

**Oxford Health NHS
Foundation Trust**

**Annual Report and Accounts
2015-2016**

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25 (4) (a) of the National Health Service Act 2006.**

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Foreword by Chairman and Chief Executive

Welcome to our Annual Report for 2015/16, which we hope will provide you with a useful guide to our Trust's main achievements and challenges over the past year.

Our first priority remains to provide 'caring, safe and excellent' services for the people we serve. During the year ended 31st March 2016 Oxford Health NHS Foundation Trust has achieved all standards and targets set by Monitor, the independent regulator, which means that our patients and service users have received a level of quality care and access to our services in line with national indicators. We have continued to manage this within a challenging financial environment, working closely with our commissioners and the wider health and social care system to find new ways to respond to increasing need as our population grows and lives longer, and the complexity of care increases.

During this year the Trust has been thoroughly assessed on how it is meeting the twin challenges of providing quality care and effective financial management by our national regulators the Care Quality Commission (CQC) and Monitor. Their findings have been very much in line with our own expectations, reflecting what we knew of our strengths and weaknesses, and are supportive of the measures we are taking to improve.

In November we learned that Monitor was satisfied with our financial plans and that we were on track to reduce this year's planned financial deficit. We have improved on our original forecast deficit reducing it from £5.4m to £1.9m, in part due to income from the sale of the Tindal Centre in Buckinghamshire. We had further external assurance when the most recent national Reference Cost Index figures published in December confirmed that our Trust is in the top 5% of NHS Trusts for financial efficiency in England, an improvement on the previous year when we were in the top 10%. At the same time we recognise that, in common with all NHS organisations, we must continue to find ways to improve efficiency, with cost improvement targets of £5.1m in 15/16, and £6.5m in 16/17.

The Trust was inspected by the CQC in 2015/16 and rated as 'good' overall in three out of the five quality domains (caring, responsive and well led) and 'requires improvement' in the two remaining (effective and safe). The Trust's overall rating therefore is 'requires improvement'. At the time of the inspection ten of the Trust's fifteen core services inspected were over-all rated 'good', one 'outstanding', and four 'requires improvement'. We are particularly pleased by the 'outstanding' rating for our children and young people's community service, which includes school health nurses, health visitors and children's community nurses. The great majority of the areas for improvement were things we had identified and had plans in place to address. We received no enforcement actions from the inspection and the CQC has indicated that it will re-inspect some services where action is in hand to review our progress within six months

of their visit. We are pleased to report that, following a reinspection of the follow up actions taken at the Luther Street Medical Centre for homeless people it has now been re-rated as 'outstanding'. We have a comprehensive action plan in place to address the issues found and we will continue on our ongoing journey of improving care.

At the core of our approach is a commitment to delivering care as a joint endeavour with the people we serve and we aim to meet the financial and quality challenges in a range of ways. An important part of this is working in partnership.

This year we have launched our Oxfordshire Mental Health Partnership to provide comprehensive adult mental health care aimed at delivering outcomes that provide meaningful recovery for people with mental ill health, including help with education and training, employment, housing, and care and treatment. Working with five third sector partners offers better engagement and accessibility for people using services and draws on the strength and expertise of all parties.

In Buckinghamshire, the Trust has launched a new partnership with the charities Barnardo's and Beat to deliver mental health services for children and young people in the county, with every young person assigned a trained Barnardo's 'buddy', link workers at primary and secondary schools and improved access through a single call centre for referrals and queries.

Other partnerships, include our ongoing work with acute and local authority partners, aimed at developing community services focussed on providing people with the right care in the right place at the right time, so that hospital beds are there for those who need and benefit from them, and support at home is there for the majority who need and want to recover in their home or place of care.

A recent example of this is our work with Oxford University Hospital NHS Foundation Trust and Oxfordshire County Council to reduce delayed transfers of care, operating as a whole system to improve the flow of patients in and out of our hospitals during the annual winter pressures period.

For most of us, once immediate medical needs are addressed and with appropriate ongoing health and social care support, the best bed is very often your own bed, either at home or in residential care. It is in the best interests of patients to leave hospital as soon as they are ready because the longer the delay the greater the risk from hospital-acquired infections and loss of independence and mobility for more vulnerable older people.

In Oxfordshire the Transformation Board has brought together leadership from across our health and social care systems to look at how we can work better together in the longer term over the next two to five years. This is now translating into the development of whole system 'Sustainability and Transformation Plans' for defined regions including Oxfordshire and

Buckinghamshire, in line with NHS England requirements to set out our plans for the next five years.

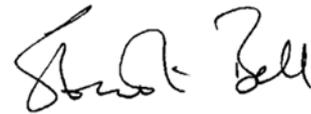
Amid all of this change we continue to look at better use of technology and evidence based care and to gain fresh insights from research, as well as seeking to strengthen our organisation through programmes of staff, patient and public engagement. Most importantly, we are committed to ensuring that all of our efforts are centred on our principal role - caring for the people we serve to the best of our ability.

On behalf of the Board of Directors, we thank our staff, Governors and Foundation Trust members, for their commitment, hard work and support in 2015/16 and we offer all the people in our communities our best wishes for the year ahead.



Signed:

Martin Howell
Chairman



Signed:

Stuart Bell CBE
Chief Executive

Year at a Glance

April 2015

Prime Minister's visit to Witney Community Hospital

Prime Minister David Cameron visited Witney Community Hospital, which included the hospital's Emergency Multidisciplinary Unit (EMU). EMUs use the combined skills of doctors, nurses, occupational therapists, physiotherapists and social workers to rapidly assess and treat patients with multiple, often complex problems, many of whom are frail and elderly. The unit provides medical, nursing, therapist and social care assessment, supported by advances in 'point-of-care' diagnostic technology that provide test results within minutes of patients' arrival. EMUs benefit patients by meeting many of their medical needs without the need for admission to an acute hospital further away. Mr Cameron told staff the Witney unit was a model which could be followed across the country as the NHS moves to a more flexible, seven-day service.

Ward raised £1,400 for patient activity

Staff, patients and friends of a ward at the Warneford Hospital cycled 200 miles to raise money for recreational equipment chosen by patients. Vaughan Thomas ward, a male inpatient mental health ward, organised the event in April, with two teams cycling 100 virtual miles in eight hours on two static bikes. They raised nearly £1,400 for equipment, including a table tennis and pool table.

New 24/7 service rolled out across Oxfordshire

Oxfordshire's Criminal Justice Liaison and Diversion service expanded across the county. The service supports people of all ages with mental health problems, learning disabilities or social care needs who have contact with the police and is now available 24/7 at key locations in Oxfordshire. It is provided jointly by Oxford Health NHS Foundation Trust (OHFT) and Berkshire Healthcare NHS Foundation Trust, in collaboration with the charity, Response. The service supports people as they move through the criminal justice system and seeks to identify, assess and improve the health and wellbeing of vulnerable people, to help reduce re-offending and to inform the justice process.

May

Sensory garden opened at Didcot Hospital

A sensory garden dreamed up by a caring nurse, became a reality when it opened at Didcot Community Hospital. The garden has been named after Gail Castle, who sadly passed away in December 2013. Her family, friends and colleagues gathered in May to celebrate the opening of the garden, which can

support people with dementia and other conditions to reminisce using triggers like the smells of plants. The garden was funded by the Department of Health in partnership with Oxfordshire County Council.

Street Triage nurse police commendation

Mental health nurse Kathy Smithwhite was awarded the Oxford Area Commander's Commendation by Oxford Local Policing Area Commander Christian Bunt, at Oxford Town Hall in May. Kathy was integral to the creation of the Street Triage scheme in Oxfordshire, which has mental health professionals working alongside Thames Valley Police officers on patrol. The service helps people presenting with mental health difficulties who come in contact with police. The scheme greatly reduced the number of Section 136 orders where people in mental distress may be detained by police, fostering closer working relationships and awareness of mental health. A similar service for Buckinghamshire was developed following the pilot in Oxford.

Clinical Trials Open Day

Warneford Hospital hosted a packed event highlighting the importance of clinical research, with leading speakers including *Bad Science* author and academic Dr Ben Goldacre. He was promoting the 'All Trials' campaign, which seeks to prevent research misconduct by lobbying to have all research trials published. Other speakers discussed how research benefits conditions like dementia and bipolar disorder and how research is implemented in the community. There were also fun exercises, including hands-on demonstrations such as a test of reaction times that proved popular with attendees.

June

£100,000 received from OHS Charity for Highfield Unit

Oxford Hospital Services Charity (OHSC) donated £106,401 to the Highfield Unit at Warneford Hospital. It was a final act of generosity from OHSC as they were winding down bringing over 50 years of charitable work to a close. Since 1964, the charity has donated £1.5million towards equipment not normally included under NHS budgets. The charity started through contributions of a penny a week from Oxford's factory workers. OHSC's last donation will help maintain the music suite at the Highfield Unit, to pay for new equipment and fund professional musicians to work with the young people who are inpatients there.

The bespoke suite was initially funded using money from the charity and offers young service users the chance to create and record their own music. The suite has inspired many young people at the Highfield Unit, including one who has since gone on to study music at college and we are most grateful for the charity's support to the Trust over many years.

Cycle scheme

Cycling is a great way to promote health and wellbeing and that is something that the Trust is committed to for staff, patients and the public. The Trust has joined Oxonbike, Oxford's city bike hire system equivalent to London's 'Boris Bike' scheme, with docks and bikes installed at hospitals and other sites. Funding for the bikes came from a Department for Transport grant through Oxfordshire County Council, with additional matched funding from the University of Oxford for the Warneford site.

The bikes are part of the wider Oxonbike scheme run by Oxfordshire County Council, and extend the current network of bike docks, at Oxford Brookes University's Gypsy Lane campus, the John Radcliffe Hospital, the Churchill Hospital, London Road in Headington, Thornhill Park and Ride, the Nuffield Orthopaedic Centre and the University of Oxford's Old Road campus.

Street Triage launched in Aylesbury

Adult Mental Health Services, in partnership with Thames Valley Police, launched a new Street Triage scheme in Aylesbury, Buckinghamshire on 1 June. The scheme has proved very effective in Oxfordshire, where mental health professionals accompanying police patrols have dramatically reduced the number of people in mental health crisis detained by police. The scheme supports effective partnership working between police and health services so that more people are getting appropriate mental health support at the earliest opportunity.

July

Bicester Community Hospital official opening

Bicester in Oxfordshire celebrated the official opening of the town's new community hospital on 1 July. The new 12-bed hospital in Piggy Lane, having initially opened its doors to the public in December 2015, following an 18-month build was officially opened on what turned out to be the warmest day of the year. The hospital has eight individual rooms and two twin rooms, all with direct access to a central garden. It also has a first aid unit, an x-ray department and physiotherapy suites, as well as space for other care to be delivered.

Monitor investigation into Oxford Health financial plans

The health regulator Monitor opened an investigation at Oxford Health NHS Foundation Trust, on 14 July 2015 to understand the Trust's financial challenges and what was being done to ensure it did not breach its Licence. The investigation concluded satisfactorily in November.

Making a difference in Georgia

Three nurses and a doctor from the Trust's forensic mental health service travelled to the Republic of Georgia and spent a week visiting a prison hospital

in Tbilisi and psychiatric hospitals in Kutaisi and Batumi. They worked alongside nursing and medical staff and delivered training days at each site. This was the first part of the Council of Europe project to be designed around nurses. The training days, attended by 20-55 nurses, were on reflective practice, attachment theory, using models of nursing and mindfulness. They also looked at how the local nurses might improve practice. The team has provided a report of the visit and a number of recommendations to the Council of Europe in Strasbourg.

Newly qualified nurse named “rising star” by Nursing Times

Ayodele Ayedun, deputy ward manager on Sapphire Ward at the Whiteleaf Centre in Aylesbury, Buckinghamshire, was named a “rising star” on the Nursing Times list of just 25 nurses from around the country. A judging panel, including the Chief Nursing Officer for NHS England, chose people they believed would be the “innovators, ambassadors and advocates” for the nursing profession in the future. Just two years after qualification, 30-year-old Ayo has developed into an inspirational charge nurse at the centre. Colleagues particularly complimented his positive attitude, empathy and commitment to providing dignified and compassionate care to all of his patients.

August

Adult Mental Health wards AIMS accredited by RCP

Adult mental health inpatient wards in Oxfordshire and Buckinghamshire were officially accredited for their high quality care by the ‘AIMS’ (Accreditation for Inpatient Mental Health Services) programme, an initiative supported through the Royal College of Psychiatrists (RCP). Opal Ward at the Whiteleaf Centre in Aylesbury was cited as an ‘excellent’ example of a rehabilitation ward. All four wards and the Psychiatric Intensive Care Unit (PICU) in Oxfordshire and three wards in Buckinghamshire were accredited.

The AIMS programme is designed to assure staff, patients and carers about the quality of inpatient services through a comprehensive review process. This involves firstly local staff, patients and carers reporting on standards covering: general management of the ward; admission and care planning; patient safety; the environment; and provision of suitable therapies and activities. That is followed by a peer review where the wards are visited by external AIMS assessors including patient and carer representatives. Their findings are then reported to the RCP committee who determine accreditation. Success assures staff, service users and carers, commissioners and regulators of the quality of service provided.

September

Opening of the Oxfordshire Recovery College

The Oxfordshire Recovery College aims to transform the lives of people with mental health problems and officially opened in September. The college provides a free shared learning environment for people who use mental health services, their families, carers, volunteers and staff. It helps people recognise their talents, explore possibilities, develop skills and take control of their own mental health recovery. The College is run by people with personal experience of mental health problems working with people with professional experience. The college is provided by Oxfordshire Mental Health Partnership, comprising Oxford Health NHS FT, Oxfordshire Mind, Response, Restore, Connection Floating Support and Elmore Community Services.

Staff Recognition Awards

The Staff Recognition Awards were held at the Kassam Stadium on 10 September with teams and individuals nominated in eight award categories: delivering care, safety, recognising excellence and innovation, teamwork (clinical), teamwork (non-clinical), wellbeing, living the values and improving patient experience. Winners and nominees spanned physical and mental health and came from across the counties served by the Trust. Chief Executive Stuart Bell presented the awards and thanked all staff for their commitment to ensuring people are provided with the best care, noting it was an occasion to congratulate those who go above and beyond what is expected of them.

Suicide Prevention Conference

The Trust hosted a suicide prevention conference bringing together leading sports figures, politicians and charities, to coincide with National Suicide Prevention Day on 10 September. The event organised by the Suicide Prevention and Intervention Network (SPIN) was at Stoke Mandeville Stadium. From the world of rugby league, Danny Sculthorpe shared his experience of being at the height of his career when an injury brought his professional playing days to an end, leaving him depressed and suicidal. He spoke alongside colleagues from the Charity State of Mind, which works to raise awareness of mental health issues through sports. Other speakers included Madeleine Moon MP, chair of the all-party parliamentary suicide and self-harm prevention group. Workshops focussed on topics such as depression in new fathers, delivering suicide awareness training and preventing young suicide.

CQC Inspection

Staff were praised for being committed, dedicated and passionate during the Trust's Care Quality Commission (CQC) inspection in September/October, noted by inspectors in their report released in early January. In the report, inspectors said patients and carers spoke positively about the care they were receiving and felt they were treated with dignity and respect.

Ten of the Oxford Health NHS FT's 15 services were rated as "good", four 'requires improvement', with one service—the children and young people's

community service—rated 'outstanding'. Due to weighing of various factors, the overall rating for the Trust was 'requires improvement'.

Following the results, Trust CEO Stuart Bell said: "I am tremendously proud of our caring staff for contributing to, delivering and improving our services before, during and after the CQC inspection. We began this journey of improvement before the inspection and we value the insights that our own preparations and the inspection process have given us. The vast majority of the areas for improvement were things we recognised and had plans in place to address."

October

Buckinghamshire CAMHS partnership with third sector

Oxford Health NHS FT launched a new partnership with the charities Barnardo's and Beat to deliver mental health services for children and young people in Buckinghamshire. There is now a single call centre for people to contact, operated by trained Barnardo's staff, and every young person who needs help from the service is assigned a trained Barnardo's 'buddy' to help throughout their care. Link workers have also been assigned to primary and secondary schools across Buckinghamshire. The call centre accepts referrals and takes queries from families, schools, professionals and young people aged 16-17.

Memory clinics accredited by RCP

Memory clinics provide faster diagnosis, treatment and support for people who are concerned they may have dementia and all of our memory clinics have been assessed and ultimately accredited under a prestigious national programme. Three memory clinics in Oxfordshire were accredited 'excellent' by the Royal College of Psychiatrist's (RCP) memory services national accreditation programme. A fourth gained 'accredited' level and the fifth gained accreditation in January 2016. With support from our Academic Health Sciences Network and a lot of dedicated work from staff, the clinics were helped to prepare for accreditation against 170 standards, resulting in significant care improvements and standardisation of practice across the county.

Luther St Medical Centre 30th anniversary

Luther St Medical Centre celebrated 30 years of delivering healthcare to homeless people. It started life in a small temporary hut in Oxford city centre with the aim of helping the city's homeless population, many of whom had difficulties in registering for and accessing healthcare. Today, the Luther Street Medical Centre has treatment rooms for physical and mental health assessments, podiatry, dental and other services. The modern centre was built through fundraising by staff and the public. Initiatives included a buy-a-brick scheme and sponsored walks of 27 miles across the Ridgeway to raise more than £9,000 toward building costs. This achievement is commemorated with a plaque

on the centre's first floor identifying the names of all those who donated to the building fund.

Campaign to target male suicide

Male suicide is the single biggest killer of men aged 20 to 45 in the UK and men account for 78 per cent of suicides. The UK's third CALM (Campaign against Living Miserably) zone was launched across the Thames Valley in a bid to tackle this problem. A CALM zone is an area of the UK where CALM's helpline and campaign is promoted and callers to the helpline are signposted to local services using novel approaches including working with sports clubs, music and comedy venues to reach men who traditionally might not seek help.

November

The Oxfordshire Mental Health Partnership (OMHP) launch

OMHP was publically launched at an event on 24th November. The partnership sees the Trust working with local third sector organisations Restore, Response, Oxfordshire Mind, Elmore, and Connection FS, so that people using any of these services can find it easier to access the local knowledge and expertise of each organisation. The partnership has staff from member organisations embedded into adult mental health teams, giving people rapid access to services like housing or employment. Because assessments have been standardised across the partnership, people can go to one organisation for assessment and need only be assessed once.

Staff recognition in national and regional awards.

Dr Jane Fossey won Best Dementia Specialist Nurse at the National Dementia Care Awards 2015. As a consultant clinical psychologist, responsible for the Trust's psychological services, Jane was nominated by her peers for outstanding work on improving care for people with dementia and putting research into practice. Her work was instrumental in helping all five of our Memory Clinics in Oxfordshire and Buckinghamshire achieve accreditation from the Royal College of Psychiatrists.

Dr Sophie Behrman, general and old age psychiatrist, was named higher trainee of the year by the Royal College of Psychiatrists. She developed a work experience scheme for A-level students, organised a conference on ageing, had six publications and was Oxford University Teacher of the Month.

Lysbeth Weeks, community mental health team manager in Abingdon, was nominated by her team and named Regional Mentor of the Year at the Leadership Recognition Awards in Reading, for her work in motivating and enhancing her team's approach to patient care.

Dr Jeanne Fay who trains GPs for our Emergency Multi-Disciplinary Units (EMU) in Witney and Abingdon received a Health Education Thames Valley (HETV) award for her contribution to the learning environment.

HSJ Awards – Suicide Training – OH Highly Commended

The Trust's suicide prevention training was highly commended at the Health Service Journal (HSJ) awards. The programme was designed to make sure all mental health and community staff had awareness and understanding of why people die by suicide.

Most Active Workplace in Oxfordshire Award – Oxon Sports Awards

The Trust was named the most active workplace in Oxfordshire for the second year in a row in at the Oxfordshire Sports Awards. The award recognised the Trust's commitment to improving the health and wellbeing of staff, particularly in promoting physical activity and healthy lifestyle.

December

Horizon Service Launched

A specialist service for young people who have experienced sexual abuse and harm was launched in Oxfordshire. The Horizon service is a partnership between the Trust and the children's charity Safe! to provide a range of support to these young people and their families. This includes social skills training through psychological services to help manage the long term effects of the trauma of abuse. The service's primary aim is to help young people who have been victims of sexual abuse to feel safe and well again. This includes working with their families to give them the skills to provide even further support. The team sees young people aged under 18 and works closely with other agencies, including offering support and advice to other professionals who may need help with a young person who has experienced sexual abuse.

'What research can do for you' open Day

The Warneford Hospital hosted the *What Research Can Do For You*, open day for patients, carers, staff and the public with insights into cutting edge treatments currently in development, such as wearable technology for monitoring bipolar disorder. Director of Research and Development, Professor John Geddes noted: "The brain is one of the most complex things in our universe and our understanding of it is still limited. There is a lot for us to learn and translate that learning into clinical practice."

Buckinghamshire collaborative work on mental health

Buckinghamshire hosted an event aimed at improving working relationships in the county in response to mental health crisis and the Mental Health Act. Initiated by the Trust's new Buckinghamshire Street Triage service,

representatives from many agencies including Thames Valley Police and Buckinghamshire County Council met, explored scenarios and shared experiences in order to improve people's experience of their services.

January

Improvements to mental health crisis response a success

An evaluation of the Street Triage scheme in Oxfordshire showed that almost 40 per cent fewer people had been detained under the Mental Health Act in 2014 than in the previous year. This demonstrates the value of effective partnership working between police and the NHS and means more people are getting appropriate mental health support at the earliest opportunity.

More widely, the Trust increased the number of hospital-based places of safety in Oxfordshire and Buckinghamshire, also contributing to a significant fall in section 136 detentions in police cells. Another factor is that major changes to the working hours of adult mental health teams, now operating seven days a week, and for more hours, has improved access to community services. This is further supported by enhanced psychiatric liaison services at acute hospital sites, so that people presenting with acute mental health needs via A & E needs receive the right support as soon as possible.

February

UNICEF Baby Friendly Initiative

UNICEF has recognised Oxford Health's commitment to supporting breastfeeding mothers. The Trust has gained prestigious Stage Two accreditation from UNICEF's Baby Friendly Initiative, which works to ensure that mothers and babies receive high quality support on breastfeeding and works to strengthen family relationships. This builds on the Trust's previous Certificate of Commitment and Stage One accreditation. Assessors interviewed health visitors, community staff nurses and nursery nurses working in health visitor teams about their training and the way they offer support to families. The assessors also spoke to managers and looked at training plans and policies on infant feeding and commented on the health visiting team's warmth, enthusiasm and desire to support mothers.

Mary Seacole Leadership Award

Joanne McEwan won a national award for her work protecting girls from female genital mutilation (FGM). Joanne, who is a health visitor with the Trust, won a Mary Seacole Leadership Award, in recognition of her contribution to the health of black and ethnic minority (BME) communities. She is working to develop an app to assist health professionals. Joanne said; "FGM affects women from BME backgrounds. The app will help health professionals identify girls at risk of FGM, empower them with information to enable discussions and provide guidance for

best practice. Ultimately it will assist in protecting girls from FGM and direct survivors to appropriate support and medical services.”

Talking Space Plus launched

Talking Space Plus, a new service being delivered by Oxford Health NHS FT in partnership with Principal Medical Limited and Oxfordshire Mind, was launched at the end of February.

Oxfordshire Clinical Commissioning Group awarded the three partners a five-year contract to provide the wellbeing and psychological service for common mental health difficulties in Oxfordshire. The new integrated service will provide enhanced patient pathways, better outcomes for patients, GPs and Primary Care Teams.

March/April

Director of R&D wins European award for bipolar research

The Trust’s Research and Development Director, Professor John Geddes won the 2016 European College of Neuropsychopharmacology Award for his ground-breaking work on bipolar disorder. The annual award recognises distinguished research that may change treatments of disorders involving the brain.

Professor Geddes was one of the first researchers to combine research methods to understand how genes and changes in the brain can lead to bipolar disorder. He has studied treatments for bipolar disorders ranging from testing new drugs to mindfulness training, and his works comparing many different combinations of drug treatments are seen as landmarks in the field.

He also introduced innovative high tech approaches that enable patients to manage and monitor their own conditions, providing fresh insights into their collective experiences that also open up the possibility of new treatments.

National Apprentices Week

The Trust currently has apprentices taking on a wide variety of roles, from Health Care Assistants to apprenticeships in Talking Space and other psychological therapies. The apprentices gathered to celebrate National Apprentices Week 2016 (14 - 18 March), marking a number of events, including a visit from the Olympic-style Apprentice Torch, which was touring the south of England to promote apprenticeships to employers.

Performance Report

Performance Overview

On 1 April 2006, the Oxfordshire Mental Healthcare NHS Trust (created in April 1994) and Buckinghamshire Mental Health Partnership NHS Trust (created in April 2001) merged to establish the Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust. The Trust became the first NHS organisation in either Oxfordshire or Buckinghamshire to be authorised as a 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 Primary Care Trust. In preparation for this change, the Trust had been renamed Oxford Health NHS Foundation Trust.

Oxford Health NHS Foundation Trust (OHFT) is a public benefit corporation which 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 variety 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, child and adolescent mental health and eating disorder services across a wider geographic area including support for patients in Berkshire and Wales.

We employ around 6,100 staff (WTE 4700) which includes medical staff, therapists, registered nurses, health care workers, support staff and other professionals including psychology, dental staff, social workers and paramedics. We have over 260 clinical teams and operate services across 155 sites. Although we provide mostly community focused services we have a capacity of nearly 400 inpatient mental health beds, and over 141 community hospital beds with our services treating over 132,000 people a year. The Trust is registered with the Care Quality Commission without conditions and is licenced to provide regulated activities by Monitor without conditions.

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 to achieve that aim. These include our third sector partners referenced throughout this Report and Oxford University NHS Foundation Trust, Buckinghamshire Healthcare NHS Trust, and the University of Oxford to promote innovation in healthcare, support research and to train doctors and psychologists. Oxford Brookes University, Bath University and the University of Bedfordshire support us to train nurses and allied health professionals, and we work with local authorities and voluntary organisations and GPs across all the locations we serve in order to best provide 'joined up', seamless healthcare.

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 Trust, like the rest of the NHS has continued to face a very challenging financial environment with limited growth funding, small increases in inflation funding and year on year funding reductions (3.6% in 2015/16) in relation to national efficiency targets. The result of this has been a net real reduction in income year on year for the Trust.

The cost improvement target of £5.1m was achieved in 2015/16 although £1.0m was non-recurrent. The Trust reported a smaller deficit overall than planned mainly due to the benefit of the sale of properties and tight cost control enabling contingency provisions to be released. Due to the difficult financial position faced by the health system, and significant cost pressures experienced most notably in relation to the use of more costly agency staff, out of area patient treatments and increasing drug costs, the year again proved to be a challenging one especially in the context of maintaining high quality services for our patients. Ongoing increases in activity and the complexity of patients presenting have contributed to those challenges where no additional income is receivable under such as our block contract arrangements. The underlying financial position remains a substantial deficit which is reflected in the plan for 2016/17 of a £2.4m deficit.

Given the challenging context, the Trust has aimed to address every opportunity to develop new transformational models of care in partnership with others that both manage population demand and safely reduce the cost of service provision. Working with partners is central to achieving patient-centred collaborative care to meet these and the needs of our patients and service users and we have continued to enhance collaborative working arrangements with health and social care partners across the system. The Trust has continued also to advance the adoption of innovative treatments through closer working relationships with academic institutions and industry, and providing transparent and accessible information for patients and carers.

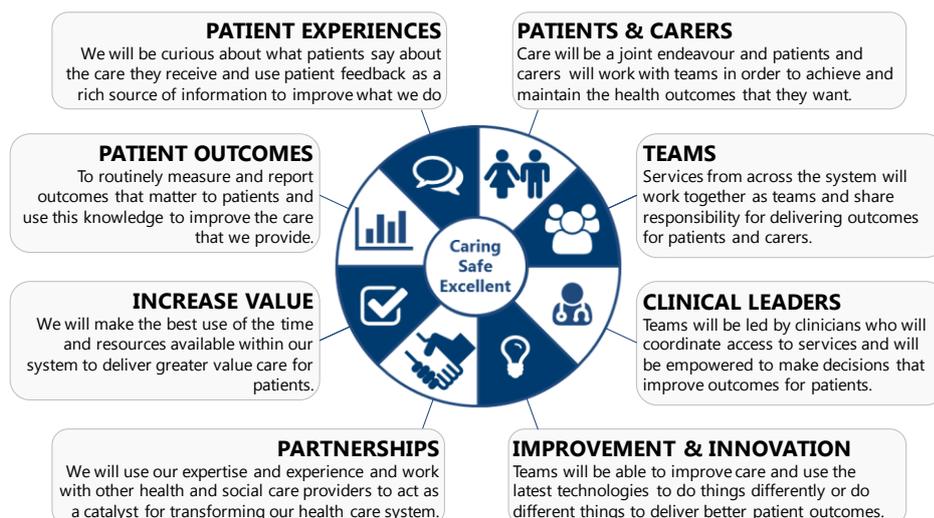
Partnerships and collaborations within the Trust are especially important to us as we work to foster relationships with all our teams and staff groups. By way of example, the Trust has begun to establish staff equality and diversity networks to focus on Black and Minority Ethnic (BME), Lesbian, Gay, Bisexual and Transgender (LGBT) and Disability issues. The purpose of these networks is to recognise and value diversity in teams and to create a community of support and the infrastructure for engaging with staff in a meaningful way on related equality initiatives and highlight issues facing staff and patients in relation to equality. OHFT has signed up to Stonewall's 'Diversity Champions' part of which includes a requirement to undertake a Workforce Equality Index (WEI) audit. We are also in the process of signing up to the Workforce Race Equality Standard (WRES).

We have also established Senior Leaders and Linking Leaders groups that come together three to four times per year. These groups are a broad multi-disciplinary leadership group that review and analyse current and future contexts and support the development of strategies to tackle some of the complex challenges we face. The Linking Leaders groups made up of ward managers, team managers and assistant managers, modern matrons, training clinicians, practice leads and support service leads meet each quarter in Oxford, Aylesbury and Swindon and focus on contributing to the development of joint plans and sharing learning of good practice identified in peer reviews. The linking leaders group has developed actions to improve specific areas from the staff survey and collaborated to develop the OHFT patient engagement strategy which is referenced in greater detail in the Quality Report.

Our vision is that patients and carers who use our services feel that they receive **'outstanding care delivered by outstanding people'** and our strategic aims in order to deliver that vision are:

- Continuously improving 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; and
- Having an international reputation for teaching, training and research and for translating innovation in practice

Our strategic plan sets out what we want to achieve, grouped into the broad categories that we plan to undertake through into 2016/17.



The OHFT strategy has been developed in light of the national and local contexts. Our strategy identifies how we will meet growing demands of ageing populations and increasingly

complex needs of people living with multiple long-term conditions, and mental health conditions.

Close partnerships with a range of social and health care providers are necessary to achieve the outcomes that people want. Public expectations about convenient access to and choices of services are high and we must do everything we can to reduce health inequalities in the communities we serve.

Our strategy describes how we will work together, as a system, to meet these needs within an increasingly challenged financial climate. It outlines how we are working with patients, carers and their families in partnership with other care providers. We are reviewing our services to deliver high value care by innovating, using the latest technologies, doing different things or doing things differently to deliver the best outcomes for patients at the lowest costs.

Our plans reflect our commitment to closing the health gap for children, adults of working age and older people and for people with mental health problems, learning disabilities and autism, aiming to achieve parity of esteem between physical and mental health. Through the OHFT Business Planning process undertaken during the year, the following **7 priorities for 2016/2017** have been agreed:

- 1 To make care a joint endeavour with patients, families and carers
- 2 To improve the quality of care by transforming services
- 3 To support teams to improve the safety and quality of care they provide
- 4 To support leaders to maintain a positive culture for teams
- 5 To ensure Oxford Health NHS FT is high performing and financially viable
- 6 To lead research and adopt evidence that improves the quality of care
- 7 To embed and enhance the electronic health record

Statement on performance from our Chief Executive

The combination of the historically low revenue allocation to OHFT contracts, the increasing activity, and the increasing complexity of conditions makes the achievement of a breakeven position difficult for the years ahead. The relatively high level of efficiency already achieved by OHFT (national reference cost of 87 in 2015, 13% more efficient than the average Trust) makes the delivery of CIPs to the level required to offset the national efficiency target extremely challenging, and combined with the low levels of income received, make financial sustainability very difficult.

Improving efficiency and productivity continues to be a priority for OHFT. During recent years, we self-invested in and focused, after consultation with our commissioners, on remodelling our services to improve integration, local access to high quality care and 7-day working, however, going forward, further transformation will require financial support from the CCGs. Discussions have commenced with our CCGs and other health system providers to create 5 year Sustainability and Transformation Plans that prioritise the health of the regional populations above organisational objectives, the impact of which on OHFT's short term financial position is not yet known.

We have made improvements in patient experience, reducing potential harm, reducing suspected suicides and delivering better clinical outcomes for many of the people we care for and treat. A number of services have achieved external accreditations in the year demonstrating performance that as a minimum satisfies regulator and good practice standards – and include our adult acute, rehabilitation and psychiatric intensive care mental health wards, older people's memory services, the eating disorder wards, the health visiting service, and more information is provided within the Quality Report section of the Annual Report.

- Our challenges include increased demand for services, at a time when it gets harder to fully staff all teams due to regional and national shortages for some of our specialist roles but we remain focused on having a safe and effective workforce supported by effective leadership, working well in teams and focused on continuous improvement. During 2015/16 the Board ensured ongoing assessment of its significant risks to the attainment of objectives and maintained oversight of the specific risks detailed in the Annual Governance Statement which included in particular:
 - Patient/Service User/Career involvement and engagement in own care
 - Delivery of cost improvement plans
 - Workforce planning and recruitment/retention
 - Quality of data and of records
 - Delivery of Electronic Health Record system

The Trust has used a range of channels to engage with staff during the year as it is important that everyone working in the Trust feels informed about its direction and able to contribute to achieving our goals and managing our risks – creating a positive organisational culture. We continue to review and develop our engagement processes to consider how we can improve.

Going Concern

The Board of Directors is clear about its responsibility for preparing the annual report and accounts. The Board considers the annual report and accounts considered as a whole, to be fair balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy. The Board has included a description of the principal risks and uncertainties facing the Trust in the Annual Governance Statement.

Oxford Health NHS Foundation Trust has prepared its 2015/16 accounts on a going concern basis. After making enquiries, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the accounts. The accounts have been prepared under a direction issued by Monitor under the National Health Service Act 2006.

The Trust's directorate structure acknowledges the different populations (and associated commissioning arrangements) served by Oxford Health NHS Foundation Trust. Details of some of the services provided by the three service Directorates and their performance is provided in the sections below.

Older People Directorate

This directorate provides:

- community health services in Oxfordshire
- specialist older people's mental health services across Oxfordshire and Buckinghamshire.

Dementia Care

All five of our Older Adult Mental Health (OAMH) memory clinic services in Buckinghamshire and Oxfordshire have been accredited by the Royal College of Psychiatrists' Memory Services National Accreditation Programme, supported by the Academic Health Dementia Clinical Network.

The three memory clinic services in Oxfordshire and two in Buckinghamshire were formally accredited as meeting standards covering all aspects of memory assessment, including the experience of patients and carers accessing the services. This is a significant external endorsement of the quality of dementia assessment care provided by the OAMH teams and they worked hard to achieve this.

We continue to integrate mental and physical health care for older people, most recently by bringing together psychiatric nurse, psychiatrist and psychologist expertise into the Care Home Support Service. This is to provide training to care homes on providing personalised care for people with dementia, based on a holistic psychological model of care. This approach was developed in Oxfordshire by Dr Jane Fossey and colleagues in conjunction with Oxford University. Dr Fossey has similarly played a significant leadership role in the implementation of the newly validated dementia-friendly design standards for the physical environment, which the Trust implemented across its community hospitals last year.

In recognition of these and her wider contributions, we are very pleased that Dr Fossey has now been awarded the Best Dementia Nurse Specialist/Dementia Lead 2015 by 6th National Dementia Care Awards.

Community Speech and Language Therapy – Adults and Older People

The Oxford Health adult speech and language therapy service (ASLT) provides evidence-based services that anticipate and respond to the needs of individuals who experience speech, language, communication or swallowing difficulties. The service is delivered in patients' own homes, clinics (individual and group appointments) and in community hospitals.

Due to the growing ageing population in Oxfordshire, the service has more recently struggled to meet growing demand for service particularly in relation to high risk referrals. The two key areas of concern were:

1. the significant increase in demand
2. Poor response times for patients with dysphagia needing urgent swallow assessments

With investment from Oxfordshire Clinical Commissioning Group (OCCG), the service has begun recruiting to increase the number of speech and language therapists; and changed the way it provides care to meet increasing need and acuity. This includes providing extra rapid assessment clinic slots to see people with very urgent needs within 48 hours. This has made a huge improvement in the service's responsiveness to people needing a rapid swallow assessment. In 2016, as the service's new posts become fully staffed, it will become part of the integrated locality teams, providing seven days a week local care to people.

Integrated Locality Teams

Patients and carers have started to benefit from the new integrated locality teams (ILTs). The ILTs are multi-disciplinary teams based in each GP locality, consisting of community nursing, end of life matrons, community therapy and support workers. They also link closely with older adult mental health community psychiatric nurses. Their aim is to provide rapid and co-ordinated care for adults with complex long term conditions and older people with frailty who need urgent and co-ordinated care to help avoid or recover from a crisis. Referrals to ILTs have steadily increased during the year, with 171 patients supported by these teams in December.

Patients and clinical teams have benefited from working closely with Age UK's Circles of Support workers. This pilot funded by the Cabinet Office aims to support patients and their carers to access a wide range of local voluntary support, including befriending services, or help accessing grants for essential home improvements. This help was offered to 582 patients during 2015, with a reduction in loneliness being the outcome that patients reported most often.

The ILTs have also benefited from closer working with community social care teams. This has enabled joint assessment for patients with the most complex needs and means patients can experience better co-ordinated care. Strengthening these local joint working arrangements with social care and primary care colleagues is a key part of further developing integrated care for older people in 2016.

Henley Townlands Community Hospital

In March 2016, services moved into the new hospital building on the Henley Townlands site. The new building provides a modern environment for outpatient and community clinics such as podiatry, dentistry, minor injuries unit and GP Out of Hours Service. For the minor injuries unit and GP Out of Hours service this has provided a welcome move from the longstanding temporary accommodation into an environment which is pleasant for patients and staff.

Following OCCG's public consultation, the first floor will accommodate the Rapid Access Care Unit (RACU). This innovative model of care offers next day access to adults (usually older people with complex long term conditions) for a multi-disciplinary assessment and treatment plan. This will enable more people to be treated locally, without the need for an acute hospital attendance or admission. The service will be delivered in partnership between Oxford Health and Royal Berkshire NHS Foundation Trust– and is expected to launch later this year.

Adult Directorate

This directorate provides:

- integrated mental health services for adults in Oxfordshire mental health services for adults in Buckinghamshire
- primary care for the homeless in Oxford
- forensic mental health services for adults across the Thames Valley
- psychological therapies from improving access to psychological therapies to specialist interventions

Accreditation for Inpatient Mental Health Services (AIMS)

The excellent care provided by the Directorate's many wards and units has been recognized by AIMS, an initiative from the Royal College of Psychiatrists. All four wards and the Psychiatric Intensive Care Unit (PICU) in Oxfordshire and three wards in Buckinghamshire have now been accredited, with Opal ward at the Whiteleaf Centre in Aylesbury being cited as an 'excellent' example of a rehabilitation ward.

The Accreditation for Inpatient Mental Health Services (AIMS) programme carries out a comprehensive review to assure staff, patients and carers about the quality of care provided, by measuring performance against standards that make a positive and tangible difference to the patient experience. These standards cover five themes: general management of the ward; the admission and care planning process; patient safety; the environment; and the type of therapies provided.

To gain AIMS accreditation, wards first completed a self-review report on their own standards and staff. Patients and carers are also asked to complete questionnaires about the five themes. The wards were then visited by external AIMS assessors

(including patient and carer representatives) before recommendations were put before the Royal College of Psychiatrists Accreditation Committee.

These peer-review visits assess whether the service is safe, admissions and discharges are timely, therapies and activities are offered and provided to enhance other treatments, and that patients and carers feel informed and cared for. They also note whether services are well-led by compassionate leaders who listen to staff, who are supported and appropriately and sufficiently trained. They also seek to ensure that the service is flexible and effective in responding to individual needs, population demands, service improvements and development.

Oxfordshire Mental Health Partnership

Oxford Health NHS Foundation Trust and five local mental health charities are now in formal partnership to deliver integrated adult mental health services through the Oxfordshire Mental Health Partnership (OMHP). OMHP has been commissioned by the Oxfordshire Clinical Commissioning Group (OCCG) to provide fully integrated adult mental health services across the county for the next five years.

This partnership brings together the Trust as lead contractor with Connection Floating Support, Elmore Community Services, Oxfordshire Mind, Response and Restore. This will facilitate the delivery of a more flexible and personalised recovery-focused service across the county.

The changes mean that anyone in Oxfordshire experiencing a mental health problem will be able to easily access the local knowledge and expertise that each organisation brings. So, patients who are receiving help from one organisation will also be able to access support from others in the partnership. Rather than simply improving mental health, OMHP's contract is based on outcomes that are meaningful to patients, such as finding stable accommodation or employment that support them in living a longer and happier life. For more information, visit www.omhp.org.uk.

New Contract for Integrated Access to Psychological Therapies

The past year saw the Trust, in partnership with the charity Oxfordshire Mind and GP grouping Principal Medical Limited, being awarded a new five-year contract to provide wellbeing and psychological services for people with common mental health difficulties.

We are delivering this mandate through initiatives such as TalkingSpace Plus, a new, fully integrated service that supports better outcomes for patients and closer working with primary care, to help people who are seeking treatment for anxiety and/or mild depression. TalkingSpace Plus offers patients options such as Cognitive Behavioural Therapy (CBT) interventions with psychological wellbeing practitioners, psycho-educational classes to develop self-help skills, computerised CBT, and guided self-help with telephone support. Patients needing more intensive treatment will be

offered a range of evidence-based therapies specific to their individual needs, including therapies for couples and specific counselling for depression.

With the support of the services provided specifically by Oxfordshire Mind, TalkingSpace Plus can also provide wellbeing activities and short psycho-educational courses for people with very mild anxiety or depression, or those needing additional support after recovering from a more serious illness.

Leadership, quality improvement, patient engagement

Future leaders, including staff from partner organisations, are now encouraged to attend the bespoke Leading the Way programme to foster leadership development.

Quality improvements over the last year include:

- Wellbeing clinics to address community and in-patients' physical health needs
- Recovery Colleges in Oxfordshire and Buckinghamshire that provide training courses to promote recovery
- Putting the Recovery Star (a key-working and outcome measurement tool) into routine practice, to ensure that we work with patients to achieve their goals
- Supporting the Mental Health Urgent Care Pathway by continuing Street Triage (where mental health professionals accompany police patrols) in Oxfordshire and Buckinghamshire, and embedding mental health staff in 999 call centres
- Piloting tele-psychiatry (via secure video links) to enable more prompt assessment for patients in Horton and Banbury by the Emergency Department Psychiatric Services in Oxford
- Preceptorship program to support newly qualified nursing staff
- Establishing regular carers' forums

Other regular forums and meetings enable the patient and staff engagement that is central to our services. For example, last year patients on the ward helped redesign communal areas during the refurbishment of the Wenric Ward at Littlemore Hospital. This collaboration will continue across the ward in the year ahead, contributing to positive cultural change.

Children and Young People Directorate

This directorate provides:

- Integrated physical and mental health services for young people aged 0-18 in Oxfordshire
- Mental health services for young people in Buckinghamshire, Swindon, Wiltshire and BaNES and regionally
- Specialist eating disorder services in Oxfordshire, Buckinghamshire and regionally for people of all ages
- Specialist dental services in Oxfordshire and regionally for people of all ages
- Speech therapy for children in Buckinghamshire

‘Let’s Talk FGM’ – an app to help health professionals and clients discuss a difficult subject

In England and Wales it is estimated that approximately 137,000 woman and girls are affected by female genital mutilation (FGM). Some are survivors, and some at risk of FGM occurring. Health professionals have a responsibility to protect girls at risk of FGM, and to provide care for its survivors. Since October 2015 health professionals have to follow the Mandatory Reporting Duty on FGM. Surveys of health professionals in England and Wales revealed that health professionals lacked confidence and feared being insensitive in discussing FGM.

Let’s talk FGM is an app designed to help identify girls at risk of FGM and to direct women survivors to care and support. The app is the result of a Mary Seacole Leadership Award, given to Joanne McEwan, an OHFT health visitor in October. The award provides support, and finance (£12,500) for professional development, and project outcomes.

Content for the app was gathered from focus groups with health professionals, FGM survivors, women from FGM practicing countries and sixth form students. Feedback from these groups called for visual and audio messages, confident and positive images of communities, confidentiality, maps and external links. Ultimately findings indicated that the app had to be a collaborative tool: something the health professional and client navigate together and this is reflected in its development. The app was subsequently launched in May 2016 as a pilot, with plans to further refine it with user feedback for wider release later in the year.

Buckinghamshire Child and Adolescent Mental Health Services (CAMHS)

The new Buckinghamshire service has been operational since October 2015 and is provided in partnership with Barnardo’s and Beat charities. Children, young people and their families have helped us develop a new model that aims to make accessing help from CAMHS much easier, and ensure that the right support is available, at the right time.

We are strengthening the roles of the Article 12 young people's participation group, and will establish regular forums with young people and their families to ensure that future service developments meet their needs, and addresses feedback from young people and their families. We have successfully obtained further funding to develop a training module for schools and children's centres, focussed on attachment, and are working in partnership with social care to implement this. Every primary and secondary school in Buckinghamshire now has a link worker.

A training programme for professionals and the voluntary sector will be rolled out. This will help to challenge stigma that surrounds mental health, and build on the understanding of children's mental health in the wider children's work force. We will also develop information to support parents' and carers' understanding of children's emotional wellbeing. Although in its infancy, the new model is demonstrating that by working in partnership we can offer a responsive and flexible service to children and their families.

Patient Experience and Participation

The Directorate have continued to have patient experience as a focus. Innovative approaches to gathering patient experience are being tested in many services, in addition to individual, group and survey feedback. Some examples include the 'I want great care' online pilot in Witney and Bicester dental clinics, the Tuberculosis nursing service, North Oxfordshire Community CAMHS and Oxfordshire CAMHS OSCA. As well as receiving great feedback so far (e.g. children enjoy the child friendly interface), the site provides graphs and integrates data effectively. Another web-based feedback tool, 'Patient Opinion', is being trialled in Health Visiting.

Young people and family members were an integral part in the successful Buckinghamshire CAMHS tender bid presentation, this included film making, the project board and consultation groups. They have been active in recruiting staff for CAMHS community teams, and our inpatient units at Highfield in Oxford and Marlborough House in Swindon, as well as at Cotswold House eating disorders unit and the Family Nurse Partnership. In the past year we have also created an apprenticeship with the participation and quality team, a role that has been extremely successful.

Involving people who use our services in reviewing and developing them is one of the ways we ensure that their needs are at the heart of what we do. One example is that clients take part in the annual review of the Family Nurse Partnership to share their experiences. Young people and their families review our CAMHS services, and have helped us as part of our ongoing improvement work. Their participation in designing and delivering videos and training helps staff to learn and understand their needs in a range of our services. Our users are active in a wide range of projects including makeovers for our team bases, designing the Children and Young People's

website, apps and developing leaflets and other information that is meaningful to them.

We also ensure that young people from our CAMHS services take part in national events focussed on research and health awareness-raising, such as the Children and Young People's Improving Access to Psychological Treatments Conference and the Celebrating Young Mental Health Event.

Performance analysis

Financial performance

The Trust's financial position is detailed in the Annual Statutory Accounts, which are part of this Annual Report. The Board approved the full audited accounts on 25 May 2016 and the auditor's report on the Annual Report and Accounts was unqualified. Historically, the Trust has a strong track record of delivering against financial targets and has consistently performed better than the national average efficiency. During FY16 the Trust achieved a deficit which was better than planned as well as achieving 100% of the £5.1m cost improvement target set.

The income statement shows an overall deficit of £1.9m and an underlying deficit of £3.2m (before impairments and profit/loss on disposal being a net gain of £1.3m). The underlying deficit compares with the planned deficit for the period of £5.4m, a £2.2m improvement. The main reason for the favourable variance against plan is as a result of the achievement of the cost improvement plans and the tight control of costs throughout the year enabling the release of contingency reserves.

2015/16 Statement of Comprehensive Income Summary	
	£000
Total Income	297,685
Expenses	(293,699)
Operating Surplus	3,986
Finance income/expense	(2,018)
Dividends paid to Government	(3,891)
Deficit for the year	(1,923)
Profit/loss on disposal	(2,630)
Impairment of assets	1,313

Deficit before exceptional items	(3,240)
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Total income increased by £9.3m (2.4%) in FY16 to £297.7m, compared to the previous year. Income from patient activities increased by £5.7m (2.4%) to £245.3m, due to the impact of new contracts awarded in the year. The Trust's main commissioners in FY16 were the Oxfordshire and Buckinghamshire CCGs and NHS England, which accounted for approximately 87% of clinical activity income. Income from other activities increased by £3.6m (7.4%) to £52.3m, excluding reversal of impairments the increase was £4.3m (10.0%) to £47.8m.

Operating expenses decreased by £3.4m (1.1%) to £293.7m, mainly attributable to reduced impairment charges included in expenditure compared to the previous year, offset by increases in drugs costs (reflecting increased pharmacy sales) and services procured under the new income contracts.

The majority of operating expenses relate to pay costs, which have increased by £2.8m (1.3%) to £209.3m due to pay inflation and a rise in agency costs, which was partly offset with vacancies.

Monitor/NHS Improvements Key Performance Indicators (KPIs)

Monitor Financial Sustainability Risk Metrics for the year ended 31 March 2016

	Actual	Plan	Variance	Actual rating
Capital Service Cover	1.3	1.1	0.2	2
Liquidity	-4.5	-6.8	2.3	3
Income & Expenditure Margin	-1.1%	-1.6%	0.5%	1
I&E Margin Variance From Plan	0.5%	0%	0.5%	4
Overall risk rating				2

The Monitor Financial Risk Metrics above are based upon the Trust's quarterly submissions to Monitor. (These submissions to Monitor 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.)

Whilst the average of the individual ratings is a 3, the rules require that the overall rating is capped at 2 due to scoring a 1 on one of the metrics.

Capital expenditure

During FY16, the Trust had reduced investment in its property and infrastructure due to the completion of all major projects the previous year. Capital spend in FY16 was £5.4m, compared with £9.2m in the previous year.

Investment in FY16 focused on addressing estate condition and compliance issues to ensure that properties from which patient services are provided were fit for purpose. The Trust's main capital investment areas during FY16 were:

- estates operational and risk management (£3.8m) – including backlog maintenance and other works to address compliance requirements, such as infection control and ligature risks;
- IT Infrastructure and development (£0.7m) - including £0.1m for the Electronic Health Records project.

Cash flow and net debt

Although the Trust's cash balances decreased by £0.9m during the year they remain relatively strong at £14.4m at the year-end. Cash reduced during the year as a result of the capital investment, PDC dividend payments and increased trade and other receivables partly offset by the operating surplus, proceeds from the sale of the Manor and Tindal sites and increased deferred income.

The Trust generated £7.6m of cash from operations, down £0.4m on the previous year, primarily as a result of the increase in trade and other receivables and decrease in trade and other payables, offset by the improved operating surplus and increased deferred income.

