Oxford Health NHS
NHS Foundation Trust

Oxford Health NHS Foundation Trust Annual Report and Accounts 2013-14

Oxford Health NHS Foundation Trust
Annual Report 2013/14

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Section One:

Foreword by the Chairman and Chief Executive

Welcome to the Oxford Health NHS Foundation Trust Annual Report for 2013/14. Our Annual Report has been written to give you a flavour of the Trust and our major achievements over the past year - as well as our challenges, and to meet our statutory and regulatory requirements.

Our priority this year has continued to be providing services that are 'caring, safe and excellent', and meeting the goals of our national and local commissioners within a very constrained financial environment. We embarked on remodelling our services during 2013/14 which has seen us simplifying how our services are structured to reflect how patients experience care. These 'care pathways' have been designed to ensure services are centred around patients and their carers and also support our plans to provide more services seven days a week. The service remodelling also takes us forward in the integration of physical and mental health services to meet all of our patients' needs. The focus of the year ahead will be the implementation of the care pathways and we believe that the corresponding redesign of our services will enable us to provide care and services that patients want and that are economic and efficient.

A major achievement for our Trust during the year was the completion of the new Whiteleaf Centre on our newly designated Buckinghamshire Health and Wellbeing Campus in Aylesbury. Replacing the outdated Manor Hospital, Tindal Centre and John Hampden unit, the new purpose-built campus provides adult and older adult mental health inpatient services for the whole population of Buckinghamshire and community mental health services, including day hospital provision, for Aylesbury Vale. The Whiteleaf Centre is a light and spacious facility which was designed in collaboration with staff and the people who use our services.

We have also made improvements to ward environments across all the Trust including mental health acute wards at the Warneford Hospital and on the Littlemore site, forensic wards in Oxford Clinic, Littlemore and Marlborough House, Milton Keynes, and in community hospital wards at Witney and Wallingford.

In addition to focusing on the Trust's buildings and services, we also sought to look outwards during 2013/14, finding ways to work with others in order to meet the healthcare challenges of the 21st century. To that end we continued to foster relationships with academic and tertiary care partners to maximise opportunities to translate research, training and clinical expertise into services for our patients. The Trust led a successful application for an NIHR-funded Collaborations and Leadership in Applied Health Research and Care (CLAHRC), and we worked with partners in the development of applications for the Oxford Academic Health Science Network

(AHSN) and Oxford Academic Health Science Centre (AHSC). Achieving designations for both allows us to focus on areas of real need, including care of the frail elderly, those with chronic conditions and dementia, and find ways to better manage these conditions.

At a time when our NHS has been under ever increasing scrutiny we are pleased that during the year, we have continued to take steps to provide information to patients, carers and the public and be transparent in what we do. Both our Board of Directors and Council of Governors meet in public and we welcome attendance at these meetings so people can understand the decisions taken and how we strive to deliver services that are safe and effective.

Alongside publishing information, we also sought to get more information from our patients and carers to understand how they viewed our services. During the year we launched our Patient Experience Strategy which set out our belief that through understanding the needs of our patients and how they experienced our services, we can make improvements. The Quality Account section of our Annual Report sets out where some of the real changes have been made as a consequence of feedback.

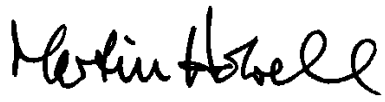
We also welcomed a number of distinguished visitors to our Trust through 2013/14. We were delighted that Her Royal Highness The Countess of Wessex formally opened the new Highfield Unit Oxford in February 2014. The official opening of the new building on the Warneford Hospital site, which provides inpatient adolescent mental health services, was a wonderful culmination for years of planning and building, alongside designing services that meet the needs of those who use them. The Prime Minister, the Rt Hon David Cameron and Professor Dame Sue Bailey, President of the Royal College of Psychiatrists, visited the Trust and helped us celebrate NHS Sustainability Day as we set out our plans to use the natural environment as part of the recovery plans for patients. They jointly planted a tree in our hospital grounds as a lasting legacy of the Trust's commitment.

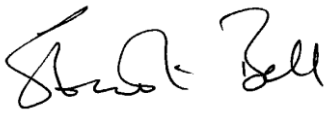
Internationally, we continued to develop our relationship with Kwai Chung Hospital in Hong Kong which has seen some of our clinicians provide supervision and support to staff in Hong Kong. Managers, clinicians and nursing staff from Kwai Chung Hospital also visited the Trust to see our services and, in particular, learn about developments in Aylesbury to help them plan a new hospital they wish to build in Hong Kong. The development of this relationship is one that we wish to encourage because sharing knowledge and ideas helps us deliver new and innovative services.

Finally, on behalf of the full Board of Directors, we wish to thank our staff, Governors and Foundation Trust members for their hard work, dedication and support over the year. 2013/14 has been a busier year for all of us with staff doing more whilst expectations of the quality of care have quite properly risen though the financial position has remained tight. Whilst at times, given the media coverage of the NHS during the year, our work can sometimes feel like a thankless task, we need to

remember how, on a daily basis, we can touch the lives of people for the better and help them through their darkest hours. That is what we will always strive for and is what inspires us all.

With best wishes,





Martin Howell
Chair

Stuart Bell CBE
Chief Executive

Introduction: Our Foundation Trust

Oxford Health NHS Foundation Trust is a community-focused organisation that provides physical and mental health services and social care with the aim of improving the health and wellbeing of all our patients and their families.

Our Trust provides community health, mental health and specialised health services. We operate across Oxfordshire, Buckinghamshire, Berkshire, Wiltshire, Swindon, and Bath and North East Somerset (BaNES). In Oxfordshire we are the main provider of community health services and deliver these in a range of community and inpatient settings, including eight community hospitals. Our mental health teams provide a range of specialist healthcare in the community and from inpatient settings across the geographic areas of Milton Keynes, Buckinghamshire, Oxfordshire, Wiltshire, Swindon and BaNES. We also provide a range of specialised health services that include forensic mental health and eating disorder services across a wider geographic area including support for patients in Berkshire and from Wales.

Our aim is to improve the health and wellbeing of all our patients and families and we work in partnership with a range of other organisations in Oxfordshire, Buckinghamshire, Wiltshire, Swindon and BaNES. These include the University of Oxford to promote innovation in healthcare, support research and to train doctors and psychologists; Oxford Brookes University and the University of Bedfordshire to train nurses and allied health professionals; local authorities and voluntary organisations; and GPs across all the locations we serve in order to provide joined-up care.

Find out more

You can find out more about the many different services we provide and our locations on our website www.oxfordhealth.nhs.uk

Contact us

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Strategic report

This section provides a fair review of the Trust's business and outlines the principal risks and provides an overview of the work undertaken to achieve our objectives.

Overview

"Driving Quality Improvement" is at the heart of the Trust's strategy which seeks to improve patient safety, clinical outcomes and patient and carer experience. The delivery of the strategy was within the context of a difficult environment. The Trust, like the rest of the NHS, faced an extremely challenging financial environment in 2013/14. The NHS received limited growth funding, small increases in inflation funding and had national efficiency targets of 4% year-on-year. The result of this was a net real-term reduction in income year-on-year for the Trust.

Within this context, the Trust focused on delivering patient-centred collaborative care and continued working to develop a healthcare system that is fit for meeting the health and social care needs of 21st century. Working with partners is central to achieving these objectives in this climate and the Trust continued to enhance collaborative working arrangements with health and social care partners across the system. The Trust also advanced the adoption of innovative treatments through closer working relationships with academic institutions and industry, and providing transparent and accessible information for patients and carers.

Trust strategy: meeting our objectives

Our vision is that patients and carers who use Oxford Health NHS Foundation Trust services feel that they receive **"Outstanding Care Delivered by Outstanding People"** and our strategic aims are:

- continuously improve the **quality** of our services so that they are **safe**, provide **excellent experiences** for patients and carers and achieve the **best clinical outcomes**
- working with national and international partners to provide **high quality sustainable services** that meet the **financial challenges** ahead
- making available **accurate and timely information** for patients, carers and people involved in care delivery when and where they need it
- having an **international reputation** for teaching, training and research and for translating **innovation in practice**

Our Strategic Plan 2013-2016 sets out the work - grouped into seven broad categories - we planned to undertake during 2013/14 to work towards meeting our vision and achieving our aims.

The majority of key targets were met and those that were missed are identified in relevant sections of the Annual Report. The cost improvement target was not achieved and the Trust reported a slightly larger deficit than originally planned. The track record of the Trust in Cost Improvement Programme (CIP) delivery and financial performance in recent years has been good. However, cost reduction activities were less successful during 2013/14 as the Trust focused on remodelling its services to provide a platform to enhance the services we provide (such as moving to care that is available seven days a week), improve patient outcomes and reduce costs. Whilst some transactional cost-saving opportunities were achieved through the year, it became increasingly difficult to identify further opportunities that would not have a negative impact on patient care.

With the majority of the Trust's services being under block contracts, there was no payment for the continued increases in activity, which put additional severe strain on our ability to maintain financial sustainability. There was further pressure as a consequence of the financial deficit situation in the Oxfordshire Clinical Commissioning Group (OCCG), which resulted in a lesser proportion of the health funds being allocated to mental health and community services although demand and activity increased.

Summary of achievements

Driving quality improvement

We want our patients and carers to have the best possible experiences when they use our services and we supported several programmes of work during the year to improve patient safety, clinical outcomes and patient experience.

Work progressed well to reduce preventable healthcare-acquired infections through regular audits and MRSA screening in older adult inpatient wards and through supporting staff training. In addition we supported the roll-out of the influenza vaccination programme, which encouraged patients and staff to receive the flu jab.

The Safer Care Programme - which aims to support staff to have the passion, confidence and skills to eliminate harm to patients - was implemented during the year in services across the Trust. We also supported a number of 'learning and sharing' events which brought staff from across the Trust together to share best practice and receive support to implement programmes piloted in other services.

We established a senior steering group to review incidents of patient restraint and seclusion and examine the Trust's prevention and management of violence and aggression (PMVA) training for staff. The group oversaw the review of literature on best practice PMVA and considered the experience of patients. During 2014/15, we will agree and implement the staff training package based on the group's detailed review.

Recognising that the views and experiences of patients are crucial to improving the services we deliver, a 'patient feedback to improve care' group was established and two pilot surveys were undertaken, which provided a rich body of knowledge that will not only help improve our services, but also support the ongoing desire to understand how our patients experience the care that we provide. Alongside this, the Trust participated in a national project funded by the Department of Health, and coordinated by Picker Institute and University of Oxford, to pilot surveying along patient journeys and care pathways.

Delivering operational excellence

The focus during the year was the remodelling of our services in order to deliver integrated health and social care services that are efficient and appropriate, and maximise the opportunities and benefits of local 24-hour, seven days a week multidisciplinary care. To support this, twelve patient pathways of care were developed which describe the patient journey through the integrated services provided by the Trust. We also planned for the restructure of our service divisions to move away from structures based around services and support structures based around patients. During 2014/15, the new structure will be implemented which will

see three service directorates: Children and Young People's Directorate; Adult Directorate and Older People's Directorate.

Five adult mental health teams (AMHTs) were introduced within the remodelled Adult Services, which see staff coming together to deliver the existing functions under one locality team, seven days a week. Within the Older Peoples' Services, inpatient and dementia services were reviewed and a new service model implemented. The Single Point of Access (SPA) pathway with Oxfordshire County Council was mapped. Work with Bucks partnership agencies to move towards joint working for Older Peoples' Services has developed. MAGS (Multi Agency Groups) are now established in 36 GP surgeries, with a further 23 planned. The implementation of the Frail Elderly pathway is now complete.

During the year, we established the Emergency Multidisciplinary Unit (EMU) at Abingdon Community Hospital and it was named the best Service Delivery Innovation in October 2013 at the prestigious Guardian Healthcare Innovation Awards. This work was the result of collaboration and integration between academic, acute and community health services, and social service partners. The EMU was carefully designed to meet the urgent assessment and treatment needs of patients with multiple, often complex problems, many of whom are frail and elderly. A second EMU in Witney was opened in January 2014.

The Whiteleaf Centre development was completed to plan and under budget, and became operational. This was a comprehensive reprovision of Adult, Older Adult and Specialist Mental Health Services in a new building in Aylesbury, Buckinghamshire. Patients moved in to the new wards from the Tindal Centre and the John Hampden Unit in February 2014, and community teams, outpatient and specialist services moved to the unit from March 2014.

Several new patient pathways were developed throughout 2013/14, including those which aimed to improve the transitions of young people with complex needs in to adult services. An Autistic Spectrum Disorder pathway in Oxfordshire was scoped and developed, and services were launched for young people with emerging personality disorder. A pathway for complex needs was agreed and the model was developed to offer a single model of service across Oxfordshire and Buckinghamshire. Pathways for Eating Disorders and Early Intervention in Psychosis Services were consulted on and agreed.

In terms of delivering savings, £4.7 million of cost improvement savings were delivered during the year. This achievement was lower than planned and was largely due to the focus on service remodelling throughout the year. Our remodelled services will enable us to achieve savings yet continue to provide quality care in future years.

Improving our productivity was a key aim of the service remodelling work, and will be supported by business intelligence and patient-level costing projects. Work on the CUBE data management tools, which enable complex data from multiple sources

to be integrated to provide business intelligence, has progressed through the year to meet the business challenges of the Trust. Basic RiO (electronic patient record system), ESR (electronic staff record) and Finance data was successfully integrated into CUBE, and capacity and productivity dashboards were developed for urgent care, learning and development and forensics. A patient-level costing system (PLICS) was developed and implemented, including various reports on unit costs and high level service line reports.

Delivering innovation, learning and teaching

We have strong ties with academic institutions across Thames Valley to benefit the health of our local populations and to maximise opportunities to translate research, training and clinical expertise to meet the healthcare challenges of the 21st century.

During the year the Oxford Academic Health Science Centre (AHSC) application was awarded with formal designation from 1 April 2014. The five-year AHSC sees the Trust partner with Oxford University Hospitals NHS Trust (OUH), University of Oxford and Oxford Brookes University to work together on five key areas that will help transform health research and care provision.

We will host the Oxford Collaboration for Leadership in Applied Health Research and Care (CLAHRC), which was awarded by the National Institute of Health Research (NIHR). The CLAHRC will cover themes including patient-reported outcomes and self-management of chronic disease.

The clinical networks in the Academic Health Science Network (AHSN) are being developed, four of which – dementia, anxiety and depression, comorbidity and early intervention in mental health – relate to the services provided by the Trust.

Work to develop Research and Development strategies in the Trust to increase recruitment of participants and to increase income via research funding and publications have progressed with a Clinical Record Interactive Search (CRIS) system being developed which will help recruitment of patients.

Developing our business

During the year we focused on retaining our existing services and looked to provide new services in areas where we could add value. Over £100k was generated in 2013/14 from various commercial services projects. These included offering the use of vacant PICU (psychiatric intensive care unit) beds to other NHS providers and the development of private oral surgery in Oxfordshire.

We submitted tenders for a number of services throughout the year and whilst we were disappointed to lose the Oxfordshire Community Sexual Health Service, we

were pleased to have been awarded the Oxfordshire School Health Nursing Service tender.

Developing leadership, people and culture

We worked on attracting the best staff through developing more efficient recruitment processes and workforce planning. Recruitment processes have been reviewed and improvements made, and recruitment training has been rolled out. In terms of interviewing, competence-based questions against core competencies are now being used and the development of value-based interviewing commenced. HR policies were reviewed to ensure they are compliant with legislation, casework was reviewed and an increasing number of staff were trained to carry out investigations.

In order to retain staff, various projects focused on staff development, engagement, rewards and wellbeing. There are now over 100 wellbeing champions in the Trust, and the staff wellbeing site is live on the intranet. Staff discounts and benefits information was also published. A successful staff influenza campaign was held, with 56% of frontline staff received the flu jab. A 50% response rate to the staff survey was achieved - the results of which have been used to develop action plans in order to maintain the improvements.

Specific HR and Learning and Development projects looked at team-based working and the development of clinical leaders. Trust and Divisional recognition schemes were reviewed, and the Learning and Management Development Framework was reviewed against the new NHS Leadership model. The Trust innovations team have delivered the Aston team approach (including supportive tools) to various services across the Trust. This is designed to develop team-based working models that will ultimately improve care and services delivered.

The Trust is committed to having a workforce that is reflective of the populations we serve and at year end the gender breakdown of our workforce was:

- Directors - seven male and five female
- Senior Managers - 11 male and nine female
- Employees - 1110 male and 5080 female

Getting the most out of technology

A significant development was the completion of the procurement for a next generation Electronic Health Record. This will reduce the administrative burden on clinical staff, and contains all the information that staff and patients need to manage their care. A phased implementation will commence in 2014.

A mobile working pilot was completed that will inform future decisions around provision of technology to support staff to deliver care, and a new telephony solution offering a single telephony platform for fixed line phones at all sites commenced implementation. Various upgrades throughout the year were implemented, including Citrix upgrades, a rollout of Windows/Office upgrades and the network upgrades.

Using our estate efficiently

Two major investments in our estate were completed during the year: the opening of the new Highfield Unit Oxford which provides CAMHS inpatient services in Oxford, and the opening of the Whiteleaf Centre in Aylesbury, Buckinghamshire.

An Estates Strategy was developed to support our clinical strategy and service delivery plans, which include providing suitably located, functional community services accommodation to support home/community care service models. The strategy supports the development of plans that take account of environmental matters including supporting the reduction of the Trust's carbon footprint and implementation of a green travel plan (including better management of Trust car parks). With buildings and travel being the Trust main contributors to its impact on the environment, the Estates and Facilities department take account of this impact in preparing and implementing the plans under the strategy.

Service developments

Throughout 2013/14 we continued in our mission to develop services that are accessible and integrated, providing the best possible health outcomes and support for patients and their families. This section outlines some significant highlights from across our divisions.

During the year we had four service divisions - Children and Families, Community, Mental Health, and Forensic and Specialised Services. As part of the service remodelling work that was progressed through the year and is described throughout this Annual Report, we plan to restructure the divisions in 2014/15 into three service directorates based around the needs of patients.

Set out below are key highlights from each of the service divisions during 2013/14.

Children and Families Division

Highfield Unit Oxford: official opening

The Highfield Unit Oxford was officially opened by Her Royal Highness The Countess of Wessex on 13 February 2014.

The facility, based on the site of the Warneford Hospital in Headington, Oxford, provides specialist inpatient services for young people aged 11 to 18 with acute mental health needs and opened for patients at the beginning of 2013. The £11m development, which was completed during 2012/13, has 18 bedrooms, all with en-suite facilities, as well as a state-of-the-art music suite and a dedicated learning zone so that young people may continue their education. This well-equipped unit now provides the best possible environment for young people with serious mental illness who cannot be safely managed in the community.

We were delighted that Her Royal Highness The Countess of Wessex kindly agreed to open our new unit during the year. The Countess received a tour of the unit, met patients and saw first-hand some of the therapeutic and educational activities that young people take part in. She then officially opened the facility. The Countess also cut a cake made by young people on the unit. The visit was a wonderful opportunity for all those involved in the building process, and the care for the young people, to be thanked for their hard work and dedication.

Community Children's Nursing Urgent Care pathway

The community children's nursing team focused on developing the urgent care during the year. This work was supported through additional funding from commissioners, with the pathway designed to avoid hospital admission and reducing the length of stay for children. A discharge coordinator role was established, which is

based in the hospital, but links to the community team. Twice-a-day, every day, this community nurse visits the children's wards and facilitates discharges home and to the community team. This post has direct access to the staffing in the community and has developed a system that can update the workload in a real-time manner. We are therefore able to visit discharged children and their families on the day of discharge, if clinically appropriate, and then plan how they will be managed in the community. We are gathering feedback from families who are extremely positive about our ability to support children at home and therefore enable the whole family to return to normality more quickly.

Community Division

Witney EMU (Emergency Multidisciplinary Unit)

Following the successful opening of the Abingdon Emergency Multidisciplinary Unit (EMU), we worked with partners to launch the Witney EMU in January 2014. Open five days a week, the unit is a five-bed, dementia-friendly facility within the Witney Community Hospital that provides:

- comprehensive multidisciplinary assessment and review to enable delivery of sub-acute urgent care to adults close to their usual place of residence
- holistic care that promotes and supports individuals in maintaining their independence
- an integrated urgent care pathway to ensure high quality, safe care that minimises patient delays

The EMU is open to patients from across Oxfordshire, with most referrals coming from GPs in the local area and ambulance crews. Since the EMU opened it has managed 437 referrals. The unit has close working relationships with other services, both within the hospital and outside, which ensures a multidisciplinary team approach for the patient and a high level of clinical support for healthcare professionals working within the community.

During 2014/15, the EMU plans to extend the opening hours to seven days a week in line with the Abingdon EMU.

Dignity Plus

Oxfordshire County Council, working in partnership with the Oxfordshire Clinical Commissioning Group, the Trust and health providers, and voluntary and private sector social care providers, secured £1.53m of capital funding from the Department of Health to help deliver step change improvements in caring and healing environments for people living with dementia in Oxfordshire. The programme set out

to raise the standard of care for people with dementia in care homes and community hospitals across the county.

The funding is being used to create calm, dementia-friendly environments by changing premises, such as our community hospitals in Oxfordshire, to improve navigation for residents and promote interaction between dementia sufferers. Improvements include improved lighting and flooring, as well as creating quiet spaces for residents to meet with their friends and family. These changes are also intended to reduce carers, families and friends' concerns and uncertainty about the quality of life for people with dementia and encourage them to visit more often.

Staff and people with dementia and their families and carers have been involved at every stage in the programme to ensure that their views are heard and that their feedback forms a key part of the programme evaluation. One way that we are doing that is through "visitor's books", held by each partner in the programme. Residents, patients, staff, carers and wider friends are being encouraged to enter thoughts and comments about their project and what it means for them.

Mental Health Division

Remodelling of Adult Mental Health Services: patient engagement

With the extent of the transformation being proposed to adult mental health services across the Trust, we were committed to ensuring that all patients and carers affected by the remodelling were given the opportunity to share their feedback on the changes which they would then use to shape and agree the final model of care.

During the summer a series of 13 patient and carer focus groups were held across both counties with patients and their carers from the community mental health teams and the assertive outreach teams being invited to attend. Over 100 people joined staff from the division at these events and openly shared with them not only their current experiences of community services, but what changes the division could implement that would provide them with a service that not only met, but exceeded their needs. The focus groups proved to be very positive with lots of suggestions being shared as to how the quality of service provision could be improved, especially around accessing support out-of-hours and having a single point of access for the teams. The experience, insight and honest evaluation of the services allowed the division to develop a model that will provide an enhanced and accessible service for our adult mental health services. The feedback also enabled us to set outcomes and targets for the staff working in the teams that were based on the patient-identified priorities around care and treatment.

Whiteleaf Centre, Buckinghamshire Health and Wellbeing Campus

The Whiteleaf Centre on the newly designated Buckinghamshire Health and Wellbeing Campus in Aylesbury was completed during the year and opened to patients in February 2014. The campus hosts the adult and older adult community teams, two acute adult inpatient wards, an older adult inpatient ward as well as a 20-bed rehabilitation ward for patients with a severe and enduring mental illness.

During the planning phases, patients and carers worked with the project team to support not only the initial design of the centre, but also to ensure that the environment would be of the highest standard in terms of the fixtures and fittings and the final décor. They also worked with the artist whose bespoke commissioned artwork is present throughout the main building and the inpatient wards to ensure that this reflected both the natural history of the site, as well as providing a warm and welcoming environment for patients, staff and visitors to the building. Patients told us how important their environment is to their health and wellbeing and how vital it is to promote a safe and effective recovery, and through engaging patients in the development stage we hope to have provided a new building and service model that meets their needs.

Forensic and Specialised Services

Thames Valley Pathfinder Service

The Trust submitted an application to NHS England for funding for the Thames Valley Pathfinder Service, which was approved in early 2014.

This new service helps to manage individuals with personality disorder that present a significant risk of harm to others and who are to be supported through the health system. Looking at the experience of similar services in other regions, we saw that they led to more effective management of higher risk personality disorder offenders (those who could not access services such as Complex Needs). The successful application is allowing us to develop a service that identifies individuals currently within health (or soon to be returning to health services) who have a personality disorder and require additional pathway management and psychological treatment in the community. The service operates across Oxfordshire, Buckinghamshire (including Milton Keynes) and Berkshire. The service provides specialist psychological assessment and treatment for individuals and groups of individuals and thereby seeks to reduce the need for urgent hospital admissions, reduce the risk of reoffending, and reduce the risk of inappropriate longer-term placements in the independent sector.

The Littlemore Lounge: Restore/Trust partnership

Vacant premises on the Littlemore Hospital site presented an opportunity to provide a vocational rehabilitation project. In partnership with a local charity called Restore, the Trust's Forensic Services used the premises to open a shop and café to be run by service users. Called the Littlemore Lounge, the project has a strong ethos of recovery and service users were actively engaged in the project from the outset. It has provided the opportunity for service users to engage in real work far earlier than they would have done previously and everyone is offered the opportunity to gain NVQ qualifications.

Currently 14 service users access the project, with more wishing to join all the time. Following the success of the Littlemore Lounge, a horticulture project has also been established. There are two raised beds to the side of the shop and café, which will produce fruit and vegetables for use in the café, and which will also be sold in the shop. A formal opening of the horticulture project will take place in 2014/15.

Looking forward

Over the year ahead there are likely to be a number of key challenges and risks that will affect the Trust's ongoing development and performance. Our forward plans take account of these challenges and seek to mitigate their impact. Significant transformation work will continue into 2014/15 - the Trust's strategy responds to key challenges of maintaining and improving levels and quality of patient care, integrating and transforming our services for the benefit of the wider health economy and reducing cost through improving productivity.

Financial challenges

The Trust will continue to work within a challenging financial environment in 2014/15. In order to meet contract values the Trust will need to reduce its cost base whilst maintaining and improving the quality of care for patients. To provide high quality services within this constrained financial climate and increasingly competitive environment, significant transformations, innovations and service developments will be required within the organisation and across the system.

Commissioning changes and competition

As the commissioning arrangements continue to change, the Trust will be working to support the introduction of outcomes-based commissioning. This will see a focus on the results of services and interventions for patients rather than just focusing on the number of activities carried out. The Trust is engaged in this process to ensure that future commissioning needs and requirements may be met.

Alongside this, the Trust remains focused on retaining existing services but recognises the increased risks that competition brings.

In summary, there is significant financial risk in the 2014/15 plan, and in the coming years. Whilst we will not compromise on quality and patient care remains our top priority, the Board of Directors recognises that FY15 will be a difficult year financially.

History of the Trust

On 1 April 2006, the Oxfordshire Mental Healthcare NHS Trust and Buckinghamshire Mental Health Partnership NHS Trust merged to create the Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust. The Oxfordshire Mental Healthcare NHS Trust had been created in April 1994 and Buckinghamshire Mental Health Partnership NHS Trust established in April 2001.

The Trust became the first NHS organisation in either Oxfordshire or Buckinghamshire to be authorised as an NHS foundation trust when it became Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust on 1 April 2008.

On 1 April 2011, as part of the Transforming Community Services programme, the Trust commenced providing community health services in Oxfordshire, which had been previously provided by Community Health Oxfordshire, the provider arm of the Oxfordshire PCT. In preparation for this change, the Trust had renamed itself Oxford Health NHS Foundation Trust.

Going concern and account preparation

The Financial Accounts are set out from page 209 of the Annual Report.

The Accounts have been prepared by Oxford Health NHS Foundation Trust 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 2012/13 Statutory Accounts have been prepared in accordance with International Financial Reporting Standards (IFRS) as adopted by the European Union unless directed otherwise within the NHS Foundation Trust Reporting Manual 2013/14.

After making enquiries, the Directors have a reasonable expectation that Oxford Health NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the Accounts.

Directors' report

The role of the 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, at minimum, 10 times a year and meetings are held both in public and in private. At each meeting of the Council of Governors, a report on the Board of Directors' main activities is presented by the Chief Executive. For Board meetings held in public, copies of agendas, minutes and reports are published on the Trust's website.

The membership of the Board of Directors is balanced, complete and appropriate as demonstrated by the biographical details of Board members. The Remuneration Committee for Executive Directors and Nominations and Remuneration Committee of the Council of Governors 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 Sue Dopson, is an appointed representative of the University of Oxford (Saïd Business School). The Trust has not appointed a Senior Independent Director.
The Board of Directors has assured itself of the robustness of its governance arrangements through its internal auditors.

The Directors have been responsible for preparing this Annual Report and the associated Accounts and Quality Report and are satisfied that, taken as a whole, they are a fair, balanced and understandable, and provide the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

Directors during the period and remit

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

Executive Directors

- Stuart Bell, Chief Executive
- Dr Clive Meux, Medical Director
- Ros Alstead, Director of Nursing and Clinical Standards
- Yvonne Taylor, Chief Operating Officer
- Mike McEnaney, Director of Finance

Non-Executive Directors

- Martin Howell, Chair
- Mike Bellamy
- Alyson Coates
- Professor Sue Dopson
- Dr Anne Grocock
- Roger Reed (term ended 30/04/13)
- Cedric Scroggs, Vice-Chair
- Lyn Williams

Changes in the Board of Directors during the period:

Roger Reed's term of office as a Non-Executive Director ended on 30/04/13 and he did not seek re-appointment from the Council of Governors.

Term of office and termination

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

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

Period of office

Name	Period of office end date
Martin Howell	31/03/16
Mike Bellamy	31/01/15
Alyson Coates	31/03/17*
Professor Sue Dopson	31/05/15
Dr Anne Grocock	31/01/15
Roger Reed	30/04/13
Cedric Scroggs	31/03/15*
Lyn Williams	31/03/17*

Key: * = reappointed during 2013/14 by the Council of Governors

Board Director biographies

Martin Howell (Chair)

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 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 Council of Governors in February 2009 and has taken a particular interest in how the Trust can deliver high quality services in a consistent and reliable way. He worked in the NHS for 32 years including 18 years as a Chief Executive. Since leaving the NHS, Mike has carried out a variety of projects for organisations including the World Health Organisation, 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 10 years including three as Deputy Chairman up to 2008. He then joined the Board of the University of West London.

Alyson Coates (Non-Executive Director)

Alyson was appointed by the Council of Governors 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 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 and Chair of the Audit Committee at South Central Strategic Health Authority. She was a member of the Auditing Practices Board of the national independent financial regulator, the Financial Reporting Council and External Advisor to the Audit Committee of the Olympic Lottery Distributor. Alyson is an independent Governor of Oxford Brookes University where she chairs the Finance and Resources Committee.

Professor Sue Dopson (Non-Executive Director)

Sue is Rhodes Trust Professor of Organisational Behaviour and Faculty Dean at Saïd Business School. She is also Fellow of Green Templeton College, Oxford, and Visiting Professor at the University of Alberta, Canada. She is a noted specialist on the personal and organisational dimensions of leadership and transformational change, especially in the public and healthcare sectors.

Sue teaches on the Oxford Advanced Management and Leadership Programme, the Oxford Strategic Leadership Programme, and Consulting and Coaching for Change. She has worked closely with organisations ranging from the UK Department of Health to Roche Pharmaceuticals. As a founding director and current member of the Oxford Health Care Management Institute, she is involved in the development of courses for the NHS.

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).

Following her retirement as assistant registrar in the University of Oxford, Anne has continued to chair 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.

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.

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 Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust in 2006. He is an elected member of South Buckinghamshire District Council since 1995 and is Deputy Leader of the Council and Cabinet. Roger was elected to the Buckinghamshire County Council in 2009.

Lyn Williams (Non-Executive Director)

Lyn was appointed in 2006. He has five years' audit experience with constituent firms of Ernst & Young and PricewaterhouseCoopers. 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.

Stuart Bell (Chief Executive)

Stuart Bell was appointed Chief Executive Officer of the Trust on 1 October 2012.

Stuart was previously the Chief Executive Officer of South London and Maudsley NHS Foundation Trust and was in post for 13 years. He has 30 years NHS experience. Before working at South London, Stuart was Chief Executive of Thameslink NHS Trust and Lewisham and Guy's Mental Health NHS Trust. Earlier in his career he worked at Charing Cross and Whittington hospitals before moving to the South West Thames Regional Health Authority in 1990. Stuart was instrumental in the development of King's Health Partners in London – one of the academic health sciences centres with a major mental health involvement – prior to joining the Trust.

In 2008 Stuart was awarded a CBE for services to the NHS and he is an Honorary Fellow of King's College London and an Honorary Fellow of the Royal College of Psychiatrists. Stuart is also the Chairman of the Picker Institute (Europe).

Ros Alstead (Director of Nursing and Clinical Standards)

Ros has worked in the NHS for 35 years, graduating from London University and St George's Hospital with a degree in general nursing, followed by qualifying as 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 now has over 20 years' experience at director level.

Ros was Chair of the National Mental Health Nurse and LD Directors and Leads Forum until December 2012. 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.

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 the 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.

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 29 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.

Yvonne Taylor (Chief Operating Officer)

Yvonne was appointed as Chief Operating Officer in December 2012 after acting as Interim Chief Operating Officer since July 2012.

Yvonne has worked for the Trust since 2006, most recently as Divisional Director for Children and Families Services, and has a wealth of experience managing operational services over a number of years. Prior to working for the Trust, she worked as a commissioner in Oxfordshire. Yvonne is also a Visiting Fellow at the University of Reading.

Performance review

The Trust supports processes for annual performance reviews for all directors, managers and staff. The Chief Executive undertakes annual appraisals for Executive Directors, and the Chair undertakes annual appraisals for the Chief Executive and Non-Executive Directors. The Council of Governors Nomination and Remuneration Committee oversees the establishment of an appraisal process for the Chair.

Disclosure to auditor

As directors of the Trust, the directors confirm that, as far as they are aware, there is no relevant information of which the auditor is 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 auditor is aware of that information.

Attendance at Board of Directors' meetings: 1 April 2013 – 31 March 2014[1]

Director	24 Apr 2013 Pvt	29 May 2013	26 June 2013	31 July 2013	25 Sept 2013	25 Oct 2013	27 Nov 2013	11 Dec 2013 Ext Pvt	29 Jan 2014	26 Feb 2014	26 Mar 2014
Ros Alstead	✓	✓✓	✓✓	✓✓	✓✓	X	✓✓	X	✓✓	✓✓	✓✓
Stuart Bell	✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓	✓✓	✓✓	✓✓
Mike Bellamy	✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓	✓✓	✓✓	✓✓
Alyson Coates	✓	✓✓	✓✓	✓✓	X	✓✓	✓✓	✓	✓✓	X	✓✓
Sue Dopson	✓	✓✓	✓X	✓✓	✓X	✓X	✓✓	✓	✓✓	X	X
Anne Grocock	✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓	✓✓	✓✓	✓✓
Martin Howell	✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓	✓✓	✓✓	✓✓
Mike McEnaney	✓	X	✓✓	X	✓✓	X	✓✓	✓	✓✓	✓✓	✓✓
Clive Meux	✓	✓✓	✓✓	✓✓	✓✓	✓✓	X	✓	✓✓	X	✓✓
Roger Reed	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cedric Scroggs	✓	✓✓	X	✓✓	X	✓✓	✓✓	✓	✓✓	✓✓	✓✓
Yvonne Taylor	✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓	✓✓	✓✓	✓✓
Lyn Williams	✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓	✓✓	✓✓	✓✓

Key:

✓✓	= attended meeting in public and meeting in private
✓X	= attended meeting in public, apologies for meeting in private
✓	= attended meeting in private
X	= apologies
Ext Pvt	= extraordinary private meeting of the Board
Pvt	= private meeting of the Board
N/A	= not in post

[1] Both public and private Board meetings took place on dates shown with the exception of April 2013 and December 2013 when private meetings only were held

Committees: Committee meetings between 1 April 2013 and 31 March 2014

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

Audit Committee

The role of the Audit Committee is to monitor, review and report independently 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; review of the Annual Governance Statement; regular consideration of the Board 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, integrated governance, clinical governance and risk management, policy scrutiny, HR and payroll, and capital investment, and of external audit reports on governance and quality assurance, amongst other matters; regular review of Counter Fraud reports with updates on investigations and awareness raising activities; and review of the work of other committees within the Trust whose work can provide relevant assurance to the Audit Committee's own scope of work (for example, the minutes of the Integrated Governance Committee are regularly presented for information at the Audit Committee).

Through the review of the 2012/13 Annual Report and Financial Statements, the Committee was advised by the external auditor that there were no significant audit risks which required correction, no significant deficiencies in the financial reporting system and no significant uncorrected misstatements. The external auditors made recommendations, all of which had been responded to by management in the Report, on:

- reviewing the systems and structures in place to deliver Cost Improvement Programmes
- maintaining the fixed asset register
- maintaining a current list of all contracts and projects

- ensuring contracts were appropriately approved and signed-off prior to their commencement date
- calculating holiday pay accruals
- reconciling patient monies
- verification of areas supplied to the district valuer
- releasing a proportion of the provision held in respect of closed legal cases
- resolving cases where the Trust owns a building on land over which it has no legal rights
- obtaining legal rights to use land and access roads prior to purchasing or beginning construction on future capital projects
- recording dates on journals

During the year, specific risks that the Committee examined in detail included:

Payroll

As in previous years, the Committee continued to review the action being taken to minimise the risk of over and under payments to staff. During the year continued improvements were noted with the Committee recording greater satisfaction with the position.

Bank mandate fraud

Following the bank mandate fraud incident in 2012/13, the Committee reviewed the revised finance procedures designed to minimise the risk of such frauds in the future.

Information governance incidents

The Committee requested specific reports on information governance incidents and reviewed the work undertaken by other committees to improve policies and practices in information management.

Clinical audit

The Committee noted the number of Trust clinical audits receiving "poor" or "satisfactory" ratings and sought assurance from the Integrated Governance Committee on the work taking place to improve clinical audit results.

The Trust's current external auditors were appointed for the 2012/13 reporting period under a three-year contract and the tender process took place during the 2011/12 reporting period, during which the Audit Committee reviewed proposals to appoint new external auditors with recommendations to the Council of Governors' (formerly the Members' Council) Audit Sub-Committee, including consideration of

the process and scope of appointment. The final decision on appointment was made by the Council of Governors.

Through the presentation of its 2012/13 audit report to the Council of Governors, the role and effectiveness of the External Audit process has been discussed. The Audit Committee has supported the Council of Governors request for greater clarity on the audit process and supported the External Auditor's provision of briefing sessions to Governors.

During 2013/14, the Trust's Internal Audit function was provided by Central England Audit Consortium (CEAC), which had been previously appointed through a tender process. The Audit Committee approved the Internal Audit annual work plan and monitored performance against it. A procurement process to appoint internal auditors from 1 April 2014 took place during the year with TIAA appointed to provide this service from 2014/15.

The members of the Audit Committee regularly meet with both External and Internal Auditors without the presence of management to discuss issues emerging through audits. The Chair of the Audit Committee also met with the External Auditors to review the effectiveness of the Committee.

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.

Director	19 April 2013	23 May 2013	19 Sept 2013	5 Dec 2013	6 Feb 2014
Alyson Coates	✓	✓	✓	✓	✓
Sue Dopson	X	X	✓	X	✓
Anne Grocock	X	✓	✓	✓	✓
Roger Reed	X	N/A	N/A	N/A	N/A
Cedric Scroggs	✓	✓	X	✓	X
Lyn Williams	✓	✓	✓	✓	X

Key: ✓ = attended
X = apologies
Ext = Extraordinary meeting
N/A = not a member of the Committee at this time

Finance and Investment Committee

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

Director	13 May 2013	8 July 2013	9 Sept 2013	11 Nov 2013	20 Jan 2014	10 Mar 2014
Lyn Williams	✓	✓	✓	✓	✓	✓
Stuart Bell	✓	✓	✓	✓	X	✓
Martin Howell	✓	✓	✓	✓	✓	✓
Mike McEnaney	✓	✓	✓	✓	✓	✓
Cedric Scroggs	✓	✓	✓	✓	✓	✓

Key: ✓ = attended
X = apologies
Ext = Extraordinary meeting
N/A = not a member of the Committee at this time

Integrated Governance Committee

The key function of the Integrated Governance Committee is to lead on the development and monitoring of quality and risk systems within the Trust to ensure that quality, patient safety and risk management are key components of all activities of the Trust. The Committee ensures that appropriate risk management processes are in place to assure the Board that action is taken to identify and manage risks within the Trust. It is also responsible for the development of systems and processes to ensure that the Trust implements and monitors compliance with relevant standards and targets, and with Care Quality Commission 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.

Stuart Bell stepped down as Chair of the Integrated Governance Committee in April 2013 and Martin Howell was appointed by the Board of Directors to take on this role.

Director	8 May 2013	17 July 2013	11 Sept 2013	13 Nov 2013	12 Feb 2014
Martin Howell	✓	✓	✓	✓	✓
Ros Alstead	X	✓	✓	✓	✓
Stuart Bell	✓	X	✓	✓	✓
Mike Bellamy	X	X	✓	✓	X
Mike Foster	✓[2]	N/A	N/A	N/A	N/A
Anne Grocock	✓	✓	✓	✓	✓
Mike McEnaney	✓	✓	✓	✓	✓
Eddie	N/A	✓[3]	N/A	N/A	✓[4]

[2] Mike Foster, Head of Nursing – Children & Families Division, formally deputising for Ros Alstead at Committee

McLaughlin					
Clive Meux	✓	✓	✓	✓	✓
Yvonne Taylor	✓	X	✓	✓	X

Key: ✓ = attended
X = apologies
Ext = Extraordinary meeting
N/A = not a member of the Committee at this time

Charitable Funds Committee

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

At its meeting on 25 October 2013, the Board approved a new structure and Terms of Reference for the Charitable Funds Committee to take effect from 1 January 2014. The changes were designed to streamline the Charitable Funds Committee's operation, provide more time to consider issues and discharge responsibilities and enhance scrutiny over fund expenditure.

Director	29 May 2013	31 July 2013 Ext	25 Sept 2013	27 Nov 2013	8 Jan 2014
Anne Grocock	✓	✓	✓	✓	✓
Ros Alstead	✓	✓	✓	✓	X
Stuart Bell	✓	✓	✓	✓	N/A
Mike Bellamy	✓	✓	✓	✓	N/A
Alyson Coates	✓	✓	✓	✓	✓
Sue Dopson	✓	✓	✓	✓	N/A
Justinian Habner	N/A	N/A	N/A	N/A	✓
Martin Howell	✓	✓	✓	✓	N/A
Mike McEnaney	X	X	✓	✓	N/A
Clive Meux	✓	✓	✓	X	N/A
Cedric Scroggs	✓	✓	X	✓	N/A
Gerald Sheeran	N/A	N/A	N/A	N/A	✓
Yvonne Taylor	✓	✓	✓	✓	✓
Lyn Williams	✓	✓	✓	✓	✓

Key: ✓ = attended
X = apologies
Ext = Extraordinary meeting
N/A = not a member of the Committee at this time

[3] Eddie McLaughlin, Divisional Director – Mental Health, formally deputising for Yvonne Taylor at Committee
[4] Eddie McLaughlin, Divisional Director – Mental Health, formally deputising for Yvonne Taylor at Committee

Remuneration Committee (for Executive Directors)

The Remuneration Committee is a sub-committee of the Board of Directors and is comprised of Non-Executive Directors. Other directors and officers may attend at the invite of the Committee chair. The Committee's remit is to recommend the remuneration levels and terms and conditions for Executive Directors and other senior managers not on Agenda for Change conditions.

Director	26 March 2014
Mike Bellamy	✓
Alyson Coates	✓
Sue Dopson	X
Anne Grocock	✓
Martin Howell	✓
Cedric Scroggs	✓
Lyn Williams	X

Key: ✓ = attended
X = apologies

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 Council of Governors and the Board of Directors.

During 2013/14, an internal review of the Trust's Integrated Governance Framework was undertaken which included reviewing the role, function and effectiveness of the Board, its sub-committees and other associated committees. An updated framework will be launched in 2014/15.

Interests

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

Council of Governors

The Trust's Council of Governors plays a central role in the governance of the Trust. The main duties of the Council of Governors are to:

- hold the Board of Directors to account for the performance of the Trust
- appoint or remove the Chairman of the Trust and Non-Executive Directors
- decide on the remuneration and terms and conditions of the Chairman and Non-Executive Directors
- approve the appointment of the Chief Executive
- appoint or remove the Auditor
- be consulted in the setting of the Trust's forward business plans and any significant changes to services provided
- receive and approve the Annual Report, Annual Accounts and any Auditor's report on them
- deciding whether the Trust's private patient work would significantly interfere with its principal purpose or the performance of its other functions
- approving proposed increases in private patient income of five per cent or more

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

During 2013/14 the Council of Governors met quarterly in Thame, Oxfordshire.

The Annual General Meeting occurred in September 2013 in High Wycombe, Buckinghamshire.

Meetings are held in public with the Board of Directors also in attendance.

Lead Governor

The Council of Governors elected a Lead Governor in line with Monitor guidance. During 2013/14 the following Governor held this role:

- Frances Tammer

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

Governors during 2013/14

First Name	Surname	Governor Constituency	Tenure
Patricia	Armstrong	Patient: Carers	01/05/11 – 30/04/14*
Lynda	Atkins	Public: Oxfordshire	01/05/11 – 30/04/14
Jacqueline	Bourton	Public: Oxfordshire	01/05/11 – 30/04/14
Noel	Brown	Appointed Bucks County Council	01/11/13 – 31/10/16
Paul	Cann	Appointed: Age UK Oxfordshire	21/05/13 – 21/05/16
Maureen	Cundell	Staff: Mental Health	02/04/12 – 31/03/15
Martin	Dominguez	Patient: Service Users (Mental Health)	02/04/12 – 31/03/15
Juliet	Dunmur	Public: Oxfordshire	15/07/11 – 14/06/14
Arash	Fatemian	Appointed: Oxon County Council	10/06/13 – 10/06/16
Frances	Finucane	Staff: Mental Health	02/04/12 – 31/03/15
Maureen	Ghirelli	Public: Buckinghamshire	19/07/13 – 14/06/14
Moira	Gilroy	Staff: Corporate Services	01/06/11 – 31/05/14
Julia	Grinsted	Public: Oxfordshire	01/05/13 – 30/04/16
Gautam	Gulati	Staff: Specialised and Forensic Services	15/07/11 – 14/06/14*
William	James	Appointed: University of Oxford	24/11/11 – 24/11/14
Vivian	Lanzon-Miller	Public: Oxfordshire	01/05/11 – 30/04/14
Lynda	Lawrence	Staff: Community Services	01/05/13 – 30/04/16
Rob	Michael-Phillips	Appointed: Buckinghamshire MIND	11/04/11 – 11/04/14
Heather	Mintern	Public: Buckinghamshire	01/05/10 – 30/04/13
Hilary	Newtown	Patient: Carers	01/05/13 – 30/04/16*
Pam	Norton	Staff: Children, Young People and Families	01/05/11 – 30/04/14
Neil	Oastler	Staff: Specialised and Forensic Services	15/07/13 – 14/06/14
Neil	Oldfield	Public: Buckinghamshire	15/07/11 – 14/06/14*
Judith	Randall	Patient: Service Users (Mental Health)	01/05/13 – 30/04/16
Chris	Roberts	Public: Oxfordshire	01/05/13 – 30/04/16
Paul	Rogerson	Appointed: Bucks County Council	25/07/11 – 25/07/14*
Wendy	Stark	Staff: Mental Health	02/04/12 – 31/03/15*
Frances	Tammer	Public: Buckinghamshire	01/05/11 – 30/04/14
Peter	Tankard	Public: Oxfordshire	01/05/11 – 30/04/14
Liz	Turvey	Patient: Carers	01/05/13 – 30/04/16
Soo	Yeo	Staff: Community Services	15/07/11 – 14/06/14

Key: * = resigned mid-way during tenure

Governor details are published on the Trust's website and FT Members are encouraged to contact their representatives.

