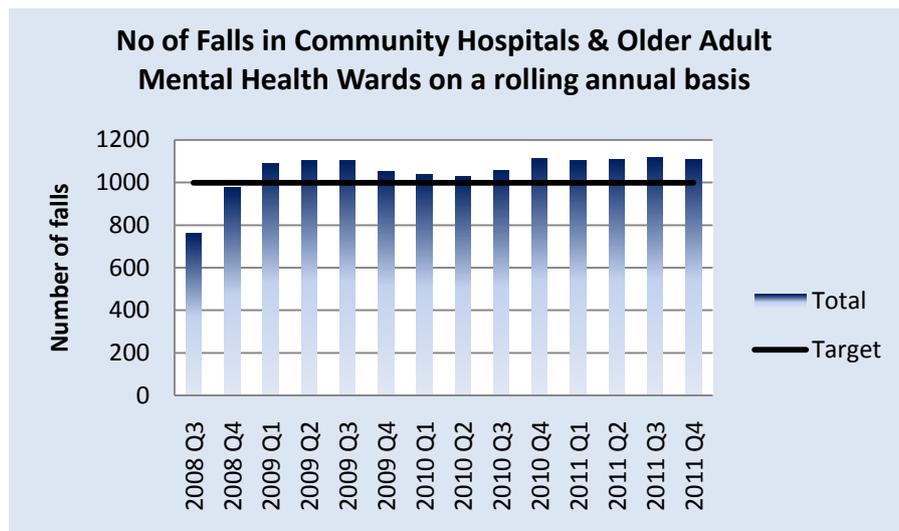


Chart 7



To achieve falls prevention that is better than the national comparison for falls – 8.6 falls per 1000 bed days by 2014

The rate of falls was 10.1 falls per 1000 bed days in 2011/ 12 for Community Hospitals and 11.0 for Older Adult Mental Health Wards. These are above the national average and will be closely monitored in 2012/13 to

ensure that the initiatives currently being taken to prevent falls will have an effect in order to bring the figure down to the average by 2014.

At least 85% of all patients over 75 years of age are assessed for falls and nutrition risks in Community Hospitals and Older Adult Mental Health wards

Information to assess this is now being captured via the Community Hospitals Audit Tool (CHAT). This is being implemented over time, so it is too early to give definitive figures. Of the two wards where this is established, there has been a 100% for both falls and nutrition risk assessments.

In Older Adult Mental Health wards, the figure assessed for nutrition risks was 65% however the method used to measure this value is being examined to assess its suitability and accuracy. Assessment of the risk of falls in these wards is 100%.

At least 85% of patients over 75 years old in Community Hospitals have been assessed for dementia and depression

The dementia screening pathway to integrate with the existing approaches was developed during the year and fully implemented in the fourth quarter of 2011/12. The audit to

determine the level of assessment now takes place as part of the monthly documentation audit, but no figures are available yet.

PEAT (patient environment action team) scores to remain at good or excellent (national priority)

All scores in 2011 for the 11 main locations were judged as good or excellent – see

[Ensure 100% of patients admitted to psychiatric wards have a physical health examination within 24 hours of admission](#)

Although we did not reach the 100% target by the end of the year, there was substantial improvement, with the quarter 2 figure being

separate section later for details.

83%, quarter 3 at 88% and by the end of the year was standing at 93%.

[All patients subject to CPA living in the community are monitored to ensure their physical healthcare needs are being met by primary care and when this is not the case action is taken to address the need](#)

The percentage of service users being monitored as determined by CPA audit over the year was 67%. The individual quarterly figures were: Q1 73%, Q2 64%, Q3 62% Q4

70%. The individual divisions are responsible for improving these percentages and action plans are being drawn up to address them.

[Reduce to 30 from 34 \(the previous target\) the number of cases of Clostridium Difficile by March 2012](#)

The Trust's own target of 30 was set in last year's Quality Account. Subsequently, a target of 20 was agreed with the commissioners as part of the CQUINs, and a target of 13 set by

the Health Economy. In 2011/ 12, there were 15 cases of C diff which is an improvement on previous years.

[Maintain no cases of MRSA across the Trust](#)

Two cases of MRSA bacteraemias were reported in the Trust's hospitals during 2011/12. In both of these cases, Root Cause Analysis investigations have taken place. This showed evidence of good practice in the

majority of reviews. There is no evidence of transmission between patients or concerns that infection rates are high in any one setting.

Effectiveness

Domain 3: Enhancing quality of life for people with long-term conditions

Although the aims that we set ourselves had mixed results by the end of the year, the individual initiatives we took appear to have been successful and are paving the way for the major initiative Patient Reported Outcome Measures (PROMs) that will be a major focus this year.

Identified Initiatives

- In 2011/12 we began implementing the "East Kent" assessment model to enable us to use Patient Reported Outcome Measures as part of the stroke care pathway
- We were successful in further reducing the incidence of emergency readmission in mental health within 28 days of discharge by careful discharge planning and assertive follow up, achieving a rate of 10.2% against a target of 10.3% for adult 28 day readmissions and 1.4%

against a target of 5.3% for Older Adult 28 day readmissions

- In reducing emergency admissions to acute hospitals, we estimate that during the year there will have been 41,500 admissions, a reduction of over 1,900 compared to the target decrease of 800
- We have been actively working with Commissioners to develop a multi agency mental health recovery strategy by developing a joint recovery pathway through the Supporting People in Independent Living initiative and creating a recovery group attended by all disciplines. Chaffron Ward has been asked to present the current recovery model at the Royal College of Psychiatry Quality Network conference
 - We wanted to increase the number of mental health patients who have Advance Statements in place. Although a lot of activity took place, such as revising the Advance Statement leaflet and widely promoting its use, we have been hampered this year in measuring its effectiveness by a temporary problem caused by the introduction of RiO
 - We have created a more seamless pathway for adults with Diabetes living in Oxfordshire as Community Health Services has been contracted to provide education to assist patients in the management of their condition, as well as supplying education and support to primary care providers of diabetic care
 - The Trust has been part of a successful national pilot implementation in the

full use of Personalised Care Planning and this is now being rolled out across Oxfordshire

- Local education programmes for people with Type 2 Diabetes have been provided. These have included an advanced insulin skills group course for people with Type 2 Diabetes treated with insulin
- Much work has been undertaken this year with health advocates to develop and deliver education programmes for black and minority ethnic groups who have diabetes
- A county-wide service is in place in collaboration with another provider to support patients through case management by developing the role of the case managers to ensure access to all sources of care and support. The service can now also take direct referrals from GPs and provide urgent care to ensure appropriate patients access the service in a timely way. This will improve quality of life for people with long term conditions and reduce disruption from hospital admission and reduce demand for secondary care services by avoiding admissions and facilitating early discharge
- We have been progressing towards reducing admissions to acute hospitals by development of the Hospital at Home programme and providing short-term intervention using step-up beds within community hospitals

Aims

Increase by 10% the number of mental health patients who have Advanced Statements in place

The target set was for 32% of mental health patients to have Advance Statements, from a current value of 29%. At the year end, the Forensic Service had achieved 30%. The drive

to encourage Advance Statements in Adult and Older Adult Mental Health services has only just started and so is expected to show

the necessary improvements in next year's

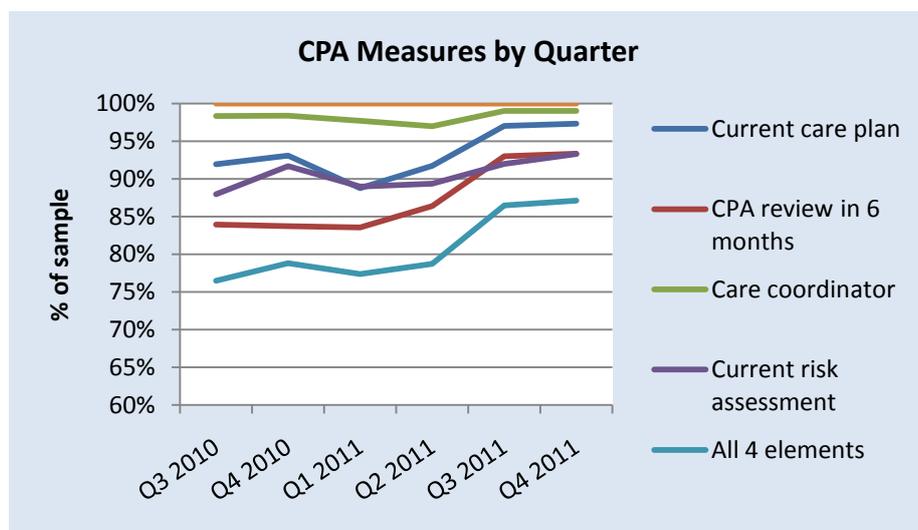
figures.

100% of mental health patients on CPA have a current care plan, had care reviewed in the last 6 months; a care coordinator and a risk assessment which has been reviewed in the last 12 months

Whilst we have not achieved our objective of 100% for all of these aspects of care, it is evident that considerable progress has been made towards this target in the last year.

Note that the CPA review of 6 months is our own internal target, compared with the Department of Health's key indicator criterion of within 12 months.

Chart 8



100% of mental health patients have a copy of their care plan and were engaged in its development

This information is not currently being captured. RiO will be used to report on this at a later date.

Domain 4: Helping people to recover from episodes of ill-health or following injury

The Hospital at Home service continued to be rolled out across Oxfordshire last year with the express intention of avoiding the need for people to avoid spending extra time in hospital. This has had a positive effect on people's recovery and the associated advantages to society.

Identified Initiatives

- The Hospital at Home services is now in place in South Oxfordshire and is now to be implemented in the west and north of the county. In the north this is in conjunction with a third party.
- Much work on care packages has taken place and is now being firmly embedded in the Community Services Division. A review of the work so far has led to the production of a second phase of delivery to take the programme further.

- We were successful in our tender for Oxfordshire and for overnight support.
Hospital at Home provision for the rest of

Aims

Increase by 5% the number of patients who report in the National Mental Health Community patients survey wanting and receiving help to return to work

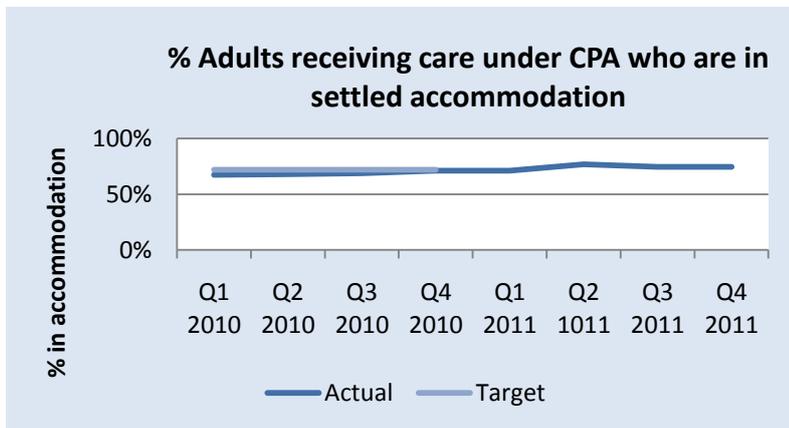
The figures for this come from the CQC’s annual survey of patients, the last of which was published in August 2011. This gave a value of 5.9 out of 10, which means the target

we are looking for in the current year¹² when it is published in August 2012 would be a minimum of 6.

75% of Adults receiving care under the CPA are in settled accommodation

Our actual achievement at the year end was 75% - exactly on target.

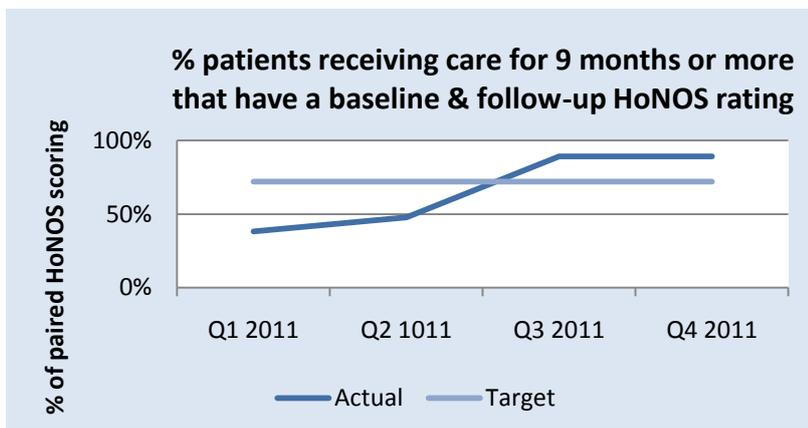
Chart 9



To increase to 72% by year end the number of patients who have been receiving care for 9 months or more, who have a baseline and follow-up HoNOS rating

By the year end we were achieving 90% against the target of 72%.

Chart 10



User Experience

Domain 5: Ensuring people have a positive experience of care

We regard information from surveys, both national and local, of patients' and service users' experiences as essential in informing us of the quality of care we provide. Last year we extended our use of such surveys as planned and we intend refining this information gathering further this year.

Identified Initiatives

- The previous year (2010/11) we participated in the National Patient Survey (Community Mental Health), receiving the results in May 2011, which resulted in an action plan that was presented to the Board in September (see section on Community Survey below). The Inpatient National Survey was repeated internally and a revised action plan was produced.
- There is an on-going programme of patient/service users' surveys across the mental health and children's divisions with action plans developed from them. Forensic Services use patients' councils as the main vehicle to identify and feedback changes on an ongoing basis. In OCS, quarterly divisional reports have been produced from the patient surveys.
- We shall enhance how we manage the supervision of caseloads, ensuring that monitoring of caseloads takes place at least every six weeks
- We have implemented all the previously identified actions relating to CPA and physical health care
- Activity planners for Forensic service users have been introduced to provide structure throughout the week
- All services within OCS Division have carried out a survey in 2011/12 that included those community general health

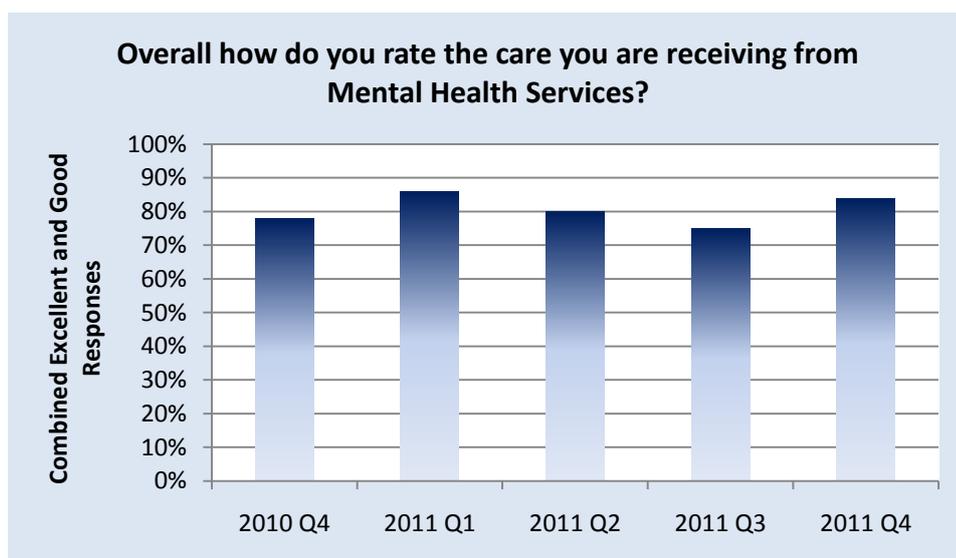
services not included in the national survey

- All services that did not achieve 90% satisfaction in the 2010/11 survey have been implementing action plans. Of the 20 services only Heart Failure, Parkinson's and Bullingdon Prison have yet to achieve their satisfaction scores
- A range of patient information has been produced with regards to the role of the case manager. Patient information leaflets are used from a variety of sources including those advocated by the NHS
- Patient education programmes for patients with diabetes have been devised and are being delivered, including an advanced insulin course. They have all been well received and well attended
- A review of the provision of community equipment was undertaken last year to ensure it is provided in a timely manner to meet changing patient needs and to facilitate timely discharge from Community Hospitals. Actions were identified as a result and are being implemented
- Discharge planning arrangements with partner agencies in the Oxfordshire Community Division have been reviewed, with the Single Point of Access operational from 30 April 2012 which aims to enhance the discharge process
- Staff attendance at 'customer care' training was actively promoted last year, focussing on those services where staff attitude has been identified as not meeting patient expectation. This work continues and bespoke training is being produced for particular services
- We continue to demonstrate learning as a result of feedback from complaints and compliments with a weekly report to the Clinical Governance Meeting and a quarterly report to the Services and Estates Quality Improvement Committee and the Trust Board.

Aims

Improve the % of mental health patients who positively respond to the question “Overall how do you rate the care you are receiving from Mental Health Services?” by reporting it is good or excellent (service user priority). Within two years achieve a score which is equal to or above the average of other Trusts, and within five years to be within the top 20% of mental health trusts.

Chart 11



The figures above are from our own Mental Health Services Real Time Feedback Surveys. The 2011 CQC Community Mental Health

Service User Survey gave an overall satisfaction response of 65%. Most mental health trusts were between 68% and 74%

The Trust aims to score better than the average of other organisations in the National Survey (Community) in the following areas:

Table 4

• Service users knowing who their care coordinator was	Worse	Red
• Service users being offered a copy of the care plan	Same	Yellow
• Service users had had a care plan review meeting in the past 12 months	Same	Yellow
• Physical health of service users checked	Not asked in survey	Black
• Having a contact number out of hours	Same	Yellow

The results above are from the 2011 CQC Community Mental Health Service User

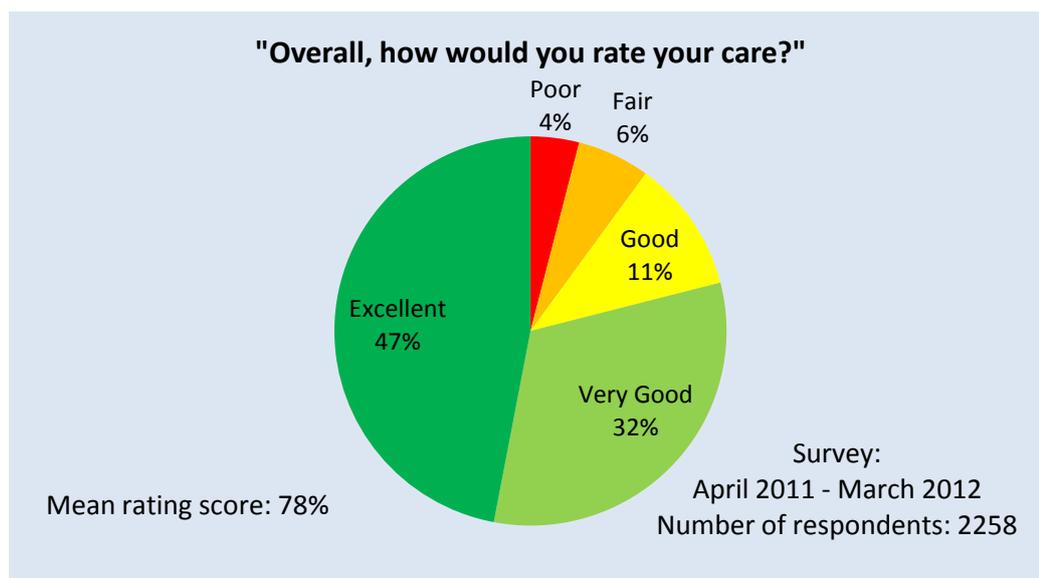
Survey. It is not possible to tell from the data we receive whether we are “above average”,

only "Better", "About the Same" or "Worse" compared with other comparable

organisations.