The Trust's gearing ratio (the percentage of capital employed that is financed by debt and long term financing) decreased to 22.1% (23.4% in FY15) as a result of loan repayments reducing the debt balance. Year-end net debt decreased by £1.4m to £28.6m (£30.0m in FY15).

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 -4.5. This equates to a Liquidity risk rating of '3' within Monitor's Financial Sustainability Risk Rating, which represents the second lowest level of risk according to Monitor's metrics.

Total assets employed

Total assets employed increased by £1.1m (0.9%) to £129.3m, reflecting the revaluation of land and buildings.

Trust Performance Framework

The Trust manages performance using a strategic performance framework that provides focus for activity planning, development and performance measurement and comprises four strategic drivers and three enablers.

Strategic drivers:

1. Driving quality improvement
2. Delivering operational excellence
3. Delivering innovation, learning and teaching
4. Developing business through partnerships

Strategic enablers:

5. Developing leadership, people and culture
6. Getting the most out of technology
7. Using our estate efficiently

Annual business plans are created to deliver the Trust strategy with performance measures aligned with the strategic drivers and enablers and progress with the achievement of the plans is reviewed quarterly at Board. Further information is provided in the Directors' Report.

Driving quality improvement focuses on quality measures around safety, patient experience and outcomes and our performance is explained in detail in the Quality Report.

Delivering operational excellence focuses on providing services that are productive and efficient and that deliver the required outcomes with value for money. Performance is managed through regular contract review meetings with commissioners, regular performance reviews with the service directorates and through the monthly financial monitoring and review processes.

The services operated by the Trust are many and diverse and require a large number of performance indicators to be monitored and these indicators fall into two categories; contractual and productivity. The contractual measures are reviewed formally with our main commissioners in detail each month for compliance and improvement purposes; targets and KPIs (Key Performance Indicators) were almost completely met and no contractual performance notices were received in the year. To ensure that the Trust strives to be one of the best, benchmarking activities are carried out throughout the year to identify areas for improvement. The national reference costs, submitted by all trusts, show that OHFT is one of the most efficient

trusts in England with the 2015 index result of 87 against an average trust of 100 (13% more efficient), which is an improvement over the 2014 result of 89.

Delivering innovation, learning and teaching focuses on raising the standards of healthcare through developing links with academic institutions to maximise opportunities to translate research, training and clinical excellence into improvements that meet the challenges of 21st century healthcare. Income for R&D activities amounted to £6.8m with each project subject to strict reporting requirements by the funding authorities, covering finances and project outcomes, all of which have been met.

Developing business through partnerships focuses on collaboration rather than competition in the belief that improving the health of the populations we serve can only be achieved by working together across the health systems with those involved in healthcare provision. In Oxfordshire, an innovative outcomes-based contract commenced mid-year for the provision of adult mental health services. The contract brought together Oxford Health and five key third sector partners to deliver integrated care the success of which is measured on patient health outcomes and has made a successful start in the first six months. During the year significant progress has been made with developing integrated locality teams and integrated bed-based urgent care pathways in Oxfordshire and in both Buckinghamshire and Oxfordshire, care cluster pathway and recovery models for older adult mental health and an integrated partnership model for children and adolescent mental health services.

Developing leadership, people and culture focuses on enabling and supporting the workforce to fulfil their potential to be the outstanding people to realise our vision of outstanding care. More details of activity and performance can be found in the Staff Report section.

Equality, diversity and inclusion: The Trust is committed to equality and diversity as an employer and as a healthcare provider, working within the provisions of the Equalities Act 2010 and beyond. We recognise that equality, diversity and inclusion contribute to delivering good quality 'person centred care', and we are actively monitoring and promoting it, supported by our line management, human resources and occupational health systems. From 2014 to 2018, we have set ourselves ten objectives based on an assessment of the equality delivery system (EDS2), to ensure compliance with the public sector equality duty and the workforce race equality standard (WRES). The Trust's executive-led equality and diversity steering group oversees progress with these objectives. Details of our work in this area, including training and support networks, are set out in the Quality Account and Report - Part 3: Achievement against the quality priorities for 2015/16, Section 6. Equality, Diversity and Inclusion (for staff and the people we treat).

Getting the most out of technology focuses on using and optimising technology, in particular IT, to improve healthcare outcomes and experience in a more efficient way. This year, the key activity centred on the replacement of the core electronic health record system, which is a major programme of work affecting every clinician in the Trust. The programme board is chaired by the Chief Executive and has met regularly to oversee the implementation and provide update reports to the main Board. It has been an extremely complex and challenging project, having to support 78 services, across 5 counties and required the training of over 6000 staff, however, the new system is successfully installed and in use for all healthcare activity although there is an ongoing programme of improvement necessary to mature the system and achieve the required benefits in full.

The ability to support mobile working has been greatly enhanced and a number of community based teams are already enabled to work in a flexible way using mobile devices to access and update the health records with early evidence to demonstrate reduced travel time and costs and a greater number of patient contacts. A quarterly Information Management and Technology report on progress with developments and overall performance is reviewed at the Finance and Investment Committee.

Using our estate efficiently focuses on ensuring a safe environment for patients and staff which is fit for the purpose of providing modern healthcare services and is used and maintained efficiently. There is a thorough risk and performance framework in place to ensure all properties are maintained to the appropriate standards and risks are continually assessed, prioritised and mitigated. The major part of the capital spend programme is allocated to ensuring the estate is fit for purpose. Performance against standards and development plans is reviewed in detail monthly. The established estates strategy aims to rationalise the varied portfolio of properties to ensure services can be appropriately provided in the right place and efficiently.

Key indicators reportable to Monitor (now NHS Improvement)

A number of key performance indicators are mandated as part of the requirements for all Foundation Trusts' registration with both Monitor and the CQC, and achievement is reported quarterly. The results for the Trust are listed in the table below showing that all our KPIs have been met. These indicators are reviewed at service, directorate level and monthly, at Board.

Monitor targets 2015/16	2015/16 submissions				
	Target	Q1	Q2	Q3	Q4
Clostridium (C.) difficile – meeting the C. difficile objective - Cdiff due to lapses in care	7	0	0	0	0
<i>Clostridium (C.) difficile</i> – Cdiff identified but not due to a lapse in	n/a	1	5	7	9

care at OHFT (cumulative)					
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway (consultant led only)	92%	100%	100%	100%	100%
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge (including minor injuries and walk in centres)	95.0%	96.2%	96.9%	96.8%	96.6%
Data completeness: Community Services					
Referral to treatment information	50%	81.3%	80.6%	99.4%	99.5%
Referral information	50%	100.0%	100.0%	100.0%	100.0%
Treatment activity information	50%	91.6%	88.6%	93.0%	91.1%
Care Programme Approach (CPA) patients					
Receiving follow up within 7 days of discharge (all discharges)	95%	94.5%	96.1%	96.3%	95.7%
having a formal review within 12 months	95%	95.0%	95.4%	97.1%	95.0%
Minimising Mental Health Delayed transfers of care	<=7.5%	2.6%	2.3%	2.2%	2.6%
Admissions to inpatients services had access to Crisis Resolution/Home Treatment teams	95%	100%	100%	99.4%	100%
Early intervention - 95% of contractual target					
Oxon PCT - caseload					
Bucks PCT - new cases on caseload	95%	113%	125%	129%	135%
Data completeness: Identifiers	97%	97.3%	98.9%	98.9%	98.4%
Data completeness: Outcomes for patients on CPA	50%	76.7%	76.6%	79.2%	80.9%
Self-certification against requirements relating to healthcare for people with learning disabilities	n/a	Achieved	Achieved	Achieved	Achieved
Early intervention in Psychosis (EIP): People experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral	50%	n/a	n/a	n/a	51.30%
Improving access to psychological therapies (IAPT)					

1. People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	75%	n/a	n/a	97.8%	82.0%
2. People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	n/a	n/a	99.8%	97.0%

Environmental matters

Sustainability

The Trust recognises the links between health and the environment and how, in different ways, its activities affect the environment. During the year the Trust approved an Environmental Policy and Sustainable Development Management Plan. These set out the Trust's intended strategy and how it will reduce its environmental impact; they are modelled on the NHS Carbon Reduction Strategy and share these key commitments:

1. Sign up to the Good Corporate Citizen Assessment Model
2. Monitor, review and report on Carbon Emissions

The Trust has worked with other trusts and some university academic research departments in Berkshire and Buckinghamshire, as a contributor to the Oxford Academic Health Science Network. This has provided opportunities to benchmark carbon emissions with similar organisations and, to be informed and participate in suitable carbon reduction initiatives.

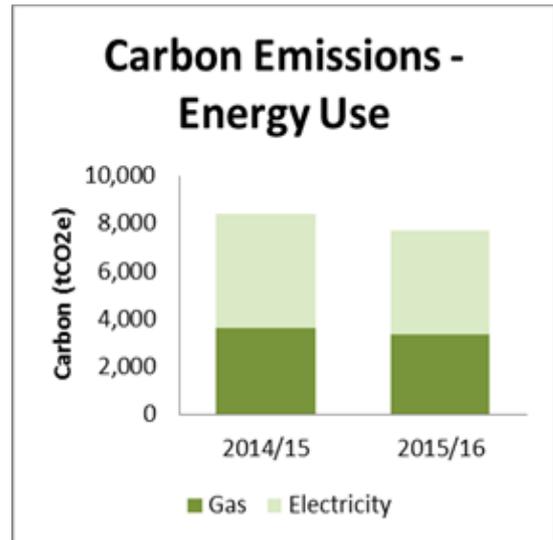
Carbon reduction

During 2015/16 the Trust reduced its carbon emissions by reducing energy consumption through a combination of estate rationalisation, technological innovation and, renewable energy sources (e.g. ground source heat pumps at the Whiteleaf Centre and New Highfield Unit). The Trust successfully reduced its carbon emission by 9% compared to the previous year.

2015/16 reductions in Energy and Carbon emissions were provided by:

- Property disposals as part of the 2015/16 estates rationalisation plan (Chancellor Court, Coley Clinic and, Manor & Tindal.)
- Installation of LED low energy Lighting in Ward areas
- Installation of low emission boilers at Littlemore and Abingdon Hospital
- Installation of solar panels at the Highfield Unit

Further information is in the Director's Report.



Signed:

Dated: 25th May 2016

Stuart Bell CBE
Chief Executive and Accounting Officer

Accountability Report

Directors' report

The Board of Directors is focused on achieving long term success for the Trust through the pursuit of sound business strategies, whilst maintaining high standards of clinical and corporate governance and corporate responsibility. The following statements explain our governance policies and practices and provide insight into how the Board and management run the Trust for the benefit of the community and its members.

The Board of Directors brings a wide range of experience and expertise to its stewardship of the Trust and continues to demonstrate the vision, oversight and encouragement required to enable it to thrive. In the past year, the Trust welcomed a number of new members to the Board, each bringing new skills and expertise to the organisation at a crucial time and enabling us to maintain an appropriate balance of skills and experience within the composition of the Board.

At the end of the year the Board comprised seven non-executive directors including the chairman (holding majority voting rights); five executive directors including the chief executive; and the Director of Corporate Affairs and Company Secretary (non-voting member). Details of all Board directors and membership of committees are included later in the Annual Report.

Chairman, Martin Howell is responsible for the effective working of the Board, for the balance of its membership subject to Board and governor approval and for ensuring that all directors are able to play their full part in the strategic direction of the Trust and in its performance. The chairman conducts regular appraisals of the non-executive directors and presents the outcomes of such to the Governor Remuneration and Nomination Committee. Furthermore the chairman is responsible for carrying out the appraisal of the chief executive.

Stuart Bell, CBE is chief executive and responsible for all aspects of the management of the Trust. This includes developing appropriate business strategies agreed by the Board; ensuring appropriate objectives and policies are adopted throughout the Trust; that appropriate budgets are set and that performance is effectively monitored.

The chairman, with the support of the company secretary ensures that the directors and governors receive accurate, timely and clear information, making complex information easier to digest and understand. Directors are encouraged to update their skills, knowledge and familiarity with the Trust's business through their induction, ongoing participation at Board and committee meetings, attendance and participation at development events and board seminars, and through meetings with

governors. The Board is also regularly updated on governance and regulatory matters.

There is an understanding whereby any non-executive director, wishing to do so in the furtherance of their duties, may take independent professional advice through the director of corporate affairs/ company secretary at the Trust's expense. The non-executive directors provide a wide range of skills and experience. They bring an independent judgement on issues of strategy, performance and risk through their contribution at Board and committee meetings. The Board considers that throughout the year, each non-executive director was independent in character and judgement and met the independence criteria set out in Monitor's Code of Governance.

The non-executive directors have ensured that they have sufficient time to carry out their duties. Any term beyond six years is subject to rigorous review. The non-executive directors through the Remuneration Committee are responsible for reviewing the performance appraisal conducted by the chief executive of executive directors and that of the chief executive conducted by the chairman.

During the year, time has been spent with the governors to understand views of the Trust and its strategies, and all Board members attend the Council of Governors' meetings and governors are free to attend the public Board meetings as observers. Surveys of members have supported our understanding of the things that matter to patients, but we recognise more work needs to be done to make membership more meaningful for those that would wish to be more involved. We also want to help patients be more involved in their own care and in service developments and new membership and patient involvement strategies will be implemented during 2016/17.

During the year covered by this Annual Report the Board of Directors comprised the following individuals who served as Directors in 2015/16:

Executive Directors (*voting executive members of the Board*)

Stuart Bell, CBE, Chief Executive

Ros Alstead, Director of Nursing and Clinical Standards

Mike McEnaney, Director of Finance

Dr Clive Meux, Medical Director

Yvonne Taylor, Chief Operating Officer to December 2015

Pauline Scully, Interim Chief Operating Officer January 2016 to 21st February 2016

Dominic Hardisty from 22nd February 2016

Kerry Rogers, Director of Corporate Affairs and Company Secretary from 1st September 2015 (*non-voting member of the Board*)

Non-Executive Directors (*voting non-executive members of the Board*)

Martin Howell, Chairman

Sir John Allison

Sir Jonathan Asbridge

Mike Bellamy

Alyson Coates

Professor Sue Dopson

Dr Anne Grocock

Lyn Williams (Vice Chairman and Senior Independent Director (SID))

The Chairman and Non-Executive Directors are appointed for a period of office as decided by the Council of Governors at a general meeting, and their terms of office may be ended by resolution of the Council of Governors in accordance with the provisions and procedures laid down in the Trust's Constitution.

During the year, the Council of Governors re-appointed the Chairman, Martin Howell for a final three year term following a rigorous process which was led by an external facilitator - Thames Valley and Wessex Leadership Academy (for both the chairman and chief executive) with the chairman's appraisal also supported by the Lead Governor, presenting the outcome to the Council of Governors. To ensure continuity on the Board in light of recent changes, and his positive appraisal which sought the views of many through a 360 degree process, the Council of Governors agreed it was important to re-appoint the Chairman beyond 6 years, for a further period of 3 years, subject to continuance of positive annual appraisals.

The current periods of office of each of the Non-Executive Directors and their respective terms are provided below:

Name	Period of office	Term since FT status
Martin Howell	31/03/19	3rd
Sir Jonathan Asbridge	30/06/17	1st
Sir John Allison	30/09/17	1st
Mike Bellamy	31/01/18	3rd
Alyson Coates	31/03/17	2nd
Professor Sue Dopson	31/05/18	2nd
Dr Anne Grocock	31/01/18	3rd
Lyn Williams	31/03/17	3rd

Register of interests

The register of interests for all members of the Board is reviewed regularly and is maintained by the director of corporate affairs/company secretary. Any enquiries should be made to the director of corporate affairs/company secretary, Oxford

Health NHS Foundation Trust, Trust Headquarters, Warneford Hospital, Warneford Road, Headington, Oxford, OX3 7JX

Skills and Experience

We are required to describe in the Annual Report each director's skills, expertise and experience and these have been outlined below along with their attendance at the ten Board of Directors' meetings that took place during the year detailed aside each director's name:

Martin Howell (Chair) 9/10 meetings

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, a Governor of Oxford University NHS Foundation Trust and a Board member of Thames Valley Crime Stoppers.

Sir John Allison 9/10 meetings

Sir John was appointed to the Board on 1 April 2015, having previously been appointed Associate Non-Executive Director from 1 October 2014. He had a long distinguished career with the Royal Air Force, retiring with the rank of Air Chief Marshal. Subsequently he was a Director of Jaguar Racing Ltd and then a Project Director for Rolls Royce Plc. He was also a member of the Criminal Injuries Compensation Appeals Tribunal for 13 years. Sir John was elected President of Europe Air Sports in 2004 and served for 5 years. He was President of the Light Aircraft Association from 2006 to 2015.

Sir John is a Knight Commander of the Order of the Bath and a Commander of the Order of the British Empire. Between December 2005, and March 2013 he served as Gentleman Usher to the Sword of State; the officer of the British Royal Household responsible for bearing the Sword of State on ceremonial occasions.

Sir Jonathan Asbridge (Non-Executive Director) 8/10 meetings

Sir Jonathan was appointed Non-Executive Director on 1 July 2014. He was the first president of the UK's Nursing and Midwifery Council. From early experiences as a St John Ambulance cadet in Cardiff, he went on to become a state registered nurse at St Thomas' Hospital, London. After a career in nursing at Singleton Hospital, he moved to Addenbrooke's Hospital, becoming General Manager, then Director of Clinical Care services. He later became Chief Nurse at Barts and the Royal London Hospitals. In 2003 he was appointed National Patient Champion for A&E Experience at the NHS Modernisation Agency. He has also worked at Llandough Hospital and the John Radcliffe Hospital in Oxford.

Sir Jonathan is a member of the Royal College of Nursing, Amnesty International, and the Standing Nursing and Midwifery Advisory Committee. He is a trustee of the Nurses Welfare Service and Senior Nursing Editor for the Journal of Clinical Evaluation in Practice. In June 2006 he was knighted in the Queen's Birthday Honours List.

Mike Bellamy (Non-Executive Director) 9/10 meetings

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 Buckinghamshire 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) 9/10 meetings

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) 5/10 meetings

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) 10/10 meetings

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. Her background is as an academic and senior administrator within the University of Oxford.

Her special interests in the Trust include chairing the Oxford Health Charity Committee. Anne also chairs 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. Prior to joining the Trust Anne was the Executive Director of the Royal Society of Medicine.

Lyn Williams (Non-Executive Director & SID) 10/10 meetings

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

Stuart Bell CBE (Chief Executive) 10/10 meetings

Stuart 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 32 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.

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

Ros Alstead (Director of Nursing and Clinical Standards) 9/10 meetings

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.

Dominic Hardisty 2/2 meetings

Dominic was appointed Chief Operating Officer and Deputy Chief Executive in February 2016. Dominic was previously Deputy Chief Executive of Northamptonshire Healthcare NHS Foundation Trust.

His background includes 20 years as a leader and entrepreneur in the private sector as well as, since 2009, at several NHS acute and community trusts. These roles have included leading teams to transform services across acute, community, mental health and children's/young people's pathways, as well as leading on responses to CQC inspections and formation of partnerships across primary, acute, community and social care. He holds a degree from Oxford University and an MBA from Harvard Business School.

Mike McEnaney (Director of Finance) 8/10 meetings

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) 9/10 meetings

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 32 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.

Kerry Rogers (Director of Corporate Affairs & Company Secretary) 5/6 meetings

Kerry joined the Board of Directors in a non-voting position, as Director of Corporate Affairs and Company Secretary on 1 September 2015. Kerry has held Director level roles in the NHS prior to coming to Oxford Health NHSFT, most recently with Sherwood Forest Hospitals NHS Foundation Trust in the Midlands. Until 2010 Kerry was a lay member for the Nursing and Midwifery Council on the Business Planning and Governance Committee.

With over 20 years' experience in business and finance in both public and private sectors, Kerry champions good governance and in her company secretary role provides the essential interface between our Board and all of our stakeholders. Prior to joining the NHS in 2005, her early public sector career was as an Inspector of Taxes. She then went on to be a finance director and company secretary in the private sector, contributing to the strategic direction and operational excellence of businesses.

Yvonne Taylor (Chief Operating Officer) 7/7 meetings

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, previously 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. Her particular interest is in leadership and leading change. Yvonne is also a Visiting Fellow at the University of Reading where she designed and leads the delivery of the Leadership Programme of Children and Young People's IAPT (improving access to psychological therapies).

Pauline Scully (Interim Chief Operating Officer) 2/2 meetings

Pauline took on the role of Interim Chief Operating Officer from January to February 2016. Her substantive role is as Service Director for the Children and Young People Directorate. Pauline brought many years of NHS operational experience to the role, having worked clinically as a registered acute and mental health nurse, as well as having held governance and operational management roles across the Trust.

Board Committees

During the year the committees of the Board, in addition to the statutory Audit and Remuneration Committees, each of which were chaired by a non-executive director, are detailed below. The terms of reference of the Board committees reflect the required focus on integrated risk, performance and quality management and further detail with regard to the work of the Audit, Remuneration, Quality, Finance and Investment and Charity Committees can be found in the corporate governance section of the Annual Report and within the Annual Governance Statement and Remuneration Report.

The Quality Committee which is chaired by Martin Howell, the Chairman enables the Board to obtain assurance regarding standards of care provided by the Trust and that adequate and appropriate clinical governance structures, processes and controls are in place.

The Finance and Investment Committee chaired by Lyn Williams, Vice Chairman and Senior Independent Director has overseen the development and implementation of the Trust's strategic financial plan and overseen management of the principal risks to the achievement of that plan.

The Trust also has a Charity Committee, chaired by Anne Grocock, ensuring the stewardship and effective management of funds which have been donated, bequeathed and given to the Oxford Health Charity.

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 Trust's governance framework was reviewed at the end of 2014/15 with changes made to the arrangements relating to quality at the beginning of 2015/16.

The Integrated Governance Framework describes the governance and assurance arrangements for the Trust, integrating clinical and corporate governance. The Committees of the Board have been 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 led on compliance with CQC standards with assurance drawn from the sub-committees of the Quality Committee.

The Quality Committee provides assurance to the Board of Directors that we are discharging our responsibilities for ensuring service quality and that we are compliant with our registration requirements with the CQC. These responsibilities are defined within the CQC's five key questions and their key lines of enquiry and includes assurance that good and poor practice is recognised, understood and being managed through the operational and clinical management structure.

The role of Quality Committee and its sub-committees is to:

- provide assurance that we have in place and are implementing appropriate policies, procedures, systems, processes and structures to ensure our services are safe, effective and efficient
- provide assurance that the organisation is compliant with regulatory frameworks and legislation
- approve changes in clinical or working practices or the implementation of new clinical or working practices
- approve new or amended policies and procedures
- monitor the quality, effectiveness and efficiency of services and identify any associated risks
- approve and monitor strategies relating to quality

The directorate and corporate, operational and clinical management structures are accountable to the Board of Directors through the Executive Team. With a clearer delineation between governance and management responsibilities it has enabled a stronger focus for reporting into the quality committee.

There are four quality sub-committees that report to the Quality Committee. The sub-committees reflect the five CQC key questions and are composed of: safe; caring and responsive; effective; and well led. Each of these is responsible for providing assurance to the quality committee that we are compliant with all of the key lines of enquiry which sit under their particular key question(s) and any other areas which fall within their responsibility.

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 submits reports to the Board on quality and safety matters on a monthly basis which include 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 and the experiences of patients and service users. Such reports include the complaints annual report, quarterly updates against the Quality Account, and HR workforce key performance indicator reports. Reports, such as the Board Assurance Framework, to the Board of Directors also describe the key risks to the attainment of the Trust's objectives and the mitigating controls and action plans to address any gaps. The internal audit programme which is reviewed by the Audit Committee provides assurances on a range key governance areas.

The Executive team regularly reviews the quality of services through weekly consideration of Serious Incidents Requiring Investigation cases, inquests and complaint trends and themes. The Trust has also established Quarterly Performance reviews for each service directorate 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.

The quality of care provided was independently assessed during the year, and clarity with respect to the focus for improvement was received when at the end of September 2015 the CQC undertook an inspection of our services. The CQC has rated Oxford Health NHS Foundation Trust 'good' in three out of five quality measurements – *caring, responsive* and *well-led* and 'requiring improvement' in the remaining two, *effective* and *safe*. This gives Oxford Health an overall rating of 'requires improvement' based on weighted scoring across all services inspected. No enforcement notices were issued and the majority (11 out of 15) of the Trust's services were rated 'good' (10) or 'outstanding' (1). More information is included within the Annual Governance Statement and Quality Report and the actions required to improve our services are contained within a Quality Improvement action plan.

Although we all have a lot to be proud of at the Trust, we know what we need to do to improve and inquiries such as the Francis and recent Mazars' reports and other NHS inquiries serve as an important reminder of our professional and personal responsibilities. We like everyone in the NHS, need to continue to focus our attention on ensuring quality care for all our patients. We will continue to ensure that we have learned from the messages in the Francis and other reports as well as from inspections of our own services in order to maintain and improve the care we deliver to patients.

Driving Quality Improvement

Throughout 2015-16 there have been several programmes of work which aimed to improve patient safety, clinical outcomes and patient experience. The Safer Care project has continued to ensure clear leadership and accountability for the delivery of harm reduction approaches in areas of clinical concern using IHI (Institute of Health Improvement) methodology and suicide prevention approaches. Work has also continued to address the reduction in the number of AWOLs in pilot sites (absent without leave) and all participating wards are now showing improvement.

A key goal has been to review serious incident (SI) processes and ensure duty of candour - meeting the legal duty of candour requirements and reducing harm through effective learning from serious incidents. Work continues on embedding our duty of candour for lower level incidents and reviewing the SI process with clinical directorates to improve the timeliness of completed draft root cause analysis (RCA) reports which is impacting on the time to check the quality of reports prior to serious incidents panels. Work will continue to embed the learning further across inpatient and community services.

Work continued to progress well to reduce preventable healthcare-acquired infections (HCAIs) through audits and screening and no cases occurred in the year determined to be as a result of lapses in care.

Another key goal was to improve patient and carer experience within our services. We continue to improve levels of patient satisfaction and to develop patient involvement strategies that promote the systematic use of patient involvement across the Trust. These include extending the use of Patient Opinion and other on-line feedback routes. We proactively promote and respond to feedback posted through online forums such as Patient Opinion and NHS Choices and in the coming year a website on patient experience, including information about actions taken following incidents and complaints, will be developed. A 'get involved' campaign was launched to facilitate public events to engage patients, carers, general public and staff in the development of a new strategy. The new patients and carer involvement strategy was launched in 2016.

An IC:5 taskforce group was put in place and met fortnightly. Prior to the inspection in September 2015, a peer review programme was also established. Using the learning from CQC inspections, OHFT is working with teams throughout the organisation to embed a caring culture. We aim to learn from each other to continually provide better services for our patients and carers. Following a safety conference in September 2015 and further work to develop our 2016/17 quality objectives the Trust is preparing to join the Sign up to Safety national campaign in the coming months.

Delivering Operational Excellence

Our three clinical directorates (Adults, Children and Young People, and Older People) aim to deliver effective and efficient services and have continued to maximise the benefits from the remodelling work carried out in 2014.

In 2015-16 our focus has been on establishing key partnerships in Oxfordshire which will allow us to deliver the best value care for patients and to benefit the care system as a whole. We are judging our success not by how well we compete with others but by how well we collaborate with them.

The Oxfordshire Mental Health Partnership, a partnership delivering mental health care to adults, was awarded to OHFT and five third-sector partners in 2014: Oxfordshire Mind, Response, Restore, Elmore Community Team and Connection Floating Support. This is a model of care focussed on recovery to deliver greater value and allows us to deliver better outcomes for clusters of patients at lower costs and deliver more flexible, needs-led approaches to mental health. The partnership has continued, undertaking a number of projects including the development of the acute to community pathway and the recovery college to support service users and

carers. A number of other Adults services have been developed in the year. A new model of care has been implemented for complex needs, early intervention service and forensic services.

Within the Children and Young People directorate, the (Children and Adolescent Mental Health Services) CAMHS model has continued to be developed and we are building strong relationships with Barnardo's to deliver care. During 15/16 we have established a clear process throughout the Autistic Spectrum Disorder pathway in Oxfordshire across the 0-18 years age span that ensures the most effective and consistent care. A new school health nursing service has been established for Oxfordshire, covering the 4 lots of school health nursing, the healthy child weight management programme and school-based mental health services.

The Older People Directorate is developing integrated locality teams; strong partnerships with Oxfordshire County Council, and Oxford Federation to design a modern, integrated system of care for older people and people with long-term conditions in the Oxford City area. The transformational change that is in progress involves working to deliver a cohesive and integrated community service to the Oxford City patient population, maximising use of resources and ensuring a joined up approach to the delivery of care and care planning. Work continues with Buckinghamshire County Council (BCC) and Buckinghamshire Healthcare Trust to take forward the plans for integrated community services in the county.

We have endeavoured to enable timely access to memory assessment and signposting to post diagnostic support, supporting individuals to maintain their independence. Services have been co-located at four GP surgeries in Buckinghamshire providing a more cohesive and integrated service for patients with 90% of patients seen within 40 days.

To aid our work to improve productivity, there has been progress on our business intelligence and patient-level costing projects. A patient-level costing system (PLICS) has been developed and is being implemented, including various reports on unit costs and high level service line reports.

Innovation, Learning and Teaching

We continue to maximise the benefits of our strong ties with academic institutions across Thames Valley through the Academic Health Sciences Network (AHSN), the Academic Health Sciences Centre (AHSC) and the *Collaboration for Leadership in Applied Health Research and Care* (CLAHRC). These collaborations aim to benefit the health and wealth of our local populations and to maximise opportunities to translate research, training and clinical expertise to meet the healthcare challenges of the 21st Century.

Work is ongoing within the Children and Young People directorate to improve Data Completeness for Improving Access to Psychological Therapies and an Anxiety and Depression Network to establish collaborative clinical leads and data managers in CAMHS, in order to support data collection and our improvement targets. One key goal during 15/16 has been to implement Acute Inpatient Mental Health Services (AIMS) across the inpatient services and gain AIMS accreditation to further enhance patient care and experience.

We have continued to seek opportunities for research and development. This includes establishing journal clubs, exploring links with universities and encouraging the use of the National Institute for Health Research (NIHR) - Research Design Service and OHFT's outreach library service. Work has been ongoing for developing the themes and the cross cutting themes, governance arrangements and collaborative working across Oxford and we are working to increase the recruitment of patient participants into studies. This is building translational capacity on existing science strengths within the Trust. The CRIS (Clinical Records Interactive Search) tool continues to be developed in order to expand the Trust's research capability and for use in clinical audit.

Developing our Business

Throughout 2015/16 OHFT has developed the Oxfordshire Mental Health partnership. This has delivered a Recovery College for patients, staff and carers across the partnership organisations since September 2015. Plans have been developed to ensure all staff working under the remit of the partnership agreement have access to the necessary training and development.

A key priority has been to improve the transition between acute services and community care thus reducing the number of patients with no alternative but to stay on the wards and this work continues into 2016-17. Throughout 2015-16 we have been working towards implementing new care pathways in our older adults' directorate and CAMHS to establish clinically standardised approaches sustainable to service delivery. Accessibility to information can support better cross organisational working and we have been working towards sharing of information and improving access to the OHFT patient record - a proposal has been shared with the partners for further development into the next year.

Developing Leadership, People & Culture

We continue to work to attract individuals to work for the Trust and retain staff who demonstrate the Trust's values of 'caring, safe and excellent' in order to deliver quality care to patients. Funding has been secured from Thames Valley & Wessex Leadership Academy (TVWLA) to further develop the behavioural framework and to embed our new online performance development record (PDR) process.

Numerous open days and recruitment fairs have been held and attended with updates to our NHS Jobs site and the 'Working for Us' section of the website to include further information on Career Development Opportunities, Implementation of an apprenticeship programme with Learning and Development staff, and providing clearer information on staff accommodation. Work is ongoing to implement a recruitment action plan to include employer branding, candidate attraction and retention strategies.

We aim to develop our staff through high quality performance management and leadership training for nursing and for new HCAs / Support Workers to meet a nationally recognised standard during their probation period - the Certificate of Fundamental Care. Oxford Health has adopted an organisational development framework which categorises the five key aspects of organisational performance to monitor, co-ordinate and support to ensure that the Trust strategy can be delivered.

We have delivered an audit of our flexible workforce in order to further develop improvements to the quality of care provided to patients and the patient / carer experience through an increased fill rate of flexible shifts, a greater quality of flexible resource, and reducing the cost of agency workers generating savings in support of the Trust's cost improvement programme and improving the continuity of the delivery of care for patients.

In order to retain our staff, various projects focused on staff development, engagement, rewards and wellbeing throughout the year. A nearly 50% response rate to the staff survey was achieved (increasing from 31.8% in previous year), and results were then fed back to Divisional Directors and staff at a Linking Leaders Conference and through wider communication channels.

Getting the Most out of Technology

A significant development this year has been the next phase development of our Electronic Health Record, which contains the information that our staff need to deliver high quality care, and patients and carers need to manage their own care more effectively. This will also reduce the administrative burden on clinical staff, and contains all the information that staff and patients need to manage their care. In October 2015 the Trust successfully transitioned away from RiO. Much effort has been placed on reengineering the data warehouse to support reporting on the combined data from Carenotes and RiO. There is a defined list of outstanding issues that are being worked through to embed the new system and more information is contained in the Annual Governance Statement.

Using our Estate Efficiently (Sustainability)

Work has continued to provide suitably located, functional community services accommodation to support home/community care service models. Option appraisals

and business cases are developed as required and are integrated with the Oxfordshire Wide Transformation Project. Monthly meetings to review risk have been established.

Plans to develop and implement an environmental strategy incorporating green travel planning to reduce carbon emissions has delivered Oxon bikes at the Warneford and Littlemore sites, as well as designated bicycle changing facilities. Solar panels are being considered for Buckinghamshire at the Whiteleaf centre. The organisation recognises that environment and health are linked and that its day to day activities affect the environment in a number of ways. In light of this the Trust approved in 2015/16 an Environmental Policy and Sustainable Development Management Plan.

This Policy sets out the strategic direction for the Trust with regards to reducing carbon emissions. The NHS Carbon Reduction Strategy for England sets out the key commitments and timeframes around Carbon reduction as follows:

1. Sign up to the Good Corporate Citizen Assessment Model
2. Monitor, review and report on Carbon Emissions

As regards a Carbon reduction plan the Trust as part of the Oxford Academic Health Science Network, has benchmarked Carbon Emissions against other organisations with an initial action plan as follows:

Description	Status FY16
Installing LED Low Energy Lighting in Ward areas.	Completed in specific Wards, ongoing replacement program
Low Emission High Efficiency Heating Systems	Installed Low emission, High efficiency Boilers and pipework lagging at Abingdon Hospital, Littlemore Mental Health Centre. Ongoing replacement program FY17.
Photo Voltaic – Solar Panels	Installed at Highfield Unit, Whiteleaf Centre to be approved.
Transport	Reviewed feasibility of replacing Maintenance vehicle fleet with Low Emission Electric Vehicles. Charging point installed on Warneford site.

Equality and Diversity

We have been using the NHS Equality Delivery System (EDS) to develop our equalities work. This framework has helped us to identify our equality priorities and consolidate the progress we have made to date, which can be attributed to a number

of relationships, practices and initiatives involving a diverse range of stakeholders, sector agencies and partnerships.

The examples below illustrate our performance in relation to using the EDS2 to advance equality for service users and staff and further detail is included in the Quality Report.

- The Trust has developed policy guidance for providing health services to transgender people in partnership with inpatient mental health and community hospital staff and transgender people. This will enable us to ensure that our services are responsive to meeting the needs of transgender service users and improving provision for this protected characteristic group.
- An 'Islam and Wellbeing' conference was organised in partnership with Mind, Talking Space IAPT (improving access to psychological therapies) and the local Muslim community. The purpose was to raise awareness of mental health within the community and the cultural barriers to accessing services/therapies. The event was attended by members of the local community and healthcare professionals and the local Imam delivered the key note speech.
- Health informatics have been advised in line with NHS England's 'Monitoring Equality: A Guide for the NHS' throughout the development of the new Electronic Healthcare Records system to ensure that patient demographic information is captured across the nine protected characteristics.
- A 'Six Facet Survey' has been completed which looked into the quality of provision across all our estates for patients. One of these facets was in relation to disability which covered signage, access, safety, etc. The recommendations are being implemented by the facilities and estates management team.
- The Dental Service Health Promotion team has worked on a number of projects and programmes to directly address health inequalities. The team completed a five year oral health programme in primary schools in areas of disadvantage. The schools were selected based on the findings for epidemiological surveys of tooth decay.
- A one year dementia project was also run by the Oral Health Promotion team which explored the health literacy requirements of those with dementia and their carers. Three resources were developed using feedback from Young Dementia UK, Age Oxfordshire and Alzheimer's Society service users. The consultation with service users during the development of the resources was a vital means by which to ensure their efficacy. Using the findings from this project and the Corporate Accessible Communications Guide - developed by the Equality and Diversity Steering Group - was vital in informing the development of literature and has brought about service-wide improvement in accessibility.
- A new model for learning disabilities (LD) CAMHS across Wiltshire and Bath and north east Somerset has been developed. A number of key appointments

were made, including a clinical lead for LD to ensure that this vulnerable group's needs are understood across all of our services and access to specialist assessment, advice and consultation is evenly distributed across the area. The new model is more highly skilled, proportionate across the geographical areas, and integrated with mainstream CAMHS.

- In the last six months, the Children and Young People Directorate have implemented extended services for care leavers who turn 18 but have ongoing emotional needs which do not meet the thresholds for adult mental health care. Through close working with commissioners, we have identified this vulnerable group often needs additional support with their emotional development due to earlier experiences in their childhood. Early indicators for this suggest more positive outcomes and less crisis presentations for this population.
- The Family Nurse Partnership has integrated their service to potential and existing clients. They seek to engage and work with a vulnerable target group (young mothers/ families), some of whom may still be in education themselves, and some of whom may have partners and/ or family supporting them.
- LD CAMHS Oxon and Bucks have participated in the Carer's Triangle Assessment (part of the Carer's Strategy) and have demonstrated as such how well they work on a very individualised basis with their families who will be long term service users, often with complex needs, affecting the patient and the family as they try and move forward with their lives. The service has a high standard of expertise in delivering a family-centered approach to care, understanding and trying to support the needs of the family, and the patient as carer and patient but also as a family.
- Children's community nurses (CCNs) take a detailed and sensitive approach to developing meaningful care plans for their patients, supporting the needs and requirements of the individual families. Specifically, the CCNs have a detailed, responsive and reactive approach to end-of-life care, tailoring their work and service delivery on a daily basis to meet the specific requirements and needs of clients and receive exceptional feedback from service users about the quality of care at this very difficult time for parents and young people.
- Oxfordshire 'Dignity Plus' Programme - Improving the environment of care for people with dementia in Oxfordshire. Oxfordshire County Council, working in partnership with the Oxfordshire Clinical Commissioning Group, health providers and voluntary and private sector social care providers, secured £1.53M of capital funding from the Department of Health (DH) to help deliver step change improvements in caring and healing environments for people living with dementia in Oxfordshire. The programme sets out to raise the standard of care for people with dementia in care homes and community hospitals across the county. This funding was used to create calm, dementia-friendly environments by changing premises to improve navigation for

residents and promote interaction between dementia sufferers. Improvements included improved lighting and flooring, as well as well as creating quiet spaces for residents to meet with their friends and family.

- 'Knowing Me' - knowing the person, not just the patient is a joint initiative between the Trust, the Oxfordshire University Hospitals Foundation Trust and the Oxford Dementia Leaders Group. 'Knowing Me' is a dementia passport, based upon the concept promoted by the Alzheimer's Society. It allows staff to know more about the lives - likes and dislikes - of their patients, despite conditions such as dementia meaning that communication and understanding may be difficult. Each patient who suffers from dementia, or other conditions affecting memory, has a 'Knowing Me' book or 'passport' which can be filled in either by them or their carers. The 'passport' allows staff across health and social care to get a fuller understanding of the patients in their care - everything from the individual's likes and dislikes, to things that will worry or upset them. Having a shared understanding facilitates improved joint working between health and social care and importantly ensures the delivery of person centred care.
- Our annual progress against the workforce race equality standard (WRES) was published in July 2015 and the areas for improvement that we will be focusing on are included in more detail in the Quality Report.

Disclosures

- **Income Disclosures** can be found in notes 4, 5 and 6 to the Accounts.
- 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, and details can be found in note 14 to the accounts.
- There were no **political donations** during the year.
- The Trust has complied with the **cost allocation and charging** requirements set out in HM Treasury and Office of Public Sector Information Guidance.

Disclosure of information to the auditor

In exercising reasonable care, skill and diligence, each director confirms that so far as they are aware, having made such enquiries of his/her fellow directors and of the company's auditors for that purpose; and taken such other steps (if any) for that purpose, as required by his/her duty as a director, there is no relevant audit information of which the Trust's auditors are unaware. Each director has taken all the steps that they ought to have taken as a director to make themselves aware of any relevant audit information and to establish that the Trust's auditors are aware of that information. Relevant audit information is information needed by the auditor in connection with preparing their report.

Remuneration report

Scope of the Report

The Remuneration Report summarises the Trust's Remuneration Policy and particularly, its application in connection with the executive and non-executive directors. The report also describes how the Trust applies the principles of good corporate governance in relation to directors' remuneration as defined in the NHS FT Code of Governance, in Section 420 to 422 of the Companies Act 2006 and the Directors' Remuneration Report Regulation 11 and Parts 3 and 5 of Schedule 810 of the Large and Medium sized Companies and Groups (Accounts and Reports) Regulations 2008 (SI 2008/410) ("the Regulations") as interpreted for the context of NHS Foundation Trusts, Parts 2 and 4 of Schedule 8 of the Regulations and the NHS Foundation Trust Code of Governance.

Details of executive directors' remuneration and pension benefits and non-executive's remuneration are set out in the tables below and have been subject to audit.

Remuneration Committee

The Board appoints the Remuneration Committee and its membership comprises only non-executive directors. The committee meets to determine, on behalf of the Board, the remuneration strategy for the organisation including the framework of executive and senior manager remuneration. Its remit currently includes determining the remuneration and terms and conditions of the executive and their direct reports, the terms and conditions of other senior managers and approving severance payments. (Employer Based Clinical Excellence Awards are dealt with by the Board of Directors).

During the year, the following non-executive directors have served on the committee as core members:

	Attendance:
Mike Bellamy (Chair)	3/3
Martin Howell (Trust Chairman)	3/3
Lyn Williams (SID)	3/3
Alyson Coates	2/3
Anne Grocock	3/3
John Allison	2/3
Jonathan Asbridge	2/3

The committee also invited the assistance of the Chief Executive (Stuart Bell), the Director of Finance (Mike McEnaney, Executive Director responsible for Human Resources), the Deputy Director of Human Resources (Jayne Halford) and the Director of Corporate Affairs/Company Secretary (Kerry Rogers). None of these

individuals or any other executive or senior manager participated in any decision relating to their own remuneration.

The Committee has met on 3 occasions during 2015/16.

Senior Managers' Remuneration Policy

The Trust is committed to the governing objective of maximising value over time. To achieve its goals, the Trust must attract and retain a high calibre senior management team to ensure it is best positioned to deliver its business plans.

The Trust defines its senior managers as those managers who have the authority or responsibility for directing or controlling the major activity of the Trust. That is those who influence the Trust as a whole. For the purposes of this Report, the Trust defines these as the voting and non-voting members of the Board of Directors.

During the year the Trust adhered to the principles of the agreed pay framework that remunerated the performance of the executive directors and their direct reports based on the delivery of objectives as defined within the Annual Plan. There are no contractual provisions for performance related pay for executive and direct reports and as such no payments were made relating to 2015/16. The approach to remuneration is intended to provide the rigour necessary to deliver assurance and the flexibility necessary to adapt to the dynamics of an ever changing NHS. It is fundamental to business success and is modelled upon the guidance in The NHS Foundation Trust: Code of Governance and the Pay Framework for Very Senior Managers in the NHS (Department of Health).

The key principles of the approach are that pay and reward are assessed relative to the performance of the whole Trust and secondly in line with available benchmarks. In light of the Trust's financial situation, the remuneration policy for 2015/16 and for the next financial year will not include any performance related pay elements, but all directors' performance will be assessed against delivery of the Annual Plan and associated corporate objectives and kept in line with recognised benchmarks (eg NHS Providers and the wider pay policies of the NHS).

It was agreed, as was the case for the past four years, that there would be no general annual increase applied to senior managers' pay or other elements of remuneration arrangements for the year 2015/16. There have been no significant changes to senior managers' remuneration during the year.

Executive appointments to the Board of Directors continue under permanent contracts and during 2015/16, no substantive director held a fixed term employment contract. The chief executive and all other executive and corporate directors hold office under notice periods of 3 or 6 months as detailed within the Annual Report,

except when related to conduct or capability. There were no interim members of the Board of Directors during 2015/16 with the exception of the short-term interim arrangements in place for the Chief Operating Officer during January and February 2016.

Annual Statement on Remuneration

There are no elements that constitute any senior managers' remuneration, including Executive and Non-Executive Directors, in addition to those specified in the table of salaries and allowances. The amounts that are designated salary in the table represent a single contracted annual salary and there are no particular remuneration arrangements which are specific to any senior manager. There were no changes made in the period to existing components of the remuneration package and no components added.

The majority of staff employed by the Trust are contracted on Agenda for Change terms and conditions and the general policy on remuneration contained within these terms and conditions is applied to senior managers' remuneration (and all other staff employed on non-Agenda for Change contracts), with the exception of the Medical Director, to whom medical and dental terms and conditions apply. The board members who are each not on Agenda for Change contracts are listed in the table on the next page (their contracts are permanent, and there are no unexpired terms).

Remuneration for senior managers is set, on appointment or following substantial change in responsibilities, with reference to the Incomes Data Services report on NHS senior manager pay and NHS benchmarking data collected by organisations such as NHS Providers. The major consideration for annual pay increases for senior managers is the award made under Agenda for Change in recent years – no annual increase has been applied to senior managers for four years.

During the year the non-executive directors successfully appointed a new Director of Corporate Affairs/Company Secretary (non-voting), Chief Operating Officer and Medical Director starting at the Trust on 1st September 2015, 22nd February 2016 and 1st April 2016 respectively.

The Code of Governance submits that the board of directors should not agree to a full-time executive director taking on more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity, nor the chairpersonship of such an organisation. No executive directors of the trust served as a non-executive director elsewhere during the year with the exception of the Chief Executive, serving as an unremunerated non-executive director Chair of the Picker Institute for which limited time is required across the year.

Non-executive directors' remuneration

The remuneration for non-executive directors has been determined by the Council of Governors and is set at a level to recognise the significant responsibilities of non-executive directors in Foundation Trusts, and to attract individuals with the necessary experience and ability to make an important contribution to the Trust's affairs. They each have terms of no more than three years and are able to serve two concurrent terms dependent on formal assessment and confirmation of satisfactory on-going performance. A third term of three years may be served, subject to a positive annual appraisal and a broader review taking into account the needs of the Board and the Trust. The maximum period of office of any Non-Executive Director shall not exceed nine years from the time the Trust became a Foundation Trust.

Their remuneration framework as agreed previously by the Council of Governors is consistent with best practice and external benchmarking, and remuneration during 2015/16 has been consistent with that framework. There were no cost of living increases applied for non-executive directors during 2015/16 which has now been the case for the last 6 years.

None of the non-executive directors are employees of the Trust; they receive no benefits or entitlements other than fees, and are not entitled to any termination payments. The Council of Governors as a whole determines the Terms and Conditions of the non-executive directors. There were no new non-executive appointments during the year and no changes to any individual non-executive's remuneration.

The Trust does not make any contribution to the pension arrangements of non-executive directors. Fees reflect individual responsibilities including chairing the committees of the Board, with all non-executive directors otherwise subject to the same terms and conditions.

Annual Report on Remuneration

- **Termination Payments**

Notice periods under senior managers' contracts are determined and agreed taking into consideration the need to protect the Trust from extended vacancies on the one hand and the needs of the employee and financial risks to the Trust on the other. The maximum notice period is six months. Payments to senior managers for loss of office are governed by and compliant with the NHS standard conditions and regulations and all payments are submitted to Monitor for Treasury approval. There were no payments made in the period to any senior manager for loss of office or any payments made to any individual who was not a senior manager in the period but had been a senior manager prior to this financial year.

- **Disclosures**

The Trust is required to disclose the relationship between the remuneration of the highest paid director in the organisation and the median remuneration of the organisation's workforce. The remuneration of the highest paid director in the Trust in the financial year 2015/16 was £189,260 (2014/15, £189,260). This was 6.72 times (2014/15, 7.69 times) the median remuneration of the workforce, which was £28,180 (2014/15, £24,599).

In 2015/16, no employee (none in 2014/15) received remuneration in excess of the highest paid director. Remuneration ranged from £15,100 to £189,260 (2014/15 £12,180 - £189,260). The Medical Director receives a National Clinical Excellence Award, shown as 'other remuneration', but this is not a cost borne by the Trust.

To achieve its goals, the Trust must attract and retain high calibre and experienced members of the executive team to ensure it is best positioned to succeed. As referenced within this Remuneration Report, the Trust applies the principles of the Code of Governance and NHS guidance on remuneration in addition to a regular review of available benchmark information.

The Remuneration Committee is satisfied that it has taken appropriate steps to ensure where any senior manager is paid more than £142,500 that the level of remuneration is reasonable and proportionate, including benchmarking of job content, responsibility and salary across similar sized organisations. There are currently two senior managers who have been paid above this level for more than three years and there have been no additions to this group in 2015/16.

- **Expenses**

There were 16 directors who served in office during the financial year 2015/16 (2014/15, 14), of which 11 (2014/15, 11) received expenses with a total value of £17,000 (2014/15, £14,900).

During 2015/16, the Trust had 37 Governor seats available (2014/15, 37). Full details of the Governors in post through the year can be found in other sections of the Annual Report. Whilst the role is voluntary, governors are entitled to claim reasonable expenses. The total value of expenses reimbursed through the year is £4,431 (2014/15, £1,100).