Attendance at Council of Governor meetings/AGM: April 2013 – March 2014

Governors

First Name	Surname	May 2013	Jul 2013	Sep 2013	Nov 2013	Mar 2014
Patricia	Armstrong	✓	X	N/A	N/A	N/A
Lynda	Atkins	✓	X	✓	X	✓
Jacqueline	Bourton	✓	✓	✓	✓	X
Noel	Brown	N/A	N/A	X	✓	✓
Paul	Cann	X	✓	X	X	X
Maureen	Cundell	✓	✓	✓	X	✓
Martin	Dominguez	✓	✓	✓	✓	✓
Juliet	Dunmur	X	X	✓	✓	✓
Arash	Fatemian	X	X	X	X	X
Frances	Finucane	✓	X	✓	✓	X
Maureen	Ghirelli	N/A	N/A	X	✓	✓
Moira	Gilroy	✓	✓	✓	X	✓
Julia	Grinsted	✓	X	✓	✓	✓
Gautam	Gulati	X	X	N/A	N/A	N/A
William	James	X	X	X	X	X
Vivian	Lanzon-Miller	X	X	X	X	X
Lynda	Lawrence	X	✓	✓	X	✓
Rob	Michael-Phillips	X	✓	✓	X	X
Heather	Mintern	N/A	N/A	NA	N/A	N/A
Hilary	Newtown	✓	✓	✓	X	X
Pam	Norton	✓	✓	X	✓	✓
Neil	Oastler	N/A	N/A	✓	✓	✓
Neil	Oldfield	✓	✓	N/A	N/A	N/A
Judith	Randall	✓	✓	✓	X	X
Chris	Roberts	X	X	✓	✓	✓
Paul	Rogerson	X	X	N/A	N/A	N/A
Wendy	Stark	X	X	X	X	X
Frances	Tammer	✓	✓	✓	✓	✓
Peter	Tankard	✓	✓	✓	✓	X
Liz	Turvey	✓	✓	✓	✓	✓
Soo	Yeo	X	X	✓	X	✓

Key: N/A = not in post

Directors (Executive and Non-Executive)

First Name	Surname	May 2013	Jul 2013	Sep 2013	Nov 2013	Mar 2014
Ros	Alstead	✓	✓	✓	✓	X
Stuart	Bell	✓	✓	✓	✓	✓
Mike	Bellamy	X	✓	✓	✓	✓
Alyson	Coates	X	✓	✓	✓	✓
Sue	Dopson	X	X	X	X	X
Anne	Grocock	✓	X	✓	✓	✓
Martin	Howell	✓	✓	✓	✓	✓
Mike	McEnaney	✓	✓	✓	✓	X
Clive	Meux	X	X	✓	X	✓
Roger	Reed	N/A	N/A	N/A	N/A	N/A
Cedric	Scroggs	X	X	✓	✓	X
Yvonne	Taylor	X	✓	✓	✓	✓
Lyn	Williams	✓	X	✓	X	✓

Key: N/A = not in post

The relationship between the Council of Governors and Board of Directors

The working relationship between the Council of Governors and the Board of Directors continues to grow and develop. Both Executive and Non-Executive Directors regularly attend meetings of the Council of Governors to present items on request and answer questions. At each meeting of the Council of Governors the Chief Executive and Chair have provided a report on the Board's activities and decisions taken. The form and structure of these reports have changed over time following feedback from Governors. A similar report on Council business is presented to the Board of Directors following each Council of Governors meeting. Governors receive regular briefings out-of-session on key items including updates on Board of Director activity.

Board directors also attend relevant Council of Governor informal seminars which helps enhance the working relationship. Likewise, each Council of Governor sub-group has a Board director attending.

Governors are explicitly invited to attend and observe the Board of Directors meeting in public and the Chair provided the opportunity for those in attendance to ask questions of the Board.

Key business transacted by the Council during 2013/14 included:

- considering the composition of the Non-Executive Directors and resolving not to appoint to the vacant post (created by Roger Reed) pending a review of the Executive Director function. Following this, the Council took the decision on November 2013 to commence an appointment process in early 2014
- re-appointing three Non-Executive Directors for further terms
- overseeing the development of an appraisal process for the Chair
- expressing views on the Oxford Academic Health Science Centre application
- providing comments on the Trust forward plans and confirming it was satisfied that non-NHS work would not significantly interfere with the Trust's principal purpose and function
- providing comments on the Quality Report 2012/13 and Quality Account 2013/14
- receiving the 2012/13 Annual Reports, Accounts and Auditor's Report
- expressing views on the commissioning arrangements for mental health and physical health, and between counties

During 2013/14, the Council established a sub-group to review Governor training and development opportunities. At the recommendation of the sub-group, the Council agreed to support Governors attending 'Governwell' training sessions hosted by the Foundation Trust Network, alongside the in-house induction training provided to all new Governors.

Interests

The Trust maintains a register of Governors' interests which is available from the Trust Secretary, Justinian Habner, on request.

Council of Governors Nominations and Remuneration Committee

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

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. During 2013/14, the Council of Governors Nominations and Remuneration Committee carried out the following business:

- They considered the appointment process for the non-executive director vacancy created by Roger Reed.
- They recommended the reappointment of three non-executive directors for further terms.
- They considered the appraisal process for the Chair.

Attendance at Council of Governors Nominations and Remuneration Committee: April 2013 – March 2014

Name	Role	Oct 2013
Martin Howell	**Chair**	✓
Maureen Cundell	Governor	✓
Martin Dominguez	Governor	✓
Frances Tammer	Governor	✓
Liz Turvey	Governor	✓

Membership Constituencies and Governor Representation

Elected Governors		
Constituency	Class	Number of governors
Public	Buckinghamshire	4
	Oxfordshire	7
	Rest of England and 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 and Families (all disciplines)	1
	Specialised and Forensic Services (all disciplines)	1
	Corporate Services (all disciplines)	1
Subtotal elected		28
Appointed Governors		
Oxfordshire Primary Care Trust		1
Buckinghamshire Primary Care Trust		1
Oxfordshire County Council		1
Buckinghamshire County Council		1
University of Oxford		1
Voluntary/Community organisations - Mind (The National Association for Mental Health) - Age UK Oxfordshire		 1 1
Subtotal appointed		7
Total number of Governors		**35**

In March 2014, the Council of Governors approved amendments to the Trust's Constitution which included changes to Membership Constituencies and Governor Representation. The changes will take effect from 1 April 2014.

The Council established a membership sub-group during 2013/14 to review the Membership Strategy (including recruitment, retention and achieving a representative FT Membership), membership constituencies and how Governors linked with members. Recommendations from the sub-group informed the Constitutional amendments relating to constituencies and supported the work undertaken by the Council to review training and development opportunities, and what support could be made available to Governors to undertake their role.

Membership activity

Between April 2013 and March 2014 a range of recruitment and engagement activities took place to promote the benefits of NHS FT Membership to the Trust's communities. The Trust has a five-year Membership Strategy (2011-2016) which aims to:

- develop a representative membership, with a continued focus on recruiting more service user, patients and carer members
- develop a more informed and engaged membership
- develop a more influential Council of Governors, which is closely informed by the Trust's membership
- ensure membership information is widely and easily accessible
- empower members to act as ambassadors for the Trust, to share information about the Trust's services and promote the benefits of membership

Attendance at public and Trust-organised events in order to promote FT Membership included:

- Trust Annual General Meeting, September 2013, Buckinghamshire
- hosting, with partners, 'Health Matters' events
- linking with local higher education partners to support health events
- linking with local voluntary sector organisations to support health events
- using events established for other purposes to promote FT Membership (for example Whiteleaf Centre building stakeholder events)

The Trust's newsletter, *Insight*, is sent to all Governors, emailed to all FT Members and made available on the Trust website. The newsletter provides information to members, encourages others to join and allows Governors to link with members through articles.

Other membership activity throughout the year included:

- interviews with Governors about involvement activity and support for engaging with constituents
- increased social networking messages relating to membership
- the use of a revised membership leaflet within mental health services, developed by service users and carers.

Membership recruitment and engagement, and implementing the Membership Strategy are the responsibility of the Trust's communications and involvement team. The Trust has had difficulties over the past year in substantially growing and engaging its FT Membership, despite the implementation of a range of initiatives and approaches. In March 2014, the Trust appointed a new Head of Communications and Engagement who is reviewing the FT Membership recruitment and engagement activity and work with Governors to refresh the Membership Strategy and find new ways to enhance FT Membership.

Oxford Health NHS FT Membership numbers

Public constituency	Last Year
At year start (April 1)	2270
At year end (March 31)	2292
Staff constituency	
At year start (April 1)	6204
At year end (March 31)	6203
Patient constituency	
At year start (April 1)	469
At year end (March 31)	497

Analysis of current membership

Public constituency	Number of members	Eligible members
Age (years):		
0-16	5	11,141,985
17-21	4	2,682,893
22+	1754	38,217,039
Unknown	529	
Ethnicity:		
White	1796	47,520,866
Mixed	22	661,036
Asian or Asian British	50	2,273,736
Black or Black British	35	1,139,575
Other	9	446,704
Unknown	380	
Socio-economic grouping		
ABC1	1658	20,999,815
C2	293	6,149,928
D	258	6,976,630
E	59	6,540,173
Unknown	24	11,375,371

Gender		
Male	960	25,325,925
Female	1332	26,715,992
Unknown	0	
Patient constituency	Number of members	Eligible members
Age (years):		
0-16	0	50,510
17-21	3	5670
22+	494	82064

- 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.
- 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.
- Socio-economic grouping data were analysed by CACI using its ACORN profiling.

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 and 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.

Enhanced quality governance reporting

At the heart of the Trust's strategy and developments is the ongoing improvement of the quality of services we provide. Improving patient experience and ensuring our services are safe and effective drive the decisions taken by the Board of Directors and the systems established in the Trust.

The Integrated Governance Framework describes the governance and assurance arrangements for the Trust, integrating clinical and corporate governance. Five Quality Improvement Committees (QICs) report in to the Integrated Governance Committee which ultimately reports to the Board. QICs take responsibility for the main areas underpinning the development of quality services:

- clinical effectiveness
- services and estates
- risk, and health and safety
- information management
- human resources

These committees are supported by regular reporting against a range of agreed quality metrics including: safety, safeguarding, infection control, clinical effectiveness including National Institute for Health and Care Excellence (NICE) implementation, clinical audit, patient involvement and experience within services and the safety and suitability of the physical estate. Individual Executives lead on compliance with Care Quality Commission (CQC) standards with assurance drawn from five Quality Improvement Committees.

Each Executive has a clearly defined portfolio and is individually and collectively accountable for the quality and safety of services. The Director of Nursing and Clinical Standards reports monthly to the Board on quality and safety matters, including assessments against CQC requirements and clinical audit results. Further, the Board reviews a range of reports throughout the year which provide an insight into the quality of the services provided. Such reports include Complaints Annual Report, quarterly updates against the Quality Account, and HR workforce Key Performance

Indicator (KPI) Reports. Reports, such as the Board Assurance Framework, to the Board of Directors also describe the key risks to the Trust, the mitigating controls and action plans to address gaps. The internal audit programme which is reviewed by the Audit Committee provides assurances on a range of key governance areas.

The Executive team regularly reviews the quality of services through weekly consideration of Serious Incidents Requiring Investigation cases, inquest and complaint trends and themes. The Trust has also established Quarterly Performance Reviews for each service division providing the opportunity for Executive Directors to review divisional performance against a range of metrics, hold divisional management teams to account for performance and assist divisions in identifying resources to tackle problem areas. Non-Executive Directors are invited to attend and observe these reviews.

During 2013/14, the Board undertook a full assessment against the Monitor Quality Governance Framework.

Quality Account and Report

Further detail on the Trust's approach to quality governance and key performance indicators may be found in the Quality Account 2014/15 and Quality Report 2013/14 section of the Annual Report.

Disclosures and regulatory rating

NHS Foundation Trust Code of Governance

The Board takes account of the Code of Governance published by Monitor 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 Council of Governors on the main and supporting provisions of the Code.

In December 2013, Monitor published an updated Code of Governance which took effect from 1 January 2014. The updated Code of Governance sets out the requirement for all NHS foundation trust's to make certain disclosures. In addition the NHS Foundation Trust Annual Reporting Manual sets out certain required disclosures. The table below sets out the disclosures for the Trust.

Provision	Requirement	Trust disclosure
A.1.1	The schedule of matters reserved for Board should include a clear statement detailing the roles and responsibilities of the Council and Governors. This statement should also describe how any disagreements between the Council of Governors and the Board of Directors will be resolved. The Annual Report should include this schedule of matters or a summary statement of how the Board of Directors and the Council of Governors operate, including a summary of the types of decisions to be taken by each of the Boards and which are delegated to the executive management of the Board of Directors.	The Trust's Scheme of Reservation and Delegation sets out the role and function of the Board and its sub-committees and the Executive function. The role and responsibility of the Council is set out in the Trust's Constitution, Standing Orders and Governor Code of Conduct. The Scheme is reviewed on an annual basis and the next review to take place in 2014/15 will ensure that there is sufficient reference to the role and function of the Council. Further explanation of the Council's role and function

		and the working relationship between the Board and Council is set out in the Directors' Report.
A.1.2	The Annual Report should identify the Chairperson, the Deputy Chairperson (where there is one), the Chief Executive, the Senior Independent Director and the Chairperson and members of the Nominations, Audit and Remuneration Committees. It should also set out the number of meetings of the Board and those committees and individual attendance by Directors.	This information is provided in the Directors' Report.
A.5.3	The Annual Report should identify the members of the Council of Governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The Annual Report should also identify the nominated Lead Governor.	This information is provided in the Directors' Report.
B.1.1	The Board of Directors should identify in the Annual Report each Non-Executive Director it considers to be independent, with reasons where necessary.	This information is provided in the Directors' Report.
B.1.4	The Board of Directors should include in its Annual Report a description of each Director's skills, expertise and experience. Alongside this, in the Annual Report, the Board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.	This information is provided in the Directors' Report.
B.2.10	A separate section of the Annual Report should describe the work of the Nominations Committee(s), including the process it has used in relation to Board appointments.	This information is provided in the Directors' Report.
B.3.1	A Chairperson's other significant commitments should be disclosed to the Council of Governors before appointment and included in the Annual Report. Changes to such commitments should be reported to	Details of candidates' interests and commitments are made available to Council as part of the appointment/re-

	the Council of Governors as they arise, and included in the next Annual Report.	appointment process. The Trust maintains a Register of Directors' Interests which is publicly available. Further explanation is provided in the Directors' Report.
B.5.6	Governors should canvass the opinion of the Trust's members and the public, and for appointed Governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board of Directors. The Annual Report should contain a statement as to how this requirement has been undertaken and satisfied.	This information is provided in the Directors' Report.
B.6.1	The Board of Directors should state in the Annual Report how performance evaluation of the Board, its committees, and its Directors, including the Chairperson, has been conducted.	This information is provided in the Directors' Report.
B.6.2	Where an external facilitator is used for reviews of governance, they should be identified and a statement made as to whether they have any other connection with the Trust.	No external facilitator was contracted to undertake governance reviews during 2013/14.
C.1.1	The Directors should explain in the Annual Report their responsibility for preparing the Annual Report and Accounts, and state that they consider the Annual Report and Accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. There should be a statement by the external Auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the Annual	This information is provided in the Strategic Report, Directors' Report, Statement of the Chief Executive's Responsibilities, Annual Governance Statement, and Financial Performance, Remuneration Report and Income Disclosures.

	Report).	
C.2.1	The Annual Report should contain a statement that the Board has conducted a review of the effectiveness of its system of internal controls.	This information is provided in the Annual Governance Statement.
C.2.2	A Trust should disclose in the Annual Report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	This information is provided in the Directors' Report.
C.3.5	If the Council of Governors does not accept the Audit Committee's recommendation on the appointment, re-appointment or removal of an external Auditor, the Board of Directors should include in the Annual Report a statement from the Audit Committee explaining the recommendation and should set out reasons why the Council of Governors has taken a different position.	No appointment or removal of an external Auditor took place during 2013/14.
C.3.9	A separate section of the Annual Report should describe the work of the Audit Committee in discharging its responsibilities. The report should include: • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed. • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or reappointment of the external Auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted. • if the external Auditor provides non-audit services, the value of the non-audit	This information is provided in the Directors' Report.

	services provided and an explanation of how auditor objectivity and independence are safeguarded.	
D.1.3	Where an NHS foundation trust releases an executive Director, for example to serve as a Non-Executive Director elsewhere, the remuneration disclosures of the Annual Report should include a statement of whether or not the Director will retain such earnings.	Not applicable.
E.1.5	The Board of Directors should state in the Annual Report the steps they have taken to ensure that the members of the Board, and in particular the Non-Executive Directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the Council of Governors, direct face-to-face contact, surveys of members' opinions and consultations.	This information is provided in the Directors' Report.
E.1.6	The Board of Directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the Annual Report.	This information is provided in the Directors' Report.
FT ARM	The Annual Report should include a statement about the number of meetings of the Council of Governors and individual attendance by Governors and Directors.	This information is provided in the Directors' Report.
FT ARM	The Annual Report should include a brief description of the length of appointments of the Non-Executive Directors, and how they may be terminated.	This information is provided in the Directors' Report.
FT ARM	The disclosure in the Annual Report on the work of the Nominations Committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or Non-Executive Director.	In early 2014, a recruitment process began to fill the Non-Executive Director vacancy. The Council's Nomination and Remuneration Committee oversaw the process which was supported by an external recruitment consultancy and open advertising.

FT ARM	If, during the financial year, the Governors have exercised their power under paragraph 10C of schedule 7 of the NHS Act 2006, then information on this must be included in the Annual Report.	The Governors did not exercise this power during 2013/14.
FT ARM	The Annual Report should include: • a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership. • information on the number of members and the number of members in each constituency. • a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership [see also E.1.6 on previous page], including progress towards any recruitment targets for members.	This information is provided in the Directors' Report.
FT ARM	The Annual Report should disclose details of company directorships or other material interests in companies held by governors and/or Directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS foundation trust. As each NHS foundation trust must have registers of Governors' and Directors' interests which are available to the public, an alternative disclosure is for the Annual Report to simply state how members of the public can gain access to the registers instead of listing all the interests in the Annual Report.	This information is provided in the Directors' Report.

Comply or explain

In addition to the disclosures above, the Code of Governance sets out requirements which NHS foundation trusts must either comply or explain.

The Board of Directors considers that the Trust is fully compliant with the provisions of the Code in all but the following:

- A.4.1 – The Trust has not appointed a Senior Independent Director. The Board of Directors previously agreed with the Council of Governors that this was not appropriate for the Trust. This position is kept under review and the matter has been discussed by the Council of Governors Nomination and Remuneration Committee during the year
- B.2.2. – The Trust has not clearly set out how directors and governors would be assessed against the 'fit and proper' persons test. Whilst appointment and appraisal processes, role descriptions, and codes of conduct and associated documents all set out 'fit and proper' persons test elements that directors and governors must meet, there is no co-ordinated overall assessment. This will be reviewed during 2014/15.

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 risk ratings. The ratings are designed to indicate the risk of failure to comply with the Terms of Authorisation/Provider Licence.

During 2013/14, Monitor changed its regulatory regime from the Compliance Framework for Q1and Q2 to the Risk Assessment Framework for Q3 and Q4.

Compliance framework

The ratings used by Monitor are described below:

Financial risk rating

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

Governance risk rating

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

During 2013/14, the Trust's ratings were:

	Annual Plan	Q1	Q2
Financial risk rating	3	3	3
Governance risk rating	Amber Green	Green	Green

During 2012/13, the Trust's ratings were:

	Annual Plan	Q1	Q2	Q3	Q4
Financial risk rating	3	4	4	4	4
Governance risk rating	Amber Green	Green	Green	Green	Green

Risk Assessment Framework

The Risk Assessment Framework sets out the process by which Monitor will seek to establish where there is:

1. significant risk to the financial stability of an NHS foundation trust which would put at risk continuity of services
2. poor governance within an NHS foundation trust.

Accordingly, NHS foundation trusts will be assigned two ratings:

1. Continuity of services risk rating
2. Governance rating

Continuity of services risk rating

The new continuity of service risk rating replaces the financial risk rating and assesses providers for risk of financial failure using a calculation focused on two metrics.

1. Significant risk
2. Material risk

2*. Level of risk is material but stable

3. Emerging or minor concern potentially requiring scrutiny
4. No evident concerns

Governance risk rating

The new governance rating has three categories:

1. Green rating - where there are no concerns
2. Written description of concerns held - concerns have been identified but no enforcement action has commenced
3. Red rating - when enforcement action has commenced

During 2013/14, the Trust's ratings were:

	Q3	Q4
Continuity of services risk rating	4	4
Governance risk rating	Green	Green

Performance

The Trust's performance against regulatory ratings through the year was in line with plans submitted to Monitor. Issues with performance during the year which were reported to Monitor included:

- Failure to meet the Cost Improvement Programme target
- Breaching Early Intervention target in Q3
- Breaching the C.difficile target in Q3 and Q4

During 2013/14, the Trust was not subject to formal regulatory action from Monitor.

Workforce

Our staff are central to Oxford Health NHS Foundation Trust's success, directly impacting the lives of our patients and responsible for the quality of experience they receive. Corporately it is the Trust's responsibility to ensure that staff have the best possible training and development opportunities, and a good work-life balance, to support them in their roles.

Staff survey 2013

The annual National NHS Staff Survey is a good indicator of how our staff are feeling, as it asks for their views in a number of important areas. In total a sample of 850 staff were sent the survey, with a 50% response rate which is currently the national average rate for other similar NHS organisations and is in line with the Trust's response rate in 2012. The survey asks staff for their feedback in four main areas that represent pledges in the NHS Constitution. There were 28 key findings this year and a measure of staff engagement.

Staff engagement

Staff engagement is a key indicator in the staff survey, and regarded by the Board of Directors as central to delivering outstanding care. Building on from the successes in 2012/13, work continued during the year on a number of initiatives designed to improve staff health and wellbeing, and provide opportunities for staff to have their say in the decisions being taken. The Trust was pleased to see the culmination of these initiatives again reflected in the overall staff engagement result which placed the Trust in the top performing 20% of similar trusts.

Staff engagement comprises the following elements:

- staff ability to contribute to improvement at work
- staff recommendation of the Trust as a place to work or receive treatment
- staff motivation at work

Summary results table: an improving picture

The Trust continues to see an increase in the number of issues ranked in the top 20% of similar trusts, and, as in 2012, there is only one area where we fall in the bottom 20% of trusts, which is around staff working additional hours. Overall, the Trust's 2013 results show that two areas have improved since 2012 (support from immediate managers, and percentage having equality and diversity training in the last 12 months) and only one had deteriorated (percentage experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months). There are, however, a number of areas where improvements still need be made, but the foundation has been set with year-on-year improvements since 2011.

The table below shows the Trust response rate and the results of the 2013 staff survey compared to the 2012 results. The responses with the top five ranking scores and bottom five ranking scores are listed below. All of the top five key findings are in the top 20%, and out of the five bottom key findings, only one key finding is in the worst 20%.

	2013		2012		
Response rate	**Trust**	**National average**	**Trust**		**Increase/ decrease in %**
	50%	50%	51%		
	2013		**2012**		
Top five ranking scores	**Trust**	**National average**	**Trust**		**Increase/ decrease in %**
KF 9 Support from immediate managers	3.92%	3.82%	3.73%		0.19+
KF11 Percentage of staff suffering work-related stress	38%	43%	41%		3-
KF 22 Percentage of staff able to contribute towards improvements at work	77%	72%	76%		1+
KF25 Staff motivation at work	3.90%	3.85%	3.89%		0.01+
KF27 Percentage of staff believing the Trust provides equal opportunities for career progression or promotion	93%	89%	91%		2+
	2013		**2012**		
Bottom five ranking scores	**Trust**	**National average**	**Trust**		**Increase/ decrease in % points**
KF1 Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver	74%	77%	74%		=
KF5 Percentage of staff working extra hours	78%	71%	76%		2+

KF14 Percentage of staff reporting errors, near misses or incidents witnessed in the last month	91%	92%	92%		1-
KF18 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	36%	30%	28%		8+
KF21 Percentage of staff reporting good communication between senior management and staff	30%	31%	30%		=

The average staff sickness rate for 2013/14 was 4.0%, a slight increase from 2012/13 which was 3.96%.

Actions taken in 2013/14

During 2013/14, the Trust's Staff Health and Wellbeing Action Group oversaw the development and implementation of a Wellbeing Strategy which set out objectives to improve staff satisfaction and engagement. It is pleasing to see the 2013 staff survey results reflect the work that has taken place to improve staff wellbeing. Key initiatives supported through the Wellbeing Strategy included:

- over 100 'Wellbeing Champions' throughout our staff groups
- holding staff health and wellbeing days throughout the year
- holding an inaugural pedometer challenge
- creating wellbeing notice boards and a wellbeing intranet page
- supporting local staff surveys and the development of divisional action plans

Actions for the year ahead

Whilst the 2013 staff survey results show a continually improving picture, the Trust recognises there continues to be more to do to improve the working lives of our staff. The Staff Health and Wellbeing Action Group will continue to oversee the implementation of the Wellbeing Strategy and support the development of action plans to address concerns arising out of the 2013 staff survey results.

Each service division was provided with the details of the survey results relevant to their staff which showed what they were saying. Divisional management teams have been asked to develop action plans to address concerns raised by their staff and

performance will be monitored through the Directorate Quarterly Performance Reviews and Staff Health and Wellbeing Action Group. Divisions are being encouraged to undertake local staff surveys throughout the year in order to monitor progress against their action plans.

The Staff Health and Wellbeing Action Group will also take forward the following actions during 2014/15:

- holding four staff health and wellbeing days a year
- implementing Mindfulness Programmes
- developing and trialling of health walks schemes at main Trust sites
- increasing access to Yoga and fitness classes at Trust locations
- develop a proposal for a 'Bike to Work' scheme
- support bi-annual pedometer challenges
- maintaining Wellbeing notice boards across Trust sites
- support an annual programme of public health campaigns, sharing health advice and information with staff
- review management and leadership development activities to incorporate messages about staff health, wellbeing and support
- review the appraisal process and incorporate wellbeing

Employee policies

Accounting policies for pensions and other retirement benefits are set out in note 1.3 to the Accounts and details of senior employees' remuneration can be found in page 191 of the Remuneration Report.

The Trust's Disabled Workers Policy was in place through the year and sets out how the Trust supports disabled persons in employment applications, training and career development.

Section Two:

Quality Account 2014/15 and Quality Report 2013

Part 1: Statement on quality from the Chief Executive

Chief Executive's statement

I am delighted to introduce the Quality Account and Quality Report for Oxford Health NHS Foundation Trust (OHFT) which provides us with the opportunity to reflect on our quality achievements and successes over the past twelve months as well as to identify areas for further improvement, including our quality priorities for the coming year.

As we move into a new year within the NHS from 1 April 2014, OHFT is completing the final stages of our comprehensive review of the delivery and organisation of services to redesign over thirty different service lines into thirteen care pathways. The remodelling of care pathways has been driven by the desire to improve patients' treatment and experiences of services and their understanding of how our services work. This is underpinned by ensuring our services are patient-centred with a high emphasis on family and carer involvement and that interventions are evidence-based.

We will continue to maximise opportunities to translate research, training and clinical expertise to meet the healthcare challenges of the 21st century. This will primarily be achieved through involvement and leadership in the Oxford Academic Health Science Network (AHSN), Academic Health Science Centre (AHSC) and Collaborations and Leadership in Applied Health Research and Care (CLAHRC). These partnerships focus on areas of real need, including care of the frail elderly, those with chronic conditions and dementia. We are also designing an internal research and development strategy with structures to support these external working partnerships. This will help us to implement research in practice and to rapidly adopt innovative treatments. We will continue to develop as a leading teaching centre.

This builds on a wider ambition to deliver value (outcomes delivered per £ of investment), developing our organisational culture around measurement of outcomes and experiences that matter to patients and ensuring that we learn and improve continuously. Team-based working will be the bedrock for excellent care and it will have clinical leadership and decision-making at its heart. For patients, we understand it is important they receive the right care, at the right time, in the right location by the right person. In this sense we should not be constrained by organisational boundaries or geography which can adversely impact on patient experience if care is not managed successfully across different provider or commissioner responsibilities.

Despite the extremely challenging national and local financial position, OHFT is focused on maintaining and enhancing existing levels and quality of patient care. Cost improvements are rigorously assessed against their impact on service quality and patient safety to ensure they are not compromised, through finding a more effective and efficient way of working. Our view is that cost effectiveness will result from good quality services, which have a focus on achieving the right outcomes, and which add value to patients and their carers. We have invested time and resources, working with our staff to select a new electronic health record provider. An effective patient record system allows us to provide timely and accurate information to staff and to improve the quality of care we provide.

We set ourselves a challenging and ambitious set of quality priorities for 2013/14 which were focused on improving patient safety and experience, and delivering good clinical outcomes and effective services.

Throughout the year we have seen an increase in the number of reported incidents, but with a reduction in the number of serious incidents, which is an encouraging indication that staff are routinely noticing and reporting patient safety incidents. We focused on reducing the number of specific types of harm-related incidents including probable suicide, harm from falls, absence from a hospital ward without authorised leave and avoidable pressure ulcers. For each of these we have used a range of improvement approaches which have allowed us to establish a baseline from which to measure improvement and to establish a set of actions which we consider will make a difference. While we have made some progress in each of these areas, we will continue to prioritise them throughout 2014/15.

We have seen a steady increase in the number of referrals for patients with long-term conditions to psychological therapies. We are also seeing an increase in patients with access to personal health budgets and the increased independence and flexibility which this gives them.

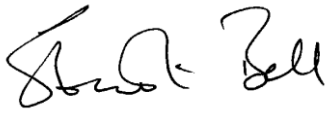
OHFT approved a new patient experience strategy towards the end of last year and will be implementing this throughout 2014/15. What is vital is not simply gathering feedback but acting upon what we are told. As an example of this, the friends and families test has been implemented across our community physical health services. Quarter on quarter we have seen an increase in the number of responses and we have proactively used this feedback to make improvements. You will see examples of actions taken as a result of feedback throughout this Quality Account. All staff will be using the friends and family test in the forthcoming year.

Finally, I am delighted that we have seen the opening of a new purpose-built mental health and wellbeing campus in Aylesbury Buckinghamshire used for adult and older adult inpatients for the whole population of Buckinghamshire and community mental health services including day hospital provision for Aylesbury Vale. The Whiteleaf Centre is a light and spacious facility for adults and older adults, designed in

collaboration with staff and services users. We have also made improvements to ward environments across all counties including acute wards at the Warneford Hospital and Littlemore, forensic wards in Oxford Clinic, Littlemore and Marlborough House, Milton Keynes and in community hospital wards at Witney and Wallingford.

In the coming year we have set ourselves an equally ambitious set of quality priorities which encompass staffing, leadership and team working, developing reliable data on service quality, specific harm reduction projects, and engaging staff in a range of improvement and quality approaches. Importantly we are also focusing on how we act upon patient and carer feedback (and share what we are doing), and co-creating relevant outcome measures against which we can start monitoring and reporting on the effectiveness and quality of our services.

I should add that to the best of my personal knowledge, the information contained in this document is accurate.



Stuart Bell CBE
Chief Executive

Executive summary

For 2013/14 the Quality Account was organised around four quality goals: improving patient safety; improving patient and carer experience; improving clinical outcomes and delivering efficient and effective services. We gave ourselves some challenging targets. We achieved some, but not all of these, and where this is the case we have set this as a priority for 2014/15.

We have delivered the planned objectives for our service remodelling programme and work continues into the coming year. This will affect the organisation of teams and services with better integration and coherence, models of care, staffing numbers, and will offer an increased focus on shared outcomes and goal setting with patients and families.

We made significant progress in soliciting patient feedback and acting on this. Staff have been involved extensively in improvement projects and they responded positively in the national staff survey to this question. Staff have also been involved in selecting the new electronic health record provider which forms part of our strategy for using technology to support clinical practice.

In 2013/14 we had 3793 admissions, 217,642 occupied bed days and 1,117,940 face-to-face contacts. We reported 11,469 patient safety incidents but saw a 30% overall reduction in serious incidents. We made some progress on our harm reduction priorities, but need to do further work on prevention of probable suicides, reduction in harm from falls and reduction in absence without leave from inpatient mental health units. These have all been included in our priorities for the coming year.

Key achievements last year included:

- delivery of the planned programme for service remodelling in adult mental health and older adult services, with close involvement with patients and carers
- increased staffing and extended hours of working in community teams
- a reduction in the use of restraint on the Highfield Unit Oxford in Oxfordshire
- development of outcome measures for speech and language therapy services in Buckinghamshire
- a falls research project on older adult mental health wards to identify the most effective actions to reduce harm from falls – this remains a harm reduction priority
- partnership working across the system to reduce pressure damage and to reduce delayed transfers of care
- an increase in the number of patients with personal health budgets
- *Reach4Health* healthy child weight management project

- closer working with the Police to reduce the number of people detained by Police under Section 136
- developing outcome measures in partnership with users of adult mental health services
- developing the "*first ten days*" for young people in Marlborough House, Swindon to develop a shared view of the purpose of the admission, the planned length of stay, and shared goals or outcomes
- increased staffing on inpatient mental health wards
- improved clinical leadership in mental health inpatient services
- improved access for patients with long term conditions to psychological therapy services – this service was a finalist for the Health Service Journal awards
- improved technological support for patients and involving staff in selecting the new electronic health record provider

Areas for further improvement include:

- further reduction in avoidable pressure ulcers and further improvement in the management of all pressure damage
- a further reduction in harm from falls
- a further reduction in absence without leave from inpatient mental health units
- a further reduction in probable suicides (community)
- better involvement for patients on the care programme approach (CPA) in care planning, and an increase in patients with a documented risk assessment/care plan
- a decrease in delayed transfers of care
- a decrease in medication errors resulting in harm
- sustaining and embedding change and improvements

Quality in 2014/15

Our priorities for the coming year have taken into account our achievements against our priorities for 2013/14 (and where we need to make more progress); issues arising from serious incident investigations and complaints; our commitment to delivering value in healthcare which focuses on good outcomes created in collaboration with our patients; and learning from the Keogh report into high mortality rates in a number of acute trusts and the Francis report following events at Mid Staffordshire. In particular we have responded to their recommendations which include:

- stronger leadership and accountability (both managerial and clinical) at all levels of those organisations
- more reliable information on quality, and better use of available data

- listening and responding to staff, patient and carer concerns
- improved staffing levels and development and supervision for staff

We have taken seriously the failure to be open which was identified in Mid Staffordshire (duty of candour) and in this report we will detail areas where we have not made the progress we wanted to, as well as our successes and achievements

In the coming year we will ask ourselves whether our services are safe, effective, caring, responsive and well led. We will test this through work on developing our workforce, improving data quality, implementing our service remodelling programmes, continuing work on outcome-based care and improving staff engagement. We will focus on five harm reduction priorities, implementation of our patient experience strategy and using the five CQC questions to assess our service quality and opportunities for improvement.

Who we are

OHFT is a community-focused organisation that provides physical and mental health services integrated with social care with the aim of improving the health and wellbeing of all our patients and their families.

Our Trust provides community health, mental health and specialised health services. We operate across Oxfordshire, Buckinghamshire, Milton Keynes, Berkshire, Swindon, Wiltshire and Bath and North East Somerset (BaNES). The combined population of Oxfordshire and Buckinghamshire is 1,152,296.

We employ 6275 staff with a contracted WTE of 4770.23. This number includes:

- 293 medical staff
- 686 therapists
- 1880 qualified nurses
- 1094 unregistered nurses
- 409 other support staff including ancillaries and, care workers
- 645 other professional including psychology, dental staff and social workers

In Oxfordshire we are the main provider of the majority of non GP-based community health services for the population of Oxfordshire and deliver these in a range of community and inpatient settings, including eight community hospital sites (ten wards). Our mental health teams provide a range of specialist healthcare in the community and from inpatient settings across the geographic areas of Milton Keynes, Buckinghamshire, Oxfordshire, Wiltshire and BaNES. We also provide forensic mental health and eating disorder services across a wider geographic area including support for patients in Berkshire, the wider Thames Valley and from Wales.

OHFT currently operates our services out of 25 freeholds, 59 leased/licensed and 75 informal properties (mainly general medical service and other general practice premises). We have a total capacity of 416 inpatient beds for mental health, forensic and eating disorder services and in addition we are commissioned for 203 community hospital beds.

Our aim is to improve the health and wellbeing of all our patients and families and we work in partnership with a range of other organisations in the areas in which we provide services. These include:

- the University of Oxford to promote innovation in healthcare, support research and to train doctors and psychologists
- Oxford Brookes University, Bucks New University, the University of West London, the University of Bedfordshire and Thames Valley Local Education and Training Board to train nurses and allied health professionals
- local partner NHS organisations, for example Oxford University Hospitals NHS Trust (OUH)
- local authorities and voluntary organisations
- GPs across all the locations we serve in order to provide joined-up care

You can find out more about the many different services we provide and our locations on our website: www.oxfordhealth.nhs.uk

Part 2: Priorities for improvement and statements of assurance from the Board

2.1 Priorities for improvement 2014/15

Introduction and summary

The NHS in England continues to be informed and influenced by the two reports written by Robert Francis into the events at Mid Staffordshire Hospital. Some of his key findings and recommendations have been further accentuated by the more recent investigations carried out by Sir Bruce Keogh into high mortality rates at a number of acute hospital trusts.

Common themes across both sets of investigations included:

- a lack of leadership and accountability (both managerial and clinical) at all levels of those organisations
- a lack of reliable information on quality and poor use of available data
- a failure to listen to staff, patient and carer concerns
- a failure to be open (duty of candour)
- workforce issues (staffing levels, fitness to practice and supervision)
- poor governance and inadequate safety and quality systems and processes
- a desensitisation to poor care
- cost savings and change became a distraction from quality
- a system-wide failure to recognise and act upon quality failures

The subsequent report by Professor Don Berwick offers practical approaches to improve the quality of our services provided and to ensure the safety of our patients. In particular he reinforces our view at OHFT that our staff want to offer safe and effective care to all of our patients and those close to them. We are committed to placing quality and safety at the heart of what we do. We will pay attention when our staff, patients or their carers raise concerns or offer suggestions for improvement. We are committed to developing our workforce and to continually engage them in opportunities to improve what we do and how we do it.

As we improve the quality of our care and ensure our processes deliver safe and effective services, we are also maintaining a focus on outcomes and value-based healthcare (as defined by Porter, M.E. & Lee T.H. HBR). This shift towards outcome-based care is reflected in the work in Oxfordshire to develop outcome-based commissioning within the Trust. Over the past eighteen months, this has taken place creating outcome measures with our patients to enable the assessment and effectiveness of our service models and care pathways. Outcomes are a core

component of the way we assess the value of our healthcare against the investment we have made in it. This requires us to identify our core patient groups; to consider the care they receive along their whole care pathway (irrespective of who delivers it) and the overall cost of this; to work towards a more integrated approach to how that care is delivered; and to co-create relevant outcome measures with our patients against which we monitor and report.

OHFT has considered all of these reports and findings, held discussions with our patients, carers, staff, governors, stakeholders and the public. Our priorities reflect the areas we most need to improve or develop, the substantial remodelling work we embarked upon last year to deliver coherent care pathways and moving from a divisional to a directorate structure.

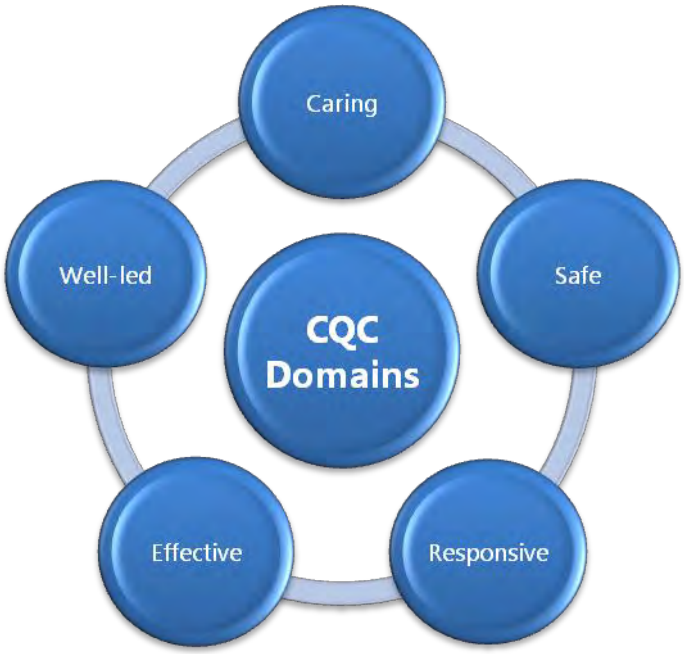
Last year we delivered the planned objectives for our service remodelling programme and work continues into the coming year. We will also focus on developing outcome measures with patients and further integration of services. We made significant progress in soliciting patient feedback and acting on this and have maintained this as a priority.

Last year we reported 11,469 patient safety incidents but saw a 30% overall reduction in serious incidents. While we made some progress on our harm reduction priorities we need to do further work on prevention of probable suicides, reduction in harm from falls and reduction in absence without leave from inpatient mental health units. These have all been included in our priorities, with associated indicators, for the coming year. Our priorities also reflect the need for improved clinical and managerial leadership, effective team working with skilled and engaged staff and access to reliable data. Some priorities from last year have become business as usual this year and do not feature specifically in the quality account 2014/15; these include:

- reporting on the safety thermometer (as we have included specific indicators for pressure ulcers, VTE assessment, falls and catheter-related urinary tract infections)
- hand hygiene and bare below the elbows (as these indicators are reported as part of the infection prevention and control report to the quality committee and board of directors and for both we have had compliance during 2013/14
- number of patients with personal health budgets (as the number has continued to increase during 2013/14 and we have reported comprehensively since 2012)
- productive care programme (as this will become business as usual during 2014/15)
- number of patients being referred for and receiving psychological therapy services for long term conditions (as this is reported directly to commissioner via our quality report against nationally set standards, and the service is now established)

Quality Account 2014/15

For our Quality Account in the coming year we have taken the opportunity to consider the five questions posed by the Care Quality Commission (CQC) which will form the basis of their future reviews and inspections of NHS services, namely



Is the service safe?
Is the service effective?
Is the service caring?
Is the service responsive?
Is the service well-led?

The detail around each of these core questions is in the process of being developed by the CQC and will be available from the autumn of 2014. For the purposes of this account, and to enable us to report from 1 April 2014, we have adopted the following working definition for each question.

Is the service safe?

This question looks at whether people are protected from avoidable physical, psychological or emotional harm, abuse or coercion. It will consider how many people die that are not expected to, how often events occur that should never happen, how many people catch infections in hospital, safe management of medicines and safe and suitable premises.

Is the service effective?

This question looks at whether people's needs are met and whether the care they receive results in the best quality of life for them. It will consider whether care is evidence-based and patient-centred; whether people achieve the outcomes they expect; what happens if patients receive poor care and whether patients develop other problems as a result of the care they receive.

Is the service caring?

This question looks at whether people are treated with compassion, respect and dignity and whether care is tailored to their needs. It will consider what patients and carers say about the care they receive, their confidence in staff, the information they

are given, whether they feel involved and listened to and if they feel treated with compassion, respect and dignity. We are also improving our complaints process to ensure it is responsive and resolution-focused.

Is the service responsive?

This question looks at whether people get the treatment and care they need at the right time, without excessive or unreasonable delay, and whether they are listened to in a way that responds to their needs and concerns. It will consider whether services change to meet people's needs, how long people wait to be seen for treatment, and how quickly people leave hospital when they are well.

Is the service well led?

This looks at whether there is effective leadership for quality at all levels of the organisation supported by robust data on quality which is assessed and monitored. It will also consider whether there is an open, fair, transparent, supporting and challenging culture underpinned by effective governance processes and systems. It will consider what staff working in the service think, how often staff take sick days, what any whistleblowers have said, and information from other external bodies for example Monitor, HealthWatch and Ofsted.

Priorities and indicators

Quality priorities for 2014/15

We have set ourselves the following quality priorities for 2014/15. These are based on a review of our progress against our quality objectives for 2013/14; a consideration of patient and staff feedback, and an ongoing assessment of the relevant recommendations from the Francis, Keogh and Berwick reports. These priorities will represent the key areas we monitor and report on through the quality account. Alongside these priorities work on a wider range of quality and safety initiatives continues across all of our services.

1. **Workforce** - ensuring we have the right number of staff with appropriate training and experience, supported by effective clinical and managerial leadership, working effectively within teams. Support will include staff development, professional leadership and training opportunities and the creation of new disciplines such as interface medicine
2. **Data on quality and quality of data** - ensuring we have reliable, accurate and relevant data on the quality and safety of services provided by the Trust
3. **Service remodelling** - continuing the service redesign and pathway remodelling programme, specifically focusing on its benefits in terms of quality and outcomes; and reflecting enhanced clinical leadership and team-working at the point of service delivery

4. **Staff engagement** - ensuring a focus on quality from the front-line to the Board, improving quality management processes, and strengthening links between the Board and staff who are directly delivering patient care
5. **Reduction in harm** (focusing on five specific areas: prevention of suicide; missing patients; avoidable pressure ulcers; harm from falls; aggression and violence)
6. **Implementation of our patient experience strategy** - capturing and demonstrating how we act upon patient and carer feedback and improve our care environments
7. **Development of outcome measures** - integrating services where possible according to patient needs and systematically monitoring, reporting and learning from outcomes continuously to improve the quality of care for patients; and working in partnership with commissioners and providers to deliver outcome-based care across a range of services
8. **Using the new CQC regulatory framework** to assess and, where necessary, to make quality improvements to our services to ensure they are safe, effective, caring, responsive and well-led.

Measuring progress

For each of these priorities we have a series of indicators and a set of development objectives and milestones on which we will report every quarter to the quality committee and Board of Directors over the coming year. **The completion date for each of the development objectives detailed below is 31 March 2015 unless otherwise indicated.**

Quality priority 1: workforce

Ensuring we have the right number of staff with appropriate training and experience, supported by effective clinical and managerial leadership, working effectively within teams. This will support our aspiration to be an excellent employer, caring for staff, supporting staff development, supporting teams and individuals to be able to work more effectively, developing our professional leadership and supporting new interventions. This work will be coordinated through our organisational development strategy. This will enable the service to be caring, safe, effective, responsive and well-led.

Development objectives:

1. Agreement of quality-focused workforce indicators as part of a wider quality dashboard by 30 September 2014.
2. Roll-out of the Aston teamwork model across the organisation to nominated managers.

3. Maintain existing levels of access to staff training and development, including clinical practice, improvement skills and professional leadership.
4. Implementation of the key actions arising from the national staff survey results to promote staff well-being.

Indicator or measure	*Data source*	*Frequency of reporting*	*Purpose of measure*	*Baseline 13/14*
Deliver expected staffing levels on inpatient wards	Manual reporting	Weekly	Establish safe staffing levels	Reporting started 4/14
Number of shifts which fell below expected levels on inpatient wards	E-rostering	Weekly	Assess frequency where safe staffing levels at risk	Reporting started 4/14
Commentary on risk levels and remedial actions	Ward managers via Deputy Director of Nursing	Weekly	Assess and manage risk associated with staffing pressures	n/a
Friends and Family staff survey "how likely are you to recommend this organisation to friends and family as a place to work/if they needed care or treatment?"	Friends and Family staff survey	Quarterly	Assess staff perception of the work environment	3.64
National staff survey: - Effective team working - % satisfied with quality of work and patient care they are able to deliver - % of staff who would recommend the Trust as a place to work or receive treatment (target improvement on 2013/14)	National staff survey	Annual, comparative with previous year's results	Assess staff perception of the care they provide	 3.88 74% 3.64
a) additional team leaders trained in Aston teamwork principles – target 250 leaders in 2014/15 b) 100% attendees reporting they are equipped to lead team working effectiveness improvements	Improvement and innovation team attendance records	Quarterly	Monitor spread of skills development	178 86%
Performance development review completed in last 12 months (target 95%)	Learning and development records	Quarterly	Support staff development, performance review	90%
Skills courses attendance	Learning and development records	Quarterly	Ensure staff develop and update clinical and leadership skills	16169

Quality priority 2: data on quality (and quality of data)

Ensuring we have reliable, accurate and relevant data on the quality and safety of our services. This will enable the service to be safe, effective and well-led.