Community Services aim to improve the percentage of patients who rate their care good, very good or excellent. To achieve results comparable to the national top 20% of acute trusts' satisfaction rating for both out-patients and in-patients as there is no comparable national survey for community services

Chart 12



Staff

Staff Experience

Every year the CQC conducts a national NHS staff survey to gauge how effective the NHS pledges given in the NHS Constitution of January 2009 towards the treatment and good management of the NHS staff are. We use the data from this survey to assess our own effectiveness and last year we set ourselves the target that, within two years, we would achieve a score in the annual staff survey that is at least the average of other Trusts, and within five years to achieve a score within the top 20% of Trusts, with particular emphasis on the lowest 3 elements:

- Staff suffering work-related stress in last 12 months
- Staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
- Support from immediate managers

The latest survey, taken in 2011 and published in March 2012, shows that we have already achieved the first objective by being better than average in all three categories.

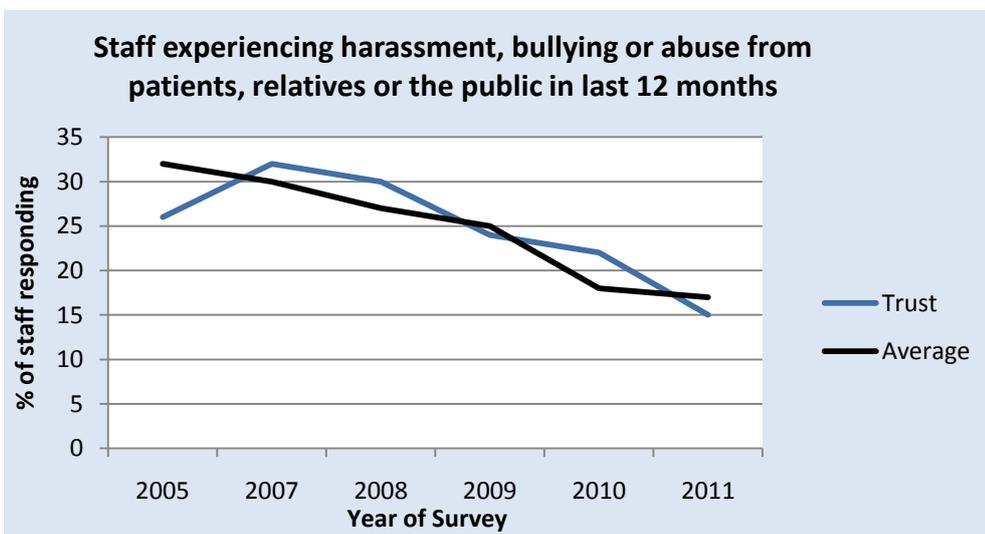
Chart 13



Chart 14



Chart 15



Department of Health and Monitor targets

Full details of the definitions of the indicators and the targets may be found in Appendix B of the Monitor Document 'Compliance Framework 2012/13' at:

www.monitor-nhsft.gov.uk

Table 5 below identifies our levels of attainment against the targets set by the Department of Health and Monitor.

Table 5

Indicator	Target	2010/11 position	2011/12 position	RAG Status
Patients receiving follow-up contact within seven days of discharge	95%	95.5%	97.7%	●
Patients having formal care review within 12 months	95%	84.6%	97.7%	●
Minimising mental health delayed transfers of care	≤7.5%	2.5%	4.6%	●
Admissions to inpatients services had access to crisis resolution home treatment teams	90%	98.2%	98.7%	●
New psychosis cases seen by early intervention teams	95%	111.0%	100%	●
Data completeness: identifier information for patients	99%	99.1%	99.5%	●
Data completeness: outcomes for patients	50%	67.6%	83.1%	●
Access to healthcare for people with a learning disability	6 standards: Rated 1-4 Max score: 24	19	18*	n/a

*based on self assessment and peer review during the year

Quality Risk Profiles

The CQC produces a Quality Risk Profile (QRP) for all organisations who are registered with the CQC. It is seen as an essential tool for gathering key information about organisations, and assists the CQC to monitor how we are complying with the essential standards by identifying any risks. The CQC's risk rating scale detailed below goes from

reducing risk of non-compliance (green) to increasing risk of non-compliance (red).

The QRP also assists us as an organisation to identify where our performance may be lower than average. This enables us to focus on these issues and to take relevant actions in these key areas.

The most recent QRP (March 2012) showed that the position has shifted to one where a

lot of the information that CQC were using to evaluate us has “expired” and no equivalent data has replaced it. This means that 10 of

the outcomes are rated as No Data or Insufficient Data. The remaining 6 are judged as low green or low neutral risk.

Table 6

Outcome	March 2011	March 2012
Section 1 - Involvement & Information		
1. Respecting and involving people who use services	Low Green	Insufficient Data
2. Consent to care and treatment	Insufficient Data	No Data
Section 2 - Personalised Care		
4. Care and welfare of people who use services	Low Green	Insufficient Data
5. Meeting nutritional needs	Low Neutral	Low Green
6. Cooperating with other providers	Insufficient Data	Insufficient Data
Section 3 - Safeguarding and Safety		
7. Safeguarding people who use services from abuse	Low Neutral	Insufficient Data
8. Cleanliness and infection Control	Low Neutral	Insufficient Data
9. Management of medicines	Low Neutral	Insufficient Data
10. Safety and suitability of premises	Low Neutral	Low Neutral
11. Safety, availability and suitability of equipment	High Neutral	Low Green
Section 4 - Suitability of Staffing		
12. Requirements relating to Workers	High Neutral	Low Neutral
13. Staffing	Low Green	Insufficient Data
14. Supporting staff	Low Green	Insufficient Data
Section 5 - Quality & Management		
16. Assessing and monitoring the quality of service provision	Low Green	Low Neutral
17. Complaints	Low Green	Insufficient Data
21. Records	Low Neutral	Low Neutral

Community Mental Health Survey 2011

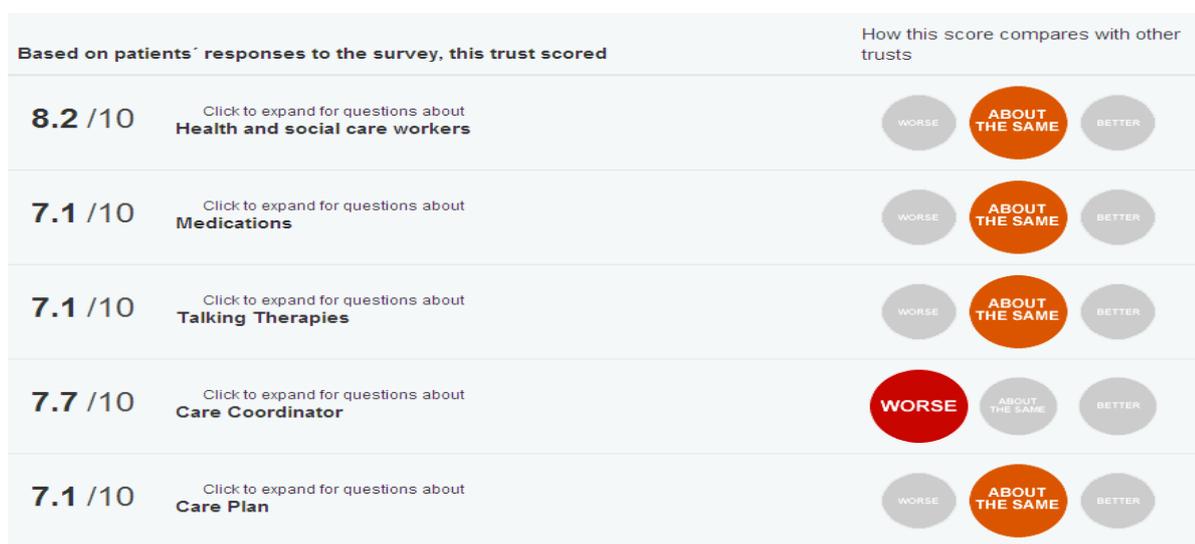
At the start of 2011, the Care Quality Commission sent a questionnaire to 850 of our service users in our community based mental health care. Responses were received

from 208 service users and the detailed results can be found on the CQC web site at:

www.cqc.org.uk/survey/mentalhealth/RNU#chapter1#chapter1

A summary of the results are shown below. We were disappointed that we were seen as being worse than other Trusts in the Care Coordinator section of questions. This

related to the responses to the question about knowing who their Care Coordinator was. Actions have already been taken to address this weakness.



PEAT Assessment Results 2011/12

Every year, the National Patient Safety Agency (NPSA) assesses each of our locations for the quality of the environment, food and for privacy and dignity. These are known as "PEAT assessments" (Patient Environment Action Team) assessments. Table 6 below

gives a summary of its findings for the 19 main inpatient premises during last year. Note that there are five possible assessments: Unacceptable, Poor, Acceptable, Good and Excellent.

Table 7

Site	2011 Environment Score	2011 Food Score	2011 Privacy & Dignity Score
Fiennes Centre	Good	Good	Excellent
Townlands Hospital	Excellent	Excellent	Good
Littlemore Hospital	Good	Excellent	Excellent
Warneford Hospital	Good	Excellent	Acceptable
Fulbrook Centre	Excellent	Good	Good

Cotswold House Savernake	Good	Good	Excellent
Marlborough House MK	Good	Excellent	Excellent
John Hampden Unit, Stoke Mandeville Hospital	Good	Excellent	Excellent
Manor House (Woodlands), Aylesbury	Good	Good	Excellent
Tindal Centre, Aylesbury	Good	Excellent	Good
Mandalay House, Aylesbury	Good	Excellent	Excellent
Marlborough House, Swindon	Good	Good	Good
Bicester Community Hospital	Good	Excellent	Good
Didcot Community Hospital	Excellent	Excellent	Excellent
Oxford City Community Hospital	Good	Good	Acceptable
Wallingford Community Hospital	Excellent	Excellent	Good
Wantage Community Hospital	Excellent	Good	Good
Witney Community Hospital	Good	Excellent	Good
Abingdon Community Hospital	Good	Good	Good

Equality & Diversity

Oxford Health NHS FT aims to deliver equality in its provision of services to communities.

The Trust challenges discrimination, promotes cohesion and working together and addresses areas of inequality. The main development this year was the implementation of the Equality Delivery System. This tool has introduced a systematic approach to measuring and achieving equal outcomes for patients, service users, carers and staff members. The process has consisted of holding public meetings to ask patients, carers and the public about their thoughts on how we could improve equality, publishing information which helps demonstrate the Trust's compliance with the Equality Act 2010 and setting goals and actions from the published information to make improvements.

Our main goals for 2012/13 are:

- The Trust will improve the information so that more effective comparisons can be made. This will include improving the quality of data for the following strands: religion and belief, sexual orientation and disability

- The Trust will improve information from complaints over the following year including recording how many complaints are received which are directly related to equality issues.
- The Trust will investigate how managers and team leaders support staff to work in culturally competent ways.

The Trust has also developed and implemented a session on Learning Disability Awareness for all staff. This session is delivered at the corporate Trust induction to all new staff and is also available to existing teams. The aim of the session is to raise awareness help with communication and reasonable adjustments that people with Learning Disabilities may find helpful when accessing our services. The Trust has also improved the number of staff trained in Equality and Diversity by holding extra sessions, as well as those on induction. Over four hundred extra staff members have been trained this year.

More information on the Equality Delivery System and the Trust's goals for this year can be found on our Trust website:

www.oxfordhealth.nhs.uk

Complaints

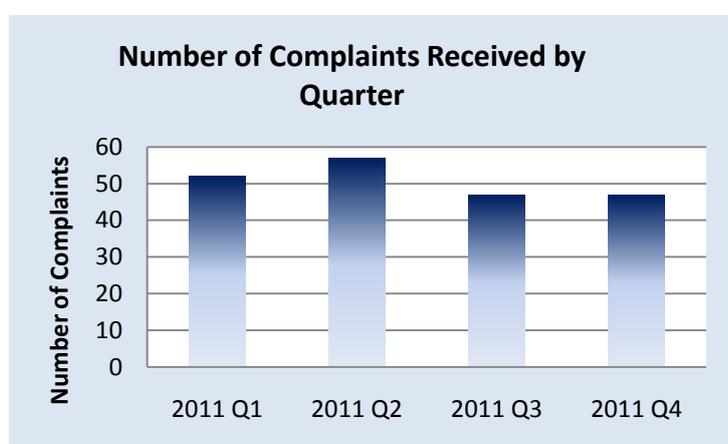
We take complaints very seriously and strive to resolve them as quickly as possible.

During 2011/12, we received 203 complaints. This was an increase of 49 (24%) complaints when compared to the previous year 2010/11, which is as a result of the Trust merging with Community Health Oxfordshire, of these, 203 (100%) complaints were acknowledged within the agreed timescale, which is an improvement from 2010/11 at

96%. 183 (91%) of complaints were responded to within a timescale agreed with the complainant. Three (1%) complaints were out of time and the complainant would not agree to an extension of the timescale. 17 (8%) complaints are still open and within an agreed timescale or extension.

The number of complaints which were received during 2011/12 can be seen in the graph below.

Chart 17



Examples of actions taken as a result of complaints are:

- Within the Children & Families Division further training has been provided to administrative staff regarding confidentiality
- The garden fence height was increased on Kimmeridge Ward following a complaints investigation
- Witney Community Hospital has adopted a new system to alert staff when a patient has a hearing problem. A coloured laminated picture of an ear has been produced and will be placed on patient's records, as well as on the board next to the patient bed
- The Memory Clinic is currently revising its administrative process to establish a system where follow up appointments are

able to be identified, booked and letters sent out

- On Watling Ward earphones were purchased to allow patients to listen to music privately
- Following a complaint on Cherwell Ward, a patient was helped to access an independent advocate when attending professional meetings
- The Oxford Clinic has reviewed and made improvements to the Friday Community Meeting held on the ward. The Complaints & PALS Department has received positive feedback from patients on the ward
- Portland Ward have reviewed and re-designed the handover sheet to ensure that there is a clear section for safeguarding issues.

The Royal College of Psychiatrists Statement

Statement of Participation in National Quality Improvement Projects (non-audit) managed by The Royal College of Psychiatrists' Centre for Quality Improvement

April 1 2011 – March 31 2012

Oxford Health NHS FT⁴

CCQI PROGRAMME	Participation by Trust	National Participation
Service accreditation programmes		
ECT clinics	2 ECT clinics	93 ECT clinics
Working age adult wards	0 wards	173 wards
Psychiatric intensive care units	0 PICUs	35 PICUs
Older people mental health wards	0 wards	63 wards
Inpatient learning disability units	0 units	37 units
Inpatient rehabilitation units	0 units	28 units
Memory services	0 services	52 services
Psychiatric liaison teams	0 teams	36 teams
Service quality improvement networks		
Inpatient child and adolescent units	2 units	103 units
Child and adolescent community MH teams	2 teams	68 teams
Therapeutic communities	2 communities	83 communities
Forensic mental health services	2 services	70 services
Perinatal mental health inpatient units	0 units	15 units
Enabling Environments	0 environments	12 environments
Multisource feedback for psychiatrists (ACP 360)	0 enrolments (in 2011/12) 3 enrolments (in total)	3,679 enrolments (in 2011/12) 4,756 enrolments (in total)

Statement of Participation in the National Audit of Psychological Therapies

Baseline Audit Data: April 1st 2011 – March 31st 2012

Number of teams participating in the audit	Number of teams participating nationally	Number of patients from Trust included in Q3 retrospective audit	Number of patients included in Q3 retrospective audit
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⁴ The figures above relate to the last completed cycle or current cycle if recruitment has ended

			nationally
3	362	1242	50403

Statement of Participation in the National Audit of Schizophrenia
April 1st 2011 – March 31st 2012

Trust Name	Audit Forms Submitted online	Service User Questionnaires Received	Carer Questionnaires Received
Oxford Health NHS FT	86	43	24

Statement of Participation in the Prescribing Observatory for Mental Health (POMH)
Quality Improvement Programmes (QIPs)
April 2011 – March 2012

QIP	Date of Report	Topic	Audit Cycle	No. of Teams	No of Patients	Trust participation in audit cycles for this topic
11a	July 2011	Prescribing antipsychotics for people with dementia	Baseline	6	196	1
6c	September 2011	Assessment of the side effects of depot antipsychotics	first supplementary audit	23	232	3
7c	January 2012	Monitoring of patients prescribed lithium	second supplementary audit	22	118	3
10b	March 2012	Use of antipsychotic medication in CAMHS	Re-audit	11	52	2

Oxford Health NHS FT has participated in all POMH-UK QIPs April 2011-2012

Please note: Participation in QIPs 1f & 3f (*prescribing of high dose and combined antipsychotics*) in February 2012 will be reported in next year's summary.

For information on participating in the Prescribing Observatory, please contact Krysia Zalewska on 0207 977 6999 or kzalewska@cru.cpsych.ac.uk

Statements from our Partners on the Quality Report and Account

NHS Buckinghamshire and Oxfordshire Cluster Comments 30 May 2012

NHS Buckinghamshire and Oxfordshire PCT cluster has reviewed the Quality Account produced by Oxford Health NHS Foundation Trust for 2011/12. There is evidence that the Trust has relied on both internal and external assurance mechanisms to produce this report. The document reviewed by the PCT cluster still had a few incomplete sections as some of the targets for the key priorities set by the Trust were still being finalised. The PCT cluster has also provided feedback to make sure this document contains accurate information. The PCT cluster is satisfied this document meets the nationally mandated criteria for a Quality Account.

The Quality and Clinical Standards team at the PCT meet with the Medical Director and Director of Nursing of Oxford Health NHS Foundation Trust every six weeks to review the quality of services throughout the year. Information on the quality of clinical services is also formally presented to the PCT cluster via contract meetings. The PCT hope to improve this working relationship throughout 2012/13.

Whilst the PCT cluster is supportive of the key priorities set out within this Quality Account, it is felt that the Trust have too many priorities and that it may be unmanageable to achieve all of these objectives within the year. However, the PCT cluster does realise that Oxford Health has taken this approach because of the merger between community and mental health services and recognise the large amount of work that needs to be done in a period of transition. The key priorities for 2012/13 stated by the Trust are also broad and not specific enough to drive specific quality improvements. It is also felt that the priorities stated do not focus on the potential unique benefits that the Trust has because it provides community health and mental health services.

Community health services within Oxfordshire were integrated to the mental health services across Oxfordshire and Buckinghamshire in 2011/12 and the performance stated by the Trust demonstrates that the quality of clinical services have improved in some areas during the year. However, the report as a whole does not highlight many instances of integration and collaborative working between the mental health and community services within the Trust.

The primary purpose of Quality Accounts is to encourage Boards and leaders of healthcare organisations to assess quality across all of the services they offer. This document is a good attempt at trying to achieve this in a newly merged organisation with a wide range of services. However, the PCT cluster does not feel that this document covers the quality of all of the services in the Trust. Prison healthcare, out of hours and district nursing are three clinical areas that have not been reported on throughout this report. The PCT cluster also felt that this document did not inform patients about the quality of clinical services in Oxford Health and information was not presented in the most user friendly format.