Salaries and allowances

2015/16								
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	2.5-5	190-195
Mike McEnaney	Director of Finance		145-150	0	0	145-150	25-27.5	175-180
Yvonne Taylor	Chief Operating Officer	1 Apr 2015 – 3 Jan 2016	90-95	0	0	90-95	20-22.5	110-115
Pauline Scully	Interim Chief Operating Officer	4 Jan 2016 – 1 Mar 2016	20-25	0	0	20-25	0-2.5	20-25
Dominic Hardisty	Chief Operating Officer	22 Feb 2016 - 31 Mar 2016	10-15	0	0	10-15	2.5-5	15-20
Clive Meux	Medical Director and Director of Strategy		100-105	35-40	0	135-140	0	135-140
Ros Alstead	Director of Nursing and Clinical Standards		120-125	0	0	120-125	35-37.5	160-165
Kerry Rogers	Director of Corporate Affairs and Company	1 Sep 2015 -	65-70	0	0	65-70	12.5-15	80-85

	Secretary	31 Mar 2016						
Martin Howell	Chair		40-45	0	0	40-45	0	40-45
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
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
Jonathan Asbridge	Non-executive Director		10-15	0	0	10-15	0	10-15
John Allison	Non-executive Director		10-15	0	0	10-15	0	10-15

2014/15								
Name	Title	Effective dates if not in post full year.	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in kind (rounded to nearest £00) £000	Total salary and other remuneration (bands of £5,000) * £000	Pension-related benefits (bands of £2,500) ** £000	Total including pension-related benefits (bands of £5,000) £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	175-180
Yvonne Taylor	Chief Operating Officer		120-125	0	0	120-125	0	120-125
Clive Meux	Medical Director and Director of Strategy		100-105	35-40	0	135-140	0	135-140

Ros Alstead	Director of Nursing and Clinical Standards		120-125	0	0	120-125	282.5-285	405-410
Martin Howell	Chair		40-45	0	0	40-45	0	40-45
Cedric Scroggs	Non-Executive Director	1 Apr 2014 - 11 Feb 2015	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
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
Jonathan Asbridge	Non-Executive Director	1 Jul 2014 - 31 Mar 2015	5-10	0	0	5-10	0	5-10
John Allison	Non-Executive Director	1 Oct 2014 - 31 Mar 2015	5-10	0	0	5-10	0	5-10

**'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 or an amount of £26,079 paid to the Medical Director in relation to an external clinical contract.*

***The 'pension-related benefits' presented in the tables above 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.*

Contract Type and Notice Periods

Name	Start date as senior manager	Contract type	Notice period by employee	Notice period by employer
Stuart Bell	01/10/2012	Permanent	6 months	6 months
Yvonne Taylor	02/01/2013	Permanent	3 months	6 months
Pauline Scully	04/01/2016	Temporary	3 months	3 months
Dominic Hardisty	22/02/2016	Permanent	3 months	3 months
Ros Alstead	22/03/2011	Permanent	3 months	3 months
Mike McEnaney	15/08/2011	Permanent	3 months	3 months
Clive Meux	01/04/2011	Five years (as Medical Director)	3 months	3 months
Kerry Rogers	01/09/2015	Permanent	3 months	3 months

With the exception of any members of staff listed above, no senior manager has a contract of employment with a notice period greater than three months.

PENSION BENEFITS								
Title	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	<i>Real increase/ (decrease) in pension at pension age (bands of £2,500)</i>	<i>Real increase/ (decrease) in pension lump sum at pension age (bands of £2,500)</i>	<i>Total accrued pension at pension age at 31 March 2016 (bands of £5,000)</i>	<i>Lump sum at pension age related to accrued pension at 31 March 2016 (bands of £5,000)</i>	<i>Cash Equivalent Transfer Value at 1 April 2015</i>	<i>Real increase/ (decrease) in Cash Equivalent Transfer Value</i>	<i>Cash Equivalent Transfer Value at 31 March 2016</i>	<i>Employer's contribution to stakeholder pension</i>

<i>Stuart Bell Chief Executive</i>	0-2.5	2.5-5	80-85	250-255	1695	43	1759	0
<i>Mike McEnaney Director of Finance</i>	0-2.5	n/a	10-15	n/a	131	39	172	0
<i>Yvonne Taylor Chief Operating Officer (COO)</i>	0-2.5	2.5-5	25-30	80-85	554	38	611	0
<i>Pauline Scully Interim COO</i>	0-2.5	0-2.5	30-35	95-100	581	7	632	0
<i>Dominic Hardisty COO</i>	0-2.5	n/a	5-10	n/a	84	3	113	0
<i>Clive Meux Medical Director and Director of Strategy</i>	0-2.5	2.5-5	80-85	245-250	1636	30	1686	0
<i>Ros Alstead Director of Nursing and Clinical Standards</i>	0-2.5	5-7.5	65-70	205-210	1398	68	1482	0
<i>Kerry Rogers Director of Corporate Affairs/Co Secretary</i>	0-2.5	-2.5-0	10-15	35-40	203	12	225	0

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of CETV figures in this report.

Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.

Service contracts obligations

There are no obligations contained within senior managers' service contracts that could give rise to or impact upon remuneration payments which are not disclosed elsewhere in the remuneration report.

A handwritten signature in black ink, appearing to read 'Stuart Bell', is positioned above the printed name and title.

Signed:

Date: 25th May 2016

**Stuart Bell CBE
Chief Executive and Accounting Officer**

Staff report

Our vision is for “*Outstanding Care Delivered by Outstanding People*”. 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. The development of the Trust’s workforce to ensure delivery of high quality and safe patient care has remained the central focus of our workforce, training and organisational development activities.

Workforce profile

At 31st March 2016, the Trust employed:

- Directors (Executive & Non-Executive): 9 male and 5 female
- Other senior managers: 42 male and 113 female
- Employees (excluding the above): 1092 male and 2963 female.

At 31st March 2016 the Trust employed 6055 staff with a contracted WTE of 4601.48.

This number includes:

- 308 medical staff
- 648 therapists
- 1715 qualified nurses
- 1027 health care workers
- 276 other support staff including ancillaries and, care workers
- 770 other professional including psychology, dental staff and social workers.

The table below shows the numbers of permanent and temporary staff by occupational group:

Permanent Staff			Temporary Staff		
Occupation Code	Description	Average FTE	Occupation Code	Description	Average FTE
011	Geriatric Medicine	1.91	052	General Psychiatry	49.75
051	Psychiatry of Learning Disability	1.10	053	Child and Adolescent Psychiatry	10.75
052	General Psychiatry	52.50	054	Forensic Psychiatry	5.80

053	Child and Adolescent Psychiatry	34.10	055	Medical Psychotherapy	0.30
054	Forensic Psychiatry	13.15	056	Old Age Psychiatry	1.90
055	Medical Psychotherapy	3.35	099	Other Specialities	0.60
056	Old Age Psychiatry	16.85	921	General Medical Practitioner	0.80
920	Community Health Services Medical	0.06	970	Community Health Services Dental	1.60
921	General Medical Practitioner	6.79	971	General Dental Practitioner	0.50
970	Community Health Services Dental	15.76	AAA	Emergency Care Practitioner	0.77
AAA	Emergency Care Practitioner	18.89	G0A	Senior Manager Central Functions	1.00
ABA	Ambulance Paramedic	1.32	G1A	Manager Central Functions	2.40
G0A	Senior Manager Central Functions	10.50	G1C	Manager Scientific, Therapeutic and Technical Support	0.50
G0B	Senior Manager Hotel, Property and Estates	1.00	G1D	Manager Clinical Support	1.50
G0D	Senior Manager Clinical Support	4.00	G2A	Clerical and Administrative Central Functions	31.00
G1A	Manager Central Functions	63.31	G2D	Clerical and Administrative Clinical Support	24.75
G1B	Manager Hotel, Property and Estates	9.50	H2R	Support Worker Hotel, Property and Estates	2.96
G1C	Manager Scientific, Therapeutic and Technical Support	1.85	N0A	Manager Acute, Elderly and General	0.50
G1D	Manager Clinical Support	50.35	N0D	Manager Community Psychiatry	0.40
G2A	Clerical and Administrative Central Functions	220.21	N0E	Manager Other Psychiatry	0.20
G2B	Clerical and Administrative	13.73	N3H	Health Visitor Community	2.07

	Hotel, Property and Estates			Services	
G2C	Clerical and Administrative Scientific, Therapeutic and Technical Support	4.77	N4H	District Nurse / CPN / CLDN - 1st level Community Services	0.50
G2D	Clerical and Administrative Clinical Support	491.91	N5H	District Nurse / CPN / CLDN - 2nd level Community Services	1.00
G3B	Maintenance and Works Hotel, Property and Estates	19.00	N6A	Other 1st level Acute, Elderly and General	2.17
H1D	HCA Psychiatry	10.80	N6B	Other 1st level Paediatric Nursing	0.95
H1F	HCA Community Services	0.90	N6D	Other 1st level Community Psychiatry	5.90
H2D	Support Worker Psychiatry	15.46	N6E	Other 1st level Other Psychiatry	9.21
H2F	Support Worker Community Services	5.78	N6H	Other 1st level Community Services	0.71
H2N	Support Worker Other Scientific, Therapeutic and Technical	1.27	N6J	Other 1st level Education Staff	0.21
H2R	Support Worker Hotel, Property and Estates	163.51	N7A	Other 2nd level Acute, Elderly and General	1.73
N0A	Manager Acute, Elderly and General	3.80	N7D	Other 2nd level Community Psychiatry	1.00
N0B	Manager Paediatric Nursing	3.65	N7H	Other 2nd level Community Services	2.02
N0D	Manager Community Psychiatry	7.85	N7K	Other 2nd level School Nursing	2.75
N0E	Manager Other Psychiatry	5.00	N9A	Nursing Assistant / Auxiliary Acute, Elderly and General	0.60
N0F	Manager Community Learning Disabilities	3.10	N9B	Nursing Assistant / Auxiliary Paediatric Nursing	0.50
N0H	Manager Community Services	31.24	N9E	Nursing Assistant / Auxiliary Other Psychiatry	4.86

N0K	Manager School Nursing	1.00	N9K	Nursing Assistant Auxiliary School Nursing	1.78
N3H	Health Visitor Community Services	125.43	NBK	Qualified School Nurse School Nursing	1.99
N4H	District Nurse / CPN / CLDN - 1st level Community Services	74.40	P1D	Pre-registration Learner Diploma Nurse Training	1.75
N5H	District Nurse / CPN / CLDN - 2nd level Community Services	122.89	P2B	Post 1st level Registration Learner Health Visiting	7.00
N6A	Other 1st level Acute, Elderly and General	143.42	P2E	Post 1st level Registration Learner Other Learners	1.50
N6B	Other 1st level Paediatric Nursing	27.98	S0C	Manager Occupational Therapy	0.50
N6D	Other 1st level Community Psychiatry	269.05	S0E	Manager Physiotherapy	0.30
N6E	Other 1st level Other Psychiatry	310.01	S0J	Manager Speech and Language Therapy	0.05
N6F	Other 1st level Community Learning Disabilities	5.33	S1A	Therapist Chiropody / Podiatry	2.98
N6H	Other 1st level Community Services	87.93	S1B	Therapist Dietetics	3.52
N6J	Other 1st level Education Staff	13.60	S1C	Therapist Occupational Therapy	7.66
N7A	Other 2nd level Acute, Elderly and General	26.48	S1E	Therapist Physiotherapy	2.05
N7H	Other 2nd level Community Services	17.75	S1J	Therapist Speech and Language Therapy	5.50
N7K	Other 2nd level School Nursing	9.31	S1M	Therapist Psychotherapy	0.60
N8H	Nursery Nurse Community Services	16.40	S1U	Therapist Social Services	1.70
N9A	Nursing Assistant / Auxiliary Acute, Elderly and General	155.47	S2L	Scientist Clinical Psychology	7.68
N9B	Nursing Assistant / Auxiliary Paediatric Nursing	2.50	S2M	Scientist Psychotherapy	1.05
N9D	Nursing Assistant / Auxiliary Community Psychiatry	24.95	S2P	Scientist Pharmacy	0.40

N9E	Nursing Assistant / Auxiliary Other Psychiatry	330.81	S4R	Technician Dental	0.70
N9F	Nursing Assistant / Auxiliary Community Learning Disabilities	0.60	S5C	Assistant Practitioner Occupational Therapy	0.90
N9H	Nursing Assistant / Auxiliary Community Services	122.43	S5L	Assistant Practitioner Clinical Psychology	10.65
N9K	Nursing Assistant Auxiliary School Nursing	7.05	S5M	Assistant Practitioner Psychotherapy	1.00
NAD	Nurse Consultant Community Psychiatry	0.50	S6C	Instructor / Teacher Occupational Therapy	0.09
NAE	Nurse Consultant Other Psychiatry	0.50	S6J	Instructor / Teacher Speech and Language Therapy	1.15
NAH	Nurse Consultant Community Services	1.00	S8L	Student / Trainee Clinical Psychology	46.50
NBK	Qualified School Nurse School Nursing	32.00	S8M	Student / Trainee Psychotherapy	4.30
NCD	Modern Matron Community Psychiatry	1.50	S9E	Helper / Assistant Physiotherapy	0.70
NCE	Modern Matron Other Psychiatry	11.64	S9P	Helper / Assistant Pharmacy	1.00
NCH	Modern Matron Community Services	5.50	S9U	Helper / Assistant Social Services	0.13
NEH	Community Matron	3.80	Z2F	General Payments Other	7.30
NFA	Nursing Assistant Practitioner in Acute Elderly & General	2.80			
NFD	Nursing Assistant Practitioner in Community Psychiatry	0.50			
NFE	Nursing Assistant Practitioner in Other Psychiatry	1.00			
NFH	Nursing Assistant Practitioner in Community Services	22.13			
NFK	Nursing Assistant Practitioner in School Nursing	1.95			

P1D	Pre-registration Learner Diploma Nurse Training	35.79
P2B	Post 1st level Registration Learner Health Visiting	3.00
P2E	Post 1st level Registration Learner Other Learners	2.00
S0B	Manager Dietetics	1.80
S0C	Manager Occupational Therapy	5.39
S0E	Manager Physiotherapy	5.17
S0J	Manager Speech and Language Therapy	3.20
S0K	Manager Multi Therapies	0.20
S0L	Manager Clinical Psychology	3.30
S0M	Manager Psychotherapy	1.31
S0P	Manager Pharmacy	3.83
S0U	Manager Social Services	4.30
S1A	Therapist Chiropody / Podiatry	35.33
S1B	Therapist Dietetics	45.75
S1C	Therapist Occupational Therapy	160.65
S1E	Therapist Physiotherapy	95.33
S1H	Therapist Art / Music / Drama Therapy	2.43
S1J	Therapist Speech and Language Therapy	110.61
S1K	Therapist Multi Therapies	1.80
S1M	Therapist Psychotherapy	28.66
S1R	Therapist Dental	1.80
S1U	Therapist Social Services	106.99
S1X	Therapist Other STT Staff	4.70

S2L	Scientist Clinical Psychology	113.52
S2M	Scientist Psychotherapy	36.90
S2P	Scientist Pharmacy	17.68
S4C	Technician Occupational Therapy	0.40
S4L	Technician Clinical Psychology	0.50
S4P	Technician Pharmacy	14.12
S4R	Technician Dental	26.50
S5C	Assistant Practitioner Occupational Therapy	4.60
S5E	Assistant Practitioner Physiotherapy	0.87
S5L	Assistant Practitioner Clinical Psychology	31.25
S5M	Assistant Practitioner Psychotherapy	43.20
S5U	Assistant Practitioner Social Services	22.73
S6C	Instructor / Teacher Occupational Therapy	9.52
S6E	Instructor / Teacher Physiotherapy	8.31
S6J	Instructor / Teacher Speech and Language Therapy	2.86
S8C	Student / Trainee Occupational Therapy	1.50
S8L	Student / Trainee Clinical Psychology	1.00
S8M	Student / Trainee Psychotherapy	1.00
S8P	Student / Trainee Pharmacy	1.00
S9A	Helper / Assistant Chiropody / Podiatry	1.60
S9B	Helper / Assistant Dietetics	4.75

S9C	Helper / Assistant Occupational Therapy	4.25
S9E	Helper / Assistant Physiotherapy	15.90
S9J	Helper / Assistant Speech and Language Therapy	14.65
S9K	Helper / Assistant Multi Therapies	4.94
S9P	Helper / Assistant Pharmacy	7.50
S9U	Helper / Assistant Social Services	3.00
SAL	Consultant Therapist / Scientist Clinical Psychology	17.26
SAM	Consultant Therapist / Scientist Psychotherapy	3.00
Z2E	General Payments Administration and Non-patient Care Support	8.00
Z2F	General Payments Other	8.83

Recognition

Various national awards are open to all NHS colleagues each year, allowing excellence and innovation to be showcased to the healthcare community and beyond. 2015/16 saw colleagues from across the Trust recognised at a local, regional and national level and some of those examples can be found in our Year at a Glance section of the Annual Report.

Equality and Diversity

The Trust is committed to providing an environment where all staff, service users and carers enjoy equality of opportunity. Promoting equality, embracing diversity and ensuring full inclusion for people who use our services is central to the vision and values of the Trust. Promoting equal opportunities, preventing discrimination and valuing diversity are fundamental to building strong communities and services and other sections of the Annual Report provide detailed information on the work we are doing.

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

career development. The policy states that the Trust recognises that it has clear obligations towards all its employees and the community at large to ensure people with disabilities are afforded equal opportunities. This includes taking steps to ensure that there is fair consideration and selection of applicants with disabilities and to satisfy their training and career development needs.

The policy also makes clear that there must be ongoing consideration for people with disabilities throughout their employment – this may involve taking any steps which it is reasonable to take to reduce or remove any substantial disadvantage which a physical feature of Trust premises or employment arrangements would cause a disabled employee or job applicant compared to a non-disabled person.

Under the policy, if an employee becomes disabled in the course of their employment reasonable steps will also be taken to accommodate their disability by making reasonable adjustments to their existing employment, consideration of redeployment and through appropriate training. The Trust will support employees remaining in employment where possible.

The Trust was reassessed and renewed its pledge to the Two Ticks Status. From 2017 the government is changing this to a Disability Confident Status and the Trust has already signed up to this new pledge.

Counter Fraud Policy

The Trust has a Counter Fraud Policy, which is actively applied and monitored through an annual Counter Fraud Work Plan supported by a Local Counter Fraud Specialist who assists in ensuring information is available on the latest types of fraud activities across the NHS and other businesses, provides training to staff and leads on investigations. The Audit Committee oversees counter fraud activity and more information is provided in the Corporate Governance section.

The Trust's Disciplinary Procedure lists fraud as being classed as potential gross misconduct. Any allegations of fraud committed by employees would be investigated under this procedure.

Health and Safety

The Trust recognises the importance of ensuring the health and safety of its employees as enshrined within the NHS Constitution. We strive to provide staff with a healthy and safe workplace where we have taken all practicable steps to ensure the workplace is free from verbal or physical violence from patients, the public or staff.

The Trust is supported by a SEQOHS (safe, effective, quality occupational health service) accredited occupational health & wellbeing department which:

- is committed to enabling a planned, supportive approach to providing a safe and healthy working environment which supports and empowers staff to maintain and enhance their personal health and wellbeing at work.
- advises the Trust, employees and managers on the assessment and management of risks, where employees' fitness for work and their health may be of concern in line with current UK and European legislation and best practice; undertakes employee health assessments, as appropriate; delivers immunisation screening and programmes, contributes to policy review and implementation throughout the Trust, works in partnership with the Infection Prevention and Control team, and with Health & Safety and Human Resources teams.

The introduction of a reviewed skill mix, MSK case manager and Mental Health specialist within the occupational health & wellbeing team has contributed significantly to the reduction in employees taking long term sick leave, assisting a speedier return to work and supporting employees to continue within the work environment. The Trust is grateful to the public for their kind donations to the Trust's charity, which supported an MSK pilot successfully reducing sickness rates and improving health and wellbeing of staff who were referred to the service.

A pilot has also been implemented to assist in the reduction of work related stress. The occupational health & wellbeing team can also offer support through improved access to psychological therapies. Staff may be referred for external therapies for perceived work related stress. The implementation of a Trust Employee Assistance Programme has been proposed by the team to enable a generic support to all employees and is currently being considered by the Trust.

The team has successfully gained the SEQOHS accreditation for the second year in a row. It continues to income generate and support external customers including NHS, private organisations, charities and education.

Sickness absence

The management of sickness absence serves to reduce costs and maintain the quality of our services. The Trust is maintaining its focus on managing short term sickness absence through collaborative working by the divisions and HR and reviewing sickness absence trends to continually improve sickness rates.

Systems are in place to allow for a timely and professional review of long term sickness, with appropriate referrals to the occupational health service. Managers are expected to make reasonable adjustments for staff to facilitate an early return to their work from long term sickness. During the 12 months from January 2015 to December 2015 the average annual sickness days per Full Time Equivalent was 9 days. The average for all NHS Foundation Trusts was 9.4 days.

We want to reduce sickness absence and with that aim in mind the Trust will continue to support managers to manage sickness absence effectively; will further develop health and wellbeing initiatives to support staff to maintain healthy lifestyles and will continue to identify areas of concern for sickness absence and develop plans to support reduction.

Expenditure on consultancy

During the year the Trust spent £249,000 on consultancy.

Off-Payroll Engagements

The Trust’s policy on the use of off-payroll arrangements for highly paid staff is to obtain contractual assurance that such staff are liable for payment of income tax and national insurance. In accordance with HM Treasury PES(2012)17 *Annual Reporting Guidance*, NHS bodies are required to disclose information about ‘off-payroll engagements’ as follows:

- 1. For all off-payroll engagements as of 31 March 2016, 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 2015 and 31 March 2016, 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 2015 and 31 March 2016:

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed ‘board members and/or senior officials with significant financial responsibility’ during the financial year. This figure includes both off-payroll and on-payroll engagements.	16

Exit packages

This information is provided in notes 8.4 and 8.5 to the Accounts.

Staff Engagement

The Trust’s Staff Partnership, Negotiation & Consultation Committee exists to promote understanding and co-operation between management and staff in the planning and operation of Trust services. It provides a regular forum for consultation and negotiation between management and staff on strategic decisions (principally those that may have staffing implications) and operational decisions, those likely to affect job prospects and security and to consult on employment policies. It is one of the formal channels of communication between management and staff on Trust issues.

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.

This survey is important to us as an organisation as it allows the Trust to gather the views of its staff and identify areas where we are doing well and those where some improvements could be made.

In 2015 the Trust took the opportunity to survey all of its members of staff mostly via email, although 2% were submitted by paper copy from staff without regular access to email. A total of 2,526 members of staff chose to complete the survey giving a response rate of 48.1% compared to 32% in 2014.

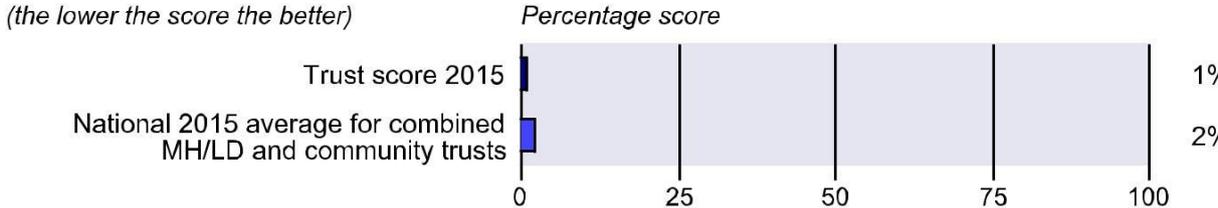
The response rate places the Trust above the median average of 44% when compared with community, mental health and learning disability trusts.

Summary of results

We now have 12 key findings that show a significantly positive change, when compared to 2014 results. We had top ranking scores for; fewer staff experiencing physical violence from patients, relatives, the public and staff; quality of non-mandatory training, learning and development; percentage of staff reporting pressure to attend work when feeling unwell and staff confidence in reporting unsafe clinical practice.

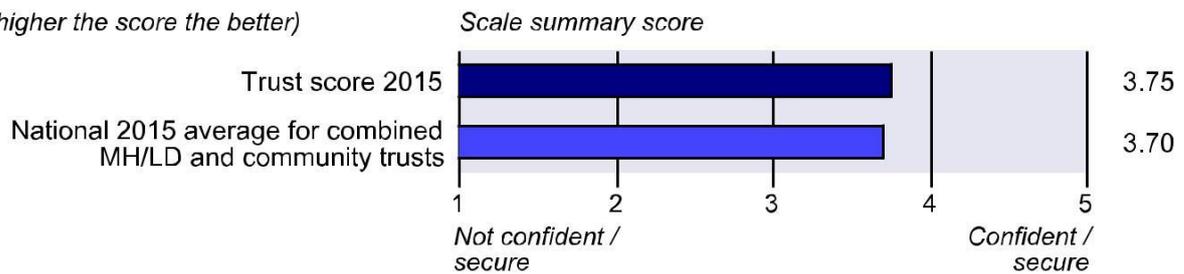
TOP FIVE RANKING SCORES

KF23. Percentage of staff experiencing physical violence from staff in last 12 months



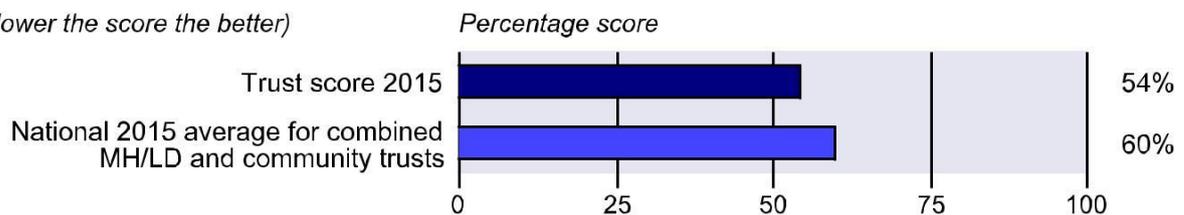
KF31. Staff confidence and security in reporting unsafe clinical practice

(the higher the score the better)



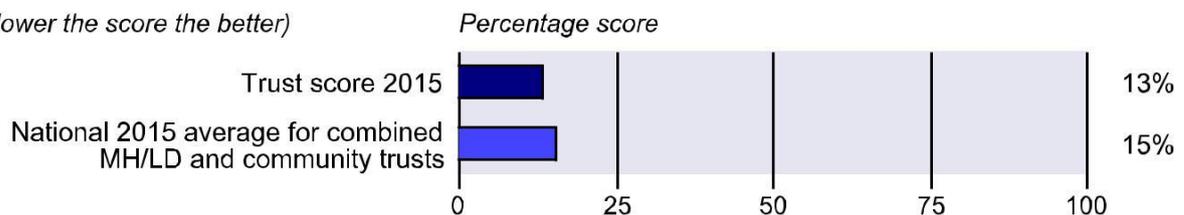
KF18. Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell

(the lower the score the better)



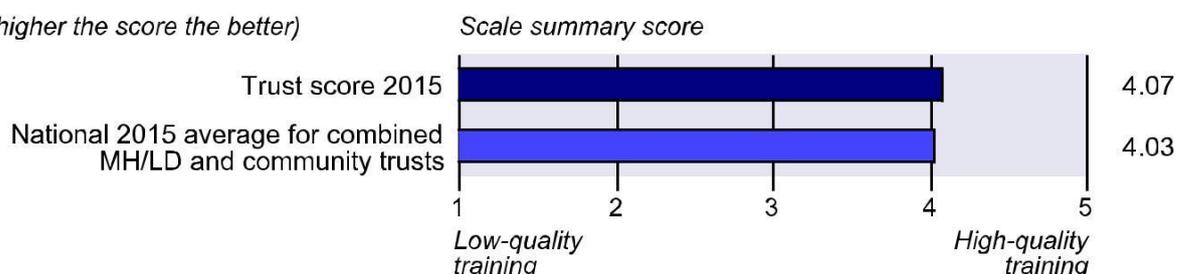
KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



KF13. Quality of non-mandatory training, learning or development

(the higher the score the better)

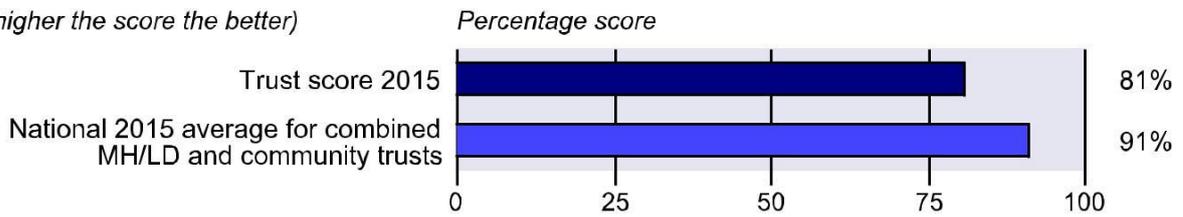


Our lowest ranking scores were for percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver; percentage of staff working extra hours; percentage of staff suffering work related stress; percentage of staff

appraised in the last 12 months and percentage of staff reporting their most recent experience of harassment and bullying.

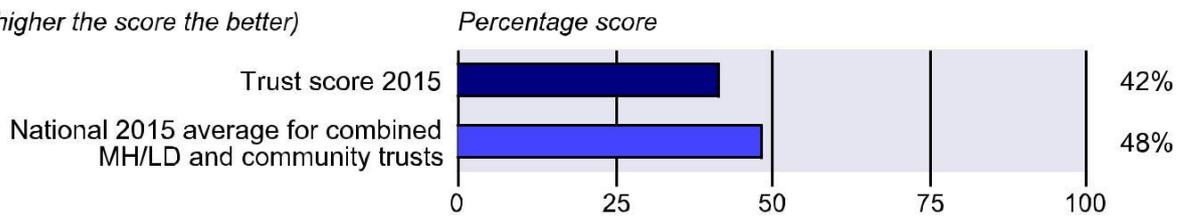
KF11. Percentage of staff appraised in last 12 months

(the higher the score the better)



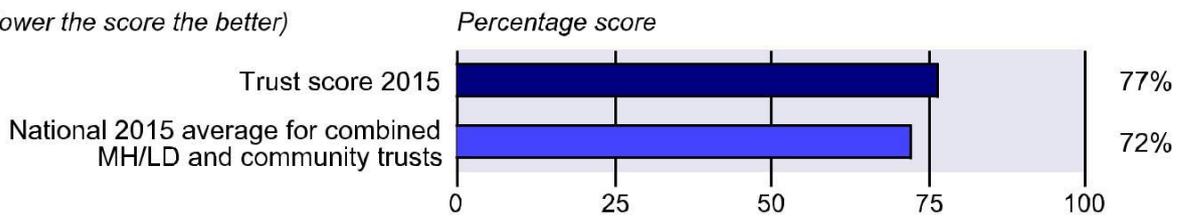
KF27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)



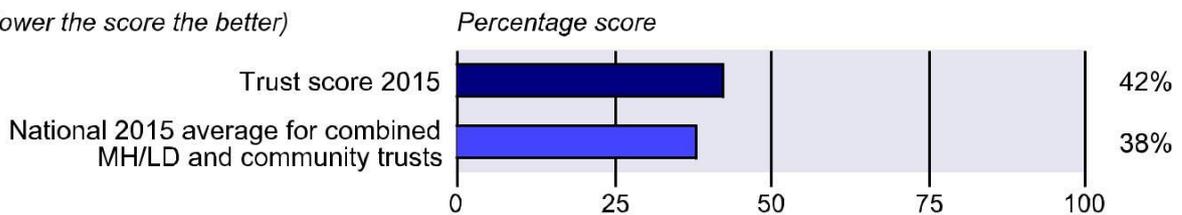
KF16. Percentage of staff working extra hours

(the lower the score the better)



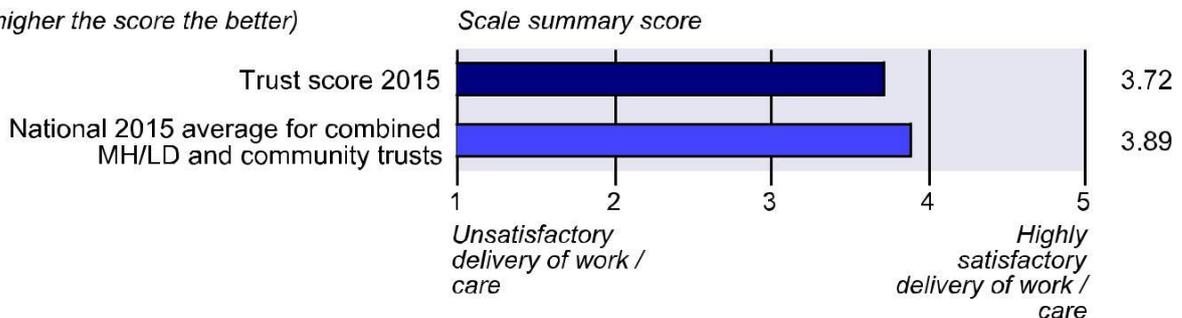
KF17. Percentage of staff suffering work related stress in last 12 months

(the lower the score the better)



KF2. Staff satisfaction with the quality of work and patient care they are able to deliver

(the higher the score the better)



It is important to note that whilst work related stress and staff working extra hours remain a challenge for our staff, in both key findings there has been a significant

improvement on results in 2014. The table below shows the Trust response rate and the results of the 2015 staff survey compared to the 2014 results.

Response rate	2015		2014		Increase/ decrease in %
	Trust	National average	Trust	National average	
	48%	44%	32%	44%	
KF13. Quality of non-mandatory training, learning or development	4.07	4.03	not comparable to 2014	not comparable to 2014	not comparable to 2014
KF18. Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell	54%	60%	19%	20%	-6% *lower is better
KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	13%	15%	18%	16%	-2% *lower is better
KF23. Percentage of staff experiencing physical violence from staff in last 12 months	1%	2%	3%	3%	-2% *lower is better
KF31. Staff confidence and security in reporting unsafe clinical practice	3.75	3.7	not comparable to 2014	not comparable to 2014	+10
KF2 Staff satisfaction with the quality of work and care they are able to deliver	3.72	3.89	71%	76%	not comparable to 2014 results
KF11. Percentage of staff appraised in last 12 months	81%	91%	82%	88%	-2%

KF16. Percentage of staff working extra hours	77%	72%	79%	71%	-2% *lower is better
KF17. Percentage of staff suffering work related stress in last 12 months	42%	38%	47%	42%	-5% *lower is better
KF27. Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse	42%	48%	N/A	N/A	-10%

The Department of Health states "motivated and involved staff are better placed to know what is working well and how to improve services for the benefit of patients and the public" in the NHS Operating Framework 2010/11, with the improvement of employee engagement being listed amongst the five national priorities for the NHS.

In high-performing organisations leaders work collaboratively with staff, involving them in decisions and empowering them to make changes in response to patient needs. This includes spending time working with and listening to staff and responding to their concerns. These organisations also focus on understanding the patients' views and placing these at the centre of decisions about services. Evidence shows that organisations with consistently high levels of staff engagement also have better patient experiences and outcomes.

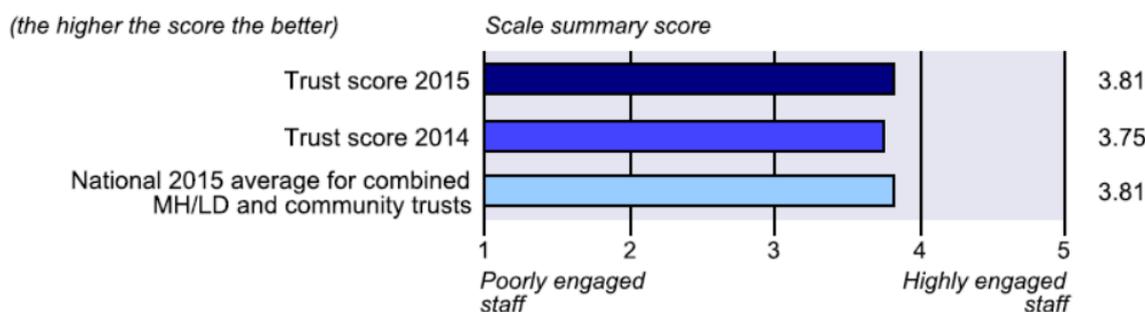
Staff engagement score

The overall staff engagement score for OHFT is 3.81 which is average compared with other community, mental health and learning disability trusts. There are three key findings that make up the NHS staff engagement score and each key finding is made up of three questions from the staff survey as per the table below:

	Question
Advocacy	I would recommend my organisation as a place to work.
	If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.
	Care of patients / service users is my organisation's top priority.

Involvement	I am able to make suggestions to improve the work of my team/department.
	There are frequent opportunities for me to show initiative in my role.
	I am able to make improvements happen in my area of work.
Motivation	I look forward to going to work.
	I am enthusiastic about my job.
	Time passes quickly when I am working.

The chart below shows how our 2015 staff engagement score of 3.81 was average compared to other community, mental health and learning disability trusts. Analysis of data relating to this score shows that there has been an improvement in the area of Advocacy and Motivation and no improvement in the area of Involvement (KF7). Overall the staff engagement score has improved and sees an upward trend since 2012.



Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged.

Actions going forward

There are two levels of action that the Trust is taking in response to this year's staff survey results. The first level of actions is focused on teams and their individual team responses, the second level of actions being Trust wide.

As a Trust we want to ensure we celebrate the success of our staff. We know that innovation, excellence and compassionate care is carried out every day across our sites, and we want to showcase that. The Trust held its first annual awards ceremony in September 2015 recognising staff contribution and celebrating success.

To ensure continuing progress and improvements, the Staff Health and Wellbeing Group has incorporated the findings from the 2015 survey in to their annual action plan. This year actions will focus on:

- Supporting our workforce to be active and healthy, and able to perform to the best of their physical abilities
- Supporting an inclusive workplace where staff feel safe to raise concerns and are provided with the tools to look after their own emotional and psychological wellbeing
- Supporting an organisational culture where staff feel a strong sense of belonging and view Oxford Health NHS FT as an enjoyable place to work

The initiatives to be taken forward into 2016/17 are:

- continue to embed health and wellbeing into the organisational culture at OHFT
- improve the quality of food available to staff on Trust sites
- promote Active travel through a series of initiatives
- continue with support in the reduction of Workplace Stress through various initiatives
- promote and enable 'activity' groups via Workplace Champions, share good practice with external organisations, support a calendar of Wellbeing events
- increase organisation wide awareness for Wellbeing

Staff Friends and Family Test (SFFT)

The SFFT was introduced on 1 April 2014 for all trusts providing acute, community, ambulance and mental health services. The aims as announced by the Prime Minister are to encourage improvements in service delivery – by 'driving hospitals to raise their game' and to increase transparency by enabling patients and the public to readily access and compare scores for different providers and services. The test is administered every quarter, except quarter three where it is replaced by the NHS Staff Survey.

Staff are asked to respond to two questions with optional comment boxes. The 'Care' question asks how likely staff are to recommend the NHS services they work in to friends and family who need similar treatment or care. The 'Work' question asks how likely staff would be to recommend the NHS service they work in to friends and family as a place to work.

Response rates

Quarter	Response Rate	Average response rate*
1	11%	13%
2	11%	12%
3	NHS Staff survey	
4	35%	Not yet confirmed but approx. 25%

*Average response from all NHS organisations providing acute, community, ambulance & mental health services

The chart shows that our response rate has been improving and that our most recent response rate was ahead of the national average. The Trust's results are given in the table below:

How likely are you to recommend this organisation to friends and family if they needed care or treatment?							
Quarter	Extremely Likely	Likely	Neither likely or unlikely	Unlikely	Extremely Unlikely	Don't know	Total no. of staff
1	23%	51%	19%	6%	2%	0%	710
2	22%	50%	18%	5%	3%	2%	698
4	26%	51%	15%	5%	2%	1%	1866
Staff survey	69% (based on answer of yes)						
How likely are you to recommend this organisation to friends and family as a place to work? (%)							
Quarter	Extremely Likely	Likely	Neither likely or unlikely	Unlikely	Extremely Unlikely	Don't know	Total no. of staff
1	18%	37%	20%	16%	10%	1%	693
2	18%	37%	20%	13%	10%	1%	675
4	17%	42%	21%	11%	7%	1%	1858
Staff survey	59% (based on answer of yes)						

It is a requirement for organisations to provide a free-text follow up question (What is the main reason for the answer you have chosen?) after each of the two fixed questions. This enables staff to provide more detailed feedback if they wish to. The free-text responses are not submitted to NHS England. However, the Trust recognises the value of this feedback and uses it to inform and support improvements to the staff and patient experience.

Corporate Governance and compliance with the Code of Governance

Oxford Health NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Corporate Governance is an important part of the Board's responsibilities. A number of key decisions and matters are reserved for the Board's approval and are not delegated to management. The Board delegates certain responsibilities to its committees, to assist it in carrying out its functions of ensuring independent oversight. The Board of Directors has a formal schedule of matters reserved for its decision and has terms of reference for the Board's key committees.

The Board receives monthly updates on performance and delegates management, through the chief executive, for the overall performance of the organisation which is conducted principally through the setting of clear objectives and ensuring that the organisation is managed efficiently, to the highest standards and in keeping with its values.

The Board has a Vice Chairman and Senior Independent Director (Lyn Williams). All Non-Executive Directors are considered by the Board to be independent as defined in the *Code* taking into account, character, judgement and length of tenure. The Remuneration (non-executive directors) and Remuneration and Nomination (Governors) Committees are both responsible for succession planning and reviewing Board structure, size and composition, and have taken into account when appointing or reappointing to Board positions in year, the future challenges, risks and opportunities facing the Trust and the balance of skills, knowledge and experience required on the Board to meet them.

All Directors have confirmed that they meet the criteria for being a fit and proper person as prescribed by our Monitor Licence and Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Constitution, standing orders, code of conduct and other governing documents outline the mechanisms by which the Council of Governors and Board of Directors will interact and communicate with each other to support ongoing interaction and engagement, ensure compliance with the regulatory framework and specifically provide for those circumstances where the Council of Governors has concerns about the performance of the Board of Directors, compliance with the Trust's Provider Licence, or other matters related to the overall wellbeing of the Trust.

Code of Governance

The purpose of the Code of Governance is to assist the Board in improving governance practices by bringing together the best practice of public and private sector corporate governance. The code is issued as best practice advice, but imposes some disclosure requirements for incorporation into our Annual Report.

As stated, Oxford Health NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. The Board of Directors is committed to high standards of corporate governance. For the year ended 31 March 2016, the Board considers that it was, throughout the year, fully compliant with the provisions of the NHS Foundation Trust Code of Governance with the following three exceptions where we have alternative arrangements in place:

1. The Code of Governance requires that **(B1.3) no individual should hold, at the same time, positions of director and governor of any NHS Foundation Trust.**

As the Trust enters into a growing number of partnership and joint working arrangements within the wider health service economy, it may become expedient for members of the Board to take on formal roles such as that of a governor in another NHS foundation trust. The effectiveness of the Board may be enhanced and the success of the Trust promoted if the Trust collaborates more widely and formally within the wider health service economy, evidenced already where the Trust has collaborated with local stakeholders. As a consequence, in September 2015 the Council of Governors agreed to a change to the Constitution to provide the flexibility for Directors to be governors of other Foundation Trusts, and subsequently to allow the Chairman to become a governor of Oxford University Hospitals NHS FT.

2. **B6.3 requires that the appraisal of the Chairman be led by the Senior Independent Director (SID)**

For 2015/16 which is the year the Chairman's 2nd term of office expired, Thames Valley and Wessex Leadership Academy led the appraisal of the Chairman with the support of the Lead Governor, as part of the process to consider the reappointment of the Chairman for a 3rd term of office. See also 3 below for further explanation.

3. **B7.1 states that in exceptional circumstances, NEDs may serve longer than six years (2 three year terms following authorisation of the Foundation Trust but subject to annual reappointment).**

Some of our non-executive directors have been reappointed in previous years beyond 6 years, and for a final period of 3 years, including the Chairman reappointed in year. The Council of Governors were clear that the performance of the Trust in a current strategic climate of considerable future challenge and expected change, warranted a vital need for stability in the leadership of the Board of Directors, particularly in light of the expected changes to the Executive Directors and to some of the non-executive directors previously in 2014/15. They have not been subject to annual reappointment, but performance appraisals are conducted annually and the results are presented to the Governors' Remuneration and Nomination Committee who will act accordingly in the event of a negative review.

The Trust is compliant with the remaining sections of the Code, with the appropriate disclosures contained within this section of the Report or referenced accordingly, and the Board will continue to look to current and evolving best practice as a guide in meeting the governance expectations of its patients, members and wider stakeholder community and will also assess the effectiveness of the Board through an external assessment planned in 2016/17.

In common with the health service and public sector as a whole, the Trust is operating in a fast-changing and demanding external environment, particularly as it understands and responds to the changes through the NHS and Mental Health five year view strategies. The Trust recognises the need to significantly increase efficiency whilst maintaining high quality care at a time when budgets will be tight, and it will continue to build on improvements through its exceptional staff to respond to these challenges.

During the year the Trust ensured due regard was taken to its legal obligations and to support the Governors in fulfilling their own statutory obligations we have developed a governor development programme that accords with, and ensures a detailed understanding of, the requirements of the Health and Social Care Act 2012, including equipping the governors with the requisite knowledge and skills to undertake their statutory responsibilities.

The roles and responsibilities of the Council of Governors are described in the Constitution together with detail of how any disagreements between the Board and Council of Governors will be resolved. The types of decisions taken by the Council of Governors and the Board, including those delegated to subcommittees, are described in the approved terms of reference.

As previously stated there is a detailed scheme of delegation and reservation of powers which sets out, explicitly, those decisions which are reserved to the Board, those which may be determined by standing committees and those which are delegated to managers.

Members of the Board are invited to attend all meetings of the Council of Governors. Governors and non-executive directors take part in internal assurance visits to clinical areas of the Trust. Governors have been involved in a number of events during the year. The executive team consulted with the Council of Governors during the year on matters such as the annual plan, quality account and other relevant strategies and reports. The Trust has an established role of Senior Independent Director, and also during the year formally outlined the role of the Lead and Deputy Lead Governor which was subsequently approved for adoption by the Council of Governors.

In an NHS Foundation Trust, the authority for appointing and dismissing the chairman rests with the Council of Governors. The appraisal of the chairman is therefore carried out for and on behalf of the Council of Governors. Whilst different in 2015/16, this will normally be undertaken by the vice chairman/senior independent director, supported by the lead governor. They review the chairman's performance against agreed objectives and discuss any development needs before reporting the outcome of the appraisal to the Nomination and Remuneration Committee of the Council of Governors. The committee in turn reports to the Council of Governors. For the year in which the Chairman was to be re-appointed beyond 6 years, it was considered in 2015/16 to be a more appropriate and impartial process on this occasion, to have the 360 degree appraisal led by an independent authority supported by the Lead Governor.

The directors of the Board are appraised by the chief executive who is in turn appraised by the chairman. Again for 2015/16 the chief executive's appraisal was also led by the independent authority and supported by the chairman. The Council of Governors does not routinely consult external professional advisors to market test the remuneration levels of the chairman and other non-executive directors. The recommendations made to the Council of Governors are based on independent advice and guidance as issued from time to time by appropriate bodies such as NHS Appointments Commission in relation to NHS trusts or benchmark data from NHS Providers.

Standards of business conduct

The Board of Directors supports the importance of adoption of the Trust's Standards of Business Conduct. These standards provide information, education and resources to help staff make good, informed business decisions and to act on them with integrity. In addition, managers should use this resource to foster, manage and reward a culture of accountability within their departments. The Trust believes that working together it can continuously enhance culture in ways that benefit patients and partners, and that strengthen interactions with one another.

The Board has formally constituted committees which support the systematic review of the Trust’s risk and control environment and facilitate a more granular view of its systems of governance.

Audit Committee

Audit committee provides an independent and objective review of the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the Trust and plays a pivotal role in supporting the Board.

The audit committee is chaired by Alyson Coates who has extensive financial expertise. The committee membership comprises wholly non-executive directors with executives and others in attendance. There were 5 meetings during the year. Attendance at meetings by members is detailed below:

	Attendance
Alyson Coates (Chair)	5/5
John Allison	5/5
Sue Dopson	3/5
Anne Grocock	4/5
Lyn Williams	4/5

Given the skills and experience of the committee members, the Board of Directors is satisfied that the committee has remained effective and that the committee members have recent and relevant financial experience.

The committee assists the Board in fulfilling its oversight responsibilities and its primary functions as outlined in its terms of reference are to monitor the integrity of the financial accounting statements and to independently monitor, review and report to the Board of Directors on the processes of governance and the management of risk. Its key areas of responsibility include governance, internal control, risk management, internal and external audit and financial reporting.

In discharging its delegated responsibilities the committee has reviewed the following non-exhaustive range of matters. A detailed review of the Annual Governance Statement within the context of the wider Annual Report alongside robust scrutiny of the Annual Accounts and Financial statements. It has considered the effectiveness of the Board Assurance Framework to include consideration of the internal auditors’ report on the same, to gain ongoing assurance of the effectiveness of the Trust’s risk and internal control processes. The committee reviewed and approved the internal and external audit plans and undertook a robust assessment of the scope, cost, independence and impartiality safeguards with regard to the commissioning in-year of non-audit work to be undertaken by the external auditors in connection with the Trust’s cost improvement plans. This included specific

consideration of all potential threats to auditor independence identified in Accounting Principles Board (APB) Ethical Standard 5 (revised), the review of which was reported to the Council of Governors.

The audit plan for 2015/16 was developed in line with the mandatory requirements of the NHS Internal Audit Standards. TIAA, an external service, has worked with the Trust to ensure the plan was aligned to our risk environment. In line with the internal audit work plan, full scope audits of the adequacy and effectiveness of the control framework in place are complete or underway.

There has been a regular review of internal audit progress reports including performance indicators and consideration of the effectiveness of internal audit to ensure a systematic review of the systems of internal control to include finance, clinical governance and clinical audit, risk management and quality assurance. Additionally there has been a regular review of single action tender waivers and losses and special payments.

The committee approves and monitors the workplan of the counter fraud service. The counter fraud service attends the majority of meetings, to present updates on investigations, fraud prevention and deterrent and awareness-raising activities. The Trust ensures that referrals and allegations of fraud, bribery and corruption are investigated and seeks redress whenever possible so that money recovered can be put back in to patient care. The audit committee ensures accountability and we do everything in our power to protect the public funds with which we have been entrusted.

The Board of Directors attaches significant importance to the issue of fraud and corruption. Reported concerns have been investigated by our local counter fraud specialists in liaison with the NHS Counter Fraud and Security Management Service (CFSMS) and the police as necessary and as stated, the Audit Committee has paid close attention to awareness of bribery and corruption obligations.

We continue to work to maintain an anti-fraud culture and have a range of policies and procedures to minimise risk in this area. There were a number of communications over the year to highlight how staff should raise concerns and suspicions. The Trust is committed to providing and maintaining an absolute standard of honesty and integrity in dealing with its assets. We are committed to the elimination of fraud and illegal acts within the Trust and ensure rigorous investigation and disciplinary or other actions as appropriate. The Trust uses best practice, as recommended by the CFSMS. All investigations are reported to the Audit Committee.

The committee is informed by assurance work undertaken by other Board committees, with the chairs of the Finance and Investment and Charity committees

each being members of the Committee and the minutes of the Quality Committee circulated for scrutiny by the Audit Committee. A member of the Quality Committee is also a member of the Audit Committee. The minutes of the meetings of the Finance and Investment, Charity and Quality Committees are also circulated to the Board of Directors and reviewed by members of the Audit Committee in their capacity as Board members.

In assessing the quality of the Trust's control environment, the committee received reports during the year from the external auditors Deloitte LLP, and the internal auditors TIAA on the work they had undertaken in reviewing and auditing the control environment. The non-executives routinely hold meetings during the year with both internal and external audit without the executives present.

Through the review of the 2015/16 Annual Report and Financial statements the Committee reviews and gains assurance from:

- Individual internal audit assurance reports including an assessment of the effectiveness of the Board's assurance framework (BAF)
- Head of internal audit opinion on both financial and non-financial matters
- External audit opinion on the accounts, the external value for money opinion
- Management Letter of representation to external audit
- A specific review of the evidence supporting preparation of the accounts on a going concern basis

Deloitte LLP was appointed as the Trust's External Auditor in 2011/12 after a tender process for a three year contract, extended for a further two years by the Council of Governors in March 2015 and ending on 8th October 2017.

We incurred £65,000 in audit service fees for Deloitte LLP in relation to the statutory audit of our accounts for the twelve month period to 31 March 2016 (£57,000 for period to 31 March 2015). Non-audit services, primarily in connection with the Trust's cost improvement programme amounted to £101,000 (£90,000 for the period to 31 March 2015). To ensure the independence of the external auditors, non-audit services required during the year are not carried out by a member of the team conducting the external audit but by team members with separate lines of accountability.