Development objectives:

1. Agreement of a quality dashboard by 30 September 2014
2. Development of standard operating procedure for data quality by 30 September 2014, including written controls for quality indicators and a standard process for sourcing, verifying and checking reported data with assigned data leads

Quality priority 3: service remodelling

To continue the service redesign and pathway remodelling programme, specifically focusing on its benefits in terms of quality and safety. This will enable the service to be caring, safe, effective, responsive and well-led.

Development objectives:

The overall objective for remodelling pathways and services is to develop high quality health services delivering caring, safe and excellent services to patients and their families. The objectives for 2014/15 are:

1. Fully implement a new model of care based on cluster packages, care programme approach and the recovery star; ensuring patients and their families are clear about who is providing their care, what the care is and what to expect throughout their time in the service; supporting the patient or family to set their own goals.
2. Fully implement the integrated physical and mental health pathways for older people.
3. Transfer of the Oxford City community hospital to the Fulbrook Centre to support the integrated model of care.
4. Implement locality and ward-based patient and carer forums.
5. Implement patient and carer outcome measures.
6. Review and develop early intervention in psychosis services.
7. Review and develop the complex needs services with CCG leads.
8. Develop, implement and evaluate new staffing models including seven day working and extended hours.
9. Implement leadership teams in adult mental health wards.
10. Agree a health plan for every secondary school in Oxfordshire.
11. Increase the number of health visitors in line with the national call for action.

12. Support the breastfeeding initiative to promote breast feeding-friendly areas.
13. Agree and implement model to offer multidisciplinary (MDT) assessment to older adults with physical and mental health needs.
14. Further development and agreement of the dementia care strategy with partners.

Indicator or measure	*Data source*	*Frequency of reporting*	*Purpose of measure*	*Baseline 13/14*
% of patients with a CPA to be in employment or meaningful activity	CPA audit	Quarterly	Measure quality of life goals as part of care planning	snapshot
% of patients with a CPA in settled accommodation	CPA audit	Quarterly	Measure quality of life goals as part of care planning	snapshot
100% of patients involved in setting and achieving goals	CPA audit	Quarterly	Assess levels of patient involvement in setting and meeting their personal care plans	New indicator
Improving patient and carer satisfaction with services (target improvement on 2013/14 rates)	Friends and Family test	Quarterly	Ensuring services continue to meet the needs of patients and people close to them	+72.6 CH +62 MIU
Outcome data (cluster outcome measures)	RiO	Quarterly	Ensure a focus on outcomes as well as inputs and process measures	Baseline in Q1
100% of patients on older adult mental health wards to be screened using the early warning scores and have physical health assessment (PHA) including VTE	RiO	Quarterly	Aligning physical and mental health needs of older adult patients	VTE 96% PHA 95.75%
Number of appropriate older adult patients with co-morbidities receiving an MDT assessment	RiO	Quarterly	Aligning physical and mental health needs of older adult patients	n/a
Increase in number of health visitors in Oxfordshire (target to meet national rates)	ESR	annual	Support delivery of child and family strategies	Target met
Number of breastfeeding friendly areas in services	Manual reporting	6 monthly		n/a

Quality priority 4: staff engagement with the quality agenda

Ensuring a focus on quality from the front-line to the Board, improving quality management processes, and strengthening links between the Board and staff directly delivering patient care. This will enable the service to be caring, safe, effective, responsive and well-led.

Development objectives:

1. Review and align governance processes to further develop a safety culture where staff notice, respond to and anticipate quality failures by 30 September 2014.
2. Implement values-based recruitment by 31 July 2014.
3. Identify and deliver opportunities for staff and board members to meet and discuss quality issues and concerns by 30 September 2014.
4. Review and redesign the risk management process across the Trust to develop and embed a risk-based approach to quality and safety by 30 September 2014.
5. Provide opportunities for staff to engage in improvement activities and projects.
6. Implement processes to ensure staff can raise concerns and to monitor actions taken.
7. Implement actions to improve staff wellbeing and motivation at work.

Indicator or measure	*Data source*	*Frequency of reporting*	*Purpose of measure*	*Baseline 13/14*
Review of five patient stories	Qualitative and semi-structured interview	Five per care pathway per year	To assess and analyse patient experience of services they receive	n/a
Review of five staff stories	Qualitative and semi-structured interview	Five per care pathway per year	To assess and analyse staff experience of services they deliver	n/a
National staff survey: - ability to contribute to improvements at work - feeling motivated and engaged with their work (target improvement on 2013/14 rates)	National staff survey	Annual, comparative with previous year's results	Assess staff engagement and motivation	77% 3.90

Quality priority 5: reduction in harm

We have selected five reduction projects (detailed below). We will also continue to report on CDI, MRSA and MSSA, environmental infection control audits and medication incidents.

5a: prevention of suicide

This will enable the service to be safe.

Development objectives:

1. Agree suicide awareness and prevention strategies in teams across the Trust and review the impact on practice, benchmarking against other providers for common indicators.
2. Implement recommendations and share learning with safeguarding children's boards from OHFT internal report into children's and young people's suicides.

Indicator or measure	*Data source*	*Frequency of reporting*	*Purpose of measure*	*Baseline n/a*
Days between probable suicides in individual adult mental health teams (target 300 days)	Safeguard	Quarterly	Measure reduction in incidence of probable suicide	New teams
Days between probable suicides in individual inpatient services (target 300 days)	Safeguard	Quarterly	Measure reduction in incidence of probable suicide	Not measured by IP unit
Ten teams to receive suicide awareness/prevention training in interpersonal theory of suicide	Suicide prevention lead	Quarterly	Measure spread of training	New indicator

5b: reduction in the number of missing patients from inpatient services

This will enable the service to be safe.

Development objectives:

1. Review and evaluate absence without leave (AWOL) projects in three wards.

Indicator or measure	*Data source*	*Frequency of reporting*	*Purpose of measure*	*Baseline 13/14*
Number of incidents of absence without permission (target 50% reduction)	Safeguard	Quarterly	Measure reduction in incidence of AWOLs	230

Number of patients absent without permission (target 25% reduction))	Safeguard	Quarterly	Measure number of patients generating AWOL incidents	174
0 patients to experience harm (rated 3, 4 or 5 in impact) as a result of being absent without permission	Safeguard	Quarterly	Measuring reduction in harm resulting from incidents of absence without permission	2

5c: reduction in the number of avoidable pressure ulcers

This will enable the service to be safe.

Development objectives:

1. Review skin integrity assessment tool and agree options for replacing the Walsall assessment tool by 31 July 2014.
2. Agree and pilot a set of appropriate and reportable indicators to support pressure damage harm reduction projects by 30 September 2014.

Indicator or measure	*Data source*	*Frequency of reporting*	*Purpose of measure*	*Baseline 13/14*
Number of patients with avoidable pressure ulcers graded 2-4 (target 0)	Safeguard	Quarterly	Measure reduction in avoidable pressure ulcers	15
100% of patients managed by the district nursing service to have a skin integrity risk assessment	RiO	Quarterly	Reduce risk of avoidable pressure damage	96% (Walsall)
100% of patients managed by the district nursing service to have a nutritional status assessment	RiO	Quarterly	Reduce risk of avoidable pressure damage	93%

5d: reduction in the number of patients harmed by falls

This will enable the service to be safe.

Development objectives:

1. Implement and evaluate a falls harm reduction project in Sandford Ward by 31 December 2014.
2. Agree a set of appropriate and reportable indicators to support falls harm reduction projects by 30 September 2014.

Indicator or measure	*Data source*	*Frequency of reporting*	*Purpose of measure*	*Baseline 13/14*
Number of falls/number resulting in harm (rated as 3, 4 or 5 in impact) by 1000 bed days (target to reduce to 3.8/0.2 in mental health and 8.6/0.2 in physical health)	Safeguard	Quarterly	Measure reduction in harm from falls	Number of falls 4.8 MH (harm 0.3) and 10.6 PH (harm 0.3) by 1000 bed days
100% of patients in older adult inpatient services to have a falls risk assessment on admission	RiO	Quarterly	Reduce the risk of falls	87.75%
100% of patients in older adult inpatient services to have a further falls risk assessment after 28 days	RiO	Quarterly	Reduce the risk of falls	Baseline set Q1
% of patients to have a review of care plan after a fall (target 100%)	RiO	Quarterly	Reduce the risk of falls	Baseline set Q1
100% of patients to be referred to falls service after 2 or more falls	RiO	Quarterly	Reduce the risk of harm from falls	Baseline set Q1

5e: reduction in violence and aggression

This will enable the service to be safe.

Development objectives:

1. Implement a revised training programme for prevention and management of violence and aggression (PMVA).
2. Report on and reduce the number of avoidable prone restraints (where the person is face down) and use of hyper-flexion (holding the arm to restrain).

Indicator or measure	*Data source*	*Frequency of reporting*	*Purpose of measure*	*Baseline*
Reduce number of reported incidents of violence and aggression resulting in harm (3, 4 or	Safeguard	Quarterly	Measure reduction in incidence of violence and aggression	28

5 in impact) by 25%				
Number of (avoidable) prone restraints (target towards 0)	Safeguard	Quarterly	Measure reduction in incidence of prone restraints	392 (all prone restraints)
Number of restraints involving hyper-flexion (target towards 0)	Safeguard	Quarterly	Measure reduction in incidence of hyper-flexion	1187

Quality priority 6: implement patient experience strategy

Ensuring a focus on delivering a positive experience, which meets the needs of patients and those close to them. This will enable the service to be caring.

Development objectives:

1. Develop a webpage to share feedback and how this has been learned from and acted upon by 31 July 2014.
2. 90% of teams to be collecting feedback on patient experience feedback by 30 September 2014.
3. 50% of teams/ wards able to demonstrate listening and acting on feedback by 31 March 2015.
4. Roll-out of the Friends and Family test across all services by 31 December 2014.
5. Introduce a system for capturing patient and staff stories by 31 March 2015.
6. Agree core domains of patient experience to measure and report on by 30 November 2014.

Quality priority 7: development of outcome measures

Ensuring a focus on how services support patients to manage their condition or recover. This will enable the service to be effective.

Development objectives:

1. Select two new areas (pathways or services) for development of outcomes measures and report on progress during the year by 31 July 2014.
2. Demonstrate that development process maximises opportunities for involving patients and those close to them in developing and reporting on outcome measures.
3. Systematically monitor, report and share learning from outcomes continuously to improve the quality of care for patients.
4. Deliver outcome-based care clusters in older adult mental health services.
5. Work in partnership with commissioners and other providers to develop outcome-based care across a range of services.

Quality priority 8: using the new CQC regulatory framework

Ensuring we assess and, where necessary, make quality improvements to our services to ensure they are safe, effective, caring, responsive and well-led.

Development objectives:

1. Ensure staff across the organisation are familiar with the changes to the regulatory framework by 31 July 2014.
2. Adapt the Trust's approach to quality in recognition of changes in regulation by 31 July 2014.
3. Set up peer reviews across and between different services by 30 September 2014.

Part 2.2 Statements of assurance from the Board of Directors

The Trust has brought together all the mandatory statements required in the Quality Account into the following sections.

Review of services

During 2013/14 OHFT provided or sub-contracted 26 NHS services.

OHFT has reviewed all the data available to it on the quality of care in all of these relevant health services.

These services are based on the organisation of services within divisions in OHFT during 2013/14. During this period the management of some of these has changed as part of the service remodelling process.

Mental Health Division

Oxfordshire Adult and Older Adult Services (community and inpatient)
Buckinghamshire Adult and Older Adult Services (community and inpatient)

Children and Families Division

Child and Adolescent Mental Health and Specialist Services
Eating disorders (community and inpatient)
Psychological therapies
Children's Services for example health visiting, school nursing, children's therapies, children's nursing
Public Health Services
Contraception and Sexual Health Services

Specialised Services Division

Forensic Services (community and inpatient)
Drug and Alcohol Services
Prison Health Services
Community Dental Services
Homeless GP practice

Oxford Community Health Service

Eight community hospital sites providing inpatient care in 10 wards
District nursing and specialist nursing therapies
Urgent Care Services
Dietetics

Speech and language therapy
Podiatry
Musculoskeletal and physical disability physiotherapy
Re-ablement Service
Specialist Diabetic Service
End of life care

Each of these -abledivisions reviews service provision through quarterly quality and performance meetings, monthly clinical governance meetings, 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.

OHFT has reviewed all the data available to it on the quality of care in all 26 of these services

The income generated by the relevant health services reviewed in 2013/14 represents 100% of the total income generated from the provision of relevant health services by OHFT for 2013/14.

Activity in 2013/14

The following tables outline the activity delivered by OHFT in 2013/14

Number of admissions

Admissions	Q1	Q2	Q3	Q4	2013/14 Total
Community hospitals	485	503	533	545	2066
Mental health	428	459	443	397	1727
Trust total	**913**	**962**	**976**	**942**	**3793**

Number of occupied bed days

Occupied bed days	Q1	Q2	Q3	Q4	2013/14 Total
Community hospitals	17310	17217	17878	17674	70079
Mental health	37178	37451	36900	36034	147563
Trust total	**54488**	**54668**	**54778**	**53708**	**217642**

Face-to face-contacts

Face to face contacts	Q1	Q2	Q3	Q4	2013/14 Total
Community hospitals	209501	205505	206766	203276	825048
Mental health	74358	72699	75094	70741	292892
Trust total	**283859**	**278204**	**281860**	**274017**	**1117940**

Service quality and accreditations

OHFT has achieved the following accreditations as of the end of 2013/14.

Achieved for the Oxfordshire and Buckinghamshire complex needs services.

Achieved for two sites across the Trust in Oxford and Aylesbury, both renewed recently in Jan 2014.

Achieved for the children and adolescent mental health community team in Oxford City.

Achieved for both the Trust's children and adolescent mental health inpatient wards in Oxford and Swindon.

Achieved for all nine forensic inpatient wards across Oxfordshire, Buckinghamshire and Milton Keynes.

Achieved for the eating disorders ward in Marlborough and accreditation being worked towards in Oxford.

Achieved for the North Oxfordshire memory clinic.

The UK Medicines Information awarded the Trust's medicines information department a quality award.

Participation in national audit and confidential inquiries

During 2013/14, six national clinical audits and one national confidential inquiry (National Confidential Inquiry into Suicide and Homicide for people with Mental Illness) covered relevant health services that OHFT provides.

During 2013/14 OHFT participated in 100% of the national clinical audits and 100% of the national confidential inquiries of the national clinical audits and national confidential inquiries which it was eligible to participate in.

The six national clinical audits and one national confidential inquiry that OHFT participated in, and for which data collection was completed during 2013/14 are listed below, with the number of cases submitted to each audit or inquiry expressed as a percentage of the number of registered cases required by the terms of that audit or inquiry.

Audit or inquiry	Participation (Yes or No)	Number of cases required by teams	Number of cases submitted	Percentage
1. POMH-UK Topic 13: Prescribing for ADHD	Yes	n/a	N=186	n/a
2. POMH-UK Topic 7d: Lithium monitoring	Yes	n/a	N = 94	n/a
3. POMH-UK Topic 4b: Prescribing of anti-dementia drugs	Yes	n/a	N = 183	n/a
4. National Audit of Schizophrenia	Yes	80	N = 96	n/a
5. POMH-UK Topic 10: Antipsychotics in CAMHS	Yes	n/a	N = 66	n/a
6. Stroke Care (SSNAP)	Yes	20 per quarter	103	100%
7. Suicide and homicide for people with mental illness	Yes	42	41	99.53

The reports of five out of six national clinical audits were reviewed by the provider in 2013/14 and OHFT intends to take the following actions to improve the quality of healthcare provided.

POMH-UK Topic 2f: Monitoring metabolic side effects of patients on antipsychotics in assertive outreach and forensic units

- CPA (care programme approach) coordinators have been instructed to ensure that for each CPA review they request a history sheet from the patient's GP to inform the team regarding the outcome of physical health checks and to provide assurance that these checks have been done

- all community mental health teams will have trained champions in place in relation to smoking cessation

National audit of schizophrenia

- CPA coordinators have been instructed to ensure that for each CPA review they request a history sheet from the patient's GP to inform the team regarding the outcome of physical health checks and to provide assurance that these checks have been done.
- All community mental health teams will have trained champions in place in relation to smoking cessation.
- Personalised information packs for patients including details of their care coordinator and a copy of their care plan to be given to all new patients.
- Patient feedback mechanisms to be rolled out across inpatient areas and community teams to inform locally developed action plans.

Prescribing observatory for mental health (POMH) Topic 13 prescribing for ADHD 2013-14

- All prescribers will ensure that a full physical health check (including heart rate, blood pressure (BP), height, weight, assessment of cardiovascular and substance misuse risk is undertaken prior to the commencement of treatment, and recorded in the progress notes.
- All prescribers will ensure that the patient's heart rate and BP is recorded three months after commencement of treatment and recorded in the progress notes.
- All prescribers will ensure that treatment is reviewed annually using the standardised rating scale and recorded in the progress notes.
- All prescribers will ensure that the patient's weight is recorded every six months and recorded in the progress notes.

POMH Topic 7 monitoring of patient prescribed Lithium

To assist clinicians and ensure that the relevant physical health checks are undertaken for inpatients on Lithium we will implement a Lithium initiation form and Lithium monitoring form.

We are planning a pilot project in North Oxfordshire which will involve collaboration with GPs and community pharmacists to agree responsibilities for Lithium monitoring at initiation and ongoing monitoring. Following agreement this initiative can be rolled out across Oxfordshire and Buckinghamshire.

Local (Trust-wide) clinical audits

The reports of 27 local clinical audits were reviewed by the provider in 2013/14 and OHFT intends to take the following actions to improve the quality of healthcare provided. These actions are reviewed by the clinical audit and the clinical effectiveness committees.

Audit of care for services users not on CPA

To ensure consistent and timely information is provided to GPs a template will be included in all correspondence to GPs

- clear indication that the letter is the care plan
- state risks or no risks and advise how they should be managed
- address arrangements for management of physical health issues
- include next review date
- include the 24-hour contact number in the heading of the letter

Self-assessment of how 'family friendly' inpatients wards are

- Awareness training to be provided for ward staff in the delivery of family interventions and ensure that these are offered as an integral part of the patients care plan.
- Training to be provided for staff to develop skills in talking to children and young people.
- Raise staff awareness of resources available to signpost children and young people to.

Think Family – review of clinical records

- Think Family champions have implemented a standard operating procedure (SOP) to provide clear guidance on the recording and documentation of information relating to children and young people.
- Care plans and risk assessments will be reviewed for evidence of risks to children being considered and effective management plans put in place.
- Ensure children's individual needs are addressed within care plans and effective interventions put in place to be monitored through supervision by Band 7 Leads and progress on improvements will be reviewed within our governance structure.
- Snapshot audit will be undertaken during 2014/15 to provide assurance that clinical practice is improving in the documentation on RiO of key information regarding children.

Proactively following up patients who do not attend their appointment (DNA)

- When a patient who is considered to be at risk of self-harm, harming others, self-neglect or relapse fails to attend an appointment, strenuous attempts will be made to resume contact with evidence of the strenuous attempts made recorded in the progress notes and monitored by the relevant clinical leads during supervision.
- The care coordinator will actively seek contact with the patient or the patient's family by phone.
- All patients will be reminded of the date and time of their next appointment either by text or telephone and the number of DNAs will be monitored by team managers and reported via a run chart.

Clinical research

The table below shows the number of studies currently recruiting participants within the Trust.

As of 26 March 2014 at 16:26	Total Number of studies	of Total OHFT sponsored	of Total Students	of Total, Clinical Psychology Trainees	of Total Funded	of Total PICs	of Total CTIMPs	of Total CCG/OHFT new	of Total NIHR UKCRN Portfolio	of Portfolio via CSP	of Portfolio via CSP OHFT Lead
Open	106	21	24	12	75	14	13	3	68	62	24
Awaiting approval	9	4	5	0	3	0	1	0	2	2	0

The figures for participant recruitment into research studies from April 2013 until the end of January 2014 is 2319 for NIHR portfolio studies, and 732 for non-NIHR Portfolio studies. We are expecting this to increase slightly when the figures become available over the next few weeks.

Key: **CTIMP** Clinical trial of an investigational medicinal product(s) - drug trial
Open Currently recruiting or in analysis within study start and end dates
Awaiting approval Yet to be granted NHS Permission
PICs OHFT has agreed to act as a Participant Identification Centre
NIHR National Institute for Health Research
UKCRN United Kingdom Clinical Research Network
CSP Coordinated System for gaining NHS Permission - this is nationwide
OHFT Lead OHFT responsible for global (study-wide) governance checks

Commissioning for quality and innovation (CQUIN) payment framework

A proportion of OHFT's income in 2013/14 was conditional on achieving quality improvement and innovation goals agreed between OHFT and any person or body that they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the CQUIN payment framework.

The income conditional on achieving CQUINs for 2013/14 was £4,617,249 and for 2012/13 was £4,784,168

Further details of the agreed goals for 2013/14 and for the following twelve month period are available electronically at

www.monitor-hsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275

Income from CQUINs 2013/14

Commissioner	Service	Amount	% of contract
Oxfordshire CCG	Adult and Older Adult Mental Health	£1,123,694	1.2
Oxfordshire CCG	Community Services	£1,614,510	2.1
Buckinghamshire CCGs	Adult and Older Adult Mental Health	£800,305	2.5
Buckinghamshire CCGs	Speech and Language Therapy	£17,222	2.5
Wiltshire & BaNES CCG	CAMHS T3	£134,789	2.5
Swindon CCG	CAMHS	£51,102	2.5
Wiltshire CCG	Eating Disorders	£5,952	2.5
Wessex Area Team	Forensic	£599,537	2.5
Wessex Area Team	Eating Disorders & CAMHS Inpatients	£207,733	2.5
Buckinghamshire County Council	CAMHS	£62,405	0.4

Income from CQUINs 2012-2013

Commissioner	Mental Health Amount	% of Contract Value	Community Services CQUIN Amount	% of Contract Value
NHS Oxfordshire	£1,055,322	2.5%	£2,017,000	2.5%
NHS Buckinghamshire	£804,642	2.5%	£1,826	1.5%
Wiltshire & BaNES PCT	£159,146	2.5%	n/a	n/a
Northants	£14,159	2.5%	£7,163	1.5%
Swindon PCT	£59,777	1.5%	£3,228	1.5%
East of England SCG	£8,442	1.5%	n/a	n/a
Warwickshire PCT	£228	2.5%	£1,085	1.5%
South Central SCG	£652,150	2.5%	n/a	n/a

We met all of our CQUINs except for NHS Safety Thermometer and review of eating disorder pathway/focus on early intervention.

Care Quality Commission (CQC)

The CQC is the independent regulator of health and adult social care services in England. They make sure that the care provided by hospitals meets government standards to provide people with safe, effective, compassionate and high quality care. The CQC monitors these standards of care through inspections, patient feedback and other external sources of information gathered. They publish which trusts are compliant with all the essential standards of care they monitor and which organisations have conditions against their services which require improvements to be made.

OHFT is required to register with the CQC and its current registration status is "registered without conditions". To find out more details click on the following link http://www.cqc.org.uk/directory/RNU#providertabs-0. The CQC has not taken enforcement action against OHFT during 2013/14.

OHFT has not participated in any special reviews or investigations during 2013/14.

Four thematic announced inspections have been undertaken in 2013/14 which covered

- the use of community treatment orders (CTOs) for patients detained under the Mental Health Act to support people to live in the community (in July 2013) and for which we are taking actions to improve documentation, develop staff awareness and understanding and develop information leaflets
- how people living in Buckinghamshire are cared for during their assessment and possible admission under the Mental Health Act (in October 2013) – the report has not yet been received

- review of looked after children and safeguarding arrangements for children in Wiltshire (in October 2013) and for which we are taking actions to ensure comprehensive case recording, improve sensitivity to issues of diversity, follow up failure to attend appointments, and to review the use of assessment tools
- review of looked after children and safeguarding arrangements for children in Swindon (in February 2014) – the report has not been received yet

The Trust has undergone one unannounced inspection visit which focused on reviewing the mental health care for forensic inpatients at our Littlemore Mental Healthcare Centre in April 2013. The inspection identified the following two areas for improvement, judged by the CQC to have a minor impact on people using the services

- an unlocked refuse area on the hospital site (not on a ward)
- a need to ensure information held about a patient's care is recorded consistently in only one section within the electronic patient record system

OHFT took action to address the conclusions or requirements reported by the CQC and the CQC confirmed they were satisfied that appropriate actions had been completed in October 2013.

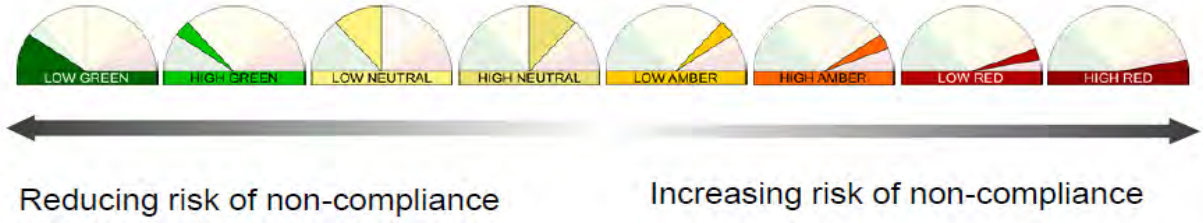
The CQC has carried out sixteen unannounced visits in relation to compliance with the Mental Health Act across our children, adult, older adult and forensic inpatient areas in 2013/14. Following these visits action plans are developed where required. In 2013/14 the key themes for improvement are

- ensuring regular re-presentation of rights to patients who are detained under the Mental Health Act
- improving practice and documentation of how patients are involved in decisions about their care
- promoting information to advocacy
- improving the documentation of discussions with patients about consent to treatment

Quality risk profile

The CQC produces a quality risk profile (QRP) for all organisations that are registered with the CQC. It is seen as an essential tool for gathering key information about us and assists the CQC to monitor how we are complying with the essential standards by identifying any risks from data that CQC receive from many different sources. An assessment of the overall level of the risk for each of the sixteen CQC quality outcomes for the organisation is then made.

The scale used is: green, yellow, amber and red which indicate increasing risk. Each colour is then subdivided into low (better) and high (worse).



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

The table overleaf shows the CQC's current risk profile for OHFT as of March 2014. One standard is rated as amber (moderate risk of non-compliance) which is *co-operating with other providers*. This risk has been assessed by the CQC based on the number of days a patient has been delayed on a ward waiting for discharge, also known as a delayed transfer of care. We regularly monitor our position on delayed transfers of care and work actively with our partners across the whole health and social care system (local acute hospital trusts and social care organisations) to minimise the number of delays. We have carried out the following extensive service remodelling work, to be further embedded in 2014/15, which should reduce people being unnecessarily delayed on wards:

- adult mental health teams extending their operating hours from 7am until 8pm, seven days a week to improve the availability and access to community services
- each adult mental health ward having increased senior leadership through a dedicated team to include a consultant, modern matron and ward manager
- integrated physical, mental health and social care teams for older people working seven days a week
- development of additional emergency multidisciplinary units in community hospitals
- improved pathways to increase availability and access to psychiatric liaison in acute hospital trusts

Governance Standard	March 2013	March 2014
Section 1 - Involvement and Information		
1. Respecting and involving people who use services	High Yellow	High Yellow
2. Consent to care and treatment	Low Yellow	Low Yellow
Section 2 - Personalised Care		
4. Care and welfare of people who use services	Low Green	Low Yellow
5. Meeting nutritional needs	High Green	Low Yellow
6. Cooperating with other providers	High Yellow	Low Amber
Section 3 - Safeguarding and Safety		
7. Safeguarding people who use services from abuse	High Yellow	High Yellow
8. Cleanliness and infection Control	High Green	Low Green
9. Management of medicines	High Yellow	High Yellow
10. Safety and suitability of premises	Low Yellow	Low Yellow
11. Safety, availability and suitability of equipment	Low Yellow	Low Yellow
Section 4 - Suitability of Staffing		
12. Requirements relating to Workers	Low Yellow	Low Yellow
13. Staffing	High Yellow	High Yellow
14. Supporting staff	Low Yellow	Low Yellow
Section 5 - Quality and Management		
16. Assessing and monitoring the quality of service provision	Low Yellow	Low Yellow
17. Complaints	Low Yellow	Low Yellow
21. Records	Low Green	Low Green

Data quality

OHFT submitted records during 2013/14 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 (April 2013 to Jan 2014, published SUS data including Month 10):

which included the patient's valid NHS number[5] was:
99.7% for admitted patient care;
100% for outpatient care; and
97.7% for accident and emergency care

which included the patient's valid General Medical Practice Code was:
97.4% for admitted patient care;
99.3% for outpatient care; and
97.6% for accident and emergency care

[5] A valid NHS number requires gender and date of birth to be completed

which included the valid Commissioner Code was:
99.1% for admitted patient care;
98.3% for outpatient care; and
98.4% for accident and emergency care

OHFT's Information Governance Assessment Report overall score for 2013/14 was 90% and was graded green (satisfactory).

OHFT was not subject to a payment by results clinical coding audit during 2013/14 by the Audit Commission

OHFT will be taking the following actions to improve data quality:

- a data quality workstream is in place to review data quality processes, promote benchmarking and embed the Trust's data quality strategy
- data quality indicators for Monitor are reviewed by the board including data completeness and data outcome indicators
- training for the new electronic health record will focus on data accuracy and staff ownership of their data input
- we have developed a data quality dashboard, using business intelligence, which empowers staff to understand and view the data they have entered - the dashboard highlights errors or mistakes to target data correction
- data quality work stream meets bi-monthly to review data quality, to develop data quality reports and processes for managing data correction with each directorate taking ownership for their data quality via data improvement plans
- data quality is a priority in the quality account 2014/15

Part 2.3 Reporting against core indicators (Department of Health mandatory indicators)

This section includes data on nationally specified indicators for the current and previous reporting periods as part of the statutory requirements for the quality account. Full details of the definitions of the indicators and the targets may be found in Appendix B of the Monitor Document *Compliance Framework 2013/14* at: www.monitor-hsft.gov.uk/sites/default/files/Compliance%20Framework%2030%20March%202012%20FINALv1.3.pdf

CPA Patients receiving follow-up contact within seven days of discharge

OHFT considers that this data is as described for the following reasons:

- there is a documentary audit trail for the compilation of these figures
- internal audit review the quality of the compilation process

OHFT has taken the following actions to improve this percentage, and so the quality of its services:

- all breaches are reviewed and the reason why the patient was not followed up within seven days is reported to learn any lessons
- the community services were remodelled from February 2014 so that services are now available seven days a week providing extended hours from 7am - 8pm every day
- the community mental health teams, community crisis teams and assertive outreach teams have been brought together so there is a single point of access, a patient's route through services is better defined and coordinated

When assessing this criterion, we apply one exclusion in addition to the national guidance:

- for patients who are discharged from inpatient care who are discharged directly to the care of another mental health provider trust (whether inpatient or community services), where we have verified that discharge documentation includes clearly set out arrangements for the handover of responsibility for care to the other provider, we have assumed the requirements under the indicator have been met.

The table on the next page shows the results of individual reports provided by the Department of Health and the NHS Commissioning Board from data supplied quarterly by the Trust throughout the year.

Reporting Period	Trust Value	National Min	National Max	National Average
Apr-Jun 2013	96.4%	94.1%	100%	97.4%
Jul-Sep 2013	97.9%	90.7%	100%	97.5%
Oct-Dec 2013	96.6%	77.2%	100%	96.7%
Jan-Mar 2014	Information not published as of 30th April 2014			
Apr-Jun 2012	96.7%	94.9%	100%	97.5%
Jul-Sep 2012	96.0%	89.8%	100%	97.3%
Oct-Dec 2012	96.5%	92.5%	100%	96.2%
Jan-Mar 2013	96.8%	93.6%	100%	97.3%

Admissions to acute wards had access to crisis resolution home treatment teams acting as gatekeeper

OHFT considers that this data is as described for the following reasons:

- there is a documentary audit trail for the compilation of these figures

OHFT has taken the following actions to improve this percentage, and so the quality of its services:

- the community services were remodelled from February 2014 so that services are now available seven days a week providing extended hours from 7am - 8pm every day
- the community mental health teams, community crisis teams and assertive outreach teams have been brought together so there is a single point of access, a patient's route through services is better defined and coordinated
- since February 2014 one dedicated consultant psychiatrist and modern matron has been identified for each adult acute ward and this will be embedded over the next few months

When assessing this criterion, we apply four exclusions in addition to the national guidance:

- Crisis services in Oxfordshire will include activity of the crisis team as well as those responsible for crisis work within the community mental health teams in line with agreed service specifications signed off by the strategic health authority (SHA) and NIMHE under the Fidelity and Flexibilities Framework in 2006.
- Admissions via the liaison psychiatry service in Oxfordshire will be deemed to have been considered for home treatment on the basis that all admissions are arranged through the crisis team or those responsible for crisis work within the community mental health teams in line with agreed service specifications signed off by SHA and NIMHE under the Fidelity and Flexibilities Framework in 2006.

- Patients who have had contact with the Crisis Team within three days prior to admission will be deemed to have been considered for home treatment as for the preceding exclusion above.
- Patients of specialist services (forensic, eating disorders and CAMHS) will be excluded.

The table below shows the results of individual reports provided by the Department of Health and the NHS Commissioning Board from data supplied quarterly by the Trust throughout the year.

Reporting Period	Trust Value	National Min	National Max	National Average
Apr-Jun 2013	97.8%[6]	74.5%	100%	97.7%
Jul-Sep 2013	97.6%	89.8%	100%	98.7%
Oct-Dec 2013	98.4%	85.5%	100%	98.6%
Jan-Mar 2014	97.9%[7]			
Apr-Jun 2012	100%	83.0%	100%	97.8%
Jul-Sep 2012	99.6%	84.4%	100%	96.6%
Oct-Dec 2012	98.1%	90.7%	100%	98.3%
Jan-Mar 2013	98.9%	84.9%	100%	98.6%

Patients readmitted within 28 days of being discharged

OHFT considers that this data is as described for the following reasons:

- there is a documentary audit trail for the compilation of these figures

OHFT has taken the following actions to improve this percentage, and so the quality of its services:

- improved leadership on the wards, thus ensuring timely and appropriate discharge arrangements
- The community services were remodelled from February 2014 so that services are now available seven days a week providing extended hours from 7am - 8pm every day.
- The community mental health teams, community crisis teams and assertive outreach teams have been brought together to improve robust follow-up of patients on discharge.

The information for the table opposite is not available as the NHS Information Centre web site has not published these statistics since 2011/12. Also the Department of Health Quality Account Team have informed us that the data is for emergency re-admissions only and is not relevant to this Trust.

[6] As a result of data refreshing this value has now changed from the figure previously submitted to HSCIC
[7] Trust value submitted to HSCIC - information not published as of 30th April 2014

Indicator	2011/12 position	2012/13 position	2013/14 position
Patients re-admitted within 28 days of being discharged			
i) 0-14 years	N/A	N/A	N/A
ii) 15 or over	N/A	N/A	N/A

Patient experience of community health mental health services with regard to contact with a health or social care worker (weighted average across four survey questions)

OHFT considers that this data is as described for the following reasons:

- the patient experience survey is a national statutory requirement and coordinated for this Trust by an external CQC approved survey contractor

OHFT has taken the following actions to improve this percentage, and so the quality of its services:

- the development of service user information folders that include information leaflets, care plans and risk assessments (following 2012 survey)
- staff visiting other trusts looking at service user involvement (following 2012 survey)
- each patient to be given an information card with the care coordinator or lead clinician's name and contact numbers and the numbers to contact in a crisis (following 2012 survey)
- family engagement training delivered to community mental health staff (following 2012 survey)
- establish a system so that every patient can give their team feedback after each care review meeting (following 2013 survey)

and intends to take the following actions

- clear written expectations for staff around six monthly care review meetings with patients (following 2013 survey)
- all CMHT patients receiving treatment to be put on CPA (following 2013 survey)
- review and improve the information given to patients and carers (following 2013 survey)

Reporting Period	Trust Value	National Average
2013 survey	84.9 out of 100	85.8 out of 100
2012 survey	83.2 out of 100	86.5 out of 100

Patient safety incidents resulting in severe harm or death

OHFT considers that this data is as described for the following reasons:

- there is a documentary audit trail for the compilation of these figures

OHFT has taken the following actions to improve this percentage, and so the quality of its services:

- we continue to review and report every incident quarterly and in addition all serious incidents (including those resulting in severe harm and death) are reviewed weekly and senior clinicians are involved in deciding what level of investigation to commission
- this Trust has continued to set quality priorities each year around the prevention of suicides, the priorities for 2013/14 were to reduce unexpected deaths in inpatient mental health services to zero and to have no inpatient deaths from suicide and for 2014/15 the priority is to prevent suicide

The table below shows the results of individual reports provided by the NHS from data supplied by the Trust throughout the year. The data is provided via the national reporting and learning system (NRLS) in six month periods.

Reporting Period	Number of Patient Safety Incidents Reported	Number/ % of incidents resulting in severe harm	Number/ % of incidents resulting in death
April 2013-Sept 2013	3922	19 (0.5%) (Nationally 0.4%)	17 (0.4%) (Nationally 0.9%)
Apr 2012-Sep 2012	3034	14 (0.5%) (Nationally 0.8%)	50 (1.6%)* (Nationally 0.8%)

Note 2012 data*:

The NRLS have produced data handling notes to be read alongside all data and note the "quality of data in the NRLS does vary" for the following reasons and that these should be considered when looking at the data which can explain the differences between organisations:

- the NRLS system does not use a nationally established and regulated approach to reporting and categorising patient safety incidents; different trusts may choose to apply different approaches and guidance to reporting, categorisation and validation of patient safety incidents
- differences in reporting cultures including different ways of reporting (this Trust is above the average for reporting incidents because in 2012 we were choosing to report all deaths (expected and unexpected deaths, actual or apparent suicides) to NRLS

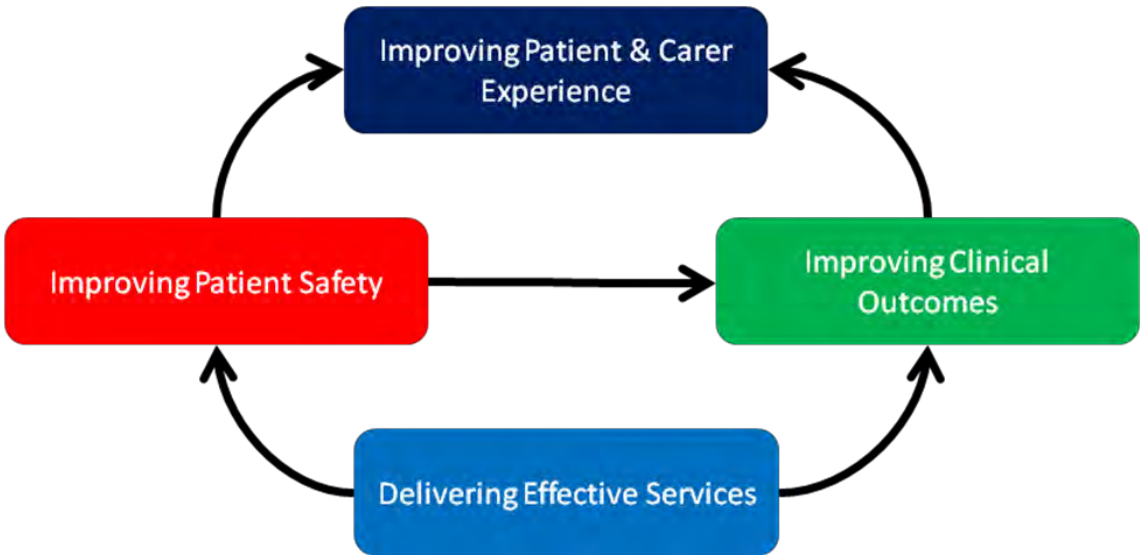
- type of services provided and patients cared for (this Trust provides drug and alcohol addiction services, complex needs service, prison in-reach services, self-harm services at A&E department, forensic mental health services and eating disorder inpatient and community physical health services which is not standardised across all mental health organisations)
- where community physical health care services have been transferred to be provided by an existing mental health organisation, these organisations will continue to be reported and compared to organisations which only provide mental health services
- not all deaths will be a patient safety incident e.g. deaths from natural causes (note this Trust in 2012 was reporting all deaths to the NRLS)

Part 3: Achievement against the quality priorities for 2013/14

Introduction and summary

The annual Quality Account details our approach to delivering high quality services which are safe, effective, outcome-focused and the experience meets expectations. It describes specific quality activities and objectives, linked to the organisation's strategic framework. Each set of activities is supported by a number of specific objectives and a range of metrics to measure and evaluate progress over the year.

For 2013/14 the Quality Account was organised around four quality goals: improving patient carer and experience; improving clinical outcomes; delivering effective services; and improving patient safety. These reflected the NHS outcomes framework and national priorities; local stakeholder feedback; feedback from staff, patients and those close to them; and a review internally of issues and concerns arising from incidents, complaints, service changes and audits.



Improving patient safety

This goal focused on: ensuring that people would not die prematurely; that our patients would be protected from harm; and that our patients would be treated and cared for in a safe environment.

Improving clinical outcomes

This goal focused on: improving the quality of life for people with long-term conditions; supporting patients and service users to manage their own conditions; and developing service models that would enable patients with long-term conditions to spend less time in hospital

Improving patient and carer experience

This goal focused on: ensuring an improvement in the experience of patients using our inpatient and outpatient services; being more responsive to the needs of our patients; and giving patients better access to community-based services.

Delivering efficient and effective services

This goal focused on: maximising our use of our resources; ensuring our time was focused on patient care; and making sure that patients and service users progressed through the care system in a timely way.

Against each of these four quality goals we set twelve key quality activities or priorities and twelve associated quality objectives:

Quality Goal	Quality Activity	Quality objective
Improving Patient Safety	1. Specific improvements in patient safety 2. Prevention of suicides 3. Infection Control improvements 4. Environmental Improvements	• People will not die prematurely. • Patients will be protected from harm. • Patients will be treated and cared for in a safe environment.
Improving Clinical Outcomes	5. Develop & implement integrated care pathways for children and young people 6. Develop & implement integrated care pathways for adults 7. Develop & implement integrated care pathways for older adults	• The quality of life for people with long-term conditions will improve. • Patients/service users will feel supported to manage their own conditions. • People with long-term conditions will spend less time in hospital
Improving Patient and Carer Experience	8. Trust-wide improvement of culture of care 9. Improve patient & public engagement 10. Measuring and Improving Patient, Carer and Commissioner Feedback	• Patients' experiences of inpatient/outpatient services will improve. • Responsiveness to patients' needs will improve. • Patients' access to community-based services will improve
Delivering Efficient & Effective Services	11. Productive Care 12. Use of technology to support care	• Utilisation of resources will be maximised. • Time spent on patient care will be maximised. • Patients/service users will progress through the care system in a timely way

To monitor progress against these activities and objectives, we defined a set of quality and safety metrics and measures, some of which were nationally prescribed and some of which were developed locally. Progress was reported each quarter to the integrated governance committee and the board of directors of OHFT. Progress on specific safety and quality improvement initiatives or with projects underway within the Trust was reported every six months. In addition, the governors' quality and safety sub-committee was involved in reviewing and assessing progress, in selecting indicators for external audit and in selecting quality priorities.

Improving patient safety - summary of progress

Our objectives centred on protecting patients from harm, reducing premature deaths and creating a safe care environment. The number of reported incidents increased last year which was a key objective for us; at the same time the number of serious incidents reduced by a third. We have sustained our performance on carrying out key risk and physical health assessments for much of the year – where we identified an issue with VTE assessments we responded quickly and have improved.

While there were two reported inpatient deaths, neither of these took place on Trust properties as the patients were absent without leave at the time. However we did have a serious incident relating to faulty window restrictors which did result in serious harm; the patient is fully recovered however we were subject to an HSE improvement notice and have taken a series of actions to replace all window restrictors across the Trust. Prevention of suicide continues to be a priority, supported by a 12-month project for suicide awareness and prevention training for staff.

We did not achieve our AWOL reduction target; however we have tightened reporting criteria considerably and will use this as our benchmark for work on this priority for next year. The incidence of pressure ulcers peaked earlier in the year as a result of pressures on distict nursing staffing, failure to carry out risk assessments and care planning and poor transfers between providers. We responded by taking action in partnership with rest of the system which has resulted in a considerable reduction in harm. However, we failed the safety theromometer for grade 2 pressure ulcers (which does not differentiate between those that were already present on admission and those that developed after admission) so this remains a key harm reduction priority. We did not achieve our reduction in harm from falls target, despite a number of initiatives. This remains a harm reduction priority for next year.

We have carried out a significant number of improvement activities which we now need to sustain and embed so they become business as usual.

Improving clinical outcomes - summary of progress

Working with patients and those close to them to develop shared outcomes and goals for their care is part of our vision for quality services. We have initiated some

excellent projects, and this account features case studies from speech and language therapies, co-development of outcome measures in adult mental health services, healthy children's initiatives, and developments in mental health services for children and young people. Each quarter has seen an increase in the number of patients with personal health budgets; and we continue to increase the number of patients with long term conditions accessing talking therapies.

A significant programme of work has involved the remodelling of adult mental health and older adult services (mental and physical health) which commenced in 2013/14 and will run through the coming year. This has delivered new models of care, increased levels of staffing, and integrated teams. Strengthening our community teams and developing an outcomes focus to our care has helped us work alongside patients to help them manage their own conditions and support them to manage outside hospital.

Improving patient and carer experience - summary of progress

Patient experience comprises a number of factors including the care environment, the quality of care received, the opportunity to be involved in care planning and decisions about care, the quality of communication and information, and the opportunity to give feedback which results in action. We received three times as many compliments as complaints in 2013/14 and have made our PALS service more available and accessible to patients and families.

We have focused a considerable amount of effort on soliciting feedback from patients, families and staff. We have involved patients and carers in developing our new models of care; worked proactively with our governing body (including a specific focus on quality and safety); and set up local forums with patients and carers. In the coming year we will be implementing our patient experience strategy which will help us move beyond listening to acting upon feedback we receive. This is complemented by work on professional strategies (starting with nursing) which define what we expect of our staff.

The service remodelling has reflected patient feedback in relation to availability and accessibility of crisis and urgent support and we have extended hours of availability with increased staffing in community teams.

We have opened the new Whiteleaf Centre in Aylesbury and made a significant number of improvements to other inpatient areas. We have also increased access to staff in community teams and health visiting services. We still need to improve the percentage of patients on CPA who were involved in their care plan, but all patients on CPA have a care coordinator and we have seen a slight increase in the percentage of patients with a documented risk assessment and care plan. This remains a priority for 2014/15.

In the national staff survey the overall staff engagement score for OHFT is 3.79 which places it in the top 20% compared with other mental health and learning disability trusts.

Delivering efficient and effective services - summary of progress

We have invested in our staff and our infrastructure to maximise the time spent on patient care and to make best use of our resources. We have bought 2,500 laptops and 700 iPads to facilitate remote working for staff, and enable community staff to access and record information at the patient's side. Six services went live on choose and book and more will be included in the coming year.