The PCT cluster looks forward to working closely with Oxford Health NHS FT to address these shortcomings in future reports and also to improve quality both within the Trust and across Oxfordshire as we move towards a transition period where commissioning will be done by Clinical Commissioning Groups and the National Commissioning Board.

Buckinghamshire Health Overview and Scrutiny Committee Comments 18 May 2012

The Health Overview and Scrutiny Committee (HOSC) has worked closely with Oxford Health NHS FT during 2011/12, including:

- receiving regular briefings and giving feedback on the work of Oxford Health in Bucks at HOSC meetings
- regular update meetings with the chief executive and her team.

Over the past year, the HOSC has:

- welcomed and supported the work underway to develop the Manor House site in Aylesbury
- included Oxford Health's views to the NHS's Better Healthcare in Bucks consultation as part of its evidence gathering
- involved Oxford Health in its recent review of dementia services in the county, including gathered evidence from senior clinicians and commissioners, and visited Cromwell Ward, the John Hampden Unit and the Community Mental Health team. The HOSC presented its findings and recommendations on dementia services to the Oxford Health Board meeting in June 2011 and continues to monitor implementation and progress of the recommendations
- arranged a session for July 2012 to examine Child and Adolescent Mental Health Services in Buckinghamshire
- asked that the following items, specific to Buckinghamshire, can be included in the 2012/13 Quality report, including:
 - Actions to drive up quality in dementia services (for example, training for both hospital and care home staff; identification of dementia; support for those with dementia; awareness raising)
 - Specific actions to improve quality of engagement with carers
 - Initiatives in place to prevent hospital admissions and reduce length of stay
 - The impact of any changes, if proposals outlined in the Better Healthcare in Bucks consultation are implemented, including to community health teams
 - Initiatives to reduce delayed transfers of care
 - Physical health of service users.

In addition, based on this year's Quality Account, members would ask that next year's report includes:

- A glossary of acronyms (as per this year's)
- User-friendly text which can be easily understood by laymen
- Graphs which indicate where 'high' is good or 'low' is good
- Dates for completion of 'amber' actions
- Waiting times for services.

General comment:

The Quality Report 2011/12 is thorough and gives a detailed account of the work of Oxford Health. The bulk of the report focuses on Oxfordshire, which is understandable given the integration of community health services and mental health services in the county. It would

be helpful for Buckinghamshire services to be highlighted in a separate section, for ease of navigability.

In terms of Quality Initiatives for 2012/13, there is no explicit mention of initiatives to support Buckinghamshire CAMHS or joint working with the Buckinghamshire Healthcare Trust, to support the identified quality priorities of patient safety, effectiveness and patient experience.

Statement of Directors' Responsibilities in Respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2011/12;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2011 to March 2012
 - Papers relating to Quality reported to the Board of Directors over the period April 2011 to March 2012
 - Feedback from the commissioners dated 30/05/2012
 - Feedback from Buckinghamshire HOSC dated 18/05/2012
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 16/04/2012
 - The 2011 national patient survey August 2011
 - The 2011 national staff survey issued March 2012
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated 11/04/2012
 - CQC quality and risk profiles dated 02/04/2012
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report are robust and reliable, conform to specified data quality standards and prescribed definitions, are subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitornhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitornhsft.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

Martin Hobell

30th May 2012 Chairman

Julie Waldron

30th May 2012 Chief Executive

Examples of Actions taken following Trust Internal Clinical Audits 2011/12

Table 7

	Title of Audit	Key Actions
1	NQR4 audit: urgent care telephone triage	<ul style="list-style-type: none"> • Clinical Leads to ensure routine monthly system to provide feedback from audit to clinicians • Telephone triage training to be included on agenda of educational evenings • The 3 standards with poor compliance to be fed back within the next clinical governance letter with case examples
2	Patients with individualised care plans initiated within first 3 days following admission	<ul style="list-style-type: none"> • 100% achieved, therefore to maintain performance, continue to raise requirement with staff and provide training and a forum in team meetings to discuss case studies of good practice care plans
3	Discharge destination to GPs within 3 days of discharge	<ul style="list-style-type: none"> • 96% achieved, therefore to increase this to 100% weekly data to be shared with clinicians to raise performance
4	High risk antimicrobial prescriptions will have documented a rationale for use and stop/ review dates at time of prescribing	<ul style="list-style-type: none"> • The Antimicrobial Guidelines and Policy statement to be re-circulated to all Urgent Care Clinicians • An education package with regard to management of Urinary Tract Infections to be arranged and delivered to Urgent Care Clinicians
5	Risk assessment of patients who have presented to A&E hospitals for self harm against key recommendations in NICE Self Harm Clinical Guidance	<ul style="list-style-type: none"> • Ensure all staff complete mandatory adult and child safeguard training in next 3 months • Raise staff awareness about child protection issues through teaching session with Child Protection Team • On-line self harm staff training package to be developed and rolled out • Produce assessment checklist and display in clinic room as aid for all staff
6	New urgent community referrals from GPs for people with dementia are seen and assessed within	<ul style="list-style-type: none"> • Review referral pathway and roll out standardised duty protocol across all older adult teams

	Title of Audit	Key Actions
	48 hours	
7	Information from carers regarding inpatients with dementia preferences	<ul style="list-style-type: none"> • Modern Matrons to continue to monitor implementation of "knowing me" form on wards for dementia patients. Re-audit to ensure form being used in 3 months • Modern Matrons to hold regular drop-in sessions/ surgeries on the wards with PALS for patients, carers and families • Carer engagement/ information sessions to continue to be held, e.g. in Buckinghamshire the Older Adults Family and Friends Evening in March 2012 and the "Navigating the Maze" session to be run by the carers team in March 2012
8	Purpose of admission documented within 72 hours of admission	<ul style="list-style-type: none"> • Implement and ensure consistent use of one standard purpose of admission form to be rolled out across all adult and older adult inpatient wards
9	Inpatient discharge summaries to GP within 1 week of discharge date and contain minimum data fields (MH Division)	<ul style="list-style-type: none"> • Revise interim discharge summary/ fast fax to include all 16 minimum data fields and roll out new form across all adult and older adult inpatient areas
10	Quality of inpatient discharge summaries to GP (CAMHS)	<ul style="list-style-type: none"> • All staff to be reminded of the importance of updating patients' risk assessments on discharge • Revise interim discharge summary so that the minimum data fields are included • Checklist to be developed of steps to be taken to document discharge of a patient e.g. complete and send fast fax to GP. Each new doctor will be given a copy of the checklist
11	MH Division: Inpatient physical health assessments on admission	<ul style="list-style-type: none"> • Policy revised with new guidance on where to record assessment including VTE screening/ assessment in new patient information system RiO • Communication to all staff (nurses and doctors) on new guidance for recording physical health assessments on RiO
12	Inpatient physical health assessments on admission (CAMHS)	<ul style="list-style-type: none"> • Same actions as above
13	Capacity and Consent to Treatment (CAMHS)	<ul style="list-style-type: none"> • Clarify and communicate where to record consent to sharing information on RiO (incorporate into future guidance documents for RiO) • Highlight importance of recording Capacity & Consent to treatment with teams using SIRI case study example • Raise awareness to record any changes or variations in prescribed medication to the treatment plan • Local training to be rolled out to teams around capacity testing, consent to treatment and consent to sharing information
14	Timeliness of community letters sent to GP/ patient (CAMHS)	<ul style="list-style-type: none"> • Service Manager to review administrative system and support for typing letters to understand if there is any way to improve the process (on average 1.5 days for a doctor to dictate a letter and 6 days for letter to be typed and sent out)
15	Full CPA audit	<ul style="list-style-type: none"> • Monthly CPA metric to be introduced across community teams to develop ownership, awareness and address issues more quickly • Further local team-based training on the use of the care planning and risk

	Title of Audit	Key Actions
		<ul style="list-style-type: none"> assessing component in RiO • A standard operating procedure for RiO to be developed to register and record carers • A standard operating procedure for RiO and a patient information leaflet (including a proforma) on advanced statements to be developed • Divisional CPA leads to raise awareness and continue to work locally to embed the CPA standards • Risk note to be developed and circulated to ensure clinician/ doctors are recording risk management plans in the care plan
16	Completion of Adapted Walsall assessment within 6 hours of admission (community hospitals)	<ul style="list-style-type: none"> • Raise awareness and ensure training is completed on ward where there is poor compliance • Through PWI monitor the number of patients developing pressure damage on the ward against those admitted with pressure damage • Quarterly auditing to address issues/ themes timely
17	Audit of transition between adult and older adult services	<ul style="list-style-type: none"> • Ensure through CPA training and discussion of audit results CPA is recognised as the appropriate process for managing transitions in care • Risk note to be written and circulated on handover of care between teams, linked with theme from SIRIs
18	Health record audit	<ul style="list-style-type: none"> • Standards for electronic recording to be developed and circulated to every team and ward manager as well as posted on intranet (to include clarity on whose responsibility it is to synchronise records to the national database spine) • Implement the "Record keeping – competence standards" in order to improve the validation process • Awareness program for the use of abbreviations in clinical notes (to be included within overall list of electronic recording standards)
19	Assessing capacity and DOLs in older adult mental health wards and Community Hospitals	<ul style="list-style-type: none"> • The Community Hospital Managers will monitor random patient records for evidence that the two stage capacity test is being applied and the umbrella terms such as "confused", and will discuss the issue with the relevant member of staff • Community Hospital staff to be reminded to ensure they ask all patients whether they have a Lasting Power of Attorney or Advance Decision to Refuse Treatment in place as part of the admission process as appropriate • DOLs checklist to be introduced by modern matrons for older adult mental health wards (supported by adult safeguarding leads) • Teaching and learning sessions to be set up with older adult mental health ward staff on DOLs process by adult safeguarding lead(s) • Develop/ re-issue guidance on how and where to record Capacity and Consent for formal and informal patients on RiO (older adult mental health wards) • Review and consult on making DOL training mandatory
20	Audit of practice with DNAs (Q1, Q2 and Q3) (CAMHS)	<ul style="list-style-type: none"> • Develop and circulate a 1 page summary for clinicians/ medics on steps to take if a patient DNAs one and/ or consecutive appointments, in line with the Trust's Policy
21	Getting the Basics Right audit (inpatient mental health wards)	<ul style="list-style-type: none"> • Local tool where ward managers take immediate actions where cases are found not to meet the essential standards. • Tool to be reviewed by Modern Matron group to ensure standards are appropriate • Local ward-based training/ teaching session on essential standards to be completed • Further capacity and consent training to be completed on some specific

Title of Audit	Key Actions
	wards

CQUIN Details for 2011/12 with Year End Position

Table 8

	Year End Milestone
Oxfordshire and Buckinghamshire Adult and Older Adult	
To participate in the Leading Improvements in Patient Safety Programme and agreement of action plan to deliver project	Met
Audit risk assessment of patients who have presented to A&E hospital for self harm against key recommendations in Self Harm NICE Clinical Guideline	Met
Each Community Mental Health Team (CMHT) to implement one new service improvement to reduce community deaths.	Met
Review through patient interview the person's experience of being cared for while on level 2, 3 or 4 patient observations.	Met
% of patients who have 2 HoNOS scores <u>within the last 12 months</u> as part of mental health clustering tool following being open for 9 months or more	Met
% of patients open to Trust for longer than 2 months identified to a mental health cluster	Met
Urgent community referrals from GPs for people with Dementia are seen and assessed within 48 hours and accepted. Plan of care in place within 1 week of assessment	Met
Asking carers/ relatives for the preferences of the person with dementia who they care for whilst they are on the ward	Met
Carry out POMH-UK audit on use of antipsychotics in older adult CMHTs and implement an action plan around identified areas	Completed
Purpose of admission documented within 72 hours of admission date.	Met
Inpatient discharge summaries/ letter to GP within 1 week of discharge date which contains the basic requirements as set out in the SIGN Guidance 65	Met
Evidence of improving the services following feedback from service users	Met
Oxfordshire and Buckinghamshire Community Services ⁵	
No more than 20 instances of c. diff in Community Hospitals	Met
To produce and implement an action plan to reduce the number of severe	75% met

⁵ The results for Community Services are provisional, pending agreement with Commissioners

medication errors in Community Hospitals to no more than 27	
To produce and implement an action plan to improve the patient satisfaction score	Completed
Reduce the number of days that exceed the anticipated duration of a patient stay during a bed-based non-elective in-patient spell	Not met
Reduce the number of A&E attendances	Not met
Reduce the number of non-elective admissions	86% met
Produce an audit and analysis of community rehabilitation services within the Trust	Completed
Forensic Specialist Commissioning Group	
Continue to implement ESSEN Scale	Met
HoNOS – patient level detail of scores and reporting to allow 6 monthly monitoring of improvements, same and worsening scores	Met
Average Length of Stay review	Completed
Provision of 25 hours of meaningful activity	Met
Action plans to increase Involvement, Choice and Responsibility	Met
Wiltshire and BaNES CAMHS	
Using patient experience to directly influence service provision	Met
% of discharge summaries/ notifications audited that have 90% of recommended dataset and sent out within 24 hours of discharge to the GP.	Met
Reduction of Average Length of Stay (ALOS) of patient/service user in hospital from contract commencement- through working with the Level 3 teams to ensure effective and timely transition back to local community services (work towards 50 days).	Met
Swindon CAMHS	
Audit inpatient physical health assessments and identify any improvements	Completed
Community audit against Consent and Confidentiality Policy	Completed
Copying letters to patients, parents and GPs	Met
Quality and timeliness of inpatient discharge summaries (see Wiltshire and BaNES CQUIN goal)	Completed
Timeliness of clinic letters sent to GP/ patients	Completed

Delivering Operational Excellence

As a Trust we must be operationally efficient and effective, and have the appropriate processes in place to ensure clinical services can deliver the best possible direct patient care in a timely manner; the right treatments, in the right place at the right time.

The operational and management support services to clinical staff and teams must operate in the most productive way so that clinical staff can provide the best possible patient care. Even in the tough financial climate, we aim to reinvest surplus into our services to develop an environment that is better equipped to meet patient needs.

Directors' Report

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
Ros Alstead, Director of Nursing and Clinical Standards
David Bradley, Chief Operating Officer
Stephen Cass, Interim Director of Strategy and Commercial Development – until 31 December 2011
Gareth Kenworthy, Acting Director of Finance – until 14 August 2011
Mike McEnaney, Director of Finance – from 15 August 2011
Dr Clive Meux, Medical Director

Non-Executive Directors

Martin Howell, Chairman
Mike Bellamy
Professor Tom Burns – until 31 October 2011
Alyson Coates
Dr Anne Grocock
Roger Reed
Cedric Scroggs, Vice-Chair
Lyn Williams

Changes in the Board of Directors during the period:-

Mike McEnaney was appointed to the substantive Director of Finance post on 15 August 2011 and, accordingly, Gareth Kenworthy finished his Acting Director of Finance role on 14 August 2011.

Professor Tom Burns did not seek re-appointment as a Non-Executive Director when his tenure ended on 31 October 2011. Professor Tom Burns was the University of Oxford's nominated Non-Executive Director. The Trust is working with the University of Oxford on re-defining the role and function of this Non-Executive Director post (given that the Trust now provides services beyond the remit of psychiatry) and the Members' Council hopes to make an appointment in early 2012/13.

Stephen Cass's tenure as the Interim Director of Strategy and Commercial Development ended on 31 December 2011.

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.

Governance

The way the Trust is governed falls under the responsibility of the Trust Secretary, Justinian Habner. Importantly, the Trust Secretary provides advice and support to both the Members' Council and the Board of Directors.

Interests

The updated Register of Directors' Interests is available from the Trust Secretary on request.

The NHS Foundation Trust Code of Governance

The Board takes account of the Code with the main and supporting principles being reflected in the Trust's relevant policies and procedures. In particular, the Trust's Constitution and Standing Orders are reviewed on an annual basis with the review taking account of the Code's provisions. The Trust Secretary advises the Board and Members' Council on the main and supporting provisions of the Code.

The Board considers that the Trust is fully compliant with the provisions 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 for the Trust at this stage but the decision is kept under review.

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 ten times per year 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 (Department of Psychiatry).

The Board of Directors has assured itself of the robustness of its governance arrangements through its internal auditors.

Biographies

Martin Howell (Chairman)

Martin has enjoyed a long career in the UK Steel Industry after completing a BSc in Chemistry at the University of Bristol. He retired from Corus as Director of Construction in 2006.

Martin was appointed Chairman of Oxford Health NHS FT in April 2010. Prior to this he was a Non-Executive Director of NHS South Central Strategic Health Authority. As well

as his work for the Trust, Martin is currently a Governor of Oxford Brookes University and a Board Member of Thames Valley Crime Stoppers.

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 as regional director for the peer review programme of the National Cancer Action Team for six years up to 2010.

He has 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 up to 2008 and then joined the Board of the University of West London.

Alyson Coates (Non-Executive Director)

Alyson was appointed by the Member's Council in April 2011. She takes a particular interest in the strategic direction of the Trust and in clinical and financial governance. Originally a biochemist, Alyson has spent most of her career as an equity analyst at an international investment bank, specialising in the healthcare sector.

Prior to joining the Trust Alyson was Vice Chair at South Central Strategic Health Authority and Chair of the Audit Committee. She is a member of the Auditing Practices Board of the national independent financial regulator, the Financial Reporting Council, external advisor to the audit committee of the Olympic Lottery Distributor, and is an

independent Governor of Oxford Brookes University.

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 the 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 is a member of the Standards Committee of the General Optical Council. She has held Non-Executive posts on the Defence Storage Distribution Agency (MOD) Audit Committee and the Defence Estates (MOD) Audit Committee. Anne was previously Executive Director of the Royal Society of Medicine. She chairs the Trust's Charitable Funds Committee.

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. He chairs the Trust's Audit Committee.

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 has been 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. Roger chairs the Trust's Remuneration and Terms of Service Committee.

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. Lyn chairs the Trust's Finance and Investment Committee.

Julie Waldron (Chief Executive)

Julie joined Oxfordshire Mental Healthcare NHS Trust as Chief Executive in 1999. In 2004 she also took over as Chief Executive of Buckinghamshire Mental Health NHS Trust and merged the two trusts in 2006.

Julie has chaired the former Thames Valley Workforce Development Confederation, the South Central Emerging Leaders group, the South East group of NIMHE and the South East Mental Health CEO group. She has also been a member of the South Central Talent Review Board and the Regional Enablement group.

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 Director of Operations at the Whittington Hospital and 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 and 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. He spent one year managing the project to transform Community Services in Buckinghamshire and more recently has been the Programme Director for the integration of Community Health Oxfordshire with Oxford Health NHS FT and for the Trust's Cost Improvement Programme.

Ros Alstead (Director of Nursing and Clinical Standards)

Ros has worked in the NHS for 34 years, graduating from London University and St George's Hospital with a degree in general nursing, followed by becoming a registered mental health nurse. She had experience as a nurse in both inpatient and community settings before becoming a general manager and completing her MBA at Ashridge Business School. Ros has over 20 years' experience at Director level including Director of Mental Health at Tower Hamlets and Aylesbury Vale, Director of Nursing/ Quality/ Operations at Birmingham & Solihull Mental Health NHS FT and most recently as Director of Quality Performance, Nursing and Social Care at 2gether NHS FT.