It is the responsibility of the audit committee to make recommendations to the Council of Governors about the terms and conditions of the Trust's external auditor. In March 2016, following detailed scrutiny by committee members, the committee chair reported the recommendation to the Council to approve the audit fees. This was supported by confirmation of the effectiveness and high standard of work of the external auditor, including their provision of regular, timely and transparent reports and briefing notes on key sector developments.

The external auditor engages appropriately with the Trust's Council of Governors and members, providing full reports on audit findings and required opinions at the September meeting each year, and at the Annual General Meeting/Members Meeting. In light of this and that fees remained reasonable, the audit committee recommended acceptance of the audit fees for the forthcoming year which was unanimously approved by the Council of Governors.

The Audit Committee also considers the key risks identified by the external auditor and uses its resources and the internal audit programme to provide assurance around the following key areas; recognition of NHS revenue, partnership arrangements, capital expenditure and financial sustainability.

During the year, in addition to the coverage already detailed, the Committee has examined key risks in detail, including the following:

Procurement

The Committee has maintained oversight over the sustained improvement in payroll accuracy and has reviewed the arrangements for contracting in Information Management and Technology areas.

Clinical audit

The Committee has continued to monitor the revised governance arrangements for clinical audit and to follow up internal audit recommendations on end of life care.

Healthcare contracting and partnership governance arrangements.

In view of the increasing role of partnership working in our health system the Committee has reviewed the assurance and governance arrangements for new models of delivery.

In addition, the adequacy of systems of internal control was reviewed through the internal audit work plan and presented within internal audit reports, which included the following non exhaustive list:

- Asset Disposal
- Financial management
- Medical Devices
- E-Rostering
- IG Toolkit and information/data quality governance
- CIP
- Estates maintenance and procurement
- Risk Management
- Quality Governance
- Patient Experience/Complaints

Finance and Investment Committee

A further committee of the Board is the Finance and Investment Committee which 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 obligations and good practice.

The committee was chaired by Lyn Williams who has extensive commercial and financial expertise and is a chartered accountant. The committee membership comprises both non-executive and executive directors with other senior managers in attendance. Attendance of core members at the six meetings held in year is detailed below:

	Attendance
Lyn Williams (Chair)	6/6
John Allison	6/6
Stuart Bell	5/6
Martin Howell	6/6
Mike McEnaney	6/6

Some of the key areas of focus included the sale of the Manor/Tindal sites; the development of Bicester & Henley Hospitals; the successful growth of the Oxford Pharmacy Store; the progress with implementation of Carenotes; the relocation of Corporate Services; and South Buckinghamshire rationalisation, in addition to the customary financial reporting which included oversight of liquidity, and the effectiveness of cost improvement planning and capital programme planning.

Quality Committee

A detailed description of the work of the Committee is included in the Accountability Report, the Annual Governance Statement and within the Quality Report. The committee met on 5 occasions and attendance of members at meetings is detailed below:

	Attendance
Martin Howell (chair)	5/5
Clive Meux	3/5
Ros Alstead	4/5
Stuart Bell	5/5
Mike Bellamy	5/5
Anne Grocock	5/5
Mike McEnaney	4/5
Yvonne Taylor	2/4
Jonathan Asbridge	3/3

Charity Committee

The committee is responsible for ensuring that the Trust fulfils its duties as a Corporate Trustee in the management and use of charitable funds.

Key areas of focus in this year included the funding of the artwork at the Whiteleaf Centre, funding of the extremely successful pilot of rapid access to muscular skeletal physiotherapy for staff in the Older People’s Directorate, a grant to Age UK Oxfordshire to support an extension of the Circles of Support pilot project, as well as the development and supply of equipment for the training room at Abingdon Hospital and support for outdoor activities for patients on the Warneford Meadow.

The Committee was chaired by Anne Grocock with its membership comprising both non-executive and executive directors, and other senior managers in attendance. It met on 4 occasions during the year and attendance of core members is given below:

	Attendance
Anne Grocock (chair)	4/4
Alyson Coates	4/4
Yvonne Taylor	2/3
Lyn Williams	4/4
Ros Alstead	1/4

Nominations and Remuneration Committees

The Trust has two Nominations Committees; the Board of Directors Remuneration (and Nominations) Committee and the Council of Governors Remuneration and Nominations Committee.

Board of Directors Remuneration (and Nominations) Committee

The Board of Directors Remuneration (and Nominations) Committee is constituted as a standing committee of the Board of Directors and has the statutory responsibility for identifying and appointing suitable candidates to fill Executive Director positions on the Board, ensuring compliance with any mandatory guidance and relevant statutory requirements.

This Committee is also responsible for succession planning and reviewing Board structure, size and composition, taking into account future challenges, risks and opportunities facing the Trust and the balance of skills, knowledge and experience required on the Board to meet them.

The Committee is chaired by Non-Executive Director Mike Bellamy, with membership comprising all Non-Executive Directors including the Chair. At the invitation of the Committee, the Chief Executive, Deputy Director of HR, Finance Director and Company Secretary attend meetings in an advisory capacity. This committee is a

statutory committee of the Board of Directors and its role and remit, membership and attendance rates are covered in greater depth in the Remuneration Report which is a separate section of the Annual Report.

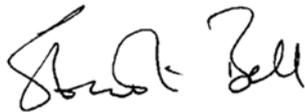
As at 31 March 2016 and ongoing, the membership comprises all the non-executive directors. The committee's role is also to recommend to the Board the remuneration strategy and framework, giving due regard to the financial health of the Trust and to ensure the executives are fairly rewarded for their individual contributions to the Trust's overall performance.

The remuneration of the non-executive directors is determined by the Council of Governors via recommendations from its own Remuneration and Nomination Committee, covered further in the Council of Governors' section.

Health and safety

As part of its corporate governance responsibilities, the Trust takes the health and safety of its patients, staff and visitors very seriously and continues to enhance the way health and safety is managed.

The Accountability Report continues in further sections of this report, up to and including the Annual Governance Statement.



Signed:

Date: 25th May 2016

Stuart Bell, CBE
Chief Executive and Accounting Officer

Council of Governors

An integral part of the Trust is the Council of Governors, bringing the views and interests of the public, service users and patients, carers, our staff and other stakeholders into the heart of our governance. This group of committed individuals has an essential involvement with the Trust and contributes to its work and future developments in order to help improve the quality of services and care for all our service users and patients.

The principal role of the Council of Governors is to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and to represent the interests of the members of the Trust and of the public. This includes scrutinising the effectiveness of the Board, overseeing that it has sufficient quality assurance in respect of the overall performance of the Trust, questioning Non-Executive Directors about the performance of the Board and of the Trust, and to ensure that the interests of the Trust's members and public are represented.

Keeping Informed of Governors' and Members' views

During the year the Board of Directors were kept informed of the views of Governors and members in a number of ways including:

- attendance and/or presentations at Council of Governor meetings by Directors;
- joint informal Non-Executive Director and Governor discussion meetings (eg Forum);
- Directors attendance at both planning and public member meetings ;
- attendance by Governors at public Board of Directors meetings ;
- the establishment of a specific group of Governors and Directors to focus on 'Working Together';
- a series of consultation meetings with Governors, members and the public on the development of the operational plan;
- consultation on the selection of the indicator for auditing for the Quality Report;
- establishment of Director/Governor task and finish groups and working groups to take forward specific work including, for example, the review of training and development;
- PLACE (Patient-led Assessments of the Care Environment) which helps the Trust understand how well we are meeting the needs of service users and patients, and identifies how improvements can be made;

Governors can contact the Senior Independent Director or the Company Secretary if they have concerns regarding any issues which have not been addressed by the

Chair, Chief Executive or Executive officers. In addition, the Chairman and Company Secretary meet regularly with the Lead Governor.

Both the Board of Directors and the Council of Governors are committed to continuing to promote enhanced joint working so that they can deliver their respective statutory roles and responsibilities in the most effective way possible.

To reiterate, the Board of Directors sets the strategic direction of the Trust with participation from the Council of Governors. The Council of Governors, amongst other matters, is responsible for making decisions regarding the appointment or removal of the chairman, the non-executive directors and the Trust’s auditors, and for holding the Board to account, through the non-executives, for the performance of the Trust. The Council of Governors is also required to give its views based on the collective sentiments of members, for the Trust to take into account when formulating its forward plans.

As an NHS Foundation Trust we are accountable to the Council of Governors, which represents the views of members. The removal of the chairman or a non-executive director requires the approval of three quarters of the members of the Council of Governors.

The table below shows the composition of the Council of Governors which comprises 28 elected governors and 7 appointed governors. The council met 5 times during the year and the meetings were well attended, with wide ranging debate across a number of areas of interest.

The current list of the Trust’s public and staff governors and non-executive directors can also be found on our website.

First Name	Surname	Governor Constituency**	Tenure	First or Second Term	Attendance at Council meetings
Maureen	Ghirelli	Public: Buckinghamshire	01/07/14 – 30/06/17	2	4/5
Carol	Penny	Public: Buckinghamshire	01/07/14 – 30/06/17*	1	3/4
Max	Hailey	Public: Buckinghamshire	01/07/14 – 30/06/17*	1	1/5

Andrew	Harman	Public: Buckinghamshire	01/07/14 – 30/06/17	1	4/5
Lynda	Atkins	Public: Oxfordshire	01/07/14 – 30/06/17*	2	3/3
Julia	Grinsted	Public: Oxfordshire	01/05/13 – 30/04/16	1	5/5
Chris	Roberts	Public: Oxfordshire	01/05/13 – 30/04/16	1	5/5
Geoffrey	Forster	Public: Oxfordshire	01/07/14 – 30/06/17	1	4/5
Hafiz	Khan	Public: Oxfordshire	01/07/14 – 30/06/17	1	2/5
Taufiquil	Islam	Public: Oxfordshire	01/07/14 – 30/06/17	1	2/5
John	Bidston	Public: Oxfordshire	01/07/14 – 30/06/17	1	3/5
Mark	Tattersall	Public: Rest of England & Wales	01/07/14 – 30/06/17	1	3/5
Judi	Randall	Patient: Service Users: Buckinghamshire & Other Counties	01/05/13 – 30/04/16	1	2/5
Martin	Dominguez	Patient: Service Users: Buckinghamshire & Other Counties	01/07/15 – 30/06/18	2	3/5
Samantha	Mandrup	Patient: Service Users: Oxfordshire	01/07/14 – 30/06/17	1	2/5
Gillian	Evans	Patient: Service Users: Oxfordshire	01/07/15 – 30/06/18	1	4/4
Liz	Turvey	Patient: Carers	01/05/13 – 30/04/16*	2	1/4

Pat	Ross	Patient: Carers	01/07/14 – 30/06/17*	1	2/4
Alan	Jones	Patient: Carers	01/07/15 – 30/05/18	1	4/4
Anwar	Soopun	Staff: Adult Services	01/07/14 – 30/06/17*	1	1/3
David	Thurston	Staff: Adult Services	01/07/14 – 30/06/17*	1	1/3
Lynda	Lawrence	Staff: Older Peoples Services	01/05/13 – 30/04/16	1	5/5
Soo	Yeo	Staff: Older Peoples Services	01/07/14 – 30/06/17	2	3/4
Judy	Young	Staff: Older Peoples Services	01/07/15 – 30/06/18	1	4/4
Louise	Willden	Staff: Older Peoples Services	01/07/15 – 30/06/18	1	3/4
Martha	Kingswood	Staff: Children & Young Peoples Services	01/07/14 – 30/06/17	1	3/5
Reinhard	Kowalski	Staff: Children & Young Peoples Services	01/07/14 – 30/06/17	1	3/5
Gary	Gibson	Staff: Corporate Services	01/07/14 – 30/06/17	1	1/5
Judith	Heathcoat	Appointed Oxfordshire County Council	01/04/14 – 31/03/17	1	2/5
Mike	Appleyard	Appointed: Buckinghamshire County Council	01/08/14 – 31/07/17	1	2/5
Tricia	Birchley	Appointed: Buckinghamshire County Council	27/02/15 – 26/02/18*	1	0

Mandy	Carey	Appointed: Buckinghamshire MIND	01/10/14 – 30/09/17*	1	3/3
Dave	Pugh	Appointed: Buckinghamshire MIND	01/10/14 – 30/09/17	1	3/5
Diana	Roberts	Appointed: Age UK Oxfordshire	07/05/14 – 30/04/17*	1	3/4
David	Mant	Appointed: Oxford University Hospitals NHS Trust	01/01/15 – 31/12/17	1	4/5
June	Girvin	Appointed: Oxford Brookes University	01/01/15 – 31/12/17	1	3/5
Sula	Wiltshire	Appointed: Oxfordshire Clinical Commissioning Group	01/01/15 – 31/12/17	1	5/5

Key: * resigned in year, mid-way through tenure
** elected governors are public, staff and patient governors

Lead Governor

The Council of Governors elected a Lead Governor in line with Monitor guidance. During 2015/16 the following Governors held this role:

- Lynda Atkins (resigned September 2015)
- Chris Roberts from September 2015

A role description for the lead governor was agreed during the year. The lead governor has been significantly involved in developing working arrangements between the governors and the board of directors throughout the year, including supporting the Director of Corporate Affairs and Company Secretary to introduce a new governor Forum and enhancements emanating from a working better together task and finish group. The Council of Governors also elected for a new Deputy Lead Governor role with Soo Yeo voted into the position in September 2015.

Register of interests

All governors are asked to declare any interest on the register of governors' interests at the time of their appointment or election and it is reviewed annually thereafter. This register is maintained by the director of corporate affairs/company secretary. The register is available for inspection on request. Any enquiries should be made to the

director of corporate affairs/company secretary at the following address: Oxford NHS Foundation Trust, Trust Headquarters, Warneford Hospital, Warneford Lane, Headington, Oxford, OX3 7JX.

Contacting your governor

Members can contact their governor by contacting the Company Secretary, by email at Kerry.rogers@oxfordhealth.nhs.uk or by post at Oxford Health NHS Foundation Trust, Warneford Hospital, Warneford Road, Headington, Oxford, OX3 7JX.

Council meetings are open to the public and details are published on the website together with the papers and minutes of the meetings.

The Council of Governors has a number of committees and regular reports were received from each of the governor groups, with terms of reference agreed for the following Governor committees:

- Patient Experience
- Quality & Safety
- Finance
- Remuneration and Nomination

Council of Governors Nominations Committee

The Council of Governors Nominations Committee is responsible for establishing a clear and transparent process for the identification and nomination of suitable candidates for the appointment of the Trust Chair and Non-Executive Directors for approval by the Council of Governors.

The Committee is chaired by the Trust's Chair with membership comprising elected and appointed Governors. If the Chair is being appointed or not available, the Vice Chair or one of the other Non-Executive Directors who is not standing for appointment will be the Chair. When the Trust Chair is being appointed, the committee is typically chaired by the Senior Independent Director.

During the year, the Committee considered and recommended to the Council of Governors that the chairman, Martin Howell be reappointed as a Non-Executive Director for a third term of office. The Committee had taken account of the critical needs of the organisation balanced against future skills and expertise as well as the views of the Board of Directors. The recommendation was approved by the Council of Governors at its meeting in September 2015.

Membership

Foundation Trust membership aims to give local people, service users, patients and staff a greater influence in how the Trust's services are provided and developed. The membership structure reflects this composition and is made up of the categories of membership below:

The Membership Constituencies

The Trust has 4 membership constituencies:

1. a public constituency
2. a staff constituency; and
3. a patients' constituency

Elected governors

<i>Constituency</i>	<i>Class</i>	<i>No of governors</i>
Public	Buckinghamshire	4
	Oxfordshire	7
	Rest of England & Wales	1
Patient	Service Users: Buckinghamshire & Other Counties	2
	Service Users: Oxfordshire	2
	Carers	3
Staff	Adult Services	2
	Older Peoples Services	4
	Children & YP Services	2
	Corporate Services	1

Public constituency

All people aged at least 12 years of age and over and living in the County of Oxfordshire, the County of Buckinghamshire or in the Rest of England & Wales are eligible to join the Trust. Our strategy is to build a broad membership that is evenly spread geographically across the diverse area we serve and reflects the ages and diversity of our local population.

The public membership includes all people who use our services, their carers and families, as well as the broader community. The geographical area the Trust serves is sub-divided using electoral boundaries consisting of the local authority electoral area of the Oxfordshire County Council; the local authority electoral area of the Buckinghamshire County Council and all other local authority electoral areas in England and Wales not already covered by the local authority areas in Oxfordshire and Buckinghamshire.

Staff constituency

The staff constituency is divided into four classes: Staff: Adult Directorate, Staff: Older People Directorate, Staff: Children and Young People Directorate, and Staff: Corporate Directorate. Trust employees continue to be registered as members under an opt-out scheme, and the number of employees who choose to opt out remains extremely low. The staff membership ensures that the large majority of staff is able, through a number of additional channels, to participate in and offer their views on developments at the Trust. It is unlikely that we will see significant changes in staff membership given the opt out rate is already so very low, and due to our work to ensure we retain membership levels.

Patient constituency

There are three classes: Patient: Service Users: Buckinghamshire and other counties; and Patient: Service Users: Oxfordshire; 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.

Membership figures at 1st April 2015:

Public: 2293

Patient: 525

Staff: 6205

Membership figures at 1st April 2016:

Public: 2599

Patient: 537

Staff: 6113

Analysis of Public member demographics (as was on 1st April)

Age:

0-16 : 1

17-21: 3

22+: 1904

Not Stated: 670

Gender:

Male: 1073

Female: 1500

Unspecified/Not Stated: 5

Ethnicity:

Asian: 62

Black: 40

Mixed: 24
Other: 503
White: 1949

Eligible Base Population

Age:

0-16: 247204
17-21 : 73103
22+ 875662

Gender:

Male: 590931
Female: 505038

Ethnicity:

Asian: 74926
Black: 21914
Mixed: 25593
Other: 3763
White: 1030674

On joining the Trust towards the end of 2015, the Director of Corporate Affairs and Company Secretary reviewed the Trust's engagement policies with members and the wider public and is implementing processes to improve the quality of engagement and ensure accountability, resulting in a refreshed Membership Strategy which will be finalised at the beginning of 2016/17.

The Trust recognises that the Council of Governors directly represent the interests of the members and the local communities it serves. The Trust believes that its members have an opportunity to influence the work of the Trust and the wider healthcare landscape, thereby making a real contribution towards improving the health and wellbeing of service users/patients, and the quality of services provided.

The Board values the relationship it has with the Council and recognises that its work promotes the strategic aims and assists in shaping the culture of the Trust. The Membership Strategy will set out a series of objectives for the Trust to continue to encourage a wide and diverse membership with the focus on quality membership engagement activity, including the actions it will take to build and maintain membership numbers ensuring membership is representative of the population the Trust serves; and communicating effectively with members and the public to encourage involvement.

Engagement and recruitment

A range of methods are used to recruit members including:

- attendance at meetings and events organised by the Trust;
- attendance at public events organised by other organisations;
- promotional stands;
- promotion of membership on the Trust's website;
- greater involvement of Governors in recruitment activity.

Although the Trust will continue to aim to increase our overall membership, a focus of the membership strategy will be on quality engagement with members and the public.

Members are kept up to date with developments at the Trust and we utilise opportunities with the Governors to canvass the opinion of the Trust's members on our forward plans, including service objectives and priorities through a combination of:

- receiving copies of *Insight* which is distributed to members providing up to date information and features on the Trust including service developments, information on issues relating to mental health, community services and learning disabilities, information about the Council of Governors, and opportunities to be involved in surveys etc;
- visiting the member pages on our website;
- using social media such as becoming a friend of the Trust on Facebook and/or following the Trust on Twitter;
- attending our annual general and members meeting held in September which provided an opportunity to hear how the Trust performed during the year, the work of the Council of Governors and to meet Directors and Governors;
- attending public meetings of the Board of Directors and Council of Governors;
- attending Health Matters events lead by clinicians and Trust staff

Regulatory Ratings

Monitor is the sector regulator for health services in England with the job of protecting and promoting the patients by ensuring that the whole sector works for their benefit. As part of its responsibilities, Monitor makes sure Foundation hospitals, ambulance trusts, mental health and community care organisations are well led and are run efficiently so they can continue delivering good quality services for patients in the future.

Monitor measures and assesses the actual performance of each NHS Foundation Trust against their annual plans against which most are monitored on a quarterly basis. Monitor publishes two ratings as set out in their Risk Assessment Framework. The ratings are Continuity of Services and Governance.

- Continuity of Services rating: rated 1 – 4 where 1 represents the highest risk.
- Governance rating: rated GREEN if no issues are identified or RED where enforcement action is being taken. ('under review' is where concerns are identified but no enforcement action has commenced).

The Health and Social Care Act 2012 requires that Monitor issue licences for providers of NHS services and also gives Monitor powers to enforce these licences. These powers are detailed within Monitor's Enforcement Guidance, but in summary enable Monitor to investigate potential breaches of the licence and then to either impose requirements on NHS service providers where they find actual breaches, or accept undertakings from the provider, to make sure they return to compliance. The requirements Monitor can impose range from obliging providers to take steps to restore compliance, requiring providers to restore the position before any determined breach or obliging them to pay a financial penalty. In exceptional circumstances, Monitor can also consider revoking a licence.

During August and early September a Monitor investigation team visited the Trust and reviewed a large range of information with a view to establishing whether or not the Trust was at risk of breaching its Licence in connection with delivery of the financial plan. Following that review, Monitor subsequently concluded its investigation into the Trust's finances, and decided to take no formal regulatory action which is explained further in the Annual Governance Statement. The Trust's governance rating was subsequently returned to green.

Nevertheless, given the very challenging financial environment faced by all NHS organisations we can continue to expect close monitoring as we develop our plans for next year. It is helpful to note the recognition that the Trust is already very efficient in its provision of services against a number of benchmarking indicators, in

addition to the Reference Costs Index figure, which as mentioned earlier, continues to mark us out amongst the most efficient of NHS organisations.

A summary of rating performance throughout the year and a comparison to prior year is as follows:

2015/2016	Annual Plan	Q1	Q2	Q3	Q4
Continuity of Services Risk Rating	2	3	3	3	2
Governance Rating	Green	Under review	Green	Green	Green

2014/2015	Annual Plan	Q1	Q2	Q3	Q4
Continuity of Services Risk Rating	3	3	2	3	2
Governance Rating	Green	Green	Under review	Under review	Under review

Statement of Accounting Officer's responsibilities

The following provides a 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 & Accounting Officer

Date: 25th May 2016

Annual Governance Statement

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.

Within the Trust, the Board of Directors is supported by a committee structure, reporting through to the Board, to deal with the various elements of governance. A Non-executive director (NED) of the Trust chairs each of the Board committees to ensure the appropriate delineation of responsibilities with regard to Board and Executive management.

During 2015/16 the Audit Committee has set the direction of the Trust's assurance work carried out by Internal Audit and assured itself and the Council of Governors of the continuing independence of the external auditors by ensuring that independence of judgment was not compromised by the commissioning of non-audit work undertaken during the year. There is a robust system in place to ensure that the Trust regularly reviews the effectiveness of its internal controls including the Board Assurance Framework, which supports determination of the level of assurance the Board requires and its appropriateness in order to satisfy Board on the effectiveness of its internal controls.

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 2016 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

I am responsible for risk management across organisational, clinical and financial activities. I am the chair of the weekly Executive and monthly Extended Executive board meetings that reviews and recommends the Risk Management Strategy for the Trust. The Risk Management Strategy provides a framework for managing risk across the organisation which is consistent with best practice and Department of Health guidance. The strategy provides a clear, systematic approach to the management of risk to ensure that risk assessment is an integral part of clinical, managerial and financial processes.

Established Directorate governance arrangements maintain effective risk management processes across all directorates, maintain directorate risk registers and report routinely through Executive and Performance meetings. The Audit Committee comprising non-executive directors and excluding the Chairman, oversees and has reviewed the effectiveness of the system of internal control and overall assurance process associated with managing risk.

The corporate induction programme ensures that all new staff are provided with details of the Trust's risk management policies and processes and is augmented by local induction organised by line managers. Mandatory training reflects essential training needs and includes risk management processes such as fire safety, health and safety, manual handling, resuscitation, infection control, safeguarding patients and information governance. Root-cause analysis training is provided to staff members who have direct responsibility for risk management within their area of work. Lessons learned in the unfortunate event when things go wrong, are shared through directorate and corporate governance systems. Training and guidance is provided in various media formats to staff including e-learning, classroom environment, information bulletins and seminars to ensure learning from good practice and experience is disseminated quickly and effectively.

A revised governance framework was approved and introduced in May 2015 which has successfully delivered a comprehensive integrated governance approach and has supported the wider Trust's service and quality improvement agenda in preparation for the September 2015 CQC inspection.

An integrated governance framework document clearly sets out:-

- The aims and objectives of governance in the Trust, together with structures and processes which are in place to successfully deliver corporate and quality governance in an integrated manner;
- How risk management sits within the Trust's governance framework and, in particular, the co-ordination of risk management across clinical and corporate areas; and

- How governance and accountability links into the Trust Executive and performance management arrangements.

In Oxford Health NHS Foundation Trust, integrated governance is about the combination of corporate and quality governance, and risk and performance management in order to give the Board of Directors and key stakeholders assurance regarding the services that the Trust provides. Detail regarding the Board's committee structure is included within the Corporate Governance section of the Report along with member attendance records and the scope of Committee remits. With regard to the Remuneration Committee, this information is included separately within the Remuneration Report. The Trust is required to comply or explain departure from the requirements of the Code of Governance and details are again included within the Corporate Governance section of this Annual Report.

As an NHS foundation trust we are subject to scrutiny by a number of bodies. Some have statutory standard-setting, inspection, monitoring and, in some cases, enforcement powers. Other bodies have a statutory role but lack the powers to enforce compliance. There are also bodies with no statutory powers over us but which may have a legitimate interest in our operations. Foundation Trusts are expected to meet their statutory obligations towards all such bodies and abide by their duty to co-operate with NHS bodies and local authorities. The board decides how best to organise and manage the Trust to optimise the way in which it delivers services and has monitored the performance of the Trust in an effective way to satisfy itself that appropriate action is taken to remedy problems as they arise.

The Quality Committee, a formal committee of the Board, supports the Board in relation to meeting quality standards and the management of corporate risk and in turn is supported by four Quality Sub-committees – well led, caring and responsive, safe, and effective. 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.

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 service directorate has a clinical director, service director and a head of nursing who jointly lead on clinical governance and risk management issues. Staff have been

alerted to both the strategy and supporting policies, including such as the Incident Reporting and Management policy throughout the year but most notably as part of the Trust's improvement activity across the year. The Risk Management strategy and policy was last reviewed and approved by the Board in June 2015. In addition to regular updates at relevant Board committee and sub-committee meetings and Executive Team meetings, a formal quarterly Board Assurance Framework report is presented to the Board which provides a universal view of the strategic risk profile and 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 was completed in 14/15 which has continued to 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 through Serious Incidents Requiring Investigation and actions taken to address these.

The Executive team and the Quality Committee regularly reviewed assessments against the CQC registration requirements; where gaps were identified action plans were implemented to ensure the board were reasonably assured that CQC standards were being met.

The Trust's Counter Fraud Work Plan and Local Counter Fraud Specialist also play a key role in assisting the Trust anticipate and manage risk and regular reporting to the Audit Committee ensures board members are frequently apprised of counter fraud prevention and detection activity and any necessary improvements required to the Trust's controls.

The risk and control framework

Risk management requires participation, collaboration and commitment from all staff. The process starts with the systematic identification of risk via structured risk assessments documented on risk registers. These risks are then analysed in order to determine their relative importance using a risk scoring matrix. Low scoring risks are managed by the area in which they are found whilst higher scoring risks are managed at progressively higher levels within the organisation. Risk control measures are identified and implemented to reduce the potential for harm.

A unified approach to risk management is contained within the Trust's Risk Management policy and the risk appetite of the various stakeholders has been part of our consideration of the risk management strategy. In order to monitor the Trust's risk profile, local risk registers are in place at corporate (Trust-wide), directorate and department level which contain a summary of risk information. The risk registers enable all risks identified within the Trust to be categorised and recorded, and assessed against each other and on a Trust-wide and service basis to facilitate

decision-making regarding resource allocation and risk reduction. The risk registers inform the Board Assurance Framework where risks to the attainment of the Trust's strategic objectives are identified.

The risk registers inform the development of risk management action plans in order to deliver the necessary learning and improvement and capture data from a variety of sources including:

- Incident reports
- Care Quality Commission reports
- Consultation and observation
- External and internal surveys, inspections, assessments and audit
- Risk Assessments
- Fire reviews
- Claims and complaints
- Financial information and risks

The corporate (Trust-wide) risk register is reviewed by the Executive Team on a regular basis. The Executive Team considers those risks which need to be reported to the Board of Directors, its Committees and sub-committees, alongside those risks which should be reflected in the Board Assurance Framework. The Trust's Corporate Governance Statement is reviewed by the Board alongside evidence which provides assurance that statements are valid. Each Executive lead is responsible for ensuring actions are implemented to address any risks to validity.

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 timescale 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. More information with regard to the Trust's activities to reduce its carbon footprint is contained earlier within the Directors' Report and Performance Analysis.

During 2015/16 the Board ensured ongoing assessment of significant risks to the attainment of objectives and maintained oversight of specific risks related to:

- Elimination of variability in the quality of care
- Integration of care pathways and between organisations in the system
- Management of change programmes
- Patient/Service User/Career involvement and engagement in own care
- Effective business planning and governance arrangements
- Delivery of cost improvement plans
- Quality improvement and innovation/adoption
- Partnerships and collaborations
- Workforce planning and recruitment/retention
- Organisation and Leadership development
- Quality of data and of records
- Delivery of Electronic Health Record system
- The Trust's estate

The Board has continued to maintain its oversight of the management of all major risks. Key controls and assurances, and any identified gaps are continually reviewed and action plans developed and progressed accordingly. Updates are provided routinely to the Board.

The Trust assesses annually compliance with the NHS Foundation Trust Licence Condition 4 (FT Governance). The Board last reviewed its assessment in detail in May 2015 and confirmed no material risks had been identified with regard to compliance with its Licence and as described later, a Monitor investigation assessing if the Trust was a risk of breaching its Licence in the context of its financial risk ratings, concluded that it was not.

The Trust believes that effective systems and processes are in place to maintain and monitor the following conditions:

- The effectiveness of governance structures
- The responsibilities of directors and sub committees
- Reporting lines and accountability between the Board, its subcommittees and the executive team
- The submission of timely accurate information to assess risks to compliance with the Trust's Licence, and
- The degree and rigour of oversight the Board has over the Trust's performance.

These conditions are detailed within the Trust's Corporate Governance Statement the validity of which is assured annually by the Board prior to submission to Monitor, its last review being undertaken in June 2015.

The high cost of agency staff has initiated national focus on reducing reliance on such staff and negotiating nationally to improve procurement frameworks should other staffing options be exhausted. The Trust is working closely with the NHS Collaborative Procurement Partnership and agency suppliers to negotiate agency rates within the price caps introduced by NHS Improvement. Where there is significant clinical risk Service Directors are required to authorise overrides which are reported and scrutinised on a weekly basis by the Executive team. It is anticipated that the maturation of a new e-rostering system and the introduction of the centralised bank will strengthen the Trust's ability to manage staffing effectively within the agency rules introduced. New agency supplier agreements were agreed in 2015 for nursing and medical staffing groups using the NHS Collaborative Procurement Partnership's LLP frameworks and in 2016/17 the Trust plans to negotiate new supplier agreements for non-clinical, non-medical and other clinical staffing groups using existing national framework agreements.

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 Committee and its supporting sub structure.

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 focus 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' and more detailed information is included in the Corporate Governance section.

As previously stated, during the year, Monitor opened an investigation into the Trust's financial plans to establish if the Trust was at risk of breaching its Licence given its financial sustainability rating had dropped from 3 to 2. Following a thorough review Monitor wrote to the Trust in November 2015 to confirm its decision to conclude the formal investigation into the Trust's compliance with its Licence and to take no formal action at the time not having found the Trust to have breached its Licence. Monitor instead agreed a set of informal actions with the Trust. The Board has overseen progress in achieving the aims in accordance with the prescribed timescales.

With the Trust already recognised as being in the top 5% of Trusts for efficiency, as measured through the reference costs published at the end of 2015, achieving ongoing and recurrent cost improvements is increasingly challenging. We are committed to meeting these challenges in a range of ways – through partnership working to use resources better across mental and physical health and social care. For example, we have previously outlined in the Annual Report that this year we have seen the launch of our Oxfordshire Mental Health Partnership to provide comprehensive adult mental health care aimed at delivering outcomes that provide meaningful recovery for people with mental ill health, including help with education and training, employment, housing, and care and treatment.

Working with five third sector partners offers better engagement and accessibility for people using services and draws on the strength and expertise of all parties. Other partnerships, include our ongoing work with acute and local authority partners, aimed at developing community services focussed on providing people with the right care in the right place at the right time, so that hospital beds are there for those who need and benefit from them, and support at home is there for the majority who need and want to recover in their home or place of care.

A recent example of this has been the work with Oxford University Hospitals Foundation Trust and Oxfordshire Clinical Commissioning Group on the winter plan to address delayed transfers of care to improve the flow of patients in and out of our hospitals in order to manage the expected increase in hospital admissions due to winter illness affecting the elderly and those with chronic conditions. By addressing this we aimed to improve waiting times and access to beds for patients who need to be admitted for both emergency and planned treatment.

We can expect more cross system working through our Transformation Board which is looking at how all of our health and social care systems can work better together in the longer term over the next two to five years

We have introduced new electronic record systems during the year, which should ultimately help us to improve care and involvement in care for everyone, as well as

supporting research and audit to understand conditions and develop the best treatments and services. This is a major undertaking and we appreciate the huge effort and dedication on top of the day job that many staff are providing to enable these changes.

Over the past two years the Trust has been preparing for and undertaking a significant programme of work to implement Carenotes across clinical services. These solutions will be the Trust's strategic Electronic Health Record for the future. The programme of work to deliver this is being undertaken in phases and phase 1 has been completed during the year. This has moved clinical services away from the RiO and SystemOne systems provided as part of a nationally managed contract and replacing them with Carenotes and Adastra respectively.

Like many organisations across England, the Trust had a deadline to replace RiO and SystemOne by 31st October 2015 or face the prospect of paying significant penalties. I am pleased to report that we achieved the replacement of RiO and SystemOne by the imposed deadline albeit not without continuing challenges which we are working with staff and the system provider to fix. The programme board continues to meet monthly, chaired by me and attended by the system provider, at which progress on the resolution of problems is monitored and mitigating actions to manage related risks are reviewed. Whilst clinicians in each directorate have confirmed that any resultant clinical risk is mitigated and it has been determined that there is no material financial risk due to these problems, there are resultant inefficiencies and there is a delay to the realisation of some of the benefits. A post-implementation review will be carried out once the system is in a stable and robust condition.

The electronic health record programme is setting a firm foundation that our trust can build on in the coming years. The Board of Directors is grateful for all the hard work and focus on developing solutions - and staff's acceptance of the delays and compromises that are inevitable in such a complex system change. With staff's continued support I anticipate that working together with our suppliers, we will ensure that Carenotes becomes a valuable asset in our endeavours to deliver outstanding care.

Information Governance

The Trust's Integrated Information Governance Policy outlines the management and assurance framework, including key roles and committees that are responsible for managing and monitoring confidentiality and data security. The Information Management Group, chaired by the Senior Information Risk Owner (SIRO) is responsible for fidelity to the policy and provides management focus and analysis of data security threats and delivers improved data security through the review of incidents, policy development, education of users, highlighting risks and developing

risk mitigation action plans. The Caldicott Guardian is a member of the group, and produces a report for each committee and is responsible for developing awareness of Caldicott and confidentiality issues throughout the Trust. The Information Management Group monitors implementation of the Integrated Information Governance Policy and actions to improve service user experience in relation to fair, lawful and secure use of their personal confidential information, leading and overseeing the implementation of controls and receiving assurance to maintain service user confidentiality whilst enabling effective and lawful sharing of information. The group oversees compliance with the Freedom of Information Act, and receives assurance with respect to subject access requests under the Data Protection Act.

The Information Governance (IG) Toolkit is an annual online national self-assessment process overseen by the Health and Social Care Information Centre, which enables the Trust to measure its compliance against Department of Health standards of information governance management, confidentiality and data protection, information security, clinical information, secondary uses and corporate information. The Trust provides evidence to demonstrate compliance with each of the standards in the Toolkit, elements of which are independently audited by internal audit. Following the independent audit and sign off by the Trust Caldicott Guardian, and subsequently the Board of Directors, the IG Toolkit assessment is submitted on 31 March each year.

The Trust scored Level 2 or above for all requirements of the IG Toolkit v 13 for 2015-16 that form the Information Governance Statement of Compliance with an overall satisfactory compliance score of 78%. Internal Audit reviewed the key requirements of the Information Governance Toolkit v14 and gave reasonable assurance that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently.

The Trust requires all information incidents to be reported. Each incident is recorded on the Trust Incident Reporting System and all incidents of Level 1 or less are summarised and reported to the Trust Extended Executive monthly, and are analysed and considered by the Information Management Group quarterly. There were no serious confidentiality incidents (level 2) during 2015-16.

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 Account is 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, for example 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
- internal audit review of data sources
- external audit review

The Trust has an identified quality and safety department with relevantly qualified and experienced staff to support the execution of quality improvement across the Trust, which was also supported by a dedicated Improvement and Innovation Team. The Quality Report has been reviewed through both internal and external audit processes and comments have been provided by local stakeholders.

Although the external audit of the Quality Account did not identify any data quality issues that would have risked a qualified audit opinion, the reliability of reporting from Carenotes (the newly implemented Electronic Health Record system) was identified as requiring improvement. The residual problems with Carenotes subsequent to its implementation have been noted above; and until these issues are fully resolved, all reports based upon Carenotes data are scrutinised and reviewed for accuracy and completeness and are corrected before being submitted. Whilst this ensures data quality, this is a resource intensive and inefficient situation. In addition, there is a programme of work now started to review our structures, methods and resources for performance and contract management which includes a more

systematic approach to providing data and information of high quality and integrity with minimal intervention.

The Trust has previously undertaken a self-assessment against Monitor's Quality Governance Framework and the successor Well Led Framework through its alignment with CQC 'well led' requirements being a key focus of the Trust's Well Led Committee reporting to the Quality Committee. The Trust was proud to achieve a 'good' rating from the CQC for the well led domain. We are planning for an external assessment against the Well Led Framework in 2016/17 and the Board maintains its own focus on improvement through a dedicated development programme. The Quality Account as part of this Annual Report describes quality governance and quality improvement in more detail. The Trust has strong quality governance systems in place which support quality improvement and standardised risk assessments (Quality Impact Assessment) of all transformational changes and cost improvement plans. Furthermore the Trust has robust arrangements in place for patients, staff and the public to raise concerns with respect to the quality of care.

Assurance is obtained on compliance with CQC registration requirements through: regular review by the Executive team and the Quality Committee of a self-assessment against the CQC registration requirements (where gaps are identified action plans are implemented to ensure the CQC outcomes are met); and through a combination of internal peer reviews across the Trust against the CQC framework, the results of which are assessed by the Executive team, and assurance reports to Quality Sub-committees assessing CQC compliance. In 2015/16 assurance was provided on the outcomes of analysis of the data gathered for internal reviews, the results of internal reviews and other intelligence by service line which was integrated into Directorate quarterly quality reports and assessed by Directorate Performance Meetings with the Executive team and the Quality Sub-committees.

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC).

Further assurance with regard to the quality of care provided, and clarity with respect to the focus for improvement was received when at the end of September 2015 the Care Quality Commission (CQC) undertook an inspection of our services. The CQC has rated Oxford Health NHS Foundation Trust 'good' in three out of five quality measurements – *caring*, *responsive* and *well-led* and 'requiring improvement' in the remaining two, *effective* and *safe*. This gives Oxford Health an overall rating of 'requires improvement' based on weighted scoring across all services inspected. No enforcement notices were issued and the majority (11 out of 15) of the Trust's services were rated 'good' (10) or 'outstanding' (1).

We are pleased that the 'outstanding' rating was for our children and young people's community service, which includes school health nurses, health visitors and children's community nurses.

Improvements are required in *safety* to ensure that across all Trust services the same high standards are observed. Areas requiring improvement, many of which we were already aware and addressing, and which are captured for monitoring progress within a quality improvement action plan, include:

- Patient and carer involvement in care planning
- A strategy for patient involvement in service design and delivery
- Consistency in the robustness of clinical risk assessments
- Staff confidence in using the new CareNotes electronic patient record system
- Bed management processes and discharge planning

The CQC also noted that some of our older estate, especially inpatient mental health settings at the Warneford Hospital, was outdated for the delivery of modern mental health care. The Trust has long been aware of the challenge of operating from Victorian buildings and in recent years has developed the Whiteleaf Centre in Buckinghamshire and the Highfield Adolescent Unit in Oxford as exemplars of purpose built 21st century mental health care. A working group is currently developing options for future development of the Warneford Hospital site in particular to better address modern health care needs.

Actions required and recommended by the CQC have been promptly managed and are monitored via the quality improvement plan by the Executive Team meeting, and sub-committees of the Quality Committee, overseen by the Quality Committee itself and reported directly to the Board of Directors.

Data quality risks are managed and controlled via the risk management system. Risks to data quality are continually assessed and added to the IM&T risk register. In addition independent assurance is provided by the Audit Commission's Payment by Results (PbR) Data Assurance Framework review and the Information Governance Toolkit self-assessment review by Internal Audit. The Trust intends to implement improvements in the quality of data on which it relies to assess performance, and key programmes of work will be implemented during 2016/17.

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 that 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 Trust's Assurance Framework provides me with evidence the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. Internal Audit provides me with an opinion about the effectiveness of the assurance framework and the internal controls reviewed as part of the internal audit plan. Work undertaken by internal audit is reviewed by the Audit Committee. The Board Assurance Framework/Corporate Risk Register is presented to the Executive meeting on a regular basis and all significant risks are detailed and reported to the Board on at least a quarterly basis. This provides the Board and me with evidence of the effectiveness of controls in place to manage risks to achieve the organisation's principal objectives.

My review is also informed by External Audit opinion, inspections carried out by the CQC and other external inspections, accreditations and reviews.

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 Sub-committees. The Board 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 processes which are well established and ensure the effectiveness of the systems of internal control through:

- Board's review of the Board Assurance Framework including risk registers and any relevant action plans and the work of Board Committees
- Audit Committee's scrutiny of controls in place
- CQC Registration requirements and the recent planned inspection
- CQC (Mental Health Act Commission) reports
- Monitor quarterly assessment process
- patient and staff surveys
- complaints received and outcomes of investigations
- Reviews of 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
- assessment against key findings of external inquiries.

The Board has monitored progress against the key risks facing the Trust and assured itself that the strategic intent of the Trust appropriately addresses opportunities and 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 Quality Committee and its sub-committees have ensured that programmes of work, and the developments of policy and strategy, address identified risk areas. Then 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 on the design, implementation and review of the Trust's clinical audit programme.

By the end of the year, the performance of our teams has resulted in the Trust meeting all its national targets and we have plans in place to improve the quality of service delivery and our CQC ratings further in 16/17. I and the Board of Directors are very proud of our staff in ensuring delivery against these targets during another very challenging year.

Conclusion

While I recognise we can always improve on our systems, the Board has extensive and effective governance assurance systems in operation. These systems enable the identification and control of risks reported through the Board Assurance Framework and Risk Register. Internal and external reviews, audits and inspections provide sufficient evidence to state that no significant internal control issues have been identified during 2015/16. It has, however, identified the potential significant risks facing the Trust in 2016/17 with regard to delivery of its cost improvement plans due to the Trust's already strong efficiency performance.



Signed:
Stuart Bell, CBE
Chief Executive & Accounting Office

Date: 25th May 2016

Quality Report and Account

Part 1: Statement of quality from the Chief Executive

Chief Executive's statement

I am very pleased to introduce the Quality Account and Quality Report for Oxford Health NHS Foundation Trust (OHFT). This gives us the opportunity to reflect on our quality achievements and successes over the past year, as well as to identify areas for further improvement, including our quality priorities for the year ahead.

We continue to work hard to improve quality of care amid national challenges for delivering health and social care. Demand is increasing as more people live longer and with changing and complex needs, at the same time as we must all achieve year-on-year financial efficiencies. To meet these challenges we are finding new ways of working and increasingly in partnership with others across the system to transform how we provide care to all of the people we serve, in a way that is sustainable and delivers on the aims of the NHS Five Year Forward View. There remains a national focus on quality too, informed by concerns raised in the findings of independent reviews including those of the Francis and Mazars reports.

We also had the opportunity of having our first inspection by the Care Quality Commission (CQC) in September 2015, which gave us a helpful measure of our progress along a journey of quality improvement. Our journey of improvement began before the inspection and we valued the insights that our own preparations and the inspection process gave us. All of this helps our learning and is part of our ongoing drive to work together to improve our services to benefit the people we serve. As part of this we will be bringing together our quality improvement work streams including clinical audit, to develop a systematic approach building on staff enthusiasm for large scale sustained improvements in the quality and safety of care.

An important part of our approach is our view that care should be a joint endeavour with the people we care for, so that their care is personalised and delivers the outcomes people want. We want to ensure that our patients have a stronger voice and have begun working more closely with the people we serve to ensure that the care they receive is centered on their needs. To achieve this, we have widely consulted on a new (patient) involvement and experience strategy for the next three years.

2015/16 – an overview

I am proud of our caring staff for contributing to delivering and improving our services. We have seen some inspiring and innovative work across the Trust over the past year. We have made improvements in patient experience, reducing potential harm, reducing suspected suicides and delivering better clinical outcomes for many of the people we care for and treat. A number of services have achieved external accreditations in 2015/16, demonstrating that they are meeting national best practice standards. These include our adult acute, rehabilitation and psychiatric intensive care mental health wards, older people's memory services, the eating disorder wards, health visiting service, and achievement of the 'Triangle of Care' across the mental health services, with an aim to expand across the Trust in 2016/17.

Staff are reporting feeling more engaged and we have been putting a lot of effort into developing and working with them to improve quality. The rolling out of a new electronic patient record across the Trust continues and like all major undertakings, we are facing teething problems that are being addressed. Our challenges include increased demand for most services, as we struggle to fully staff all teams due to regional and national shortages for some specialist roles.

Our Trust was inspected by the CQC in 2015/16 and rated as 'good' in three out of the five quality domains (caring, responsive and well led) and 'requires improvement' in the two remaining (effective and safe). This gives the Trust an overall rating of 'requires improvement' based on the weighted scoring across the services inspected. The vast majority of the areas for improvement were things we recognised and had plans in place to address. We have a comprehensive action plan in place to address the issues found. We were disappointed to receive an overall rating of 'requires improvement'; however, due to the positive findings during our inspection the CQC have offered the Trust a chance for a focused re-inspection within the next few months to improve this rating. We look forward to welcoming back the inspection team in 2016/17, as this gives us a great opportunity to demonstrate that we have addressed the recommendations identified and continue to improve the care we provide.

A focus on quality – 2016/17

Our quality priorities remain focused on four key aspects of quality:

- A safe and effective workforce supported by effective management and leadership, focused on continuous improvement;

- Striving for a positive patient, family and carer experience (and acting when this is not the case);
- Improving quality through service remodeling;
- Increasing harm-free care.

We will continue to work with our staff to develop effective teams to achieve our improvement goals. Our focus in the next year will be to further involve and work with the people we care for, improving how this is consistently carried out across services. We will continue to build on our strong track record of working in partnership with other organisations, providing integrated services which we hope will help with the staffing challenges and meeting the increasing demands for services. We recognise more work is needed around our processes and leadership to reduce the number of pressure ulcers and to ensure we reliably recognise and respond in a timely way to each person's physical health needs as required (if it is someone receiving mental health or physical health services).

No document can truly convey the breadth of work taking place across an organisation as diverse and geographically large as ours; or reflect the dedicated work and improvements that take place every day. However, I hope that this quality account gives you a clear picture of our commitment to continuous quality improvement and of how important the care of the people we treat is to all of us at Oxford Health NHS Foundation Trust.

Finally, to the best of my personal knowledge, the information contained in this document is accurate.



Date: 25th May 2016

Stuart Bell CBE

Chief Executive

Who we are

We are a community-focused organisation that provides physical and mental health services integrated with social care with the aim of improving the health and well-being for the local communities we provide services within.

We provide community physical health, mental health and specialised health services for children and young people, adults of working age and older people. We deliver services across Oxfordshire, Buckinghamshire, Milton Keynes, Berkshire, Swindon, Wiltshire, and Bath and North East Somerset (BaNES). Clinical services are managed within three directorates:

- Children and Young People; responsible for mental health and physical health services predominantly for children young people and their families as well as salaried dental care and eating disorder services.
- Adults; responsible for mental health services predominately for adults of working age but including the early intervention service, Luther Street GP practice for the homeless, psychological therapy services and specialist forensic services.
- Older People; responsible for mental health and physical health services predominantly for older people, for example: district nursing, urgent care, musculoskeletal physiotherapy, podiatry, reablement, and older adult community mental health teams.

In Oxfordshire we are the main provider of the majority of non-GP based community health services for the population of Oxfordshire and we deliver these in a range of community and inpatient settings, including community hospital sites. 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, Swindon, 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 Wales. You can find out more about the many different services we provide and our locations at www.oxfordhealth.nhs.uk.

We employ around 6,100 staff (whole time equivalent 4,700) and this includes medical staff, therapists, registered nurses, health care workers, support staff and other professionals including psychology, dental staff, social worker and paramedics.

We have over 260 clinical teams and operate services across 155 sites. Although we provide mostly community focused services we have a capacity of 398 inpatient

mental health beds, and over 141 community hospital beds. Our services treat over 132,000 people a year.

Our aim is to improve the health and well-being of people in the local communities we provide services to, working in close partnership with those who receive treatment and local organisations. We see this is key to providing integrated high quality care which meets people's needs.

Executive Summary

About this report

Quality accounts were introduced in 2009 to make healthcare organisations more accountable when it comes to quality of care. They are required to report on how we have performed against the targets we set for ourselves last year, 2015/16 and to share our targets for next year, 2016/17, which we developed after consulting with stakeholders and staff. In these pages you will find some successes of which we are very proud and some areas which need further work. Where things have not gone to plan, we show what we believe went wrong and how we plan to tackle the problem next year, 2016/17. Every organisation is required to include some specific standard information and data which we provide to national bodies, and which is included in this report.

Throughout the document we have used the term patients, families and carers to mean any person who has used or will use our services.

Layout of the report

- Part 1 is a summary and explains who we are
- Part 2 sets out our priorities and objectives for 2016/17 (and in 2.2 and 2.3 includes the standard information and data we are required to report)
- Part 3 describes how we have done against the priorities and objectives from last year, 2015/2016

Key achievements last year (2015/16)

We set ourselves four quality priorities in 2015/16 covering workforce, service remodeling, patient, family and carer experience, and increasing harm free care. We have achieved or exceeded many of our objectives under these priorities in the last year and the detailed review of progress can be found in Part 3 (from page 34) of this report. Below is a summary of progress by each priority.