We have developed further skills training for our staff in older adult services which will assist in the integration of physical and mental health care pathways. We have also invested time and resources in a range of improvement activities coordinated through our productive ward and safer care programmes, and initiated within teams and directorates, with training and support in improvement techniques.

Improving patient safety

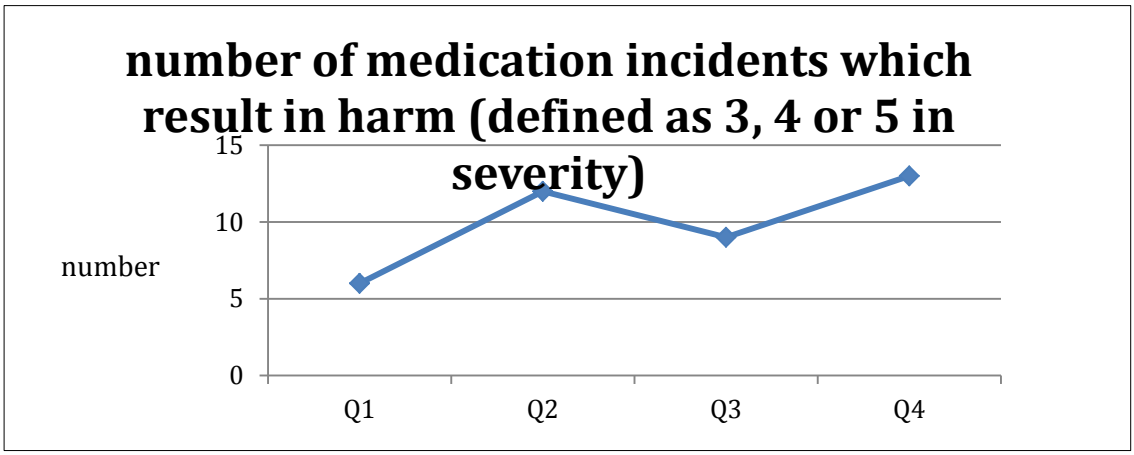
Quality Goal	Quality Activity	Quality Objective
Improving Patient Safety	1. Specific improvements in patient safety 2. Prevention of suicides 3. Infection Control improvements 4. Environmental Improvements	• People will not die prematurely. • Patients will be protected from harm. • Patients will be treated and cared for in a safe environment.

OHFT has a very clear and explicit focus on improving patient safety and avoiding harm. There are a number of ways in which we measure and monitor this, including the encouragement of incident reporting for any and every safety incident; a daily review of reported incidents; robust investigation of serious incidents; and specific audits and reviews, such as hand hygiene on wards and the safety thermometer. We ensure lessons are learned from incident reviews and improvements in practice are systematically introduced, supported by an extensive training and professional development programme. This section details progress against specific indicators and outlines a number of different patient safety and improvement projects undertaken during the year, including suicide prevention, safer medicines management, and work to reduce the use of restraint, reduce avoidable pressure ulcers, reduce absence without leave, minimise harm from falls and increase incident reporting whilst reducing the number of serious incidents resulting in harm.

Specific improvements in patient safety

Safer medicines management

We aimed to reduce the number of reported medication incidents resulting in harm; however these increased from 28 in 2012/13 to 40 in 2013/14[8]. None of these incidents resulted in severe harm. These events took place primarily in community physical health services which had 825,048 face-to-face contacts and 70,079 occupied bed days in 2013/14. We have also improved our reporting and review of medication incidents in the past twelve months.



We have undertaken a number of activities over the past 12 months to improve medicines management and reduce harm from medication errors.

There are four safer care projects underway in Abingdon community hospital, Kimmeridge ward (now Sapphire) in Aylesbury, Cotswold House, Oxford and the Fiennes Unit in Banbury. The projects are focusing on reducing omitted or delayed doses and improving medicines reconciliation to support correct prescribing.

Case study

The medicines management technician on Vaughan Thomas adult mental health ward in Oxford has introduced weekly mini audits of the accuracy of drug charts, including a review of missed doses, with the ward team. She has also provided training and support to ward staff on medicines management. This has shown a significant reduction in the frequency of missed doses.

The pharmacy team has set up a process to record their contribution to identifying and preventing harm, for example prescribing errors, and ensuring all errors are reported. All medication-related incidents are reviewed and discussed at the drugs and therapeutic committee and at local governance meetings to look at trends, issues

[8] Data source Safeguard – number of reported incidents where harm was reported as 3, 4 or 5 for impact

and concerns. We aim to increase incident reporting whilst reducing the proportion of those which cause actual harm. Of particular importance is reporting and learning from medication near misses. OHFT now has an e-learning package for all staff prescribers to increase awareness of the potential for medication errors and to support consistent and accurate reporting of incidents.

Case study: Reduction of medication errors in Cotswold House, Oxford

This is part of safer care work on the unit. Staff were reporting a number of medication errors or omissions. This is now monitored on a monthly basis by the modern matron. All medication charts are reviewed weekly to ensure that they are correct and the pharmacist is also involved in working with staff to reduce errors.

We are also participating in a region-wide collaborative which enables us to measure and benchmark our medicines management against other trusts in the region and participate in new initiatives. For example the "green bag system" encourages patients to bring in their medication on admission to facilitate medicines reconciliation and continuity of treatment. This is stored in a green bag which can then go with them on discharge or transfer to another service. It also allows clinical staff to ensure we are correctly prescribing and managing patient medication. Monthly snapshot audits of allergy recording on drug charts and Warfarin treatment monitoring are also undertaken and bench-marked as part of this collaborative.

Reducing absence without leave (AWOLs)

Detained patients on our inpatient mental health wards have the opportunity to be granted planned leave (Section 17 leave) as part of their therapeutic journey towards discharge.

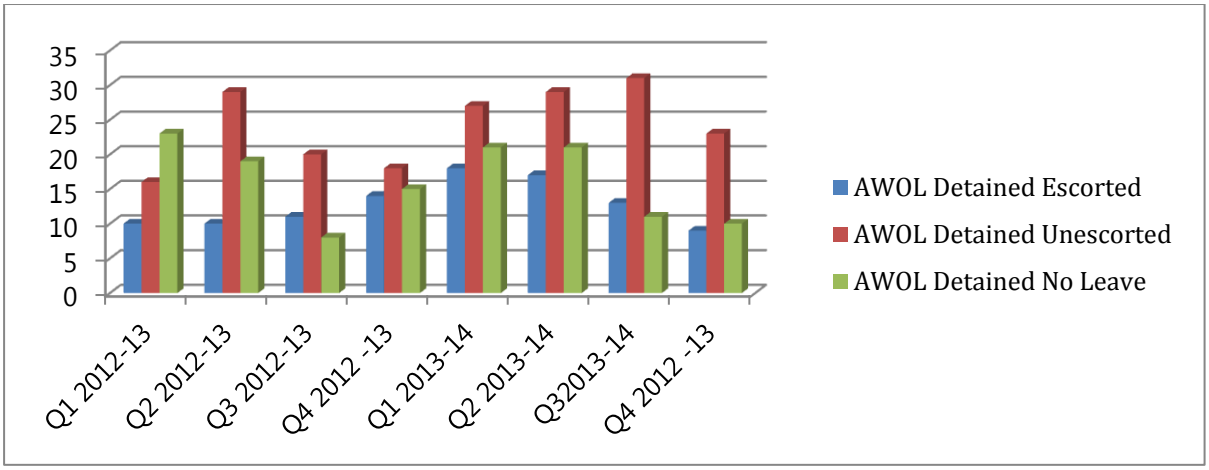
Section 17 leave is an important part of the patient's therapeutic care plan. This enables them to be gradually and safely reintegrated back into community living. Each patient is fully risk assessed to determine the likelihood of absconsion or harm; however, there are occasions when patients either fail to return at the specified time, or abscond. We set ourselves a target to reduce the number of absences without leave by 50% from 192 last year to 96 in 2013/14. The figures opposite[9] show that there was a slight increase in number of absences without leave in the past twelve months, although the number started to reduce in the second half of the year. These numbers are in the context of 147,563 occupied bed days across our mental health and forensic wards in 2013/14.

As part of this initiative we reviewed our criteria for reporting absences, and tightened it to include any patient who failed to return within ten minutes of their specified time to return. This has resulted in an increase in reporting but has given us

[9] Data source Safeguard – number of reported incidents

a secure baseline from which to measure improvement. Reducing absence without leave will continue to be a harm reduction priority for 2014/15.

	Q1	Q2	Q3	Q4	FY	2012/13
Absence from wards without permission (target to reduce by 50% from 192 detained patients in 2012/13)	66	67	55	42	230	192



Case study

The safer care programme has four wards working on AWOLs with a specific focus on failure to return from Section 17 leave as the largest category of patients reported AWOL. Chaffron ward in Milton Keynes is counting *days since*... the last incident and has achieved 330 days since the last reported AWOL. Patient information leaflets for all patients have been 'approved' by the CQC and provide information about taking leave from the ward, and of the expectations of the ward with respect to informal patients. Phoenix ward in Oxfordshire is testing a signing in and out book and contact cards. They have achieved a 30% reduction in failure to return, and a maximum of eleven days between AWOLs in December. Kimmeridge ward in Buckinghamshire is using a questionnaire with patients when they return from leave and they have achieved a maximum of 47 days with no AWOL between 21st Nov 2013 and 8th Jan 2014. Allen ward in Oxfordshire is testing planned therapeutic leave in their ward review and has achieved a maximum of six days between AWOLs.

Prevention and management of violence and aggression (PMVA)

We are committed to reviewing the way in which staff prevent and respond to incidents of violence and aggression, which may be patient to patient or patient to staff. We established a project which aimed to

- enable clinical teams to provide the highest standard of evidence-based care in relation to the prevention and management of violence and aggression
- enable a reduction in the use of physical restraint and ensure that the techniques of prevention, de-escalation and physical restraint taught to and used by staff protect patients and staff from harm
- ensure that OHFT uses the most effective form of training in the prevention and management of violence and aggression

The project team includes representatives from clinical areas, disciplines and patients. It reports to a steering board chaired by the director of nursing and clinical standards and including a Non-Executive Director.

At the end of March 2014, the project had

- reviewed the literature on the use of restraint
- identified key areas of best practice
- reviewed Trust incident data, and relevant complaints data, findings from investigations into serious incidents and audit reports
- visited or been visited by the main providers of PMVA training packages
- hosted a visit by the safe wards team (Institute of Psychiatry)
- visited other trusts to see their safer care work on reducing violence and aggression
- developed a means to gather patient and staff experience of the use of restraint using the King's Fund's evidence-based co-design model (EBCD)
- initiated a weekly analysis of restraint incidents centrally

In the coming year the project will

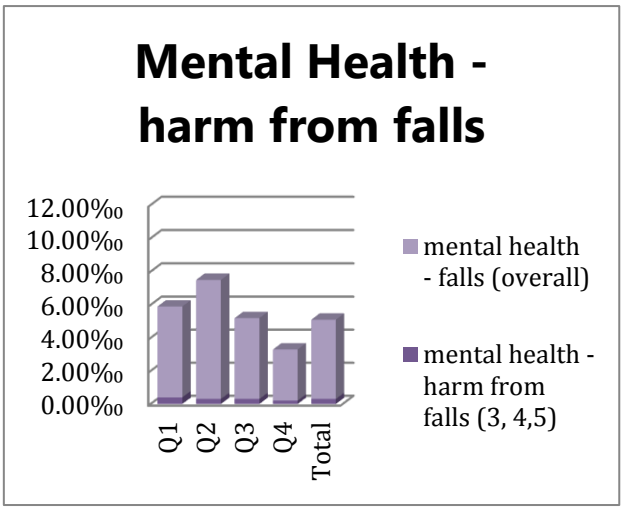
- evaluate the alternative training programmes to determine the future content of our PMVA training
- begin the process of re-training our trainers and staff as required
- complete the EBCD work and integrate the findings into our training package
- review ward environments against best practice environmental standards, including the provision of de-escalation, intensive care and 'chill-out' areas.

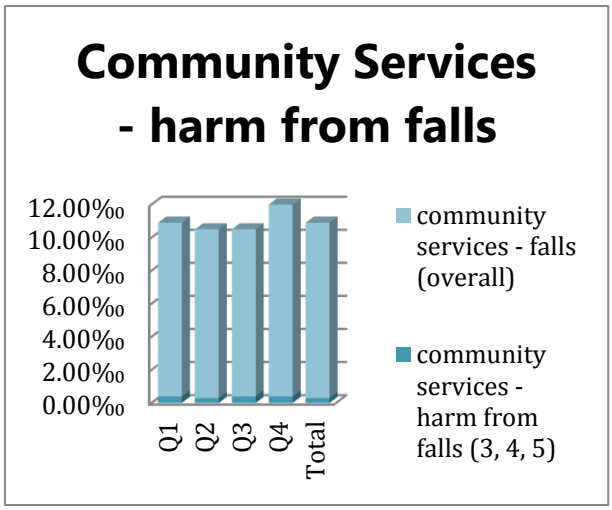
Case study: reducing the use of restraint on the Highfield Unit

The Highfield Unit is currently working on improving assessment information and care planning. Run charts show a reduction in the weekly median (all types of restraint) from 4.9 in the twelve months between 01/2012-01/2013 to 1.78 in the twelve months between 01/2013-01/2014 since moving to a purpose-built unit. Debriefs now occur after any incident of a restraint to see if it could have been avoided and these are discussed regularly at team meetings.

Falls

The National Patient Safety Agency (NPSA) reports that falls are the main adverse event experienced by patients, with over 36,000 events recorded annually across England. We set ourselves a target to reduce the number of falls resulting in harm by 50% from the previous year (by 1000 bed days). There has been a reduction in the incidence of harm from falls[10] over the first three quarters, with a slight increase in Q4 for community hospitals; and a continued decrease since Q2 in mental health inpatient wards. We have not yet made the progress we would like in reducing the overall number of falls and harm from falls. Reduction in harm from falls will therefore continue to be a quality priority for 2014/15.





Case study: falls prevention on Cherwell ward

Staff on Cherwell ward in Oxford worked with our productives team to reduce the number of patient falls on their ward. They recognised that their client group is at a high risk of falling, but through timely assessment and reduction of risk they have started to see a reduction in falls. Some of their actions have included reviewing medication, clinical intervention, and care planning involving the family. They monitor their progress on their Falls Board which is presented on the ward for patients and their families to view.

[10] Data source Safeguard – number of reported falls by 1000 bed days and number of falls where harm was reported as 3, 4 or 5 for impact by 1000 bed days

Understanding causes and prevention of falls in older adult mental health services

Our older adult mental health services ran a three-year falls research project (funded by the National Institute for Health Research) in five older adult mental health inpatient wards across OHFT. Research involved interviews with staff, patients and relatives and an analysis of serious incident investigations.

People fall for a variety of reasons including physical conditions; mental health conditions; side effects of medication; environmental hazards and co-morbidities (complex physical and mental health needs). Patients can sometimes put themselves on the floor due to their mental health condition - when this behaviour is not observed it is always recorded as a fall.

The majority of falls occur in bedrooms or in corridors. The Fulbrook centre is planning to improve lighting in its corridors. We are considering specialist 'day lighting' in a dedicated room in Sandford ward for people who are very agitated and experience 'sun-downing' to reduce night time disturbance and associated falls. The majority of patients who fall in their bedrooms (at night) appear to do so in either attempting to get up to use the toilet or slip having been incontinent. We are therefore implementing improvements to continence management.

In the coming year we are focusing on falls risk assessments on admission, after a fall, at regular intervals during an inpatient stay (patients fall, on average, on the 50th day of their admission) and after any change in a patient's condition following baseline assessments. All incident forms that report falls are now expected to show that physical (and, where necessary, neurological) obervations have been carried out and a doctor informed.

A physical health care course for mental health nurses has been designed with Oxford Brookes University, and 75% of older adult nurses have attended and passed. We also monitor basic physical health on a daily basis. Medication Reviews are taking place on a weekly basis on all the wards. The physiotherapist for the Fulbrook unit is working with the Fulbrook unit pharmacist to review medication in relation to falls.

We are also developing care plans with the patient and their family to consider individual concerns. For example, in the falls research, female patients suggested that mobility aids made them look old so they did not use them. Hearing and responding to the voice of the patient in this way helps us to create more effective interventions for falls prevention.

Case study: community falls team

The community falls team set itself a target to reduce the number of falls in community hospitals by 10% by March 2014; ensure that 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; and to reduce by 50% serious harm or death from falls.

Actions achieved include:

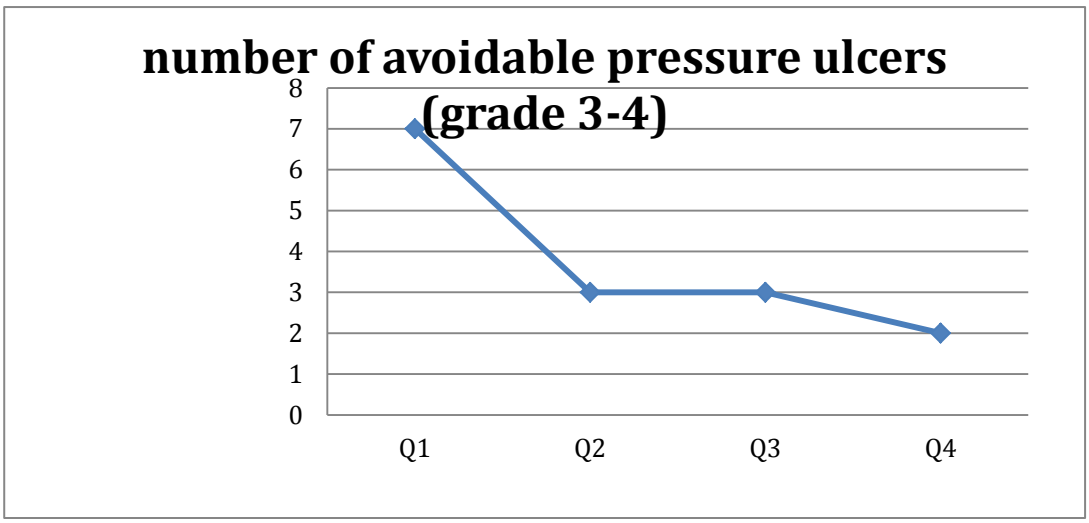
1. the implementation of the falls e-learning training and 402 members (87%) of staff have undergone the training.
2. the number and rate of reported falls (per 1000 bed days) have reduced compared to the previous two financial years, with only the months of May and June 2013 reporting higher numbers of falls compared to the same months in previous years.

Pressure ulcers

Whenever a patient develops a grade 3 or 4 pressure ulcer, we undertake an assessment to determine whether or not it was avoidable i.e. did we fail to do something or was there some element of the care we provided which contributed to the pressure damage occurring. For every avoidable grade 3 or 4 pressure ulcer we carry out a thorough root cause analysis to determine why it occurred, and work closely with the staff and team involved to implement any recommendations.

In the first quarter of 2013/14 seven patients developed avoidable pressure damage, (3% of all reported pressure ulcer incidents). During the year this number has dropped considerably (to 0.7% of all reported pressure ulcer incidents)[11]. We did not achieve our target of zero avoidable pressure ulcers, and with a sustained rise in the number of patients we are caring for in the community, reducing the incidence of avoidable pressure damage remains a key priority for us.

[11] Data source – STEIS and internal SIRI database



We set ourselves a target for 100% of patients treated by the district nursing services to have a Walsall assessment (pressure ulcer). We measured this in quarter 2 when it was 100% and again in quarter 4 when it was 93%.[12] This compares with 100% in the previous year. This will remain a safety priority for the coming year.

In order to reduce the number of avoidable grade 3 and 4 pressure ulcers, the older adult directorate reviewed and analysed the key learning from investigations into why there had been an increase in avoidable pressure damages. Key contributory factors have included pressures on staffing in district nursing services, (due to staff vacancies, a number of part-time staff in specific teams and inconsistent supervision at a time when activity has increased by 20% against contracted levels), a failure to carry out risk assessments, poor care planning or failure to follow the care plan, issues with patients transferring between services or teams, and failure to involve carers sufficiently in supporting care and treatment plans. As a result we set up a pressure ulcer action group coordinating the following remedial actions:

1. *Integrated working with OUH*
   Aim: To minimise the risk of developing pressure damage as a consequence of poor communication between providers and services. It has identified the key risk points for patients who transfer between services or service providers, including communication with patients about their risk of pressure damage, information on how to minimise the likelihood of pressure damage occurring and poor discharges.

2. *Documentation and audit tools*
   Aim: To ensure that documentation used in relation to pressure damage prevention and management is fit for purpose and used consistently across the Trust. This includes introducing a new pressure ulcer risk assessment tool to be consistent with other services.

[12] Quarterly audit of 30 patients throughout county

3. *Education, Training and Competency*
   Aim: To improve the attendance and delivery of pressure ulcer prevention and management training and measure learning by implementing the pressure ulcer competency framework within the Trust.

4. *Implementation of SSKIN Bundles* [13]
   Aim: Explore Trust-wide implementation of SSKIN care bundles'

5. *Working with carers*
   Aim: Work in partnership with both local authority and the voluntary sector to improve the knowledge and skills of formal and informal carers in relation to pressure ulcer prevention.

6. In the past 12 months the incidence of avoidable grade 3 and 4 pressure ulcers has decreased markedly. Further work is now required to decrease the prevalence of avoidable grade 2 pressure ulcers and this has been included as a quality priority for 2014/15.

Physical assessment

There are a number of key physical health assessments which should routinely be carried out across both our physical and mental health inpatient services. We are developing a more integrated approach to the way in which we provide care to our older adult patients which takes account of both their physical and mental health needs, irrespective of how they entered our service. This will continue to be a priority for us in the coming year.

The malnutrition universal screening tool (MUST) is a short assessment that is used to identify when patients may have a particular need for a full assessment of their nutritional status. Some patients may not be screened using the MUST tool if it is apparent from their presenting history that they require a full assessment. In 2012/13 94% of district nursing patients had a MUST assessment. We measured 100% in quarter 2 of this year and 86% in quarter 4[14]. We are working with our district nursing to improve this score, supported by generic skills training for community staff (which is described in more detail in the section on efficient and effective services).

In quarter 4 we met our target that 98% of patients admitted to mental health ward will have a complete physical health assessment[15]. This has been supported by an education programme aiming to improve the skills of staff working in mental health areas to recognise when patients are deteriorating physically and responding quickly and effectively.

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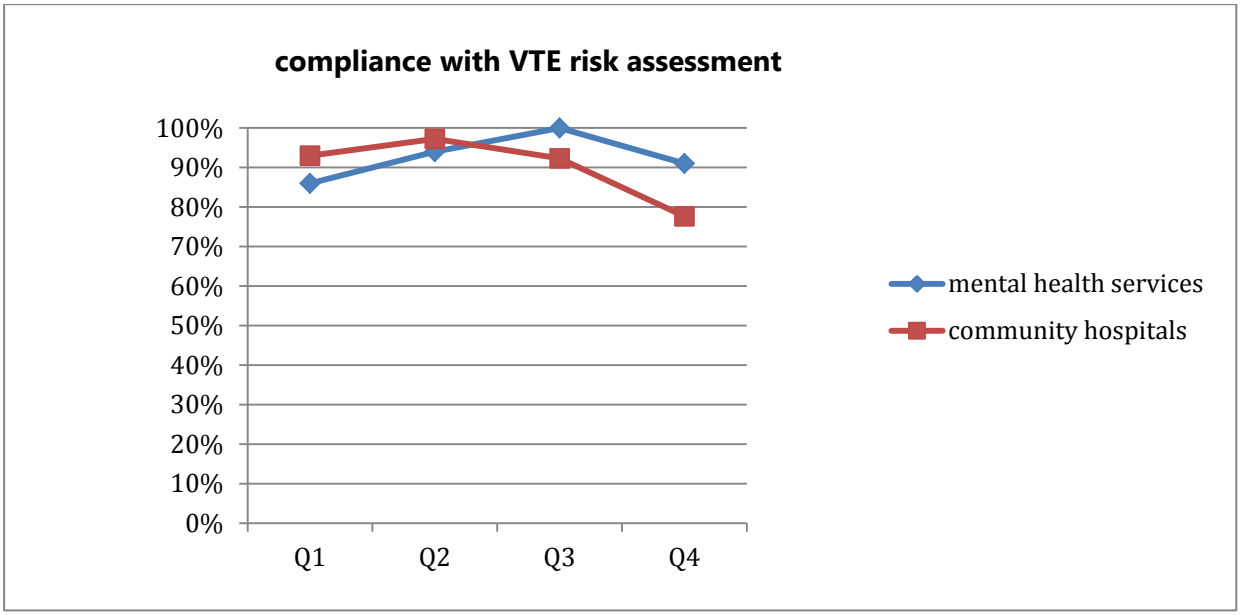
[13] This is a structured approach to identifying the risk of developing a pressure ulcer and a series of actions which prevent the development of pressure damage or deterioration of an existing pressure ulcer. It stands for Skin inspection, Surface, Keep moving, Incontinence and Nutrition.

[14] Quarterly audit of 30 patients throughout county

[15] Bi-monthly Essential Standards audit. All mental health inpatient wards sample 5 patients per ward - overall sample 130

	Q1	Q2	Q3	Q4	FY
% of patients admitted to psychiatric wards with a complete physical health assessment (target 98%)	91%	97%	97%	98%	95,75%
% compliance with triggering of physical deterioration intervention in all community services (target 95%)[16]	95%	94.1%	97%	94%	95%

Where patients have reduced mobility a number of them may be at risk of developing blood clots known as venous thromboembolism (VTE). These can sometimes lead to serious cardio-respiratory problems if the risks are not effectively managed and treated. Our target is that 95% of all patients admitted to a community hospital or older adult mental health ward will have any risks of developing a VTE assessed on admission to a ward (last year we achieved 96% in mental health services and 85.2% in community health services). We have not met our target in quarter 4[17] and are working to improve communication about the importance of undertaking this assessment with medical staff that have recently rotated across all our inpatient services.

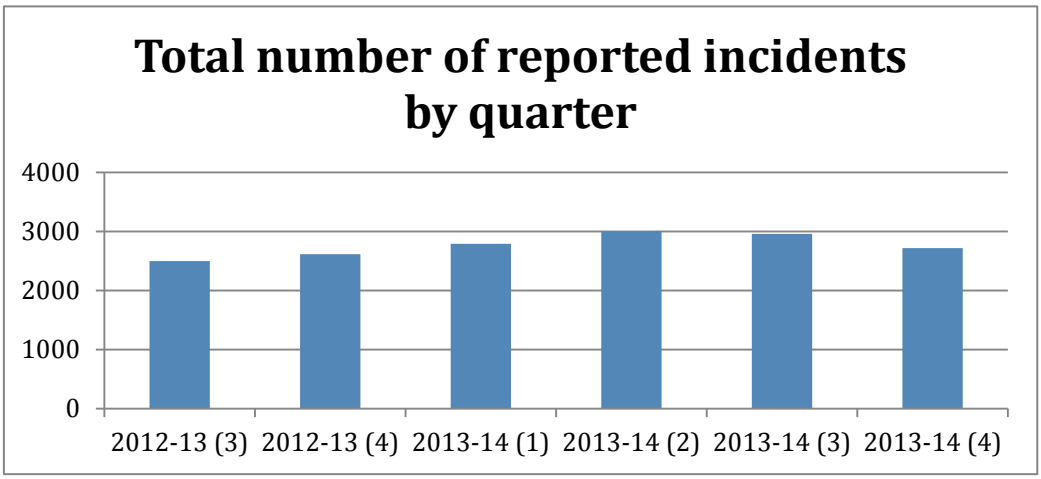


[16] Track and trigger audit

[17] Safety thermometer – manual point prevalence data on single day per month

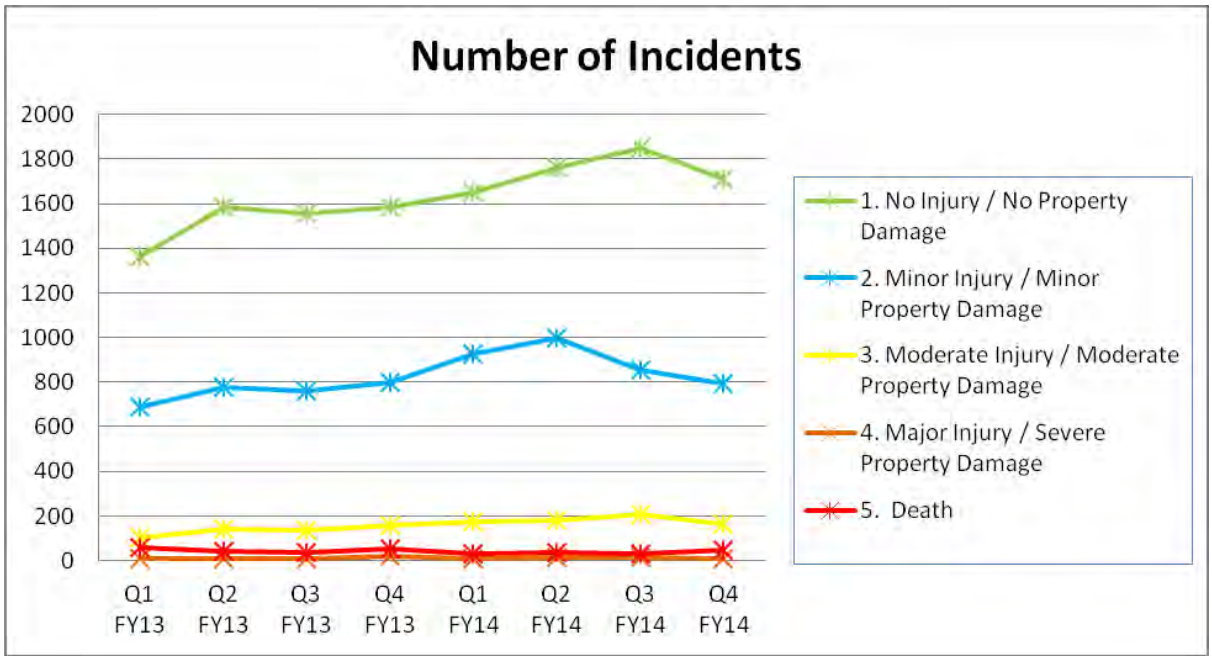
Incidents and serious incidents requiring investigation (SIRIs)

One of the ways to improve patient and staff safety is to develop a good reporting culture where staff are encouraged to report any and every safety incident and where effective mechanisms are used by staff and managers to review and learn from them.



We can learn as much from incidents which cause little or no harm as we can from those where more serious harm occurred. We have therefore sought to increase the overall number of reported incidents whilst reducing the number which resulted in harm to patients or which were graded as a SIRI.

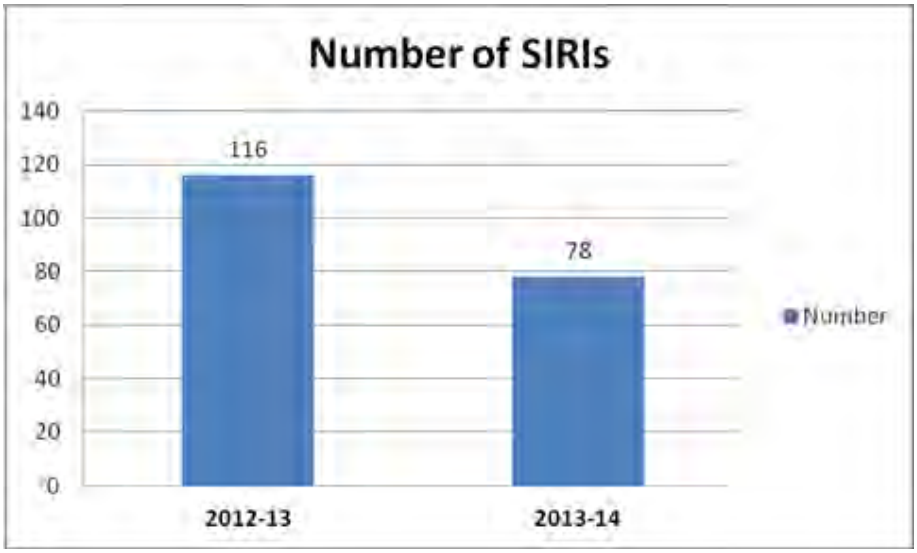
The quarterly reporting figures have ranged from 2717 in quarter 4 to 3001 in quarter 2[18]. Types of incident include communication, medical devices or equipment, security and medication errors. The two highest reported incident types were falls and violence and aggression. The number of serious incidents has remained approximately the same against a higher number of overall reported incidents.



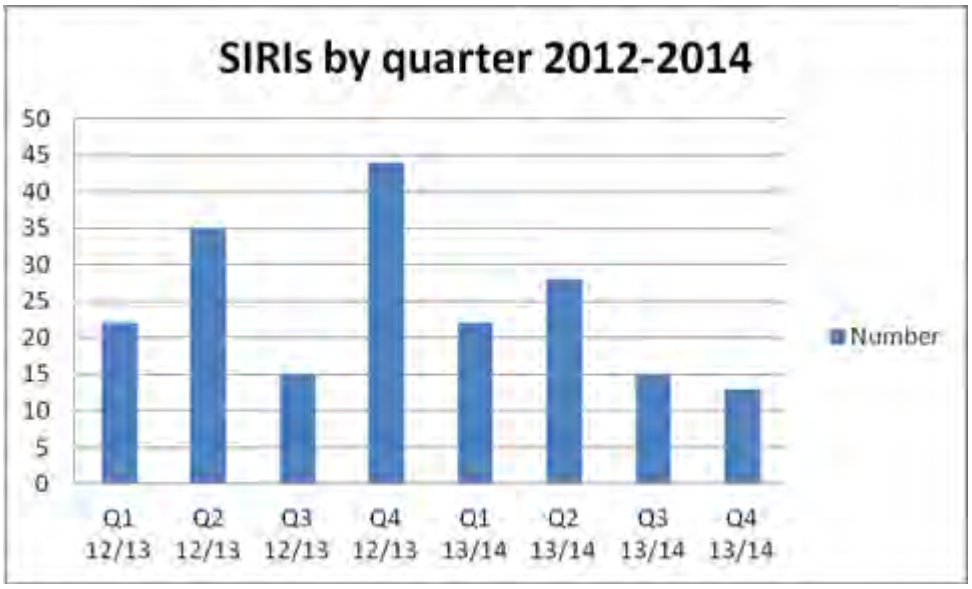
[18] Safeguard – number of reported incidents

Serious incidents requiring investigation (SIRIs)

Over the last two years the overall number of reported SIRIs has reduced by a third[19].

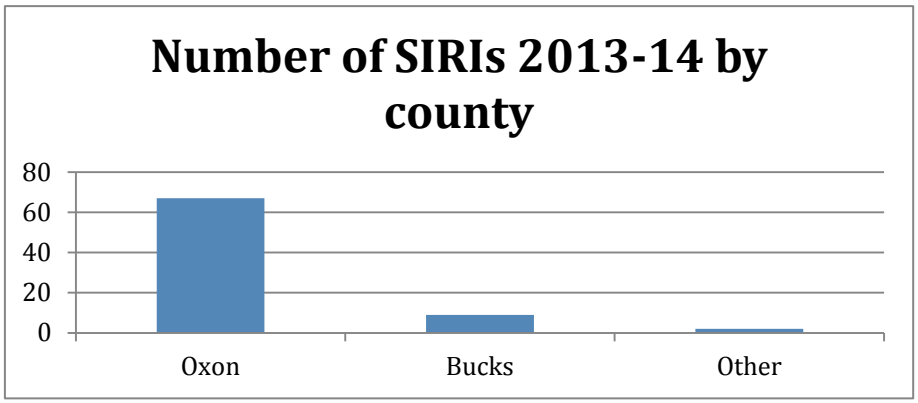


In the final quarter of this year we have seen a further decrease in the number of SIRIs. The reduction in suspected suicides and avoidable pressure ulcers have accounted most significantly for this reduction which we attribute to the work across the Trust to reduce harm from these causes. There have been no 'never events'.



Oxfordshire services were the highest reporters of SIRIs in 2013/14. This is largely to be expected as all of our community physical health services are located in Oxfordshire and the number of patients using our Oxfordshire based services is considerably higher.

[19] OHFT SIRI records which are more up to date than the reporting system STEIS (downgraded incidents must be removed by the CCG and there can be a delay from the request being made, the evidence being reviewed and the action being taken).



There have been no rulings from the Coroner but we have received an improvement notice from the Health and Safety Executive relating to a patient fall from a window resulting in harm. This was as a result of a faulty window restrictor and we are currently implementing the required improvement actions, which included an assessment and replacement programme for all window restrictors in all inpatient units across the Trust.

Learning from SIRIs

We use a number of approaches to learning from SIRIs including team briefing, local and Trust-wide learning events, and through relevant committees, groups and team meetings. Key themes from 2013/14 which have resulted in improvement actions have included:

- the coordination of care (CPA process) including the recording of CPA care on RiO and updating care plans and risk assessments
- communication problems including lack of regular team meetings and structured handovers, named nursing not in place, training issues, staff shortages and skill mix, supervision (many of these relate to avoidable grade 3 or 4 pressure ulcers)
- assessment not being completed in a timely way or not being adequately recorded
- transitions between services
- issues in relation to use of agency and locum out of hours doctors in the psychiatric liaison service, both in relation to availability, and handover or induction including ensuring access to RiO
- compliance with safe and supportive observations

Case study: **preventing avoidable pressure damage**

In response to a SIRI relating to avoidable pressure damage the team on ward 2, Abingdon community hospital implemented an improvement project. The aims were to prevent patients developing new pressure ulcers whilst on the ward and to prevent deterioration of pre-existing (inherited) sores.

Actions have included ensuring skin integrity checks for all patients within six hours of admission and photographing all existing wounds on admission; Walsall and MUST scores recorded weekly with documentation available at the patients side; online reporting of all grade , 3 or 4 pressure ulcers; using the wound formulary and tissue viability team for advice; improving communication at handover and at ward meetings; and using the safety cross system and safety dashboard to monitor effectiveness.

There have been no avoidable pressure ulcers on the ward since the project was implemented and the team won an improvement award from the Trust's productive programme.

Safety thermometer

The safety thermometer[20] is a national initiative and measures the level of "harm free care" delivered in our physical health community services in Oxfordshire. It is a "*point prevalence*" measure which means looking at what is happening at a specific or fixed point in time, rather than looking at information from across a number of days or weeks. The safety thermometer therefore presents a snapshot of the level of harm at a particular time rather an indication of trends or increased incidence. It serves to highlight areas that may require more in-depth examination.

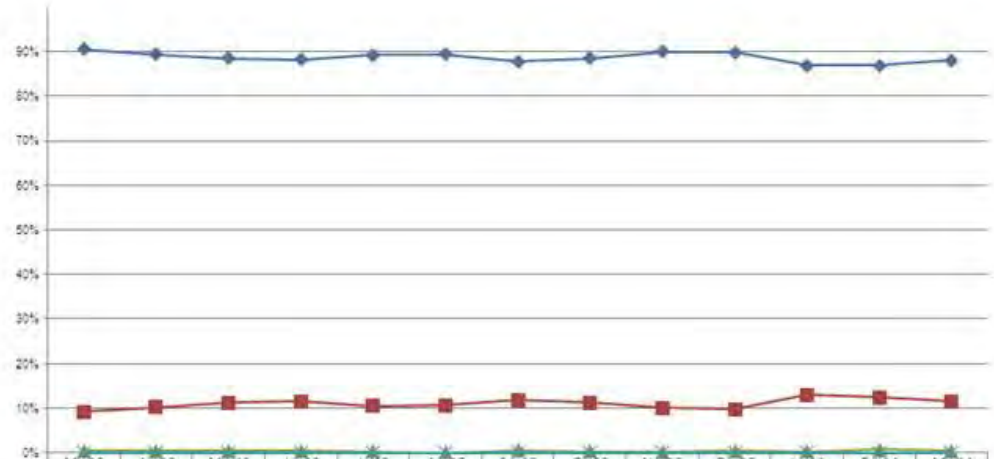
We measure harm related to venous thromboembolism; pressure ulcers (irrespective of whether they were avoidable or not); catheter-related urinary tract infections and falls. We also measure how many patients have experienced no harm, or 1-4 of these harms. The objective is to increase harm-free care (the upper lines in the graphs on opposite page) and to decrease the number of actual harms experienced by patients (the lower lines in the graphs on opposite page).

Over the past twelve months the percentage of care that is harm-free has ranged from between 86.92 and 90.53% of the 1000-1200 patients assessed each month. This compares with national figures (all participating trusts in England) ranging between 92.2 and 93.62% of the 196,000-210,000 patients assessed each month.

Throughout 2013-14 when the prevalence of harm was measured within OHFT there was a small variation around the monthly average. However, there was a slight increase in the prevalence of harm in January and February which related to urinary tract infections associated with catheters, and grade 2 pressure ulcers. We have developed some focused actions to improve catheter care for patients in older adult mental health wards; and a comprehensive action plan to decrease the incidence of avoidable skin damage. As a consequence, in March 2014 we saw an increase in harm-free care.

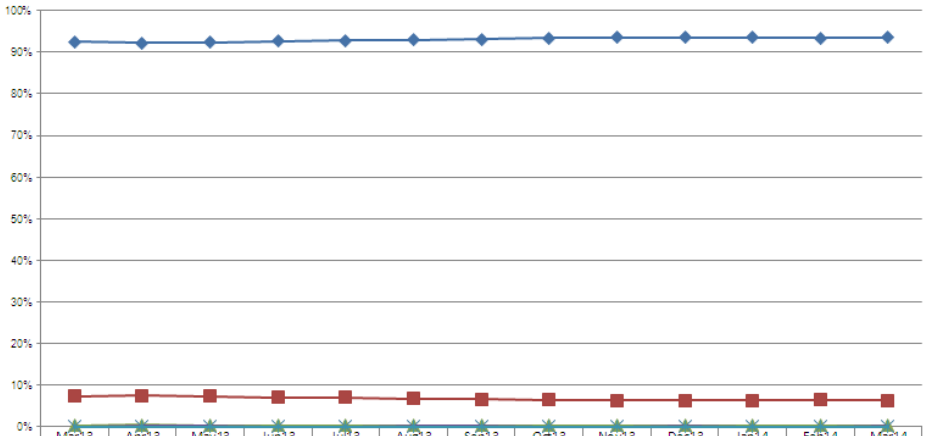
[20] Monthly audit – point prevalence data (manual compilation)

OHFT data



	Mar13	Apr13	May13	Jun13	Jul13	Aug13	Sep13	Oct13	Nov13	Dec13	Jan14	Feb14	Mar14
No Harms	90.53	89.38	88.43	88.16	89.29	89.32	87.7	88.56	89.92	89.78	86.85	86.92	88.11
One Harm	9.09	10.23	11.25	11.49	10.45	10.68	11.76	11.25	9.99	9.78	12.88	12.42	11.46
Two Harms	0.38	0.39	0.32	0.36	0.26	0	0.53	0.18	0.09	0.44	0.27	0.66	0.43
Three Harms	0	0	0	0	0	0	0	0	0	0	0	0	0
Four Harms	0	0	0	0	0	0	0	0	0	0	0	0	0
Patients	1045	1036	1253	1123	1139	1180	1122	1093	1121	1135	1110	1216	1161

National data



	Mar13	Apr13	May13	Jun13	Jul13	Aug13	Sep13	Oct13	Nov13	Dec13	Jan14	Feb14	Mar14
No Harms	92.48	92.2	92.42	92.75	92.8	92.97	93.19	93.42	93.59	93.51	93.5	93.44	93.62
One Harm	7.23	7.49	7.29	6.98	6.91	6.74	6.56	6.34	6.18	6.24	6.27	6.33	6.17
Two Harms	0.29	0.3	0.28	0.27	0.29	0.29	0.25	0.23	0.23	0.24	0.22	0.22	0.21
Three Harms	0	0.01	0.01	0	0	0.01	0.01	0	0	0.01	0	0	0.01
Four Harms	0	0	0	0	0	0	0	0	0	0	0	0	0
Patients	196090	210790	209233	207384	204926	204344	205874	207346	205873	203908	206034	205201	198529

Prevention of suicides

Probable suicide is one of largest causes of serious incidents requiring investigation (SIRI) and prevention of suicide was therefore a key priority in 2013/14. Suicide prevention was the focus of a 12-month project and a number of safer care initiatives. We selected three indicators to monitor our progress to ensure people do not die prematurely and these are described overleaf.

Indicators:

1. *unexpected deaths in inpatients (mental health services) reduced to 0, or greater than 300 days between[21] deaths over two years*
2. *no inpatients to commit suicide*

Between 1 April 2012 and 31March 2014 there were three deaths[22] that would meet the criteria for an inpatient death. None of these deaths occurred in any of our inpatient areas although all were patients who had been inpatients. Two had left the ward (one was absent without leave and one was an informal patient not returning from leave). The former died in a prison abroad and the latter in the community. The third death was of a man who was an inpatient at Oxford University Hospitals NHS Trust (OUH) at the time of his death. All three died by suspected suicide. The death in OUH has been reported by that trust and has not been included in our figures below.

The days between deaths are 192, 153 and 75.

year	2009/10	2010/11	2011/12	2012/13	2013/14
Number of unexpected inpatient deaths	1	1	0	1	2

Indicator:

3. *a reduction in the number of (apparent) community suicides towards 0 or greater than 300 days between deaths*

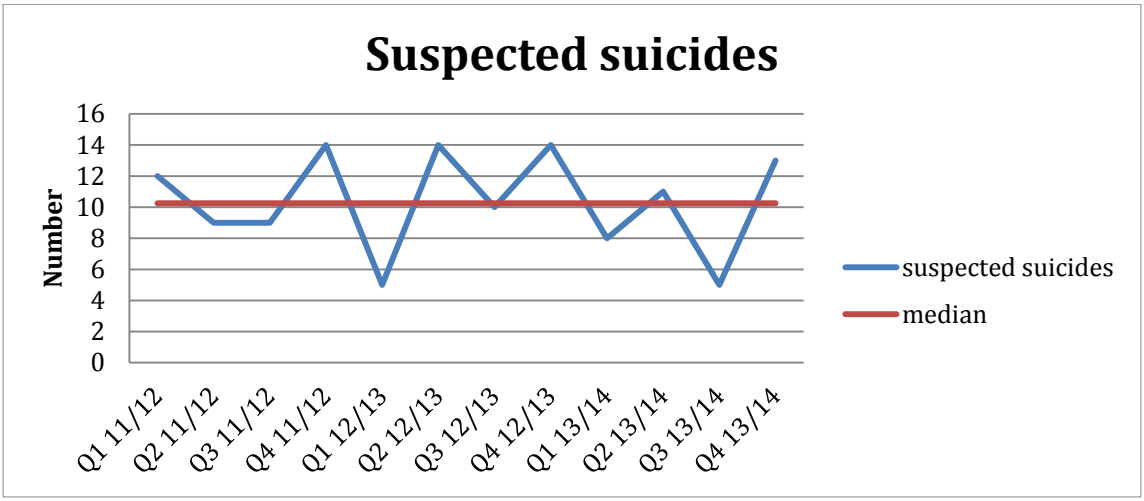
Numbers of suspected suicides reported over the last three years[23] relate to those which were thought to be likely suicides at the time of reporting. They also include all those which will subsequently have been confirmed as suicides by the coroner. Numbers remain high but there has been a small year on year decrease. The final figures for 2013/14 may change as reported incidents are often reported in the following quarter. An analysis by quarter indicates that there is no increasing or decreasing trend.

The national picture over the last few years is that suicides rates in the general populaton have started to increase. This rise in not reflected in the figures for OHFT.