Ros is currently the Chair of the National Mental Health Nurse & LD Directors and Leads Forum. She was a panel member of the Richardson Committee reforming the Mental Health Act and was also the NHS Panel Member on the Kerr Haslam inquiry. Ros has co-authored the West Midlands Mental Health Darzi Report.

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 took over the role of Managing Director for Oxfordshire Community Services (CHO) in 2010 until these services became part of Oxford Health NHS FT.

He has an MBA from Henley Management College (2000), a BA (Hons) in Public Administration (1988) and Diploma in Health Service Management (1991). He has completed a High Potential Leaders development programme run by South Central Strategic Health Authority and is a participant on the national NHS Top Leaders' programme.

Mike McEnaney (Director of Finance)

Mike commenced his financial management career in consumer goods with Hoover, adding multinational experience gained in the oil and consumer lubricants sector with Burmah Castrol.

He has substantial experience at executive level gained as finance director of Honda's UK manufacturing operations, Avis's UK car rental business and a private equity backed global business. Together with the financial experience gained in manufacturing and commercial organisations, he has experience of managing IT and HR. Mike has a Certificate in Management Accounting.

Clive Meux (Medical Director and Director of Strategy)

Clive was appointed Medical Director in April 2011, additionally becoming Director of Strategy in December 2011. He commenced working for the Trust as a consultant forensic psychiatrist in 1999. He

was Clinical Director of the Trust's Thames Valley Forensic Mental Health Service from 2005 and Deputy Medical Director from 2010. He has been an Honorary Senior Clinical Lecturer in Forensic Psychiatry, University of Oxford, since 2003.

Clive has worked in the NHS for 28 years, gaining his basic medical degrees (MB BS) at the University of London. He is a registered general and forensic psychiatrist and Fellow of the Royal College of Psychiatrists (FRCPsych). Previous posts include five years as a Senior Lecturer in Forensic Psychiatry at the Institute of Psychiatry, London and seven years as a consultant forensic psychiatrist at Broadmoor Hospital. He has various publications, has taught widely and has substantial expertise in the human rights field at an international level.

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 Trust's Constitution.

Period of Office

Name	Period of Office End Date
Martin Howell	31/03/13
Mike Bellamy	31/01/15*
Professor Tom Burns	31/10/11~
Alyson Coates	31/03/14
Dr Anne Grocock	31/01/15*
Roger Reed	30/04/13
Cedric Scroggs	31/03/14
Lyn Williams	31/03/14

* = re-appointed during 2011/12 by the Members' Council

~ = term-of-office ended during 2011/12

Attendance at Board of Directors' Meetings, April 2011 – March 2012

Director	27/04/11	25/05/11	29/06/11	13/07/11 (Ext)	27/07/11	28/09/11	26/10/11	20/11/11 (Ext)	14/12/11	25/01/12	15/02/12 (Ext)	29/02/12	28/03/12
Graeme Armitage	✓	✓	✓	✓	✓	X	✓	X	✓	✓	X	✓	✓
Ros Alstead	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓
Mike Bellamy	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓
David Bradley	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓
P. Tom Burns	X	X	✓	X	✓	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A
Stephen Cass	✓	✓	✓	✓	✓	✓	✓	X	✓	N/A	N/A	N/A	N/A
Alyson Coates	✓	✓	✓	✓	✓	✓	X	X	✓	✓	X	✓	✓
Dr Anne Grocock	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Martin Howell	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gareth Kenworthy	✓	✓	✓	✓	X	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mike McEnaney	N/A	N/A	N/A	N/A	N/A	✓	✓	✓	✓	✓	X	✓	✓
Dr Clive Meux	X	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓
Roger Reed	✓	✓	✓	✓	✓	X	✓	X	✓	✓	X	✓	X
Cedric Scroggs	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓
Julie Waldron	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lyn Williams	✓	✓	✓	✓	X	✓	✓	✓	X	✓	✓	✓	✓

Key: ✓ - attended X – apologies N/A – not in post Ext – extraordinary meeting

Committees

Committee meetings between 01 April and 31 March 2012

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 terms of reference of the Audit Committee, including its role and the

authority delegated to it by the Board of Directors, are available upon request.

The work of the Audit Committee in the discharge of its areas of responsibility has included: review of the draft Annual Report; review of the draft annual accounts and financial statements; 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 progress reports including internal audit performance indicators and consideration of the effectiveness of internal audit; regular review of external audit progress reports; 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; review of proposals to appoint new external auditors from 2012/13 with recommendations to the Members' Council Audit Sub-Committee, on behalf of the wider Members' Council, including

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

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

consideration of process and scope of appointment; 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 and the Audit Committee and the Integrated Governance Committee met jointly on 28 March 2012.

Alyson Coates was appointed to the Audit Committee by the Board of Directors at its meeting on 25 May 2011. Alyson's recent and relevant financial experience, together with that of the other Committee members, is set out in the section Biographies: Non-Executive Directors in this report. Given the skill and experience of the current Committee members, the Board of Directors is satisfied that the Committee has remained effective and that Committee members have recent and relevant financial experience.

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.

responsible for the development of systems and processes to ensure that the Trust implements and monitors compliance with relevant standards and targets, and with the Care Quality Commission (CQC) Registration. 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.

Joint meeting of the Audit Committee and the Integrated Governance Committee

The Integrated Governance Committee provides assurance to the Audit

Charitable Funds Committee

The Charitable Funds Committee is responsible for ensuring that the Trust

Executive Directors' Remuneration and Terms of Service Committee

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 senior managers. The committee takes account of Department of Health guidelines and also information available from Capita and IDS. In the last year the committee has met five times in June, August, November (twice) 2011 and January 2012 to address the following:-

Members' Council 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'

Through the Terms of Reference, the Chair of the Trust is a member of the Committee and chairs the meetings. However, the Chair of the Trust does not chair or attend the Committee when it discusses matters specifically relating to the Chair.

The remit of the Committee is to make recommendations to the full Members' Council on such matters as appointments to Chair and Non-Executive positions on the Board of Directors, Chair and Non-Executive Directors remuneration, and the skills framework for the composition of the Non-Executive Directors (including the Chair) on the Board of Directors. The full Members' Council makes final decisions

Committee. A joint meeting provides an opportunity for both committees to consider the effectiveness and processes around clinical audit and internal audit.

fulfils its duties as a trustee in the management of the charitable funds.

- Agree the remuneration package for the Director of Finance vacancy
- The revised management structure following integration with Community Health Oxfordshire
- Executive Directors' and Senior Managers' pay
- Redundancy and Compromise agreements

Membership and attendance at the meetings in the last 12 months is as indicated in Appendix 1.

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.

on such matters but is guided by the Committee.

During 2011/12, the Members' Council Nominations and Remuneration Committee carried out the following business:

- Re-appointment of two Non-Executive Directors
- Considered the Chair's and Non-Executive Directors' remuneration
- Approved the process for the future appointment of the Chair and Non-Executive Directors

- Considered the Universities Non-Executive Director nomination.

The Members' Council Nominations and Remuneration Committee presented its

FT Membership

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 Chairman of the Trust and Non-Executive Directors
- decide on the remuneration and Terms & Conditions of the Chairman 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

The Members' Council has met quarterly in locations across Oxfordshire and Buckinghamshire. Meetings are held in public with the Board of Directors also in attendance.

Lead Governor

The Members' Council has appointed a Lead Governor in line with Monitor guidance. During 2011/12 the following Governors held this role:-

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 present items on request and answer questions. At each meeting of the Members' Council a Non-Executive Director has provided a report

recommendations to the full Members Council in September 2011.

significant changes to services provided

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

The Members' Council is made up of Governors elected by our Foundation Trust members and appointed by partner organisations. The Trust's Chairman, Martin Howell, chairs the Members' Council.

Appendix 2 shows which Governors sat on the Members' Council during 2011/12, by constituency and tenure.

- Liz Turvey – from May 2011 to November 2011
- Fiona Mackay Perkins – from November 2011 onwards

In addition to the Lead Governor role set out by Monitor, the Trust's Lead Governor worked with the Chairman to plan meetings and the business of the Members' Council.

on the Board's activities and decisions taken. A similar report on Council business is presented to the Board of Directors following each Members' Council meeting. Governors receive regular briefings out-of-session on key items including updates on Board of Director activity.

During 2011/12, the Members' Council reviewed the way in which it worked and agreed to establish a number of formal sub-groups of the Committee to work on areas identified by the Council as a priority.

Membership activity

Between April 2011 and March 2012 a range of recruitment and engagement activities took place to promote the benefits of NHS Foundation Trust Membership to the Trust's communities.

Attendance at public and Trust organised events included:

- Oxford Pride (community event), June 2011, Oxfordshire
- Trust Annual General Meeting, September 2011, Buckinghamshire
- Trust Annual Review event, September 2011, Oxfordshire
- Buckinghamshire County Show (community event), September 2012, Buckinghamshire
- Trust Annual Review event, October 2011, Wiltshire
- Trust Annual Review event, October 2011, Buckinghamshire
- Oxford Science Fair (community event), March 2012, Oxfordshire

The Trust merged the membership newsletter with Insight, the Trust newsletter, to share more widely the Governor and membership news. There is a dedicated section in the newsletter.

Membership activity throughout the year has included:

- A communications and involvement team workshop to plan further activities

The updated Register of Governors' Interests is available from the Trust Secretary, Justinian Habner, on request.

- The implementation of Divisional Champions to support recruitment and engagement across the operational divisions
- Increased social networking messages relating to membership
- Review of literature and agreement for divisional leaflets aimed at service users and patients

Over the five year period (2011-2016) the Trust intends to:

- Develop a representative Membership, with a continued focus on recruiting more service user/patient and carer Members;
- Develop a more informed and engaged Membership;
- Develop a more influential Members' Council which is closely informed by the Trust's Membership;
- Ensuring Membership information is widely and easily accessible; and
- Empower Members to act as ambassadors for the Trust, to share information about the Trust's services and promote the benefits of Membership.

The responsibility for Membership recruitment and engagement was transferred to the Communications and Involvement team in September 2011.

Annual Governance Statement 2011/12

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental 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 Audit Committee is responsible on behalf of the Board for seeking evidence and obtaining independent assurance that there is an effective framework of internal control and corporate governance in place.

The Board of Directors (Board), through its Audit Committee, agreed the Trust's 2011/12 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 Annual Governance Statement 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. From 1st April 2011 the Trust acquired Community Health Oxfordshire (CHO), the provider arm of the Oxfordshire PCT, as part of the Transforming Community Service national initiative. Contracts of at least three years for all

mental health services provided by the Trust were in place from 1st April 2010, with both Oxfordshire and Buckinghamshire PCTs, and with the Specialist Commissioning Group for Forensic Mental Health Services, setting out the contractual arrangements for services provided by this Trust, including performance, activity and management of Serious Incidents Requiring Investigation. A contract of at least three years to provide community services in Oxfordshire was in place from 1st April 2011. Oxfordshire and Buckinghamshire PCTs have agreed to apply a one year extension to the mental health contracts which will align contracts with the Oxfordshire community services contract. The Specialist Commissioning contract continues to 31st March 2013 and has been extended in 2012/13 to cover CAMHS and Eating Disorders services.

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. The Oxfordshire agreement was reviewed during 2011/12 and renewed from 1st April 2012 with an annual review. The Buckinghamshire agreement has been extended by 8 months to allow a review to be undertaken during 2012/13. 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 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 Oxford Health NHS Foundation 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 Oxford Health NHS Foundation Trust for the year ended 31st March 2012 and up to the date of approval of the annual report and accounts.

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 Annual Governance Statement.

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. The Board of Directors has also established a Clinical Advisory Board from March 2012 to support it in making informed strategic decisions relating to clinical risk issues.

Under the Trust's Standing Orders and Scheme of Delegation, the Director of Nursing and Clinical Standards takes executive responsibility for risk management (both clinical and non-clinical) in the organisation reporting to the 'Accounting Officer'. The Risk Management policy clearly sets out the roles and responsibilities of executive directors, managers and staff for risk management across the organisation. Each clinical division has a Clinical Director and a Divisional Head of Nursing who jointly lead on clinical governance issues. Staff have been alerted to both the strategy and supporting policy, e.g. Incident Reporting and Management policy. The strategy was last reviewed and approved by the Board of Directors in December 2011 as part of the approval of the Risk Management policy.

A comprehensive risk management training needs analysis has been completed across the organisation. With the acquisition of CHO the training matrix has been reviewed and there are programmes in place to deliver the identified training needs to all staff. The Trust is continually looking at new solutions for the delivery of training to ensure that staff are able to undertake

training with minimal disruption to services.

The Trust also has a Counter Fraud Work Plan and Local Counter Fraud Specialist who assists in managing risk.

The Risk and Control framework

The Trust had a clear purpose and agreed aims for 2011/12 as follows:

"We will deliver excellent high quality care, treatment and support which helps improve the health and well-being of individuals and communities we serve"

Its aims were:

- To improve safety and quality continuously
- To work in partnership with other organisations, including voluntary organisations, higher education and the commercial sector, to share learning and innovation to support service improvement
- To use the funding we receive effectively to bring about excellence of care and patient satisfaction
- To grow and develop successful services

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. The Risk Management policy covers all aspects of risk management: environmental, clinical and business. All staff are expected to accept the management of risk 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 requirement for all NHS Foundation Trust Chief Executive Officers to sign an Annual Governance Statement, 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 provides evidence to the Board that objectives and principal risks of delivery have been systematically identified through the Trust's assurance framework. The Trust's approach has been:

- 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 targets; and
- ensuring that the key controls are in place which are designed to manage the principal risks.

The Board has in place an Assurance Framework Action Plan to address weaknesses and ensure continuous improvement of the system of internal control. A range of risks that the Board needs to manage following the CHO acquisition have been incorporated in the Assurance Framework.

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. 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, performance management and self assessment reports.

The Board and its sub-committees, including the Audit Committee and Integrated Governance Committee, have reviewed the Assurance Framework regularly throughout 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 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 and adverse assurance

of the effectiveness of controls, and significant gaps in control

The Trust has mapped user and carer involvement across the organisation and updates this mapping exercise on a six 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 policy is in place. The Director of Finance is the Senior Information Risk Owner with overall responsibility for information security risk. The Director of Nursing and Clinical Standards has overall responsibility for information governance and data protection. The Caldicott Guardian is responsible directly to the Board of Directors. Significant assurance has been gained through the annual Information Governance Toolkit self assessment. No serious incidents requiring investigation 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.

As a Foundation Trust the Trust has a Members' Council with 35 governors of which 28 are elected from public, patient and staff constituencies. The remaining 7 are appointed by stakeholder organisations. 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. 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.

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission (CQC). It attained registration with no conditions from 1st April 2010. This was reconfirmed by the CQC following the acquisition of CHO from 1st April 2011.

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 Divisional/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.

The Trust has an agreed strategic approach to promote economy, efficiency and productivity which is embedded within development of the cost improvement plan and benefits realisation programmes. This approach aims to ensure that financial benefits are not gained through the erosion of qualitative benefits to patients. The Executive and Non-Executive Directors assure themselves of progress with plan and impact on services through quarterly Divisional Performance Review meetings

In association with the Audit Commission (and latterly the NHS Benchmarking Network) the Trust participated in a comprehensive benchmarking club for providers of mental health services. This assists the Trust to focus improvement plans and resources to optimise the benefits to patients/service users.

The Trust's Internal Audit plan, which is agreed by the Audit Committee, sets out the full range of audits across the Trust which reviews the economy, efficiency and effectiveness of the use of resources. The Audit Committee routinely reviews the

outcomes and recommendations of the Internal Audit reports, and the management response and progress against action plans.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

The Directors of Oxford Health NHS Foundation Trust are required to satisfy themselves that the Trust's annual Quality Accounts are fairly stated. In doing so the Trust is 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.

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 of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual report and other performance information available to me. My review is also

informed by comments made by the external auditors in their management letter and other reports. 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, the audit committee and integrated governance committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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 Registration requirements
- Assessment against the NHSLA Risk Management standard
- Royal College of Psychiatrists accreditation
- Patient and staff surveys
- Complaints received and outcomes of investigations
- Serious Incidents requiring Investigation and the outcome of the investigations
- 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 inquiries

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 Board, supported by the work of its sub committees, has not identified any significant internal control issues. It has, however, identified the potential significant risks facing the Trust in 2012/13 should the internal control environment not continue to be managed effectively. The table below sets out the potential significant risks:

Significant risk	In-year risk	Future risk
Affordability of 5-year capital investment programme	√	√
Non-delivery of Cost Improvement Plans (CIPs) could cause the Trust to fail in the delivery of its financial plan	√	√
Stated government intent in the Health and Social Care Bill 2011 to increase competition in the provision of healthcare services could lead to loss of existing core business and therefore a loss of contribution to overhead and fixed costs and loss of margin	√	√
Services are acquired and integrated where the contract value does not meet the full cost of delivering the required services	√	√
The Trust does not achieve the required performance targets in year to gain the Contract CQUIN and Penalty Schemes income or attracts penalty payment.	√	√
The Trust is not prepared adequately for the implementation of PbR in mental health and community services	√	X
With the arrangement inherited following the integration of Community Services Oxfordshire the Trust does not effectively manage medicines	√	X
With the lack of clarity of financial arrangements relating to the prospective transfer of PCT estate to the organisation, the Trust's ability to maintain its future estate	√	√
The Trust does not maintain effective interim arrangements for the payment of salaries prior to the appointment of a permanent payroll provider	√	X

Conclusion

The Board has concluded that there are no significant internal control issues facing the Trust in 2011/12 but has identified the potential risks (as set out in the above table) should the controls not continue to be effectively managed. The Trust's Annual Governance Statement is a balanced reflection of the actual control position.

Signed 

Chief Executive

Date: 30 May 2012

Delivering Innovation, Learning and Teaching

It is essential that the Trust develops fuller partnerships with academic centres of excellence; more involvement with research will translate into better clinical practice and ensure, through innovation, that patients are provided with the latest and most effective treatments available, as staff develop their skills in a learning environment. We want to develop

treatments and services that can prevent or cure illness, and dramatically improve the quality of life for patients. Those suffering with long-term conditions or medically unexplained symptoms must benefit from greater service integration and the introduction of innovative technologies, techniques and interventions.

Awards and Recognition

Oxford Coasters, run by the Trust, supports mental health patients to participate in and enjoy a wide range of outdoor activities from football to rock climbing. Coasters were awarded a £1000 grant by Comic Relief to help with the purchase of new equipment for the group in May 2011.

Colin Godfrey, Activities Development Nurse, was awarded an MBE in the Queen's Birthday Honours List 2011 published in June 2011, to mark the Queen's official birthday. Colin received his award for helping people in Oxfordshire with mental health problems through sport and physical activities. Colin founded Oxford Coasters in 1995 and teams within Oxford Coasters take part in sport locally, nationally and internationally. Activities range from long distance walking and rock climbing, to volleyball, squash, basketball (juniors), mountain biking, badminton and football and fundraising to enable the sporting activity to continue, including an annual abseil down the side of the John Radcliffe Hospital.

Through establishing and continuing to support the Oxford Coasters, people with mental health problems have not only been given an opportunity to improve their health but they have been supported to build meaningful partnerships within the community and improve their overall wellbeing through social inclusion. The Oxford Coasters also assist in breaking down the stigma associated with mental illness by showing that people who suffer these problems are able to participate in real and meaningful activities like everybody else in the community.