Priority 1. Enable our workforce to deliver services which are caring, safe and excellent

<p>Achievements against objectives 2015/16</p>	<ul style="list-style-type: none"> • A range of training has been delivered on effective team working, management and leadership skills; early evaluations of the impact of this are encouraging • High level of training provided to develop the skills and knowledge of staff • A number of approaches have been used to attract and recruit staff • A series of actions to support staff well-being and address areas in the national staff survey, e.g. staff recognition awards, well-being champion network, achieving the most active workplace award • Sickness has been reduced following an initiative to give staff fast track access to physiotherapy. • Commitment and engagement of staff in initiating and leading on improvement activities • Improved communication through the organization. Key developments include: introducing three monthly conferences for ward/team managers with the Executive Team, quality sub-committees led by the Council of Governors and a peer review programme. • Freedom to speak up guardian appointed. • Staff engagement score from the 2015 national staff survey has improved • Good quality information to monitor inpatient staffing levels is routinely reviewed by senior staff to take actions as appropriate.
<p>Good practice outside objectives</p>	<ul style="list-style-type: none"> • Good progress against the equality, diversity and inclusion objectives • New equality and diversity networks set up to recognise and value staff diversity • 93% of staff have completed the equality, diversity and human rights training • Support provided to registered nurses to help with preparations for new re-validation requirements.
<p>Areas for improvement (captured in objectives for 2016/17, from page 12)</p>	<ul style="list-style-type: none"> • Continue to develop staff and leaders of the future; development pathways will be introduced. • Appraisal levels remain lower than we would want (staying at around 75%). Work to address this will continue, for example with the introduction of a new on-line personal development review system. The development of the new on-line system is an action within the workforce strategy. • Further work to attract, recruit and retain staff, focused on specific services, professions and geographical locations.

Priority 2. Improve quality through service pathway remodelling and innovation

<p>Achievements against objectives 2015/16</p>	<ul style="list-style-type: none"> • Positive feedback received about the re-modeling of adult mental health services from patients, carers and referrers • Integration work across physical and mental health continues with success in older people services, including the integrated locality team hubs and the new integration of services into care homes. • Whole system work with health, social care and third sector partners is making a real difference to bed management and patient flow. • Extensive development of partnerships with a huge range of organisations making a real difference for patients. This is an area of particular strength and one we want to continue to develop. • Introducing CBT (a therapy technique) for patients struggling with anxiety who require treatment from the salaried dental service, so avoiding the need to use sedation. • Innovative street triage service across Oxfordshire and Buckinghamshire, reducing the need for people to be sectioned or detained. • 82% of staff have completed training in dementia awareness.
<p>Good practice outside objectives</p>	<ul style="list-style-type: none"> • 20 service areas have been awarded an external accreditation or part of an external membership/ quality network scheme. Four services achieved new awards in 2015/16. Demonstrating high quality services meeting evidence-based practice and staff engagement in wanting to continuously improve. • Large amount of research and development with 2874 patients participating in 109 studies in 2015/16.
<p>Areas for improvement (captured in objectives for 2016/17, from page 18)</p>	<ul style="list-style-type: none"> • We have experienced challenges in the transition to a new electronic patient record. This is having an impact on the data quality of performance information as a result of data migration from the old to the new system and data entry errors as staff get used to using the new system. We hope to achieve some of the benefits expected with the new electronic patient record in 2016/17. • Patient flow and effectiveness of some care pathways; for example, access to specialist psychological therapies, demand exceeding capacity for adult acute mental health beds and delayed transfers of care for older people due to system pressures. • Continued work to improve the capacity but still retain the quality of the district nursing service.

Priority 3. Increase harm-free care

<p>Achievements against objectives 2015/16</p>	<ul style="list-style-type: none"> • Improvements in monitoring and addressing physical health needs across mental health services through training, 'making every contact count' and physical health/ well-being clinics being set up by the adult mental health teams. • Sustained reduction in deliberate self-harm across the child and adolescent mental health wards. • Culture of reporting of incidents continuing to improve (serious incidents remain a small number) • Continued reduction in suspected suicides • Rated 'good' by regular NHS Improvement on openness and transparency around incidents • Highly commended nationally for advancing suicide awareness in mental health and community services. • Sustained improvement in ensuring patients return from leave on time across the adult mental health wards. • Use of SSKIN bundles to reduce the potential of pressure damage. • Joint work to introduce a new wound pathway across both the child and adolescent mental health wards. • The number of prone (face down) restraints has reduced.
<p>Good practice outside objectives</p>	<ul style="list-style-type: none"> • Good engagement with adult and child safeguarding boards in all counties we provide services within. • 89% of staff have completed adult and child safeguarding training. • We have been an active partner in the Kingfisher team and Multi-agency Safeguarding Hubs (MASH) to effectively safeguard people. • 88% of staff completed Prevent training to recognise and support vulnerable people being radicalised and exploited by terrorist activity. • Large amount of work to ensure we comply with the 'duty of candour' requirements to be open with patients/ families when things go wrong. • Participated in all seven applicable national clinical audits and carried out 27 local audits, from these we have developed actions which are monitored and reported to the Board of Directors quarterly.
<p>Areas for improvement (captured in objectives for 2016/17, from page 15)</p>	<ul style="list-style-type: none"> • Improve work to reduce pressure damage/ pressure ulcers across the district nurse service and community hospital wards by introducing a more coordinated quality improvement approach to ensure the actions we take have an impact and these changes are sustained. • Improve how we reliably recognise and respond in a timely manner to each person's physical health needs, particularly across our community hospital wards. • Introduce improvements in diabetes care across the district nurse service and community hospital wards. • Continue to improve learning from incidents (aligning with themes from complaints and clinical audit). • Further work to analyse the information around unexpected deaths and



ensure we are doing everything we can to reduce avoidable deaths.

- Continue to work on reducing the number of patients who hurt themselves from a fall.

Priority 4. Improve how we capture and act upon patient and carer feedback

<p>Achievements against objectives 2015/16</p>	<ul style="list-style-type: none"> • Patient involvement and experience strategy developed and finalised following a 'get involved' campaign started in November 2015. • Large number of mechanisms developed to collect feedback. • People have said they are 94% extremely likely, or likely, to recommend the service they received. • We are able to demonstrate a range of actions taken as a result of feedback; some are shared in the account. • Staff have involved patients, families and carers in a large number of activities as part of developing and making changes to the services/treatment provided. • We have a robust complaint procedure and processes in place (praised by the regulator, CQC) • We achieved the external accreditation from the Carers Trust, the 'Triangle of Care'. • The Patient Advice and Liaison Service continue to run drop in surgeries on every ward for patients to raise any concerns or give feedback. These surgeries are supported by volunteers.
<p>Good practice outside objectives</p>	<p>All mentioned above.</p>
<p>Areas for improvement (captured in objectives for 2016/17, from page 14)</p>	<ul style="list-style-type: none"> • Improve how we bring together the large number of sources of feedback we collect to understand people's experiences of receiving care. • Ensure we work in a joint endeavour with patients, families and carers so that care is always person centred. • Develop the consistency of how each service involves people in service developments and changes across the Trust. • Continue to improve learning from complaints (aligning with themes from incidents and clinical audit). • Develop how we listen and act on feedback from hard to reach groups

Quality priorities for 2016/17

We plan to keep the same priorities as last year as we feel more work can be done however we have set new challenging objectives underneath these to be achieved in line with our commitment to continuing to improve the quality of care.

The four priorities for 2016/17 are listed below, more details can be found in Part 2.1.

Number	Quality Priority	Link to Trusts business priorities for 2016/17	Link to CQC quality domains
1	Enable our workforce to deliver services which are caring, safe and excellent	<ul style="list-style-type: none"> - To support teams to improve the safety and quality of care they provide - To support leaders to maintain a positive culture for teams. 	Well led
2	Improve patients, families and carers experiences through involving people in their own care and how services develop	To make care a joint endeavour with patients, families and carers	Caring and Responsive
3	Increase harm-free care	To support teams to improve the safety and quality of care they provide	Safety
4	Improve quality through service pathway remodelling and innovation	<ul style="list-style-type: none"> - To improve the quality of care by transforming services - To lead research and adopt evidence that improves the quality of care - To embed and enhance the electronic health record. 	Effective and Responsive

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

2.1 Priorities for improvement 2016/17

The priorities and objectives for 2016/17 detailed below set out how the Trust will continue to strive to deliver high quality sustainable services over the next year. At the heart of our efforts is an ongoing drive to improve patient safety, clinical outcomes and patient, family and carer experience.

The four overarching quality improvement priorities set for 2015/16 will remain the same for 2016/17, as we believe these are still the key areas we should be focusing on and further improvements can be made. This decision to keep the same priorities was discussed with our staff, council of governors, commissioners and local Health Watch organisations who were in agreement. Two minor changes to one of the four priorities have been agreed. These are to: re-organise the priority around improving patients, families and carers experiences and involvement so that it is priority 2; and to re-word the same priority from 'improve how we capture and act upon patient, family and carer feedback' to 'Improve patients, families and carers experiences through involving people in their own care and how services develop'.

In 2015/16 we selected objectives specifically because they were challenging and would make a difference, so inevitably in some areas there is further work to do in 2016/17 and these are mentioned below and referenced in Part 3 on progress in 2015/16. The objectives, which sit underneath the four priorities for 2016/17, have been developed with clinical services and based on an analysis of the themes and learning from incidents, complaints, clinical audit and patient, family and carer feedback. The overall number of objectives for 2016/17 is reduced to a smaller number to give greater focus as we continue on our journey of improving and sustaining a high standard of care.

The four priorities for 2016/17 are:

Number	Quality Priority	Link to Trusts business priorities for 2016/17	Link to national quality domains
1	Enable our workforce to deliver services which are caring, safe and excellent	<ul style="list-style-type: none"> - To support teams to improve the safety and quality of care they provide - To support leaders to maintain a positive culture for teams. 	Well led
2	Improve patients, families and carers experiences through involving people in their own	To make care a joint endeavour with patients, families and carers	Caring and Responsive

	care and how services develop		
3	Increase harm-free care	To support teams to improve the safety and quality of care they provide	Safety
4	Improve quality through service pathway remodelling and innovation	<ul style="list-style-type: none"> - To improve the quality of care by transforming services - To lead research and adopt evidence that improves the quality of care - To embed and enhance the electronic health record. 	Effective and Responsive

For each of the four priorities we have developed objectives with some proposed measures identified. Progress on the actions to achieve the objectives will be reported at least quarterly to the Trust's Quality Committee.

Quality priority 1: Enable our workforce to deliver services which are caring, safe and excellent (Well led quality domain)

Reason for priority:

- Recruitment and retention of staff across some professions, some services and some geographical areas.
- Reduce the use of agency staff
- Areas for improvement identified from 2015 staff survey results; appraisals, staff experience of harassment, bullying or abuse, working extra hours and suffering work related stress.
- Developing career progression through the organisation so that it reflects more diversity
- Continue work to embed effective team working
- Provide staff with training and development to ensure they have the skills and knowledge required now and for the future

Number	Objectives	Trust wide/ Directorate	Suggested measures
1.1	<p>Implement the relevant actions for 2016/17 from the nursing strategy.</p> <p>The six work streams are;</p> <ul style="list-style-type: none"> i) what patients want from nurses, ii) valuing nurses iii) ensuring high professional standards iv) developing career pathways v) contributing fully to multi-disciplinary team practice vi) developing and supporting professional and clinical leadership. <p>For each work stream the actions will be defined by June 2016.</p>	Trust-wide	<p>Number of vacancies as a percentage of WTE (whole time equivalent)</p> <p>% staff turnover</p> <p>Annual staff survey results: overall engagement score and the following areas identified from 2015; % who had an appraisal, effective team working, experience of harassment, bullying or abuse, working extra hours and suffering work related stress.</p> <p>Staff feedback in year.</p>

Number	Objectives	Trust wide/ Directorate	Suggested measures
			<p>Appraisal rate (based on learning and development information)</p> <p>Narrative progress report on achievement of actions in strategy for 2016/17 (which includes supporting nurses with the requirements of Nursing and Midwifery Council revalidation).</p>
1.2	<p>Implement the relevant actions for 2016/17 from the workforce strategy.</p> <p>key areas identified are to;</p> <ul style="list-style-type: none"> • Diversify ways to attract the best staff including considering international recruitment • Expand the types of roles and ways to enter a career in the NHS e.g. graduates, apprenticeships, work experience, school visits • Optimise recruitment processes • Enable and support staff to work in different geographical locations e.g. with housing and introducing financial incentives • Develop our own staff to fill some of the gaps in skills • Retain our staff looking at career paths, variety within jobs, flexibility and support • Develop the current performance development review process and system to fully embed the trusts values and behaviours. 	Trust wide	Same as above, plus % agency use and narrative report to also include actions taken by the health and well-being action group and exception report on staffing levels.
1.3	Re-establish a programme of peer reviews to encourage	Trust wide	Number of peer reviews completed.

Number	Objectives	Trust wide/ Directorate	Suggested measures
	learning and sharing between teams and as an approach to listening to staff about their experiences		Narrative report with summary of themes from peer reviews.
1.4	Continue to embed and develop the electronic health record to support and enable staff	Trust wide	Narrative progress report on roll out and benefits achieved including feedback from staff.
1.5	Implement development pathways for staff, with consideration to identifying talent and succession planning	Trust wide	Narrative report on progress with introducing new development pathways including number of people who have/ are currently attending management and leadership development courses.

Quality priority 2: Improve patients, families and carers experiences through involving people in their own care and how services develop (Caring and Responsive quality domains)

Reason for priority:

- Patients, families and carers are experts in their own care and their involvement and feedback is critical to our understanding of when services do well and where we need to make improvements.
- Improving how we work in partnership with patients, families and carers to ensure care is coordinated, enabling and personalised to meet the needs of each person, and that this approach is demonstrated in care planning.
- Developing how we involve patients and their carers/ families in improving services
- Improving how we communicate and share information with patients and their carers/ families

The Trust believes patient experience and involvement are inherently linked. We believe that if people are involved in their care and treatment, and in improving and developing the services they receive, they have a better experience and often a more effective personal outcome. By

working in partnership and listening/ using feedback from people who use our services, their families and carers we can make improvements and changes which make a difference.

Number	Objectives	Trust wide/ Directorate	Suggested measures
2.1	<p>Implement the relevant actions in 2016/17 from the patient involvement and experience strategy.</p> <p>The aims of the new three year strategy are to;</p> <ul style="list-style-type: none"> i) Develop a culture which encourages, supports and develops effective partnerships between people who use Trust services and their carers/ families and professionals, ii) improve the experiences of people who use services and their carers/ families, and iii) improve the opportunities of how people are involved to identify issues and actions to improve services 	Trust wide	<p>Narrative progress report on achievement of actions in strategy for 2016/17 including demonstration of the number of people being involved in service and Trust initiatives/ developments, 'you said, we did' actions and employment of peer support workers.</p> <p>Patients, families and carers feedback including how involved people felt in their own care.</p> <p>Annual staff survey results; effective use of patient feedback.</p>
2.2	<p>Maintain the 'Triangle of Care' external accreditation, actions for 2016/17 will include:</p> <ul style="list-style-type: none"> i) ensuring all teams/ wards complete a self-assessment ii) carer/ family awareness training is rolled out iii) information provided to carers/ families is reviewed including the information available on the Trust's website. 	Trust wide	<p>The third membership star for the Triangle of Care accreditation is achieved (the Trust currently has two stars).</p> <p>Carer/ family awareness training is available to staff.</p> <p>Narrative demonstrating the review and development of information held for patients, families and carers on the trusts website.</p>
2.3	Young people and their families involved in designing and delivering safer care work	Children and Young People	Narrative of how patients and families have been involved and the impact this has had.

Number	Objectives	Trust wide/ Directorate	Suggested measures
2.4	Introduce the Buckinghamshire Recovery College ensuring we have co-design and co-production as standard practice	Adult	Narrative to demonstrate college has opened and the first courses available. Number of patients, carers, families and staff who have attended courses.
2.5	Promoting effective use of 'Knowing Me' passport in older people inpatient and community mental health teams	Older People	Narrative to demonstrate the use and impact of 'Knowing Me' passports across the pathway including % of eligible patients with a passport

Quality priority 3: Increase harm-free care (Safety quality domain)

Reason for priority:

- Continue to reduce avoidable harm through developing a safety culture and leadership which encourages and enables continual improvements, openness and learning
- Continue to reduce the use of restrictive practice and restraint
- To make a larger impact on the reduction of pressure ulcers

Following the Trust's safety conference in September 2015 and further work to develop our 2016/17 quality objectives below the Trust is preparing to join the 'Sign up to Safety' national campaign in the coming months. 'Sign up to Safety' is a national initiative developed by NHS England to help NHS organisations and staff to develop a positive and strong safety culture through sharing resources, celebrating progress and providing practical support. As part of joining the initiative we will publish an improvement plan against five national pledges linked to the objectives below, many of which build on the work started in 2015/16. The five national pledges are; putting safety first, continually learning, being honest, collaborating and being supportive (to patients and staff).

Number	Objectives	Trust wide/ Directorate	Suggested measures
3.1	<p>Reduce the need for restraint and monitor the use of seclusion and long term segregation by implementing the actions from the PEACE project for 2016/17.</p> <p>The actions are set against the following areas: i) workforce development, ii) leadership, iii) service user/ patient involvement, iv) use of data to inform practice, v) rigorous debriefing, vi) development of resources, vii) identify and minimise other restrictive practice</p>	Trust wide	<p>Narrative on progress against the actions to be completed in 2016/17 to include numbers of staff trained by course type.</p> <p>Number of violence and aggression incidents resulting in harm</p> <p>Number of prone restraints out of all restraints</p> <p>Number of restraints involving hyper-flexion</p> <p>Number of incidents where patient is secluded</p>
3.2	Prevention of suicide	Trust wide	Community mental health teams who have had a suspected suicide of a patient they are treating within last 300 days (from date of report)
3.3	Implement learning from incidents (including serious incidents)	Trust wide	Narrative to show analysis of incidents, learning from incidents, how themes have been used to focus quality improvement work and compliance with duty of candour requirements.
3.4	<p>Improve analysis, review and learning from unexpected deaths by implementing the work streams below;</p> <ul style="list-style-type: none"> ○ Establish a new trust-wide mortality review group ○ Review and communicate agreed definitions, expectations for reporting and investigation ○ Agree system-wide approach for review and learning from deaths with relevant external partners 	Trust wide	Narrative on progress with work streams.

Number	Objectives	Trust wide/ Directorate	Suggested measures
	<ul style="list-style-type: none"> ○ Improve accuracy of data on deaths ○ Improve the use of data on deaths ○ Bring consistency to thematic reviews ○ Review timeliness and completion of duty of candour 		
3.5	Improving physical healthcare across the mental health pathway	Adult	<p>% of patients who have received a physical health review within the last 12 months (adult mental health teams)</p> <p>% of patients who received a physical health assessment within 48 hours of admission (adult acute mental health wards)</p> <p>% of patients with a completed modified early warning system (MEWS) within the last month (forensic mental health inpatients)</p> <p>Narrative progress report on moving to electronic communication of inpatient discharge summaries and outpatient letters to GPs.</p>
3.6	Reduce the number of grade 3 and 4 pressure ulcers deemed a serious incident (where we have found contributory factors in care delivered), through delivering the actions identified for 2016/17 in the pressure damage improvement plan	Older People	<p>Narrative progress report on achievement of actions in improvement plan for 2016/17.</p> <p>300 days between incidents of grade 3 and 4 pressure ulcers deemed as a serious incident (where we have found contributory factors in care delivered) in older people community teams and</p>

Number	Objectives	Trust wide/ Directorate	Suggested measures
			<p>community hospitals</p> <p>% of grade 3 and 4 serious incident pressure ulcers against all grade 3 and 4 pressure ulcers reported.</p> <p>90% of staff have completed Pressure Ulcer Prevention and management training</p> <p>Reduction in category 3- 4 pressure ulcers</p>
3.7	Improving the physical health assessment and monitoring in community hospitals to detect and manage deteriorating patients	Older People	<p>Narrative around piloting new physical health monitoring tool, and development of nursing skills and nurse leadership to improve the capability of staff to manage clinical risks.</p> <p>% of patients that have an appropriate physical health assessment on admission</p> <p>% of patient that have an appropriate physical health review at the frequency as defined by the monitoring tool</p> <p>Number of related Serious Incidents</p>
3.8	Review the diabetes care provided across community hospitals and implement the actions identified	Older People	<p>% of staff who receive training</p> <p>% of patients admitted with diabetes who are reviewed by a specialist within 4 days/ 96 hours</p>
3.9	Reduce the number of patients harmed by a fall while an	Older	Number of falls resulting in harm

Number	Objectives	Trust wide/ Directorate	Suggested measures
	inpatient on an older people physical health or mental health ward	People	Number/ % of patients had a falls risk assessment on admission Number/ % of patients had a falls risk assessment repeated after 28 days (if still admitted)

Quality priority 4: Improve quality through pathway remodelling and innovation (Effective and Responsive quality domains)

Reason for priority:

- Across the Trust there are pockets of excellent innovation and high quality of care which need to be encouraged, good practice spread and consistency improved
- Improve efficiency and effectiveness of services, in many cases in partnership with other health, social care and third party organisations
- Improve access to specialist psychological therapies
- Continuing to work as a local system to reduce delayed discharges and issues associated with transfer of care between organisations

Number	Objectives	Trust wide/ Directorate	Suggested measures
4.1	Learn from the many improvements already made and improve on a larger scale. This will be achieved by adopting a single model for improvement, learning from partners outside the organisation, and encouraging and supporting staff to identify areas for improvement.	Trust wide	Narrative on progress with introducing sustainable improvement starting with a few teams and spreading to a service and as relevant directorate/trust-wide. Include how staff are involved in designing and delivering improvement

Number	Objectives	Trust wide/ Directorate	Suggested measures
			<p>opportunities.</p> <p>Individual measures will be defined for each piece of improvement work as a key element to understand the change made.</p>
4.2	Continue to roll out and evaluate Cognitive Behavioural Therapy (CBT) service in Oxfordshire dentist service to reduce the need for sedation	Children and Young People	<p>Number of patients referred for CBT</p> <p>Number of patients who have completed treatment</p> <p>Of those patients who have completed treatment, was sedation or a general anaesthesia used.</p>
4.3	Buckinghamshire Speech and Language Therapy - increase the support for self-management and use of assisted technology to improve care and patients outcomes, measured through Therapy Outcome Measures (TOMs)	Children and Young People	<p>Number of children who have completed the Therapy Outcome Measures (TOMs) at least twice</p> <p>Summary of results of TOMs</p>
4.4	Implement new Oxfordshire Phoenix team for children in special circumstances (bringing together Looked After Children, Youth Offending Service, Kingfisher and Residential Edge of Care teams)	Children and Young People	Narrative on progress with introducing new service including feedback from children and staff.
4.5	Implement new Oxfordshire service model through Horizon team for young people and their families who are experiencing distress as a result of sexual harm	Children and Young People	Narrative on progress with introducing new service including feedback from young people, their families and staff.
4.6	Improve quality of service for children and young people with a learning disability and mental health condition across all five	Children and Young	Number of staff who have completed PBS training

Number	Objectives	Trust wide/ Directorate	Suggested measures
	counties, by increasing staff skills through providing evidence based training on Positive Behaviour Support (PBS) ¹	People	
4.7	Child and Adolescent Mental Health Services (CAMHS) across all five counties; implement the newly remodelled pathways for Adolescent Eating Disorders	Children and Young People	Narrative on progress with implementing eating disorder pathway including feedback from young people, their families and staff.
4.8	Adult Mental Health Teams (AMHT) will be moving to a Flexible Assertive Community Team (FACT) framework using smaller sub-teams, within their treatment functions, which are aligned to specific GP surgeries within certain geographical areas within the AMHT catchment areas.	Adult	Narrative describing structure within each AMHT and confirmation of which GPs each sub-team links with.
4.9	Service model for psychological therapies to be reviewed and developed to improve access (reduce waiting times) for patients needing specialist psychological interventions.	Adult	Narrative with outcome of review. Number of patients waiting more than 18 weeks for treatment.
4.10	The Oxfordshire Mental Health Partnership will be introducing a single point of access in 2016 for all patients accessing the six partnership organisations.	Adult	Narrative with outcomes of evaluation of Oxfordshire Mental Health Partnership (introduced from Sept 2015). Total number of referrals received and number of referrals allocated to each organisation.
4.11	Unification of the current mental health services provided out of hours by bringing together the management to improve the urgent care mental health pathway for referrers, patients and staff.	Adult	Narrative with progress of service re-modelling including feedback from referrers, patients and staff.

¹ The training will exclude covering the use of restrictive practice as this is not appropriate for a community based staff.

Number	Objectives	Trust wide/ Directorate	Suggested measures
	Services; emergency department psychiatric services in Oxfordshire and the psychiatric in-reach liaison service in Buckinghamshire, the street triage teams in both counties, the night teams in both counties and the South Central Ambulance Service mental health controller working in the 111/999 call centre.		
4.12	Patient flow and development of the bed management system to ensure timely admission and discharge	Adult	<p>Number of patients on assessment team case load for longer than 4 weeks</p> <p>Number of out-of-area placements, excluding those due to clinical/ patient need</p> <p>Number of ward-to-ward transfers out of the adult acute wards, excluding those to the psychiatric intensive care unit</p> <p>Number of patients ready for discharge and waiting for a suitable placement/ community package to be available (delays in timely discharge)</p>
4.13	Improving productivity & retaining quality in community and district nursing	Older People	Narrative with progress and outcomes of review into nursing handovers and case load.
4.14	Implementing a new outpatient ambulatory care clinic and service 7 days a week for South East Oxfordshire patients	Older People	<p>Narrative with progress with introducing new service.</p> <p>Number of patients seen and treated by the Rapid Access Care Unit</p>

Number	Objectives	Trust wide/ Directorate	Suggested measures
			Number of admissions to acute settings
4.15	Achieving & maintaining accreditation for each of the mental health services (memory services and older people wards)	Older People	Accreditation achieved/ maintained for all services: 3x Inpatient wards (AIMS ² accreditation) 5x CMHT teams (MSNAP ³ accreditation)
4.16	Improving inpatient identification & management of depression in older people mental health wards	Older People	Number/ % of patients (cluster 4-19 ⁴) assessed using an agreed depression rating scale on admission Number/ % of patients (cluster 4-19) assessed using an agreed depression rating scale on discharge

² AIMS stands for accreditation for inpatient mental health services

³ MSNAP stands for memory services national accreditation programme

⁴ Across adult mental health services the NHS introduced national currencies to support commissioning and to improve the consistency of care. The currencies consist of 20 clusters each with a description of a group of people with similar characteristics as identified from a holistic assessment and rated using the mental health clustering tool.

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 2015/16 Oxford Health NHS Foundation Trust (OHFT) provided and/or subcontracted 55 NHS services. More details of the types of services we provide can be found in Part 1 – ‘Who We Are’ on page 126.

Through a range of processes and systems OHFT has reviewed all the data available to it on the quality of care in all 55 of these services.

The income generated by the services reviewed in 2015/16 represents 100% of the total income generated from the provision of services by OHFT for 2015/16.

Participation in national audit and confidential inquiries

During 2015/16, seven national clinical audits and two national confidential inquiries covered relevant services that OHFT provides. During that period OHFT participated in 100% of the national clinical audits and 100% of the national confidential inquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that OHFT was eligible to participate in and did participate in during 2015/16 are as follows.

The national clinical audits and national confidential enquiries that OHFT participated in, and for which data collection was completed during 2015/16, are listed below (in the table) alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Audit or inquiry	Participation (Yes or No)	Number of cases required by teams	Number of cases submitted	Percentage
1. Prescribing Observatory for Mental Health (POMH-UK) Topic 14a: Prescribing for Substance Misuse (Alcohol Detoxification)	Yes	n/a	N=25	n/a

Audit or inquiry	Participation (Yes or No)	Number of cases required by teams	Number of cases submitted	Percentage
2. POMH-UK Topic 13b Prescribing for ADHD in children, adolescents and adults	Yes	n/a	N=76	n/a
3. POMH-Topic 15: Prescribing for bipolar disorder – use of Sodium Valproate	Yes	n/a	N= 94	n/a
4. National audit of Intermediate Care	Yes	n/a	n/a	n/a
5. National audit of Chronic Obstructive Pulmonary Disease (COPD)	Yes	n/a	n/a	n/a
6. Sentinel Stroke National Audit Programme (SSNAP)	Yes	n/a	To be confirmed by national team	n/a
7. Sentinel Stroke National Audit Programme (SSNAP): Post-acute Provider Organisational Audit	Yes	n/a	n/a	n/a
8. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	Yes	31	29	94%
9. National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Young People and Young Adults Mental Health	Yes	100%	11	100%

The reports of **five national clinical audits** were reviewed by the provider in 2015/16 and OHFT intends to take the following key actions to improve the quality of care provided:

POMH Topic 12 Re-audit of prescribing for people with a Personality Disorder

Consultants and junior doctors will ensure that the clinical reasons for prescription of medications have been documented in the care plan and reviewed regularly.

National audit of Intermediate Care

No action plan required as there were no audit standards measured. There was variation across the models of services included in this national audit, so it was not always possible to make direct comparisons with other trusts. The audit shows that the reablement service offers very good value for money when one compares average costs and outcomes.

Sentinel Stroke National Audit Programme (SSNAP)

Oxford Health participates in this national audit as we provide stroke beds on two community hospital wards. The length of stay for stroke patients is longer than we would wish and further work is needed to improve effective discharge planning. Because of the low number of discharges the Trust has been unable to submit enough cases for an audit sample to be included in the national reporting. Therefore we are currently waiting for our local results from the national audit team.

POMH-UK Topic 14: Prescribing for substance misuse: alcohol detoxification in adult acute & PICU wards

Work is in progress with the IT team to include alcohol and drug screening questions on the electronic care record.

POMH Topic 9c Antipsychotic prescribing for people with a Learning Disability

The Trust only provides learning disability services to children and adolescents. The audit identified the need to improve physical health monitoring in line with NICE guidelines. A heart rate centile chart has been implemented, which will be used along with a growth chart and blood pressure chart. In addition, a simple checklist has been provided to clinicians as a reminder of the NICE guidelines around physical health monitoring.

The reports of **twenty seven local clinical audits** were reviewed by the provider in 2015/16 and OHFT intends to take the following key actions to improve the quality of care provided.

CQUIN audit - Cardio Metabolic assessment and treatment for patients with psychoses

Although the national report for 2014/15 has still not been published, OHFT recognises the importance of improving the physical health care of patients with mental health conditions and has developed an overarching action plan following publication of the National Audit of Schizophrenia results in October 2014.

An action plan group was set up by the Associate Medical Director to drive and monitor implementation of the action plan. The Trust recognised the amount of time that would be required for this project and identified a dedicated person to support the Associate Medical Director in delivering the action plan.

As this action plan is being implemented across all service users being managed under the Care Programme Approach (CPA) it can be expected that the actions will also address physical health and side effect monitoring issues highlighted in other national audits, such as the audits conducted by the Prescribing Observatory for Mental Health (POMH UK).

Key actions taken include:

- Educational information for service users, families and carers about the rationale for better physical health care and the importance of physical health checks including the setting up of well-being clinics for service users who are reluctant to go to their GP
- Ensure physical health issues including monitoring are discussed and reviewed at least annually or at every CPA review
- Care co-ordinators to ensure that for each CPA review they request a history sheet from the patients GP to inform the multi-disciplinary team regarding the outcome of physical health checks and to provide assurance that the checks have been undertaken
- Provide appropriate training for physical health assessment, monitoring and management

CQUIN audit of Communication with GPs

This CQUIN audit supports and facilitates closer working relationships between specialist mental health providers and primary care through the routine use of NHS numbers, the sharing of physical and mental health diagnoses and treatments. See performance against objective 2.6.1e.

To improve the recording of psychotropic medication monitoring requirements for GPs a template letter has been implemented across the Adult Mental Health Teams to standardise the information. Care Co-ordinators have been asked to contact GPs prior to Care Programme Approach (CPA) review to request information relating to physical health diagnoses, non-psychotropic medication and annual physical health check results. Improvement will be monitored through additional questions included as part of the quarterly CPA audit.

Care Programme Approach (CPA) quarterly audit

A revised and more simple care plan format for the new electronic patient record system, Carenotes, is in the final stages of being developed and tested, and is due to be launched in June/ July 2016 , which will support staff to better evidence the views of patients, and patient involvement in the care planning process.

More regular checks of care plans for wards and community teams have been introduced alongside sharing good practice examples to support staff development.

The assessment skills training (also known as advanced assessment skills training) was revised, and is now delivered by the clinical practice educators and includes a greater focus on care planning. The first courses were run in Feb/March 2016 and received excellent feedback.

Audit of the management of Violence and Aggression against NICE guidelines

See performance against objective 3.5a.

The PEACE (Positive Engagements and Caring Environments) project has been running for over a year and is evidence of the organisational commitment to changing approaches to aggression and management of violence. The group meets bi-monthly to oversee the use of restrictive interventions and also promote action activities to minimise their use based on the best evidence available. Currently the focus of the group is to follow out the revised training programme.

Audit of the Safe and Supportive Observations of patients at risk

The audit highlighted changes required to the safe and supportive observations of patients at risk policy, to make it explicit to clinical staff that any changes in the patient's mental state or significant interactions should be documented in the clinical notes of the patient's electronic health record.

Clinical research

The number of patients receiving services provided or subcontracted by OHFT in 2015/16 who were recruited during that period to participate in research approved by a research ethics committee is 2,434 for NIHR portfolio studies, and 440 for non-NIHR portfolio studies. See page 43 for more details about how the Trust uses research.

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

As of 10 th April	Total number of studies	of total Trust sponsored	of total funded	of total PICs	of total CTIMPs	of total CCG/Trust new	of total NIHR UKCRN portfolio
Open	109	20	109	24	11	N/A	66
Awaiting approval	15	2	15	1	5	N/A	4

Open Currently recruiting or in analysis within study start and end dates

Awaiting approval Yet to be granted NHS permission

PICs Trust has agreed to act as a Participant Identification Centre

CTIMP Clinical trial of an investigational medicinal product(s) – drug trial

Trust Lead we are responsible for global (study-wide) governance checks

NIHR National Institute for Health Research

UKCRN United Kingdom Clinical Research Network

Commissioning for quality and innovation (CQUIN) payment framework

A proportion of OHFT's income in 2015/16 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 services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

The income conditional on achieving CQUINs, (what we hope to achieve) for 2015/16 was £4,498,290 and for 2014/15 was £4,900,968.

Income from CQUINs 2015/16

Commissioner	Service	Amount £	% of contract
Oxfordshire CCG (Clinical Commissioning Group)	Community Services and Older people Mental Health	2,214,819	2.5%
AylesburyVale/Chiltern(Buckinghamshire CCGs)	Adult and Older People Mental Health	846,908	2.5%
Wessex Area Team (NHS England)	Forensic, Eating Disorders & CAMHS	843,039	2.5%
Buckinghamshire County Council	CAMHS	30,921	1.5%
Wiltshire & BaNES CCG	CAMHS	135,489	2.5%
Swindon CCG/Borough Council	CAMHS	48,737	2.5%

Commissioner	Service	Amount £	% of contract
Wiltshire CCG	Eating Disorders	5,751	2.5%
Thames Valley Area Team (NHS England)	Public Health and Health & Justice	154,622	2.5%
Oxfordshire County Council	Health visiting 0-5	105,390	2.5%
Swindon CCG	Community Services	2,481	2.5%
Bath & North East Somerset CCG	CAMHS T2	5,993	2.5%
Buckinghamshire County Council	Integrated speech and language therapy	13,922	1.5%
Oxfordshire CCG	Adult mental health	90,218	0.5% (PYE 6/12 value)

Income from CQUINs 2014/15

Commissioner	Service	Amount £	% of contract
Oxfordshire CCG	Adult and Older People Mental Health	1,130,976	2.5
Oxfordshire CCG	Community Services	1,599,848	2.5
Buckinghamshire CCG	Adult and Older People Mental Health	801,856	2.5
Wessex Area Team	Forensic, Eating Disorders & CAMHS	834,675	2.5
Buckinghamshire County Council	CAMHS	62,405	1.15
Wiltshire & BaNES CCG	CAMHS T3	134,789	2.5
Swindon CCG/ BC	CAMHS	49,530	2.5
Wiltshire CCG	Eating Disorders	5,844	2.5
Thames Valley AT	Public Health and Health & Justice	255,150	2.5
Oxfordshire County Council	Harm Minimisation	23,798	2
Swindon CCG	Community Services	2,097	2.5

Statements from the Care Quality Commission (CQC)

OHFT is required to register with the Care Quality Commission and its current registration status is registered with no conditions. The Care Quality Commission has not taken enforcement action against OHFT during 2015/16.

OHFT has not participated in any special review or investigations during the reporting period, 2015/16. We did receive an announced comprehensive inspection of the

majority of our services in September/ October 2015 the outcome of this inspection is detailed in Part 3.

Care Quality Commission's Intelligent Monitoring Report

The CQC uses an intelligence monitoring tool (limited to just our mental health services at the moment) to report on their risk assessment for each registered provider, to help guide them to decide when, where and what areas to carry out special reviews and investigations. The key sources used for the intelligence include; the NHS Staff Survey, mental health and learning disabilities dataset (MHLDDS), information from Mental Health Act visits, National Reporting and Learning System, Patient-Led Assessments of the Care Environment (PLACE) visits, electronic staff record (ESR), national audits, the national community mental health survey, feedback on Patient Opinion and concerns and complaints received by the CQC.

In 2015/16 the CQC published two intelligent monitoring reports about the Trust, one in April 2015 and one in February 2016. The latest report in February 2016 reviews 73 indicators of which a risk is identified against five indicators. The risks relate to;

- Suicide of a detained patient in a 12 month period (we had two deaths in the relevant period, one for a person on a community treatment order living in the community who fell from a building, for which the coroner gave a narrative verdict and a second where a person who was on a long term conditional discharge was found dead at home, for which the coroner advised the cause of death to be a medicine overdose.
- Two indicators relating to data quality in the MHLDDS return, the information was taken for the period of transition when the Trust was moving from our old electronic patient record system to the new system called Carenotes in February 2015 (see information under objective 2.4a).
- The regulator Monitor's governance risk rating for the Trust as of 17th November 2015. The Trust's risk rating was returned to a green on 20th November 2015.
- Bed occupancy rate being above the recommended levels of 85%.

Mental Health Act visits (by the Care Quality Commission)

The Trust has had 13 routine mental health act (MHA) visits by the Care Quality Commission in 2015/16 to our mental health wards. The wards visited were: Highfield, Marlborough House Swindon, Vaughan Thomas, Allen, Opal, Cotswold

House Oxford, Cotswold House Marlborough Swindon, Glyme, Woodlands, Watling, Kestrel, Kennet and Sandford.

From these visits there were a number of positive findings, including:

- caring and helpful nature of staff
- patients reported feeling safe
- availability of food and drinks 24/7
- a programme of environmental improvements completed and in progress
- cleanliness of ward environment
- patients are given the opportunity to raise any issues at weekly ward meetings
- patients can access fresh air within secure outdoor areas when they wish
- patients are having their rights explained and protected
- information about the Independent Mental Health Advocacy (IMHA) services was available on the ward and the advocacy service visited each ward weekly
- risk assessments updated regularly
- de-escalation is used by staff to minimise use of restrictive interventions
- completeness of medication charts

The areas for improvement included:

- Ensure patients have their rights re-presented (there is initial explanation of rights).
- Variable quality of care plans with many not fully showing patient, family and carer involvement and the patient's views.
- Section 17 leave forms: expired copies still in central folder and incomplete forms.
- Need to better document that patients' rights to an IMHA (independent mental health advocate) have been explained.

Data quality

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

- Continue with the performance management workshops to improve the reporting and accuracy of performance information.
- Data quality indicators for Monitor are reviewed by the Board of Directors including data completeness and data outcome indicators. Our process will be reviewed to address recommendations from the internal and external auditors.
- The main issues we currently have are related to data migration and the fact that our new electronic health record, Carenotes, cannot be configured to prevent end users from making certain changes associated with inpatient stays. This means that data quality issues have been migrated and that they can also be introduced as part of data input. Directorates are working through inpatient data

quality reports to correct data input inaccuracies and services have been offered and are being given re-training in Carenotes.

OHFT submitted records during 2015/16 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 (as of January 2016):

which included the patient's valid NHS number was:	which included the patient's valid General Practice Code was:
99.9% for admitted patient care	94.5% for admitted patient care
100% for outpatient care	99.5% for outpatient care
88.9% for accident and emergency care	97.7% for accident and emergency care

Information Governance Toolkit attainment levels

OHFT's Information Governance Assessment Report overall score for 2015/16 was 78% and was graded green (satisfactory).

Clinical coding error rate

OHFT was not subject to a payment by results clinical coding audit during 2015/16 by the Audit Commission.

Part 2.3 Reporting against core indicators 2015/16 (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.

100% enhanced Care Programme Approach (CPA) patients receive follow-up contact within seven days of discharge from hospital

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 and external auditors have reviewed 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 main issues we currently have are related to data migration and the fact that our new electronic health record, Carenotes, cannot be configured to prevent end users from making certain changes associated with inpatient stays. This means that data quality issues have been migrated and also that they can be introduced as part of data input. Directorates are working through inpatient data quality reports to correct data input inaccuracies and services have been offered and are being given re-training in Carenotes.

When assessing this criterion, we apply two exclusions in addition to the national guidance for patients who are discharged from inpatient care; those patients who are discharged directly to the care of another mental health provider trust (whether inpatient or community services) and for eating disorder patients in Swindon who are discharged to the care of their GP. 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.

Reporting Period	Trust Value	National Average
April-June 2015	93.9%	97.0%
July-Sept 2015	96.2%	96.8%
Oct-Dec 2015	96.4%	96.9%
Jan-March 2016	96.1%	97.2%

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

OHFT considers that this data is as described because 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 mental health teams, community crisis teams and assertive outreach teams were brought together to form the adult mental health teams (AMHTs) so there is a single point of access and to extend services so that they are seven days a week providing extended hours from 7am to 8pm every day.
- In 2015/16 we have embedded the model of having one dedicated consultant psychiatrist and modern matron identified for each adult acute ward.
- The main issues we currently have are related to data migration and the fact that our new electronic health record, Carenotes, cannot be configured to prevent end users from making certain changes associated with inpatient stays. This means that data quality issues have been migrated and also that they can be introduced as part of data input. Directorates are working through inpatient data quality reports to correct data input inaccuracies and services have been offered and are being given re-training in Carenotes.

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

- 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 of specialist services (forensic, eating disorders and CAMHS) will be excluded.

Reporting Period	Trust Value	National Average
April-June 2015	100%	96.3%
July-Sept 2015	100%	97%
Oct-Dec 2015	99.4%	97.4%
Jan-March 2016	100%	98.2%

Patients re-admitted within 28 days of being discharged

The information as published describes the indicator as unplanned readmissions to mental health services within 30 days of a mental health inpatient discharge in people aged 17 and over. The results are published by clinical commissioning group as below.

Reporting Period	Aylesbury Vale CCG	Chiltern CCG	Oxfordshire CCG	National Average
Oct 2014 to Sept 2015	10/175 = 5.7%	15/260 = 5.8%	40/615 = 6.5%	10.5%

CCG = clinical commissioning group

Minimising delayed transfers of care (in mental health services)

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

OHFT considers this data is as described because the external auditors have reviewed the quality of the compilation process. However due to the issues identified around data quality the denominator for the calculation (occupied bed days) has been calculated on an average bed occupancy of 95% as an estimate, therefore the figures are reported to the nearest 0.5%.

Reporting Period	Trust value
April-June 2015	2.5%
July-Sept 2015	2.5%
Oct-Dec 2015	2.0%
Jan-March 2016	2.5%

Patient experience of community health mental health services (experience of contact with professional)

OHFT considers 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.

The 2015 national results are based on patients who received care from September to November 2014 and it is important to recognise the significant service remodelling which was made in 2015 to the adult mental health services and the introduction of integrated locality teams in the older people services. Therefore the impact of these changes and improvements will not be reported in the annual survey results until 2016.

OHFT has taken the following actions to improve patient's experiences and so the quality of its services (however the impact of these changes will not be seen until the results of the 2016 survey):

- Support from carers to achieve the external 'Triangle of Care' accreditation with the Carers Trust in December 2015 based on embedding a culture whereby carers/ families, patients and staff work together and are recognised for their equal contribution
- Adult services introduced the 'Recovery Star' approach with patients.
- Patients, families and carers helped to develop and re-model the adult mental health teams (AMHTs), which now provide a service seven days a week. This includes assessment and treatment, night assessment and day services as an alternative to admission. The previous crisis resolution and home treatment and assertive outreach functions are also provided by the AMHTs.
- The Oxfordshire Mental Health Partnership was formed in 2015/16 in order to bring mental health in Oxfordshire together to provide health, housing and care and employment support for people with severe mental illness. Five third sector organisations and Oxford Health NHS FT are involved in the partnership. The

partnership is working with patients and families/carers on a number of projects, including supporting people in the community, assisting independent living and the introduction of a Recovery College (launched in September 2015) where patients, families/ carers and staff will learn together to improve outcomes for people.

- We have introduced six new Integrated Locality Teams each with a hub in the Older People services to better coordinate assessments and care for people considering both their physical health and mental health needs.

For details of the work happening in 2016/17, see priorities in part 2.1.

Reporting Period	Trust Value	National Average
2015 survey	data not available ⁵	
2014 survey	79.0 out of 100 ⁶	79.0 out of 100
2013 survey	84.9 out of 100	85.8 out of 100

Patient safety incidents, including the number resulting in severe harm or death

OHFT considers that this data is as described because there is a routine check of every incident reported and patient safety incidents are identified following a review which is later confirmed following an investigation. OHFT uploads suspected and actual patient safety incidents to national reporting and learning system (NRLS) a number of times a week, when it is identified an incident was not actually a patient safety incident a request to downgrade is submitted to the team who manage the NRLS.

OHFT has taken/ is taking the following actions to improve the data quality, and so the quality of its services (by learning from past incidents):

- Work with individual clinical teams to improve the reporting of all incidents.

⁵ HSCIC have noted that due to a change in the 2015 survey questions, further indicator values cannot be calculated in the same way as previous years. HSCIC and NHS England are examining the possibility of changing the indicator based on questions that are available in all survey years. As a result, the latest values currently available for this indicator are 2014.

⁶ The 2014 score is a composite of 3 questions, whereas the 2013 score was based on 5 questions. There is only 1 question which is the same from 2013 to 2014.

- This Trust has continued to set quality objective each year to reduce suspected suicides, see page 75 for 2015/16 and page 19 for next year, 2016/17.
- Developed a system to follow up suspected patient safety incidents and to request a downgrade as appropriate.

The table shows the results of individual incidents reported by the NHS from data supplied by the Trust throughout the year. The data is provided via the 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 2014-Sept 2014	2693	9/0.3%	19/0.7%
April 2015-Sept 2015	3447	15/0.4%	4/ 0.1%

Part 3: Achievement against the quality priorities for 2015/16

Introduction

In our Quality Account 2015/16 we describe four quality priorities for the year, which were developed in discussion with our clinical directorates, our governors, commissioners, and health watch organisations. The four priorities and linking objectives with a summary of what has been achieved and where further work is required are detailed below. In addition in this section we have provided an update against other key areas relating to the quality of care in 2015/16.

Our four quality priorities for 2015/16 were:

Number	Priority	Link to national quality domains
1	Enable our workforce to deliver services which are caring, safe and excellent	Well led
2	Improve quality through service pathway remodelling and innovation	Effective and Responsive
3	Increase harm-free care	Safety
4	Improve how we capture and act upon patient and carer feedback	Caring and Responsive

The four overarching quality improvement priorities set for 2015/16 will remain the same for 2016/17, see Part 2 for the new objectives set for 2016/17.

In 2015/16, we have had some issues with being able to report, and with the data quality of information reported from our new electronic health record system, Carenotes, related to data migration and data inputting inaccuracies. Clinical services with the support of IT have been reviewing and rectifying data inaccuracies, additional training has been provided, user guides for the system are being reviewed and we continue to work with the supplier to develop the system. Only a small amount of the information reported in this account against the objectives for 2015/16 relates to data from Carenotes; however, this has had an impact on services.

2. Care Quality Commission – external view of quality



Improving Care: Five Questions

During the last 12-18 months the Trust implemented a major programme IC:5 (Improving Care through five questions) to review and improve the care in-line with the five Care Quality Commission (CQC) domains; caring, safe, responsive, effective and well led.

The main focus of the IC:5 programme is to encourage staff to think about what they are doing well and where they are working to improve to deliver the best possible high quality of care to patients now and in the future. The IC:5 campaign encourages staff to ask themselves the key questions we know matter most to patients, reflected in the national quality standards, to assess the quality of services. The national quality standard questions ask: are my team and I... caring, safe, effective, responsive to people's needs, and well led? Through talking with teams and establishing a peer review programme we have heard about some great examples of excellent care and how teams want to keep improving. The peer reviews⁷ enable teams to assess themselves against the five domains, bringing together a range of data to allow a 360° view of each team. We have used the linking leader conferences established in 2015/16 as a forum to share and spread the examples of excellent care across the organisation. In 2016/17, we have set an objective to review and re-establish the peer review programme following the CQCs inspection.

CQCs Comprehensive Inspection

At the end of September 2015, the CQC undertook an announced comprehensive inspection of the majority of services. About 110 inspectors visited the Trust for five days visiting a total of 124 clinical teams and wards. In addition, 47 senior staff were interviewed and 29 staff focus groups were held, which 164 staff attended. A large part of the inspection was based around speaking to patients, families and carers and observing the care provided.

The CQC has rated the Trust as 'good' in three out of the five quality domains; caring, responsive and well-led and 'requires improvement' in the remaining two, effective

⁷ A peer review brings together a range of information about a specific service, supported by a visit or visits to the team and clinical area where services are delivered, to make an assessment against a number of specific standards and questions. It is led by staff working in a similar type of service elsewhere.

and safe. This gives the Trust an overall rating of 'requires improvement' based on the weighted scoring across the services inspected. The Trust received no enforcement notices or inadequate ratings, and the majority of services (11 out of 15) were rated as 'good' or 'outstanding'. See a summary of ratings in the table that follows. The full inspection findings can be found at <http://www.cqc.org.uk/provider/RNU>

The key areas requiring improvement, many of which we were already aware of and starting to address are as below, these are also incorporated into the 2016/17 objectives:

- Patient, family and carer involvement in care planning
- Quality of patient records: care plans, assessments and risk assessments
- Making care more personalised, e.g. removing blanket restrictions and rules
- Management of patient demand and capacity both for beds and some specialist treatments

Improvement plans to address all the recommendations from the inspection are in place and progress is monitored internally and externally (led by Oxfordshire CCG). While we were disappointed to receive an overall rating of 'requires improvement', due to the positive findings during our inspection the CQC have offered the Trust a chance for a focused re-inspection within the next few months to improve this rating. We look forward to welcoming back the inspection team in 2016/17 as this gives us a great opportunity to demonstrate that we have addressed the recommendations identified.

The CQC inspection has been an important part of our journey to improving the quality of services. However we started this journey before our inspection and will be continuing our direction of travel to improve the quality of services, focus on further embedding personalised care, making care a joint endeavour with patients, families and carers, and developing and looking after the partnerships we have developed with other organisations.

Summary of ratings

Core Service	Overall Rating	Domain Rating				
		Safe	Effective	Caring	Responsive	Well led
Trust wide	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Good
CAMHS wards	Good	Good	Good	Good	Good	Good
Children's Services	Outstanding	Good	Outstanding	Outstanding	Good	Good
CAMHS community	Good	Requires Improvement	Good	Outstanding	Good	Good
Luther Street GP	Outstanding ⁸	Good ⁹	Good	Outstanding	Outstanding	Good
AMHTs	Requires Improvement	Good	Requires Improvement	Good	Good	Requires Improvement
Rehab mental health ward	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
Adult acute mental health wards and PICU	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement
Forensic wards	Good	Good	Good	Good	Outstanding	Good
Crisis Services & health based places of safety	Good	Good	Good	Good	Requires Improvement	Good
Urgent care services	Good	Requires Improvement	Good	Good	Good	Good
Community Hospitals	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
Older people mental health wards	Good	Requires Improvement	Good	Good	Good	Good
Older people Services	Good	Requires Improvement	Good	Good	Good	Good
End of life care	Good	Good	Requires Improvement	Good	Good	Good
Older people CMHTs	Good	Good	Good	Good	Good	Good

⁸ Following a review in March-April 2016 the service was re-rated by the CQC as overall Outstanding (from a Good).