[21] The measurement of *days between* or *days since* is designed for measuring harm that occurs at very infrequent intervals. It can be employed once the rate of harm is very low, for example less than one harm per week. This then makes *days between* a meaningful way of measuring for improvement. It also works most effectively for individual services rather than across an entire service. For future projects we will therefore set a *days between* aim for each individual assessment and treatment team.

[22] SIRI database

[23] SIRI database



Case study: **community acute services (CAS)**

The community acute services achieved 483 days between deaths by probable suicide after commencing a specific safer care project. This stands in comparison to a mean of 62 days between deaths prior to the safer care project in May 2012. A plan is now agreed with the mental health safer care lead to develop the work in the new assessment teams for emergency referrals.

Suicide prevention benchmarking project

In 2013/14 OHFT supported a 12 month Suicide Prevention Benchmarking Project which involved reviewing how apparent or suspected suicides were being reported across the NHS South region to establish a baseline, facilitate learning across the region, and trial a new reporting template to create more consistency in reporting between different organisations. We continue to work in partnership with local and regional organisations to develop training, identify people most at risk of suicide and improve support for people bereaved by suicide.

To create a more consistent awareness of suicide amongst Trust staff, OHFT has adopted The Interpersonal Theory of Suicide (Joiner 2005). In essence this theory focuses on how feelings of burdensomeness and lack of belonging can create a sense of hopelessness and suicidal desire. This model looks at recognising the point or trigger(s) where desire becomes intent and capability in order to help staff differentiate between patients who think about suicide (ideation) and those who are likely to attempt suicide.

The Joiner framework is intended to underpin and support existing suicide awareness models, tools and clinical judgment and has been shared through learning events. It is part of the clinical risk assessment and management training programme and is being rolled out through specific suicide awareness and education sessions, supported by two reflective practice sessions for all teams in the mental health division. Awareness training has also been provided for community mental health

teams, out-of-hours urgent care services, physiotherapy staff and student nurses at Brookes University.

Pilot training in understanding and working with bereavement by suicide has also been delivered to a number of OHFT staff and this has been well evaluated. Alongside this work OHFT is developing localised information leaflets to give to relatives following the suicide of a service user and associated guidance for staff.

A working group has been established to develop a protocol for supporting staff working in teams where a patient has died by suicide. This was developed following a suicide awareness survey carried out as part of the suicide prevention benchmarking project which recommended the need for improved support for staff.

All suspected suicides must be reported to the local clinical commissioning group and nationally via STEIS (Strategic Executive Information System). The proposed new template or proforma for reporting apparent or suspected suicides was piloted in OHFT and has now been endorsed by the South of England patient safety group. All trusts are being advised to use it to aid consistent and thorough STEIS reporting of suspected suicides.

Early intervention in psychosis

We achieved the following percentages for early intervention in psychosis. *The data source and calculations are in line with national requirements.* The Trust over-performed in Q1.

quarter	Q1	Q2	Q3	Q4
Early intervention in psychosis target 95%	107.8%	97%	86%	95.7%

Infection prevention and control improvements

Infection prevention and control remains a priority for us in improving patient safety and has been adopted as one of our main strategic goals. For this reason we included a number of indicators in our quality account.

The infection prevention and control team have extended the environmental infection control audit programme in 2013/14 to Mental health day hospitals, ECT and podiatry services. We did not audit in quarter 1. In quarter 2 we completed 40 of which 11 were unsatisfactory. In quarter 3 we completed 26 of which 8 were unsatisfactory. In quarter 4 we completed 14 of which 4 were unsatisfactory. All areas audited have now been revisited and passed the required standards. Some areas have significant challenges regarding the physical clinical environment, which have been identified as requiring financial investment and resources via estates services.

There has been one case of MRSA in 2013/14[24]. A comprehensive post-infection review was completed in collaboration with OUH. The blood culture was deemed a contaminant and not a true infection and therefore an internal review meeting was held. There have been no MSSA[25] bacteraemias in 2013/14. Our target was the number of bacteraemia infections developed 48 hours post-admission should not exceed two.

The overall number of *Clostridium Difficile* infections (CDI) developed 72 hours post admission should not exceed eight. There were fourteen cases in 2013/14: two in quarter 1, four in quarter 2, six in quarter 3 and two in quarter 4[26]. This compares with ten cases in 2012/13.

A monthly CDI health economy meeting with the OUH, Public Health England and commissioners reviews all CDI cases across the health economy to determine whether or not they were avoidable.

All fourteen cases have been reviewed with the following findings:

- 12 were deemed unavoidable
- one was deemed avoidable as this patient was already identified as positive for CDI in August 2013 but was re-tested in September 2013. The first episode in August was deemed unavoidable, however, this patient was retested *within* 28 days of the first specimen rather than *after* 28 days, and therefore it is recounted as a new case
- one case was not classified as there was insufficient information available, however the patient management was within our guidelines

For a case to be deemed unavoidable all care has to be delivered in line with best practice and our local guidance. In all 14 cases patients were managed safely and appropriately. The main influencing risk factor for development of CDI is the use of antibiotics and in all fourteen cases it was agreed that the antibiotics prescribed were appropriate according to the clinical need of the patients.

Hand hygiene

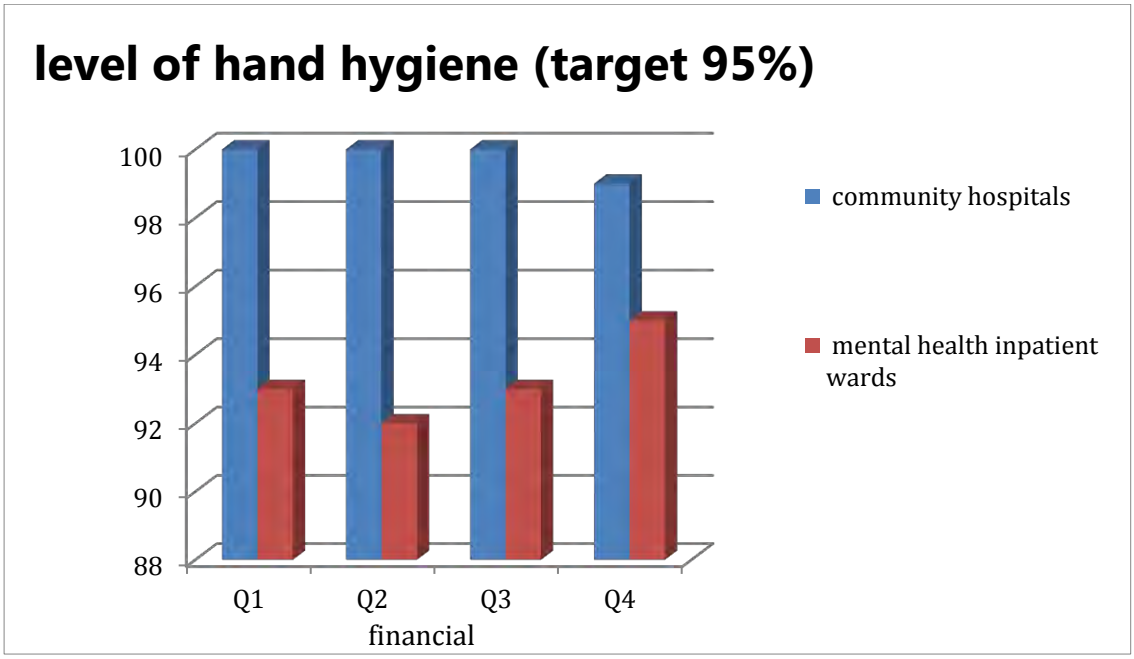
The level of hand hygiene scores has remained consistent; by quarter 4 we were meeting our target of 95% in mental health inpatient wards and met this target each quarter in community hospitals[27].

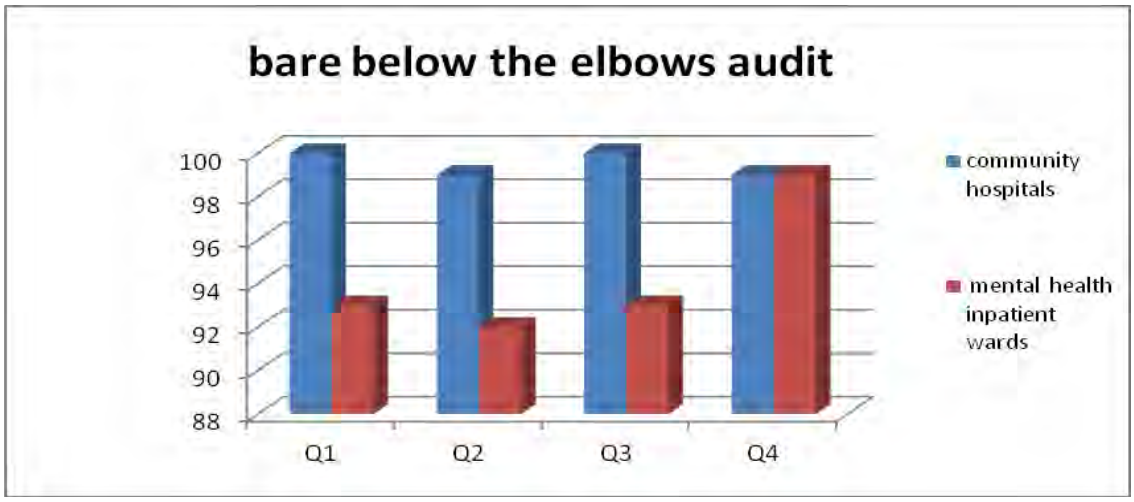
[24] Any positive lab results for a mandatory organism- this includes MRSA/MSSA bacteraemias and CDI's recorded and verified by the lab processing the specimen-this will be in the acute Trust and for us usually the OUH. The data is managed by the lab and uploaded onto a national reporting database. As a Trust we have no control on the data. Once a positive result is obtained it will automatically be reported. The data is entered manually by the lab and verified by a lab senior clinician/manager- it is then reported electronically.

[25] As above

[26] As above

[27] audit data collected manually via audit tool and entered onto a database for electronic report collation. Data is verified by the person completing the audit





We have excellent bare below the elbows compliance in both services[28].

The remaining indicators related to new catheter-related urinary tract infections which we monitor through the safety thermometer (the figures below are an average across three month's point prevalence[29] data) and environmental infection control audits[30].

	Q1	Q2	Q3	Q4
Number of new catheter associated urinary tract infections (UTIs) across all Trust services	4	9	7	9
Environmental infection control audits	n/a	86%	86%	85%

[28] As above

[29] measuring what is happening at a specific or fixed point in time, rather than looking at information from across a number of days or weeks.

[30] audit tool based on national standards- audits conducted by infection prevention and control nurses with manuals data entry to audit tool and entered onto a database for electronic report collation

Environmental improvements

The new Whiteleaf Health and Wellbeing Centre opened in Buckinghamshire in February 2014. It comprises four inpatient wards, day services and community teams. Sapphire (previously Kimmeridge), and Ruby (previously Portland) are acute adult mental health wards and Amber (previously Mandalay) and Opal (previously the John Hampden Unit) are for older adults. The Whiteleaf centre provides a high-quality, up-to-date, state-of-the-art environment for patients and carers and aids their recovery by having space, light and activity whilst offering containment and structure to the patients' day. All staff are working to a new clinical model focused on supporting and encouraging patients in their recovery and working to the cluster pathways which provide evidence-based interventions based on patient need.

The new wards are ligature-free, light and spacious areas with several spaces and lounges for patients to participate in a full activity programme. Each of these wards has had an increase in staffing taking them from a shift number of five staff in the mornings to six, five staff in the afternoon to six and four staff at night. All staff have had inductions to a new clinical model which is recovery focused and are now working to this model. The new building also has gardens, a coffee lounge and activity and resource rooms.

Refurbishment programme

The Trust has invested approximately £10 million in 2013/14 to improve the built environment, with the majority of funds being used to refurbish inpatient areas. The work we have undertaken includes

- reduction of ligature risks across seven mental health wards
- extension of beds and bathing pool at Wallingford maternity unit
- development of a new emergency medical unit at Witney community hospital
- dementia 'friendly' work across all community hospital wards, for example to improve lighting, review use of colours, textures
- internal and external work across the forensic mental health wards to meet national best practice standards
- a programme of maintenance work to address issues identified through infection control audits, window safety and to improve resilience as part of contingency planning, for example provision of generators
- improving the provision of car parking and pedestrian walk ways across a number of the larger hospital sites, for example Warneford, Littlemore, Abingdon and Witney hospitals

Patient-led assessments of the care environment (PLACE)

Good environments matter. Every NHS patient should be cared for with compassion and dignity in a clean, safe environment. PLACE assessments were introduced into the NHS in April 2013 to provide a clear message, directly from patients, about how the environment or services might be enhanced. Patients, service users and carers were part of teams which completed an unannounced annual visit to each of our 36 inpatient wards. They assessed how the environment supports patient privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment and does not include clinical care provision or staff working practices. A summary of the results for 2013 are below.

Cleanliness

The cleanliness audits ranged from 88-100% against a national range of 24.46-100%. The average score was 96% against a national average of 95.75%. In those areas where the cleanliness fell below 100% (relating to dusty fittings and areas requiring further cleaning) a series of deep cleans have been organised.

Quality and availability of food and drink

These audits ranged between 75-98% against a national range of 26.67-100%. The average score was 90% against a national average of 88.78%. Lower scores were given where food taste, texture or temperature was not rated as acceptable. In those areas the catering manager is working with staff to improve standards and these are being monitored with the ward manager.

Condition, appearance and maintenance of premises

The results ranged between 85-98% against a national range of 36.25-100%. The average score was 93% against a national average of 88.78%. Issues related to broken or stained ceiling and floor tiles, which are being replaced.

Privacy and dignity

The results ranged between 76-98% against a national range of 52.26-100%. The average score was 87.91% against a national average of 88.9%. Issues related to availability of private rooms, location of consultation rooms in relation to the general waiting area and signposting for single sex toilets.

Improving clinical outcomes

Quality Goal	Quality Activity	Quality Objective
Improving Clinical Outcomes	1. Develop & implement integrated care pathways for children and young people 2. Develop & implement integrated care pathways for adults 3. Develop & implement integrated care pathways for older adults	• The quality of life for people with long-term conditions will improve. • Patients/service users will feel supported to manage their own conditions. • People with long-term conditions will spend less time in hospital

Quality and a sound evidence base are at the heart of our clinical services, with a focus on clinical effectiveness and good clinical outcomes. The way in which we work with, and support patients to manage their long term conditions is a critical part of achieving this.

Develop and implement integrated care pathways for children and young people

The children and families directorate has re-organised the management of its services over the past twelve months to create a more locality-based focus to the care it provides. This has enabled teams to work in partnership with local commissioners, service providers, schools, voluntary organisations and patients and their families. We have achieved our milestones for integrating care pathways for children and young people.

Case study: Buckinghamshire children's speech and language therapy service

The Buckinghamshire children's speech and language therapy service is developing a new approach to working with young people attending secondary schools. The intention is to enable children, young people and their families to be involved in setting their own outcome goals and measures, and to shape the intervention that will help them achieve these outcomes. The goals for the period of therapy will be set in negotiation with the young person, so they influence priorities and set goals that align with their views on what is important. The young person will rate themselves at the beginning of an intervention, mid-way through the period of therapy and at the end of several sessions of work with the speech and language therapist.

It is envisaged that having trialed this practice, there are opportunities for roll out of its use across other client groups accessing the speech and language therapy service.

Marlborough House, Swindon

Marlborough House accepts referrals for young people aged between 11 and 18 who require assessment and treatment for acute psychiatric illnesses and who cannot be managed in the community because they require more intensive therapeutic input or because they present a risk to themselves or others.

Young people suffering from a severe eating disorder can also access assessment or treatment, including admission for inpatient care. Traditionally the aim of inpatient units has been to resolve all of the presenting problems before deciding that a young person is ready for discharge; however there are disadvantages to inpatient care including the possible loss of support from the child's local environment, the potential for self-harm whilst the young person is acutely unwell, and the effects of admission on family life. Marlborough House has therefore developed a structured approach to the "*first ten days*" of admission to address the difficulties and risks while ensuring children spend the least possible time in inpatient care.

The "*first ten days*" seeks to involve young people and their families, along with the multidisciplinary team (MDT) and community staff in a "therapeutic alliance". The aim of this alliance is to develop a shared view of the purpose of the admission, the planned length of stay, and shared goals or outcomes.

Day 1 admission
Core documentation is completed including risk assessment, care plan and the allocation of link workers.

Days 2 - 5 introduction and goal setting
The young person meets the team involved in their care, the goals for admission are identified and CPA (care programme approach) is commenced.

Day 5 review and planning
The MDT, nursing, unit school and care coordinator review the purpose of admission, the current mental state of the young person and levels of risk, their identified goals and plans to achieve these, the current and future treatment plan and the plans for discharge. This is then discussed with the young person and their family.

Days 6 - 9 engagement and observation
During this period the young person has individual time with their nursing team, ward doctor and consultant supported by engagement with a therapeutic timetable and regular progress reviews.

Day 10 care programme approach (CPA)
A CPA meeting is held with the MDT, young person and their family to review the purpose of admission, the initial assessment, the tasks and goals for treatment, an assessment of what has worked well and what has not worked well, and the plans for discharge.

As a result of this new approach the ward has reported clearer goals for admission that are agreed between patients, their families and staff; goals and planned outcome based on individual patient needs and aspirations; and shorter lengths of stay.

Case study: reducing section 136 detentions

We are involved in two initiatives trialling approaches to work more closely with the Police to reduce the inappropriate use of Section 136 of the Mental Health Act and to facilitate the options of alternative Police interventions. Section 136 is used by the police to detain a person so that they can take them to a safe place where a mental health assessment can be undertaken. One initiative is through a shared triage car with Thames Valley Police to facilitate joint assessments by a community psychiatric nurse (CPN) and a police constable (PC) in Oxfordshire. The second initiative is working with Wiltshire Police in Wiltshire and Swindon through introducing a joint working protocol for young people in significant mental health distress or crisis (under the age of 18). When a PC responds to a young person in significant mental health distress or crisis they contact the local CAMHS service from the scene by phone (24 hours a day/365 days a year) to discuss risk, consider alternative options, or to arrange an emergency mental health assessment. Early indications suggest that both initiatives are reducing the number of people detained by Police under Section 136.

Reach4Health change 4 life Eat well Move more Live longer

Case study: *Reach4Health* healthy child weight management project

This project was established in January 2012 and funded to run until March 2014. The National Childhood Measuring Programme (NCMP), now in its seventh year, shows in Oxfordshire that 12% of children in reception classes (4 - 5yrs) and 15% of children in year 6 (10 - 11 years) are overweight or clinically obese. The aim of the *Reach4Health* project is to provide a healthy lifestyle and weight management service for 4 to

16-year-olds in Oxfordshire. This has involved training school nurses in weight management strategies; setting up play and exercise programmes; educating children and families in healthy eating and marketing of the programme.

Develop and implement integrated care pathways for adults
Service remodelling: adult mental health services

Throughout 2013 and the start of 2014 the adult mental health division has been coordinating the pathway remodelling for adult services. The key changes include:

- a new clinical service model for inpatient and for community services
- enhanced skill mix, leadership and staffing for inpatient wards
- an increase to 7 day working for community mental health services in main localities within Oxfordshire and Buckinghamshire
- implementation of care clustering to be delivered within new assessment and treatment mental health teams

The remodelling of care pathways has been driven by the desire to improve patient treatment and experiences of services and their understanding of how our services work. Building on feedback from service users and carers, complaints and SIRI investigations the remodelling has worked to ensure that the service is patient-centred, maintains a high emphasis on family and carer involvement and uses evidence-based interventions.

The key priorities for the service remodelling in adult mental health services have been to:

- improve inpatient care and inpatient environments
- develop a new way of working and a clinical model that reflects recovery for patients and provides support to both patients and their carers
- improve standards of leadership
- develop mechanisms for collecting patient and carer feedback and use this to develop services for the future
- develop clustering, cluster packages and transparent outcomes for patients and their carers
- develop good quality data

Buckinghamshire now has two adult mental health teams (AMHTs - previously known as community mental health teams, community acute services and assertive outreach) both of which work to the same localities as the two CCGs; the Aylesbury Vale AMHT with a main base at the Whiteleaf centre and the

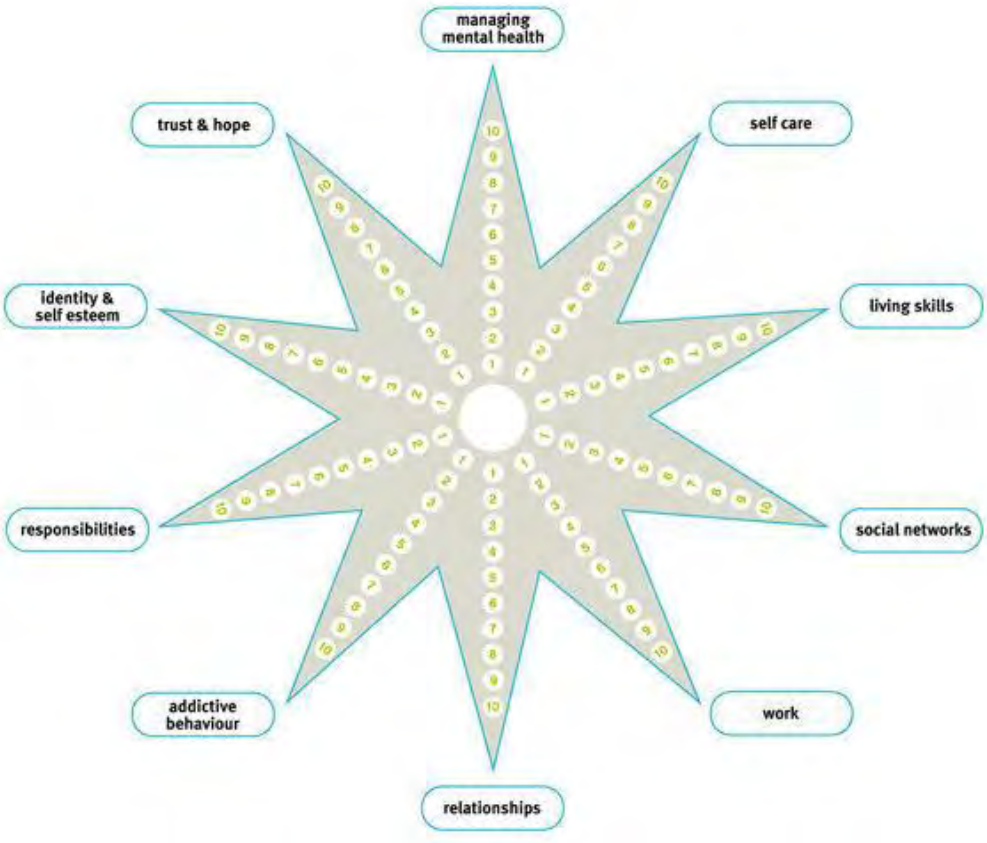
"Thank you for your support over the past few months since the arrival of our little boy. We are looking forward to the future as a family"
Adult community mental health team in Oxfordshire

Chiltern AMHT with its main base in High Wycombe and a satellite base in Amersham. Oxfordshire now has three AMHTs which work to the same localities as the clustered GP localities, with main bases at the Horton hospital in Banbury, the Warneford hospital in Oxford City, and Wallingford community hospital.

The AMHTs are now providing extended hours until 9pm every evening, seven days a week with night assessment teams based at the Warneford hospital in Oxford City and Whiteleaf centre in Aylesbury. In each of the AMHTs there is a leadership team made up of a community team manager, a number of consultants and a community lead who is focused on the quality of care and best practice interventions.

The wards have increased the number of nursing staff available on each shift. Each ward now has a dedicated modern matron focused on quality of care and ensuring all interventions are up-to-date and based on best evidence. There is a consultant psychiatrist and a medical team for each ward delivering high quality care on admission and discharge, and providing the opportunity for patients to work with a consultant during their stay in hospital.

It is recognised that people with mental ill-health do recover and can lead full and satisfying lives. To reflect this, the focus of the new model of care is on recovery, drawing on the "recovery star" and outcomes-based on best evidence. A considerable amount of work has gone into developing appropriate outcomes for the clusters, which will be monitored and reviewed over time.



The "Recovery Star" highlights areas to work with individual patients in identifying and addressing difficulties that they have with these core areas of life. These areas are also the basis for care planning through care clustering and will form the basis for care delivery in the new teams.

Over 150 patients and carers were involved in developing this model through dialogue and focus groups. The new teams will build on this to develop reference groups for their own localities which are made up of patients and carers who can support and help further to develop the new models.

Harm minimisation service

In response to the 2010 drug strategy *reducing demand, restricting supply, building recovery: supporting people to live a drug-free life* there has been a whole systems change within Oxfordshire drug treatment services resulting in service remodelling and recommissioning.

In April 2012 the harm minimisation service entered into a partnership agreement with the Oasis Partnership, a third sector provider, to deliver a wider remit of psychosocial interventions. The service provides:

- substitute prescribing for opiate dependence which is focused on maintenance regimes (945 patients at present)
- brief interventions
- needle exchange
- group work
- drop-ins

Following issues with its provision on the 1st of February 2014 we took over the Local Area Single Assessment and Referral service (LASARs) front door service to provide independent assessment whilst acting as a single point of contact for those wishing to refer in to, or access the Oxfordshire treatment services. The service has adopted a new approach that incorporates the LASAR function for those requiring a comprehensive assessment by the harm minimisation Service.

The LASAR front door service is delivered as a first point of contact for professionals, patients, individuals, parents and carers across Oxfordshire. Its main aim is to provide information on all the available commissioned treatment provisions. The service operates as a standalone service, however its incorporation within the existing harm minimisation service aims to reduce fragmentation and provide a clearer introduction and signposting to services than was previously achieved.

"Great staff, very motivational, realistic and helpful with my issues. Thank you, you have helped me on my path to a better life"
Drug and alcohol service

We have also taken over the assessment function for residential rehabilitation. The assessments for residential placements are offered across the county from our six open access and drug treatment centre sites. The service also now provides the link to prisons and we ensure there is provision for picking up any unplanned prison releases throughout the week and an additional resource through a Friday afternoon clinic.

Improving access to psychological therapies (IAPT)

Bucks Healthy Minds offers evidence-based talking therapies for people with depression and anxiety disorders in Buckinghamshire. Over 43,000 people in Buckinghamshire will experience significant depression or anxiety disorders each year. Healthy Minds has received more than 6000 referrals and over 4000 people have started treatment this year (in quarter 4 last year they treated 371 patients).

Improving access to psychological therapies for people with long term conditions (LTC) continues to be a key priority for the Healthy Minds service. In 2013/4 the service was successful in receiving Department of Health funding for the Breathe Well project (year two) to continue the roll-out of services for people with COPD. Funding was also received from Aylesbury Vale CCG to develop an innovative pilot primary care based service for people with LTC in five GP practices – the Live Well project.

Oxfordshire TalkingSpace offers a similar service in Oxfordshire. Last year TalkingSpace received a total of 1034 referrals with LTC compared with 1734 this year, and last year a total of 906 people with LTC entered treatment compared with 1414 this year.

These positive trends reflect the additional investment from the CCG for LTC work and the pilot project for the Department of Health IAPT pathfinder site Heart2Heart for people in cardiac rehabilitation (shortlisted in Secondary Care Innovation and Redesign HSJ Awards November 2013). We also undertook local development work to stream-line pathways for patients with diabetes, stroke and chronic fatigue. Next year we aim to increase our offer to those with COPD as Healthy Minds has done.

The table overleaf shows the number of patients with LTC being referred for and receiving IAPT services[31]; they are also shown as a percentage of the total number of referrals and total number of patients receiving treatment.

[31] PCMIS system (compliant - follows the national IAPT data standard) electronic data checked by data leads and clinical leads

	Q1	Q2	Q3	Q4
Bucks Healthy Minds	referrals with LTC 357= 19.48% entered treatment with LTC 383 = 26%	referrals with LTC 422 = 21.44% entered treatment with LTC 364 = 26.73%	referrals with LTC 543 = 26.67% entered treatment with LTC 443 = 30.49%	referrals with LTC 567 = 24.21% entered treatment with LTC 492 = 32.16%
Talking Space	referrals with LTC 433 = 24.55% entered treatment with LTC 322 = 26.70%	referrals with LTC 482 = 28.55% entered treatment with LTC 360 =26.85%	referrals with LTC 441 = 23.48% entered treatment with LTC 381 = 26.02%	referrals with LTC 378 = 17.66% entered treatment with LTC 351 = 22.36%

Case study: Breathe Well project

COPD is a common respiratory condition that causes breathlessness and can have a debilitating effect on someone's life. In addition to the physical symptoms caused by the disease, the incidence of panic disorder is ten times higher amongst people with COPD. This can have a very negative effect on their quality of life and ability to self-manage their condition. In February 2012, Healthy Minds became a pathfinder site to explore the best way to provide integrated psychological and physical care to people with COPD. This pioneering work was undertaken jointly with the Chiltern CCG, NHS Buckinghamshire and Buckinghamshire Healthcare Trust. Staff from Healthy Minds began working with nurses based at nine GP surgeries in High Wycombe to deliver clinics teaching self-help techniques to tackle breathlessness. All patients who have received therapy reported significant improvements in their mood, to the extent that they were no longer diagnosable with a mental health condition. The project was a finalist for the *Health Service Journal* Care Integration Awards 2013

Wendy's story

Wendy is an 86-year-old lady who has had COPD for five years. She has had no previous mental health problems or therapy and reports being very anxious and tearful at times. Following a referral from her GP practice nurse, Healthy Minds became involved with Wendy and offered an assessment. During the assessment, Wendy reported symptoms indicating moderate depression and anxiety. Wendy reported anxiety about what the future may hold for her in terms of her COPD and concerns about what might happen if one day she cannot catch her breath.

Wendy participated in a five-week intervention, after which she reported feeling more in control of her condition and more able to manage her symptoms effectively. She has decreased anxiety and depression, and has been able to learn about and better understand her condition with her husband. She is able to complete more tasks around the house and has started gardening again.

Develop and implement integrated care pathways for older adults

Service remodelling: older people's services

The overall aims of the older people's transformation programme is to develop an integrated model of care for older people and to provide personalised, integrated community, mental health and social care services organised in localities (or areas) which offer one quick and simple route to care. This will:

- enable patients to stay independent at home or their usual place of residence as much as possible, avoiding admission to hospital and supporting timely discharge from hospital wherever possible
- allow patients to experience community health and social care delivered by one service providing outcomes that matter to them, irrespective of whether they enter our services through a mental health or physical health pathway
- support patients to manage their own condition
- safely support patients though periods of illness regardless of how many different community-based health and social care specialists are involved in providing that care
- ensure GPs and acute service providers will have one quick and simple referral route to well joined up, locality-based care
- provide each patient or their GP with appropriate levels of support and liaison to resolve their immediate issues
- enable supportive relationships between health and social care professionals and GPs in the six Oxfordshire clinical commissioning localities to facilitate the best treatment to be provided to patients
- contribute to the reduction of the number of avoidable acute hospital admissions in Oxfordshire
- contribute to the reduction in the number of delayed transfers of care (DTOCs) in the health and social care system in Oxfordshire through timely and effective discharge of patients

Progress this year has included:

- development of an integrated, countywide, cross organisational approach to rehabilitation
- development of a leg ulcer pathway to improve healing times
- development of clinical leadership in district nursing teams
- joint work with OUH on a supported discharge policy
- generic skills training for community staff
- development of an emergency medical unit (EMU) in Witney
- provision of same day multi-disciplinary assessment and treatment for urgent care needs (physical health, mental health and social care)

"I am writing to thank you, your hospital-at-home team, and all the staff at Abingdon Hospital for your exemplary care of my mother during her hospital admission with urosepsis last month. She received immaculate care from the first point of contact until she returned home". **Patient assessed at Abingdon EMU, admitted to community hospital ward and then discharged with support from hospital at home.**

Older people's mental health services

The service change in Oxfordshire and Buckinghamshire for older people's mental health services will deliver a number of key benefits

- older people's mental health teams, working as part of integrated locality multidisciplinary teams in Oxfordshire and Buckinghamshire (mental health, physical health and adult social care), with mental health practitioners as a core part of those teams, able to provide older people's mental health services into the Oxfordshire and Buckinghamshire CCG localities
- older people's mental health teams that are able to provide mental health crisis response and home treatment and contribute to the delivery of an integrated urgent care pathway, in order to reduce avoidable admissions to acute physical or mental health inpatient care, through an enhanced mental health team duty function with extended hours and new ways of working
- increased capacity in older people's mental health teams in the community to deliver early dementia diagnosis for an anticipated increased prevalence of dementia of 30% over the next three years, and also to provide an 8-week referral to first appointment response, through re-investment of part of the current day hospital provision into the older people's mental health teams, streamlining of dementia pathway and the introduction of choose and book
- streamlined inpatient care in the Fulbrook Centre and the newly designed Whiteleaf Centre, through a new model for mental health inpatient care, increased staffing levels and improved skill mix
- increased inpatient capacity and reduction in the 'wasted' days during inpatient care (including a reduced average length of stay), through improved admission, treatment and discharge procedures and access to rehabilitation seven days a week
- a reduction in the number of admissions of older adults with mental health problems to older adult acute mental health inpatient units, through enhanced and extended older adult mental health community teams within integrated older people's services
- increased opportunities for patients to access a range of community support services which promote mental health and social inclusion,

"I was always so grateful that you listened to me and helped me to find a way through. You were instrumental in helping me to cope and ultimately being able to keep mum at home with me until the end"
Older adult community mental health team in Buckinghamshire

through service change, designed and delivered in partnership with local health and social care agencies and with local non statutory providers and organisations, for example Alzheimer's Society, Age UK

Personal health budgets (PHB)

	Q1	Q2	Q3	Q4
Number of patients/service users with PHBs – current[32]	95	98	107	109

Payments under the PHB system have been made to people with a range of needs, including continuing healthcare, acquired brain injury and neurological long-term conditions that are in receipt of continuing healthcare (CHC) funding. A small number of PHBs have also been delivered to children eligible for CHC funding.

We follow some key principles including involvement with patients and carers; a "whole life" approach to care planning; regular reviews; equality of access; flexibility in how to use payments, supporting appropriate risk taking (with mitigation), and good communication. Our focus for 2014/15 will be to develop the PHB offer for children; develop systems for people with a learning disability; work with social care to deliver an integrated system; and consider how to make PHBs more available to patients in receipt of mental health services.

Peter's story

Following a car accident seven years ago Peter received a spinal injury which has resulted in partial tetraplegia. Prior to his accident, Peter was extremely fit and active. He has received continuing healthcare funding since 2007 with a personal health budget and direct payment since 2013. Peter's assessed need is for 24-hour care – for personal care and all activities of daily living. He purchases live-in care from an agency that provides support seven days a week. Normally the live-in carer has a three-hour break every day so his budget also includes funds to purchase additional care for these hours. Peter has chosen to employ personal assistants to provide this element of his care.

Through the course of developing his support plan, Peter identified some important wishes and preferences for ongoing treatment and support

1. to improve his physical fitness which impacts his quality of life, physical and emotional wellbeing and although physio exercises and stretches were completed by his carers daily he reported spasm and muscle tightness, which greatly impacted on his mood and sense of wellbeing

[32] Spreadsheet – manual

2. to be able to spend some time alone – not to be surrounded by carers all the time

It was agreed that Peter could take a chosen risk to spend time alone without covering the live in carers absence. This enables Peter to save some money in his budget with which he can purchase additional private physiotherapy and gym membership. The gym he attends has specialist equipment suitable for people with spinal injury and his physiotherapist works with the gym staff to ensure that he is setting realistic goals in relation to his condition.

Peter's health and care needs are fully met, and through his PHB he is able to use the funds allocated to his care flexibly to achieve additional health and wellbeing outcomes – which would not be possible through traditional service delivery.

Health of the nation's outcome scales (HoNOS)

	Q1	Q2	Q3	Q4
Health of the nation's outcome scales target 50%	81.1%	83.9%	94.3%	84%

Data source and calculations are in line with national requirements

Improving patient and carer experience

Quality Goal	Quality Activity	Quality Objective
Improving Patient and Carer Experience	1. Trust-wide improvement of culture of care 2. Improve patient & public engagement 3. Measuring and improving patient, carer and commissioner feedback	• Patients' experiences of inpatient/outpatient services will improve. • Responsiveness to patients' needs will improve. • Patients' access to community-based services will improve

"Seeking and acting on patient feedback is key to improving the quality of healthcare service and putting patients at the centre of everything we do"

The Trust's vision is that every patient receives good care in the way they expect, and they have a positive experience. To effectively put patients at the centre of everything we do, we are committed to ensure support and resources are available to help each service to work through the following cycle on a continuous basis:

1. regularly ask patients for feedback

2. analyse this feedback
3. share good feedback and identify any improvements with staff
4. work with staff to implement the improvements
5. share feedback and actions being taken with patients and the general public

We capture this feedback in a number of ways; self-initiated feedback in the form of compliments, concerns and complaints, both formal and informal, and through specific surveys such as the Friends and Families test. The way in which patients and carers are involved in planning their care is also critical as a number of the measures below capture.

Trust-wide improvement of culture of care

We have developed a new professional strategy for nursing in collaboration with staff and Governors and in the coming year we will develop similar strategies for all of our professional groups, We are piloting values-based recruitment and using learning to finalise the process. The Trust has re-focused its staff and wellbeing group and this is now the Staff Health and Wellbeing Group which coordinates the improvement plan from the staff survey results.

The health visitor implementation plan 2011-2015 - increasing access to health visiting services

OHFT provides health visiting services for children aged 0-5 and their families throughout Oxfordshire. Health visitors lead the *Healthy Child Programme* to ensure a healthy start for every family. Health visitors are qualified nurses or midwives with specialist training in public health, child development and protecting children. Our health visiting teams (also including community staff nurses, nurses and healthcare support workers) provide advice and support the health and wellbeing of babies, children and their families.

The government's health visitor implementation plan was launched in early 2011, setting out a vision which recognised that the start of life is a crucial time for children and parents, and that good, well-resourced health visiting services can help ensure that families have a positive start. The plan specifically set out a 'call to action', with the challenging commitment to provide an extra 4,200 health visitors before the next general election in 2015, reversing years of decline. The plan also sets out a newly transformed service which would be made possible by these additional health visitors, covering four 'offers': community, universal, universal plus (specific expert help) and universal partnership plus (multi-agency response to complex issues over time), as well as safeguarding children.

Progress in Oxfordshire

The workforce growth target translated to an increase from 96.2 to 122.6 whole time equivalents by March 2015, a rise of 26.4 (22%) for Oxfordshire. Building on this success, new health visitors are now graduating and boosting our workforce, allowing us to deliver on our plan to put in place the new service offer.

Highlights have included:

- *Early Implementer*: the Department of Health awarded Oxfordshire 'early implementer' status, along with 22 areas in its second wave of implementation which allowed us to share good practice such as our approach to two year reviews and our monthly e-newsletter, and learn from other high-performing trusts
- *Baby-Friendly Initiative*: Oxfordshire was awarded £24,000 from the Department of Health in February 2014, to implement stage 1 ('Building a firm foundation') of the UNICEF 'Baby Friendly Initiative' across health visiting in Oxfordshire, which will support breastfeeding and parent-infant relationships
- *Ages & Stages:* a significant development has been the successful introduction of the evidence-based Ages & Stages questionnaire at the two year review to ensure school readiness which has trained 100% of staff benefiting 94% of families with children under five; 85% of parents report an increased understanding of their child's development when using the tool

"The point of the review is so much clearer as a result of completing the questionnaire … it has helped me understand Tom's development"
(Mother of three)

"The use of this tool has given me renewed confidence in the quality of my assessments"
Health visitor

Generic skills training

In the summer of 2013, the West locality leads in Oxfordshire community services developed a 'one-stop shop approach' to patient care at home. Community nursing teams and community therapy teams, including physiotherapists, occupational therapists and intermediate care mental health practitioners in the West of Oxfordshire took part.

During the first training session, nursing staff updated the therapists on how to recognise and prevent pressure damage, use of the Walsall assessment score and how to prescribe simple pieces of pressure relieving equipment such as cushions. The therapists updated the nurses on mobility aids including promoting safe use of aids and the prescription of the simpler types of aids such as sticks and mobilators.

Later topics have included basic wound care, detecting urine infections and positioning for patients with stroke and respiratory problems. Another session focused on nutritional assessment and included the mental health practitioners giving a session on eating challenges for patients with dementia.

Staff fed back that the training gave them more understanding of people's roles leading to an increase in clinical dialogue, appropriate referrals to teams and joint working. The training has resulted in less delay in basic interventions, for example therapists are now more likely to issue basic pressure equipment to prevent deterioration themselves whereas previously they would have made a referral to another service. The training has led to more efficient use of resources by reducing team to team referrals and the resultant risks of such 'hand-offs'. Now one professional can visit a patient and address a range of nursing, therapy and psychological wellbeing needs.

Case study: skills lab

The skills lab provides an environment for staff to receive training in theory and practical skills prior to assessment. It runs three courses: minor illness; minor injury; student negotiated award to develop skills outside formal training. The first course has been accredited with the University of West London at masters level and the other two are currently being reviewed for accreditation.

A recent course on recognising the deteriorating patient resulted in more confidence in making appropriate referrals. A community hospital nurse was able to recognise a potential pulmonary embolism and make an appropriate referral to the Emergency Medical Unit.

"I gained more knowledge and am now more confident to manage the deteriorating patient."

Delayed transfers of care

A delayed transfer of care (DTOC) occurs when a patient is ready to depart from inpatient care but is awaiting admission home or back to residential care or to another care provider.

The number of DTOCs applied to OHFT has remained broadly the same over the past twelve months[33].

[33] Community hospital data: manual review of all patients against DH criteria; mental health data is manual review of patients calculated as percentage of lost bed days against occupied bed days

	Q1	Q2	Q3	Q4
community hospitals snapshot (number)	April 35 May 44 June 26	July 32 August 35 September 33	Oct 33 Nov 31 Dec 33	January 30 February 34 March 32

	Q1	Q2	Q3	Q4
community hospitals average (number)	37	36	32	30
mental health (%)	1.5%	1.4%	1.6%	1.3%

Oxfordshire has a history of issues with respect to DTOC and nationally has performed in the bottom quartile. The main commissioners of health and social care and the main providers of health and social care in Oxfordshire (OHFT, OUH and Oxfordshire County Council Adult Social Services) agreed to deliver a joint approach to resolve persistent issues affecting care delivery in the county. DTOC was identified as a critical issue. The impact of DTOCs are felt by patients, care providers and the wider system.

All Oxfordshire providers have an agreed supported discharge pathway operating policy (SDPOP) which is applied by all three providers. There are weekly meetings for each provider and for all three providers together to review DTOCs and then, as a whole system, implement the standard operating procedures in the SDPOP to act on identified DTOCs quickly and with clear escalation processes. This is regularly audited.

Further actions are led and managed by the cross provider discharge pathway steering group. A key issue to manage is patient choice for onward care taking precedence over the choice to remain in an acute or community hospital bed. Further work to support patients and staff in making these decisions is being undertaken.

Dental services

Our dental service in Oxfordshire is in the process of achieving the British Dental Association (BDA) quality in dental services scheme award (QIDS) which is a quality assurance tool to help salaried dental services comply with current accepted standards of good practice.

"You made our smile better...."
Dental services in Oxfordshire

In order to achieve this award we have to show compliance against ten domains which are: work systems; treatment decisions; good business practice; health and safety; infection control; dental public health; staff development; human resources; patient and public involvement; and public protection. The evidence required for the

ten QIDS domains is the same as that required for CQC and the dental service has now completed the required final portfolio of evidence for QIDS.

Some of our specific quality activities include:

- infection control improvements – as a result of feedback from a patient survey the cleaning of dental sites has been addressed and improvements are being monitored
- all fabric chairs within the clinical environment have been replaced with vinyl chairs to meet current infection control guidelines
- following QIDS inspections improvements have been made to clinics to improve signage, patient information boards, cleaning, de-cluttering of surgeries and waiting areas
- the service regularly asks for patient feedback and concerns and runs repeat surveys to monitor improvement in patient satisfaction
- the service has been working hard to improve communication and customer service and all staff have now attended training days with further sessions planned during 2014/15

Case study: Care Home Support Service (CHSS)

CHSS was set up to ensure that residents in care homes receive the right care and services to ensure their health needs are managed and treated appropriately. Benefits include improving the overall quality and standards of care received by care home residents, reducing the occurrence of inappropriate hospital admissions, and reducing the burden of medications.

At each regular visit to the care home the CHSS team:

- sees all new residents and those recently discharged from hospital to review their medications, identify if they have documented end of life care or advanced care planning and to assess their falls or fracture risk and address any immediate concerns or issues
- sees any other residents whom the care home have concerns about
- reduces the need for other health care provider visits
- monitors the standard in care homes in partnership with the contracts team at Oxfordshire County Council

National staff survey

The national staff survey is carried out across all NHS trusts in England. It allows staff confidentially to comment on how their trust supports, trains and involves them in delivering high quality and safe services. NHS trusts delivering similar services are

able to compare or benchmark themselves against each other on the basis of whether they are in the top 20%, above average, average, below average or in the bottom 20% of similar trusts. The results for the 2013 staff survey are detailed below. The response rate remained at just over 50% in line with other trusts. OHFT is only compared with mental health and learning disability trusts.

The overall staff engagement score for OHFT is 3.79 which places it in the top 20% compared with other mental health or learning disability trusts.

There are three sub-dimensions to employee engagement:

- staff ability to contribute towards improvement at work; the Trust score was 30% placing it in the top 20%
- staff recommendation of the Trust as a place to work or receive treatment; the Trust score was 3.64 which places it above average
- staff motivation at work; the Trust score was 3.90 placing it in the top 20%

The 2013 staff survey results show continuing improvements for the Trust. We now have 21 key findings that are in the best 20%, better than average or average and only one area in the worst 20%. There are, however, a number of areas where improvements still need be made.

Areas which have improved (statistically significant) in the 2013 survey are:

- the percentage of staff having equality and diversity training in the last 12 months (75%)
- the percentage of staff believing the Trust provides equal opportunities for career progression or promotion (93%)
- We had top ranking scores for support from immediate managers; fewer staff suffering work related stress; percentage of staff able to contribute towards improvements at work; staff motivation at work; and equality of opportunity for career progression.
- Our lowest ranking scores were for percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver; percentage of staff working extra hours; percentage of staff reporting errors, near misses or incidents witnessed in the last month; percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months; and percentage of staff reporting good communication between senior management and staff.

Divisional action plans for improving areas where we did not score well are now part of the annual requirements for each operational division and are monitored through the Staff Health and Wellbeing Group and quarterly performance reviews. They

incorporate the specific areas from the staff survey results, which are localised to the division.

There is one area in which the Trust has deteriorated (statistically significantly) since 2012, which is *percentage experiencing harassment, bullying or abuse from patients, relatives or the public in the last twelve months (36%).* Further analysis is required to identify if staff are experiencing harassment, bullying or abuse from patients, relatives or the public in all areas or in specific areas.

To ensure continuing progress and improvements, the Staff Health and Wellbeing Group (previously Wellbeing and Culture Group) has launched a Wellbeing Guide and Plan which is updated annually and has its own dedicated section on the staff intranet. We now have over 100 Wellbeing Champions who are geographically spread throughout the Trust. The initiatives to be taken forward this year are:

- four staff health and wellbeing days a year
- implementation of mindfulness programmes
- development and trial of health walks schemes at main Trust sites
- increased access to yoga or fitness classes at Trust locations
- develop a proposal for a "bike to work'' scheme
- bi-annual pedometer challenges
- wellbeing notice boards
- support an annual programme of public health campaigns, sharing health advice and information with staff
- review management and leadership development activities to incorporate messages about staff health, wellbeing and support
- review the appraisal process and incorporate wellbeing

Equality and diversity

OHFT is committed to advancing equality of opportunity for all, eliminating unlawful discrimination, harassment and victimisation and fostering good relations between people of all protected characteristics. We recognise and value the difference diversity makes to the communities we serve and to our workforce.