In July 2011, the Trust's Contraceptive and Sexual Health (C&SH) Service was awarded a 'You're Welcome' standard by the Department of Health (DH). The Oxfordshire C&SH service is provided from nine sites across Oxfordshire. On average the service sees 22,000 people per year and over 2,200 of these are young people (under 18). The clinics offer services such as contraceptive advice, contraceptive supplies and advice around sensitive issues such as pregnancy and Chlamydia screening.

The You're Welcome criteria have been endorsed by the Royal College of Nursing (RCN), the National Youth Agency and Brook. The quality criteria cover nine areas including: accessibility; publicity; environment; staff training; joined-up working; involvement of young people; health issues for adolescents and confidentiality and consent.

A bespoke programme that has been created in house to develop clinical team managers' management and leadership skills was shortlisted for an annual Training Journal (TJ) Award under the Best Public Service Initiative category in August 2011.

The 12 month programme, which offered one session a month covering topics such as the management of staff, leadership, customer care and the knowledge required to take the organisation forward within a lean transformation programme. Personal coaches were offered to all those enrolled on the training. The aim of the programme was to ensure that managers have the necessary skills to lead their teams in delivering effective, high quality patient care.

The programme has received very positive feedback from both its participants and senior managers within Oxford Health NHS FT and work is now under way to develop a secondary programme for deputy team managers.

The pioneering work of Sue Ryder / NHS Community Matron Liz Clements in providing supportive and palliative care in the community for people with life-limiting illnesses was recognised in a national care award in September 2011. The unique role of the community matron for supportive and palliative care, which was developed by the Trust in partnership with Sue Ryder, was shortlisted in the Health Service Journal's Efficiency Award Scheme.

Piloted in 2006, the project is now at the forefront of palliative care that puts the patient at the centre of care. Designed to ensure every patient has access to palliative care services appropriate to their need and can exercise choice about their place of care at the end of life, the service has made a difference to hundreds of patients' lives across Oxfordshire.

Better assessment, diagnostic skills, care planning, symptom management and support for patients needing end of life care within the community all help people to be cared for in their own homes for longer. This personalised service for people with a wide range of conditions, including cancer, organ failure and dementia, has resulted in savings of more than £64,000 per annum.

Naomi Douglas, a Health Visitor for the Trust, presented her progress with a breastfeeding project at the Mary Seacole Awards Ceremony in November 2011. Naomi, who works at the East Oxford Health Centre, won the Mary Seacole Development Award in autumn 2010.

One year on, Naomi was asked to present her progress at a ceremony attended by representatives from the Department of Health, NHS and nursing unions. The aim of Naomi's project was to increase the provision of breastfeeding information to women from the South Asian Community in a specific area of Oxford, during the ante natal period, and thereby increase rates of exclusive breastfeeding until 6 months.

An intensive home visiting programme, delivered by Unicef trained Children's Centre workers from the local Asian community, in partnership with health workers, was offered to all pregnant women of South Asian origin who live in the catchment areas of three children's centres. Workers offered home visits and

telephone calls in line with a specified schedule of care. They also offered post-natal contact from day two to six weeks for support with breastfeeding. Breastfeeding knowledge was assessed at entrance to the project and at 6 weeks post-natally. The project has been evaluated to assess the impact. The pilot ran over one year as a Mary Seacole Development Project.

Dr Charlotte Allan, a Specialist Trainee Doctor at the Trust, was named Core Psychiatric Trainee of the Year 2011 by the Royal College of Psychiatrists. The annual RCPsych Awards mark the highest level of achievement within psychiatry, and are designed to recognise and reward excellent practice in the field of mental health.

Dr Allan was presented with her award by Professor Sir Neil Douglas, Chairman of the Academy of Medical Royal Colleges, at a prestigious ceremony held at the Royal Society of Medicine on 15 November 2011.

In January 2012, the Oxfordshire Social Care Pathway Team was highly commended at an awards ceremony hosted by Oxfordshire County Council to promote effective and efficient working within a social care team. The Social Care Pathway Team works very hard to foster and maintain good quality partnerships in ensuring quality Social Care services for the service users and carers who require support in their journey to recovery.

The team was commended against a number of standards including auditing quality of care for individual service users, following up inside the service where quality is below standard, and their partnership working with other local health and social care organisations as well as the voluntary sector.

The Trust's Clinical Research Unit (CRU) at the Warneford Hospital was awarded funding as part of a partnership bid between the Trust, the University of Oxford's Department of Psychiatry and Oxford University Hospitals Trust. The bid for research funding was led by Professor John Geddes, Associate Medical Director (R&D) for the Trust and involved staff from the Trust as well as our partner organisations. The bid involves all three organisations working in partnership to provide clinical research facilities across various sites in Oxford.

£3.75m of research funding was awarded to the Trust and our partners by the National Institute for Health Research. The funding will support the growth of the CRU facilities at the Warneford as well as facilities at the John Radcliffe Hospital and South Parks Road, Oxford. The money will also be used to employ a range of clinical research staff including nurses, doctors and scientists. Research will be carried out in areas such as communication impairments in children, social anxiety disorder, post traumatic stress disorder, depression, schizophrenia and stroke.

Members of the Productive Programmes Team hosted a visit in March 2011 to showcase and share local improvement work with overseas visitors from Ontario, Canada. Crystal Houze, Vice President and Chief Nursing Executive and Pat Pearce, Director of Knowledge and Innovation from the Chatham-Kent Health Alliance, Ontario, Canada, spent an afternoon with frontline staff and members of the Trust Productive Programmes Team.

Staff from Didcot Community Hospital showcased their 'Productive Ward' sharing examples of the outcomes achieved from the programme. Since introducing this programme the ward was calmer, tidier and patients reported improved

satisfaction with care. Additional benefits included having protected time for patients to enjoy their meals without interruptions. Staff wanted to spend even more time with patients and this had been made possible by refining many of the ward processes and procedures to eliminate unproductive time.

Edith Hipwell, District Nurse from Abingdon District Nursing Service, shared an in-house video demonstrating improvements made by the team to increase efficiency and free up more time for face-to-face patient care. By re-designing equipment used to support home visits, the team has released further time for patient care.

Developing our

Business

By having an excellent reputation for providing high quality services, specialist expertise and value for money, we want to ensure that the Trust only pursues new markets that, in their totality, will both benefit service users and their carers, and make the health system as robust as possible.

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

Where the Trust has particular strengths and can add value to current service provisions and when aligned with its strategic direction, the Trust will pursue opportunities to develop new business and grow existing services.

4. No regulatory concerns
5. Lowest risk - no regulatory concerns

Governance risk rating

Red - concern that issue(s) significantly breach(es) authorization

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 breach(es) authorisation

Amber - concerns about one or more aspects of mandatory services

Green - mandatory services comply with authorisation

During 2011/12, the Trust's ratings were:

	Annual Plan	Q1	Q2	Q3	Q4
Financial Risk Rating	3	4	4	4	3
Governance Risk rating	Amber Green	Green	Green	Green	Green
Mandatory Service	Green	Green	Green	Green	Green

During 2010/11, the Trust's ratings were:

	Annual Plan	Q1	Q2	Q3	Q4
Financial Risk Rating	4	4	4	4	4
Governance Risk rating	Amber/Green	Green	Green	Green	Green
Mandatory Service	Green	Green	Green	Green	Green

Performance

The Financial Risk Rating throughout the year was in line with plan.

During 2011/12, the Trust maintained a Green Governance rating in line with plan.

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

Financial performance for 2011/12

The Trust's financial position and end of year Accounts are detailed in the Summary Financial Statements on page 103 of this report.

The accounts have been prepared by Oxford Health NHS FT in accordance with Schedule 7, Paragraph 24 and 25 of the National Health Service Act 2006 in the form in which Monitor, the Independent Regulator of NHS Foundation Trusts has, with the approval of HM Treasury,

directed. The 2011/12 statutory accounts have been prepared in accordance with International Financial Reporting Standards (IFRS).

After conducting a detailed review, the directors have a reasonable expectation that Oxford Health NHS FT 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.

The Financial year 2011/12 is referred to as FY12, the financial year 2010/11 as FY11 etc.

NHS Oxfordshire community provider services

On the 29 March 2010 the Trust was notified it had been successful in its application to NHS Oxfordshire to become the preferred partner for the future provision of community health services in Oxfordshire.

On 31 March 2011, the Trust and NHS Oxfordshire entered into a legal contract for the Trust to provide these services for a period of three years from 1 April 2011. These services were previously provided by an arm's length body, Community Health Oxfordshire, within the overall legal entity of NHS Oxfordshire. The value of these services is c. £93 million per annum. This transaction has been approved by the Trust's Board of Directors, the Board of NHS Oxfordshire, the Strategic Health Authority, the Department of Health's Competition and Co-operation Panel and reviewed by Monitor (the independent regulator for Foundation Trusts).

Financial highlights

- Total income for the Trust increased by £96.6m (54.9%) in FY12 to £272.5m, mainly due to the integration of Community Health Oxfordshire from 1st April 2011
- Income from activities increased by £95.7m (69.5%) to £233.3m
- Operating surplus reduced by £2.4m to £7.0m, due to £3.2m of asset impairments accounted for in FY12. The underlying position excluding asset impairments was an increase in operating surplus of £0.8m compared to the previous year
- Surplus margin of 1.9%, a reduction of 0.7% due to asset impairments in FY12
- Return on assets of 7.9%, up from 7.0% in the previous year, reflecting increased income compared to the prior year due to integration of Community Health Oxfordshire without the transfer of associated assets in 2011/12.

Key performance indicators (KPIs)

Monitor Financial Risk Metrics for the year ending 31 March 2012

	Plan	Actual	Variance
Underlying Performance:			
EBITDA % YTD	4.8%	4.8%	-0.0%
Achievement of Plan:			
EBITDA % achieved YTD	100.0%	105.8%	+5.8%
Financial Efficiency:			
Return on Assets YTD	7.0%	7.9%	+0.9%

I&E Surplus Margin % YTD	1.8%	1.9%	+0.1%
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Liquidity:

Liquid Ratio YTD	35.9	29.1	-6.8
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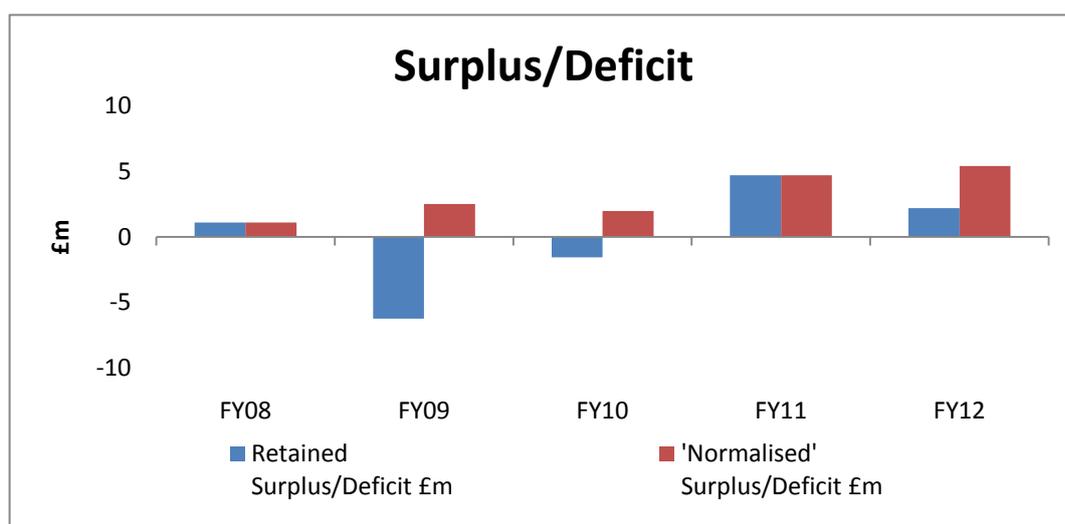
Note -The Monitor Financial Risk Metrics above are based upon the Trust’s quarterly submissions to Monitor. These submissions include pooled budget (section 75) income and expenditure and

as a result the ratios quoted here are based on different I&E figures to the Trust’s annual accounts, which exclude Section 75 balances.

Trust Performance 2011/12

The Trust’s full-year results reflect a sound performance. The Trust, and its predecessor Trusts, have maintained as a minimum a break-even position for ten

consecutive years and in the last four years, a surplus before exceptional items. These surpluses are available to invest back into the Trust to improve its services.



2011/12 Statement of Comprehensive Income Summary

£000

Total Income	272,509
Expenses	(265,483)

Operating Surplus 7,026

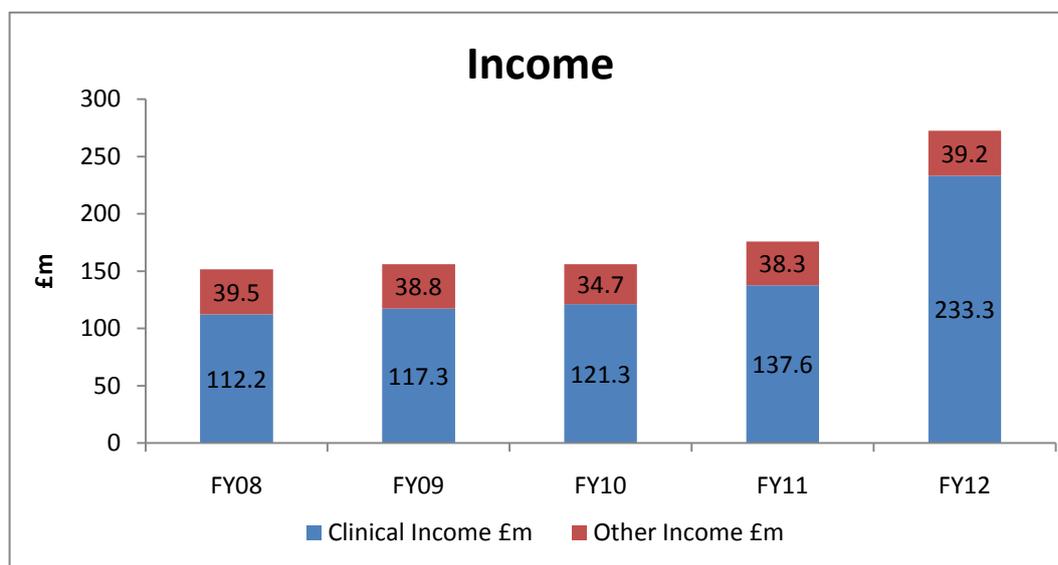
Loss on disposal	0
Finance income/expense	(1,118)

Dividends paid to Government (3,731)

Retained Surplus 2,177

Impairment of assets 3,192

Surplus before exceptional items 5,369



Total income increased by £96.6m (54.9%) to £272.5m, compared to last year. The Trust’s main commissioners remain the Buckinghamshire and Oxfordshire PCTs, which account for 76% of clinical activity income. Income from activities increased by £95.7m (69.5%) to £233.3m, due to the integration of Community Health Oxfordshire from 1st April 2011.

Income from other activities increased by £0.9m (2.3%) to £39.2m.

Capital expenditure

Capital spend in FY12 was £13.3m, compared with £3.4m in the previous year. The Trust’s main capital investment areas were:

- Manor House, Aylesbury (£3.4m) - preparation for a new hospital which is due to be opened in autumn 2013

Operating expenses increased by £99.1m (59.6%) to £265.5m, mainly attributable to increased operating costs following the integration of Community Health Oxfordshire on 1st April 2011.

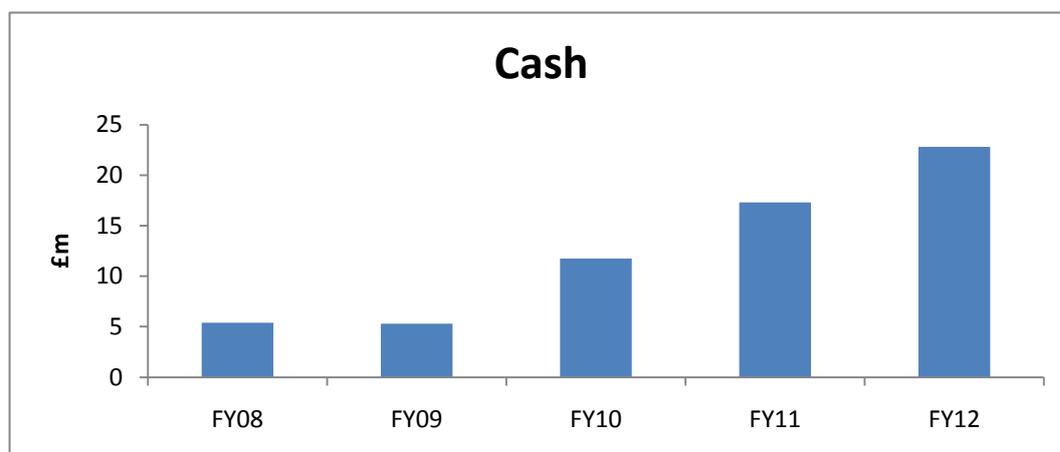
The majority of operating expenses relate to pay costs, which have increased by £69.7m, 61.0% to £183.9m. This reflects the integration of Community Health Oxfordshire from 1st April 2011.

- Highfield Unit, Oxford (£3.7m) – work commenced on a new inpatient unit for young people, which is planned to open in the autumn of 2012
- IT Infrastructure and development (£1.2m).

Cash flow and net debt

The Trust's cash position has improved by £5.5m during the year as a result of

reduced capital spend and an improved operating surplus.



The Trust generated £20.6m of cash from operations, up 35.5% on the prior year, primarily as a result of the increase in operating surplus.

The Trust's gearing ratio (the percentage of capital employed that is financed by debt and long term financing) reduced to 11.7% (12.4% in FY11), with year-end net

debt decreasing by £0.1m to £13.7m (£13.8m in FY11).

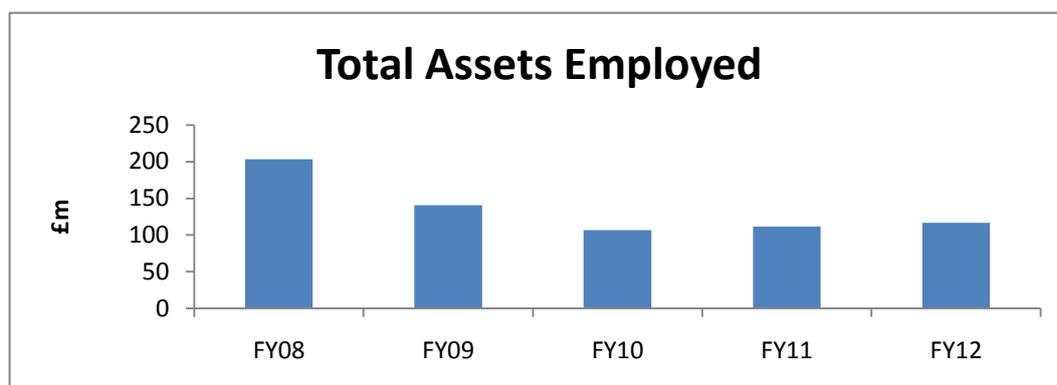
The Trust's Liquidity Ratio (Trust's ability to meet its short term obligations on time) decreased to 29 days in FY12 from 42 days in FY11, reflecting the increased short term obligations following integration of Community Health Oxfordshire.

Return on invested capital

Return on assets was 7.9%, 0.9% higher than the previous year's 7.0%, reflecting the increased income for FY12.