⁹ Following a review in March-April 2016 the service was re-rated by the CQC as Good for the safe domain (from a Requires Improvement).

3. Views from other External Regulators

The regulator NHS Improvement (previously called Monitor for Foundation Trusts) rated the Trust with a financial sustainability risk rating of 2 (a rating of 1 indicates the most serious risk and 4 the least risk) and a governance rating of green, noting no evident concerns (as of 31st March 2016). During 2015/16 Monitor placed the Trust's governance rating under review while they launched an investigation (started on 14th July 2015) to understand why the Trust was facing financial challenges and what was being done to fix them.

The Trust has long been planning to meet the two challenges of rising demand as people live longer with more complex conditions and the need to operate within constrained finances. Monitor concluded their investigation and wrote to us with their outcome on 20th November 2015; to say that no formal action would be taken and that they were satisfied with the Trust's existing financial plans and governance controls to improve financial sustainability. Further information is available at <http://www.oxfordhealth.nhs.uk/news/monitor-investigation-concludes-no-regulatory-intervention-required/>

In 2015/16 the Trust did not receive any undertakings requested by the Coroners around the 'Prevention of Future Death reports' (formally known as Rule 43).

There were no investigations by the Health and Safety Executive or CQC relating to Health and Safety incidents in 2015/16.

The Information Commissioner's Office (ICO) has not carried out any undertakings or investigations with respect to data protection matters relating to the Trust in 2015/16.

In 2015/16 we reported nine Clostridium difficile infection (CDI) cases, all nine cases have been peer reviewed through a joint CDI health economy meeting including specialists outside the Trust. Eight out of the nine cases were deemed unavoidable. There was one case considered avoidable, the patient was known to be positive with the infection and inappropriately tested.

4. External accreditations and equivalent

The Trust is committed to achieving and sustaining external accreditations and membership of quality networks. As of the end of 2015/16 the Trust has 20 services which have achieved an external accreditation, a list of these can be found in appendix 1. Patients, families and carers have supported us to achieve these accreditations both by helping us with the process of accreditation and giving feedback to inform whether we achieve accreditation.

The CQC recognise the value that participation in accreditation and quality improvement networks has for assuring the quality of care trusts provide. Participation also demonstrates how staff are actively engaged in quality improvement and take pride in the quality of care they deliver.

5. Nurse revalidation update

From 1st April 2016 a new revalidation process has been introduced by the Nursing and Midwifery Council for registered/ qualified nurses to provide assurance of the quality of nurses. Failure to revalidate will result in the registered nurse not being able to practice. We employ over 1800 registered nurses who will need to be revalidated within the next three years. 114 nurses will go through the first wave of revalidation from April to June 2016. The Trust has been preparing and supporting staff to ensure they are aware of the new requirements and have the resources and information they need. A series of workshops have been provided offering advice and also skill development e.g. reflective writing. The Trust has set up a system to send a reminder to all registered nurses and their line manager for each wave, and a 'dashboard' has been developed in the learning portal for staff to help monitor the position of their and their teams registration and revalidation.

6. Equality, Diversity and Inclusion (for staff and the people we treat)

The Trust's commitment to advancing equality and diversity goes beyond legal compliance. We recognise that equality and inclusion contributes to delivering good quality 'person centred care', which is why we remain passionate and steadfast in monitoring and promoting it. From 2014 to 2018, we have set ourselves ten objectives based on an assessment of the equality delivery system (EDS2), to ensure compliance with the public sector equality duty and the workforce race equality standard (WRES). The Trust's equality and diversity steering group oversees progress with the objectives.

In 2015/16 we have achieved the following;

- Developed and implemented guidance on the provision of care for transgender people (June 2015)
- Reviewed the workforce equal opportunities policy
- Developed and introduced a new inclusive communications guide and toolkit (November 2015). The guide aims to raise awareness of accessibility issues and provide staff with practical solutions to meet the diverse needs of disabled people or people requesting information in an alternative language.
- We produced an equality report providing an analysis of the diversity profile of the workforce at the Trust over a three year period (national staff survey, % of

- staff believing the organisation provides equal opportunities for career progression/ promotion; 87% of staff in 2015 compared to 88% in 2014)
- Our annual progress against the workforce race equality standard (WRES) was submitted to NHS England and published in July 2015. The areas of the WRES we will be focusing on are;
 - To address the over representation of BME staff in the formal disciplinary process.
 - To address the % of staff reporting they have experienced harassment, bullying or abuse from staff in the last 12 months (national staff survey; 24% of staff in 2015 compared to 25% in 2014)
 - To address the under representation of BME people on the Board of Directors
 - A race equality audit in February 2016. This was designed in-house in response to the concerns raised by staff-side regarding the disproportionately high proportion of BME staff involved in HR processes and other wider employment-related issues. Our next step is to carry out consultations with BME staff in order to gather qualitative evidence and then to identify actions.
 - Three staff equality networks have been set up, initially meeting in March 2016, around race equity (15 members so far), disability equality (12 members so far) and LGB&T inclusion (25 members so far). The purpose of these networks is to create a community of support and the infrastructure for engaging with staff in a meaningful way on related equality initiatives e.g. stonewalls diversity champions, WRES. Our plan is for the networks to meet bi-monthly.
 - We have started work towards achieving the Stonewall diversity champions accreditation
 - The equality and diversity lead continues to offer the following training. This is being extended to include 'unconscious bias' training in 2016/17.
 - Equality, diversity and inclusion training, mandatory for all staff (as of March 2016, 93% of staff have received training)
 - Training on the Equality Act 2010
 - Islamic perspective on mental health and well-being workshops

7. How we safeguard people

The Trust is committed to the well-being of all people using our services and takes the safety of vulnerable adults and children very seriously. We have dedicated children and adult safeguarding teams who provide training, advice and support to all services.

We work in partnership with local authorities to safeguard vulnerable adults and children. Each local authority has its own safeguarding adult board and safeguarding children's board made up of nominated lead officers from key organisations within each local authority and we are represented on every board. The role of the safeguarding boards is to maintain and develop inter-agency frameworks to safeguard adults and children and to co-ordinate what is done by each nominated lead officer.

As of early April 2016, 89% of staff have completed adult and child safeguarding training applicable to their role. The Trust's work around safeguarding was recognised in the recent CQC comprehensive inspection, "Across all services the Trust staff were good at recognising safeguarding concerns and reporting incidents."

We have taken actions to address child sexual exploitation and historical abuse, through our safeguarding teams working with local agencies to provide training and to use inter-agency systems to identify and escalate concerns; for example, through our work with the police and social care as part of joining the Kingfisher Team and our participation in the Multi Agency Safeguarding Hub (MASH).

In 2015/16 one of our Health Visitors, Joanne McEwan was awarded a national Mary Seacole award for her project in developing an app to assist health professionals in practice to protect girls from Female Genital Mutilation (FGM). FGM affects women from BME backgrounds. The app being developed will help health professionals identify girls at risk of FGM, empower them with information to enable discussions and provide guidance for best practice. Ultimately it will assist in protecting girls from FGM and direct FGM survivors to appropriate support and medical services.

Prevent is one element of the counter terrorist strategy CONTEST. The focus in Prevent is on supporting vulnerable individuals and healthcare organisations. With patients, the Trust must help to recognise when vulnerable people are being radicalised or exploited by terrorist activity. With staff, we should ensure that we are aware if our premises are being used by extremist groups to meet, or if inappropriate literature is being disseminated. We have a trust-wide Prevent lead who is linked into regional and local networks, we have relevant policies and guidance in place, and we provide a series of education and training for staff. The training includes:

- Staff workshops to raise awareness of Prevent (WRAP), (this has been made mandatory for some staff groups from 1st April 2016)
- The basic principles of Prevent are covered in the Trust's mandatory safeguarding training
- From January 2016 Prevent principles were included in the corporate induction for all staff.

The Trust works closely with the police in relation to Prevent and attends a monthly multi-agency panel which reviews referrals and agrees risk management plans for individuals as required. We submit quarterly returns to NHS England on staff training and referrals; for quarter 4 (January-March 2015/16) 88% of staff are up to date with basic Prevent training and 14 WRAP sessions have been provided, training 260 staff.

8. Implementing the duty of candour

The duty of candour is our responsibility to inform, explain and apologise to patients and their families when something has or might have gone wrong. We believe this is the right thing to do, so we support and encourage all staff to be open, honest and transparent with patients and their families and carers. Promoting a culture of openness is important to learning from incidents (see page 73) and therefore improving the safety and quality of care.

We have taken a series of steps to raise awareness and to support staff. In 2015/16, the Director of Nursing and Clinical Standards recorded a brief film about why it is important, what staff needed to think about and where further resources are available. This film was sent to every team and ward manager to circulate and we asked each team to confirm this had happened. This was supported by visits to team meetings to discuss the duty of candour requirements. Resource sections were set up on the staff intranet and Trust website (under- about us, governance). We incorporated questions about 'duty of candour' into the peer review tools used for team visits (see page 34), reviewed the content of relevant training courses, and reviewed our Being Open Policy.

As part of introducing a regular trust-wide key learning points poster for clinical teams we included a prompt in every poster about the duty of candour requirements. We also revised the serious incident investigation report templates with prompts and our panel process, which includes a group reviewing the investigation of every serious incident, checks we have followed the duty of candour requirements. We have also organised two day training for staff on 'making families count' which is being provided in May 2016 to improve how we involve and support families after critical incidents. More recently, we have made amendments to our incident reporting system used by staff to provide prompts and a way of evidencing how they have complied with the duty of candour; however, this is still at an early stage of being introduced.

9. Research into practice

The research and development department (R&D) continues to support high quality research across the organisation in collaboration with other organisations,

predominantly the University of Oxford and Oxford University Hospitals NHS Foundation Trust (OUH). We are one of the top-recruiting mental health trusts giving more people the opportunity to take part in research. The Trust has an active R&D group to promote the use of research evidence in how services are developed and delivered.

The Oxford Academic Health Science Network (AHSN) has hosted three themes: Early Intervention, Anxiety and Depression and Dementia.

The Oxford NIHR Collaboration in Leadership in Applied Health Research and Care (CLAHRC) has made good progress since beginning in January 2014. The number of projects within Phase 1 (01/01/2014 – 31/03/2016) has increased by 68% from 19 to 32. 30 publications have been generated from CLAHRC research to date. In November 2015, the CLAHRC hosted a site visit from the NIHR and the Department of Health. The visit went extremely well and they were impressed with the progress the CLAHRC has made in all areas to date. In addition, the Annual Report for 2014 was very well received following submission in summer 2015.

The NIHR Diagnostic Evidence Co-operative (DEC) led by the Department of Primary Care at the University of Oxford has consolidated its expertise in diagnostic test evaluation and established important links both nationally and internationally, with 17 formal interactions with external companies.

The NIHR Oxford cognitive health Clinical Research Facility (CRF) encompasses four sites across Oxford: the Department of Experimental Psychology University of Oxford at Oxford Centre for Anxiety Disorders and Trauma and at Oxford Cognitive Neuropsychology Centre, the Charles Wolfson Clinical Neuroscience Facility at the John Radcliffe Hospital OUH, and the Trust's CRF at Warneford Hospital. It continues to undertake a wide range of both commercial and non-commercial research studies. Professor John Geddes, our R&D Director, has won the 2016 European College of Neuropsychopharmacology Award for his ground-breaking work on bipolar disorder. The annual award recognises distinguished research which has the potential to change treatments of disorders involving the brain.

R&D continues to develop with new structures and data capture mechanisms being established to streamline the set-up of research within the Trust, in line with the new Health Research Authority aim to reduce duplication nationally for research applications. The Case Records Interactive Search (CRIS) system has received ethical approval and is being roll out of the system is in progress.

R&D is developing a Biomedical Research Centre Application in collaboration with the University of Oxford following an invitation for applications in December 2015 and is closely supported by Oxford University Hospitals NHS Foundation. The pre-qualifying questionnaire was submitted in 2015/16 and we wait to hear the outcome of that.

10. Progress against each priority and objective in 2015/16

In last year's Quality Account 2015/16 we identified four priorities and a series of objectives. Our progress against these is detailed below. In last year's account a large number of measures were suggested to help monitor the objectives, some of these have not been possible to report on. However, every objective does have a narrative on progress and a number of measures.

Quality priority 1: Enable our workforce to deliver services which are caring, safe and excellent

Objective 1.1a

Review and measure the impact of the Aston team working model using interviews, impact assessment questionnaires, team stories and repeated effectiveness audits / team temperature checks; and align effective team working into the Trust organisational development strategy.

The Trust has a strategic framework for organisational and leadership development to support the delivery of the Trust's vision and values. A key objective of the framework is to foster the development of effective team working; this is being achieved through the roll out of the Aston University effective team based working development programme and our internal trio leadership development programme (see objective 1.1b). In addition the Trust launched a new nursing strategy in October 2015 which identifies six action areas to be delivered over the next three years, one of the areas is to develop and support effective nursing and clinical leadership.

The Aston University effective team based working development programme was established in the Trust in 2013; it is an evidence-based programme aiming to:

- Enable teams to carry out a review of team effectiveness using evidence-based tools
- Enable teams to complete a journey towards effective team based working
- Provide feedback to the Trust about development

A programme of one and a half day orientation sessions was designed with support and advice from the lead Aston University consultant. By the end of the orientation sessions staff have started to develop a plan to work with their team to establish and maintain effective team working.

Following the delivery of effective team based working training and bespoke support delivered to over 90 teams across the Trust, we have been looking at ways to measure the impact of effective team based working methodologies. Measuring impact will help us to think about how we continue to embed the approach across the Trust, and how effective team based working fits within the Trust's organisational development framework.

The success of using team temperature checks to assess the impact has been limited due to only a few teams repeating the assessment six months after the training; however, those that have been completed have shown an improvement in team satisfaction one example is provided below. An impact questionnaire is being piloted to see if this can evidence an impact from the training. There has been an improvement in staff reporting effective team working in the national staff survey results between 2014 and 2015 as shown below.

The Bladder and Bowel service used the team temperature check as part of their bespoke team development; and repeated it six months later. The overall score increased by 4% with improvements in the following areas:

- ↑ We know who the team leader is
- ↑ We are committed to meeting the team's objectives
- ↑ We trust each other
- ↑ We meet regularly enough to ensure effective communication and cooperation
- ↑ We help each other out
- ↑ We can safely discuss errors and mistakes
- ↑ We work flexibly
- ↑ We have the right knowledge and skills for what we need to do
- ↑ We continuously look for ways to improve how we work
- ↑ We have mutual accountability for delivery

Other areas where they had not made any improvement were:

- ↔ We are clear about what we are trying to achieve
- ↔ We have influence over decisions
- ↔ We have high energy
- ↔ We seek feedback
- ↔ We manage conflict positively

We have recognised the need to align the important work around effective team working with the other leadership and development courses available across the Trust. All team training from 2016/17 will be accessed through a single point. Continuing to support staff and teams to work effectively is critical to the Trusts success.

<i>Indicator or measure</i>	<i>Data source</i>	<i>Frequency</i>	<i>Target</i>	<i>Baseline 2014</i>	<i>Position 2015</i>
Overall staff engagement score	National staff survey	Annual	3.85	3.75 (national ave. 3.84)	3.81 (national ave.3.81)
Extent to which staff report effective team working	National staff survey	Annual	3.85	3.80 (national ave. 3.84)	3.83 (national ave. 3.86)

Notes. The scores used in the national staff survey are out of five. The abbreviation ave. stands for average.

Objective 1.1b

Evaluate trio leadership development and assess impact on leadership capability

The leadership trio development programme (also known as planning for the future) is aimed at bringing leadership teams together to give them time to create a collective leadership approach, learn leadership concepts and design plans to support them and their teams to deliver high quality patient care. The emphasis is on practically applying learning back into the workplace.

In 2014/15 the leadership teams in the Adult Directorate completed training. The approach continues to be supported by regular progress meetings between the clinical team leaders and the Directorate's senior management team. In 2015/16 the leadership teams in the Children and Young People's Directorate completed a five day

programme. Evaluation from the programme was positive and is summarised below. A tailored leadership programme for the Older People's Directorate is starting in May 2016. Prior to each new cohort joining the leadership trio development programme, the content and aims are reviewed and revised as necessary to ensure the programme stays relevant and supports staff to be leaders.

Attendees from the Children and Young People Directorate indicated that the programme has been useful to introduce/ develop their leadership 'tool kit'. The majority of respondents reported that the programme was designed with enough time to practically apply the tools and techniques. All respondents rated their experience of the course as either good or excellent.

Significant positive gains were observed across all elements of course impact. The most significant impacts were observed in relation to the following:

- ✓ Understanding of leadership style using specific tool
- ✓ Careful approach to improve team working
- ✓ Using coaching approach to aid team performance
- ✓ Strategic thinking to develop effective delivery plans
- ✓ Using coaching tool

In 2015/16 the Adult Directorate has further embedded a leadership training structure to develop and provide support to the current and future leaders within their directorate. This structure is in line with the trusts new development pathways for 2016/17, see objective 1.1c. The structure introduced is as follows:

- Leading the Way programme
- Junior doctor leadership programme; this programme tailors the Leading the Way programme for team and ward managers.
- Leadership Coaching programme: managers who successfully complete and achieve good outcomes from the Leading the Way programme are invited to join this programme. 10 staff joined in 2015/16.
- Authentic Leadership programme; building on the coaching provided from the Leadership Coaching programme, the first cohort started in February 2016.

Objective 1.1c

Maintain existing levels of access to staff training and development, including clinical practice, improvement skills and professional leadership.

Clinical and Professional Development

Over the past 12 months, a range of appropriate training opportunities have been offered to increase clinical skills, knowledge and expertise, thus enabling the clinical

workforce to deliver services that are caring, safe and excellent. In 2014/15, the number of courses delivered was 4935 and in 2015/16 this increased to 8133.

Care Certificate

The Trust introduced the care certificate programme in 2015/16 for unregistered staff, so far over 180 clinical support work staff new to the Trust have completed the five day face to face training programme. For the majority of staff this new approach to induction commences on day one of employment within the Trust. Feedback from managers regarding the formalised preparation programme has been very positive.

Leadership, Team and Individual Skills

Attendee levels were maintained at similar levels to last year: 2014/15 - 3644 and 2015/16 - 3688. Growth was seen in courses for bands 1-4 and in coaching programmes. The courses for band 1-4 included: customer service, personal effectiveness and self-awareness, assertiveness, time management, successful communication skills, touch-typing and IT courses in word, excel, powerpoint etc... The highest attendance continues to be on leadership courses, with 1372 of staff attending a course in 2015/16.

A wide range of leadership courses are provided across the Trust, including First Line Management, Leading the Way programme, and Planning for the Future programme as well as access to National Leadership Academy programmes.

Team development

See details of the Aston University effective team based working development programme and team leadership programmes in 1.1a and 1.1b.

The Trust provides a variety of bespoke team days designed and delivered using a mixture of MBTI (Myers Briggs Type Indicator), Belbin and effective team working principles. In 2015/16 over 830 staff have attended team building days, which have covered improving customer service, team awareness, team objectives and goal setting, teams in conflict and communication skills.

Development pathways

New development pathways have been created to go from apprentices through to staff bands 8, which will provide better clarity and ensure there is development for all staff bands. Heathy conversations module is the first session for all bands to ensure that all staff are confident and competent to be able to communicate effectively to other staff, patients, families and carers. Effective team based working is another essential element underpinning all pathways.

The pathways will be piloted in early 2016/17 and are intended to be:

- Apprentices Development Pathway to support 18-24 year olds
- Preceptorship programme to support newly qualified clinical staff, which includes mentoring during their first year in post.
- Bands 1-4 Administration Development Pathway
- Band 5 Team Leader Development Pathway
- Band 6 Management Skills Development Pathway
- Band 7 Advanced Management Skills Development Pathway
- Band 8 Strategic Leadership Skills Development Pathway

Fully implementing the development pathways is an objective for 2016/17, as is improving the number of staff who have had their performance development review (PDR) within the last 12 months. The new online PDR system is planned to be launched in early 2016, the system has built in functionality related to the process, preparation and conduct of a review.

Indicator or measure	Data source	Frequency	Target	Baseline 14/15	Q1	Q2	Q3	Q4
Performance development	L&D records	Quarterly	95%	84%	70%	78%	73%	75%
Reviews completed in last 12 months								

Indicator or measure	Data source	Frequency	Target	Baseline 2014	Position 2015
Staff reported having well-structured appraisals in the last 12 months	National staff survey	Annual	80%	82% (national ave. 83%)	81% (national ave. 91%)

ave. = average

Objective 1.1d

Monitor safer staffing in inpatient services and report on remedial actions to improve staffing levels and minimise harm arising from pressures on staffing.

Each ward displays the staffing levels by shift. In addition, we also publish the staffing levels against expected establishment and actions being taken by ward each month

which can be found here <http://www.oxfordhealth.nhs.uk/support-advice/safe-staffing-levels/>

The staffing levels and vacancies are reviewed every shift by ward staff and immediate managers, daily by modern matrons and weekly by the heads of nursing, Director of Nursing and Clinical Standards and Chief Operating Officer to ensure there is an appropriate level and skill mix of nursing staff to match the acuity and needs of patients to provide safe and effective care.

To ensure safe staffing on every ward a number of actions have been taken at ward level and Executive Team level at different times in 2015/16, these have included;

- Reducing bed numbers in wards temporarily
- Suspending admissions
- Temporarily closing wards
- Taking into account level of need when deciding which ward to admit patients
- Staff who are normally supernumerary to the nurse staffing numbers such as modern matron, ward manager and deputy ward manager working as part of the nursing shift numbers
- Staff moving and working on other wards for a temporary period from one first to a longer term arrangement of a number of months
- Staff working flexibly e.g. sometimes working an extra hour at the beginning or end of a shift
- Increasing the use of temporary staff and introducing 'long lines of work' with outside agencies

Those wards which have struggled with staffing levels month on month are reviewed and given more focused attention to find short, medium and longer term solutions. At the end of March 2016, the wards that have been struggling are all mental health wards in Oxfordshire: Vaughan Thomas, Wintle, and Kingfisher. The actions taken are detailed in the monthly published reports to the Board of Directors.

We continue to develop the quality and workforce indicators reviewed alongside the staffing level information to identify if and when the quality of care has declined; the indicators include vacancies, turnover, sickness, clinical audit outcomes, complaints and concerns, mandatory training and incidents. We have found no trend or direct correlation with any of the indicators, as they fluctuate month to month by ward.

Some wards have had staffing challenges which has meant the target for this objective is not achieved and further actions will be taken in 2016/17, as part of the workforce strategy and nursing strategy. The main reasons for this are high vacancies due to

difficulties in recruiting new staff (nationally there is a shortage of registered nurses) and retention of existing staff. Details of the recruitment actions taken are listed under objective 1.2a.

As a Trust, we report monthly on staffing levels by % of shifts fully staffed to the expected establishment (which we feel is more sensitive as a measure, see monthly published reports, link above) as well as % of hours worked against expected establishment (this is the national requirement). Below are the trust-wide figures as submitted nationally for the % of hours worked against expected hours.

	Day time Shifts (Early, Late, Twilight and cross shifts)		Night time Shift	
	Registered nurses	Unregistered staff	Registered nurses	Unregistered staff
April 2015	96.1%	96.2%	94.7%	98.6%
May 2015	95.1%	93.4%	95.9%	98.2%
June 2015	94.3%	94.2%	95.6%	97.7%
July 2015	94.4%	95.5%	95.6%	99.1%
August 2015	94.7%	95.4%	95.2%	98.7%
September 2015	94.6%	95.4%	94.1%	98.5%
October 2015	95.3%	95.7%	95.5%	98.4%
November 2015	96.4%	96.2%	98.1%	99.1%
December 2015	76.6%	75.4%	78.5%	79.5%
January 2016	95.7%	96.4%	96.7%	98.8%
February 2016	95.8%	96.1%	96.1%	98%
March 2016	95.3%	96.6%	97.4%	98.2%

<i>Indicator or measure</i>	<i>Data source</i>	<i>Frequency</i>	<i>Target</i>	<i>Baseline</i>	<i>June 15</i>	<i>Sept 15</i>	<i>Dec 15</i>	<i>March 16</i>
% of wards able to staff shifts at 75% or	Manual	4 points in time over	90% of wards	New indicator	71% (24/	70% (23/	78% (25/	81% (26/

Objective 1.2a

Review actions to improve recruitment into vacant positions including implementation of the values based recruitment framework.

In 2015/16 a trust-wide recruitment action group reviewed and agreed a series of actions and new approaches to recruit staff and to reduce the number of vacancies. However high vacancies remain a challenge, and we have seen an increase in 2015/16 compared to other years. The vacancies are in particular geographical areas, certain specialties and professions, e.g. medics, as we compete for staff within the same pool as other local organisations, therefore focused initiatives and actions continue to be used. Nationally workforce planning has underestimated the need for registered nurses, which is leading to a shortage across the country. The removal of the cap on recruiting students to nursing degrees should offer some opportunity to increase placements in 2016/17. The position on staffing by shift, vacancies and posts being advertised is reviewed weekly by Executive Directors to ensure services are safe.

The services where recruitment has been most difficult are;

- Oxfordshire District Nursing Service, particularly city and south west localities
- Children, adult acute and older people mental health wards (Oxfordshire)
- Specialist forensic mental health wards, particularly the women's unit in Oxfordshire
- Children and Adolescent Mental Health Services (CAMHS) particularly Oxfordshire central team and the new service model in Buckinghamshire
- CAMHS medics in Oxfordshire central team and BaNES
- Registered nurses in the Oxfordshire children community nursing services
- Adult Mental Health Teams (AMHT), particularly in Oxfordshire City and North East teams and the Buckinghamshire South teams
- Oxfordshire adult speech and language service
- Emergency practitioners and GP availability to work in the Oxfordshire out of hours service
- Podiatry service in Oxfordshire

The actions taken in the last year include;

- Holding a number of open days, promoting these events on local radio, in local towns, in professional journals and on social media. The open days have proved a success particularly with recruiting: on average we have appointed three nursing staff, 10 unregistered staff and two occupational therapists per event.

- Attending recruitment fairs in local communities and undergraduate events at universities.
- Piloting the use of apprenticeships, which has led to a better appreciation of the role and benefits, and an increase in teams and services who would like to employ an apprentice. Assessment days were held in February and March 2016 and we have been successful in offering 13 apprentices places to start in April 2016. Further assessment days are planned for September 2016.
- Holding a careers event aimed at young people who are considering a career in the NHS, we had approximately 70 people attend an evening in February 2016.
- Setting up a calendar of national and local events, as well as local school careers events, to identify which to attend and promote careers at the Trust.
- The development and introduction of a centralised internal staff bank (Staffing Solutions) to improve the management and number flexible workers
- Introduction of the care certificate programme for unregistered staff (see page 45)
- Preceptorship programmes to support newly qualified staff to consolidate their training
- Values based questions have been entered on to application forms for candidates to complete. In addition, a bank of values based questions have been developed for managers to use at interview. We have secured funding from Thames Valley and Wessex Leadership Academy to get external support that will enable us to further develop the behavioural framework and fully embed this into recruitment practice and the performance development review process.
- Engagement in the return to practice campaign: we have offered re-entrants the chance to have a clinical placement as part of their return to work programme.

Retaining staff is as important as recruiting new staff. Details of how we support staff well-being and try to retain staff are provided under objective 1.3.

Further work around the recruitment and retention of staff is planned for 2016/17 as detailed in the trusts workforce strategy approved in November 2015. The key areas identified are to;

- Diversify ways to attract the best staff, including considering international recruitment
- Expand the types of roles and ways to enter a career in the NHS e.g. graduates, apprenticeships, work experience, school visits
- Optimise recruitment processes
- Enable and support staff to work in different geographical locations e.g. with housing and introducing financial incentives
- Develop our own staff to fill some of the gaps in skills

- Retain our staff looking at career paths, variety within jobs, flexibility and support (this includes a research study with Oxford Brookes University has started to look at the retention of nurses at our Trust)
- Develop the current performance development review process and system to fully embed the Trust's values and behaviours.

The delivery of the Trust's workforce strategy will be supported by the work of Health Education England Thames Valley in 2016/17 who is investing in supporting organisations with workforce planning particularly around skills development.

Indicator or measure	Data source	Frequency	Target	Baseline 14/15	Q1	Q2	Q3	Q4
Reduce vacancies as % of establishment	ESR	Quarterly	9%	5.76%	8.06%	11.85%	10.08%	10.3%

Note. % vacancy rate is based on the number of vacancies as a percentage of Whole Time Equivalent (WTE). ESR = electronic staff record.

Objective 1.3 Improve staff motivation and well-being at work



As a Trust, we are committed to being one of the best places to work and recognise the importance of staff well-being. Over the past year, the work of our staff health and well-being action group has had a positive impact on staff health and well-being both physically and mentally. The key actions achieved in 2015/16

are described below under 1.3a.

Objective 1.3a

Implement key actions from the national staff survey

Nearly 50% of our staff (2,526 people) completed the 2015 survey, which is a sizeable increase on the previous year. The NHS Staff Survey is a very valuable asset for us as it allows for really detailed feedback about how our staff think the Trust is working and how they feel the Trust looks after not only its patients, but its staff. It also gives us the ability to see how that compares with our own results in previous years and with other trusts.

The information shows substantial improvements on last year with almost 29 questions scoring significantly better than the previous year and only one area where we have fallen back from last year, around % of staff saying they reported the most recent experience they had of harassment/ bullying or abuse. The full results of the survey can

be accessed here

http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2015_RNU_full.pdf

Against the three measures in the 2014 national staff survey identified for 2015/16, there has been an improvement against all. However, not all the targets have been achieved as shown in the table below. Overall, our staff engagement score has improved from 3.75/5 (2014) to 3.81/5 (2015). The 2015 score is the same as the national average.

<i>Indicator or measure</i>	<i>Data source</i>	<i>Frequency</i>	<i>Target</i>	<i>Baseline 2014</i>	<i>Position 2015</i>
% staff satisfied with quality of work and patient care they are able to deliver	National staff survey	Annual	75% or over	71% (national ave. 76%)	78% (national ave 82%)
% of staff suffering work related stress	National staff survey	Annual	No more than 42%	48% (42% national ave.)	43% (38% national ave.)
% of staff working extra hours	National staff survey	Annual	No more than 71%	79% (national ave. 71%)	77% (national ave 72%)

ave. = average

Below are details of some of the actions taken in 2015/16, following the 2014 staff survey, which are part of the workforce strategy to be continued and built upon in 2016/17.

Staff Recognition Awards

The aim of the 2015 annual staff awards was to recognise and to celebrate the achievements and commitment of individuals and teams who work at the Trust, at all levels and across all professions. The awards were held in September 2015 following on from the Trust's AGM (annual general meeting). The winners from our eight categories, covering awards for safety, teamwork and improving patient experience, were announced to over 200 attendees.

Staff feedback said that staff really enjoyed the atmosphere of the event, meeting other nominees and hearing their stories, and were proud of hearing about the excellent work being done across the Trust. Further details of the winners and a short

video of the event can be found here: <http://www.oxfordhealth.nhs.uk/about-us/getting-involved/staff-recognition/>.

Cycling strategy

For the first time, we now have a cycling strategy which has already:

- Doubled our cycle-to-work scheme figures
- Seen the percentage of staff commuting to work by bicycle increase from 10% to 17% (based on data from our annual travel survey)
- Secured Department for Transport funding with local partners to add electric hire bikes to our OxonBike scheme to support staff who are not presently regular cyclists
- Secured funding from charitable funds for cycling confidence classes for staff
- Provided bike breakfasts for staff who participated in National Cycle to Work day
- Established Bike User Groups on our main sites to help improve facilities and support cyclists

Well-being champion networking event

We currently have 62 well-being champions from across the Trust and we held our first networking event in December 2015 at Unipart Conference Centre. Champions from across the Trust attended and shared ideas about how we could strengthen the network and engage the wider workforce in the work we carry out.

One workshop was focused on clarifying the role of champion and from this we developed the following purpose statement: *Health and Well-being Champions encourage and support our colleagues to embrace opportunities to improve their individual health and well-being.*

Feedback from champions show that the purpose statement has helped them to focus their efforts, identifying initiatives that fit the core business of their role and also helping them to engage with their colleagues about what being a well-being champion involves.

Oxfordshire Sports Awards

The Trust has won the accolade of being the most active workplace in Oxfordshire for the second year running. Oxford Health was voted the winner in the Active Workplace of the Year 2015 category at the Oxfordshire Sports Awards, in recognition of innovation and commitment to helping improve the health and well-being of staff, specifically in becoming more physically active.

This award is testament to the on-going hard work being done by the Staff Health and Well-being Action Group and the well-being champions to promote healthy lifestyle choices to our staff.

Conference on 'Get physical; be active, stay healthy'

We worked in partnership with Oxford Academic Health Science Network, Berkshire, Buckinghamshire and Oxfordshire County Sports Partnerships and Public Health England to organise the first 'Get physical; be active, stay healthy' conference in December 2015. This was a half-day interactive event exploring how physical activity can be incorporated into the daily lives of NHS staff and patients to improve their health and well-being.

The Trust's staff health and well-being coordinator co-facilitated a workshop focused on the health and well-being of NHS staff and examples of successful workplace initiatives. Additional workshops focused on the role of physical activity in the prevention or management of a number of conditions including: anxiety and depression, early psychosis, dementia, diabetes, obesity and cancer.

Pilot of mindfulness sessions for staff

The aim of these half day sessions is to offer support in the workplace to staff, by providing short and simple mindfulness techniques that can assist in reducing stress and increasing resilience and productivity. The success of the pilots means there will be four sessions run across the year in 2016/17, accessible to all staff.

In addition a series of workshops focused on resilience and stress management strategies are being piloted.

Pedometer challenge

The annual pedometer challenge was undertaken in May 2015, in line with national walking month. This challenge remains very popular with over 300 members of staff taking part and over 38 million steps being taken during the month. As a result, staff felt motivated to walk more and many have since brought personal pedometers.

Britain's Healthiest Company

We took part in Britain's Healthiest Company, the UK's most comprehensive workplace wellness study. It is a dual survey completed by both employer and employees, therefore offering both a top-down and bottom-up view of an organisation's health.

The report also looks at how the workplace can support their employees to be healthier and more productive, and provides recommendations for improvement.

920 members of staff completed the survey and answered questions on topics such as physical activity, smoking and alcohol. This feedback has helped to tailor our initiatives to the needs of our staff and target hot spots.

Priorities workshop

A priorities workshop was held in February 2016 and included members of the health and well-being action group and also well-being champions. The group focused on three main themes: physical well-being, mental and emotional well-being and organisational well-being. Three main areas of information used were: the staff survey results 2015, HR data (to include sickness and turnover) and data from Britain's Healthiest Company 2015. Facilitated sessions were held to encourage and support discussions on where the group should be focusing their attention and initiatives for the upcoming year (2016/17). In addition, a series of presentations and roadshows to share and discuss the 2015 staff survey results will be given to support managers in identifying local actions.

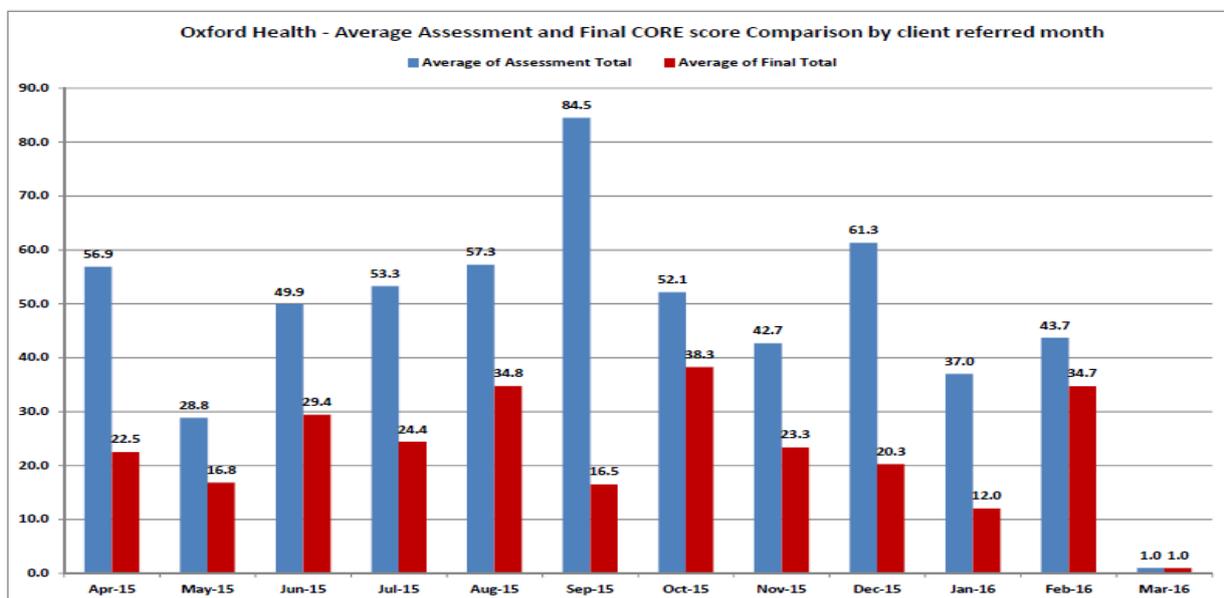
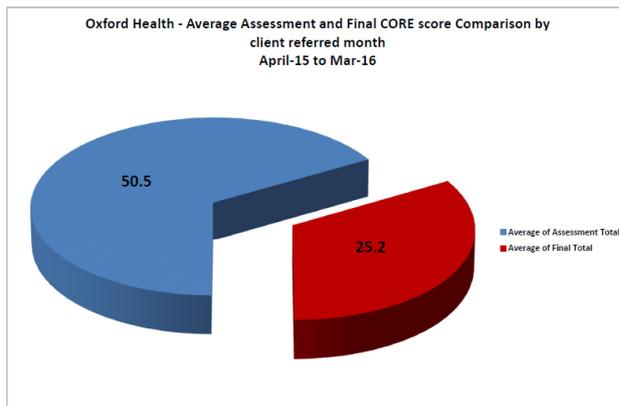
Objective 1.3b

Reduce work related stress through improved access to psychological therapies

When employees are referred onto our external counselling service, the counsellor will complete a CORE assessment at the first session which indicates risk factors and type of counselling required e.g. standard, post-traumatic stress, CBT. At the end of the six sessions, a repeat CORE assessment is completed which evidences impact of sessions. A positive impact is evidenced by a reduction in the CORE assessment score.

Based on staff referred to the counselling service from April 2015-March 2016, the positive impact of the service can be seen in the graphs below, which show the average score in the CORE assessment halved from assessment (50.5) to after treatment (25.2). (note the March 2016 data is incomplete as some staff have not completed their sessions of therapy).

In addition, the Occupational & Well-being Health and Spiritual & Pastoral care teams have worked in partnership to run half day workshops in 2015/16 in relation to stress, which were received positively. The Occupational & Well-being Health team are also exploring options with the psychological therapy services for providing a fast track referral process for staff to in-house psychological services.



Objective 1.3c

Working time directive and how we can use e-rostering to monitor

In 2015/16 a new workforce management system was implemented across all inpatient wards and trialled in community teams. In June 2016, a decision will be made regarding a wider rollout programme. In March 2016 the Trust centralised the management of its temporary staffing in areas that are using the workforce management system. This will reduce the time ward staff are spending managing staffing enabling them to focus on delivering patient care and enable more controlled management of agency use. During 2016/17 the Trust aims to increase the number of bank staff, reducing agency use.

A range of internal thresholds are set up in the workforce management system which enable us to monitor the number of hours worked by each employee, flexible worker

or agency worker within the Trust. The manager is warned each time a shift is booked that breaks these internal thresholds to ensure we are following the national working time directive rules.

The initial data for January to March 2016 shows around 56 staff worked more than 48 hours across a 17 week reference period, most of which were unregistered ward staff who work permanently for the Trust. This information is being used by managers to support staff and ensure working practices are safe. It is being reviewed by senior managers and the Executive Team alongside vacancies to help inform recruit activities and retention initiatives.

Objective 1.3d

Reduce sickness absence due to musculoskeletal injury through the muscular-skeletal (MSK) self-referral pilot in older people's services (fast track physiotherapy)

The findings and outcomes of the MSK six month pilot is summarised below. The pilot took place from February to July 2015 in the Older People's directorate, offering clinical staff rapid and local access to muscular-skeletal advice and treatment. The aims were to reduce sickness rates due to MSK injuries amongst staff; thereby improving continuity of patient care and reducing use (and therefore cost) of agency staffing to maintain safe staffing levels.

The pilot reported significant positive impact on reducing staff sickness and improving staff morale, including:

- Total of 144 staff were referred to the fast track physiotherapy service.
- 86% of staff were offered an assessment within seven calendar days of receiving the referral.
- 79% of staff who completed repeat Patient Specific Functional Scale scores demonstrated an improvement with their function.
- 82% of staff who completed repeat Numerical Pain Rating Scores showed a significant reduction in pain.
- 69% of staff who completed repeat EQ-5D-5L questionnaires showed an improved health status score.
- 78% of staff referred with low back pain that completed the repeat Keele STarT Back Screening Tool had improved scores.
- 64% of staff reported at least a 75% perceived improvement score.
- Reduction of 50 episodes of sickness relating to back and other MSK problems with 356 episodes in 2014 and 306 in 2015.

- Reduction of 875 whole time equivalent (WTE) days lost due to sickness absence with a total of 2979 WTE days lost in 2014 and 2104 WTE days lost in 2015.
- Reduction of 1.4 days on the average duration of absence where 8.3 days was the average duration in 2014 and 6.9 days was the average in 2015.

Staff feedback was very positive, including comments such as:

- *[It] has made a huge difference to my back, mental state and outlook on recovery.*
- *I felt very supported and I have really benefited from being able to access the service. I would definitely not have been able to work if I had not been seen.*
- *Very quick referral to appointment prevented time off work – Great!*
- *I believe the fast track physiotherapy service enabled me to continue working whilst being treated, thus avoiding sick leave.*
- *I have been given hope at a time when pain was restricting my movements*
- *Being able to stay at work and have this treatment was excellent*

The pilot has now concluded. Many staff have approached the team to see if the services are still available having clearly valued them. It is anticipated that the self-referral model will be adopted as part of the MSK review as the results have clearly demonstrated a benefit to the directorate.

Objective 1.4a

Ensure staff involvement in designing and delivering improvement activities



Staff across the Trust are regularly involved in designing and delivering improvement opportunities, supported by the innovation & improvement team and the safer care team.

The safer care team use improvement science as a framework for keeping patients safe and reducing harm. Staff have the opportunity to learn, both formally and informally about improvement methodology and to apply their learning in practice. The teams use the model for improvement, which incorporates plan, do, study and act (PDSA) cycles, to test changes which they have designed with the aim of improving patient care and safety. Staff develop skills in measurement to understand whether the changes they have made actually lead to improvement. Some teams have had the opportunity to present their improvement work to others, both within Oxford Health, at the South of England Patient Safety Collaborative and at a national conference.

The coming improvement and innovation annual event, 'Improvement; Everybody's Business', in April 2016 had 17 poster presentations from teams sharing the improvements they have made in 2015/16. Over 100 staff attended the event to share and spread improvements. Below are some examples of the improvement work in 2015/16, we have set an objective in 2016/17 to look at how to spread learning to improve on a larger scale.

Children and Young People's Directorate

- One inpatient ward is working to reduce the number of incidents of restraint and self-harm on the ward. Another ward has significantly reduced self-harm and is in the process of formulating their next harm reduction project.
- The children's community nursing service has mapped the 'End of Life' patient pathway to ensure a seamless service for children and young people facing life limiting illness and their families.
- A range of teams have developed a series of films with young people and parents, where they have produced and appeared in the films, some examples are listed below;
 - Children and adolescent mental health services in Swindon community team about what to expect <http://www.oxfordhealth.nhs.uk/children-and-young-people/young-people/south-west/swindon/camhs-community-service/>
 - 'Food for Thought' for young people about eating disorders https://www.youtube.com/watch?v=09TI7JhW_Xc
 - Family nurse partnership, with mothers talking about their experiences to recruit other mothers onto the programme
- The child and adolescent mental health service and speech and language service have worked together to develop an autism diagnostic pathway in Oxfordshire for school age children and young people.

Adult Directorate

- Adult mental health inpatient wards are working on increasing the number of times patients return from leave safe and on time. The majority of the wards have achieved over a 50% increase. Having sustained their improvement, one of the wards is now additionally working on improving the physical health of their patients and another on reducing violence and aggression. A further ward is working to reduce medication errors.
- Multi-agency workshops between the Psychiatric In-reach Liaison services and Police Street Triage in Buckinghamshire to support and improve the communication between all the services involved in this new initiative.
- In the Chiltern Adult Mental Health Team patients, healthcare professional and community experts work in partnership to run the well-being

programme to maximise recovery and quality of life. In 2015/16 the well-being programme developed 'Being Well' a collection of short stories, poems, lyrics, photographs and drawings donated by patients, families, carers, healthcare professional and friends to provide an inspirational platform to showcase their creativity and experiences.

Older People's Directorate

- One of the community hospital wards is working on early recognition and rescue of the deteriorating patient.
- The venous leg ulcer pathway using evidence based care, has been embedded within the district nursing teams. Improvement in healing rates have been maintained with an average healing time for a patient placed appropriately on the pathway coming down to on average 7 weeks.
- One older people community mental health team (CMHT) has taken a structured approach to reviewing their processes and systems that support their referral/duty process and the teams approach to medication management. Through this process they are reducing non-value added tasks, providing clearer expectations of the process to referrers and other services, and improving the effectiveness and consistency of triage.
- The wound formulary group and two community hospital wards are now using the 'traffic light system' this will promote reducing waste and raise staff awareness of product costs.
- The district nursing service reviewed the current processes for the administration of insulin medication and identified learning and recommendations to change practice (objective identified for 2016/17)
- One district nursing team reviewed their approach and processes to challenge the culture in their team shifting to a partnership approach to care of 'doing with' rather than 'doing to'. Care is now more personalised and has had a secondary benefit of releasing time for the team to spend with more patients.
- One district nursing team established a nursing duty desk hub to increase the teams capacity particularly to respond to unscheduled calls, so that appropriate action can be taken. This has now been rolled out across the service.

Objective 1.4b

Improve floor to board engagement and create more opportunities for communication between senior managers, teams and individuals

The Trust uses a range of channels to engage with staff, including weekly announcements, newsletters, the staff intranet, senior manager blogs and a series of more interactive methods, some of which are listed below. We think it is important that everyone working in the organisation feels informed about its direction and is able to

contribute to setting this direction and achieving our shared goals. We will continue to review and develop the channels and methods we use to engage and listen to staff from every level and from every profession.

The Trust has the following regular forums in place, chaired by the Chief Executive to engage, listen and support our staff: a senior leaders conference held at least six monthly (March 2016, November 2015 and July 2015) and linking leaders conferences held three monthly (March 2016, December 2015, September 2015 and June 2015). These groups are made up of a broad mix of managers and clinical leaders at different levels and across different professions, bringing together over 100 people each time the senior leader or linking leader conferences come together. At the last two conference cycles staff have developed actions following the 2014 staff survey results, discussed leading changes in clinical practice, identified the key issues for our workforce and how challenges can be met, and helped to develop the trusts new (patient) involvement and experience strategy. At every linking leaders conference six to nine teams/ services present good and or innovative practice they have introduced. All of the information, presentations and videos from these conferences are posted and available to all staff on the Trust's staff intranet site. Feedback from these events continues to suggest that participants find the events interesting, relevant and useful and they are a good way of managers and leaders across the organisation learning from each other and developing plans and a positive organisational culture together.

In addition, the Trust holds regular quality improvement, safety and learning events to bring senior staff and clinicians together to learn and share work; examples of this include the safety conference in October 2015, the improvement and innovation event in February 2015 (and April 2016) and a learning event following themes from serious incidents, clinical audits and complaints focused on medication management in June 2015. See objective 1.4a for how we involve staff in improvement activities.

Each directorate supports teams to have time away from 'normal business' each year to reflect and develop future goals. These days are often attended by senior managers who then take feedback, ideas and any concerns into their directorate senior management team meetings and directorate wide away days, to develop the directorates' goals and areas for quality improvements.

The Governors of the Trust include staff representatives which are an active group that meet regularly as a council and are involved in various work streams including a Governor-led quality and safety sub-committee and patient experience sub-committee.

Another way we create opportunities for communication include senior managers and board members regularly carrying out planned visits to clinical services across the Trust as well as offering 'drop-in surgeries' for staff. The Board of Directors and Council of Governors have also received regular presentations from clinical services in 2015/16.

We also have a peer review programme whereby a range of staff visit another team to review the quality and safety of their care, share good practice and provide an opportunity to listen to staff about their experiences of working in the Trust. There is also a staff well-being champions network. Recently we have started to establish new staff equality and diversity networks, more details about this are above on page 16.

<i>Indicator or measure</i>	<i>Data source</i>	<i>Frequency</i>	<i>Target</i>	<i>Baseline</i>	<i>Position 2015</i>
				2014	
% of staff able to contribute towards improvements at work	National staff survey	Annual	75%	73% (national ave. 72%)	73% (national ave. 74%)
Overall staff engagement score	National staff survey	Annual	3.85	3.75 (national ave. 3.84)	3.81 (national ave. 3.81)

Note. The scores used in the national staff survey are out of 5. ave. = average

Objective 1.4c

Implement processes to ensure staff can raise concerns and to monitor actions taken

The Trust recognises the need to have processes in place for staff to be supported and encouraged to raise any concerns, for concerns to be looked into, and action taken as necessary and any learning shared.

We encourage staff to speak to their line manager in the first instance and try to resolve matters informally; sometimes this might be with the support of the in-house mediation service or with expert support through independent clinical supervision with a team. If a staff member wants to speak to someone outside their team/ service or directorate about a concern there are a number of ways to do this including;

- Contacting the new freedom to speak up guardian, who started on 1st April 2016 who reports to the Chief Executive

- Speaking to a representative from the trade unions, we work closely with the main organisations: Unison, RCN, GMC and Unite, through regular Staff Partnership, Negotiation and Consultative Committee (SPNCC) meetings
- Using the Trust's established processes to raise a grievance or whistle blow

The actions and learning gathered from the above methods are monitored. The outcomes of all whistleblowing investigations are reviewed by the Executive Team; and progress is monitored by the HR team and reported to the Quality Committee.

The 2015 national staff survey found that 95% of staff said if they were concerned about unsafe clinical practice they would know how to report it (compared to 93% in 2014). Two further relevant questions are asked in the staff survey; 75% of staff said they would feel secure raising concerns and 62% said they would be confident that the organisation would address their concern. For both of the previous questions, we want to make more improvements, although there have been improvements made from 2014 and we are above the national average performance.

Quality priority 2: Improve quality through service pathway remodelling and innovation

Objective 2.1a

Evaluate quality improvements relating to new pathways of care, including the impact of the recovery star on outcomes, the impact of cluster packages, and the impact of redesigned team structures (adults of working age mental health services)

Throughout 2015/16 there have been informal reviews of the newly remodelled adult mental health teams (AMHT) to ensure they are functioning to the new service model and effective. The outcome of the reviews has included improving the consistency across the AMHTs and ensuring all teams move to a geographical FACT model in early 2016/17. We have received consistent positive feedback from patients, families, carers and GPs who have told us that they have improved access to services and that the pathway for patients is more clearly defined now than it has been in the past.