We have been using the NHS Equality Delivery System to progress our equalities work. This framework has helped us to ensure that service users, carers and staff are treated fairly. Using the Equality Delivery System, the following Equality Objectives were identified for 2013/14:

- to improve equalities data collection

- to improve the use of equalities information to inform policy, service redesign and business decision-making
- to improve service quality and health outcomes for patients and service users

To this end, we have achieved the following against these objectives:

1. In our drive to improve the collection of equalities information, a number of services have successfully closed the gaps in information, for instance: MH RiO (Children and Families) are achieving on average 85% of complete and valid entry on electronic patient records for *Ethnicity* across all teams in the Division; MH RiO (Adults and Older Adults, and Specialised Services) are achieving on average 80% of complete and valid entry for *Ethnicity* on electronic patient records; 'Talking Space' are achieving on average 75% of complete and valid entry for *Disability* and *Physical Restriction* fields on electronic patient records; and 'Healthy Minds' are achieving on average 83% of complete and valid entry for *Disability* and *Physical Restriction* field on electronic patient records. We intend to build on the success of this data collection by possibly extending coverage to other protected characteristics.

2. Service remodelling projects have been impact assessed to ensure that they comply with the Public Sector Equality Duty and to demonstrate that 'due regard' has been taken into consideration in service redesign.

3. We are investing in the new 'next generation electronic health record' (EHR) system to improve the information collection and recording system to allow clinicians and managers to capture, access, and report on information across all nine protected characteristics and use the equalities information to inform policy development to improve health outcomes for patients and carers.

4. An objective has been set in our patient experience strategy to conduct an equality analysis each year to identify any particular groups or sections of the communities who are not being reached effectively by the current approaches to collect patient feedback. The annual analysis and resulting actions will ensure that our methods are accessible and inclusive.

5. A total of nine 'Deaf Awareness' training sessions have been delivered across the Trust to key teams to help promote a better understanding of the issues and barriers faced by deaf people when accessing health services.

Improve patient and public engagement

We have involved patients and carers in a number of our development and redesign programmes, most notably the service remodelling for adult mental health and older adult services. There are numerous examples across our services of how we involve and engage our patients and those close to them, as well as local partners. However

we see involvement and engagement as critical to the delivery of high quality services and will be developing further work over the coming year.

Case study: stakeholder group for Oxfordshire children's integrated therapy service

We believe that a successful therapy service requires a wide network of partnerships and we set up a stakeholder group which includes parents, community paediatricians, social care, special school head teachers and mainstream schools. There is a pool of five parents and carers that have an induction from the service manager to support them in understanding the specification and being empowered to contribute: typically two or three parents are at each meeting.

The group quality checks service delivery and development and having an independent chairperson helps ensure a collaborative problem solving approach to developing the service in line with the service specification. Representatives value the forum as they have a place to raise items of concern and interest, and they can influence developments. Commissioners appreciate the impact of the group. With the contract ending March 2015 commissioners will consult with the group on the new specification and its development.

Care programme approach

The care programme approach is a system of delivering community mental health services to individuals diagnosed with a mental illness and who have complex needs that mean that one or more clinicians are involved in their care. The approach requires that health and social services assess need, develop a written care plan with the patient and their family, allocate a care coordinator, and then regularly review the plan with the patient, their family and relevant professionals.

The CPA care coordinator should:

- Be appointed to coordinate the assessment and planning process. The coordinator is usually a nurse, social worker or occupational therapist. It is recommended that the person who needs CPA support is involved in the assessment of their own needs and in the development of the plan to meet those needs. The person should be informed about the different choices for care and support available to them, and they should be treated with dignity and respect.
- Develop a formal written care plan with the patient that outlines any risks and includes details of what should happen in an emergency or crisis.
- Make sure that the care plan is reviewed regularly. A formal review is made at least six monthly. The review will consider whether CPA support is still needed.

We use a number of indicators related to CPA which don't have a specific target attached, but for which we aim to see an increase over time. These are:

1. *The % of adult service users on CPA in settled accommodation*[34] - this is the % of people who we have noted are in owner occupier, rented, residential accommodation; therefore this does not include those homeless or in temporary accommodation. This percentage has increased since last year.

	Q1	Q2	Q3	Q4	2012/13
% of adult service users on CPA in settled accommodation *(snapshot)*	77.8%	79.1%	79%	77.3%	77.7%

2. *The % of adult service users on CPA in employment*[35] - people in paid employment but does not include voluntary work. This percentage has remained stable since last year.

	Q1	Q2	Q3	Q4	2012/13
% of adult service users on CPA in employment *(snapshot)*	13.1%	13.6%	13.3%	11.9%	12.78%

3. *Is there evidence that the service user has been involved in the development of their care plan?*[36] That is, evidence that the care coordinator had spoken to the service user and developed their care plan with them. This has increased significantly since the previous year but remains an improvement priority for 2014/15.

	Q1	Q2	Q3	Q4	2012/13
100% of mental health service users to have opportunity to be engaged in development of care plan	N/A	48/51 (94%)	34/40 (88%).	N/A	78%

4. *The number and % of patients receiving follow-up contact within seven days of discharge*[37] *from mental health wards* - all patients should have a follow-up by a clinician within seven days of discharge from the ward. Usual reasons for not meeting this target are patient moves out of area, goes on holiday, or has not left contact details.

[34] Electronic data via RiO/Omnivo report calculation as percentage of all adults on CPA
[35] As above
[36] CPA quarterly audit
[37] Electronic data via RiO/Omnivo report calculation as percentage of all adult discharges

	Q1	Q2	Q3	Q4	2012/13
% of patients receiving follow-up contact within seven days of discharge from mental health wards	96.4%	98%	96.6%	96.4%	97.7%

In addition we audited the following four CPA indicators in quarter 2 and quarter 4[38]. These will continue to be improvement priorities for 2014/15.

	Q2	Q4
Current care plan	5089/5790 (88%)	5364/5999 (89%)
Care reviewed in last six months	4116/5790 (71%)	4231/5999 (71%)
Care coordinator	5790/5790 (100%)	5999/5999 100%)
Risk assessment reviewed in last 12 months	5144/5790 (89%)	5445/5999 (91%)

Case study: developing outcome measures for users of adult mental health services

During 2013 a series of workshops was carried out with users of adult mental health services and their carers in Oxfordshire. The intention was to co-create a set of agreed and common outcome measures with patients and carers which can be used to assess both the therapeutic journey of the individual patient and to monitor and evaluate the effectiveness of the service and care models.

Seven core outcomes were agreed:

1. people will live longer
2. people will improve their level of functioning
3. people will receive timely access to assessment and support
4. carers feel supported in their caring role
5. people will maintain a role that is meaningful to them
6. people will continue to live in stable accommodation
7. people will have fewer physical health problems related to their mental health

[38] Quarterly CPA audit

Measuring and improving patient, carer and commissioner feedback

Complaints and PALS Information
We welcome and seek out feedback, including complaints, as an opportunity to learn from people's experiences to improve the quality of care. For this reason we are keen that patients and carers tell us when they are unhappy with the care they have received, either as a formal complaint or informally via the patient advice and liaison service (PALS). We are also keen to hear when things go well to enable us to build on our strengths.

PALS concerns and requests for advice and information
During 2013/14, the PALS team has responded to 1172 local concerns[39], requests for advice and information and comments - a significant increase on the previous year which reflects our efforts to make this service available and accessible. The PALS team cover all of our services and provide additional support to the 36 inpatient wards by visiting patients on the wards on at least a monthly basis. Concerns include lost property, replacing damaged furniture and equipment, understanding Mental Health Act processes, delays to equipment arriving, and waiting times for treatment.

We also received over 3,500 written compliments in 2013/14.

"Very good here, it is excellent in every possible way. Members of staff are really kind, they are also very good at getting you to exercise"
Community hospital in Oxfordshire

"Staff have been absolutely fantastic with the care and support they had provided our daughter so far. You had kept her safe, and been so understanding towards her. We are really impressed with you all"
Adult acute mental health ward in Buckinghamshire

"Quite literally you did all save my life and for that I will be eternally grateful"
GP homeless practice in Oxfordshire

"Therefore I would just like to say a last massive thank you to the NHS for providing me a safe place in possibly the darkest time of my life. Although I have missed a summer of my life here I've also gained the rest of the summers left in my life and I don't know where I would be if I hadn't come here, so thank you very much"
Children and adolescent mental health ward in Swindon

"Feels that the NHS and … ward in particular, have been excellent and nothing but supportive to our son over the years"
Forensic inpatient ward in Oxfordshire

[39] Safeguard

Complaints received

In 2013/14, we received a total of 226 complaints[40], of which 88% were responded to within the agreed timeframes (this excludes complaints still open and in time). This represents a small reduction of 3% when compared to 232 complaints received in the previous year, which we feel is a reflection of the recent changes to increase the capacity of the PALS to resolve problems quickly. In addition in 2013/14 we received 48 concerns raised by an MP on a patient or family member's behalf which are responded to using a similar process to complaints, this compares to 46 received last year.

The main themes have been:

- insufficient care in the community (feeling unsupported)
- poor or inappropriate communication or sharing of information
- attitude of members of staff
- difficulties with admission, transfer or discharge from a ward

Learning from complaints

We have taken many actions as a result of patient feedback, including:

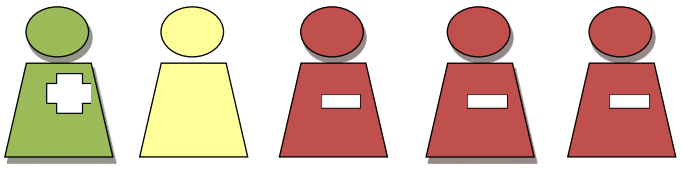
- ensuring each adult acute mental health ward uses a property log book and makes patients aware of their responsibility to keep their belongings safe
- improving communication pathways between health visitors and midwifery, including regular meetings between the services
- keeping copies of discharge letters in the patient's health records in community hospitals
- training on the management of suspected stress fractures for urgent care staff
- a new autism strategy in CAMHS
- a review of the X-ray referral pathway for urgent care to ensure this is effective and efficient.
- fixing faulty equipment for example the doorbell on one of the adult acute mental health wards
- a new clinical nursing model for the adult acute wards
- training, supervision and mentoring of staff to improve communication
- physical health care training and support for mental health ward staff

[40] Safeguard

Friends and family test

We introduced the friends and family test to patients across our eight community hospital sites (10 wards) and three minor injury units from January 2013, across a number of community physical health services from April 2013 and plan to extend this to the majority of our services by December 2014. The test has been introduced nationally for acute hospital trusts and we have asked the same single question: whether you would recommend the ward or unit to friends and family if they needed similar care – this is then used to calculate the *net promoter score*.

In 2013/14 our friends and family test score for community hospitals was +72.6 based on 252 responses which equals 13% of patients discharged (national average for acute inpatient wards +72 score). Minor injuries unit (MIU) was +62 based on 2147 responses which equals 7% of patients treated (national average for A&E department +55 score).[41]

		Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely
						
Community Hospitals	Number	194	47	7	2	2
	Percentage	77%	19%	3%	1%	1%
Minor Injury Units	Number	1507	465	72	45	58
	Percentage	70%	22%	3%	2%	3%

To calculate the net promoter score for the friends and families test, all "likely" responses are excluded. The number of responses for "*neither likely nor unlikely*" and "*unlikely or extremely unlikely*" are then subtracted from the "*extremely likely" to recommend* responses, to get the final score. We have seen an increase in the number of "*likely*" responses but these are excluded from the net promoter figures.

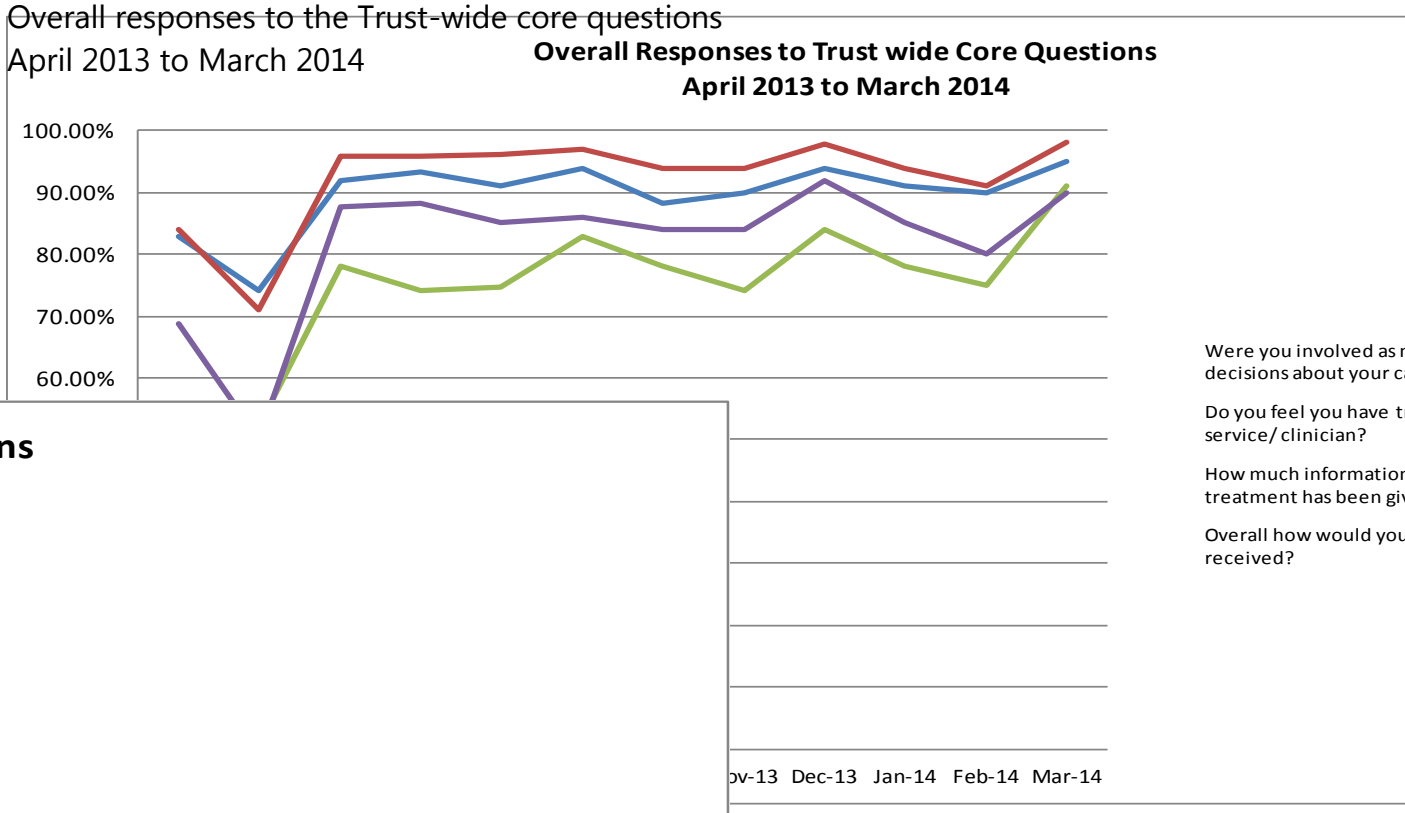
Core questions

We introduced four core questions identified as important to patients across the majority of internal paper and electronic patient surveys. For all four questions the number of positive responses has increased from April 2013 to March 2014, and this is reflected across both inpatient and community-based services. The question where

[41] this is based on the proportion of patients who were extremely likely to recommend minus those who are indifferent, unlikely or extremely unlikely to recommend. The patients who said they are likely to recommend the service are excluded as per national calculations.

most improvement is still required is around patients being given the right amount of information.

Overall responses to the Trust-wide core questions
April 2013 to March 2014



Food survey

Patient surveys are carried out about the food provided across all 36 inpatient wards on a quarterly basis by our main food supplier. We received feedback from 128 patients and 75% of patients rated the overall quality of the food as excellent or good.

Acting on what patients tell us

In 2013/14 OHFT received over 32,000 responses from patients about their experiences of care through formal feedback mechanisms e.g. surveys, formal complaints and compliments, face-to-face and telephone interviews with patients, informal feedback received by our staff, local suggestion boxes, and feedback from patient groups and councils.

As a result of patient and carer feedback we have initiated a number of changes and improvement, just a sample of which are listed below.

- Reviewed and increased staffing levels of nurses on each ward by one person a shift.
- A map of the hospital site was put up on a particular ward so that patients know where to go for things, for example the canteen, patient finance, patient advice and liaison service, main reception.
- The milk order for a particular ward was increased and a jug was purchased to try and avoid patients drinking from the milk cartons.
- Improved the process for six monthly care review meetings for all patients (at regular points to give and discuss information, review your care plan in partnership).
- Review and standardise the information given out by each team to patients and carers and create a range of additional leaflets and information.
- Improving the control of temperature on wards.
- A care plan template has been developed and introduced by all staff to improve joint working with patients, and to help them to manage their condition across a number of services.
- New patient slots for podiatry services were increased from 40 minutes to 45 minutes.
- Quiet close bins have been purchased and 'noisy' doors on wards were reported to the facilities team for maintenance.
- A revised cleaning audit was introduced on the particular ward with concerns, followed by a meeting with the contractor which led to a fixed cleaner being allocated to the ward for a set number of days a week.
- Waiting time boards were put up in each minor injury unit and reception staff have been asked to keep these updated and staff on reception have been asked to inform each patient of current predicted waiting times on arrival.
- Two food suppliers, in addition to our main supplier, have been identified and are now being used across our services to increase the range of choices.
- The equipment in the music room in a forensic unit has been updated and is now ready for use and an art group has been started on a forensic ward.
- The dental service increased the number of domiciliary dental teams from two to three to see patients in residential and private homes who are unable to access clinics.

- Luther Street will monitor the demand for male and female GPs to make a choice available.
- Better information is sent out to new CAMHS patients and it now includes some pictures of where people will be coming to for their appointment and a list of frequently asked questions developed with patients and parents.

Case study: Oxfordshire integrated children's therapy service

Constraint induced movement therapy (CIMT)

This evidence-based intervention is given by physiotherapists and occupational therapists to children with upper limb hemiplegia to help children and young people develop the use of their weak limb. As a result of feedback from parents about their preferred way of their children accessing this, support groups were set up in the school holidays for CIMT (rather than individual programmes set up in schools during term-time). Children with hemiplegia are often 'isolated' being the only child in a school with this condition and an additional positive outcome of the group-based school-holiday structure was the social contact between children and families.

Therapy narrative group

Primary school aged children in Oxfordshire were offered group-based support in the school summer holiday to develop their expressive language skills. This focus outside of a busy school curriculum gave the necessary boost to their development. A requirement of the activities was for the children to do some work at home; however, they did not like the idea of doing 'homework' during the school holidays so in response to their feedback it was renamed as 'home-based' activities.

The National Patient Survey

In 2013 a survey was sent to 827 people receiving care from community adult and older adult mental health teams. We received a 33% response rate (275 completed questionnaires returned), This was higher than the average response and represents a sample of 2% of patients in current treatment.

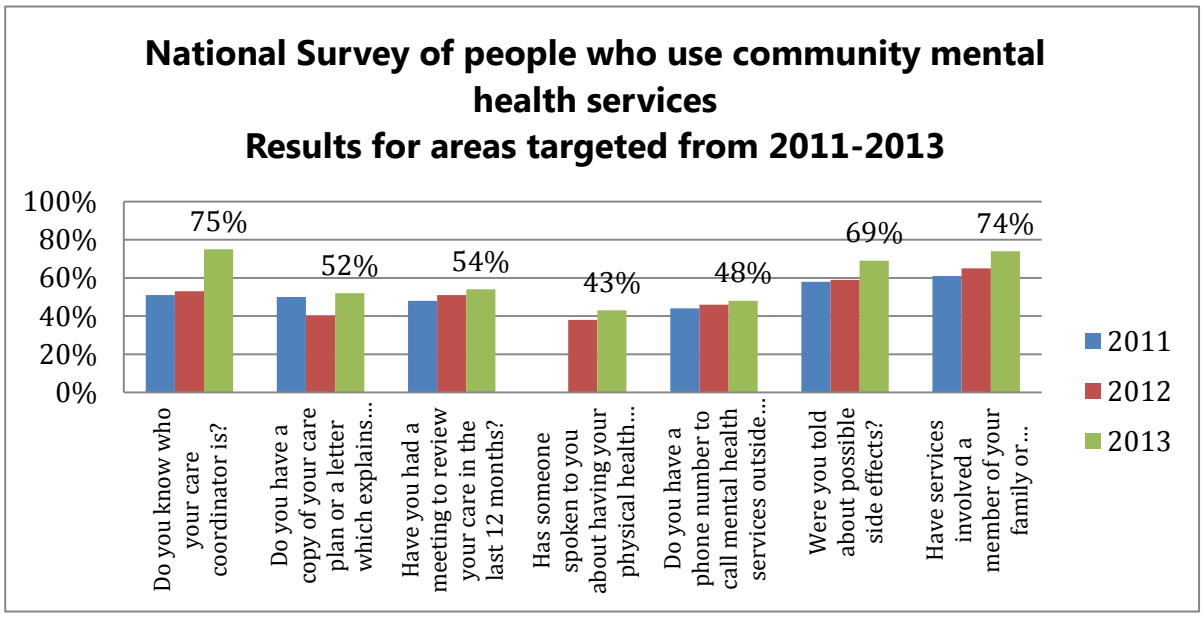
The table below identifies how OHFT scored against each section of the survey out of a maximum of 10 and gives a comparison of performance against other trusts. The survey highlights that we have achieved similar results compared to other trusts for the majority of questions.

Our services are rated highly in response to questions relating to the care and compassion from staff; with a score of 9.2 (out of 10) for patients feeling they were treated with respect and dignity and a score of 8.6 (out of 10) for patients feeling listened to by staff.

8.4/10	Click to expand for questions about **health and social workers**	Worse	**About the same**	Better
6.9/10	Click to expand for questions about **medications**	Worse	**About the same**	Better
6.6/10	Click to expand for questions about **talking therapies**	Worse	**About the same**	Better
7.9/10	Click to expand for questions about **care coordinator**	Worse	**About the same**	Better
6.2/10	Click to expand for questions about **care plan**	Worse	**About the same**	Better
6.7/10	Click to expand for questions about **care review**	Worse	**About the same**	Better
5.3/10	Click to expand for questions about **crisis care**	**Worse**	About the same	Better
5/10	Click to expand for questions about **day-to-day living**	Worse	**About the same**	Better
6.5/10	Click to expand for questions about **overall**	Worse	**About the same**	Better

Areas where we will be seeking to make improvements include the care review meeting process and ensuring that our patients' physical health needs are met. We have also reflected people's need to gain better access to our services in a crisis

situation in our extension of community services operating hours. One significant area of improvement was the question '*does the service user know who their care coordinator is*' which, following targeted work, is now scored by patients at 7.6 out of 10 (as opposed to a score of 5.3 out of 10 in 2012).



Early results from an internal survey (responses between October 2013 to February 2014) with responses from 211 people show continued improvement in two areas: *knowing who the care coordinator* is (averaging 84%) and people saying they *understand what is in their care plan* (averaging 59%).

	2013 National Survey N=275	Local Survey Oct 2013-Feb 2014 N=211
In the last 12 months have you had a care review meeting to discuss your care?	54%	66%
Did you find the last review meeting helpful?	64%	61%
Do you have the number of someone from the mental health services that you can phone out of office hours?	48%	54%

Case study: Marlborough House, Milton Keynes

During February 2014 Marlborough House completed its third round in the annual peer review process. All medium secure units in the country currently participate with a shared aim of learning and information sharing. The programme is run by the Royal College of Psychiatrists and is funded from the central service budget. During the course of the review which lasts a working day – all aspects of functioning relating to the unit are examined. In addition the review team will meet with ward staff, patients and the management team to gain verbal feedback. Following the latest cycle the unit scored 76%.

Delivering efficient and effective services

Quality Goal	Quality Activity	Quality Objective
Delivering Efficient & Effective Services	1. Productive Care 2. Use of technology to support care	• Utilisation of resources will be maximised. • Time spent on patient care will be maximised. • Patients/service users will progress through the care system in a timely way

Continuous improvement of service design and delivery is robustly supported in OHFT through a substantial redesign programme which aims to develop and integrate care pathways across all age and care groups. In addition the Trust supports innovation and improvement through a range of quality and safety improvement projects and programmes including productive wards, safer care and development of team working. A programme of audit enables services to understand areas of good practice and to identify areas requiring improvement.

Productive care

Improvement programmes

We give a high priority to service improvement and support two main improvement programmes in OHFT: productive care and safer care.

Productive ward programme: releasing time to care

Productive care has developed over the last eight years from the national productive ward and productive community services programmes. The underlying principles are to find ways to increase the time available to deliver direct care and to reduce waste and duplication. OHFT was one of the first community-based trusts to adopt the productive series in 2009 and now over 80% of all clinical teams across the organisation have been offered training and been supported in improvement tools and techniques by the productive care team. Teams measure improvement over time and one of the key principles is openness – so a productive ward will usually display a range of graphs and posters on their progress for patients and carers to see.

Case study: Peppard Ward

Peppard ward in Townlands hospital, Henley, cares for older patients with a wide variety of conditions and needs. The ward staff have used the productive ward framework to systematically work through a range of topics including meals, medications, accurate observations and handovers at the change of shift times.

The clear goal was to release time to give personalised care and to improve the quality of the patient experience. The ward staff use time within their regular staff meetings to work on specific areas for improvement, led by the productive ward facilitator and the ward manager.

The ward has seen a consistent improvement in scores for both patient and staff satisfaction. These results and other areas of improvement work are displayed on the *Knowing How We are Doing* board. The ward team also uses the productive ward performance dashboard as a means to review their current position and to create regularly reviewed action plans in any areas requiring improvement, for example meals provision, reducing harm from falls and reducing the incidence of hospital-acquired infections .

Case study: adult mental health wards

Buckinghamshire adult mental health wards have been using productive care principles in order to work together on improvement ideas through a regular forum. The group decided to focus on improving the quality of patient progress notes and agreed an audit against a set of standards on all five wards. In December 2012 the group devised and introduced a standardised template for note writing along with guidance notes for clinical staff which was piloted on two of the wards. After using the template for three months the team undertook another audit. The results demonstrated improvement in several areas including patient one to one time, determination of risk and discharge planning. At a visit from the CQC in March 2013 to one of the participating wards the standard of progress notes was commended. After a further audit, further amendments were made and adopted by the pilot wards in November 2013.

The improvement in direct contact time with patients was maintained as was the accuracy of discharge planning. There remain other areas of documentation which will provide the focus for improvement in the future for the Bucks productive ward safari group. There are plans to involve the wider professional team members in improving the knowledge and skills of staff in communication and assessment of patients with complex mental health needs.

Safer care programme Productive care

Safer care methodology is a highly systematic approach to identifying and reducing harm to patients. Using a project approach, measures are developed for each harm reduction project to determine accurately the existing level of harm and assess the impact of improvements on the outcome and process of care. The plan, do, study, act (PDSA) cycle offers an approach to testing improvements in a controlled manner to find out what works or makes a difference. Measurement of improvement involves

run charts and statistical process control (SPC) charts to analyse the impact of change over time.

In OHFT we have a dedicated safer care programme which is supported by a group of thirteen NHS trusts in the region (South of England mental health and integrated services safety collaborative). The collaborative aims to:

- reduce death from self-harm and from unexpected causes
- reduce unplanned absences and incidences of violence and aggression
- reduce medication errors and improve good practice in medicines management
- reduce the number of falls and catheter associated urinary infections
- improve VTE risk assessment and management
- improve patient and carer experience
- assess staff perceptions of patient safety

As part of the safer care programme staff are trained in a suite of tools which assist with identifying and prioritising the most harmful stages of care processes and designing ways to standardise and test the reliability of care. The work is guided by safety leaders drawing upon the expertise of clinical teams. Harm reduction projects are selected in response to quality monitoring where concerns or issues have been identified.

Over the past twelve months safer care projects have included reduction in unplanned absences; reduction in medication omissions and improved medicines reconciliation; reduction in self-harm and a reduction in restraint.

Use of technology to support care

A key priority has been to invest in technology to support our peripatetic and mobile staff. This means that staff do not always have to return to an office base to access information or input information related to patient care, which also enables staff to complete records in a timely manner. As a result of significant investment staff now have:

- more than 2500 laptops, in excess of 1400 Smartphones and approximately 700 iPads in use by staff across all services
- resilient VPN (remote access) connectivity to allow secure access to the Trust's network domain, systems and applications from a Trust-provided laptop connected to the internet
- Outlook web access provided to all staff allowing secure access to Trust email from any computer or smartphone connected to the internet

A formal pilot project was completed to determine whether laptop use should be expanded for additional frontline clinical staff. The pilot project concluded that this could only be a partial solution, as the form-factor and the mobile data network proved to be unacceptable and unreliable.

In contrast patients and staff have been benefiting from the expansion of iPad devices for staff. For example: access from anywhere to a department specific clinical record in psychological therapy services; writing offline assessments and clinical notes at the point of care delivery ready for uploading to the core EHR; video conferencing between clinicians and patients (using FaceTime) which negates the need for time consuming journeys; the use of various Apps to collect patient outcome scores, and provide patients with real-time interactive teaching/guidance thereby improving the clinical encounter.

We made a successful bid to the Nurse Technology Fund and were awarded almost £1million of funding to equip clinical staff with iPad devices. Plans are now progressing to start deploying the iPads across clinical services over the coming year.

During the past year we commenced the procurement of its EHR in collaboration with clinical staff across all of our services.

Replacing face-to-face contacts (where appropriate)

We have reviewed a number of video-conferencing options (including FaceTime) in Melksham children and adolescent mental health service (CAMHS). In addition, we have recently approved a 'standard operating procedure' that outlines how staff can use Skype (or similar) hosted video conferencing for online patient consultations. This is in addition to our community hospitals using Skype to communicate between the emergency medical unit in Abingdon and gerontology colleagues at OUH.

Case study: App for patients with an eating disorder

We have also developed a 'proof of concept' *App* for those suffering from an eating disorder. The App has been designed by staff and patients for use in treatment and for self-help. It offers users the ability to monitor progress, as well as the ability to link goals, thoughts and feelings. This will enable patients to record their food intake, feelings and weight with meal logs and goals/progress trackers which can be monitored from a distance by clinicians. It also has web site links and resources for patients. We will be trialling this with patients in Wiltshire initially.

Remote patient monitoring, recording and self-help

We have recently rolled out the True Colours mood monitoring system across mental health services which will enable patients to self-report their symptoms using mood rating scales. In addition, a two year randomised controlled trial commenced using a

tablet device to assist patients in the self-monitoring and management of moderate to severe COPD.

We are also working with colleagues in Oxford University to develop an App which enables us to record routine outcome measures for children and young people. The idea is that this will be available on tablets, laptops and iPhones to enable young people to give real time feedback to the service.

In keeping with other areas/domains, it is predicted that an Apps-based approach to care, self-help and wellbeing will become an increasingly important part of the care delivery over the coming years.

Case study: FaceTime project

We are piloting the use of FaceTime with young people in Wiltshire. This will enable young people to be "seen" via face time without staff necessarily having to drive to appointments. It also allows parents to talk to staff. The idea is to reduce travelling time but still have face-to-face interactions with young people and their families, creating more capacity within the team and more time spent directly delivering care.

Choose and book

A directly bookable appointment means the patient is able to leave the surgery with an appointment location, date and time or have the information to book their own appointment at a later time.

The following services are currently live on choose and book:

- podiatry - go live 1 December 2012
- MSK physiotherapy - go live 21 January 2013
- community dietetics - go live 9 September 2013
- enhanced care diabetes service - go live 9 September 2013
- memory clinics Oxfordshire - go live 23 September 2013
- memory clinics Buckinghamshire - go live 6 January 2014

The following services are currently being explored as potentially suitable for choose and book:

- older adult mental health teams - planned for 2014/15
- adult mental health teams - planned for 2014/15

Annexes

Annex 1
Statements from our partners on the quality report and account

Aylesbury Vale and Chiltern Clinical Commissioning Groups

The commentary on Oxford Health NHS Foundation Trusts Quality Account is a joint statement on behalf of NHS Aylesbury Vale CCG and NHS Chiltern CCG. This approach reflects the collaborative approach taken by both clinical commissioning groups (CCGs) to assure the quality of healthcare services commissioned for the population of Buckinghamshire.

In making this commentary both CCGs have reviewed the content and accuracy of the data presented within the Trusts Quality Account and we believe this to be an accurate presentation of the improvements and challenges faced by the Trust during 2013/14. The content of the Quality Account is well structured and presented, not only focusing on where the Trust achieved its quality goals but also acknowledging where further improvements are required. As commissioners of Oxford Health NHS Foundation Trust clinical services we recognise the quality challenges faced by the Trust and acknowledge the improvements made during 2013/14 and welcome the Trust's continued drive towards improving the quality of its services, especially in those areas which have proved challenging during the previous year.

The Quality Account also highlights the recommendations of national quality investigations of healthcare services (Francis, Keogh and Berwick reports) and has taken into account feedback received from patients and staff in the development of it quality improvement goals for 2014/15.

We look forward to continuing to work with Oxford Health NHS Foundation Trust and supporting the continued quality improvements of its clinical services.

Buckinghamshire County Council Health and Adult Social Care Select Committee

Thank you for inviting comment from the Buckinghamshire County Council's Health and Adult Social Care Select Committee on the Trust's 2013/14 quality account.

Members of the committee have toured the new Whiteleaf facility in Aylesbury, and have been very impressed with what they have seen and heard. The facility is a marked improvement in the facilities previously provided and offers the potential to greatly assist the Trust in its continuing service improvements and objectives (notably in reducing suicide risk, increasing staffing levels and improving patient outcomes and satisfaction).

At our March meeting we heard about the adult and older adult service remodelling, and we look forward to reviewing future evidence on how this has delivered on its aims and enhanced the patient experience. Overall we welcome the move to 7-day working and extended operating hours by you adult mental health teams.
One of the Trust's achievements in 13/14 was working closer with the Police to reduce the number of people detained by Police under Section 136, and there is a case study detailed on these initiatives in Oxfordshire and Wiltshire. Following our committee meeting in March 2014 the Trust provided data showing how the use of S136 in Buckinghamshire was still rising. We hope that if the initiatives conducted elsewhere are deemed effective, that some will be implemented in Buckinghamshire to reduce S136 use.
With regards to the presentation of the quality account report, we welcome the use of case studies and patient stories to illustrate your service improvements and range of services you provide.

Oxfordshire Clinical Commissioning Group

Oxfordshire Clinical Commissioning Group (OCCG) has reviewed the Oxford Health NHS Foundation Trust (OHFT) Quality Account for 2013/14.

OCCG works closely with OHFT to ensure that they provide high quality services for the patients of Oxfordshire. Quality is formally discussed every six weeks between directors at OCCG and OHFT. In addition, every contract review meeting between the two organisations has a section where quality is discussed in detail. OCCG also attend the OHFT Integrated Governance Committee.

This Quality Account does cover many of the examples of good quality within the Trust. The Trust is open in identifying some of their own weaknesses within the document. However, OCCG feels that the document does not fully provide readers with a comprehensive and accurate picture of quality. OHFT is a large trust that provides many services (as shown in section 2.2 of the report) across a wide geographical area. OCCG feels that this document does not give sufficient attention to the work done by the Oxford Community Health Services of the Trust. Instead the Account focuses primarily on mental health services.

Upon reviewing the priorities set out by OHFT for 2014/15, OCCG is supportive of those selected by the Trust. The goals apply to all services and OCCG looks forward to seeing progress throughout the year.

The OHFT Quality Account is presented in a format that is largely accessible to the public: there is a clear explanation of clinical issues and jargon is generally avoided. The report includes all the nationally mandated sections. OCCG has reviewed the data presented in the Quality Account and found it to be in line with other data published.

The Account does describe some of the concerns that commissioners have had this year (2013-14) with OHFT Services. The Account is open about the staffing difficulties faced by the community nursing service. The document also describes the good redesign work that the Trust has done to reduce suicides which should be commended. The document could also provide more specific clinical quality outcome measures and numerical data to demonstrate the achievements of the Trust. OCCG are pleased to see that OHFT are developing more clinical outcome measures and will aim to add these to contractual reports to help monitor and improve patient care.

Overall, OCCG feel that this document does provide a reasonably good summary of the quality of the services provided by OHFT. The openness of the Trust throughout the document is to be commended and demonstrates that OHFT takes their duty of candour seriously.

Oxford Health NHS Foundation Trust Governors

The quality and safety sub-committee has met four times in 2013/14 in a variety of locations to review the quality and safety of services provided by OHFT on behalf of the Council of Governors. Its membership includes governors, a non-executive director, the director of nursing and clinical standards, the trust secretary and the head of quality and safety. In these meetings the sub-committee has reviewed: the quality account indicators to ensure they reflected the appropriate priorities; a range of strategies including nursing, patient experience, and community mental health; the development of community hospitals and emergency medical units; therapeutic interventions; complaints and PALS; and staff and patient survey results.

The sub-committee has reviewed the quality report for 2013/14 and the quality account for 2014/15. It has been well-laid out and is easy to read. The members welcome the case studies and many examples of good practice across all Trust services which reflects how important quality and safety is to staff working in OHFT. We also welcome how seriously the trust continues to take learning from the Francis and Keogh reviews.

Members were pleased to note the following achievements:

- identifying and reducing harm and safer care
- implementing the new service models and pathways
- the development of school nursing
- the increase in incident reporting alongside a decrease in serious incidents
- development of emergency medical units
- the generic skills training for community staff and physical health training for mental health nurses
- the adoption of the green bag system (although greater focus is required to inform patients they should bring in all medication on admission)

- the involvement of staff in selecting a provider for the new electronic health record system
- the work on the first ten days in Marlborough House, Swindon

Members were pleased to note that priorities for the coming year include:

- the development of peer reviews to assess service quality
- further work on harm reduction
- monitoring of staff capacity in inpatient areas – although work is also required to assure capacity in community teams and to ensure the Trust is able to recruit the necessary staff
- integration of physical and mental health pathways for older people - it is also important to ensure that all patients who are not on the care programme approach have their physical as well as mental health needs assessed
- further development of research and development, for example in dementia care

The Committee has found the Trust to be diligent in its presentation of information and willing to be open where improvement is required or objectives have not been achieved. The priorities for the coming year are challenging and wide-ranging. We are pleased, therefore, to endorse the quality account and quality report and to continue to work with the Trust to improve services for local people across its range of services.

Annex 2
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 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 NHS foundation trust boards should put in place to support data quality for the preparation of the quality report.

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

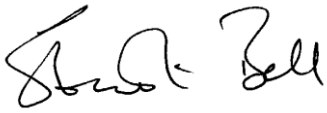
- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013/14
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - Board minutes and papers for the period April 2013 to June 2014
    - Papers relating to quality reported to the board of directors over the period April 2013 – June 2014
    - Feedback from the commissioners dated May 2014
    - Feedback from the governors dated May 2014
    - Feedback from local Healthwatch organisations dated May 2014
    - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, submitted 14 May 2014
    - The latest national patient survey 2013
    - The latest national staff survey issued March 2014
    - The head of internal audit's annual opinion over the Trust's control environment dated 8 April 2014
- the Quality Report presents a balanced picture of the NHS foundation trusts 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 is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report

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

The directors confirm to the best of their knowledge and belief they have complied

By order of the Board



Martin Howell
Chair

Stuart Bell CBE
Chief Executive

29 May 2014

Annex 3
Auditor's statement of assurance

Independent auditor's report to the council of governors of Oxford Health NHS Foundation Trust on the quality report

We have been engaged by the council of governors of Oxford Health NHS Foundation Trust to perform an independent assurance engagement in respect of Oxford Health NHS Foundation Trust's quality report for the year ended 31 March 2014 (the "quality report") and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the council of governors of Oxford Health NHS Foundation Trust as a body, to assist the council of governors in reporting Oxford Health NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2014, to enable the council of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Oxford Health NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2014 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- admissions to inpatient services had access to crisis resolution home treatment teams (page 97); and
- minimising delayed transfers of care (mental health) (page 143).

We refer to these national priority indicators collectively as the "indicators".

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual;*
- the quality report is not consistent in all material respects with the sources specified in section 2.1 of the Monitor *2013/14 Detailed guidance for external assurance on quality reports*; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

We read the quality report and consider whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual,* and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with:

- board minutes for the period April 2013 to 29 May 2014;
- papers relating to quality reported to the board over the period April 2013 to 29 May 2014;
- feedback from the Commissioners;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 14/05/2014;
- the national patient survey dated 2013;
- the national staff survey dated 2013;
- Care Quality Commission quality and risk profiles dated 28/02/2014; and
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 08/05/2014.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – "Assurance Engagements other than Audits or Reviews of Historical Financial Information" issued by the International Auditing and Assurance Standards Board ("ISAE 3000"). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.
- Making enquiries of management.
- Testing key management controls.
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation.
- Comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the quality report.
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

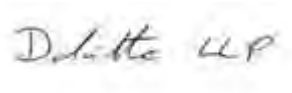
The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Oxford Health NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the quality report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual;*
- the quality report is not consistent in all material respects with the sources specified in section 2.1 of the Monitor *2013/14 Detailed guidance for external assurance on quality reports*; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual*.



Deloitte LLP
Chartered Accountants
Reading
29 May 2014

Annex 4
Glossary of terms

ADHD attention deficit hyperactivity disorder
AHSN Academic Health Sciences Network
AMHT adult mental health teams
Aston teamwork model approach to developing effective team working and team leadership developed by Aston University
Awaiting Approval is yet to be granted NHS Permission
AWOL absent without leave, referring to patients who have been allowed out on escorted (with a member of staff) or unescorted (without supervision) leave and who have not returned to their ward within 10 minutes of the agreed time of return
BaNES Bath and North East Somerset
Berwick Report response by Don Berwick following publication of the Keogh report (see below)
Bed days measure of a period of time (24 hours)
CAMHS Child and Adolescent Mental Health Services
CDI clostridium difficile infection is a bacterium that is the most serious cause of diarrhoea often associated with taking antibiotics, making people in hospitals particularly susceptible
CAMHS children and adolescent mental health services
Care Cluster a classification of a mental health service user based on their individual characteristics, condition and behaviours
CAS Community Acute Services
CCG care commissioning group, the bodies that replaced the PCTs in having oversight of the Trust from 1 April 2013
CEO chief executive officer
CHAT Community Hospital Assessment Tool
CHC continuing healthcare funding
Choose & Book Department of Health initiative to allow patients a degree of choice over where and when they can receive clinical care
CMHT community mental health team
CLAHRC Collaborative Leadership in Applied Health Research and Care
COPD chronic obstructive pulmonary disease
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
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
CSP Coordinated System for gaining NHS Permission – this is nationwide
CTIMP Clinical trial of an investigational medicinal product(s) – drug trial
CTO community treatment order

Dashboard a set of measures which together indicate how well a team, service or the organisation is achieving its targets for performance and quality
DNA did not attend (appointments)
DTOC delayed transfer of care occurs when a patient or service user is delayed in being discharged from hospital into the community
EHR electronic health record
EMU emergency medical unit
E-Rostering an electronic way of efficiently managing the rostering or planning of when staff are required to work
F&F friends and family test which was introduced to assess the satisfaction of patients with NHS care and to assess whether they would recommend their local NHS services to friends and family
Francis Report findings and recommendations following an investigation by Robert Francis into high mortality rates at Mid Staffordshire NHS Trust
GP General Practitioner, the doctor in the local surgery with whom the patient/service user is registered providing primary care medical services
Healthwatch is the new consumer champion for both health and social care in local communities and it replaces the HOSCs as from 1st April 2013
HSJ Health Service Journal
IAPT improving access to psychological therapies
IPMS integrated pain management service
Keogh Report findings and recommendations following an investigation led by Sir Brice Keogh into high mortality rates at 14 acute trusts in England
Ligature risk presence of structures to which ligatures can be attached and therefore cause harm
LTC tong term conditions, which may include dementia, diabetes, medically unexplained symptoms, respiratory & cardiac problems and strokes
MDT multidisciplinary teams
MIU minor injuries unit
MRSA/MSSA Two varieties of bacteria which lead to illness and are characterised by being particularly resistant to treatment -its presence in hospitals has therefore led to a concerted campaign to eliminate it from such locations
MSK musculo-skeletal
MUST The Malnutrition Universal Screening Tool is a tool to identify adults, who are malnourished, at risk of malnutrition or obese.
Near Miss An event which was prevented from occurring, which may have caused severe or catastrophic harm
NHS The National Health Service is the name of the publicly-funded healthcare service in the UK (excluding Northern Ireland)
NIHR National Institute for Health Research
NQR National Quality Requirement
NRLS National Reporting and Learning System
OA older adult
OHFT Oxford Health Foundation Trust
Open Currently recruiting or in analysis within study start and end dates

OSCA outreach service for children and adolescents
OUH Oxford University Hospitals
PALS patient advice and liaison service is a local service designed to help patients, carers and other users with problems, difficulties and complaints related to our services
PDSA Plan, Do, Study, Act, is a cycle that offers an approach to testing improvements in a controlled manner to find out what works or makes a difference
PHB personal health budgets is an NHS strategy to allot patients an amount of money to support their identified health and wellbeing needs as agreed between the patient and NHS provider
PICU psychiatric intensive care units
PICs Oxford Health NHS FT has agreed to act as a Participant Identification Centre
PLACE Patient-Led Assessments of the Care Environment audits are evaluations carried out by individual trusts into the quality of the environment, nutrition, privacy and dignity in all of their inpatient locations, they replaced the PEAT audits as from 2nd April 2013
PMVA prevention of management and aggression
POMH-UK Prescribing Observatory for Mental Health UK
PREM Patient reported experience measures
PROM Patient reported outcome measures
Productive Dashboard is a means of displaying important care parameters in an easy to understand and intuitive way
Recovery Star tool to help patients in identifying and addressing areas of difficulty to support recovery
RiO electronic patient record
Safer Care improvement tools to identify and reduce harm to patients.
Safety Thermometer is a national tool for measuring, monitoring and analysing patient harms and harm-free care using point prevalence (count of the number of incidents at a fixed point time)

Section Three:

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 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:

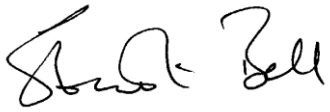
- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; 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



Stuart Bell CBE
Chief Executive Date: 29 May 2014

Annual Governance Statement 2013/14

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 2013/14 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 1 April 2008, the Trust was authorised as a NHS Foundation Trust by Monitor. From 1 April 2011 the Trust acquired Community Health Oxfordshire (CHO), the provider arm of the former Oxfordshire PCT, as part of the Transforming Community Service national initiative. Contracts with Buckinghamshire and Oxfordshire clinical commissioning groups for all mental health services provided by the Trust were in place during 2013/14; these set out the contractual arrangements for services provided by this Trust, including performance, activity and management of Serious Incidents Requiring Investigation. Contracts with the Specialist Commissioning Group for Forensic Mental Health Services, CAMHS and Eating Disorders were in place during 2013/14. A contract with Oxfordshire Clinical Commissioning Group to provide community services in Oxfordshire was in place during 2013/14.

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 1 April 2012 with an annual review. The Buckinghamshire agreement was reviewed during 2012/13 and renewed from 1 April 2013 with an annual review. 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 31 March 2014 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 Board 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.