Total assets employed

Total assets employed increased by £5.2m, 4.6% to £116.8m, reflecting the improved cash position.



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 2012 was as follows:

- Oxfordshire - £26.9m (£28.4m, FY11)
- Buckinghamshire Adult - £8.9m, (£9.6m, FY11)
- Buckinghamshire Older Adult – £3.0m (£3.1m, FY11)

- 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.

Better Payment Practice Code 2010/11

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

	Number	£000
Measure of Compliance:		
Total Non-NHS trade invoices paid in the year	61,851	73,529
Total Non NHS trade invoices paid within target*	58,231	69,966
Percentage of Non-NHS trade invoices paid within Target	94.1%	95.2%
Total NHS trade invoices paid in the year	2,351	25,409
Total NHS trade invoices paid within target*	2,244	24,718
Percentage of NHS trade invoices paid within Target	95.4%	97.3%

*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. 94.1% of the total number of non-NHS invoices received and processed were paid within

the 30 day target, 95.2% 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

Future performance and outlook

The Trust, like the rest of the NHS, is facing an extremely challenging financial environment. There has been a global financial crisis that has had an impact on the NHS and the financial outlook suggests that this impact will continue for the coming years. We already know that the NHS will receive no growth funding, smaller increases in inflation funding and be faced with increasing efficiency targets year-on-year. The result of this will be a net real term reduction in income year-on-year.

The financial strategy for the Trust for 2012/13 to 2014/15 has been produced in response to this challenging economic environment, to find headroom from within existing resources to maintain and improve existing levels and quality of patient care. It is built on the firm financial foundations laid by the Trust in the previous four years, since becoming a Foundation Trust. 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

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 counter fraud activity are made to the Audit Committee.

- 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.

The Board of Directors approved the 2012/13-14/15 Financial Plan and 2012/13 budget at its March meeting. The key highlights are:

- A minimum financial risk rating of '3' over the next three years, moving to '4' in FY15
- Planning for normalised surpluses of £5.0m, £5.2m and £5.4m over the next three years, giving a normalized surplus margin of not less than 1.8% per annum
- Normalised EBITDA margin of 4.9%, 5.2% and 5.4% over the three years
- The requirement for significant cash releasing efficiency savings of £33.9m during this period.

The Trust has contracts with its main commissioners NHS Oxfordshire and NHS Buckinghamshire to provide mental health services to their respective resident populations, and a three year contract with NHS Oxfordshire to provide community health services in Oxfordshire

from 1 April 2011. 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. The Trust also has a contract to deliver child and adolescent mental health services in Swindon, Wiltshire, Bath and North East Somerset, and a contract with the South Central Specialist Commissioning Group to provide specialist mental health services.

In addition, the Trust is preparing for the introduction of Payment by Results in mental health and community services over the next two to three years, which will lead to the Trust receiving its income based on a national tariff. The Trust is undertaking this preparatory work during FY13 in conjunction with the Trust's main commissioners.

The Trust recognizes the importance of providing services from high quality premises and has a significant capital

investment programme of £60m over the next three years. The main areas of investment include the Manor House development and the Highfield scheme. The capital programme will be financed through cash generated from operations and surplus land sales over the next three years. In addition, the Trust has secured £28.1m in loan financing towards our new hospital in Aylesbury, Buckinghamshire (the Manor House scheme).

Apart from the challenging economic environment within which the Trust continues to operate, the main risks facing the Trust during FY13 include the requirement for the continued delivery of significant efficiency savings, continuing to deliver high quality services to patients in accordance with contracts agreed with commissioners and delivering a substantial capital investment programme on time and within budget. The Trust has plans in place to deliver its financial objectives for FY13 and mitigation plans to manage risks.

Developing Leadership, People and Culture

Our staff are fundamental to the success of the organisation and the quality of care that is provided to patients; staff will be provided with the best possible support, training and development opportunities to ensure the best use of multiple skills.

Staff Survey 2011

Staff engagement is taken very seriously by the Board of Directors and a number of initiatives have been implemented through the year to provide more opportunities for staff to have their say and to become involved in the decision making of the Trust. The Board is also keen to see improvements in our staff survey results and as such we have brought our strategic and business planning much closer to front line services with the introduction of a new strategic framework.

The framework takes the Trust's strategic objectives down to operational level where staff are involved in building annual plans to ensure delivery and to incorporate into their own appraisal process. This creates greater ownership throughout the organisation of our plans and helps staff to identify their contribution and value to the Trust.

A specific target within the plans is to achieve top 20% performance across the four main elements of the annual Staff Survey. In addition we aspire to achieve top 20% performance on staff engagement and equality and diversity. The People and Leadership strategic enabler (a part of the Strategic

Framework) has been developed to ensure the Trust progresses towards these aims over the next three years. Underpinning initiatives to deliver this is our Staff Wellbeing and Culture Group. This was established in the summer of 2011 and has staff membership from across the Trust including staff governors. Initially the focus was on actions to support in year improvements associated with the 2010 staff survey results. An example of this was the need for improvements in communications between managers and staff. Consequently, the Group initiated Executive and Senior Manager visits across all services run by the Trust. Executive Directors take a portfolio of services and commit to regular visits through the year. Feedback from these visits is taken on a weekly basis at Executive Board meetings and actions are then relayed back to the staff or teams concerned. Where appropriate this feedback is also taken into account within specific initiatives already in train e.g. improving the user experience of RiO and enhancing access to mandatory training.

The Staff Wellbeing and Culture Group also initiated a 'Back to the Floor' project making it mandatory for senior managers in the Trust to undertake a minimum of 2 days work per year in frontline services.

Feedback from these sessions is publicised on our intranet and website and learning is incorporated into local planning. This initiative has been well received by front line staff and feedback has been very positive.

Each year the Trust runs two staff conferences to which a broad range of staff from across the organisation are invited. On average there are approximately 150 staff attending each conference and the approach is designed to be interactive with teams and individuals providing sessions and work shops throughout the day. Feedback is received on the content and delivery and also ideas for future conferences. These have proven to be very successful and as a consequence we are planning to increase them to four per year from 2013 (three in 2012).

In addition to the staff conferences we also run an annual awards evening to reward individuals and teams for their exceptional contributions to the Trust in terms of patient care and innovation. Initiatives generated by staff and teams are often taken forward into main stream operations e.g. True Colours – a mobile phone based mood indicator for some of our mental health patients, helping to reduce unnecessary appointments; Local Productive Series projects – improving efficiency and patient contact time in our Community and Mental Health services.

In addressing those areas of the 2010 survey where the organisation performed less well (please refer to the table below) each of our four Operational Divisions was tasked with producing local action plans. These were monitored through the Wellbeing and Culture Group to ensure progress and also to share learning and good practice across the Trust.

Delivery of our Cost Improvement Programme (CIP) is also important to help drive efficiency and innovation in service delivery. We have approached this by engaging with frontline teams in the development of our savings plans. Therefore we can ensure greater ownership of the plans and improve delivery against the targets we have set for the organisation. In addition it ensures that the plans can be practically applied and that the impact for patient care is positive. Clinical involvement in the planning stage is crucial and this is built in as a requirement of the business case process which underpins the overall programme. This approach helped the organisation to deliver its best performance against the CIP target in 2011/12 largely as a consequence of greater staff / team engagement and ownership. The approach has been further enhanced for 2012/13 with more involvement of staff in the project development stag

Staff Survey Response Rates

Response Rate	2010/11		2011/12		Trust Improvement / Deterioration
	Trust	National Average	Trust	National Average	Increase/decrease in % points
	55%	54%	51%	54%	3%-

Staff Survey Key Findings

	2010/11		2011/12		Trust Improvement / Deterioration
	Trust	National Average	Trust	National Average	Increase/decrease in % points
Top 4 Ranking Scores					
KF11 - % staff receiving job relevant training/ L&D in last 12 months	78%	80%	83%	80%	5%+
KF23 - % staff experiencing physical violence from patients, relatives or public in last 12 months	12%	14%	8%	12%	4%+
KF9 – % staff using flexible working options	67%	67%	72%	67%	5%+
KF26 - % staff experiencing harassment, bullying or abuse from staff in last 12 months	14%	14%	11%	13%	3%+
Bottom 4 Ranking Scores	Trust	National Average	Trust	National Average	Increase/decrease in % points
KF21 - % staff reporting errors, near misses or incidents witnessed in last month	95%	97%	94%	97%	1%-
KF8 – % staff working extra hours	65%	65%	71%	65%	6%-
KF5 – work pressure felt by staff	3.14	3.01	3.18	3.08	0.04%+
KF1 - % staff feeling satisfied with quality of work delivered	68%	75%	68%	74%	No change

The 2011 national Staff Survey results indicated positive improvements in a number of areas, demonstrating the positive impact the Wellbeing and Culture Group is having on the organisation. The table above shows the areas where the Trust has improved over the previous year and we now have 18 areas out of 38 where

our performance is above average or in the top 20%. Important too was the fact that none of the areas in the survey had deteriorated from the previous year. There are however five areas which are in the worst 20% and as such these have been prioritised for action within the work

taken forward in 2012 by the Wellbeing and Culture Group. These are as follows:

- Staff feeling satisfied with the quality of work and patient care they are able to deliver
- Work pressure felt by staff
- Staff working extra hours
- Reporting of error, near misses or incidents in the last month*
- Experiencing physical violence from staff in the last 12 months*

**It should be noted that the statistics here are very marginal e.g. reporting of errors is at 94% and we aim for 100%. Work is taking place to encourage staff to report all instances so the organisation can take appropriate action. We are taking positive steps to see improvements in all these cases and have prioritised them accordingly.*

The Staff Wellbeing and Culture Group will continue to be the focus for taking forward initiatives which improve staff survey results within the organisation. However, the approach is not only to focus on better results but on embedding ways of working which have lasting impact and value to the organisation. In doing so we will achieve our aim of top 20% performance whilst establishing a culture where staff feel supported to do their jobs well and consequently see improvements in patient care.

More specifically a number of actions are being implemented for 2012 and they include the following:

Local surveys – To monitor progress against some of the survey related challenges we have (e.g. five areas where performance is in the lowest 20%) we are launching up to four local surveys in year. They will address particular themes and will test whether initiatives at corporate

and Divisional level are having positive effect. The first of these will take place in May 2012 and be launched via a newsletter to be included in the May payslips and also on our intranet. Feedback on the results will be provided to staff following analysis and recommendations being presented to the Wellbeing and Culture Group in June 2012.

Wellbeing strategy implemented – The Occupational Health team are implementing a Wellbeing Strategy targeted at effectively reducing and managing stress in the organisation. The strategy has been through staff consultation and will monitor the number of cases of work related stress and the associated causes. This will provide data for specific action to be taken to reduce stress (NB quite a high percentage of cases are related to external factors such as difficult domestic circumstances). Additionally, the team, through the strategy, will also be providing a number of Wellbeing sessions across the Trust promoting healthy living.

Divisional action plans – This is now part of the annual requirements of each operational Division and is monitored through the Wellbeing and Culture Group and quarterly performance reviews. They incorporate the specific areas from the staff survey results which are localised to the division and are cross checked against CQC requirements including a review of the Quality Risk Profiles from the CQC.

Involvement of the Governors – A significant change in the year was the establishment of a Members' Council Staff Survey Committee. This involves governor representatives and meets at least quarterly to add an extra level of scrutiny to our planning and progress. In addition we are also able to take advantage of the experience our governors can bring to

help us improve staff wellbeing overall within the organisation.

There is a clear recognition by staff of the importance of the national survey results and especially now in light of the fact that we take action to address those areas staff indicate are adversely affecting their ability to provide high quality services. The year on year comparisons enable us to determine if the in year initiatives are having a positive impact and this is clearly

the case in the last 12 months. We will continue to provide staff with regular feedback on all the activities associated with the national and local survey outcomes but also how the operational action plans are having an impact. This approach has proved successful for 2011 and we expect to see improvements for 2012 as a consequence of the changes we have made this year for greater staff involvement and engagement.

Workforce Performance

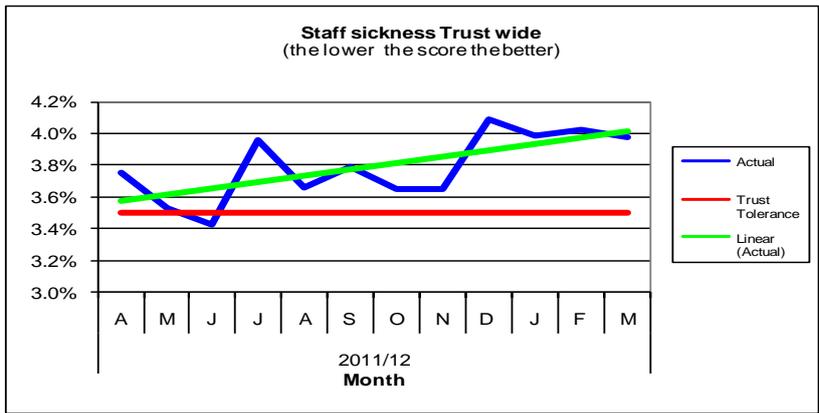
Workforce	Threshold	Actual	Status
Staff sickness rate	3.5%	3.7%	●
% of staff with Personal Development Reviews	85.0%	80.0%	●
Mandatory training completed in the last 12 months	75.0%	72.0%	●
Use of bank and agency staff	5.0%	3.1%	●

The average staff sickness rate for FY12 was 3.7%. This is a slight reduction on the average in FY11 which was 4.1% Improvements have been seen in both short term and long term sickness absence. HR and Occupational Health (OH) staff continue to working together to provide more focused and consistent advice to managers. Following a trial last year the plan to have OH advisors dedicated to a particular Division is now in place across all Divisions and is proving to

be successful.

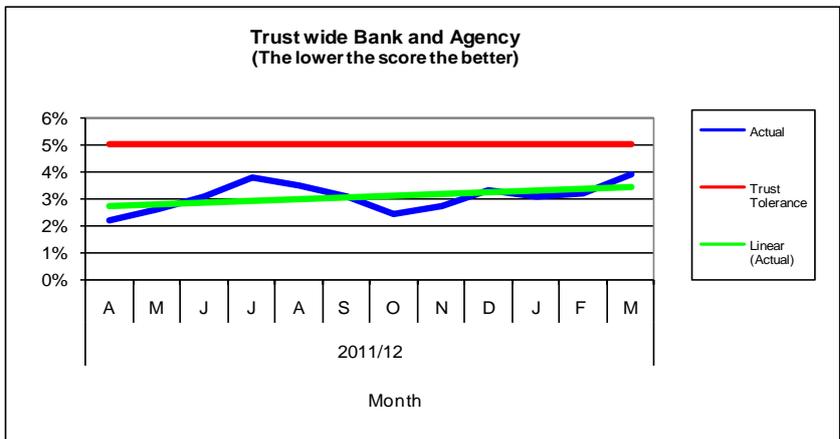
The Trust has now established a Wellbeing & Culture group. The Wellbeing Agenda is being taken forward by OH and HR.

All Divisions are receiving sickness absence management training or local workshops. One of the aims of which is to reinforce best practice and help with the issues which might be inhibiting managers from instigating actions.



The Trust has further reduced bank and agency spend by 1% compared to last year. Actual spend in FY12 was 3.1% compared to FY11 where it was 4.1%. The vast majority of this decrease is in the use

of Agency staff and is the result of targeted management action to further roll out 'sessional' contracts. Spend on sessional contracts has increased to 2.2% compared to 1.3% in FY11



Whilst workforce performance remains good, the Trust Board is keen to see year on year improvements and has taken a close interest in our performance on appraisals and mandatory training. Consequently changes to how these are delivered within the Trust have been made through the year, resulting in performance improvements to date. In 2012/ 12 the bar has been set higher in order to achieve further improvement.

The Director of Human Resources and Organisational Development (OD) is refreshing the Workforce and OD Strategy and will be reviewing the key performance indicators which will provide greater assurance to the Board. The strategy is being developed to support the Strategic Framework.

Using our Estate

Efficiently

We want patients to have the best experience with us; to achieve this, we will, where necessary, refurbish, integrate and share estates within the organisation and with partners, to deliver effective and efficient services. We will ensure our estate is managed to a high standard, is used most efficiently and we will increase our

involvement in sustainable development to reduce our carbon footprint. Providing an efficient estate will promote a modern, safe and pleasant environment within which to receive and provide care for all.

Estates Strategy

During 2011/12, as a result of the integration with Community Health Oxfordshire (CHO), Oxford Health NHS FT significantly expanded the number of premises it operates from. With an original property base of 46 properties, the integration increased the number and range of the portfolio so that the Trust is now in occupation or providing services from some 252 properties in all. These include 9 community hospitals, with District Nurses and Health Visitors located in 85 GP surgeries, and sessional consulting space in a variety of third party premises.

The Trust has commenced work on the development of a revised and updated Estate Strategy designed to ensure there is a strategic framework for the provision of an efficient and fit for purpose estate, in the right locations, to facilitate and support both new and existing Trust services. The initial stage – that of providing a comprehensive analysis of the position and performance of the current estate – was completed at the end of 2011/12 and further work to align it with

future service requirements will continue in 2012/13.

The patient environment plays an important role in aiding recovery and creating wellbeing and therefore it is essential that the Trust maintains its Estate to the highest possible standard, as well as investing in new patient facilities, areas and hospital units.

During 2011/12 the Trust invested over £11.5m on improving its current buildings and facilities. The two major capital build projects (the Highfield Unit for young people in Oxford and the Manor House redevelopment in Aylesbury representing more than £50m worth of investment over the next three years commenced on site.

The new Highfield Unit will be located near to the current facilities on the Warneford Hospital site. Once the new unit is occupied in November 2012, the existing Highfield Unit will be demolished and the area landscaped. The £11m investment will provide an 18-bed inpatient ward along with educational and recreational space for the young people of Oxfordshire and beyond.

The old Manor House Hospital in Aylesbury was demolished in 2010 to make way for the development of new dedicated facilities. Over the past 12 months further amendments have been made to the final design, including increased floor space to incorporate more community based services, an acute day hospital and an outpatient suite as well as the 80-bed inpatient unit. The total budget increased to £43m to reflect these changes. Key staff and stakeholders have been integral to the overall design by contributing their views. Building works commenced in March 2012.

Energy and Sustainability Sustainability

During 2011/12, specialist consultants were commissioned to complete environment and sustainability assessments of the Trust's two campus sites (Warneford and Littlemore) using the Building Research Establishment Environmental Assessment Method to provide an independent, rigorous assessment of environment performance in areas of management, health and wellbeing, energy, transport, water, waste and pollution. This was the first serious examination of how, in terms of environmental impact, these sites are managed and both sites achieved a "pass" rating.

Over the course of 2012/13 we will develop an action plan designed to improve the rating to a minimum of "good." This would mean that in conjunction with the new developments in Aylesbury and Oxford described above, a major part of the Trust's estate will be rated as "good" or above.

Energy

In line with the Trust's approved 5 year Carbon Reduction Plan, activities and investment were guided by the Carbon Trust's recommendation to work to the following three priorities:

Save energy by insulating to reduce heat loss

A number of buildings were assessed for improving roof insulation and work has taken place to increase the level of insulation in the roof space of selected buildings at the Littlemore site.