Our teams are continuing to complete the Recovery Star with their patients as part of the care planning process. The teams have completed 1100 stars to date (this is 32% of our current caseload) and we continue to aim for all patients to have a star completed which is then reviewed to monitor how they are recovering.

In 2015/16 extensive work has been undertaken to develop and consult on a standardised booklet describing packages of care and a pathway for each cluster. The booklet will be finalised and rolled out to teams in May 2016 (2016/17). The new objective in 2016/17 is to review the service model for psychological therapies, which is a key development to be able to deliver the cluster packages.

<i>Indicator or measure</i>	<i>Data source</i>	<i>Frequency</i>	<i>Target</i>	<i>Baseline</i> 1415	<i>Q1</i>	<i>Q2</i>	<i>Q3</i>	<i>Q4</i>
% of patients with a CPA to be in employment or meaningful activity	Carenotes	Quarterly	11.8%	n/a	15%	12%	16%	15% (Oxon 18% & Bucks 13%)
% of patients with a CPA in settled accommodation	Carenotes	Quarterly	78.7%	n/a	78%	71%	67%	66% (Oxon 61% & Bucks 71%)
% of patients involved in setting and achieving goals (use of recovery star)	CPA audit	Quarterly	100%	88%	84%	89%	92%	91%

Objective 2.1b

Evaluate the integration of physical and mental health pathways for older people and monitor impact on agreed quality measures

The Trust is participating in the Oxfordshire community integration programme overseen by the Oxfordshire Clinical Commissioning Group (OCCG). The aim of the programme is to deliver integrated community/locality teams across Oxfordshire, between Primary Care, Social Care and Community Healthcare for older people in partnership with volunteer organisations.

In 2014/15 the older people's directorate took the first steps to integration by restructuring its services and management arrangements to bring together community physical and mental health services into six integrated localities. In December 2014 the

directorates launched the commencement of six integrated locality teams (ILT) hubs that have been set up as single access points to joined up and well-co-ordinated community physical and mental health care services within the localities.

Actions taken in 2015/16 include;

- Embedding the ILT hubs; a review was carried out in July 2015 which resulted in a focus on embedding the model within the localities. The teams have been working on the challenge of standardising and ensuring there is a consistent approach across the hubs. A further audit is planned.
- MDT reviews and top 10 high risk users: a process of combining the ILT multi-disciplinary team meeting (MDT) with reviewing high risk users is in place within the South West Locality, who have been trialling this way of working. The team meet weekly and the GP is invited to attend. The feedback from the locality and GP is that this has worked well and should be implemented in the other localities across the County. A programme to implement this in other localities is in progress.
- Single crisis care plan: the GP will receive a copy of the single crisis care plan following the MDT. The care plan template has been reviewed and agreed by the South West Locality Manager and a GP. The template will be rolled out for use by the other localities as part of the MDT implementation plan.
- Integrated 'front door'; social workers have been working in a number of the ILT hubs and the single point of access since October 2015
- 2 hour response: information around a target of a 2 hour response time is being captured within the ILT hubs activity reporting. Results are at an early stage but the information is important to the effectiveness of the remodelled service.
- Shared skills training: we have been reviewing the requirements and gaps in training required, identifying staff with the skills to carry out the training and the availability in order to plan a programme of development for 2016/17.

From November 2015 we embarked on a joint health and social care initiative with Oxford University Hospitals NHS Foundation Trust to effectively tackle the issue of patients being delayed in leaving our acute and community hospitals for the next stage of their care. This has been a longstanding problem in Oxfordshire that has proved difficult to resolve. Across the system we have made good progress with the plan to use nursing home beds to provide intermediate care for a cohort of patients who were ready for discharge from acute and community hospitals. There remain considerable pressures on the system in Oxfordshire to effect discharge of patients admitted since then. In particular, the improvements which have been made to the system are highlighting the importance of, and the difficulty in obtaining, additional domiciliary social care. We are working closely with acute and social care organisations and have agreed to implement a common 'command and control' system to deploy

resources as effectively as possible across acute and community hospital beds, and across Supported Hospital Discharge (SHDS), Reablement and domiciliary social care services. We are also seeking to augment the capacity in SHDS/ Reablement by encouraging staff who wish to volunteer to work additional shifts.

Objective 2.1c

Achieve accreditation for memory services (external - Memory Services National Accreditation Programme)



Older people's community mental health teams in Oxfordshire and Buckinghamshire, offer a comprehensive service for the detection and diagnosis of dementia. Memory clinics provide specialist medical assessment with supporting diagnostics to make accurate diagnosis and initiate treatment, tailored information for the patient, families/carer and GP, with a plan for follow up and management of the condition. During 2015/16 all community mental health teams applied for the Memory Services National Accreditation Programme (MSNAP) to ensure our services are providing the highest quality of care. All memory clinics completed the self-assessment and formal peer review process and obtained accreditation as follows:

- South Bucks: accredited
- North Bucks: excellent
- South Oxon: excellent
- Central Oxon: excellent
- North Oxon: accredited

Following approval of accreditation the memory clinic service have held a workshop to consider ways of ensuring MSNAP standards are maintained and embedded within practice. This is an objective of 16/17 Quality Account.

Achieve accreditation for adult inpatient *mental health* services (external - AIMS)



AIMS looks at the quality of the service delivered ensuring basic standards set out by the Royal College of Psychiatry are met. Working alongside the CQC domains, the reviews consider whether the wards are well led, safe in terms of risk management plans and environmental factors, caring through feedback on the day from patients, families and carers and involvement with staff from a patient perspective. We also

check that we have effective management strategies to manage risk and improve services (e.g. compliments/complaints) and how we are responsive through the mitigation of risk and how we follow NICE guidance whilst supporting staff and patients/families/ carers. All the adult acute wards, the rehabilitation ward and the Psychiatric Intensive Care Unit received accreditation in 2015/16.

Currently the standards are being revisited by each ward to check where we are against where we were when we first achieved the accreditation.

Objective 2.2a

Evaluate the goals based outcomes toolkit and impact of personalised outcomes and circles of support on patients' achievements in speech and language therapy services in Bucks

The Buckinghamshire children's speech and language therapy service implemented the use of goal-based outcomes (GBOs) to measure children's (year 1 to year 13) progress against agreed therapy targets at the beginning and end of the spring and summer school terms in 2015.

The therapy targets were selected and rated by the child and their speech and language therapist. If a child was unable to make meaningful choices, the targets were created by, and evaluated in liaison with their parents and/or teaching staff.

Many of the children were provided with a choice of GBOs to ensure that the selected targets were appropriate. Rating scales included either written words or smiley faces to enable the children and young people to evaluate their targets. For example:

- I want to work on/get better at using the regular past tense
- I want to work on/get better at sorting animals into farm animals or pets
- I want to work on/get better at choosing a suitable topic for a conversation with a child in my class

	Hard		i. Very hard	A. Never	1. Very, very hard, can't do it and don't feel comfortable trying
	OK		ii. Hard	B. Rarely	2. Very hard, I'm having a go
	Easy		iii. OK	C. Sometimes	3. Can do it with lots and lots of help
			iv. Easy	D. Usually	4. Can do it in a small group with a bit of help
			v. Very Easy	E. Always	5. Can do it in a larger group with a reminder or a bit of help
					6. Don't need help, can do it on my own

Feedback from the parents, teaching staff and speech and language therapists at the end of the summer term 2015 highlighted a number of difficulties with the use of GBOs:

- Some children were relatively unaware of their difficulty at the beginning of the spring term. Ongoing therapy resulted in increased awareness of their difficulty which resulted in lower scores following therapy which was not a true reflection of their ability.
- Some children's scoring was unrelated to their level of confidence in relation to the therapy target e.g. they selected a smiley face because they were:
 - enjoying the therapy session
 - in a good mood

As a result of this trial the service has decided to replace the GBOs with a different outcome measure called Therapy Outcome Measures (TOMs). The outcomes of using TOMs has been identified as an objective for 2016/17.

Objective 2.2b

Work in partnership with commissioners and other providers to develop outcome based commissioning across a range of services.

The Trust is committed to developing and continuing to work in close partnership with local organisations including other NHS trusts, social care, education and third sector, as this is key to providing integrated high quality care. There are examples throughout the report of the successful partnerships and alliances which have been developed, below is a summary of a few.

We are also involved with our partners in the Sustainable Transformation Programme (STP) for all health and social care organisations. This programme brings together organisations that provide and commission services within Buckinghamshire, Oxfordshire and West Berkshire. The purpose of the STP is for organisations to develop options of how we can better work in partnership to meet the needs of our populations over the next five years. The options will be consulted on in autumn 2016.

- The Oxfordshire Mental Health Partnership is an exciting partnership that from September 2015 brought together six local mental health organisations from the NHS and the charity sector: Connection Floating Support, Elmore Community Services, Oxfordshire Mind, Response, Restore and our Trust. As a result of the partnership we are working much more closely with each other to make it easier for people to get the best possible support when they need it. Initial feedback from patients, carers and referrers is that the new partnership has made a difference to the care provided, as well as making access to support, training (recovery college) and information more available.



- The Oxfordshire Recovery College developed as part of the Oxfordshire Mental Health Partnership is run by Restore (a third sector partner). The college has had around 179 patients, carers and staff enrolled in the first term and plans to introduce an additional eight new courses in the second term starting April 2016. We are working with Buckinghamshire MIND to introduce a recovery college in Buckinghamshire in 2016/17, see objectives for 2016/17.
- Work with Comfort Care and Buckinghamshire County Council has meant that Comfort Care are now providing 17 high support step-down beds nearby to the new Whiteleaf Centre. This provision is an important addition to adult mental health pathways in Buckinghamshire.
- Mental health urgent care services in Oxfordshire and Buckinghamshire, this includes Street Triage (working with Thames Valley Police), Ambulance Triage (working with the South Central Ambulance Service) as well as Liaison Psychiatry (working with acute hospitals in both counties). The Buckinghamshire Street Triage team was launched in Aylesbury in partnership with Thames Valley Police in June 2015. See objective 2.3d to find out more about the work Buckinghamshire Liaison Psychiatry team are doing with Connection Floating Support and Elmore Community Services.
- In Oxfordshire the Improving Access to Psychological Therapies (IAPT) service called Talking Space Plus works closely with Oxfordshire MIND and now also

Principle Medical Limited (PML) to support people who are experiencing anxiety and depression. In Buckinghamshire the IAPT service, called Healthy Minds, is already working alongside a number of partners (Relate and the Richmond Fellowship) to support patients with relationships and employment and we hope to further these partnerships in 2016/17.

- We have worked hard to play our part in addressing child sexual exploitation and historical abuse, through our safeguarding teams cross agency work on providing training and inter-agency systems to identify and escalate concerns, for example through our work with the police and social care as part of joining the Kingfisher Team and our participation in the Multi Agency Safeguarding Hub (MASH). See priority 4 with two objectives for 2016/17 around implementing a new Oxfordshire Phoenix team for children in special circumstances (bringing together the current teams for Looked After Children, Youth Offending Service, Kingfisher team and the residential edge of care team) and implementing a new Oxfordshire service model through the Horizon team for young people and their families who are experiencing distress as a result of sexual harm.



- **Barnardo's** From 1st October 2015 a new integrated, single point of access service model for Children and Adolescents Mental Health Services (CAMHS) across Buckinghamshire was introduced working in close partnership with Barnardos and BEAT (around the eating disorder care pathway). Young people and parents were involved from the point of tendering all the way to recruiting staff and testing the single point of access process just before it went live. The Trust is in discussion with commissioners about introducing this new evidence based model of care in other counties.
- In Bath and North East Somerset, following on from a successful pilot of emotional resilience school hubs to provide emotional and well-being support to young people of secondary school age, the commissioners asked the Trust to work with schools to roll out the hubs across all secondary schools.
- The Trust and Oxford University Hospitals NHS Foundation Trust have started to work in alliance to develop and deliver an integrated ambulatory and urgent care model of care for frail older people. Once agreed the two NHS trusts will provide a single managed pathway of care bringing together a key set of services including bed based care, Emergency Multi-Disciplinary Assessment Units (EMUs), Hospital at Home, Reablement and Supported Hospital Discharge Services. Over the winter period in 2015 the two trusts piloted some of the proposed joined up working for the future which has had an impact on reducing delayed transfers of care.

- We continue to work closely with partners in acute and community health services to improve care pathways for young people with autistic spectrum disorders (ASD). In Swindon and Wiltshire we contribute to the multi-agency monthly meetings for children with complex neurodevelopmental difficulties, ensuring a seamless diagnosis pathway for children and young people. Each CAMHS in Swindon, Wiltshire and BaNES has a neurodevelopmental assessment clinic offering specialist assessment for ASD who are also experiencing mental health difficulties.
- An end of life individualised care plan template has been developed in collaboration with the Sue Ryder Foundation. This is a comprehensive document to replace medical and nursing notes for patients expected to die within the next few hours or days.
- We are working with a wide range of organisations around research and development, see page 41 for more details.
- Age UK are working with our integrated locality team hubs providing support to older people by ensuring the person receives the right advice from within Age UK or the appropriate agencies, for example, this can be financial or benefits advice or help with completing forms. They identify help for the patient with activities such as gardening, cleaning, de-cluttering, re-organising and shopping, as well as with IT, the use of computers and sourcing computers.

Objective 2.2c

Introduce a new Cognitive Behaviour Therapy (CBT) pathway for patients with dental anxiety to reduce the need for sedation by rolling out a pilot project to train members of the dental team on CBT approaches and provide individual and group interventions.

A new cognitive behaviour therapy (CBT) pathway for patients being treated by the Oxfordshire salaried dental services was introduced as a pilot for 12 months from November 2015. So far:

- 26 patients have been referred for CBT
- 1 patient was considered to be too complex and referred to Talking Space Plus for more specialist psychological therapy support
- 8 patients declined treatment
- 12 patients have received or are in treatment
- 5 patients are pending appointment
- 2 patients have completed treatment

Of the two patients who have completed their treatment (five sessions of CBT) both were able to tolerate dental treatment without the need for sedation or general anaesthesia.

The continued roll out of the pilot is included as an objective for 2016/17.

Objective 2.2d

Reduce the number of frequent attendances to urgent care services by 5% and ensure care plans/special notes are available for 95% of frequent attenders' notes.

The urgent and ambulatory care service has been working in partnership with 111 (provided by the South Central Ambulance Service) and supported by NHS England to identify appropriate interventions for patients who frequently attend in order to reduce the number of their attendances. A list of frequent attenders to the 111, out of hours and 999 service are identified and refreshed each quarter. The initial baseline figures for the frequent attendances to urgent care services and availability of care plans/special notes (to share information between professionals) shows that work was required to improve practices and reduce attendances.

The project has seen success, with a reduction in frequent attenders (from 413 in November/ December 2015 to 271 in February/ March 2016) and a significant increase in the availability of special notes (from 5% in November/ December 2015 to 85% in February/ March 2016) for frequent attenders. The learning from this project will contribute to refining the clinical decision signposting process, enabling our services to improve the patient experience and pathway by facilitating access directly to the service that is most appropriate to provide care. The project moves into 'business as usual' next year as information about frequent attenders and appropriate interventions will continue to be identified and shared regularly.

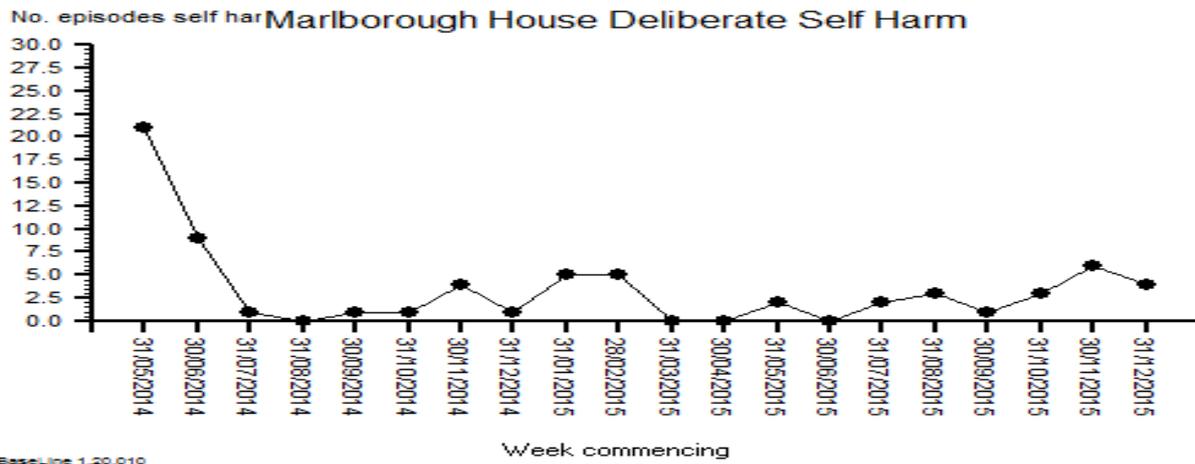
Objective 2.2e

Reduce incidents of deliberate self-harm (DSH) in Marlborough House, Swindon

The specific aim of the project was to reduce incidents of deliberate self-harm (DSH) requiring nursing intervention by 50% by the end of June 2015; they have in fact reduced the incidents by 85% in the year from June 2014 to June 2015, compared with the number in the previous year.

Marlborough House has continued to sustain the reduction in DSH requiring physical intervention with an average of two DSH incidents a month from July 2015 (see graph below). Case management and the environment of the communal areas continue to be a focus for improvement. Additional attention is now being placed on the quality of

engagement with a young person and their parents and family. The team is currently in the process of completing a driver diagram to identify specific areas of improvement.



Objective 2.3a

Review opportunities for increasing CAMHS in-reach into schools

School in-reach is part of Oxfordshire’s transformational plan with a focus on engaging with school health nurses and is now a subsection of the wider transformational plan. Following a pilot in 2015/16 the majority of secondary schools now have an identified primary children and adolescent mental health service (CAMHS) link worker. Those that do not have a link worker yet should have one by September 2016.

Objective 2.3b

Evaluate the availability and accessibility of services to Looked After Children (LAC) in partnership with local authorities across Oxfordshire, Buckinghamshire, Swindon, Wiltshire and BaNES, including recording parental responsibility and offering health assessments within 20 days of notification.

The timeliness of looked after children health assessment are monitored by commissioners, see table below for performance in 2015/16. Oxfordshire continues to have an increasing number of children and young people into the looked after children system, challenging the capacity to deliver all health assessments within 20 days.

A review of the looked after children service has been completed in partnership with Oxfordshire county council and commissioners which has resulted in additional funding and a new service model for Oxfordshire being agreed. The new model will allow for an increase in capacity and flexibility of delivery, recognising the increase of

children and young people entering care and/or the Kingfisher service. The new Oxfordshire Phoenix team for children in special circumstances (bringing together the current teams for Looked After Children, Youth Offending Service, Kingfisher team and the residential edge of care team) will be implemented in 2016/17 (see objective for 2016/17).

The new service model introduced in October 2015 for Buckinghamshire children and adolescent mental health services includes a co-located team with children’s social care. Buckinghamshire County Council have agreed to provide information about looked after children in Buckinghamshire so that we can map this information to the children on our mental health caseload.

Month	% of children offered a health assessment within 20 days (of LAC team being notified of child)
May 15	88% (4 children not within 20 days)
June 15	64% (13 children not within 20 days)*
July 15	100%
Aug 15	100%
Sept 15	100%
Oct 15	83% (3 children not within 20 days)
Nov 15	100%
Dec 15	96% (1 child not within 20 days)
Jan 16	100%
Feb 16	100%
March 16	100%

* During June the service experienced a significant and unexpected increase in new to care children in one week, which resulted in a performance dip in this area.

Objective 2.3c

Improve access to services for children and young people with a learning disability

A new service model for learning disabilities children and adolescent mental health services (CAMHS) across Wiltshire and Bath & North East Somerset was developed during 2014. We made a number of key appointments including a clinical lead for learning disabilities to ensure that this vulnerable group’s needs are understood across all of our services and access to specialist assessment, advice and consultation is evenly distributed. The new model is more highly skilled, proportionate across the geographical areas, and integrated with mainstream CAMHS.

Oxfordshire and Buckinghamshire learning disability CAMHS teams have introduced a new carers/ family group in 2015/16; a group already exists in Swindon.

Letters are sent to all patients and carers within the learning disability services explaining the services and acknowledging referrals, with links to the Trust's newly revised website. Patients, carers and staff continue to be involved in tailoring the website to meet the specific needs of the service and therefore to improve information and accessibility to services.

In 2016/17 the focus will be on increasing staff skills through staff undertaking training on positive behaviour support to continue to improve the quality of the service for children and young people with a learning disability and mental health condition (see objectives for 2016/17).

Objective 2.3d

Extend Street Triage to reduce the number of Section 136 admissions through an increase of 5% in the number of contacts made via Street Triage; and extend A&E in-reach services to increase the number of patients seen in A&E by 5%

The table below provides an update on the use of Section 136 for assessments in Oxfordshire for 2015/16. The number of S136 assessments has decreased over time so only those who are really unwell are helped in this way and therefore as the people are more acute, a higher % of these assessments will lead to an admission. The change is quite small, by less than five people a month; however this is still significant for the people, professionals and organisations involved and shows the impact of the street triage service.

Month	Apr 15	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar 16
S136 assessment (Adult)	25	28	26	27	21	11	24	22	19	20	20	19
Formal Admission	9	9	8	10	3	1	7	10	5	6	5	11
Informal Admission	1	0	2	0	1	1	0	1	1	1	0	0
% Admitted	40%	32%	38%	37%	19%	18%	29%	50%	32%	35%	25%	58%

Mental health urgent care services in Oxfordshire and Buckinghamshire have been extended in 2015/16, so that they now include street triage (working with Thames Valley Police), ambulance triage (working with the South Central Ambulance Service) as well as liaison psychiatry (working with acute hospitals in both counties).

In Buckinghamshire, Connection Floating Support and Elmore Community Services have formed Empower, a service working with individuals who have been identified as high users of emergency services including 999 and ambulance/A&E. By working with the PIRLS team (liaison psychiatry in Buckinghamshire) they have supported a number of patients who would otherwise use emergency services to provide them with support and care. The service commenced in late 2015 and so far they have seen a 78% reduction in contact with A&E (this is for 14 people).

We have identified an objective for 2016/17 to continue to improve the urgent care mental health pathway across Oxfordshire and Buckinghamshire which includes the following teams; liaison psychiatry teams, street triage teams, night team and the mental health worker within the South Central Ambulance Service.

Objective 2.3e

Implementation of Dementia Strategy

As part of the Prime Minister's Dementia awareness challenge, the Trust has introduced level 1 dementia awareness training for clinical and non-clinical staff, so far 82% of staff have completed at least this basic level of training. In 2015/16 this included 1251 staff completing the e-learning and 481 staff who went to a classroom session.

See objective 2.1c about the successful external accreditation achieved by all of the older people memory clinic services provided in Oxfordshire and Buckinghamshire. The process of achieving the accreditation was supported by the dementia clinical network of the Academic Health Sciences Network.

The four work streams within the Buckinghamshire health and social care dementia charter are progressing well and regular reports are provided to the Clinical Commissioning Group (CCG) overseeing the work. The four work streams are:

- A single Buckinghamshire dementia passport - 'Knowing Me'/'This is Me' for all services in Buckinghamshire
- Dementia awareness training delivered to all health and social care staff across Buckinghamshire
- Development of a defined pathway to respond to people with dementia and their carers/ families approaching crisis and offering support during a period of crisis
- Development of a shared approach to the diagnosis and treatment of people with possible delirium or dementia

As part of our integration of mental and physical health care for older people we have integrated psychiatric nurses, psychiatrist and psychological expertise into the care

home support service to provide training to care homes on how to provide personalised care for people with dementia, based on a holistic psychological model of care. This approach was developed in Oxfordshire by Dr Jane Fossey and colleagues in conjunction with Oxford University Hospitals NHS Foundation Trust. Dr Fossey has similarly played a significant leadership role in the implementation of the six newly validated dementia friendly design standards for the physical environment, which the Trust implemented across all community hospital wards last year. In recognition of these and her wider contributions we are very pleased that Dr Fossey has been awarded the best dementia nurse specialist/ dementia lead 2015 by the 6th national dementia care awards.

We have also identified two formal trust-wide dementia leads (Deborah Humphrey and Dr Jane Fossey) in 2015/16 which will help provide clear leadership to drive the implementation of dementia strategies across both counties and to share good practice.

Objective 2.4a

Monitor the impact of the new electronic health record against planned benefits. This is expected to make significant differences to staff in their ability to deliver accessible and comprehensive recording

There has been a robust programme around the introduction of the new electronic health record, Carenotes; establishing what we wanted from a new system, the procurement and roll out of the system in phases, staff training and an ongoing review of issues and benefits. This is an ambitious piece of work moving all staff to electronic patient records, which has and is involving technical and cultural changes and challenges. Unfortunately due to a number of reasons, particularly the timely resolution of issues and delivery of the agreed product by the supplier, Carenotes is not yet in a state to deliver the anticipated benefits we would have expected at this stage. A work plan is in place, including developing the care plan and risk assessment templates, and being reviewed on a regular basis. Therefore this objective is being carried forward into 2016/17.

Due to the difficulties above the Trust has had problems which have impacted on the accuracy of reporting data and information from the system in 2015/16. This has started to be resolved, although we recognise further work is needed to test and check the quality of data. See part 2.2 data quality (page 29) about the actions being taken.

Although there is lots of work still to do in 2016/17 to realise the benefits of the new system, a key positive has been the deployment of Carenotes to an app so that staff can access clinical information securely on their work i-pad. The app is currently being used by 900 staff with good feedback.

Objective 2.4b

Pilot the new quality dashboard at directorate level

There are a series of quality dashboards and performance reports at various levels across the Trust. Every service has identified indicators from a range of sources to monitor the quality and activity, and this information is reviewed within each clinical directorate, with high level indicators reported to the Board of Directors. For example the board receives a monthly performance report and monthly safer staffing report with quality indicators by ward over a rolling 18 months. The indicators included in the dashboards are continually reviewed and revised.

In 2015/16 the Trust hoped to improve the ease of reporting and reviewing quality information through developing the use of a data warehouse to bring together a range of data sources into a standardised dashboard view which could be filtered to look in real time at information at any of the following levels; trust-wide, directorate, service and team level. However due to resources being focused on the transition to a new electronic health record (see objective 2.4a) this has not been taken forward.

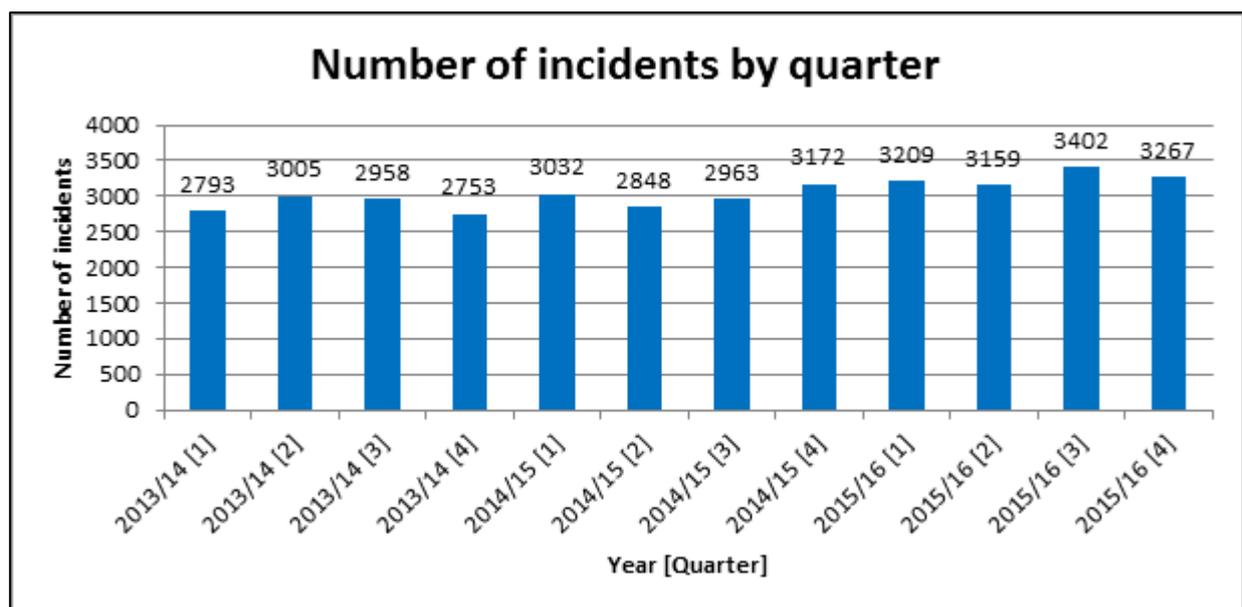
Quality priority 3: Increase harm-free care

Objective 3.1 Prevention of suicide

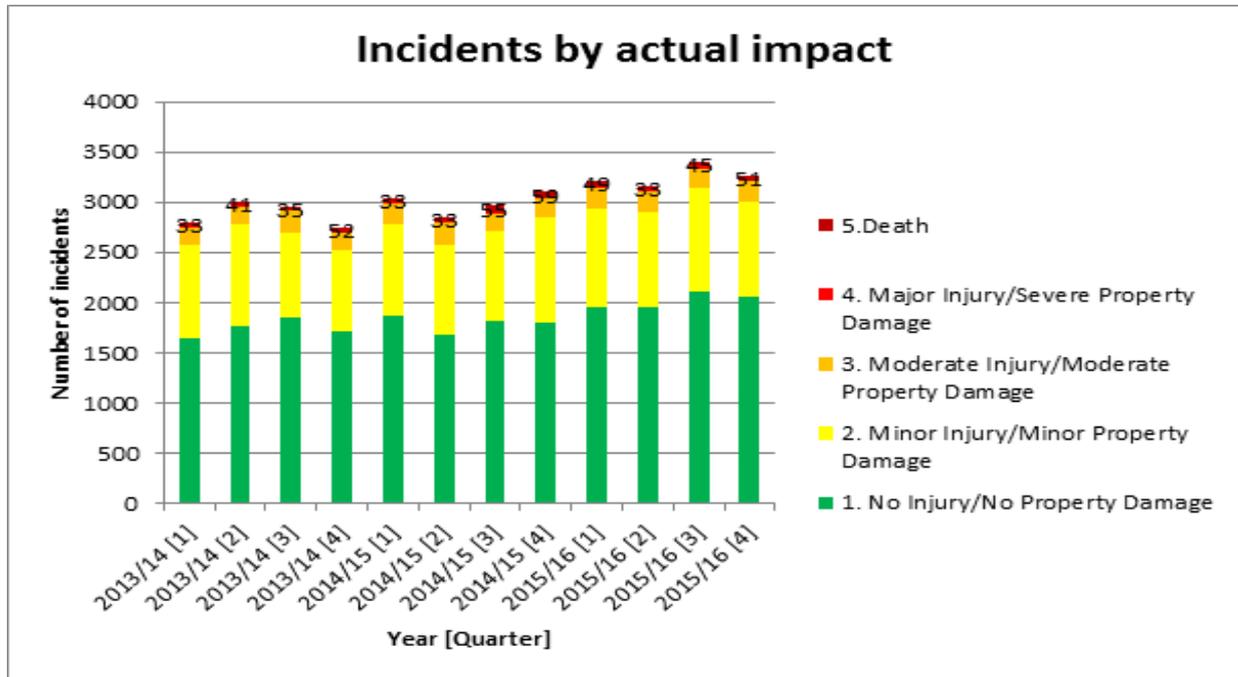
Objective 3.1a

Implement learning from Serious Incidents

The overall number of reported incidents (not just those which are serious) remains higher than the same period from the last two years, indicating a positive reporting culture within the Trust.



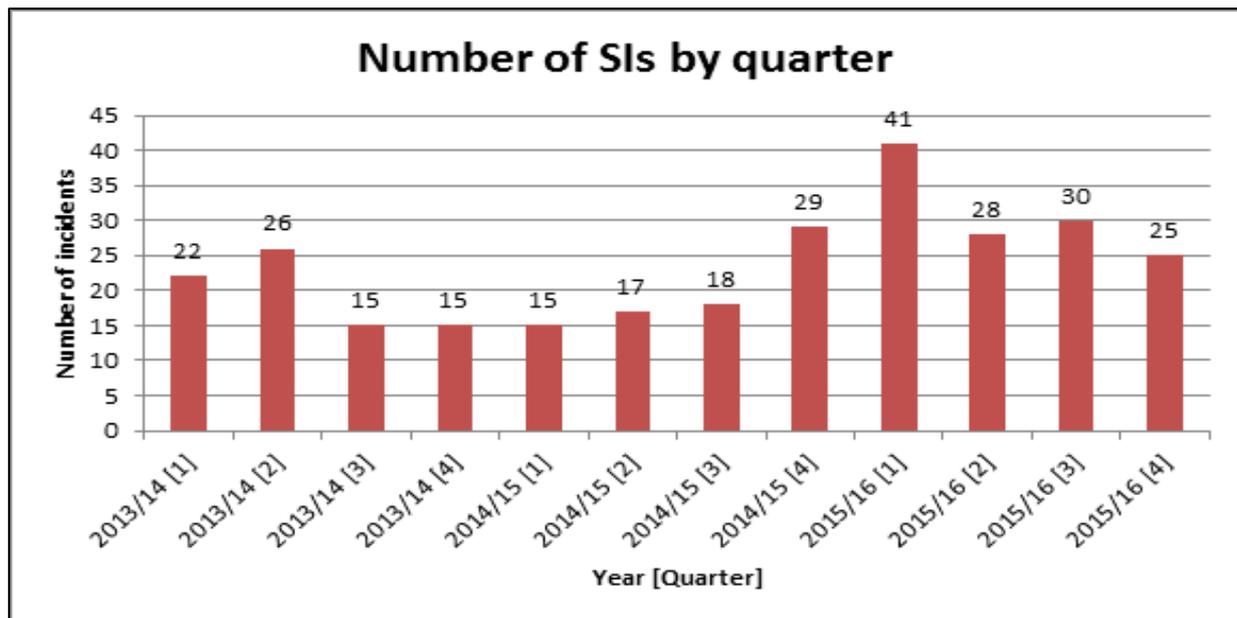
The number of reported incidents which are low/ minor injury or property damage incidents (graded as green or yellow) continues to represent the highest proportion of total reported incidents. The number and rate of deaths and incidents relating to major injury or property damage have remained the same (180 deaths/ major incidents in 2014/15 compared to 181 in 2015/16).



The majority of incidents relate to;

- Pressure ulcers/ tissue damage (see objective 3.3, page 80)
- Violence and aggression by patients on staff (mostly with no injury) (see objectives 3.3 and 3.5)
- Patients hurting themselves through self-harm (see objectives 3.3 and 3.5, page 87)

The number of Serious Incidents (SI) in 2015/16 was 124, showing an increase from previous years. However this is due to the introduction of the new national SI framework from April 2015 which changed the reporting threshold and classified more incidents as meeting the SI requirements. There was a sharp increase in SIs in quarter 1 2015/16 relating to the month of April 2015 when there were 19 SIs, this includes one suicide and five older people dying. There are no trends by type of incident or team.



We share learning across the Trust in a number of ways, including newsletters, risk/action notes, visits to teams, discussion at governance and team business meetings and running learning events. The Quality Committee and four quality sub-committees ensure we have effective processes in place to deliver a safe service and monitor progress against our safety and quality priorities. We have a Governors-led quality and safety sub-committee which acts on behalf of the Council of Governors to scrutinise and monitor service quality and safety in detail. There are also a number of partnership forums where learning from incidents is discussed, e.g. at Oxford University Hospitals Discharge Oversight and Assurance Group.

Of the 124 SIs investigated in 2015/16 the themes for learning are detailed below. These feed into the new objectives identified for 2016/17:

- Listening, communication and education with patients, carers and families
- Communication and sharing information with GPs
- Physical healthcare monitoring/ recognising when a patient is deteriorating
- Handover and transition of care
- Risk assessment at the point of a change in patient condition and care planning
- Management of diabetes
- Clinical leadership and oversight of caseload
- Training attendance and competence assessments
- Lack of a holistic, personalised and coordinated approach to care
- Poor documentation e.g. care plans, risk assessment

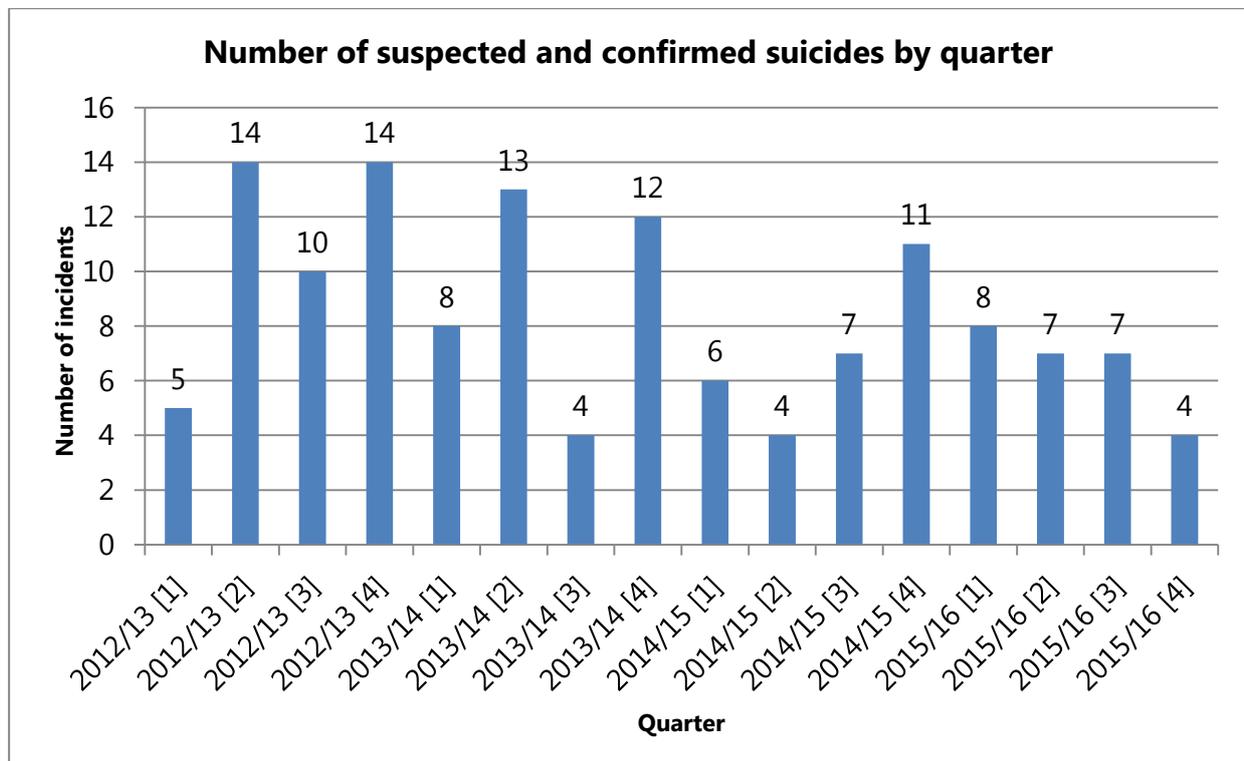
For every SI investigated we will identify immediate learning and actions within the first few days and then any further learning will be monitored through an action plan. See

section above on how we work to be open and involve patients and their families in investigations as part of the duty of candour requirements.

In SI investigations we also see a range of good practice such as;

- Proactive responses to a patient in a crisis
- Proactive follow up with a person who will not engage with services
- Innovative methods to enable patients to remain in touch with the clinical team
- Effective liaison with a range of external organisations to coordinate care
- Personalised and comprehensive documentation
- Patient, family and carer involvement in their care
- Good relationships between staff and patients, families and carers

26 of the SIs were suspected suicides in 2015/16. There has been a year on year reduction in the number of suspected suicide over the last five years (2013/14: 36, 2014/15: 28 and 2015/16: 26). All of the reported suspected suicides occurred in the community; the Trust has had no inpatient suicides since 2013/14. To hear about the work happening to reduce suicides see the other objectives for 3.1.



Ahead of the global patient safety summit in March 2016 Monitor published the first annual 'Learning from Mistakes' league table drawing on data from the 2015 national

staff survey and the incident information submitted to the national reporting and learning system (NRLS), to identify the level of openness and transparency by NHS organisations. This year the league shows 120 organisations were rated as outstanding or good, 78 had significant concerns and 32 had a poor reporting culture. We were rated good, with a rank of 52 out of 230 organisations (1 being the best).

We want to continually learn and embed a culture of being curious, open and transparent so that the quality of care keeps improving therefore we have identified this as an objective for 2016/17 and will be signing up to the safety campaign.

Analysis of deaths

In 2015/16 across the Trust there have been 120 reported unexpected deaths to people in our care due to natural and unnatural reasons. 89 of these deaths were of people who were being seen by mental health services and 31 of these deaths relate to patients being seen by one of our physical healthcare services including GP out of hours, school community hospital wards, Luther Street GP practice for the homeless, hospital at home, district nursing service etc. The 120 deaths were spread across the year; quarter 1- 34, quarter 2- 22, quarter 3- 30 and quarter 4- 34. This compares to 129 deaths known in 2013/14 and 118 in 2014/15.

The Trust assesses expected and unexpected deaths through a weekly clinical review meeting which is informed of all new deaths. The meeting reviews information on the death and will commission a further root cause analysis investigation as appropriate where the death is classified as a serious incident. The purpose of the investigation is to identify any contributory factors and to look at how we can learn and improve.

In December 2015, NHS England published an independent report by the Mazars Group into the deaths of people with a learning disability or mental health problem at Southern Health NHS Foundation Trust, and highlighted a system-wide response. Following this, all NHS providers were asked by the Director of Patient Safety and Medical Director at NHS England to compile and submit figures in January 2016 around the number of deaths in a year, and of those deaths how many were locally reviewed and how many were potentially preventable. The information is likely to be published by NHS England shortly.

The Trust has carried out a self-assessment against the recommendations in the above independent report as well as other national guidance, e.g. Monitor's mortality governance guide, to test our current processes and systems and to identify any improvements to be made. A project team was formed covering a range of professions and representatives from each of the clinical directorates, the risk team and safer care

team, chaired by the Director of Nursing and Clinical Standards or the Medical Director. The project team has met monthly between January-March 2016. A range of individuals have been asked to self-assess and rate the Trust against these standards/recommendations and indicate the evidence we have to support this. The outcome of the self-assessment has indicated work which is needed to ensure our processes are robust and we are doing everything we can to identify and learn from avoidable deaths. A series of work streams have been identified for 2016/17 (see page 19).

One key recommendation in the Mazar's report was the formation of a dedicated trust-wide Mortality Review Group which would spend regular time reviewing patient deaths and the care provided, to be able to provide assurance to the Trust Board of the robustness of processes to learn and reduce avoidable deaths. Initially the group will focus on implementing the work streams identified from the self-assessment. The project team formed in December 2015 will be the core members of the Trust's new mortality review group, due to meet for the first time in June 2016. An objective under quality priority 3 for 2016/17 has been identified to implement the work streams.

Objective 3.1b

Implement rapid multi-disciplinary consultant-led reviews in clinical teams following a patient (suspected) suicide within ten days of the incident being known

The ten day time frame for the multi-disciplinary review is proving challenging to achieve, and there remains some confusion about the difference between this, a debrief and a root cause analysis investigation. This has resulted in some anxiety locally about the purpose of the review and its consequences. The suicide prevention lead is continuing to work with the medical director to consider the most appropriate way to roll this out and evaluate its impact, which includes developing some guidance and information for teams.

Objective 3.1c

Include the interpersonal theory of suicide in the Clinical Risk Assessment Policy and training

Clinical risk assessment and management policy has been revised to include the interpersonal theory of suicide.

The assessment skills training (also known as advanced assessment skills training) has been revised to include a module on suicide risk assessment, and is now delivered by

the clinical practice educators. The first courses with the revised content were run in February/March 2016 and received excellent feedback. In addition tailored training continues to be provided to teams, most recently psychological services, including staff within the Improving Access to Psychological Therapies (IAPT). A new suicide awareness programme was introduced in 2015/16 designed to raise the awareness of health care assistants and clinical support workers who work with people at risk of suicide. 50 care assistants and support workers have so far attended the course which has been evaluated well.

Suicide and self-harm awareness is embedded in the University of West London minor injuries modules run by the Trust. Suicide awareness, assessment and risk management training takes place in year 2 of the pre-registration mental health nursing programmes at Oxford Brookes University and dates are set to work with Bedfordshire University lecturers to upskill them to deliver similar training. We are due to review progress with suicide education with the universities involved shortly.

In 2015/16 the Trust was highly commended as part of the Health Service Journal (HSJ) awards in 2015 in the category improving outcomes through learning and development for advancing suicide awareness in mental health and community health services.

Objective 3.1d

Develop a suicide prevention strategy, aligned with Bucks and Oxon public health-led suicide risk reduction strategies

The suicide prevention training that is being delivered has the aim of evolving a shared understanding of suicide from ward to board to enhance consistency of assessment, care, management, communication and improvement activity. It involves lived experience to add richness to the experiential focus of learning. The Trust has also set up a regional suicide prevention network.

A new strategy is in development but not yet finalised. This has been slightly delayed because initially this was going to sit within the Trust's public health strategy although a decision has now been made to have a separate strategy.

Number of suspected suicides

In 2015/16 there were 26 suspected suicides across the Trust including adolescents, adults of working age and older people as well as one in a prison where we provide mental health in-reach to prisoners (more details in objective 3.1a). There have been

no inpatient suicides. Four out of the five Adult Mental Health Teams have not achieved at least 300 days or more (the higher the better) between suspected suicide cases, the teams are listed below.

Department	Date of last suspected suicide	Days between this and the last suspected suicide in the team
AMHT Bucks Aylesbury Team	24/02/2016	190
AMHT Bucks Chiltern Team	24/01/2016	166
AMHT Oxon City and NE	21/02/2016	57
AMHT Oxon North and West	15/06/2015	72

3.2 Reduce the number of missing patients from inpatient services

Objective 3.2a

Reduce the number of incidents of patients who fail to return from leave on time or who abscond from leave or premises by 50%

In 2015/16 we have seen a sustained improvement in the number of times a patient returns to one of the adult acute mental health wards on time (within 10 minutes of the agreed time).

The safer care work relating to patients who fail to return on time from leave and time away from the ward which was tested on Phoenix Ward project includes all adult acute and rehabilitation wards in the Trust. The focus of the work is to ensure that a philosophy of care and safety underpins the leave and time away process, rather than a security focused process.

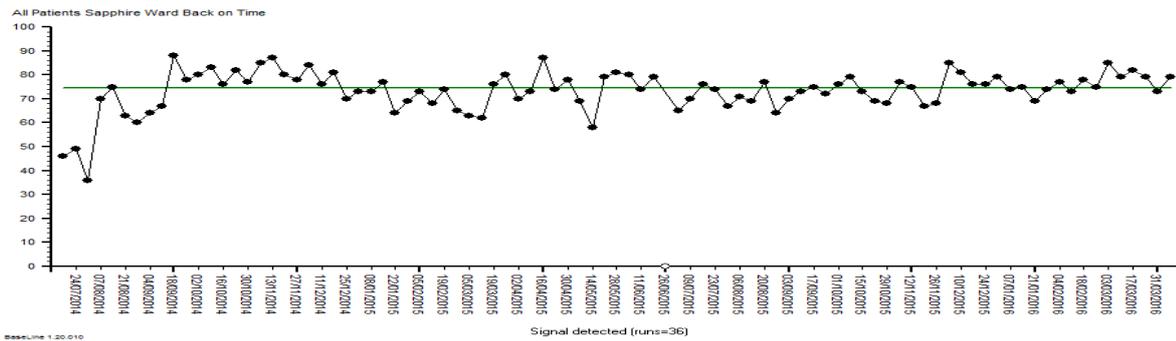
The aim of the work is to reduce the number of times patients fail to return on time to the ward by 50% by 1st April 2015. Six wards have achieved this aim; Allen Ward patients return on time median 90% of the time, Phoenix Ward 90%, Vaughan Thomas 91%, Opal 96%, Wintle 87%. Sapphire (75%) and Ruby (68%) have made significant reductions and are continuing to work towards the 50% reduction.

The percentage of patients returning on time from leave on time is measured through the use of a signing in and out document. In order to measure that a person has 'returned on time' not only do they have to be back on the ward on time, the signing in and out document also has to be fully completed. The signing in and out document

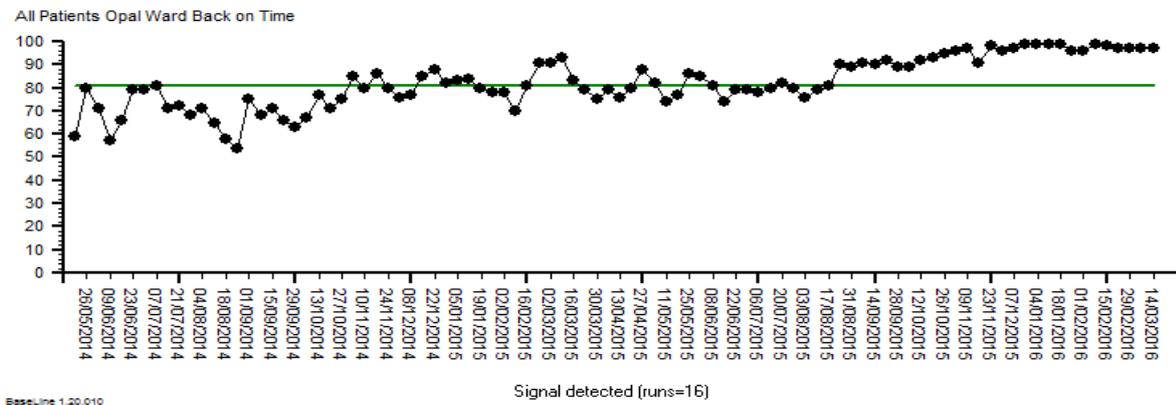
includes staff and patients signatures when a person leaves and returns to the ward, time of anticipated return and actual return. Some of the wards have been able to work on this aim for longer than others and the projects are at different stages of maturity.

An example of the more detailed results for a few wards based on % of patients returning on time, are shown in the graphs below, this shows how change has been sustained for longer than 12 months.

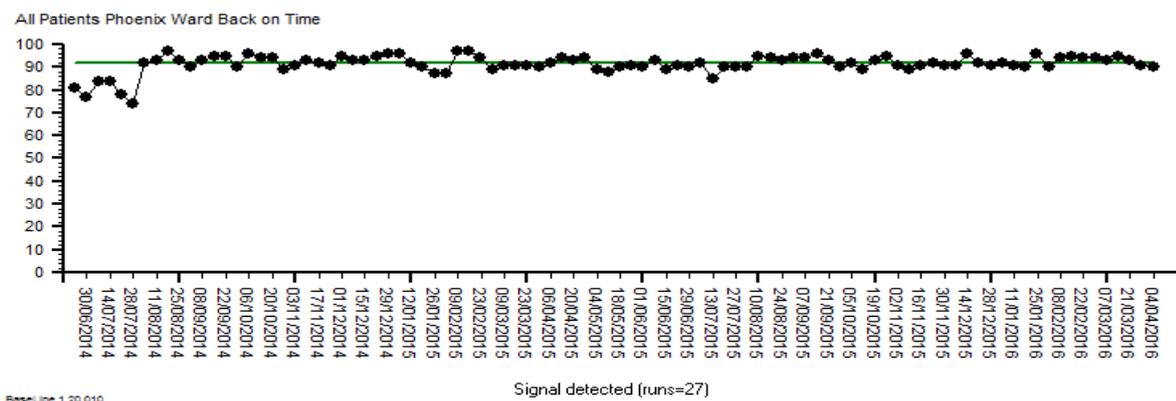
Sapphire ward (the green line is the median %)



Opal ward (the green line is the median %)



Phoenix ward (the green line is the median %)



Objective 3.2b

Due to the low level of harm we will start to measure days between harm to patient or others (impact of hard 3, 4 or 5) as a result of absence without permission

In 2015/16 we have had one patient who caused harm while absent without permission. This happened in March 2016.