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 policies, e.g. Incident Reporting and Management policy. The Risk Management policy was last reviewed and approved by the Board of Directors in December 2011 as part of the approval of the Risk Management policy. The Board Assurance Framework, which sets out the main risks to achieving strategic objectives and the Trust's risk appetite, was comprehensively reviewed and re-drafted during 2013/14 with the Board, its sub-committees and the Executive involved. In addition to regular updates at relevant Board sub-committee meetings and Executive Team meetings, a formal quarterly Board Assurance Framework report is presented to the Board which provides a regular opportunity for all directors to review progress against mitigating risks and consider new or emerging risks.

A comprehensive risk management training needs analysis has been completed across the organisation, the results of which influence the design of the Trust's staff training programme. Staff and teams are also supported to learn from good practice to mitigate risks through knowledge sharing workshops that highlight risks identified though Serious Incidents Requiring Investigation and actions taken to address these.

The Executive Team and Integrated Governance Committee regularly review a self-assessment against the CQC registration requirements; where gaps are identified action plans are implemented to ensure the CQC Outcomes are met.

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 clear purpose, values and strategic objectives for 2013/14 as follows:

Our Vision is that the patients, their families and carers who experience Oxford Health NHS FT services feel that our Trust provides "Outstanding Care Delivered by Outstanding People".

Our Values:

Caring

- Privacy and dignity is at the heart of our care.
- We treat people with respect and compassion.
- We listen to what people tell us and act upon what they say.

Safe

- Our services are delivered to the highest standards of safety.
- All services are provided within a safe environment for patients and staff.
- We support our patients & staff with effective systems and processes.

Excellent

- We aspire to be excellent and innovative in all we do.
- We aim to provide the best services and continually improve.
- We will recognise and reward those who deliver excellence.

Our Strategic Objectives:

- Driving Quality Improvement.
- Delivering Operational Excellence.
- Delivering Innovation, Learning and Teaching.
- Developing our Business.
- Developing Leadership, People and Culture.
- Getting the most out of Technology.
- Using our Estate Efficiently.

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 / patients, 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 strategic objectives;

- identify the principal risks that threaten the achievement of the Trust's strategic 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.

Each principal risk has an Executive lead who is responsible for developing action plans to address weaknesses and ensure continuous improvement of the system of internal control.

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), and 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 (including self-assessment against CQC registration requirements).

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 Board Assurance Framework sets out inherent risks, residual risks (following the application of controls) and target risks. In this way the Board and its sub-committees regularly consider the Trust's risk appetite.

Internal Audit completed 18 audits in 2013/14 of which none received a 'limited' assurance level assessment; all audits results were either 'satisfactory', 'good' or 'excellent'. Those which received a 'satisfactory' assessment were formally reported to the Audit Committee. The list below identifies the audit areas where high priority recommendations were made which will be addressed as part of the continued development of the system of internal control:

- policy Scrutiny (review/update overdue policies);
- finance (Single Tender Waivers and CIPs);
- research & Development (monitoring research studies); and
- IMT The Cube (review exporting data).

A system is in place to ensure all recommendations have a management response and, where appropriate, action plans. Internal Audit reports to the Audit Committee

on the implementation of actions and the Committee follows-up with the Executive when recommendations have not been implemented by agreed dates.

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. During the year, no incidents required reporting to the Information Commissioner. There was one data Serious Incident Requiring Investigation incident involving the loss of a handover sheet from the Oxford City Community Hospital. A Root Cause Analysis investigation was completed and recommended a number of actions be taken to address concerns with the ward environment (use of shredder and locking of doors) and a review of the handover process across the Division. Significant assurance has been gained through the annual Information Governance Toolkit self-assessment which assesses process and policies across the following areas: Information Governance Management; Confidentiality and Data Protection; Information Security; Clinical Information; Secondary Use; and, Corporate Information Assurance. The results of the self-assessment are reviewed and confirmed by the Caldicott Guardian and then reported to the Integrated Governance Committee.

As an NHS foundation trust the Trust has a Council of Governors 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 and risks to achieving objectives.

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 local Healthwatch bodies, 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.

During 2013/14 the Board undertook a review of the Trust's Integrated Governance Framework; this review included addressing risks to compliance with the provider licence and, in particular, condition FT4 (governance). The review mapped the current governance structures and responsibilities, and set out proposals to enhance these and improve reporting lines between the Board, sub-committees and the executive function, and to ensure service and corporate directorate performance reviews were

made part of the wider governance structure, allowing outcomes to be reported to the Board. The review also took account of the governance implications of the service division restructure to be implemented in 2014/15. The results of the review and a new governance framework will be implemented during 2014/15.

The Trust's Corporate Governance Statements are reviewed by the Board alongside evidence which provides assurance that statements are valid. Each statement has an Executive lead who is responsible for ensuring actions are implemented to address any risks to validity.

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC).

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 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 Directors assure themselves of progress with plan and impact on services through quarterly Divisional Performance Review meetings

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.

The Trust's Counter Fraud Work Plan, which is approved by the Audit Committee, demonstrates an embedded counter fraud work for any assessment process as defined by NHS Protect. The Plan focuses on four key areas: 'Strategic Governance'; 'Inform and Involve'; 'Prevent and Deter' and 'Hold to Account'.
The Trust compliance with Managing Public Money requirements, including governance framework and approach to corporate governance, committee structure, attendance records, and information considered by the Board and Directors and its committees, is set out in the Directors' Report section of the Trust's Annual Report.

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 the 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 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; and
- Internal Audit review of data sources.

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;
- CQC (Mental Health Act Commission) reports;
- Monitor quarterly assessment process;
- assessment against the NHSLA Risk Management standard;
- patient and staff surveys;
- complaints received and outcomes of investigations;
- Serious Incidents Requiring Investigation and the outcome of the investigations;
- internal sources – such as clinical audit, internal management reviews, performance management reports, user and carer involvement activities, benchmarking and self-assessment reports; and
- 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 gross risks, key controls and gaps in assurance as identified by the Board 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 Audit Committee has sought assurance from the Integrated Governance Committee on the design, implementation and review of the Trust's clinical audit programme. The Integrated Governance Committee will report to Audit Committee on clinical audit during the year.

The Board, supported by the work of its sub committees, has not identified any significant strategic internal control issues. It has, however, identified the potential significant risks facing the Trust in 2014/15 should the internal control environment not continue to be managed effectively. The table below sets out the potential significant risks:

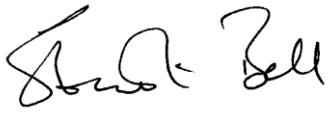
Significant risk	In-year risk	Future risk
Failure to successfully influence, manage and prepare for changes in commissioning arrangements and the wider Health and Social Care system may compromise the Trust's ability to deliver, maintain and win new contracts.	√	√
Failure to deliver financial plan, including Capital Programme, and provide services that meet the Trust's quality standards as a consequence of the inability to generate sufficient savings or obtain new income within the context of the financial resources made available to the Trust by commissioners.	√	√
Facilities being unsuitable or unfit for purpose may lead to: increased risk to patient safety; lesser quality of care and patient experience; increased cost of operation; and breach of statutory requirements.	√	√

All major risks are included on risk registers and the Board Assurance Framework. Action plans are implemented and the Board and its sub-committees take a view on the outcomes of actions to mitigate risks based on the evidence provided by the Executive function. Executive Directors take responsibility for managing actions and addressing gaps, and the Executive Team reviews progress on implementing actions to mitigate major risks at regular meetings.

Conclusion

The Board has concluded that there are no significant strategic internal control issues facing the Trust in 2013/14 but has identified the potential risks (as set out in the table on the previous page) 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



Stuart Bell CBE
Chief Executive

Date: 29 May 2014

Financial Performance, Remuneration Report, Income Disclosures and Annual Statutory Accounts

The Trust's financial position and end of year Accounts are detailed here.

Financial Performance for 2013/14

The Trust's financial position are detailed in the Annual Statutory Accounts which are appended to this Annual Report. The Annual Statutory Accounts include the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity and the Statement of Cash Flows.

The Board approved the full accounts on 28 May 2014 and the auditor's report on the full Annual Report and Accounts was unqualified.

The Accounts have been prepared by Oxford Health NHS Foundation Trust 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 2012/13 statutory accounts have been prepared in accordance with International Financial Reporting Standards (IFRS) as adopted by the European Union unless directed otherwise within the NHS Foundation Trust Reporting Manual 2013/14.

The Trust has complied with the cost allocation and charging guidance issued by HM Treasury.

After making enquiries, the directors have a reasonable expectation that Oxford Health NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

The Financial year 2013/14 is referred to as FY14, the financial year 2012/13 as FY13, etc.

Financial highlights

The key highlights are as follows:

- total income for the Trust increased by £6.2m (2.2%) in FY14 to £286.0m;
- income from patient services increased by £2.2m (0.9%) to £242.0m;
- an operating deficit of £0.3m, after accounting for asset impairments, compared to an operating surplus of £7.6m the previous year. The underlying position

excluding asset impairments was an operating surplus of £2.9m, which represents a decrease of £4.0m compared to the previous year; and

- surplus margin of 1.0%, compared to 2.4% for the previous year. The surplus margin is the surplus before exceptional items as a percentage of total income.

During the year, income from the provision of goods and services for the purposes of the health service in England were greater than income from the provision of goods and services for other purposes. Surpluses generated on other income received contribute to the provision of goods and services for the purposes of the health service in England.

Key Performance Indicators (KPIs)

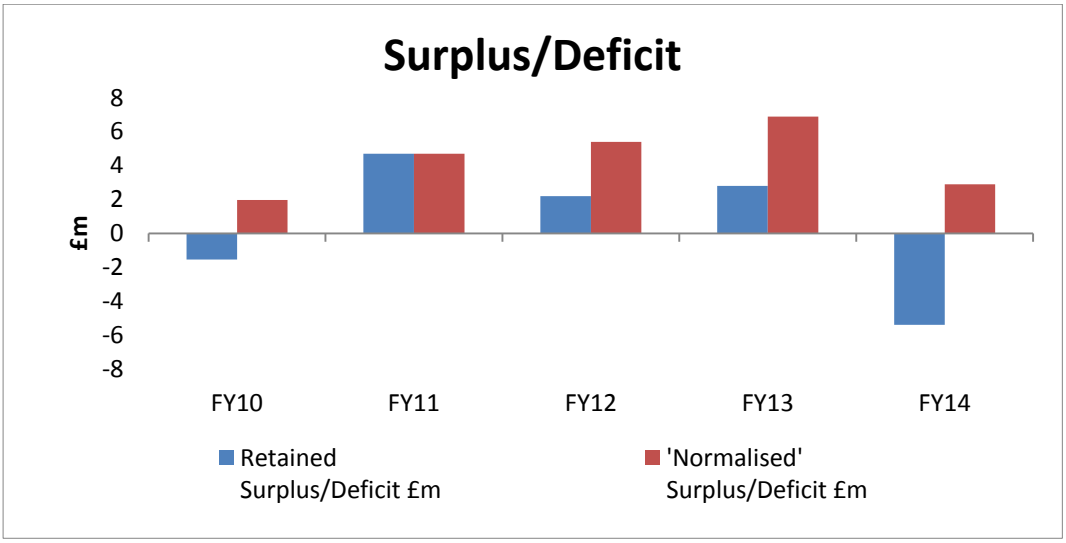
Monitor Continuity of Service Risk Metrics for the year ended 31 March 2014

	Actual	Plan	Variance
Capital Service Cover	2.1	2.2	-0.1
Liquidity	1.1	-1.4	2.5

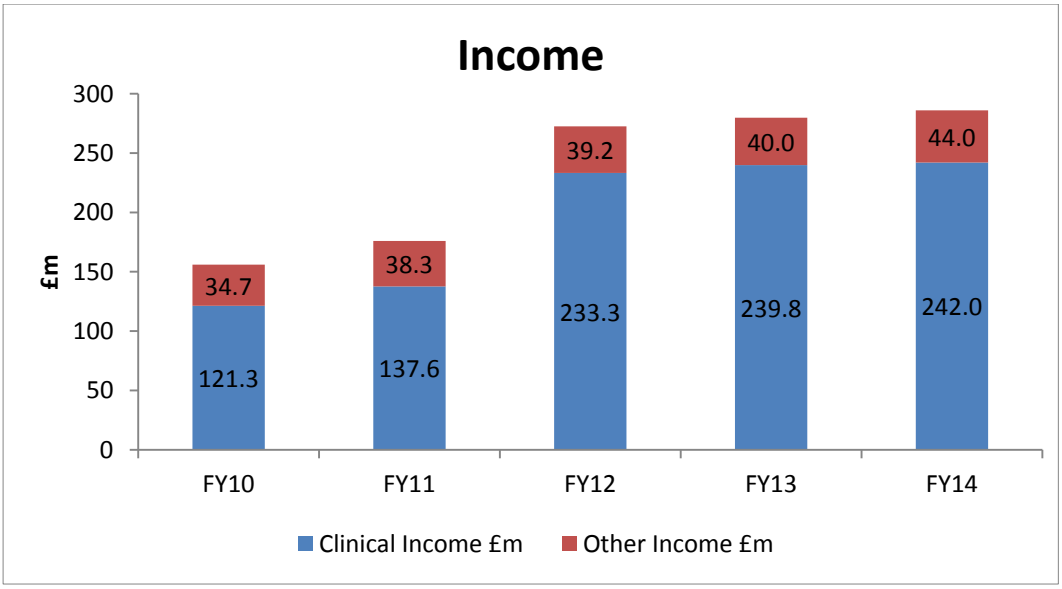
Note -The Monitor Financial Risk Metrics above are based upon the Trust's quarterly submissions to Monitor. These submissions include pooled budget (section 75) income and expenditure and as a result the ratios quoted here are based on different I&E figures to the Trust's annual accounts, which exclude Section 75 balances.

Trust performance

The Trust has a strong track record of delivering against financial targets, and has historically met all of its key financial targets in each year. During 2013/14, we invested in and focused on remodelling our services to improve integration and local access to high quality care. As a result we did not achieve the cost improvement target resulting in a larger deficit than originally planned. Excluding exceptional items, such as asset impairments, the Trust has achieved a 'normalised' surplus for the last six years. These surpluses are available to invest back into the Trust to improve its services.



2013/14 Statement of Comprehensive Income Summary	
	£000
Total Income	286,069
Expenses	(286,373)
Operating Deficit	**(304)**
Finance income/expense	(2,047)
Dividends paid to Government	(3,030)
Deficit for the year	**(5,381)**
Impairment of assets	8,262
Surplus before exceptional items	**2,881**



In accordance with Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) the amount of income received by the Trust from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purpose.

Total income increased by £6.2m (2.2%) in FY14 to £286.0m, compared to the previous year. Income from patient activities increased by £2.2m (0.9%) to £242.0m due to additional income from commissioners for caring for more patients and new patient services provided in FY14. The Trust's main commissioners in FY14 were the Oxfordshire and Buckinghamshire CCGs and NHS England, which accounted for approximately 86% of clinical activity income. Income from other activities increased by £4.0m (10%) to £44.1m.

Operating expenses increased by £14.2m (5.2%) to £286.4m, mainly attributable to new patient services and caring for more patients.

The majority of operating expenses relate to pay costs, which have increased by £9.9m, 5.6% to £201.8m due to new patient services and caring for more patients.

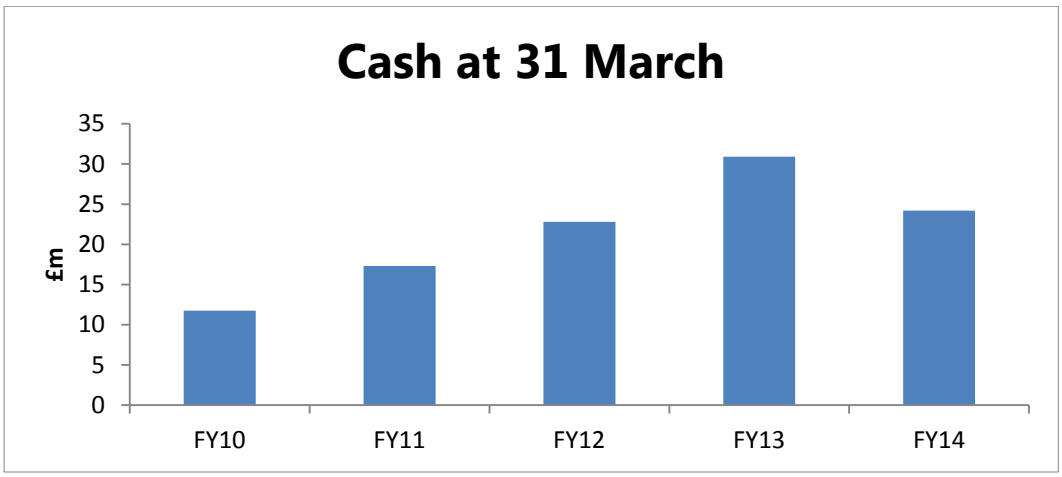
Capital expenditure

During FY14, the Trust continued to make significant investment in its property and infrastructure to ensure that patients are treated in appropriate environments. Capital spend in FY14 was £21.6m, compared with £23.8m in the previous year. The Trust's main capital investment areas during FY14 were:

- Whiteleaf Centre, Aylesbury (£12.9m) – completion of the new hospital which opened in March 2014. This scheme was completed under budget;
- IT Infrastructure and development (£2.3m) - including £0.9m of funding from the Nurse Technology Fund to support mobile working;
- estates operational and risk management (£2.5m) – including backlog maintenance and other works to address compliance requirements, such as infection control and ligature risks; and
- ward environment improvements (£1.6m) – to improve the environmental areas within which patients are cared for.

Cash flow and net debt

Although the Trust's cash balances decreased by £6.7m during the year they remain relatively strong at £24.2m at the year-end. Cash reduced during the year as a result of the significant capital investment, increased trade receivables and lower surplus partly offset by increased deferred income and proceeds from the sale of the Park Hospital.



The Trust generated £14.0m of cash from operations, down £2.2m on the previous year, primarily as a result of increased trade receivables and lower surplus, offset by increased deferred income.

The Trust's gearing ratio (the percentage of capital employed that is financed by debt and long term financing) decreased to 21.2% (27.9% in FY13) as a result of assets transferred from the former Oxfordshire PCT. Year-end net debt decreased by £1.4m to £31.5m (£32.9m in FY13) due to the commencement of loan repayments on the Whiteleaf Centre loan.

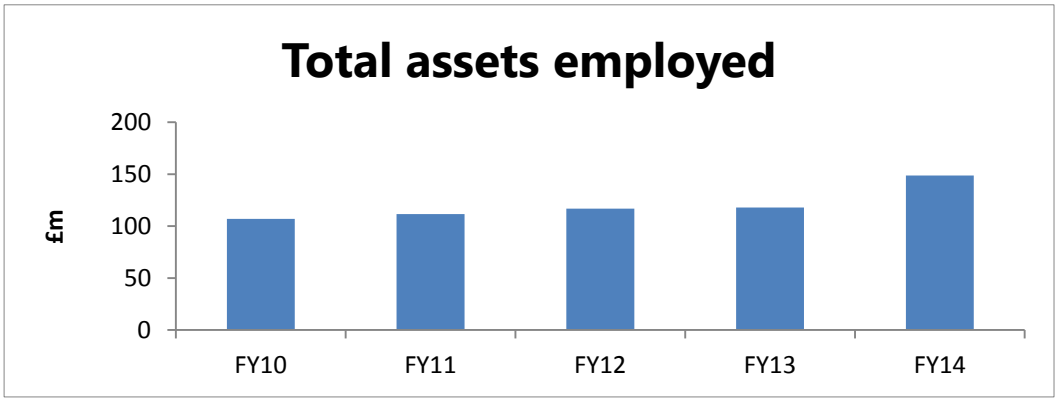
The Trust's Liquidity Ratio (Trust's ability to meet its short term obligations on time) according to Monitor's Liquidity risk rating calculation is 1.1. This equates to a Liquidity risk rating of '4' within Monitor's Continuity of Service Risk Rating, which represents the lowest level of risk according to Monitor's metrics.

Net return after financing

Net return after financing was 4.9%, compared to 4.2% the previous year.

Total assets employed

Total assets employed increased by £30.9m (26.2%) to £148.8m, reflecting assets transferred from the former Oxfordshire PCT.



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 2014 was as follows:

- Oxfordshire - £10.7m (£10.6m, FY13)
- Buckinghamshire Adults of working age - £8.5m (£8.6m, FY13)
- Buckinghamshire Older Adult – £3.0m (£3.0m, FY13)

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 2013/14

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	**71,142**	**88,217**
Total Non NHS trade invoices paid within target*	**67,452**	**83,868**
Percentage of Non-NHS trade invoices paid within target	**94.8%**	**95.1%**
Total NHS trade invoices paid in the year	**2,669**	**21,763**
Total NHS trade invoices paid within target*	**2,448**	**20,946**
Percentage of NHS trade invoices paid within target	**91.7%**	**96.2%**

*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. 94.8% of the total number of non-NHS invoices received and processed were paid within the 30 day target, 95.1% by total value. The Trust is continually seeking to improve its invoice payment processes and improve performance against this Code. No interest was incurred under the Late Payment of Commercial Debts (Interest) Act 1998.

Countering fraud and corruption

The Board of Directors is absolutely committed to maintaining an honest, open and well intentioned atmosphere within the Trust. It is therefore committed to eliminating any fraud within the Trust, and to the rigorous investigation of any such cases. Where any acts of fraud or corruption are proven, the Trust will ensure that the culprits are

appropriately dealt with, and will also take all appropriate steps to recover any losses in full. The reporting procedures are detailed in the Trust's Counter Fraud policy which is available on the Trust's Intranet along with other useful information about countering fraud. It is the Trust's policy that an employee should not suffer detriment as a result of reporting reasonably held suspicions.

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

Future finance and performance outlook

As described elsewhere in this Annual Report, the Trust, like the rest of the NHS, is facing an extremely challenging financial future and the associated risks should not be underestimated. We already know that the NHS will continue to receive little or no funding growth and is faced with a national efficiency target of at least 4% per annum that leads directly to reductions in income on existing contracts year-on-year. With the majority of our services being under block contracts, there is no payment for the continued increases in activity which put additional severe strain on our ability to maintain financial sustainability.

The Trust's financial strategy responds to the three key challenges of maintaining and improving levels and quality of patient care, integrating and transforming our services for the benefit of the wider health economy and reducing cost through improving productivity. However, there is significant financial risk in the 2014/15 plan, and in the coming years. Whilst we will not compromise on quality and patient care being our top priority, the Board recognises that the coming year will be a difficult one financially.

The financial strategy for the Trust for FY14 to FY16 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 six years since becoming an NHS foundation trust. We will continue to be proactive in responding to the economic recession and the potential impact on public service funding, through:

- strengthening financial governance
- targeting reductions in overhead costs, including support service functions
- ensuring real health gain in all investments
- driving increased productivity and quality with no net increase in funding
- planning for the delivery of cash releasing efficiency targets at significant levels
- mitigating financial risk through forward planning and contingencies

The Board of Directors approved the FY15-FY16 Financial Plan and FY15 budget at its March 2014 meeting. The key highlights are:

- a normalised surplus (excluding non-recurrent items) of £1.0m in FY15 and £2.0m in FY16, giving normalised surplus margins of 0.4% and 0.7% in the respective years
- a normalised EBITDA margin (excluding non-recurring items) of 4.6% in FY15 and 5.1% in FY16
- the requirement for cash releasing efficiency savings of £23.2m during this period

- capital investment of £18.8m over the next two years
- a Continuity of Service Risk Rating of '3' over the next two years

The Trust's main contracts in FY15 are with Oxfordshire and two Buckinghamshire CCGs to provide mental health services to their respective resident populations, and with Oxfordshire CCG to provide community health services in Oxfordshire. 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 NHS England Wessex Area Team commission the Trust to provide Forensic Services, CAMHS and Eating Disorder inpatient and related day patient services. The Trust also has a contract to deliver child and adolescent mental health services in Swindon, Wiltshire and BaNES.

With a real terms reduction in funding, the Trust will continue to drive increased productivity and quality and deliver significant cash releasing efficiencies, resulting in a significant reduction in the Trust's cost base over the next two years. The track record of the Trust in delivering strong financial performance provides a sound basis for moving forward, however, we will need to develop the approach to delivering efficiencies in future years so that it is more transformational in nature. To support the increased focus on costs, the Trust is implementing a patient level information and costing system which will underpin costing work for both pricing and detailed service line reporting in the future.

The Trust recognises the importance of providing services from high quality premises and has a significant capital investment programme of £18.8m over the next two years. Capital investment will be focussed on addressing estate condition and compliance issues and maintaining its existing infrastructure to ensure that Trust assets remain 'fit for purpose' to support the provision of high quality services. In addition to its estate infrastructure, the Trust will continue to invest in information technology and information systems to ensure high quality data, and as a way of facilitating improvements and adding value. The capital programme will be financed through cash generated from operations and surplus land sales.

Apart from the challenging economic environment within which the Trust continues to operate, the main risks facing the Trust during 2014/15 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, particularly in relation to the replacement patient record system, on time and within budget.

Salaries and allowances

2013/14								
Name	Title	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)	Total salary and other remuneration (bands of £5,000)	Pension-related benefits (bands of £2,500)	Total including pension-related benefits (bands of £5,000)
			£000	£000	£000	£000	£000	£000
Stuart Bell	Chief Executive		185-190	0	0	185-190	0	185-190
Mike McEnaney	Director of Finance		145-150	0	0	145-150	25-27.5	170-175
Yvonne Taylor	Chief Operating Officer		120-125	0	0	120-125	45-47.5	170-175
Clive Meux	Medical Director		100-105	35-40	0	135-140	102.5-105	240-245
Ros Alstead	Director of Nursing and Clinical Governance		100-105	0	0	100-105	7.5-10	110-115
Martin Howell	Chair		40-45	0	0	40-45	0	40-45
Cedric Scroggs	Non-Executive Director		10-15	0	0	10-15	0	10-15
Dr Anne Grocock	Non-Executive Director		10-15	0	0	10-15	0	10-15
Sue Dopson	Non-Executive Director		10-15	0	0	10-15	0	10-15
Roger Reed	Non-Executive Director	1 Apr 2013 - 30 Apr 2013	0-5	0	0	0-5	0	0-5
Lyn Williams	Non-Executive Director		15-20	0	0	15-20	0	15-20
Mike Bellamy	Non-Executive Director		10-15	0	0	10-15	0	10-15
Alyson Coates	Non-Executive Director		15-20	0	0	15-20	0	15-20

2012/13								
Name	Title	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)	Total salary and other remuneration (bands of £5,000)	Pension-related benefits (bands of £2,500)	Total including pension-related benefits (bands of £5,000)
			£000	£000	£000	£000	£000	£000
Julie Waldron	Chief Executive	1 Apr 2012 - 31 Aug 2012	70-75	0	0	70-75	0	70-75
Stuart Bell	Chief Executive	1 Oct 2012 - 31 Mar 2013	90-95	0	0	90-95	0	90-95
Mike McEnaney	Director of Finance		145-150	0	0	145-150	30-32.5	175-180
Graeme Armitage	Director of Human Resources		200-205	0	0	200-205	0	200-205
David Bradley	Chief Operating Officer	1 Apr 2012 - 27 Jul 2012	40-45	0	0	40-45	160-162.5	200-205
Yvonne Taylor	Chief Operating Officer	30 Jul 2012 - 31 Mar 2013	75-80			75-80	62.5-65	140-145
Clive Meux	Medical Director		95-100	35-40	0	130-135	0	130-135
Ros Alstead	Director of Nursing and Clinical Governance		100-105	0	0	100-105	0	100-105
Martin Howell	Chair		40-45	0	0	40-45	0	40-45
Cedric Scroggs	Non-Executive Director		10-15	0	0	10-15	0	10-15
Dr Anne Grocock	Non-Executive Director		10-15	0	0	10-15	0	10-15
Sue Dopson	Non-Executive Director	1 Jun 2012 - 31 Mar 2013	10-15	0	0	10-15	0	10-15
Roger Reed	Non-Executive Director		10-15	0	0	10-15	0	10-15
Lyn Williams	Non-Executive Director		15-20	0	0	15-20	0	15-20
Mike Bellamy	Non-Executive Director		10-15	0	0	10-15	0	10-15
Alyson Coates	Non-Executive Director		10-15	0	0	10-15	0	10-15

Total salary and other remuneration' includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The 'pension-related benefits' presented in the tables on the previous pages represent the annual increase in pension entitlement determined in accordance with the 'HMRC' method. This is calculated as the inflation adjusted in year movement in the lump sum plus the movement in twenty times the annual rate of pension payable to the director if they became entitled to it at the end of the financial year. The 'HMRC' method used above differs from the real increase/(decrease) in cash equivalent transfer value presented in the pension benefits disclosure below. The inclusion of 'pension-related benefits' is a new requirement of the Foundation Trust Annual Reporting Manual for 2013-14, and the 2012-13 comparatives have been restated on the same basis.

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 remuneration of the highest paid director in the Trust in the financial year 2013-14 was £189,260 (2012-13, £147,500). This was 7.69 times (2012-13, 6.06 times) the median remuneration of the workforce, which was £24,599 (2012-13, £24,335).

In 2013-14, no employee (one in 2012-13) received remuneration in excess of the highest paid director. Remuneration ranged from £12,180 to £189,260 (2012-13 £14,009 - £205,000)

The Medical Director receives a National Clinical Excellence Award, shown as "other remuneration", but this is not a cost borne by the Trust.

There were 13 directors in office during the financial year 2013-14 (2012-13, 16), of which 9 (2012-13, 14) received expenses with a total value of £7,400 (2012-13, £14,700).

There were 31 governors in office during the financial year 2013-14. Whilst the role is voluntary, governors may claim reasonable expenses and the total value of expenses reimbursed through the year was £486.

During 2012/13, a Treasury approved ex gratia payment of £103k was made in relation to the severance of employment of the Director of Human Resources. Department of Health guidance requires this ex gratia payment to be recorded as salary in the table on the previous page.

The majority of staff employed by the Trust are on Agenda for Change terms and conditions. A small minority of staff, mainly senior managers, are employed on separate terms and conditions that largely mirror those of Agenda for Change with regard to policy and benefits, although those pertaining to remuneration matters do not. For the last three years, senior managers' pay has not been reviewed due to the economic circumstances of the Trust and the NHS as a whole; however, where an individual's role and responsibility has changed significantly a review of their salary will have taken place and will have been considered with reference to the IDS report on NHS senior manager pay and NHS benchmarking data collected by organisations such as the Foundation Trust Network. The Trust does not operate performance pay or bonus schemes.

Stuart Bell CBE
Chief Executive

Date: 29 May 2014

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 2014 (Bands of £5,000)	Lump Sum at Age 60 Related to Accrued Pension at 31 March 2014 (Bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2014	Cash Equivalent Transfer Value at 31 March 2013	Real Increase/ (Decrease) in Cash Equivalent Transfer Value as at 31 March 2013	Employer's Contribution to Stakeholder Pension
Title	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Stuart Bell Chief Executive	0-2.5	0-2.5	75-80	235-240	1599	1508	57	0
Mike McEnaney Director of Finance	0-2.5	n/a	5-10	n/a	90	54	35	0
Yvonne Taylor Chief Operating Officer	2.5-5	7.5-10	20-25	70-75	509	430	69	0
Clive Meux Medical Director	5-7.5	15-17.5	75-80	235-240	1546	1367	150	0
Ros Alstead Director of Nursing and Clinical Governance	0-2.5	2.5-5	50-55	150-155	1056	983	51	0

Off-payroll engagements

In accordance with HM Treasury PES(2012)17 *Annual Reporting Guidance 2013-14* published March 2014, NHS bodies are required to disclose information about 'off-payroll engagements' as follows:

1. For all off-payroll engagements as of 31 March 2014, for more than £220 per day and that last for longer than six months:

No disclosure required

2. For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2013 and 31 March 2014, for more than £220 per day and that last for longer than six months:

No disclosure required

3. For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2013 and 31 March 2014 trusts must also disclose:

No disclosure required

Independent Auditor's Report to the Council of Governors and Board of Directors of Oxford Health NHS Foundation Trust

We have audited the financial statements of Oxford Health NHS Foundation Trust for the year ended 31 March 2014 which the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity and the Statement of Cash Flows and the related notes 1 to 44. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts.

This report is made solely to the Council of Governors and Board of Directors ("the Boards") of Oxford Health NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of the accounting officer and auditor

As explained more fully in the Accounting Officer's Responsibilities Statement, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Audit Code for NHS Foundation Trusts and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Accounting Officer; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the

audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the trust's affairs as at 31 March 2014 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Strategic Report and the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Audit Code for NHS Foundation Trusts requires us to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading or inconsistent with information of which we are aware from our audit. We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls;
- proper practices have not been observed in the compilation of the financial statements; or
- the NHS foundation trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts.

Susan Barratt BA ACA (Senior Statutory Auditor)
for and on behalf of Deloitte LLP
Chartered Accountants and Statutory Auditor
Reading, UK
29 May 2014

Annual Statutory Accounts - Year Ending 31 March 2014

Trust name:	Oxford Health NHS Foundation Trust
This year	2013/14
Last year	2012/13
This year ended	31 March 2014
Last year ended	31 March 2013
This year beginning	1 April 2013
Last year beginning	1 April 2012

FOREWORD TO THE ACCOUNTS

Oxford Health NHS Foundation Trust

The accounts for the year ended 31 March 2014 are set out on the following pages and comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statements of Changes in Taxpayers' Equity, the Statement of Cash Flows and the Notes to the Accounts.

The accounts have been prepared by Oxford Health NHS Foundation Trust 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 2013/14 statutory accounts have been prepared in accordance with International Financial Reporting Standards (IFRS) as adopted by the European Union unless directed otherwise within the NHS Foundation Trust Reporting Manual 2013/14. The Trust Board has approved the preparation of the 2013/14 accounts on a going concern basis.

Signed: ……

Stuart Bell, Chief Executive

Date: 29 May 2014

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 March 2014

	NOTE	2013/14 £000	2012/13 £000
Operating income	4,5,6	**286,069**	279,797
Operating expenses	7	**(286,373)**	(272,210)
Operating (deficit)/surplus		**(304)**	7,587
Finance costs			
Finance income	16	**78**	172
Financial expense - financial liabilities	17	**(2,075)**	(1,545)
Financial expense - unwinding of discount on provisions	17	**(50)**	(57)
Public Dividend Capital dividends payable	37	**(3,030)**	(3,395)
Net finance costs		**(5,077)**	(4,825)
(Deficit)/Surplus from continuing operations		**(5,381)**	2,762
(DEFICIT)/SURPLUS FOR THE FINANCIAL YEAR		**(5,381)**	2,762
Other comprehensive income :			
Gain from transfer by absorption from demising bodies	29	**38,974**	-
Revaluation losses and impairment losses property, plant and equipment	20,29	**(4,209)**	(1,886)
Remeasurements of net defined benefit pension scheme asset / liability	11,43	**249**	42
Other reserve movements		**(10)**	-
TOTAL COMPREHENSIVE INCOME AND EXPENSE FOR THE YEAR		**29,623**	918

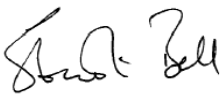
All income and expenditure is derived from continuing operations.
All items in other comprehensive income will not be reclassified subsequently to income and expenditure.

STATEMENT OF FINANCIAL POSITION AS AT 31 March 2014

	NOTE	31 March 2014 £000	31 March 2013 £000
NON-CURRENT ASSETS			
Intangible assets	18	**630**	305
Property, plant and equipment	19	**176,214**	136,891
Trade and other receivables	22	**30**	30
Total Non-Current Assets		**176,874**	137,226
CURRENT ASSETS			
Inventories	21	**1,285**	1,555
Trade and other receivables	22	**10,753**	7,791
Non-current assets held for sale	23	**2,525**	6,400
Cash and cash equivalents	30	**24,213**	30,944
Total Current Assets		**38,776**	46,690
CURRENT LIABILITIES			
Trade and other payables	24	**(26,840)**	(25,864)
Borrowings	25	**(1,430)**	(1,433)
Other financial liabilities	26	**(768)**	(700)
Other liabilities	27	**(3,820)**	(2,334)
Provisions	28	**(1,150)**	(1,171)
Total Current Liabilities		**(34,008)**	(31,502)
NON-CURRENT LIABILITIES			
Borrowings	25	**(30,045)**	(31,475)
Other liabilities	27	**(241)**	(435)
Provisions	28	**(2,562)**	(2,594)
Total Non-Current Liabilities		**(32,848)**	(34,504)
TOTAL ASSETS EMPLOYED		**148,794**	117,910
TAXPAYERS' EQUITY			
Public dividend capital		**89,804**	88,543
Revaluation reserve	29	**27,851**	15,040
Other reserves		**1,317**	6,700
Income and expenditure reserve		**29,822**	7,627
TOTAL TAXPAYERS' EQUITY		**148,794**	117,910

The notes on pages 5 to 47 form part of these accounts.

The financial statements on pages 1 to 4 were approved by the Board and signed on its behalf by:

Signed:  Date: 29 May 2014

Stuart Bell (Chief Executive)

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY 2013/14

	Total	Public Dividend Capital	Revaluation Reserve	Other Reserves	Income and Expenditure Reserve
	£000	£000	£000	£000	£000
Taxpayers' Equity at 1 April 2013	**117,910**	88,543	15,040	6,700	7,627
Deficit for the year	**(5,381)**	-	-	-	(5,381)
Transfers by modified absorption: gains on 1 April transfers from demising bodies	**38,974**	-	-	-	38,974
Transfers by modified absorption: transfers between reserves	**-**	-	14,160	-	(14,160)
Transfer to retained earnings on disposal of assets between reserves	**-**	-	(1,994)	-	1,994
Revaluation losses and impairment losses on property plant and equipment	**(6,200)**	-	(6,200)	**-**	-
Revaluations - Property, Plant & Equipment	**1,991**	-	1,991	-	-
Actuarial gains on defined benefit pension schemes	**249**	-	-	-	249
Transfer of the excess of current cost depreciation over historical cost depreciation to the income and expenditure reserve	**-**	-	(519)	-	519
Movements on other reserves	**(10)**	-	5,373	(5,383)	-
Public Dividend Capital received	**1,261**	1,261	-	-	-
Taxpayers' Equity at 31 March 2014	**148,794**	**89,804**	**27,851**	**1,317**	**29,822**

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY 2012/13

	Total	Public Dividend Capital	Revaluation Reserve	Other Reserves	Income and Expenditure Reserve
Taxpayers' Equity at 1 April 2012	116,829	88,380	15,982	8,076	4,391
Surplus for the year	2,762	-	-	-	2,762
Transfer between reserves	-	-	1,376	(1,376)	-
Revaluation losses and impairment losses on property plant and equipment	(1,886)	-	(1,886)	**-**	-
Actuarial gains on defined benefit pension schemes	42	-	-	-	42
Transfer of the excess of current cost depreciation over historical cost depreciation to the income and expenditure reserve	-	-	(432)	-	432
Public Dividend Capital received	163	163	-	-	-
Taxpayers' Equity at 31 March 2013	117,910	88,543	15,040	6,700	7,627

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 March 2014

	NOTE	2013/14 £000	2012/13 £000
Cash flows from operating activities			
Operating (deficit)/surplus from continuing operations		(304)	7,587
Operating (deficit)/surplus		(304)	7,587
Non-cash income and expense:			
Depreciation and amortisation	7	5,022	3,515
Impairments	7	10,299	4,146
Reversals of impairments	6	(2,037)	-
Non-cash donations/grants credited to income		(35)	-
Loss on disposal of assets		445	-
Interest accrued not paid		-	(43)
Dividends accrued and not paid or received		-	(321)
Employer contributions paid less net charge in relation to Local Government Pension Scheme		55	55
(Increase)/Decrease in trade and other receivables		(3,045)	505
Decrease in inventories		270	185
Increase in trade and other payables		1,851	3,455
Increase/(Decrease) in other liabilities		1,548	(2,312)
(Decrease)/Increase in provisions		(103)	315
NET CASH GENERATED FROM OPERATIONS		13,966	17,089
Cash flows from investing activities:			
Interest received		78	255
Purchase of intangible assets		(416)	(72)
Purchase of property, plant and equipment		(22,042)	(23,246)
Sales of Property, Plant and Equipment		6,882	-
PFI lifecycle prepayments (cash outflow)		(108)	(108)
NET CASH GENERATED USED IN INVESTING ACTIVITIES		(15,606)	(23,171)
Cash flows from financing activities:			
Public Dividend Capital received		1,261	163
Loans received		-	19,300
Loans repaid		(1,371)	(34)
Capital element of private finance initiative obligations		(62)	(68)
Interest paid		(1,064)	(477)
Financing element of private finance initiative obligations		(1,015)	(995)
Public Dividend Capital dividend paid		(2,840)	(3,652)
NET CASH (USED IN)/GENERATED FROM FINANCING ACTIVITIES		(5,091)	14,238
(Decrease)/increase in cash and cash equivalents		(6,731)	8,156
Cash and cash equivalents at 1 April		30,944	22,788
Cash and cash equivalents at 31 March		24,213	30,944

The 2012/13 total remains the same but the figures have been presented in new categories for comparative purposes.

NOTES TO THE ACCOUNTS

1 Accounting policies and other information

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Foundation Trust Annual Reporting Manual (FT ARM) which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the FT ARM 2013/14 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

After conducting a detailed review which included consideration of forecasts covering the next twelve months (and projections for 2015-16), the directors have a reasonable expectation that Oxford Health NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, the Audit Committee, on behalf of the Board of Directors, resolves to approve the preparation of the accounts on a going concern basis.

1.1 Consolidation

NHS Charitable Fund

HM Treasury previously granted dispensation to the application of IAS 27 (Consolidated and Separate Financial Statements) by NHS foundation trusts solely in relation to the consolidation of NHS charitable funds. From 2013/14, the Treasury dispensation is no longer available and NHS foundation trusts therefore need to consolidate any material NHS charitable funds which are determined to be subsidiaries.

Under IAS 27, Oxford Health Charitable Funds is deemed to be a subsidiary as Oxford Health NHS Foundation Trust is a corporate trustee of the Charitable Fund.

However, the size of the Oxford Health Charitable Funds is not considered material to the accounts of Oxford Health NHS Foundation Trust. On this basis, Oxford Health Charitable Funds is not consolidated within the Oxford Health NHS Foundation Trust accounts.

A summary of the financial results and position of Oxford Health Charitable Funds is included in note 44.

1.2 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.3 Expenditure on employee benefits

Short term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension scheme

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the NHS foundation trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employers pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Local government pension scheme

Some employees are members of the Local Government Superannuation Scheme which is a defined benefit pension scheme. The net scheme assets or liabilities attributable to these employees can be identified and are recognised in the trust's accounts, arising from the date of transfer to the Trust. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment or current assets such as inventory.

1.5 Property, plant and equipment

Recognition

Property, Plant and Equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year; and
- the cost of the item can be measured reliably.

Where an asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

They are restated to current value each year. The carrying values of property, plant and equipment are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable. Costs arising from financing the construction of the fixed assets are not capitalised but are charged to the Statement of Comprehensive Income in the year to which they relate.

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) *Appraisal and Valuation Manual* . The last asset valuations were undertaken as at the valuation date of 31 March 2014.

The Treasury has decided that the NHS should value its property assets in line with the Royal Institution of Chartered Surveyors (RICS) Red Book standards. This means that specialised property, for which market value cannot be readily determined, should be valued at depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis.

Assets in the course of construction are valued at cost and are valued by professional valuers when they are brought into use.

Operational equipment is valued at depreciated replacement cost. Equipment surplus to requirements is valued at net recoverable amount.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of Property, Plant and Equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, Plant and Equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the FT ARM, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

• the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
• the sale must be highly probable i.e.:
- management are committed to a plan to sell the asset;
- an active programme has begun to find a buyer and complete the sale;
- the asset is being actively marketed at a reasonable price;
- the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale';
- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Private finance initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as "on-Statement of Financial Position" by the trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment at their fair value, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services.

The service charge is recognised in operating expenses and the finance cost is charged to Finance Costs in the Statement of Comprehensive Income. Lifecycle replacement costs are capitalised in line with the charges incurred by the Trust

1.6 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at fair value. Revaluations gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.7 Government and other grants

Government grants are grants from Government bodies other than income from NHS bodies for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income.

1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the weighted average cost method.

1.9 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

De-recognition
All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement
Financial assets are categorised as fair value through income & expenditure or loans & receivables.

Financial liabilities are categorised as fair value through income & expenditure or as 'other financial liabilities'.

Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current and non-current assets.

The Trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and 'other receivables'.

Cash and cash equivalents comprise cash on hand and demand deposits, recognisable within three months.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of financial position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Determination of fair value
For financial assets and financial liabilities carried at fair value, the carrying amounts are determined from quoted market prices, independent appraisals and discounted cash flow analysis.

Impairment of financial assets
At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly.

1.10 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS foundation trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately. Leased land is treated as an operating lease.

1.11 Provisions

The NHS foundation trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS foundation trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS foundation trust is disclosed at note 28, but is not recognised in the NHS foundation trust's accounts.

Non-clinical risk pooling

The NHS foundation trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any ‘excesses’ payable in respect of particular claims are charged to operating expenses when the liability arises.

1.12 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity’s control) are not recognised as assets, but are disclosed in note 35 where an inflow of economic benefits is probable.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity’s control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.13 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, (iii) for 2013/14 only, net assets and liabilities transferred from bodies which ceased to exist on 1 April 2013, and (iv) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.14 Value added tax (VAT)

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.15 Corporation tax

The Trust's activities relate to the provision of goods and services relating to healthcare authorised under Section 14(1) of the HSCA. On this basis the Trust is not liable for corporation tax.

1.16 Foreign exchange

The functional and presentational currency of the Trust is sterling.
A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.
Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of financial position date:

- monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.17 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS foundation trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *Financial Reporting Manual* .

1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.19 Transfers of functions to or from other NHS and local government bodies

For functions that have been transferred to the trust from another NHS or local government body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain or loss corresponding to the net assets or liabilities transferred is recognised within income/expenses, but not within operating activities. The net gain corresponding to the net assets transferred from Oxfordshire PCT is recognised within the income and expenditure reserve.

For property plant and equipment assets and intangible assets, the Cost and Accumulated Depreciation or Amortisation balances from the transferring entity's accounts are preserved on recognition in the trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

For functions that the trust has transferred to another NHS or local government body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss or gain corresponding to the net assets or liabilities transferred is recognised within expenses/income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve.

1.20 Accounting Standards that have been issued but have not yet been adopted

The Treasury FReM does not require the following Standards and Interpretations to be applied in 2013-14. The application of the Standards as revised would not have a material impact on the accounts for 2013-14, were they applied in that year:

IAS 27 Separate Financial Statements - subject to consultation
IAS 28 Investments in Associates and Joint Ventures - subject to consultation
IFRS 9 Financial Instruments - subject to consultation
IFRS 10 Consolidated Financial Statements - subject to consultation
IFRS 11 Joint Arrangements - subject to consultation
IFRS 12 Disclosure of Interests in Other Entities - subject to consultation
IFRS 13 Fair Value Measurement - subject to consultation
IPSAS 32 - Service Concession Arrangement - subject to consultation

2 Critical accounting estimates and judgements

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised, if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

2.1 *Critical judgements in applying accounting policies*

The following are the critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

• The Trust's PFI scheme has been assessed as an on Statement of Financial Position PFI under IFRIC 12 because the Trust has judged that it controls the services and the residual interest at the end of the service arrangement.

• The carrying values of property, plant and equipment are reviewed for impairment when there is an indication that the values of the assets might be impaired.

• The Trust determines whether a substantial transfer of risks and rewards has occurred in relation to leased assets, if this is deemed to be the case the lease is treated as a finance lease, all other leases are classified as operating leases.

2.2 *Key sources of estimation uncertainty*

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

• Property Valuations
Property Plant and Equipment Assets were valued by the District Valuers as at 31 March 2014. These valuations are based on Royal Institution of Chartered Surveyors valuation standards insofar as these are consistent with the requirements of HM Treasury, the National Health Service and the Department of Health.