In addition, several older buildings with higher than average energy consumptions were surveyed to assess the benefit of installing cavity wall insulation (Fiennes Centre, Fulbrook and Sue Nicholls Centre). However owing to the natural ventilation characteristics of these buildings only the Sue Nicholls Centre was found to be suitable and a cost benefit decision about whether to proceed with these works is under consideration.

Replace old heating plant with new efficient technology

During 2011/12 the Trust invested in projects to provide long term emissions reduction by replacing old heating boilers with 'super' efficient ones that operate at over 90% efficiency. These were installed at the following Trust sites: Vale Resource Centre, Fulbrook, Rectory Centre and Abingdon and Witney Community Hospitals.

Upgrade energy controls

Replacements of heating controls were included as part of the works to replace boilers, providing up to date control technology, linked to a central station to enable remote control and temperature monitoring.

Travel

Investment to support the Trust's travel plan has been identified and will be

prioritised when the Trust's Estates strategy is approved.

Summary of Sustainability and Energy Performance

Area		Non-financial data	Non-financial data		Financial data (£) cost	Financial data (£) cost
		2010/11	2011/12		2010/11	2011/12
Waste minimisation and management	Absolute values for total amount of waste produced by the trust	629 tonnes landfill	1,019 tonnes landfill	Expenditure on waste disposal (excluding recycling).	113,222	156,561
		89 tonnes clinical waste	120 tonnes clinical waste			
Finite resources	Water	34,052m ³	57,482m ³	Water	143,687	210,509
	Electricity	4,547,340kwh	9,765,090kwh	Electricity	579,639	1,132,815
	Gas	14,266,200 KWh	25,461,586kwh	Gas	476,304	984,185

Summary Financial Statements

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED			
31st March 2012			
	2011/12		2010/11
	£000		Restated £000
Operating income	272,509		175,867
Operating expenses	(265,483)		(166,422)
Operating surplus	7,026		9,445
Finance costs			
Finance income	251		70
Financial expense - financial liabilities	(1,326)		(1,290)
Financial expense - unwinding of discount on provisions	(43)		0
Public Dividend Capital dividends payable	(3,731)		(3,566)
Net finance costs	(4,849)		(4,786)
Surplus from continuing operations	2,177		4,659
Surplus from discontinued operations	0		0
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR	2,177		4,659
Other comprehensive income :			
Revaluation gains/(losses) and impairment losses property, plant and equipment	3,384		0
Revaluation gains/(losses) and impairment losses on intangible assets	0		0
Revaluation gains/(losses) and impairment losses arising from classifying non current assets as Assets Held for Sale	0		0
Actuarial gains/(losses) on defined benefit pension schemes	(372)		(28)
Other recognised gains/ (losses)	0		0
Other Reserve Movements	0		0
TOTAL COMPREHENSIVE INCOME AND EXPENSE FOR THE YEAR	5,189		4,631
All income and expenditure is derived from continuing operations.			

STATEMENT OF FINANCIAL POSITION AS AT			
31 March 2012			
	31 March 2012	31 March 2011	01 April 2010
		Restated	Restated
	£000	£000	£000
NON-CURRENT ASSETS			
Intangible assets	292	161	97
Property, plant and equipment	122,601	112,449	112,254
Trade and other receivables	30	30	30
Total Non-Current Assets	122,923	112,640	112,381
CURRENT ASSETS			
Inventories	1,740	1,909	1,885
Trade and other receivables	7,691	7,065	7,886
Non-current assets held for sale	6,400	6,400	6,400
Cash and cash equivalents	22,788	17,295	11,745
Total Current Assets	38,619	32,669	27,916
CURRENT LIABILITIES			
Trade and other payables	(21,907)	(13,430)	(13,712)
Borrowings	(103)	(97)	(692)
Other financial liabilities	(607)	(1,366)	(1,197)
Provisions	(1,834)	(798)	(869)
Other liabilities	(4,613)	(2,816)	(1,758)
Total Current Liabilities	(29,064)	(18,507)	(18,228)
NON CURRENT LIABILITIES			
Trade and other payables	0	0	0
Borrowings	(13,608)	(13,712)	(13,733)
Other financial liabilities	0	0	0
Provisions	(2,040)	(1,451)	(1,328)
Other liabilities	0	0	0
Total Non Current Liabilities	(15,648)	(15,163)	(15,061)
TOTAL ASSETS EMPLOYED	116,829	111,639	107,008
TAXPAYERS' EQUITY			
Public dividend capital	88,380	88,380	88,380
Revaluation reserve	15,982	12,932	13,269
Available for sale financial assets reserve	0	0	0
Other reserves	8,076	8,076	8,076
Merger reserve	0	0	0
Income and expenditure reserve	4,391	2,251	(2,717)
TOTAL TAXPAYERS' EQUITY	116,829	111,639	107,008

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY 2011/12						
	Total	Public Dividend Capital	Revaluation Reserve	Donated Assets Reserve	Other Reserves	Income and Expenditure Reserve
	£000	£000	£000	£000	£000	£000
Taxpayers' Equity at 1 April 2011	111,639	88,380	12,932	0	8,076	2,251
Surplus/ (deficit) for the year	2,177					2,177
Revaluation gains/(losses) and impairment losses on property plant and equipment	3,384		3,384			
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	0					
Actuarial gains/(losses) on defined benefit pension schemes	(372)					(372)
Transfer of the excess of current cost depreciation over historical cost depreciation to the income and expenditure reserve	0		(334)			334
Movements on other reserves	0					
Taxpayers' Equity at 31 March 2012	116,829	88,380	15,982	0	8,076	4,391
STATEMENT OF CHANGES IN TAXPAYERS' EQUITY 2010/11						
	Total	Public Dividend Capital	Revaluation Reserve	Donated Assets Reserve	Other Reserves	Income and Expenditure Reserve
Taxpayers' Equity at 1 April 2010 as previously stated	106,902	88,380	13,206	1,003	8,076	(3,763)
Prior Period Adjustment	106		63	(1,003)		1,046
Taxpayers' Equity at 1 April 2010 Restated	107,008	88,380	13,269	0	8,076	(2,717)
Surplus/ (deficit) for the year	4,659					4,659
Revaluation gains/(losses) and impairment losses on property plant and equipment	0					
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	0					
Actuarial gains/(losses) on defined benefit pension schemes	(28)					(28)
Transfer of the excess of current cost depreciation over historical cost depreciation to the income and expenditure reserve	0		(337)			337
Movements on other reserves	0					
Taxpayers' Equity at 31 March 2011	111,639	88,380	12,932	0	8,076	2,251

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED		
31 March 2012		
	2011/12	2010/11
		Restated
	£000	£000
Cash flows from operating activities		
Operating surplus/(deficit) from continuing operations	7,026	9,445
Operating surplus/(deficit) of discontinued operations		0
Operating surplus/(deficit)	7,026	9,445
Non-cash income and expense:		
Depreciation and amortisation	3,163	3,100
Impairments	3,427	0
Reversals of impairments	(235)	0
Interest accrued not paid	(23)	(7)
Dividends accrued and not paid or received	(63)	0
(Increase)/decrease in trade and other receivables	(563)	178
(Increase)/decrease in other assets	0	0
(Increase)/decrease in inventories	169	(24)
Increase/(decrease) in trade and other payables	5,446	1,401
Increase/(decrease) in other liabilities	1,038	1,227
Increase/(decrease) in provisions	1,625	52
Tax (paid) / received	0	0
Movements in operating cash flow of discontinued operations	0	0
Other movements in operating cash flows	(372)	(129)
NET CASH GENERATED FROM/(USED IN) OPERATIONS	20,638	15,243
Cash flows from investing activities:		
Interest received	251	70
Purchase of intangible assets	(171)	(87)
Sales of intangible assets	0	0
Purchase of property, plant and equipment	(10,058)	(4,834)
Sales of property, plant and equipment	0	0
NET CASH GENERATED FROM/(USED IN) INVESTING ACTIVITIES	(9,978)	(4,851)
Cash flows from financing activities:		
Loans received	0	86
Loans repaid	(34)	(644)
Capital element of finance lease rental payments	0	0
Capital element of private finance initiative obligations	(64)	(58)
Interest paid	(333)	(374)
Interest element of finance lease	0	0
Financing element of private finance initiative obligations	(961)	(909)
PDC dividend paid	(3,775)	(2,943)
Cash flows from (used in) other financing activities	0	0
NET CASH GENERATED FROM/(USED IN) FINANCING ACTIVITIES	(5,167)	(4,842)
Increase/(decrease) in cash and cash equivalents	5,493	5,550
Cash and cash equivalents at 1 April	17,295	11,745
Cash and cash equivalents at 31 March	22,788	17,295

Remuneration Report

Salaries and Allowances

Name	Title	2011/12				2010/11			
		Effective dates if not in post full year.	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in Kind (rounded to nearest £00)	Effective dates if not in post full year.	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in Kind (rounded to nearest £00)
			£000	£000	£00		£000	£000	£00
Julie Waldron	Chief Executive		165-170	0	0		160-165	0	0
Mike McEnaney	Director of Finance	15 Aug 11 - 31 Mar 12	95-100	0	0	n/a	0	0	0
Gareth Kenworthy	Acting Director of Finance	1 Apr 11 - 14 Aug 11	40-45	0	0	1 Aug 10 - 31 Mar 11	60-65	0	0
Duncan Smith	Director of Finance	n/a	0	0	0	1 Apr 10 - 31 Jul 10	35-40	0	0
Graeme Armitage	Director of HR		100-105	0	0		95-100	0	0
David Bradley	Chief Operating Officer		125-130	0	0		115-120	0	0
Clive Meux	Medical Director		130-135	0	0	n/a	0	0	0
Dr Mike Hobbs	Medical Director	n/a	0	0	0		95-100	0	0
Ros Alstead	Director of Nursing & Clinical Governance		105-110	0	0	23 Mar 11 - 31 Mar 11	0	0	0
Caroline Birch	Acting Director of Nursing & Clinical Governance	n/a	0	0	0	1 Apr 10 - 23 Mar 11	90-95	0	0
Stephen Cass	Director of Infrastructure	1 Apr 11 - 31 Oct 11	90-95	0	0		0-5	0	0
Martin Howell	Chair		40-45	0	0		40-45	0	0
Cedric Scroggs	NED		15-20	0	0		15-20	0	0
Professor Tom Burns	NED		5-10	0	0		10-15	0	0
Dr Anne Grocock	NED		10-15	0	0		10-15	0	0
Roger Reed	NED		10-15	0	0		10-15	0	0
Elaine Whittaker	NED	n/a	0	0	0	1 Apr 10 - 31 Dec 10	5-10	0	0
Lyn Williams	NED		15-20	0	0		15-20	0	0
Mike Bellamy	NED		10-15	0	0		10-15	0	0
Alyson Coates	NED		10-15	0	0	n/a	0	0	0

The Trust is required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in the Trust in the financial year 2011-12 was £167,500 (2010-11, £162,500). This was 6.6 times (2010-11, 5.9 times) the median remuneration of the workforce, which was £25,528 (2010-11, £27,625).

In 2011-12, no employees (none in 2010-11) received remuneration in excess of the highest-paid director.

PENSION BENEFITS

	Real Increase/ (Decrease) in Pension at Age 60/65 (Bands of £2,500)	Real Increase/ (Decrease) in Pension Lump Sum at Aged 60 (Bands of £2,500)	Total Accrued Pension at Age 60/65 at 31 March 2012 (Bands of £5,000)	Lump Sum at Age 60 Related to Accrued Pension at 31 March 2012 (Bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2012	Cash Equivalent Transfer Value at 31 March 2011	Real Increase/ (Decrease) in Cash Equivalent Transfer Value as at 31 March 2012	Employer's Contribution to Stakeholder Pension
Title	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Julie Waldron Chief Executive	0 - 2.5	2.5 - 5	70 - 75	220 - 225	n/a	1684	n/a	0
Gareth Kenworthy Acting Director of Finance	0 - 2.5	0 - 2.5	15 - 20	50 - 55	234	167	67	0
Mike McEnaney Director of Finance	0 - 2.5	n/a	0 - 5	n/a	20	n/a	20	0
Graeme Armitage Director of Human Resources	0 - 2.5	2.5 - 5	35 - 40	110 - 115	656	549	107	0
David Bradley Chief Operating Officer	0 - 2.5	5 - 7.5	30 - 35	100 - 105	604	488	116	0
Clive Meux Medical Director	10 - 12.5	35 - 37.5	65 - 70	200 - 205	1257	925	332	0
Ros Alstead Director of Nursing and Clinical Governance	0 - 2.5	5 - 7.5	45 - 50	140 - 145	931	853	78	0
Stephen Cass Director of Infrastructure	0 - 2.5	2.5 - 5	30 - 35	90 - 95	534	438	96	0

The Government Actuary Department factors for the calculations of Cash Equivalent Transfer Value have changed in FY12, resulting in higher Cash Equivalent Transfer Value compared to FY11.

Julie Waldron

Signed:
Julie Waldron
Chief Executive

This Remuneration Report includes the table of salaries and allowances of the senior managers and the table of pension benefits of senior managers. These tables together with the narrative notes are required to be audited.

Statement of the chief executive's responsibilities as the accounting officer of Oxford 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 the 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 *NHS Foundation Trust Accounting Officer Memorandum* issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the NHS Act 2006, Monitor has directed Oxford 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 Oxford 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 Annual 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:

Date: 30 May 2012

Julie Waldron, Chief Executive

Auditor's Report on the Summary Financial Statements

Independent Auditor's Report to the Board of Governors of Oxford Health NHS Foundation Trust.

Opinion on the summary financial statements

I have examined the summary financial statement for the year ended 31 March 2012 which comprises Statement of Comprehensive Income, Statement of Financial Position, Statement of Taxpayers Equity, Statement of Changes in Taxpayers Equity and Statement of Cash Flows

This report is made solely to the Board of Governors of Oxford Health NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. My audit work has been 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. 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 this report or for the opinions I have formed.

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.

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 Oxford Health NHS Foundation Trust for the year ended 31 March 2012.

Kevin Suter
Officer of the Audit Commission
Collins House
Bishopstoke Road
Eastleigh
Hampshire
SO50 6AD30 May 2012

Appendices

Appendix 1

Committee Attendance between 1 April 2011 and 31 March 2012

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

Attendance at Audit Committee Meetings, April 2011 – March 2012

Director	21 April 11	26 May 11	13 July 11 (Ext)	01 Sept 11	08 Dec 11	16 Feb 12
Cedric Scroggs	X	✓	✓	✓	✓	✓
Alyson Coates	N/A	X	✓	✓	✓	X
Dr Anne Grocock	✓	X	✓	✓	✓	✓
Roger Reed	X	X	✓	✓	✓	X
Lyn Williams	✓	✓	✓	✓	✓	✓

Key: ✓ - attended Ext – Extraordinary meeting

X – apologies N/A – not a member of the Committee at this time

Attendance at Finance and Investment Committee Meetings, April 2011 – March 2012

Director	09 May 11	08 June 11 (Ext)	04 July 11	26 July 11 (Ext)	15 Sept 11	07 Nov 11	13 Dec 11 (Ext)	30 Jan 12	12 Mar 12	22 Mar 12 (Ext)
Lyn Williams	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Martin Howell	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gareth Kenworthy	✓	✓	✓	X	N/A	N/A	N/A	N/A	N/A	N/A
Mike McEnaney	N/A	N/A	N/A	N/A	✓	✓	✓	✓	✓	✓
Roger Reed	X	✓	✓	✓	✓	✓	✓	✓	✓	✓
Julie Waldron	✓	X	✓	✓	✓	✓	✓	✓	✓	✓

Attendance at Integrated Governance Committee Meetings, April 2011 – March 2012

Director	05 May 11	21 July 11	13 Oct 11	16 Nov 11 (Ext)	25 Jan 12	06 March 12 (Ext)
Julie Waldron	✓	✓	✓	✓	✓	✓
Ros Alstead	✓	✓	✓	✓	X	✓
Graeme Armitage	N/A	X	✓	✓	✓	✓
Mike Bellamy	✓	X	✓	✓	✓	✓
Caroline Birch	N/A	N/A	N/A	N/A	✓ ⁶	N/A
David Bradley	✓	X	X	✓	✓	X
Professor Tom Burns	X	✓	X	N/A	N/A	N/A
Stephen Cass	✓	✓	X	X	N/A	N/A
Dr Anne Grocock	N/A	N/A	N/A	N/A	✓	✓
Jayne Halford	✓ ⁷	✓ ⁸	N/A	N/A	N/A	N/A
Martin Howell	✓	✓	✓	X	✓	✓
Mike McEnaney	N/A	N/A	N/A	N/A	✓	✓
Dr Clive Meux	✓	✓	✓	✓	✓	X
Helen Millar	X	X	X	X	X	✓ ⁹

Key: ✓ - attended

Ext – Extraordinary meeting

X – apologies

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

⁶ Caroline Birch, Deputy Director of Nursing, formally deputising for Ros Alstead at Committee

⁷ Jayne Halford, Acting Director of Human Resources, formally deputising for Graeme Armitage at Committee

⁸ Jayne Halford, Deputy Director of Human Resources, formally deputising for Graeme Armitage at Committee

⁹ Helen Millar, Director of Corporate Management, formally deputising for David Bradley at Committee.