• Estimation of replacement of components of the PFI asset during the contract - 'lifecycle replacement'.
PFI lifecycle replacement costs are estimated to take place as planned and at the values included in the operator's financial model as adjusted for indexation.

• Estimation of payments for the PFI asset, including finance costs.
The assets and liabilities relating to the PFI scheme have been brought onto the Statement of Financial Position based on estimations from the Department of Health's financial model as required by Department of Health guidance. These estimations were reviewed by external audit as part of the 2008/09 IFRS accounts restatement exercise.

• Estimation of asset lives as the basis for depreciation calculations.
Depreciation of equipment is based on asset lives, which have been estimated upon recognition of the assets.

• Discount rates for provisions.
Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

• Impairing of receivables.
The majority of the Trust's income comes from contracts with other public sector bodies, hence the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2014 are as disclosed in the trade and other receivables note.

3 Operating Segments

The following information segments the results of the NHS Foundation Trust by:

• Oxford Pharmacy Store - Shortline pharmacy store supplying pharmaceuticals primarily to other NHS Trusts in the United Kingdom.

• Healthcare being all the other activities of the NHS Foundation Trust.

	Healthcare		**Oxford Pharmacy Store**		**Total**	
	2013/14 £000	2012/13 £000	**2013/14 £000**	2012/13 £000	**2013/14 £000**	2012/13 £000
Income	**270,603**	263,588	**15,466**	16,209	**286,069**	279,797
Operating (deficit)/surplus	**(680)**	7,490	**376**	97	**(304)**	**7,587**

In line with the HM Treasury, the Trust has chosen to adopt the amendment to IFRS 8. Consequently, the Trust does not need to disclose the total assets attributable to each operating segment as this information is not regularly provided to the Board.

4 Operating income

	2013/14	2012/13
	£000	£000
Income from activities	**242,012**	239,762
Other operating income	**44,057**	40,035
	286,069	279,797

5 Income from activities

5.1 Income from activities (by activity)

	2013/14	2012/13
	£000	£000
Mental health		
Block contract income	**123,299**	129,022
Cost and volume contract income	**10,226**	1,919
Clinical income for the secondary commissioning of mandatory services	**2,857**	2,861
Other clinical income from mandatory services	**1,049**	2,484
Community services	**104,547**	103,448
Private patient income	**34**	28
	242,012	239,762

All income from activities arises from mandatory services.

5.2 Income from activities (by source)

	2013/14	2012/13
	£000	£000
Commissioner Requested Services		
Clinical Commissioning Groups and NHS England	**214,087**	-
Primary care trusts	**-**	219,535
Non-Commissioner Requested Services		
Local authorities	**22,497**	15,555
NHS trusts	**2,634**	2,782
Other Central Government bodies	**1,018**	1,174
Foundation trusts	**260**	644
Health Education England	**142**	-
Bodies external to government	**1,340**	44
Private patients	**34**	28
	242,012	239,762

6 Other operating income

	2013/14	2012/13
	£000	£000
Pharmacy sales	**15,641**	16,250
Education and training	**11,525**	11,249
Research and development	**6,857**	5,030
Non-patient care services to other bodies	**3,088**	4,917
Other income	**4,067**	2,305
Profit on disposal of assets held for sale	**46**	-
Reversal of impairments of property, plant and equipment	**2,037**	-
Charitable and other contributions to expenditure	**236**	218
Receipt of donations for capital acquisitions	**560**	66
	44,057	40,035

7 Operating expenses

	2013/14	2012/13
	£000	£000
Services from Foundation Trusts	**2,797**	2,610
Services from NHS Trusts	**851**	1,008
Services from PCTs	**-**	45
Purchase of healthcare from non NHS bodies	**2,361**	1,764
Employee Expenses - Executive directors	**875**	960
Employee Expenses - Non-executive directors	**127**	148
Employee Expenses - Staff	**200,831**	190,836
Supplies and services - clinical (excluding drug costs)	**9,155**	8,979
Supplies and services - general	**2,902**	2,878
Establishment	**7,408**	7,316
Transport	**542**	401
Premises	**7,490**	9,046
(Decrease) / Increase in provision for impairment of receivables	**(90)**	2
(Decrease) / Increase in other provisions	**(15)**	444
Change in provisions discount rate	**100**	-
Inventories written (back)/down (net, including inventory drugs)	**(14)**	91
Drug costs (non inventory drugs only)	**1,692**	1,884
Inventories consumed (excluding drugs)	**1,475**	682
Drug Inventories consumed	**16,251**	17,197
Rentals under operating leases	**6,363**	8,201
Depreciation of property plant and equipment	**4,927**	3,456
Amortisation of intangible assets	**95**	59
Impairment of property, plant and equipment	**10,299**	4,146
Audit services - statutory audit	**68**	73
Audit services - other	**-**	9
Clinical negligence	**327**	396
Loss on disposal of property, plant and equipment	**491**	-
Professional fees and associated costs	**1,017**	420
Consultancy costs	**563**	738
Training, courses and conferences	**1,607**	1,810
Patient travel	**204**	117
Car parking and security	**104**	63
Redundancy (Included in Employee Expenses)	**459**	958
Insurance	**323**	141
Other services, e.g. External payroll	**1,517**	1,824
Losses, ex gratia & special payments	**80**	295
Other	**3,191**	3,215
	286,373	272,210

The Trust has adopted the above operating expenses table in line with Monitor FTC guidance. The 2012/13 total remains the same but the figures have been presented in new categories for comparative purposes.

8 Staff costs and numbers

8.1 Employee expenses

(excluding non-executive directors)

	2013/14			2012/13
	Total	**Permanently Employed**	**Other**	Total
	£000	**£000**	**£000**	£000
Salaries and wages	**163,629**	**160,730**	**2,899**	156,153
Social Security costs	**12,051**	**12,051**	**-**	11,972
Employer contributions to NHS pension scheme	**19,517**	**19,517**	**-**	18,526
Other pension costs	**62**	**62**	**-**	71
Termination benefits	**459**	**459**	**-**	1,085
Bank and agency staff	**6,531**	**-**	**6,531**	5,158
Capitalised employee costs	**(74)**	**(74)**	**-**	(85)
	202,175	**192,745**	**9,430**	192,880

8.2 Staff numbers

(excluding non-executive directors)

	2013/14			2012/13
	Total	**Permanently employed**	**Other**	Total
	WTE	**WTE**	**WTE**	WTE
Medical and dental	**237**	**237**	**-**	224
Administration and estates	**983**	**983**	**-**	965
Healthcare assistants and other support staff	**1,068**	**1,068**	**-**	1,005
Nursing, midwifery and health visiting staff	**1,582**	**1,582**	**-**	1,554
Nursing, midwifery and health visiting learners	**89**	**89**	**-**	79
Scientific, therapeutic and technical staff	**894**	**894**	**-**	872
Social care staff	**47**	**47**	**-**	11
Bank and Agency Staff	**133**	**-**	**133**	114
	5,033	**4,900**	**133**	4,824

WTE - Whole Time Equivalent. WTE shown is an average throughout the year

8.3 Directors' remuneration and other benefits

	2013/14	2012/13
	£000	£000
Executive and non-executive directors' salaries	**856**	1,063
Employers' contribution to executive directors' pensions*	**100**	110
	956	1,173

*relates to 5 directors (8 in 2012/13) accruing benefits under the NHS Pension Scheme, a defined benefit scheme

8.4 Staff exit packages

Exit package cost band	2013/14 Number of compulsory redundancies	2013/14 Number of other departures agreed	2013/14 Total number of exit packages	2012/13 Total number of exit packages
< £10,000	-	5	5	25
£10,000 - £25,000	-	1	1	31
£25,001 - £50,000	-	1	1	13
£50,001 - £100,000	-	-	-	3
£100,001 - £150,000	-	-	-	1
Total number of exit packages	-	7	7	73
Total resource cost £'000	-	71	71	1,390

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Scheme. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pension scheme and are not included in the table.

This disclosure reports the number and value of exit packages taken by staff leaving in the year. Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

8.5 Staff exit packages: other (non-compulsory) departure payments

	2013/14 Number of Agreements	2013/14 Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	1	38
Mutually agreed resignations (MARS) contractual costs	4	29
Non-contractual payments requiring HM Treasury approval	2	4
Total	7	71
Of which:		
non-contractual payments made to individuals where the payment value was more than 12 months of their annual salary	-	-

As a single exit package can be made up of several components, each of which will be counted separately in this note, the total number above will not necessarily match the total number in note 8.4 which will be the number of individuals.

The Remuneration Report provides details of exit payments payable to individuals named in that Report.

Two non-contractual payments requiring HM Treasury approval were made in the year, one for £1k and one for £3k.

9 Employee benefits

The Trust's employees received no material benefits in 2013/14 (none in 2012/13).

10 Retirements due to Ill-health

During 2013/14 there were 13 early retirements (2012/13, 6) from the NHS Foundation Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £630,195 (2012/13, £411,943). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

11 Pension Costs

11.1 *NHS Pension Scheme*

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2014, is based on valuation data as 31 March 2013, updated to 31 March 2014 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2004. Consequently, a formal actuarial valuation would have been due for the year ending 31 March 2008. However, formal actuarial valuations for unfunded public service schemes were suspended by HM Treasury on value for money grounds while consideration is given to recent changes to public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision due in 2015.

The Scheme Regulations were changed to allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next formal valuation to be used for funding purposes will be carried out at as at March 2012 and will be used to inform the contribution rates to be used from 1 April 2015.

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

11.1 ***NHS Pension Scheme continued***

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used and replaced the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

11.2 ***Local government superannuation scheme***

Buckinghamshire County Council pension scheme

Further disclosure of the Buckinghamshire County Council Pension scheme relating to the Trust is shown in note 43.

12 Leases

12.1 Operating lease payments recognised as an expense

	2013/14	2012/13
	£000	£000
Minimum lease payments	**6,363**	8,201
	6,363	8,201

12.2 Total future minimum operating lease payments

	Land & Buildings		**Other Leases**		**Employee Car Leases***	
	2013/14	2012/13	**2013/14**	2012/13	**2013/14**	2012/13
	£000	£000	**£000**	£000	**£000**	£000
Payable:						
Not later than one year	**4,630**	5,129	**754**	269	**755**	643
Between one and five years	**5,148**	7,368	**187**	221	**645**	601
After 5 years	**11,494**	14,908	**-**	-	**-**	-
Total	**21,272**	27,405	**941**	490	**1,400**	1,244

The reduction in the future minimum operating lease payments is primarily due to a number of properties leased from Oxfordshire PCT in 2012/13 transferring to the Trust on 1 April 2013.

Total future sublease payments expected to be received: £Nil

*Leases for employee lease cars are the Trust's liability but not recognised in operating expenses as they are deducted directly from employee salaries.

12.3 Finance leases

The Trust has no finance leases, either as lessor or lessee, other than the PFI scheme which is identified separately (see note 32).

13 Audit remuneration

13.1 Audit fees

	2013/14	2012/13
	£000	£000
Audit services - statutory audit	**68**	73
Other auditor remuneration	**-**	9
	68	82

In 2012/13, £8k of the other auditor remuneration relates to property valuation advice.

13.2 Limitation on auditor's liability

	2013/14	2012/13
	£000	£000
Limitation on auditor's liability	**-**	-
	-	-

14 Better payment practice code

	2013/14		2012/13	
	Number	**£000**	Number	£000
Measure of Compliance:				
Total Non-NHS trade invoices paid in the year	**71,142**	**88,217**	63,429	86,622
Total Non NHS trade invoices paid within target*	**67,452**	**83,868**	59,949	82,670
Percentage of Non-NHS trade invoices paid within target	**94.8%**	**95.1%**	94.5%	95.4%
Total NHS trade invoices paid in the year	**2,669**	**21,763**	2,421	22,346
Total NHS trade invoices paid within target*	**2,448**	**20,946**	2,280	21,687
Percentage of NHS trade invoices paid within target	**91.7%**	**96.2%**	94.2%	97.1%

* The Better Payment Practice Code's target is for the Trust to pay 95% of the value of undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

15 The Late Payment of Commercial Debts (Interest) Act 1998

	2013/14	2012/13
	£000	£000
Amounts included within Finance Costs (Note 17) arising from claims made under this legislation	**-**	-
Compensation paid to cover debt recovery costs under this legislation	**-**	-
	-	-

16 Finance income

	2013/14	2012/13
	£000	£000
Bank account interest	**78**	172
	78	172

17 Finance expense

	2013/14	2012/13
	£000	£000
Interest on loans	**1,048**	453
Financing obligations under PFI contracts:		
- main finance cost *	**723**	720
- contingent finance cost**	**288**	270
Change in discount rate on provisions***	**-**	84
Unwinding of discount on provisions	**50**	57
Net finance expense on Local Government Pension Scheme	**16**	18
	2,125	1,602

* The interest on the outstanding PFI liability.

** The additional amount payable on the liability due to uncertain factors (i.e. inflation) is treated as a 'contingent finance cost'. IAS17 requires this to be reported separately from the main lease finance cost.

*** For 2013/14 the change in discount rate on provisions has been reclassified to operating expenses in line with Monitor FTC guidance.

18 Intangible assets

	2013/14 £000	2012/13 £000
Gross cost at 1 April	**710**	638
Transfers by modified absorption*	**9**	-
Additions purchased	**417**	72
Disposals	**(264)**	-
Gross cost at 31 March	**872**	710
Amortisation at 1 April	**405**	345
Transfers by modified absorption*	**6**	-
Charged during the year	**95**	59
Disposals	**(264)**	-
Amortisation at 31 March	**242**	405
Net book value		
Total at 31 March	**630**	**305**

All intangible assets held by the Trust are software licences which are held at depreciated replacement cost. The useful lives of software assets are finite. The useful remaining life of software licences range from between 1 year and 5 years.

* Assets transferred from Oxfordshire PCT

19 Property, Plant and Equipment

19.1 Property, Plant and Equipment 2013/14

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2013	42,510	74,958	765	25,774	2,801	91	10,866	5,241	163,006
Transfers by modified absorption*	16,985	15,400	-	1,744	1,920	-	196	5,694	41,939
Additions purchased	-	14,814	-	2,789	690	21	2,172	681	21,167
Additions donated	-	-	-	-	-	35	-	-	35
Reclassifications	-	22,557	-	(24,004)	1,273	-	-	175	1
Reclassified as held for sale	(1,555)	(454)	(720)	-	-	-	-	-	(2,729)
Disposals	(5)	(5,100)	(120)	-	(1,241)	(41)	(6,723)	(1,024)	(14,254)
Revaluation	-	(67)	160	-	-	-	-	-	93
Impairments charged to the revaluation reserve	(3,613)	(2,587)	-	-	-	-	-	-	(6,200)
Cost or valuation at 31 March 2014	54,322	119,521	85	6,303	5,443	106	6,511	10,767	203,058
Depreciation at 1 April 2013	3,018	6,646	15	3,417	1,561	91	8,482	2,887	26,116
Transfers by modified absorption*	75	256	-	-	417	-	177	2,044	2,969
Reclassifications	-	(2)	-	-	-	-	-	-	(2)
Disposals	-	(4,502)	(22)	-	(1,239)	(41)	(6,723)	(1,003)	(13,530)
Revaluation	-	(1,881)	(17)	-	-	-	-	-	(1,898)
Impairments charged to operating expenses	2,602	7,617	-	-	2	-	-	78	10,299
Reversal of impairments to operating income	-	(2,037)	-	-	-	-	-	-	(2,037)
Charged during the year	-	2,652	22	-	349	10	861	1,033	4,927
Depreciation at 31 March 2014	5,695	8,749	(2)	3,417	1,090	60	2,797	5,039	26,844
Net Book Value									
Purchased at 31 March 2014	48,627	101,458	87	2,457	4,352	21	3,714	5,730	166,446
Private finance initiatives at 31 March 2014	-	7,689	-	-	-	-	-	-	7,689
Donated and Government Granted at 31 March 2014	-	1,625	-	429	-	25	-	-	2,079
Total at 31 March 2014	48,627	110,772	87	2,886	4,352	46	3,714	5,730	176,214
Purchased at 1 April 2013	39,492	59,785	751	22,357	1,240	-	2,384	2,355	128,364
Private finance initiatives at 1 April 2013	-	7,384	-	-	-	-	-	-	7,384
Donated and Government Granted at 01 April 2013	-	1,143	-	-	-	-	-	-	1,143
Total at 1 April 2013	39,492	68,312	751	22,357	1,240	-	2,384	2,355	136,891

* Assets transferred from Oxfordshire PCT which are restricted to healthcare use.

19.2 Property, Plant and Equipment 2012/13

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2012	42,803	63,844	769	18,117	2,180	91	10,101	4,579	**142,484**
Additions purchased	-	6,463	-	15,999	120	-	756	374	**23,712**
Additions donated	-	66	-	-	-	-	-	-	**66**
Reclassifications	-	7,544	-	(8,342)	501	-	9	288	**-**
Revaluation	85	2,876	(4)	-	-	-	-	-	**2,957**
Impairments	(378)	(5,835)	-	-	-	-	-	-	**(6,213)**
Cost or Valuation at 31 March 2013	42,510	74,958	765	25,774	2,801	91	10,866	5,241	**163,006**
Depreciation at 1 April 2012	2,864	2,074	10	3,417	1,451	91	7,518	2,459	**19,884**
Revaluation	-	(1,350)	(19)	-	-	-	-	-	**(1,369)**
Impairments	154	3,991	-	-	-	-	-	-	**4,145**
Charged during the year	-	1,931	24	-	110	-	964	428	**3,456**
Depreciation at 31 March 2013	3,018	6,646	15	3,417	1,561	91	8,482	2,887	**26,116**
Net book value									
Purchased at 31 March 2013	39,492	59,785	751	22,357	1,240	-	2,384	2,355	**128,364**
Private finance initiatives at 31 March 2013	-	7,384	-	-	-	-	-	-	**7,384**
Donated and Government Granted at 31 March 2013	-	1,143	-	-	-	-	-	-	**1,143**
Total at 31 March 2013	39,492	68,312	751	22,357	1,240	-	2,384	2,355	**136,891**
Purchased at 1 April 2012	39,939	52,459	760	14,700	727	-	2,583	2,120	**113,288**
Private finance initiatives at 1 April 2012	-	8,219	-	-	-	-	-	-	**8,219**
Donated and Government Granted at 01 April 2012	-	1,092	-	-	2	-	-	-	**1,094**
Total at 1 April 2012	39,939	61,770	760	14,700	729	-	2,583	2,120	**122,601**

19.3 Economic life of property, plant and equipment

	Land	Buildings excluding dwellings	Dwellings	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
Minimum life years		**1**	**33**	**5**	**7**	**5**	**7**
Maximum life years		**45**	**33**	**15**	**7**	**8**	**10**

19.4 Further comments on property, plant and equipment

All land and buildings were revalued by the District Valuer using Modern Equivalent Asset valuation as at 31 March 2013 and as at 31 March 2014.
Plant and equipment is valued using depreciated replacement cost.

19.5 Profit/(loss) on disposal of property, plant and equipment

Profit/(loss) on the disposal of property, plant and equipment is made up as follows:

	2013/14	2012/13
	£000	£000
(Loss) on disposal of land and buildings	**(459)**	-
(Loss) on disposal of plant and equipment	**(32)**	-
	(491)	-

£470k of the loss on disposal relates to the net book value of assets held at the John Hampden Unit, Aylesbury. The services provided from this facility were relocated to the new Whiteleaf Centre in March 2014.

20 Impairment of property, plant and equipment

	2013/14	2012/13
	£000	£000
Property, plant and equipment impairments and reversals taken to SoCI		
Recognised in operating income		
Reversal of Impairments due to changes in market price	**(2,037)**	-
Recognised in operating expenses		
Impairments due to changes in market price	**10,299**	4,146
Charge to revaluation reserve		
Impairments/(Reversal of impairments) due to changes in market price	**6,200**	6,213
Total	**14,462**	10,358

In 2013/14 the £14,462k (£10,358k in 2012/13) impairment due to changes in market price was offset by a £1,991k (£4,326k in 2012/13) upward revaluation due to changes in market price, resulting in a net impairment of £12,471k (£6,032k in 2012/13).
The impairment loss included within other comprehensive income of £4,209k (2012/13 £1,886k) is calculated as the net of the £6,200k (2012/13 £6,213k) impairment loss to revaluation reserve and the £1,991k (2012/13 £4,326k) upward revaluation credited to revaluation reserve.

21 Inventories

21.1 Inventories by type

	31 March 2014	31 March 2013
	£000	£000
Drugs	**1,219**	1,475
Consumables	**10**	18
Energy	**25**	32
Other	**31**	30
	1,285	1,555

Inventories are held at the lower of cost and net realisable value.

21.2 Inventories recognised in expenses

	31 March 2014	31 March 2013
	£000	£000
Inventories recognised as an expense in the period	**17,726**	17,879
Write-down of inventories (including losses)	**210**	187
Reversal of write-downs that reduced the expense	**(224)**	(95)
	17,712	17,971

22 Trade and other receivables

22.1 Trade and other receivables

	Current		Non-current	
	31 March 2014	31 March 2013	**31 March 2014**	31 March 2013
	£000	£000	**£000**	£000
NHS receivables	**3,156**	2,265	**-**	**-**
Receivables due from NHS charities - revenue	**57**	41	**-**	**-**
Other receivables with related parties	**2,248**	419	**-**	**-**
Other receivables	**1,006**	1,251	**30**	**30**
VAT	**318**	377	**-**	**-**
Accrued income	**2,550**	2,248	**-**	**-**
PDC dividend receivable	**130**	320	**-**	**-**
Provision for the impairment of receivables	**(190)**	(280)	**-**	**-**
Prepayments other	**1,478**	1,150	**-**	**-**
	10,753	7,791	**30**	**30**

The majority of activity is with Clinical Commissioning Groups, as commissioners for NHS patient care services. As Clinical Commissioning Groups are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary.

22.2 Impairment of receivables

	Ageing of impaired receivables		Receivables past their due date but not impaired	
	31 March 2014	31 March 2013	**31 March 2014**	31 March 2013
	£000	£000	**£000**	£000
Not due	**19**	70		
By up to three months	**16**	53	**2,226**	2,009
By three to six months	**48**	141	**204**	111
By more than six months	**203**	172	**27**	13
	286	436	**2,457**	2,133

The 2012/13 comparative figures have been restated.

22.3 Provision for impairment of receivables

	2013/14	2012/13
	£000	£000
Balance at 1 April	**280**	278
Amount recovered during the year	**(179)**	(196)
Increase in receivables impaired	**89**	198
Balance at 31 March	**190**	280

All individual receivables due have been reviewed to reflect fair value.

23 Disposal groups

23.1 Non-current assets held for sale and assets in disposal groups 2013/14

	Intangible assets £000	Property, Plant and Equipment £000	Financial investments £000	Other £000	Total £000
NBV of non-current assets for sale and assets in disposal groups at 1 April 2013	**-**	**6,400**	**-**	**-**	**6,400**
Plus assets classified as available for sale in the year	**-**	**2,727**	**-**	**-**	**2,727**
Less assets sold in year	**-**	**(6,602)**	**-**	**-**	**(6,602)**
NBV of non-current assets for sale and assets in disposal groups at 31 March 2014	**-**	**2,525**	**-**	**-**	**2,525**

There was a gain recognised on assets sold in the year of £47k

23.2 Analysis of property plant and equipment assets held for sale

	Land £000	Buildings excluding dwelling £000	Dwellings £000	Other property, plant and equipment £000	Intangible assets £000	Other assets £000	Total £000
Balance brought forward at 1 April 2013	**4,600**	**1,800**	**-**	**-**	**-**	**-**	**6,400**
Plus assets classified as held for sale in the year	1,555	452	720	-	-	-	2,727
Less assets sold in the year	(4,600)	(2,002)	-	-	-	-	(6,602)
Balance brought forward at 31 March 2014	**1,555**	**250**	**720**	**-**	**-**	**-**	**2,525**

The non-current assets held for sale at 31 March 2013 relates to Boundary Brook House, formally Park Hospital (Oxford), which was sold in September 2013.
The non-current assets held for sale at 31 March 2014 relate to land and buildings at the Tindal Centre and part of the remaining Manor hospital site. The Trust expects the sales to complete in 2014/15. The loss recognised on becoming classified as held for sale was £5,988k.

24 Trade Payables

	Current		Non-current	
	31 March 2014	31 March 2013	**31 March 2014**	31 March 2013
	£000	£000	**£000**	£000
NHS payables - revenue	**1,315**	810	**-**	-
Related Parties payables - revenue	**2,826**	2,241	**-**	-
Other trade payables - revenue	**2,928**	2,392	**-**	-
Other trade payables - capital	**1,857**	232	**-**	-
Tax and social security costs	**3,644**	3,724	**-**	-
Accruals	**14,071**	15,422	**-**	-
Other Payables	**199**	1,043	**-**	-
	26,840	25,864	-	-

25 Borrowings

	Current		Non-current	
	31 March 2014	31 March 2013	**31 March 2014**	31 March 2013
	£000	£000	**£000**	£000
Loans from:				
Department of Health	**1,338**	**1,338**	**25,425**	**26,762**
Other entities	**15**	**33**	**-**	**16**
PFI liabilities:				
Main liability	**77**	**62**	**4,620**	**4,697**
	1,430	**1,433**	**30,045**	**31,475**

Department of Health loan facility of £28.1m for the Manor House redevelopment has been fully drawn down. This loan will be repaid in full by 2034.

PFI liability will be repaid in full by 2024. The loan in respect of Nuffield Health Centre will be repaid in full by 2015. The Trust has received Salix Finance Ltd Energy Efficiency Loans totalling £86k which will be repaid in full by September 2014.

26 Other financial liabilities

	Current		Non-current	
	31 March 2014	31 March 2013	**31 March 2014**	31 March 2013
	£000	£000	**£000**	£000
Holiday pay accrual	**768**	700	**-**	-
	768	700	**-**	-

27 Other liabilities

	Current		Non-current	
	31 March 2014	31 March 2013	**31 March 2014**	31 March 2013
	£000	£000	**£000**	£000
Deferred Income	**3,820**	2,334	**-**	-
Local Government Pension Scheme	**-**	-	**241**	435
	3,820	2,334	**241**	435

28 Provisions

28.1 Provisions by category

	Current		Non-current	
	31 March 2014	31 March 2013	**31 March 2014**	31 March 2013
	£000	£000	**£000**	£000
Pensions relating to other staff	**99**	97	**1,029**	1,014
Legal claims	**126**	200	**-**	-
Other - redundancy	**350**	534	**-**	-
Other - pensions to death	**16**	15	**185**	179
Other - injury benefit	**44**	47	**793**	840
Other - employment	**178**	32	**-**	-
Other - dilapidations	**227**	246	**555**	562
Other - onerous lease	**110**	-	**-**	-
	1,150	1,171	**2,562**	2,594

28.2 Analysis of provisions

	Pensions relating to other staff	**Legal claims**	**Other**	**Total**
	£000	**£000**	**£000**	**£000**
Provision at 1 April 2013	**1,111**	**199**	**2,453**	**3,763**
Arising during the year	67	83	883	**1,033**
Used during the year	(101)	(23)	(249)	**(373)**
Change in discount	41	-	59	**100**
Reversed unused	(17)	(133)	(711)	**(861)**
Unwinding of discount	27	-	23	**50**
Provision at 31 March 2014	**1,128**	**126**	**2,458**	**3,712**
Expected timing of cash flows:	**£000**	**£000**	**£000**	**£000**
no later than one year	99	126	925	**1,150**
later than one year and no later than five years	377	-	779	**1,156**
later than five years	652	-	754	**1,406**

Pensions relating to other staff results from early retirements for which the Trust is liable. Other provisions includes injury benefits to former staff for which the Trust is liable. Also included in other provisions are dilapidations provisions for the Trust's leasehold premises. There are no material uncertainties around the timing of these cashflows.

£503k is included in the provisions of the NHS Litigation Authority at 31 March 2014 in respect of clinical negligence liabilities of the Trust (£550k at 31 March 2013).

29 Revaluation reserve

	2013/14			2012/13		
	Total revaluation reserve	**Revaluation reserve - intangibles**	**Revaluation reserve - property, plant and equipment**	Total revaluation reserve	Revaluation reserve - intangibles	Revaluation reserve - property, plant and equipment
	£000	**£000**	**£000**	£000	£000	£000
Revaluation reserve at 1 April	**15,040**	**-**	**15,040**	15,982	-	15,982
Transfers by modified absorption	**14,160**	**-**	**14,160**	-	-	-
Revaluation (losses) and impairment losses property, plant and equipment	**(4,209)**	**-**	**(4,209)**	(1,886)	-	**(1,886)**
Transfers to the income and expenditure account in respect of asset disposals	**(1,994)**	**-**	**(1,994)**	-	-	-
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	**(519)**	**-**	**(519)**	(432)	-	**(432)**
Other transfers on reserves	**5,373**	**-**	**5,373**	1,376	-	1,376
Revaluation reserve at 31 March	**27,851**	**-**	**27,851**	15,040	-	15,040

On 1 April 2013, Oxford Health NHS Foundation Trust received assets from Oxfordshire PCT. The net assets received were £39.0m. These net assets had an associated revaluation reserve balance in the accounts of the PCT as at 31 March 2013 of £14.2m. The services associated with these assets were previously transferred to the Trust in 2011, hence the historical performance of the function is already included in the Trust's financial statements.
On 1 April 2013, Oxford Health NHS Foundation Trust recognised the £39.0m net assets in its statement of financial position. The corresponding gain of £39.0m was recognised into the income and expenditure reserve. This gain is material therefore is a separate line item in the statement of changes in taxpayers' equity and within other comprehensive income on the face of the statement of comprehensive income.
The Trust transferred £14.2m from its income and expenditure reserve to its revaluation reserve, and reports this transfer in the statement of changes in taxpayers' equity.

30 Cash and Cash Equivalents

	31 March 2014	31 March 2013
	£000	£000
Balance at 1 April	**30,944**	22,788
Net change in year	**(6,731)**	8,156
Balance at 31 March	**24,213**	30,944
Consists of:		
Cash with Government Banking Service	**23,953**	30,705
Commercial banks and cash in hand	**260**	239
Cash and cash equivalents as in Statement of Financial Position	**24,213**	30,944

31 Pooled Budgets

31.1 Oxfordshire County Council Pooled Budgets

Oxford Health NHS Foundation Trust has a pooled budget arrangement with Oxfordshire County Council. Oxford Health NHS Foundation Trust is the host.

Oxfordshire Adults of Working Age and Older Adults Pooled Budget Performance 2013/14

	Plan	Actual	Adjustment to Contribution
	£000	£000	£000
Oxford Health NHS FT	8,346	8,285	(61)
OCC	2,279	2,262	(17)
OCC contribution to Trust overheads	111	111	-
Total Pooled Budget	**10,736**	**10,658**	**(78)**

Analysis of Income and Expenditure within the Pooled Budget

	Total	Trust Contribution	OCC Contribution
	£000	£000	£000
Pay Expenditure	9,452	7,316	2,136
Non-Pay Expenditure	1,095	969	126
Contribution to Overheads	111	-	111
	10,658	**8,285**	**2,373**

31.2 Buckinghamshire County Council Pooled Budgets

Oxford Health NHS Foundation Trust has two pooled budget arrangements with Buckinghamshire County Council. Oxford Health NHS Foundation Trust is the host.

Buckinghamshire Adults of Working Age Pooled Budget Performance 2013/14

	Plan	Actual	Adjustment to Contribution
	£000	£000	£000
Oxford Health NHS FT	6,370	6,166	(204)
BCC	2,352	2,278	(74)
Total Delegated Budget	8,722	8,444	(278)
BCC contribution to Trust overheads	99	99	-
Total Pooled Budget	**8,821**	**8,543**	**(278)**

Analysis of Income and Expenditure within the Pooled Budget

	Total	Trust Contribution	BCC Contribution
	£000	£000	£000
Pay Expenditure	7,427	5,435	1,992
Non-Pay Expenditure	1,018	732	286
Income	(1)	(1)	-
Contribution to Overheads	99	-	99
	8,543	**6,166**	**2,377**

Buckinghamshire Older Adults Pooled Budget Performance 2013/14

	Plan	Actual	Adjustment to Contribution
	£000	£000	£000
Oxford Health NHS FT	1,847	1,927	80
BCC	963	1,005	42
Total Delegated Budget	2,810	2,932	122
BCC contribution to Trust overheads	41	41	-
Total Pooled Budget	**2,851**	**2,973**	**122**

Analysis of Income and Expenditure within the Pooled Budget

	Total	Trust Contribution	BCC Contribution
	£000	£000	£000
Pay Expenditure	2,757	1,841	916
Non-Pay Expenditure	186	93	93
Income	(11)	(7)	(4)
Contribution to Overheads	41	-	41
	2,973	**1,927**	**1,046**

32 Private finance initiatives

32.1 PFI schemes off-'statement of financial position'

The Trust has no PFI schemes off-'statement of financial position'

32.2 PFI schemes on-'statement of financial position'

Description of the scheme

The scheme provides a centre in Oxford for the secure care of 30 clients with mental health problems and 10 clients with learning disabilities. Many of the clients are offenders who have been referred for treatment through the Courts. The scheme also provides a staff accommodation block.

Community Health Facilities (Oxford) Limited have designed, built, financed, maintained and operated the new facility. They are a special purpose company established through three main sponsors:

The Miller Group Limited
Interserve (Facilities Management) Ltd (formerly Building and Property Group Limited)
British Linen Investments Limited

Contract Start Date:	06 September 1999
Contract End Date:	05 September 2049*

* Contract break possible after 25 years, at 05 September 2024. In 2024, the Trust has legal ownership of the asset.

The inflation of the PFI scheme is linked directly to RPI.

The contract involved the lease of Trust land to the operator for nil consideration. The substance of this transaction was that it would result in lower annual payments over the life of the contract, i.e. an implicit reduction in the unitary charge since the operator has not had to lease the land on the open market. Consequently the value of the land (£700k at 2013/14 value) is recorded within the Trust's total land value.

Total obligations for on-'Statement of Financial Position' PFI contracts due**:

	31 March 2014	31 March 2013
	£000	£000
Not later than one year	**794**	773
Later than one year, not later than five years	**3,568**	3,383
Later than five years	**6,016**	6,849
Subtotal	**10,378**	11,005
Less: interest element	**(5,681)**	(6,246)
Total	**4,697**	4,759

** This is the value of the capital liability and future interest liability.

32.3 Charges to expenditure

The total charged in the year to operating expenses in respect of the service element of on-'Statement of Financial Position' PFI contracts was £508k (prior year £492k).

The Trust is committed to the following charges:

	31 March 2014	31 March 2013
	£000	£000
PFI scheme expiry date:		
Not later than one year	**521**	504
Later than one year, not later than five years	**2,217**	2,147
Later than five years	**3,764**	4,307
Total	**6,502**	6,958

33 Contractual Capital Commitments

Commitments under capital expenditure contracts at 31 March 2014 were £4,505k (31 March 2013 £13,127k).

34 Events After the Reporting Period

No significant events after the reporting period

35 Contingencies

35.1 Contingent Liabilities

	2013/14	2012/13
	£000	£000
Equal Pay cases	**-**	-
Other	**-**	-
	-	-

35.2 Contingent Assets

	2013/14	2012/13
	£000	£000
Contingent Assets	**-**	-
	-	-

36 Related Party Transactions

Oxford Health NHS Foundation Trust is a body corporately established by order of the Secretary of State for Health.

The Department of Health is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below in order of significance. Oxfordshire CCG, NHS England, Chiltern CCG and Aylesbury Vale CCG together account for 86% of the Trust's clinical income.

NHS Oxfordshire CCG
NHS England
NHS Chiltern CCG
NHS Aylesbury Vale CCG
Health Education England
Oxford University Hospitals NHS Trust
NHS Wiltshire CCG
Department of Health
South Central Ambulance Service NHS Foundation Trust
NHS Bath and North East Somerset CCG
Great Western Hospitals NHS Foundation Trust
Community Health Partnerships
Buckinghamshire Healthcare NHS Trust
NHS Nene CCG
Calderdale And Huddersfield NHS Foundation Trust
Southern Healthcare NHS Foundation Trust
Frimley Park Hospital NHS Foundation Trust
Heatherwood and Wexham Park Hospitals NHS Foundation Trust
University Hospitals of Leicester NHS Trust
NHS Litigation Authority
Burton Hospitals NHS Foundation Trust

Government bodies outside the Department of Health that the Trust has had material transactions with are:
NHS Pension Scheme
National Insurance Fund
Oxfordshire County Council
Buckinghamshire County Council
Swindon Unitary Authority
NHS Professionals
Welsh Assembly Government (including Welsh Health Bodies)
NHS Property Services
Wiltshire Unitary Authority

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with Oxford Health NHS Foundation Trust.

The Trust has also received payments from a number of charitable funds, the Trustees for which are also members of the Oxford Health NHS Foundation Trust Board.

The Trust manages the Oxfordshire Pharmacy Store, a shortline pharmaceutical supplier to other NHS organisations. The turnover for the year 2013/14 was £15,466k (£16,209k in 2012/13).

Professor Sue Dopson, who is a non-executive director, is an appointed representative of the University of Oxford (Said Business School). Martin Howell, who is the Chairman, is a Governor of Oxford Brookes University. Alyson Coates, who is a non-executive director, is a Governor of Oxford Brookes University

36 Related Party Transactions (continued)

The transactions with bodies outside of Government and the Department of Health, which are considered related parties by virtue of shared director relationships are disclosed below:

	Income	Expenditure	Receivables	Payables
	£000	£000	£000	£000
University of Oxford	**527**	**3,940**	**-**	**1,223**
Oxford Brookes University	**46**	**67**	**3**	**15**

37 Public dividend capital rate

For Oxford Health NHS Foundation Trust in 2013/14 this dividend is calculated as follows:

	£000
Average Relevant Net Assets	**86,584**
Rate of Dividend (%)	**3.50%**
2013/14 PDC dividend	**3,030**

38 Performance against the prudential borrowing limit

The prudential borrowing code requirements in section 41 of the NHS Act 2006 have been repealed with effect from 1 April 2013 by the Health and Social Care Act 2012. The financial statements disclosures that were provided previously are no longer required.

39 Financial instruments

39.1 Financial assets

	At fair value through Income and Expenditure	Loans and receivables	Available for sale	Total
	£000	£000	£000	£000
Receivables	**-**	**8,827**	**-**	**8,827**
Cash at bank and in hand	**-**	**24,213**	**-**	**24,213**
Other financial assets	**-**	**-**	**-**	**-**
Total at 31 March 2014	**-**	**33,040**	**-**	**33,040**
Receivables	-	5,974	-	5,974
Cash at bank and in hand	-	30,944	-	30,944
Other financial assets	-	-	-	-
Total at 31 March 2013	-	36,918	-	36,918

From 2013/14 non-current assets held for sale are not classified as financial assets, therefore the 2012/13 figure has been restated.
The majority of receivables relate to agreed debt owing from other NHS bodies. Non NHS receivables have been impaired in accordance with Trust policy.

39.2 Financial liabilities

	At fair value through Income and Expenditure	Other	Total
	£000	£000	£000
Payables	**-**	**20,536**	**20,536**
PFI and finance lease obligations	**-**	**4,697**	**4,697**
Other borrowings	**-**	**26,778**	**26,778**
Provisions	**-**	**-**	**-**
Other financial liabilities	**-**	**768**	**768**
Total at 31 March 2014	**-**	**52,779**	**52,779**
Payables	-	19,671	19,671
PFI and finance lease obligations	-	4,759	4,759
Other borrowings	-	28,149	28,149
Provisions	-	-	-
Other financial liabilities	-	700	700
Total at 31 March 2013	-	53,279	53,279

All financial assets and liabilities are held at fair value.

39.3 Maturity of financial liabilities

	2013/14	2012/13
	£000	£000
In one year or less	**22,734**	21,803
In more than one year but not more than two years	**1,471**	1,431
In more than two years but not more than five years	**4,765**	4,593
In more than five years	**23,809**	25,452
Total	**52,779**	53,279

39.4 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups and the way those organisations are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by regulator review. The borrowings are for 1 – 20 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2014 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups and NHS England, which are financed from resources voted annually by Parliament. The Trust is not, therefore, exposed to significant liquidity risks.

The Trust had a Working Capital Facility of £15.0m in place until 30 September 2013 which is no longer required, in line with Monitor's Risk Assessment Framework.

40 Third party assets

The Trust held £307k cash at bank and in hand at 31 March 2014 (£355k at 31 March 2013) which relates to monies held by the NHS Foundation Trust on behalf of patients. This has been excluded from cash at bank and in hand figure reported in the accounts.

41 Intra-Government and other balances

	Receivables: amounts falling due within one year	Receivables: amounts falling due after more than one year	Payables: amounts falling due within one year	Payables: amounts falling due after more than one year
	£000	£000	£000	£000
Balances with other Central Government Bodies	468	-	6,599	-
Balances with Local Authorities	2,317	-	1,586	-
Balances with other NHS Bodies	5,432	-	7,155	-
Balances with Public Corporations and Trading Funds	-	-	-	-
Balances with bodies external to government	2,536	30	15,320	-
Total at 31 March 2014	**10,753**	**30**	**30,660**	**-**
Balances with other Central Government Bodies	576	-	6,824	-
Balances with Local Authorities	330	-	1,031	-
Balances with other NHS Bodies	4,396	-	5,406	-
Balances with Public Corporations and Trading Funds	-	-	-	-
Balances with bodies external to government	2,489	30	14,935	-
Total at 31 March 2013	**7,791**	**30**	**28,196**	**-**

42 Losses and special payments

The total number of losses cases and their total value was as follows:

	2013/14		2012/13	
	Total Value of Cases £	Total Number of Cases	Total Value of Cases £	Total Number of Cases
Losses				
Cash losses	131	10	120,633	4
Stores losses	610	1	-	-
Special payments				
Extra-contractual payments	11,190	2	1,300	2
Special severance payments	4,000	2	24,500	3
Ex gratia payments	64,126	34	148,737	34
Total losses and special payments	**80,057**	**49**	**295,170**	**43**

These amounts are reported on an accruals basis, excluding provisions for future losses.

In 2012/13 the Treasury approved an ex gratia payment of £102,500, made in relation to the severance of employment of a former Director of the Trust.

In 2012/13 cash losses includes a loss of £120,611 incurred in relation to a bank mandate fraud.

43 *Local Government Superannuation Scheme*

Buckinghamshire County Council Pension Scheme

In 2009-10 22 members of staff transferred employment from Buckinghamshire County Council. As at 31 March 2014 22 of these retain active membership of the Buckinghamshire County Council Pension Scheme, which is a defined benefits scheme.

The County Council retains the assets and liabilities relating to this scheme.

The Trust's obligations in respect of pensions liabilities for these staff transferring is with effect from 1 April 2009 and not the period of employment before this date.

The Trust's accounts reflect the liability attributable from this date within Provisions on the Statement of Financial Position, £240,000 at 31 March 2014 (£435,000 at 31 March 2013).

The Trust commissioned Barnett Waddingham to prepare an actuarial report to provide full pension details in accordance with International Accounting Standard 19 (IAS19) . The report is available on request.

43.1 The main actuarial assumptions used at the date of the Statement of Financial Position in measuring the present value of the defined benefit scheme liabilities are:

	31 March 2014	31 March 2013
RPI Increases	**3.7%**	3.4%
CPI Increases	**2.9%**	2.6%
Salary Increases	**4.7%**	4.8%
Pension Increases	**2.9%**	2.6%
Discount rate	**4.6%**	4.7%
Expected return on assets (average)	**6.8%**	5.9%

43.2 The estimated Fund asset allocation as at 31 March 2014 is as follows:

	31 March 2014		31 March 2013	
	£000		£000	
Equities	**1,220**	**72%**	1,011	70%
Gilts	**85**	**5%**	58	4%
Other bonds	**169**	**10%**	130	9%
Property	**136**	**8%**	116	8%
Cash	**17**	**1%**	14	1%
Alternative Assets	**68**	**4%**	116	8%
Total	**1,695**	**100%**	1,445	100%

43.3 The expected return on the plan assets

The expected return on assets is based on the long-term future expected investment return for each asset class as at the beginning of the period (i.e. as at 1 April 2013 for the year to 31 March 2014). The returns on gilts and other bonds are assumed to be gilt yield and corporate bond yield respectively at the relevant date. The returns on equities and property are then assumed to be a margin above gilt yields.

Asset class	**Expected return at**	
	31 March 2014	31 March 2013
Equities	**7.5%**	6.3%
Gilts	**3.6%**	3.0%
Other bonds	**4.2%**	4.1%
Property	**5.8%**	5.8%
Cash	**3.4%**	0.5%
Alternative Assets	**7.5%**	6.3%
Total	**6.8%**	5.9%

43.4 Amounts recognised in the SoCI

	2013/14	2012/13
	£000	£000
Operating expenses - Current service cost	(101)	(108)
Net interest expense	(16)	(18)
Other comprehensive income - Remeasurements of net defined benefit pension scheme asset / liability	249	42
Total pension cost recognised	132	(84)

43.5 Amounts recognised in the SoFP

	2013/14	2012/13
	£000	£000
Oxford Health NHS Foundation Trust liability	(240)	(435)

Oxford Health NHS Foundation Trust is only liable for the deficit in the scheme from the date of transfer of employees from Buckinghamshire County Council in 2009.

Present value of funded obligations	(2,197)	(2,142)
Less fair value of scheme assets (bid value)	1,694	1,445
Deficit in the scheme	(503)	(697)

43.6 Reconciliation of opening and closing SoFP balances for Oxford Health NHS Foundation Trust

	2013/14	2012/13
	£000	£000
Deficit in the scheme at 1 April	(435)	(422)
Expenses recognised in the SoCI	(117)	(126)
Contributions paid (Employer)	62	71
Actuarial gains/(losses) in the current year	249	42
Deficit in the scheme at 31 March	(241)	(435)

43.7 Change in benefit obligation during the year to 31 March

	2013/14	2012/13
	£000	£000
Opening defined benefit obligation	2,142	1,805
Current service cost	101	108
Interest on pension obligations	16	18
Member contributions	27	31
Actuarial (gains)/losses on obligations	(164)	122
Benefits paid	(12)	(12)
Closing benefit obligation	2,110	2,072

43.8 Change in fair value of plan assets during the year to 31 March

	2013/14	2012/13
	£000	£000
Opening fair value of plan assets	1,445	1,121
Actuarial gains/(losses) on assets	85	164
Employer contributions	62	71
Member contributions	27	31
Benefits paid	(12)	(12)
Closing fair value of assets	1,607	1,375

The projected employer contributions for the year to 31 March 2015 are £63k.

44 NHS Charitable Fund

Oxford Health Charitable Funds is not consolidated within the Oxford Health NHS Foundation Trust accounts. The summary results and financial position for Oxford Health Charitable Funds (Charity Registration Number 1057285) are as follows:

Statement of Financial Activities

	2013/14		2012/13	
	£000		£000	
Total Incoming Resources	311		380	
Resources Expended with Oxford Health NHS Foundation Trust	(213)		(195)	
Other Resources Expended	(185)		(170)	
Total Resources Expended		(398)		(365)
Net (outgoing)/incoming resources		(87)		15
Gains on revaluation and disposal		33		108
Net movement in funds		(54)		123

Balance Sheet

	31 March 2014	31 March 2013
	£000	£000
Investments	1,238	1,275
Cash	100	53
Other Current Assets	374	407
Current Liabilities	(86)	(55)
Net assets	1,626	1,680
Restricted / Endowment funds	407	440
Unrestricted funds	1,219	1,240
Total Charitable Funds	1,626	1,680

The 2013/14 Statement of Financial Activities and Balance Sheet are based on unaudited accounts of the Charitable Fund.