Attendance at Joint Audit and Integrated Governance Committee Meetings, April 2011 – March 2012

Director	28 March 12
Julie Waldron	✓
Ros Alstead	✓
Graeme Armitage	X
Mike Bellamy	✓
David Bradley	✓
Alyson Coates	✓
Dr Anne Grocock	✓
Martin Howell	✓
Mike McEnaney	✓
Dr Clive Meux	✓
Roger Reed	X
Cedric Scroggs	✓
Lyn Williams	✓

Key: ✓ - attended X – apologies

Attendance at Charitable Funds Committee Meetings, April 2011 – March 2012

Director	29 June 11	28 Sept 11	30 Nov 11	29 Feb 12	28 March 12 (Ext)
Dr Anne Grocock	✓	✓	✓	✓	✓
Ros Alstead	✓	✓	✓	✓	✓
Graeme Armitage	✓	X	X	✓	✓
Mike Bellamy	✓	✓	✓	✓	✓
David Bradley	✓	✓	✓	✓	✓
Professor Tom Burns	✓	✓	N/A	N/A	N/A
Stephen Cass	✓	X	X	N/A	N/A
Alyson Coates	✓	✓	X	✓	✓
Martin Howell	✓	✓	✓	✓	✓
Gareth Kenworthy	✓	N/A	N/A	N/A	N/A

Mike McEnaney	N/A	✓	✓	✓	✓
Dr Clive Meux	X	✓	✓	✓	✓
Roger Reed	✓	X	X	✓	X
Cedric Scroggs	✓	✓	✓	X	✓
Julie Waldron	✓	✓	✓	✓	✓
Lyn Williams	✓	✓	✓	✓	✓

Key: ✓ - attended

Ext – Extraordinary meeting

X – apologies

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

Attendance at Executive Directors' Remuneration and Terms of Service Committee, April 2011 – March 2012

Name	Role	29 June 11	5 Aug 11	7 Nov 11	9 Nov 11	25 Jan 11
Roger Reed	Chair of the Committee and NED	✓	✓	✓	✓	✓
Mike Bellamy	NED	✓	✓	✓	✓	✓
Tom Burns	NED	✓				
Alyson Coates	NED	✓	✓	✓	✓	✓
Anne Grocock	NED	✓	✓	✓	✓	✓
Martin Howell	Chairman	✓	✓	✓	✓	✓
Cedric Scroggs	NED	✓	✓	✓	✓	✓
Lyn Williams	NED	✓	✓	✓	✓	✓

Attendance at Members' Council Nominations and Remuneration Committee, April 2011 – March 2012

Name	Role	24 Jan 11	22 March 11
Martin Howell	Chairman	✓	✓
Lynda Atkins	Public Governor	✓	✓
Julia Besooijen	Service User Governor	✓	

Karen Campbell	Staff Governor		✓
Stuart George	Appointed Governor	✓ (Part Attended)	✓
Fiona McKay-Perkins	Appointed Governor		✓
Liz Turvey	Carer Governor		✓

Appendix 2

FT Membership Data

Members' Council

First Name	Surname	Governor Constituency	Tenure
Mike	Alexander	Public: Oxfordshire	01/05/11 – 30/04/14*
Patricia	Armstrong	Patient: Carers	01/05/11 – 30/04/14
Lynda	Atkins	Public: Oxfordshire	01/05/11 – 30/04/14
Meg	Barbour	Public: Oxfordshire	01/04/09 – 31/03/12
Julia	Besooijen	Patient: Service Users (Mental Health)	01/04/09 – 31/03/12
Jacqueline	Bourton	Public: Oxfordshire	01/05/11 – 30/04/14
Karen	Campbell	Staff: Integrated Community Services	01/05/11 – 30/04/14
Paul	Cann	Appointed: Age UK Oxfordshire	21/05/10 – 21/05/13
Jayne	Champion	Patient: Service Users (Mental Health)	01/04/10 – 31/03/13
Lynda	Colvin	Patient: Carers	15/07/11 – 14/06/14
Maureen	Cundell	Staff: Mental Health	01/04/09 – 31/03/12
Juliet	Dunmur	Public: Oxfordshire	15/07/11 – 14/06/14
Pauline	Fair	Patient: Service Users (Mental Health)	01/04/09 – 31/03/12
Arash	Fatemian	Appointed: Oxon County Council	10/06/10 – 10/06/13
Andrew	Friend	Patient: Services Users (Mental Health)	01/04/09 – 31/03/12*
Sarah	Gardner	Staff: Integrated Community Services	15/07/11 – 14/06/14
David	Geaney	Staff: Mental Health	01/04/09 – 31/03/12
Stewart	George	Appointed: Bucks PCT	01/02/11 – 01/02/14
Moira	Gilroy	Staff: Corporate Services	01/06/11 – 31/05/14

First Name	Surname	Governor Constituency	Tenure
Gautam	Gulati	Staff: Specialist & Forensic Services	15/07/11 – 14/06/14
William	James	Appointed: University of Oxford	24/11/11 – 24/11/14
Ian	Jones	Patient: Carers	01/10/09 – 31/05/12
Vivian	Lanzon-Miller	Public: Oxfordshire	01/05/11 – 30/04/14
Fiona	Lomas	Patient: Service Users (Mental Health)	01/05/10 – 30/04/13
Fiona	Mackay Perkins	Appointed: Oxon PCT	13/06/11 – 13/06/14
Rob	Michael-Phillips	Appointed: Buckinghamshire MIND	11/04/11 – 11/04/14
Heather	Mintern	Public: Buckinghamshire	01/05/10 – 30/04/13
Anthony	Monaco	Appointed: University of Oxford	01/02/11 – 01/02/14*
Pam	Norton	Staff: Children, Young People and Families	01/05/11 – 30/04/14
Neil	Oldfield	Public: Buckinghamshire	15/07/11 – 14/06/14
Martin	Phillips	Appointed: Bucks County Council	01/11/10 – 31/10/13*
Paul	Rogerson	Appointed: Bucks County Council	25/07/11 – 25/07/14
Dana	Scott	Public: Buckinghamshire	01/04/09 – 31/03/12
Pauline	Scully	Staff: Specialist & Forensic Services	01/04/10 – 31/03/13*
Frances	Tammer	Public: Buckinghamshire	01/05/11 – 30/04/14
Peter	Tankard	Public: Oxfordshire	01/05/11 – 30/04/14
Jackie	Thomas	Staff: Mental Health	01/04/10 – 31/03/13*
Liz	Turvey	Patient: Carers	01/05/10 – 30/04/13
Alan	Webb	Appointed: Oxon PCT	01/02/11 – 01/02/14*
Soo	Yeo	Staff: Integrated Community Services	15/07/11 – 14/06/14

* = resigned mid-way during tenure

Attendance at Members' Council Meetings, April 2011 – March 2012

Governors

First Name	Surname	May 2011	Sep 2011	Nov 2011	Feb 2012
Mike	Alexander	X	X	N/A	N/A
Patricia	Armstrong	✓	✓	X	✓
Lynda	Atkins	✓	✓	✓	✓
Meg	Barbour	✓	X	X	X
Julia	Besooijen	✓	✓	X	✓
Jacqueline	Bourton	N/A	✓	✓	✓
Karen	Campbell	✓	X	✓	✓
Paul	Cann	X	X	✓	✓
Jayne	Champion	✓	✓	X	X
Lynda	Colvin	N/A	✓	✓	✓
Maureen	Cundell	✓	✓	✓	X
Juliet	Dunmur	N/A	✓	✓	✓
Pauline	Fair	✓	✓	✓	✓
Arash	Fatemian	✓	X	✓	X
Andrew	Friend	X	X	N/A	N/A
Sarah	Gardner	N/A	✓	✓	✓
David	Geaney	✓	✓	✓	✓
Stewart	George	✓	X	✓	X
Moira	Gilroy	N/A	✓	✓	X
Gautam	Gulati	N/A	✓	✓	✓
William	James	N/A	N/A	N/A	X
Ian	Jones	X	N/A	N/A	N/A
Vivian	Lanzon-Miller	✓	X	X	X
Fiona	Lomas	X	X	X	X
Fiona	Mackay Perkins	N/A	✓	✓	X
Rob	Michael-Phillips	X	✓	✓	✓

First Name	Surname	May 2011	Sep 2011	Nov 2011	Feb 2012
Heather	Mintern	✓	✓	X	✓
Anthony	Monaco	X	N/A	N/A	N/A
Pam	Norton	✓	✓	X	✓
Neil	Oldfield	N/A	✓	X	✓
Martin	Phillips	X	N/A	N/A	N/A
Paul	Rogerson	N/A	✓	✓	✓
Dana	Scott	X	X	✓	X
Pauline	Scully	N/A	N/A	N/A	N/A
Frances	Tammer	X	✓	X	✓
Peter	Tankard	✓	✓	✓	✓
Jackie	Thomas	X	X	N/A	N/A
Liz	Turvey	X	✓	✓	✓
Alan	Webb	X	N/A	N/A	N/A
Soo	Yeo	N/A	✓	✓	X

N/A – not in post

Directors (Executive and Non-Executive)

First Name	Surname	May 2011	Sep 2011	Nov 2011	Feb 2012
Ros	Alstead	✓	✓	✓	✓
Graeme	Armitage	X	✓	✓	✓
Mike	Bellamy	✓	✓	✓	✓
David	Bradley	X	✓	✓	✓
Tom	Burns	X	X	N/A	N/A
Stephen	Cass	✓	✓	X	N/A
Alyson	Coates	✓	✓	✓	✓
Anne	Grocock	✓	✓	X	✓
Martin	Howell	✓	✓	✓	✓
Gareth	Kenworthy	✓	✓	N/A	N/A
Mike	McEnaney	N/A	N/A	✓	✓

First Name	Surname	May 2011	Sep 2011	Nov 2011	Feb 2012
Clive	Meux	✓	✓	✓	✓
Roger	Reed	X	✓	X	X
Cedric	Scroggs	✓	✓	X	✓
Julie	Waldron	✓	✓	✓	✓
Lyn	Williams	✓	✓	✓	✓

N/A – not in post

Membership Constituencies and Governor Representation

Elected governors		
<i>Constituency</i>	<i>Class</i>	<i>No of governors</i>
Public	Buckinghamshire	4
	Oxfordshire	7
	Rest of England & Wales	1
Patient	Service Users (Mental Health)	3
	Patients (Community Services)	1
	Carers	3
Staff	Specialist Secondary Mental Health (all disciplines)	3
	Integrated Community Services (all disciplines)	3
	Children, Young People & Families (all disciplines)	1
	Specialist & Forensic Services (all disciplines)	1
	Corporate Services (all disciplines)	1
Sub total elected		28
Appointed governors		
Oxfordshire PCT		1
Buckinghamshire PCT		1
Oxfordshire County Council		1
Buckinghamshire County Council		1

University of Oxford	1
Voluntary / Community Organisations	
- Mind (The National Association for Mental Health)	1
- Age UK Oxfordshire	1
Sub total appointed	7
Total number of governors	35

Elections

During 2011/12 two election rounds were held:

Date of election	Constituencies involved	Election turnout %
31 May 2011	Staff: Corporate Services	21.8%
	Staff: Integrated Community Services	Uncontested
	Staff: Children, Young People and Families	Uncontested
	Public: Buckinghamshire	Uncontested
	Public: Oxfordshire	Uncontested
	Patient: Carers	Uncontested
Date of election	Constituencies involved	Election turnout %
15 July 2011	Staff: Integrated Community Services	29.7%
	Staff: Specialist & Forensic Services	27.0%
	Public: Buckinghamshire	13.0%
	Public: Oxfordshire	10.6%
	Patient: Carers	32.0%

The Electoral Reform Services were 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 2011/12, an election round commenced with the ballot due to close on 2 April 2012.

During 2011/12, three appointed Governors resigned midway through their tenures. Suitable representatives were appointed to represent their organisations. Details are as follows

- Fiona Mackay Perkins was appointed as Governor to represent Oxfordshire PCT on 13/06/11 to replace Alan Webb.
- Cllr. Paul Rogerson was appointed as Governor to represent Buckinghamshire County Council on 25/07/11 to replace Cllr. Martin Phillips.
- Professor William James was appointed as Governor to represent University of Oxford on 24/11/11 to replace Professor Anthony Monaco.

During the year there were two vacant seats – Public: Rest of England & Wales and Patient: Patients (Community Services); despite two election rounds in the year no nominations were received. Given the low number of Members in each Constituency, the Trust took the decision to put on hold further elections pending a growth in Membership and enactment of the Health and Social Care Bill. The Trust will re-visit elections for both Constituencies in 2012/13.

Membership size and movement

Public constituency	Last Year
At year start (April 1)	2197
New members	48
Members leaving	42
At year end (March 31)	2203
Staff constituency	
At year start (April 1)	3150
New members	3804
Members leaving	700
At year end (March 31)	6254
Patient constituency	
At year start (April 1)	420
New members	28
Members leaving	0
At year end (March 31)	448

Analysis of current membership

Public constituency	Number of members	Eligible members
Age (years):		
0-16	0	11,141,985
17-21	2	2,682,893
22+	1,657	38,217,039
Unknown	544	
Ethnicity:		
White	1,723	47,520,866
Mixed	21	661,036
Asian or Asian British	45	2,273,736
Black or Black British	30	1,139,575
Other	8	446,704
Unknown	376	
Socio-economic grouping		
ABC1	1653	20,999,815
C2	195	6,149,928
D	280	6,976,630
E	54	6,540,173
Unknown	21	11,375,371
Gender		
Male	924	25,325,925
Female	1,279	26,715,992
Unknown	0	
Patient constituency	Number of members	Eligible members
Age (years):		
0-16	0	26,894
17-21	8	4172

22+	372	63,542
Unknown	68	

- Eligible public data for; age, ethnicity and gender, were taken from the Office for National Statistics, 2001 Census analysis.
- Eligible patient data provided by the Information Analysts department within Oxford Health NHS FT, on 1 April 2012.
- Eligible social grade data taken from the Office for National Statistics, 2001 Census approximated social grade analysis.
- Current Membership data taken from the Oxford Health NHS FT Membership Relationship Management (MRM) database, on 1 April 2011.
- Staff Constituency data provided by Oxford Health NHS FT Human Resources department, on 1 April 2012.
- Socio-economic grouping data were analysed by CACI using its ACORN profiling in May 2011.

Membership commentary

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

Public

There are three classes: Public: Oxfordshire; Public: Buckinghamshire; and Public: Rest of England & Wales. This Constituency is open to people (excluding staff) who live in either of the counties of Buckinghamshire or Oxfordshire or live in the rest of England or Wales. Patients, service users and carers may also join this Constituency if they wish.

Patient

There are three classes: Patients: Community Services; Service Users: Mental Health; and Carers. This Constituency is open to patients, service users, or carers who have had contact with the Trust in the previous five years on the date of application.

Staff

There are five classes: Staff: Specialist Secondary Mental Health (all disciplines); Staff: Integrated Community Services (all disciplines); Staff: Children, Young People and Families (all disciplines); Staff: Specialised Services (all disciplines); and Staff: Corporate Services (all disciplines). This Constituency is open to all employees of the Trust, including County Council staff employees seconded to the Trust under integrated management arrangements.

Membership for Patient and Public Constituencies is under an 'opt-in' system. Membership for the Staff Constituency is under an 'opt-out' system.

Oxford Health NHS FT's Membership criteria

The Trust's Membership is segmented into three Constituencies:

Public Members

To be a Public Member you must:

- Live in Oxfordshire, Buckinghamshire or live in the rest of England or Wales
- Not be a Staff Member or Member of any other constituency
- 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:

- Have used Trust services as a patient within the last five years
- Be the regular carer of a patient who has used Trust services within the last five years
- Not be a Member of any other constituency
- Be at least 12 years of age at the date of your application.

Staff Members

To be a Staff Member you must:

- Have been continuously employed by the Trust 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
- Not be a Member of any other constituency
- 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.

Glossary

Abbreviation	Term
A&E	Accident and Emergency
Advanced Statements	These are statements by a patient/service user in advance describing what level and nature of care they would like the event that they might subsequently lose the capacity to make or express such decisions
Ages and Stages	A nationally accredited evidence-based quality assessment tool for children
ALOS	Average Length of Stay of a patient/service user in hospital
CAMHS	Children and Adolescent Mental Health Services
Care Cluster	A Care Cluster is a classification of a mental health service user based on their individual characteristics, condition and behaviours. There are 21 such Care Clusters.
Care Package	The sum total of services provided to a patient/service user as part of their care, be it social, clinical or otherwise.
C. diff	Clostridium difficile is a bacterium that is the most serious cause of diarrhoea often associated with taking antibiotics, making it particularly susceptible to people in hospitals
CPA	Care Programme Approach: a system of delivering community services to those with mental illness
CQC	Care Quality Commission: the government body that regulates the quality of services from all providers of NHS care
CHO	Community Health Oxford: the body that looked after community care in Oxfordshire prior to its merger with Oxfordshire and Buckinghamshire NHS Mental Health Trust in 2011 to form Oxford Health NHS FT
CMHT	Community Mental Health Team
CQUIN	Commissioning for Quality and Innovation: this is a way of incentivising NHS organisations by making part of their payments dependent on achieving specific quality goals and targets
DoH	Department of Health: the Government department responsible for health care in England and Wales
DSH	Deliberate self-harm
DTOC	Delayed Transfer of Care occurs when a patient or service user is delayed in being discharged from hospital into the community

ESSEN	The Essen Climate Evaluation Scale (EssenCES) explores how much service users feel safe and supported by both their peers and care staff
FT	Foundation Trust – an NHS Trust that has a degree of independence from the Department of Health and has a level of managerial and financial freedom
GP	General Practitioner – the doctor in the local practice with whom the patient/service user is registered
HoNOS	Health of the Nation Outcome Scale: this is the most widely used routing measure of clinical outcome used by English mental health services
Hospital at Home	Hospital at Home is a service designed to give patients extra support so that they are not admitted to hospital or so that their admission is as short as possible.
IAPT	Improving Access to Psychological Therapies
LINK	Local Involvement Networks (LINKs) are groups made up of individuals and community groups, such as faith groups and residents' associations, working together to improve health and social care services
LIPS	The Leading Improvements in Patient Safety programme (LIPS) is concerned with building capacity and capability within hospital teams to improve patient safety
LTC	Long Term Conditions may include dementia, diabetes, medically unexplained symptoms, respiratory & cardiac problems and strokes
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i> is a bacterium that leads to several forms of illness and is characterised by being particularly resistant to treatment. Because of this, its presence in hospitals has resulted in a concerted campaign to eliminate it from such locations
MUST	The Malnutrition Universal Screening Tool is a tool to identify adults, who are malnourished, at risk of malnutrition or obese.
NHS	National Health Service is the name of the publically-funded healthcare service in the UK (excluding Northern Ireland)
NICE	The National Institute for Clinical Excellence is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health
NPSA	The National Patient Safety Agency is a body that leads and contributes to improved, safe patient care by informing, supporting and influencing the health sector

OBMH	Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust was the body that provided mental health services to these two counties prior to its merger with Community Health Oxford in 2011 to form Oxford Health NHS FT
OCS	Oxford Health Community Services Division – the division of the Trust that provides the community health services mainly provided by CHO
Oxtext 7	Oxtext 7 is a self monitoring system that allows patients with a variety of conditions to take more control over their illness and also allows their care interventions to be tailored to the individual.
PbR	Payment by Results (PbR) aims to provide a transparent, rules-based system for paying trusts, rewarding efficiency, supporting patient choice and diversity and encouraging activity for sustainable waiting time reductions.
PYLL	Potential years of life lost
QRP	The Quality Risk Profile is a monthly compilation by the CQC of all the evidence about a trust they have in order to judge the level of risk that the trust carries in order to fulfil its obligations of care. It is not a publically available document
PCT	The Primary Care Trusts (PCTs) oversee the operations of providers of NHS care in a particular geographic location. The PCTs responsible for Oxford Health NHS FT are principally NHS Oxford and NHS Buckinghamshire
PEAT assessments	Patient Environmental Action Team assessments are evaluations carried out by the NPSA into the quality of the environment, nutrition, privacy and dignity in every inpatient location
PICU	Psychiatric Intensive Care Unit
PMVA	Prevention and Management of Violence and Aggression is a series of methods of dealing with violent and aggressive patients and service users
PROMs	Patient Reported Outcome Measures are measures of a patient/service user's health status or health-related quality of life. They are typically short, self-completed questionnaires, which measure the person's health status or health related quality of life at a single point in time.
QIPP	The Quality, Innovation, Productivity and Prevention (QIPP or sometimes QUIPP or QUIP) is a collection of methods, techniques and best practice provided by the NHS intended to be a resource for everyone in the

	NHS, public health and social care for making decisions about patient care or the use of resources.
RiO	This is the name of the electronic system for recording service user care notes and related information within Oxford Health NHS FT. It is being implemented across all of the Trust's areas of operation.
ROM	Routine Outcome Measures
Rule 43	A Rule 43 report is issued by a Coroner if he/she has a concern that the circumstances surrounding a death may create the risk of other deaths. A Rule 43 report is sent to the organisation which has responsibility for the circumstances of the death and they must formally respond to the report.
Safety Thermometer	The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and harm free care
SBARD	Situation, Background, Assessment, Recommendation and Decision (SBARD) is a communication tool to assist staff in succinct and focused relaying of information
SHA	Strategic Health Authority
SPOC	Single Point of Contact is the new Department of Health initiative to offer the public a phone-based health line by dialling 111
VTE	Venous thromboembolism is a potentially fatal condition caused when a blood clot (thrombus) forms in a vein. In certain circumstances it is known as Deep Vein Thrombosis