<i>Indicator or measure</i>	<i>Data source</i>	<i>Frequency</i>	<i>Target</i>	<i>Baseline 14/15</i>	<i>Q1</i>	<i>Q2</i>	<i>Q3</i>	<i>Q4</i>
Number of patients absent without permission	Ulysses	Quarterly	25% reduction	153	43	39	37	40 (YTD 159)
Days between harm to patients or other people arising from absence without permission	Ulysses	Quarterly	300 days between	Start count from Q1	91	183	27 5	360 (1 incident on 26 th March 16)

3.3 Reduce the number of grade 3 and 4 pressure ulcer

The number of pressure ulcers is an area of concern for us and our commissioners, and the Trust is committed to reducing the number of patients who develop a pressure ulcer.

The majority of the reported incidents across the Trust relate to pressure damage/pressure ulcers. These are termed 'inherited' if they are visible when a person comes into our care or 'acquired' if the person develops the damage while under our care. On average 4.5% of patients on the district nursing service caseload have one or more grade 1 to 4 pressure ulcers (about 380 patients across Oxfordshire). The majority of pressure damage is grade 2. About half of all pressure ulcers are acquired. It is important to identify whether the pressure damage has been acquired or inherited as different learning and actions are needed. In 2015/16 there were 25 grade 3 or 4 serious pressure ulcer incidents where there were contributory factors found in the care delivered. Following detection each serious incident has been investigated to identify learning. In 2015/16 5% of all grade 3 and 4 pressure ulcers were serious incidents (25 out of 497).



Objectives 3.3a to 3.3e relate to work we have done in 2015/16 to reduce the number of pressure ulcer incidents for older people. It was a key priority in 2015/16 and this will remain so for 2016/17. The work in 2016/17 will be more coordinated using the quality improvement approach of testing a change using Plan, Do, Study and Act cycles to then refine before rolling out across the service ensuring a framework is in place to sustain improvements.

A pressure damage improvement plan has been developed with the Oxfordshire Clinical Commissioning Group, who will monitor the impact. The work streams in the improvement plan cover staff training and skills, use of competency frameworks, test the effectiveness of SSKIN care bundles (introduced in 2015/16), develop audit processes, develop action learning sets, and improve communication with care agencies.

Objective 3.3a

Improve coordination of care through the introduction of risk stratification of patients and use of safety rounds for patients on district nursing caseloads

District Nursing services have been proactive in introducing changes to practice that enable early identification and management of risk in those patients on the caseload that are a risk of pressure damage. These changes include the handover safety round and a visual display system, 'The T Board', that stratifies patients by risk of pressure damage. These new processes have enabled the development of services and systems that are more responsive to patient needs. A nurse remains in the office during the morning to manage incoming calls from patients and requests from GP practices (nursing duty desk hu'). This immediate response reduces delays to treatment, inefficiencies and the extended hours nurses were working.

Following a review led by an independent company, Newton Europe, further work will be completed during 2016/17 to improve productivity and retain quality leading to improved patient care and experience and effective response to patient demand.

Objective 3.3b

Introduce the SOAPIE model for care planning and the Braden Pressure Ulcer Risk Assessment Tool across all services

The SOAPIE¹⁰ model for care planning was rolled out across the county for the district nursing service earlier in the year however; it became clear that ILT hubs were using a different prompt tool, SBARD¹¹. We determined that to ensure consistency of approach all teams should be using the same model. The models were reviewed and a decision was made to re-launch SOAPIE across district nurse teams and the ILT hubs from August 2015. SOAPIE training was rolled out and where needed teams were provided with further support by clinical development leads. New staff are introduced to SOAPIE as part of the local district nurse induction programme and performance is monitored through the district nursing documentation audit.

The Braden pressure ulcer assessment tool has now been fully embedded across services.

Objective 3.3c

Roll out SSKIN¹² bundles to increase reliability of prevention damage prevention and management (older people)

The patient safety collaborative pressure ulcer work stream (led by the Oxford Academic Health Science Network) explored the evidence behind the use of care bundles as part of a pressure ulcer prevention care plan before going on to test this method within specific pilot sites. Although there is evidence to support the benefits of using a SSKIN bundle to reduce pressure ulcers, implementing it within a community setting is difficult. There has been some work led by the pressure ulcer action group that has aimed to introduce the concept of using a bundle as part of the assessment process in targeted district nursing teams and at two community hospital wards. This work has been valuable in testing how SSKIN bundles can be applied within the community. It highlighted barriers to success, including how its use can be sustained in practice. As a result, the implementation of SSKIN bundles was prioritised by the patient safety collaborative pressure ulcer work stream. A SSKIN bundle prompt card was developed for use by all district nursing teams.

As part of the patient safety collaborative, the tissue viability team is working with reablement teams to increase awareness of pressure damage risks. Many patients develop pressure damage before they are seen by district nurses or therapists, and this project aims to ensure that reablement care staff are able to identify pressure damage

¹⁰ This is a problem orientated approach to how a member of staff documents the care plan and goals set with a person using six prompts which make up the letters of SOAPIE.

¹¹ SBARD is an easy to remember prompt to help frame conversations. This enables a member of staff to clarify what to communicate and how. SBARD stands for situation, background, assessment, recommendation and decision.

¹² tool that acts as a prompt to staff to undertake a risk assessment and provide management of the risk with patients

risks and understand the escalation process. The training will be based on the 'React to Red' care model, utilising a SSKIN bundle. The 'React to Red' project went live on the 15th February 2016 in the Didcot locality. A total of 38 reablement staff have completed training to recognise category 1 red skin and escalate this to district nurses using an agreed communication pathway. District nurses have signed up to a rapid response to this call and will assess patients. The training was positively received and all staff saw the value of using a SSKIN bundle as part of their care package.

Grade 1 pressure damage is now reported on a safety cross by the district nursing teams involved in the project and is being measured in addition to grade 2 to 4 reported on the trusts incident reporting system. In the two months leading up to the project going live, the mean days between pressure ulcers was 6.8 days and since 'go live' the current mean days between pressure ulcers is 13.2 days. These results are encouraging but we are at an early stage and more monitoring is required before conclusions can be made. An audit will be completed to review the appropriate and timely assessment, compliance with using the SSKIN bundle documentation and the district nursing response to reablement referrals.

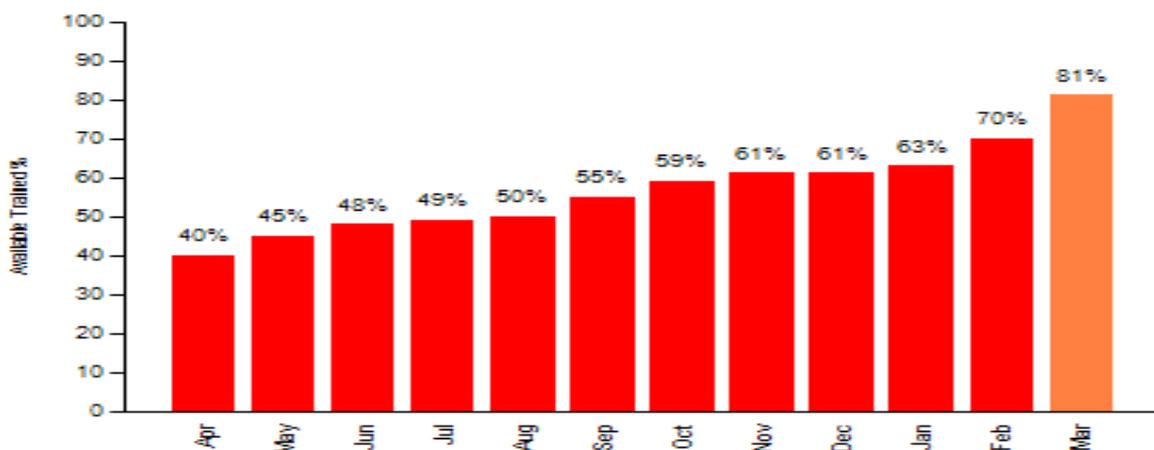
Objective 3.3d

Increase staff knowledge and capability through ongoing development of level 4 pressure ulcer prevention and management training.

We identified there was a training gap in relation to pressure damage prevention and management and identified that a lack of training in this area is likely to have been a contributory factor in several incidents where patients experienced harm (pressure damage) as a consequence of missed opportunities to identify, assess or manage the risk of pressure damage in some frail elderly patients

As a result additional resource was procured so that more training could be offered. The clinical development leads/ senior matron for community hospitals supported teams to identify staff who needed to attend the training and to help with planning staff rotas to release staff but maintain a safe service. The graph below shows the

TRUST Framework Performance: PRESSURE DAMAGE- Monthly Progress Chart



training levels month by month in 2015/16. The training levels have improved to 81% for all services (1649 staff trained) although this is not to the level we expected to achieve of 90%. The performance slightly improves when looking just at the district nursing service and community hospital wards to 86%.

To support training, a new tissue viability internet site has been developed and launched in 2015/16 which allows Trust staff, other professionals and the general public access to a range of educational and clinical resources to prevent and manage pressure damage.

Objective 3.3e

Implement and evaluate the third iteration of the Skintelligence programme to improve partnership working with care homes and use Institute of Healthcare Improvement methodology to reduce avoidable pressure damage across the health and social care system

The SKINtelligence programme was discontinued during 2015/16 and the patient safety collaborative pressure ulcer work stream took on the implementation of SKKIN bundles instead (see objective 3.3c).

<i>Indicator measure</i>	<i>or Data source</i>	<i>Frequency</i>	<i>Target</i>	<i>Baseline 14/15</i>	<i>Q1</i>	<i>Q2</i>	<i>Q3</i>	<i>Q4</i>
Reduce grade 3-4 pressure ulcers (serious incidents)	Ulysses 4	Quarterly	10% reduction	13	8	7	2	8 (25 YTD)
% of required staff attending level 4 training (pressure ulcers)	L&D	Quarterly	90% ¹³	71% of phased target	48%	55%	61%	81%

¹³ Phased targets have been removed and replaced by a target of 90% of staff in post

In 2015/16 we have reported 25 grade 3 or 4 pressure ulcers where we have found contributory factors in the care delivered, therefore these were considered a serious incident. Each incident was for a different patient, with the incidents spread across 17 teams, the majority of which were district nursing teams. Eight of the serious incidents happened between January-March 2016.

We have started to use the days between measurement for individual teams, the table below lists the nine teams that have had a grade 3 or 4 pressure ulcer as a serious incident within 300 days of a previous incident within 2015/16.

Date of last incident	Team	Service	Days since previous incident
09/06/2015	DNSW Goring and Woodcote	District Nursing	17
22/06/2015	DNSW Abingdon	District Nursing	84
13/08/2015	DNSW Didcot Health Centre	District Nursing	111
15/09/2015	DNSE Henley	District Nursing	270
16/09/2015	Reablement	Reablement	116
28/09/2015	Abingdon EMU	Emergency Multi-disciplinary Units (EMU)	125
07/10/2015	DNSW Abingdon	District Nursing	107
12/01/2016	DN Windrush and Hightown	District Nursing	1
15/01/2016	DN Montgomery House Surgery	District Nursing	147

Objective 3.3f

Implement and review wound care and pressure damage training for children and young people's inpatient units.

Joint work took place with the modern matrons on both children and adolescent mental health wards, the tissue viability service and the urgent care lead which resulted in a new care pathway being developed for wound care and pressure damage for patients who self-harm, and for eating disorder patients who are at risk of pressure damage. To support the new care pathway the following tools and support were developed;

- A standard operating procedure for managing deliberate self-harm wounds

- Wound assessment documentation
- Wound dressing formulary and stock list
- Bespoke education and training sessions for staff (three day sessions were delivered training 29 nurses and three medics)
- Ward champions/ link nurses identified who have attended an additional competency based assessment day.

3.4 Reduce harm from falls

The performance for objectives 3.4 a, b and c are reported in the table below.

Throughout the year the falls team have been working with colleagues to increase reporting of falls, ensure the appropriate skill base of staff, improving the quality of provision and equity of exercise programmes, revising the prevention of harm from falls policy and reviewing patient, carer and family information provided.

The quarterly inpatient falls audit has shown that there has been improvement with patients receiving a review of their care plan after a fall and appropriate referrals to the falls service. However the completion of falls assessment on admission and after 28 days has not improved. The number of falls seems to be reducing although we believe more can be done to improve this further, so this remains an objective for 2016/17.

<i>Indicator or measure</i>	<i>Data source</i>	<i>Frequency</i>	<i>Target</i>	<i>Baseline 14/15</i>	<i>Q1</i>	<i>Q2</i>	<i>Q3</i>	<i>Q4</i>
Number of falls/number resulting in harm by 1000 bed days	Ulysses	Quarterly	3.5 (0.3 harm) MH	3.7 (0.3 harm) MH	2.6 (0.1 harm) MH	2.1 (0.1 harm) MH	3.2 (0.1 harm) MH	3.0 (0.1 harm) MH
			8.6 (0.3 harm) CH	12.6 (0.5 harm) CH	11.0 (0.5 harm) CH	11.9 (0.7 harm) CH	13.1 (0.6 harm) CH	15.0 (0.5 harm) CH

MH= mental health wards and CH= community hospital wards

% patients in older people inpatient services to have falls risk assessment on	Audit	Quarterly	100%	95% (based on 3 data points)	88%	92%	54%	67%
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<i>Indicator or measure</i>	<i>Data source</i>	<i>Frequency</i>	<i>Target</i>	<i>Baseline 14/15</i>	<i>Q1</i>	<i>Q2</i>	<i>Q3</i>	<i>Q4</i>
admission								
% inpatients to have a further falls risk assessment after 28 days	Audit	Quarterly	100%	60% (1 quarter's data)	57%	56%	72%	52%
% of inpatients to have a review of care plan after a fall	Audit	Quarterly	100%	69%	89%	92%	84%	95%
% of patients referred to falls service after 2 or more falls	Audit	Quarterly	100%	Not able to report	60%	66%	68%	76%

3.5 Reduce the need for restraint and monitor use of seclusion

Objective 3.5a

Implement a revised training programme for Prevention and Management of Violence and Aggression (PMVA)

A project was set up to review the training and approach across the Trust for the prevention and management of violence and aggression in line with national guidance including NICE, with the aim to ensure that people who use our services experience an approach which aims to be as minimally restrictive as possible, within an environment which promotes recovery and hope. This includes minimising the use of interventions such as restraint (in particular, prone restraint), seclusion and blanket rules. The project reports bi-monthly to the reducing restrictive interventions board, which has representation from an ex-patient.

To date the following actions have been taken guided by the national standards of practice set out in the Positive and Proactive Care guidance (DoH 2014);

- An extensive review of all available national training programmes. This led to the decision to develop our own tailored programme called PEACE (positive engagement and calm environments), developing compassionate staff whose attitudes and approach to restrictive interventions will support reductions overall in restraint and seclusion. This programme includes principles of positive support planning and trauma informed care, and the establishment of a PEACE Champion in every inpatient area.
- Changes were being made to the existing mandatory PMVA training whilst a full review was being undertaken.
- There was a pilot of the new PEACE foundation team training tailored in July 2015.
- The revised and rebranded PEACE training was launched from 1st April 2016. The training includes four day training for new starters and a 1 day refresher for existing staff. In addition there will be a four day PEACE foundation training delivered and tailored to teams to support a change in culture. The PEACE champion will help to support and maintain best practice. There is a provisional plan to roll out the PEACE foundation training to every team over the next 18 months.
- Systems and processes ensure that on a weekly basis the number of restraints, seclusions and use long term segregation are reported and discussed by senior clinicians.
- Quarterly reports on the use of restraint, seclusion and long term segregation to the Board of Directors are reported.
- Reviewing local and national reporting of incidents to ensure it is accurate, meaningful and transparent.
- The Trust's seclusion policy has been reviewed and agreed in line with the new Mental Health Act Code of Practice. The Trust's PMVA policy has been reviewed and is now called the 'Restrictive Interventions' policy and a new policy on long term segregation has been written and approved.

A revised training programme has been implemented. An objective has been included for 2016/17 to monitor the next actions developed as part of the PEACE project.

Objective 3.5b

Develop and implement children's module as part of PMVA (now known as PEACE) training (piloted in the Highfield Unit) to reduce the number of incidents of violence and aggression (V&A) and harm (rated 3, 4, or 5 for impact) by 25%

See update under objective 3.5a around the revised training programme.

The unit started the new PEACE foundation training in July 2015 as a pilot. The ward team is positive about completing training together and being involved in developing the module content and timetable. There is a challenge to release 15 staff for 4 days

training and manage the ward. The directorate continues to promote the need for improved incident reporting for prone restraints.

The project to reduce incidences of restraint by 50% is close to being achieved. This has been linked to a plan to reduce incidents of self harm, which is a frequent precipitant of restraint. Examination of incident data informed the current test of change which consists of bringing forward evening break and night staff providing structured activities after the break. The unit has reduced the average number of restraints per week from 10 to 5.4 and the average number of prone restraints from 3.1 down to 0.7 as part of long term work.

Objective 3.5c and 3.5d

Report on and monitor use of seclusion and restraint

In 2015/16 we introduced a weekly report and monitoring of all episodes of restraint, seclusion and long term segregation which are discussed weekly in the trust-wide senior clinical review meeting. The meeting is advised of the number of restraints by ward, and the number of prone (face down) restraints. The meeting has noted a reduction in the number of prone restraints across inpatient areas (as seen in the table below), and is now looking at the data around the length of time that patients are restrained in the prone position. Any concerns are highlighted to the relevant head of nursing who will request an additional review if required to ensure the restraint or seclusion was appropriate. In addition a quarterly report goes to the Board of Directors meeting.

The number of violence and aggression (V&A) incidents resulting in harm has slightly reduced but not by the target of 25%; the impact of the new PEACE training programme will take time.

The high use of seclusion in quarter 1 and quarter 2 relates to a small number of patients who were presenting very complex needs which required regular seclusion as part of their care.

<i>Indicator or measure</i>	<i>Data source</i>	<i>Frequency</i>	<i>Target</i>	<i>Baseline 14/15</i>	<i>Q1</i>	<i>Q2</i>	<i>Q3</i>	<i>Q4</i>
Reduce number of reported incidents of V&A resulting in harm (rated 3, 4, 5 impact)	Ulysses	Quarterly	25% reduction	69	21	15	16	10 (YTD 62)

Number of prone restraints out of all restraints	Ulysses	Quarterly	Towards 0	374/1679	56/518	61/455	81/552	84/479 (YTD 282/2004)
Number of restraints involving hyper-flexion	Ulysses	Quarterly	Towards 0	39	8	8	11	11 (YTD 38)
Number of incidents where patients secluded	Ulysses	Quarterly	25% reduction	336	174	129	79	92 (YTD 474)

3.6 Improve the physical health management of patients

Objective 3.6.1a

Improve basic physical health monitoring – blood pressure, early warning scores and standard of physical health assessment.

See training figures for physical health skills course 3.6.2a.

The older people mental health inpatient wards continue to use the modified early warning system (MEWS) physical health assessment tool, which is audited to provide assurance that the physical health of patients is being appropriately monitored. The results for 2015/16 are very positive and over 95% each quarter. The physiotherapy and fitness team are supporting the improvement of physical healthcare by inputting onto all wards including developing rehabilitation programmes for patients with physical co-morbidities.

There has also been good attendance amongst older people mental health inpatient staff on the pressure damage prevention training course. It has been 1063 days (as of 31st March 2016) since any avoidable pressure damage occurred on Cherwell ward. Sandford ward were at 487 days since any avoidable pressure damage which was unfortunately stopped by some skin damage, the damage was resolved quickly and did not develop beyond a grade 2 because of their successful use of the SSKIN¹⁴ bundle. The team were disappointed but have since gone on to be 91 days (as of 31st March 2016) since any avoidable pressure damage. Work is underway to spread the learning to the third older people mental health ward in Buckinghamshire.

¹⁴ tool that acts as a prompt to staff to undertake a risk assessment and provide management of the risk with patients

Objective 3.6.1b

Develop a universal monitoring checklist for older people mental health patients

The older people wards use the modified early warning system (MEWS) physical health assessment tool.

A specific audit against the MEWS standards was completed in quarter 1 with positive results. All 30 records audited had a completed and up to date MEWS assessment, indicating that the tool is well embedded and that the correct patients have been escalated for medical attention (appropriate for 3 of the 30 records audited).

Following quarter one, the use of MEWS has been monitored through the existing essential standards audited completed bi-monthly which looks at whether a physical health assessment is completed within 24 hours of admission, the latest results for February 2016 show that all the records audited had an assessment documented.

Objective 3.6.1c

Develop a physical health policy and implementation and guidance.

The physical health assessment and examination of patients and service users policy was reviewed during 2015/16. The policy sets out who should do what and when in relation to physical assessments. It sets the minimum standards for all inpatient areas in the Trust regarding physical assessment and examination of service users, and also contains guidelines and recommendations for service users who are receiving care from community based services. This includes:

- Initial examination and/or assessment of newly admitted patients.
- Timely investigation, monitoring and follow-up of physical health problems, including appropriate referral to other health services as necessary.
- On-going assessment and screening to ensure early identification of physical health problems, including monitoring and appropriate escalation of the deteriorating patient
- Promotion of positive lifestyle change e.g. healthy eating, smoking cessation, where indicated.

A new trust-wide physical healthcare group was established from February 2016 which is just agreeing a work plan for the coming year. The group will link in with and pick up relevant issues identified by the nutrition action group, the resuscitation committee, end of life and palliative care steering group and diabetes taskforce. Two objectives are

identified around physical healthcare for 2016/17 to ensure we more reliably recognise and respond in a timely way to each person's physical health needs as required (if it is someone receiving mental health or physical health services).

Objective 3.6.1d

Improve management of diabetes, and of delirium rather than dementia (note slight amendment to wording of objective)

Management of diabetes

Oxfordshire Clinical Commissioning Group is leading a review of the diabetes pathway across the local system.

Following a pattern of incidents across the Oxfordshire district nursing service in 2015 involving the administration of insulin, a diabetes taskforce group was formed to support looking to see why these had occurred and what, if anything, could be done to avoid and reduce risk of incidents in the future. The group reviewed the current processes within district nursing and identified a series of recommendations to improve practice. The work of the group is being informed by the improvement work carried out by district nurses to map the whole process of insulin administration from referral to administration (see objective 1.4a).

We discovered three main issues along the process: the first around acute hospital discharge of patients and the communication of care needs/information between acute and community services; the second was around the process of insulin administration; and the third related to documentation and systems in place to support this process. Initially the taskforce group focused on developing training for district nurses, which has been completed by 80% of teams. The next phase is to roll out training to staff in the community hospital wards.

We want to continue to improve the diabetes care delivered by the Trust so have identified an objective to review the care provided across community hospital wards in 2016/17.

Management of delirium (SEPSIS)

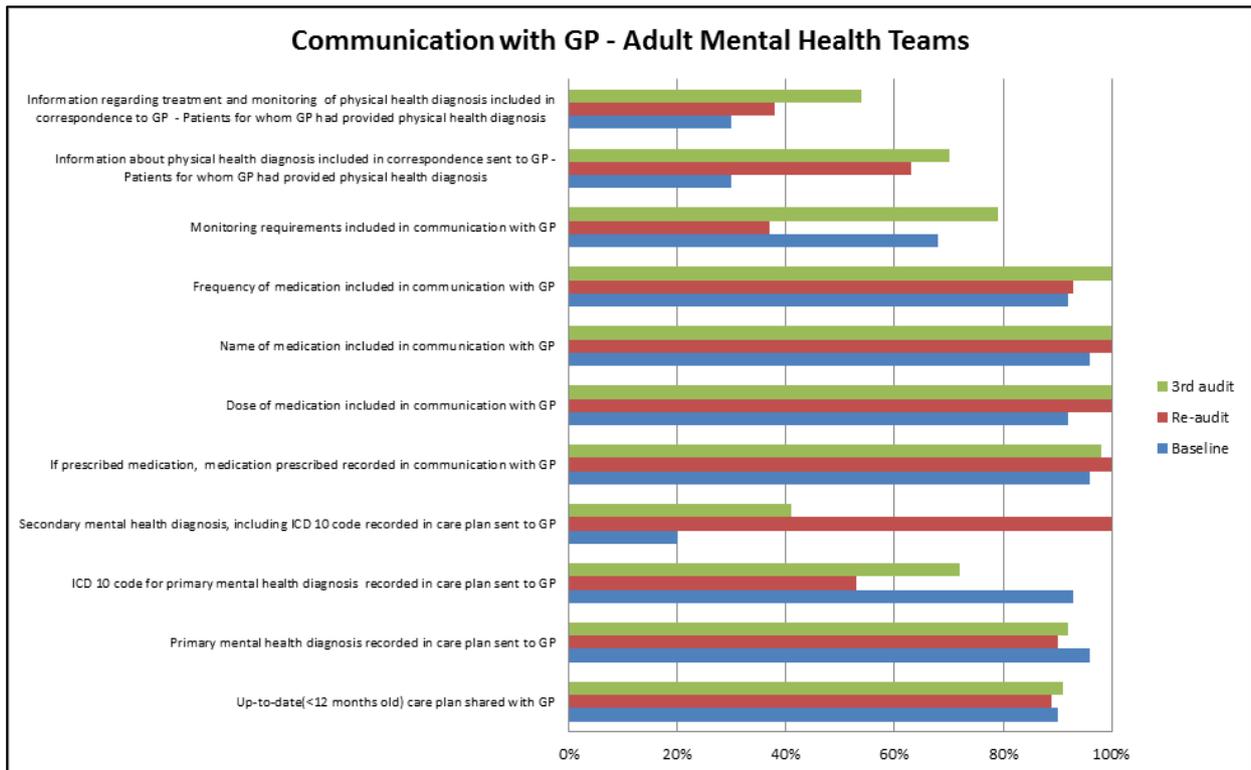
The Trust has promoted and raised awareness across the community hospital wards about the national SEPSIS pathway. We have also integrated the management of SEPSIS into the training being delivered around recognising the signs when a patient is deteriorating. So far the training has been delivered by the clinical practice educators across three of the five community hospital sites. This work is being coordinated by the physical healthcare group (see objective 3.6.1c for more details about the group). An

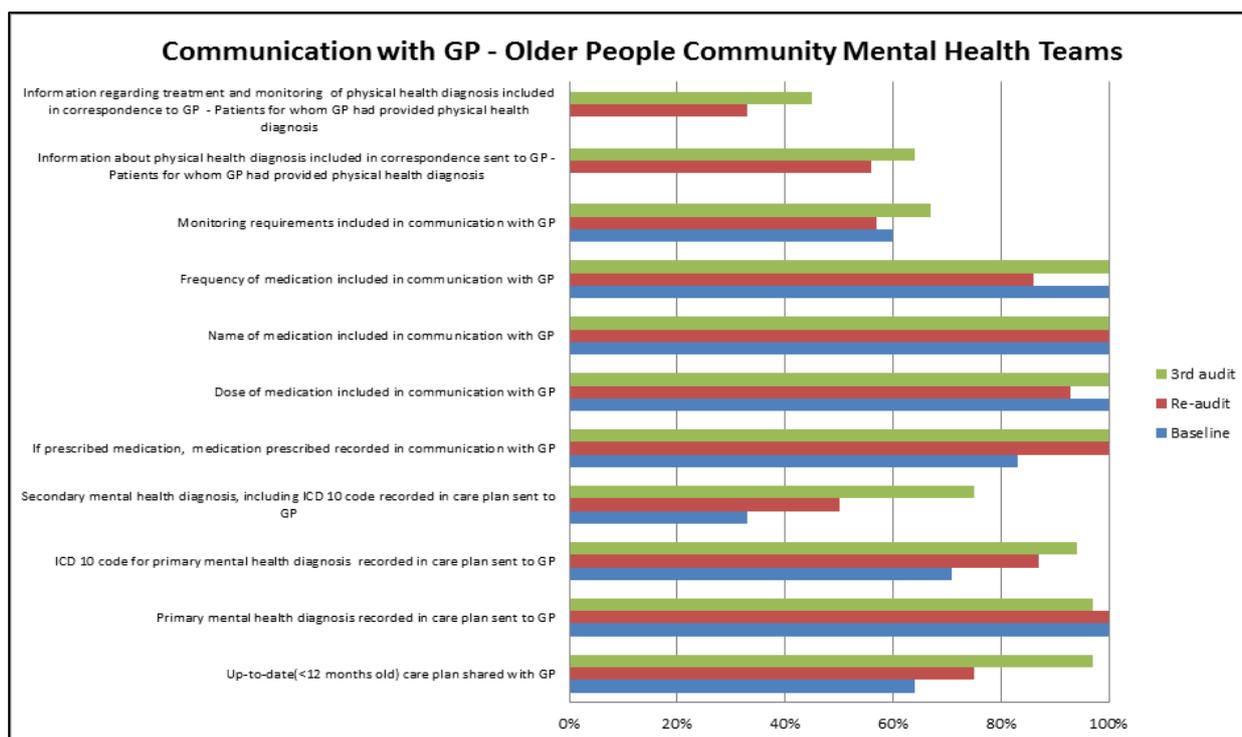
objective for 2016/17 has been identified to develop the nursing skills and nurse leadership around the assessment, monitoring and escalation of deteriorating patients.

Objective 3.6.1e

Ensure timely information is shared with GPs and received from them and that we have relevant information on the physical health and history of patients to whom we are providing care.

Below are the results of the third local clinical audit based on patients seen between April to July 2015 focused on communication with GPs including sharing information on physical health and patient’s history. A random sample of 100 patient records were reviewed in the third audit. The previous two audits were carried out in 2014/15. Following a series of actions the results from this audit show that there has been an improvement in compliance across all of the standards except one; recording of secondary mental health diagnosis and ICD 10 code in the care plan. Although there has been an improvement we are not satisfied this has been enough and further work is planned to continue to improve physical healthcare by mental health services, see objective for 2016/17.





Indicator or measure	Data source	Frequency	Target	Baseline	Q1	Q2	Q3	Q4
				1415				
% of adult and older people inpatients to have VTE, physical health assessment/ % MUST	Essential standards audit	Quarterly	100%	VTE 92% PHA 99%	VTE 89% PHA 100% MUST 60%	VTE 91% PHA 98% MUST 84%	VTE 92% PHA 99% MUST 82%	VTE 85% PHA 96% MUST 85%
PHA = physical health assessment, MUST = malnutrition universal screening tool, VTE = venous thromboembolism								
% of patients have their physical health needs assessed	CPA audit	quarterly	95%	New audit 15/16	54%	97%	94%	91%
% of those care plans address the physical health needs identified	CPA audit	quarterly	95%	New audit 15/16	89%	89%	69%	92%

<i>Indicator or measure</i>	<i>Data source</i>	<i>Frequency</i>	<i>Target</i>	<i>Baseline</i>	<i>Q1</i>	<i>Q2</i>	<i>Q3</i>	<i>Q4</i>
(adults of working age)				1415				
% of patients prescribed psychotropic medication are monitored for side effects relating to that medication (adults of working age)	CPA audit	quarterly	95%	New audit 15/16	62%	63%	53%	78%
% of patients prescribed psychotropic medication where their GP has been informed of the need for ongoing monitoring by primary care in the community (adults of working age)	CPA audit	quarterly	95%	New audit 15/16	70%	72%	84%	89%

Objective 3.6.2a

Expansion of the physical health skills course

See update against objective 2.6.1a.

The clinical practice educators (CPE) have expanded the content of the training, which is delivered four times a year, to go beyond the original aim for registered mental health nurses within older people services to include staff from adults of working age services from both inpatient and community settings. From October 2015 the courses were also extended to include allied health professionals such as occupational therapists and social workers. In 2015/16, 40 staff completed the four day physical health skills course for mental health staff. Follow up sessions ran by the CPEs have enhanced practitioner competence and generally staff working within mental health service have reported feeling more confident in undertaking physical health skills tasks.

In response to requests training will be expanded for health care assistants (unregistered staff) and staff within the children and adolescent mental health services in 2016/17.

Objective 3.6.3a

Monitor patient experience of smoking cessation and impact/perceived benefits at six months and twelve months for those in long term care.



Following a huge amount of work the Trust became smoke-free across all premises and grounds from 2nd March 2015 to meet the National Institute for Health and Clinical Excellence (NICE) Guidance (PH48) and a forthcoming national requirement. This has affected both patients and staff; information and support has and is being provided by the Trust as well as advice from partner organisations e.g. Oxfordshire smoking cessation service, Buckinghamshire NHS Smoke free support services and Wiltshire stop smoking service. This change has had the largest impact for patients admitted to our mental health wards and work continues around changing people's views and habits around smoking whilst they are on the ward and also while they are receiving treatment from one of the community mental health teams. See objectives 3.6.3c and 3.6.3d for further details about the Trust's work on public health and making the most of conversations with patients to talk about their physical health through the work on 'Making Every Contact Count' (MECC). Below are a few examples of the positive experiences patients have found as a result of giving up smoking.

Low secure forensic mental health ward

A female patient was undergoing dental treatment for severely decayed teeth. The dentist explained that dental implants would not be feasible if the patient continued to smoke, which prompted the patient to continue her efforts to stop smoking whilst on community leave. Subsequently the patient was able to undergo successful dental implants of her front teeth. This has improved the quality of her life as prior to this she was very reluctant to join in social or training activities as she was self-conscious about her appearance.

Opal Rehabilitation mental health ward

A patient with a keen interest in astronomy was able to use the money he saved by stopping smoking to purchase his own telescope. He was able to stop with the support of the smoking cessation advisor and group on the ward.

Adult mental health teams

Patients are also being supported in the community by the Adult Mental Health Teams (AMHTs) which have each set up well-being clinics in 2015/16 to promote healthy living through offering physical health checks and life style interventions including providing information packs, motivation interview techniques, educating people and enabling access to nicotine replacement therapy to help patients to stop smoking. The teams have seen successes whether patients have been supported to take control of their physical health to reduce and or stop smoking.

Objective 3.6.3b

Ensure baseline monitoring and improve how patients manage their physical health e.g. obesity, malnutrition and dehydration and ensure equipment is available for community staff e.g. blood pressure (BP) and blood glucose monitors.

See objective 3.6.1a.

Physical health leads/champions have been identified in each of the inpatient wards and community settings. As part of their role they are completing an equipment audit to identify if all necessary equipment is available to carry out physical health assessments.

A new trust-wide physical healthcare group was established from February 2016 which is just agreeing a work plan for the coming year. An objective is identified around physical healthcare for 2016/17 to ensure we more reliably recognise and respond in a timely way to each person's physical health needs as required.

Objective 3.6.3c

Monitor the impact of 'Making Every Contact Count'



'Making Every Contact Count' (MECC) is a national initiative, to support staff to help patients make healthier lifestyle choices by using contact time to recognise and use opportunities to talk about lifestyle choices that impact on their health and wellbeing. The Trust received some funding in 2014/15 to roll out a pilot using the MECC initiative. During the pilot we developed links with Oxford University Hospitals NHS Foundation Trust and Oxfordshire County Council, sharing resources and inviting them to the motivational interviewing workshop.

It is important to be clear at the outset that this pilot would not be able to demonstrate the number of people who made a change to a lifestyle behaviour, or if

an improvement in health outcomes had been achieved as a result of using the making every contact count approach, due both to the short term life of the pilot and the fact that it is difficult to attribute a change in behaviour to a single intervention.

The outcome measures identified were: outputs from the champions forum, improved knowledge and confidence of staff and improve patient experience. The actions achieved against each are detailed below.

Outputs from the champion's forum

- Signposting materials and staff support material developed
- Development of patient information leaflets

Improved knowledge and confidence of staff

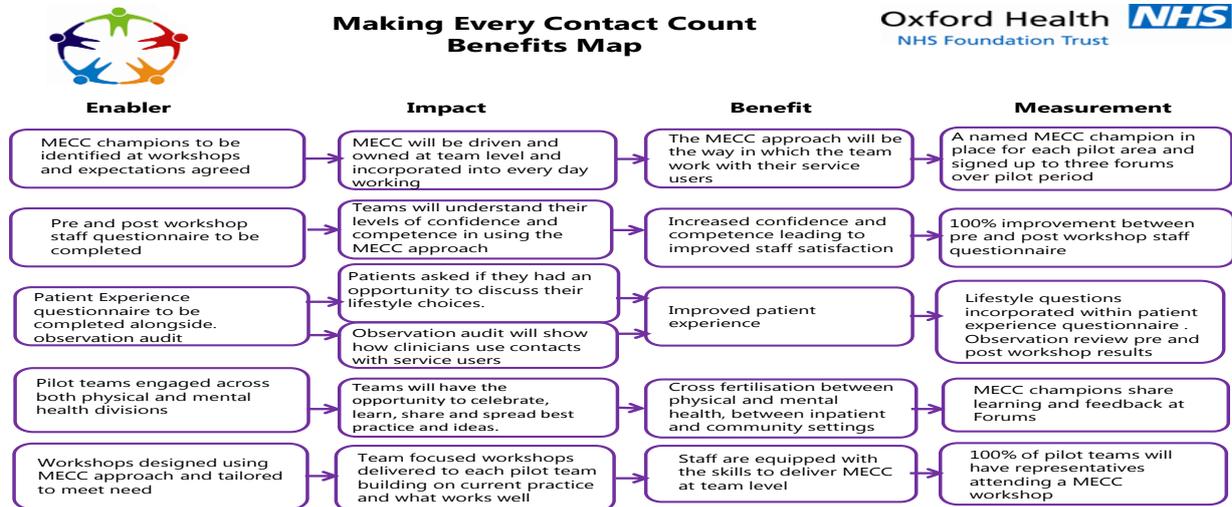
- Three workshops were delivered to introduce the approach. Evaluations completed by staff pre and post the workshops showed that the pilot teams felt their ability to recognise opportunities to raise lifestyle choices increased following the workshop.
- Three hour motivational interviewing training was delivered to 25 staff, as a result 95% of staff believed that they could incorporate motivational interviewing into their role.

Improved patient experience

- The results of staff surveys show that both the introduction of the patient information leaflet and the attendance of staff at the motivational interviewing workshops had a positive effect on their ability to discuss and help patients regarding their lifestyle choices.
- Patient stories were used as a powerful way to demonstrate the effectiveness of the approach.
- The responses to the patient surveys were small so it was hard to draw any conclusions.

Following the pilot a campaign was launched to raise awareness of the approach and resources available. Each of the adult mental health teams (AMHTs) have set up well-being clinics in 2015/16 to promote healthy living through offering physical health checks and life style interventions, using many of the resources and approaches developed by the making every contact count. The benefits of the work are summarised below.

Making every contact count is one of the six work streams of the new public health strategy group for 2016/17. The Trust is planning to be part of a national pilot to test the e-learning developed by NHS England in 2016.



Objective 3.6.3d

Map health promotion work in 2015/16

Through the account there are many examples of how the Trust is working with patients and staff to promote public health, see progress against objective 1.3a and objective 3.6.3c.

The Trust established a public health strategy group in the spring of 2015 which meets quarterly. The membership of the group aims to include all staff groups. There is representation from all three clinical directorates, the health and well-being lead, human resources, the health promotion unit, dental health promotion, the head of service for the public health pathway, the improvement and innovation team, smoking cessation leads, psychology and occupational therapy leads and dietetics. The aim of the group is to oversee and drive continued efforts to promote the well-being and public health for staff and those accessing services (patients).

The group has developed a strategy for 2016-2018, which is in the final stages of being approved and will be released in quarter 1 of 2016/17. This will provide a clear plan for implementation of public health agendas within the Trust for the next two years. Our plans are supported by the public health leads in the county councils.

A key approach in the promotion of the health and well-being of our staff and patients will be to work towards all our staff having a basic level of skills to allow them to have initial conversations with colleagues and patients as they naturally arise, and support people to take a step closer to making a health choice that may improve or continue to support their health and well-being. There would be further levels of training available for staff with a special interest to access, which could allow them to have enhanced skills.

The public health strategy group has identified and consulted on the following six work streams to be focused on in 2016/17;

1. Promoting mental well-being & reducing the risk of suicide
2. Promoting physical activity and physical health
3. Promoting smoke free within the Trust
4. Consistent use of;
 - a. Supporting health promotion across the organisation, promoting the use of and access to the Health Promotion Unit to increase the use of resources
 - b. Developing more accessible and consistent information for staff around health and well-being
 - c. MECC (Making Every Contact Count) across the Trust (see objective 3.6.3c)
5. Well-being at work; the workplace charter, promoting the health of staff for example via activity challenges and healthy snacks, accessing funds to support staff improve their own health and so support them to model well-being to patients, support staff to engage with the staff well-being questionnaire and well-being champions initiative.
6. Partnership working with other agencies, including Change 4 Life and the Active Buckinghamshire Campaign

Quality priority 4: Improve how we capture and act upon patient and carer feedback



Person centred care

The Trust is very committed to ensuring patients are at the centre of everything we do and aim for, and to keep developing how we work better together by involving people at all levels of decision making and by recognising and respecting the valuable contribution patients, carers/ families and staff make to decisions. To ensure this focus is maintained the Board of Directors each month has a patient/family story to start their meeting. How we continue to improve patients', families' and carers' experiences remains a key priority for the Trust in 2016/17(detail from page 14).

New Strategy

We recognise that the approach we take to involve patients, families and carers needs to be more consistent across the organisation, and also that it needs to be tailored and appropriate to the individual and the variety of services we provide. Whilst there is much good practice already, we have been working in 2015/16 on the development of a new (patient) involvement and experience strategy to cover the next three years. The strategy was co-developed with patients, families/ carers and staff and finalised in April 2016 by the board of directors. See the Trust's website for a copy of the strategy.

The strategy covers both patient experience and involvement as the two are intrinsically linked. We believe that if people are involved in their care and treatment, and in improving and developing the services they receive, they have a better experience and often a more effective personal outcome. By working in partnership and listening/ using feedback from people who use our services, their families and carers we can make improvements and changes which make a difference.

The three aims of the strategy are: person centred care, acting on feedback and patient involvement and co-design of services.

Feedback about services

This section provides a summary of the feedback we have received which tells us how it feels for patients to receive care, and how we have used this to improve patient's experience. Throughout the account there are examples of how we have used feedback to improve services and care and how we have involved people to work jointly with patients, carers and families.

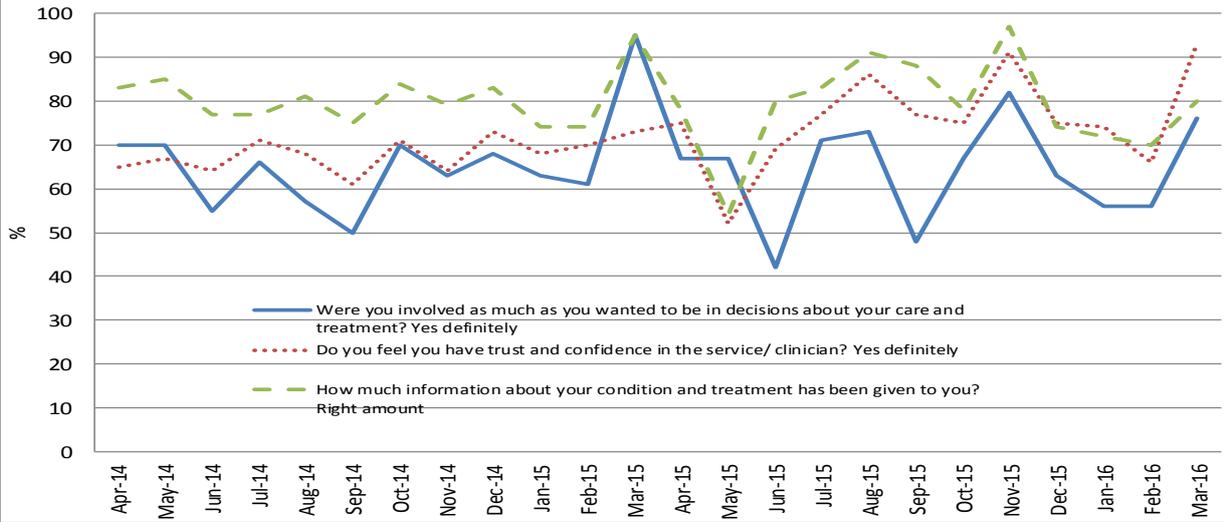
Feedback from the people who use our services, families and carers is a very valuable source of information to measure experience and the quality of services. The Trust uses a range of methods to collect feedback from patients, families and carers. Every service asks proactively for feedback to make improvements. The types of method used are dependent on the service and include:

- Structured local and national surveys via electronic, telephone and paper methods
- Face to face interviews, using volunteers to visit inpatients, patient councils, patient stories, patient advice and liaison service surgeries and focus groups
- Static methods e.g. comment boxes and visitor books
- Improvement approaches e.g. 15 step challenges, mystery shoppers, peer review visits
- Achieving external accreditations
- National programmes with patient survey/ interview aspects e.g. clinical audit
- Social media platforms e.g. patient opinion, NHS Choices

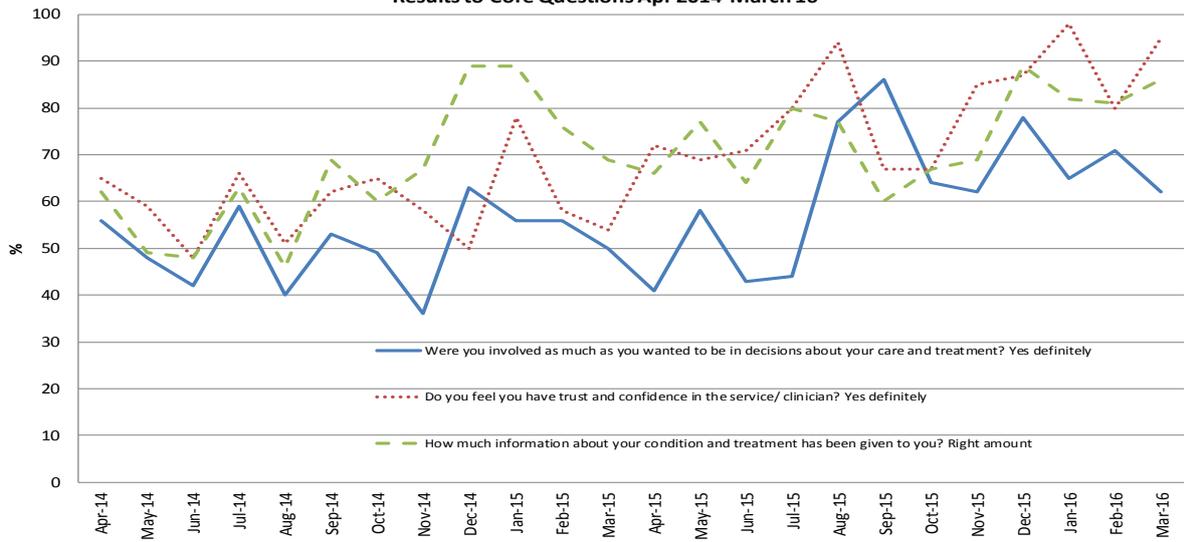
Overwhelming the feedback received from patients, families and carers is very positive with patients reporting feeling cared for by staff and that as a result they highly value the service provided. In 2015/16, 94% of patients told us they were extremely likely or likely to recommend our services to a friend or family member if they needed them. However some people do not receive the positive experience we expect every person to have and therefore we have more work to do. The themes highlighted from complaints mirror the key areas for improvement identified from the feedback we receive, and are focused on communication and sharing information with patients and their families/carers to enable joint decision making and full involvement in care.

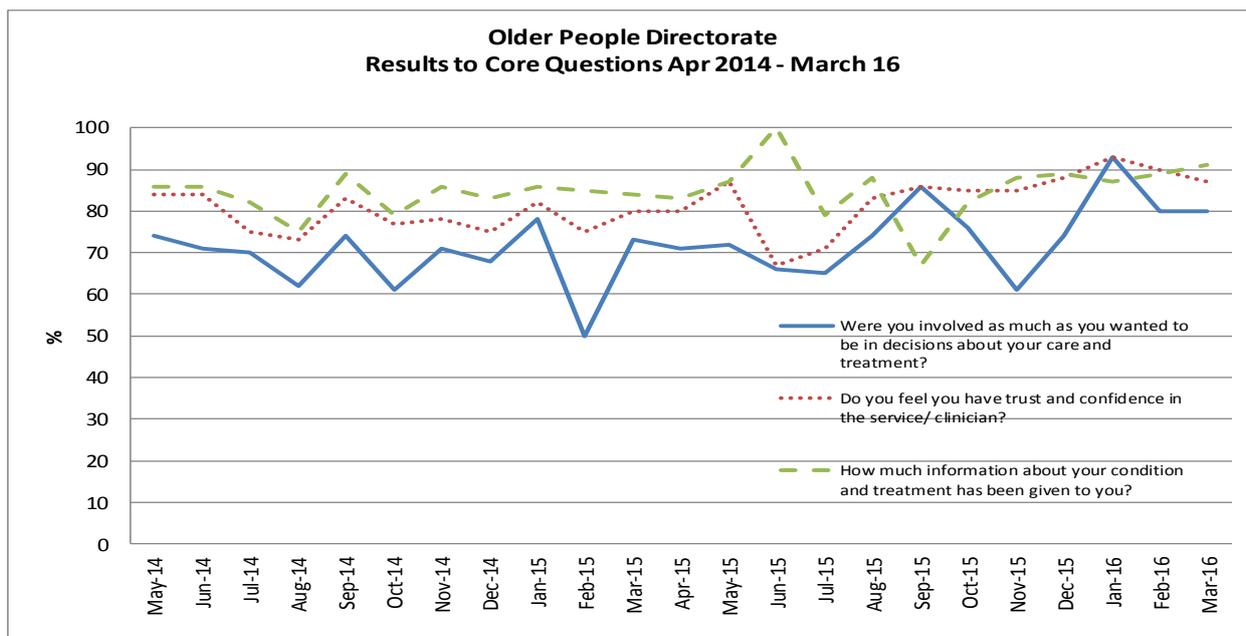
In Part 2.3 page 32 the actions from the 2015 national community mental health surveys for adults of working age and older people are detailed and below are some highlights of the feedback we have received in 2015/16, showing an improving trend but at a slower pace than we would wish. A sample of some of the actions we have taken as a result of feedback are provided under objective 4.1b.

**Children & Young People Directorate
Results to Core Questions Apr 2014-March 16**



**Adult Directorate
Results to Core Questions Apr 2014-March 16**





How we involve people

There are already many existing examples across the Trust of excellent involvement in individual care and in developing services. However the new strategy identifies the Trust's aim to improve the consistency of this involvement across services and ensure every person has the same opportunities and benefits of being involved.

Some of the involvement work we carry out is through leading and attending established groups which bring people together to review and develop services. Examples of groups include; 'friends of wards'; patient councils; family and carer events on forensic wards; 'have your say' groups: patient/ service user and carer forums linked to each adult mental health team: patient participation groups at Luther Street GP, empowerment, training and recovery groups in the Complex Needs service, Article 12 young people and parent groups. There are also trust-wide as well as directorate learning and sharing events for staff and patients. This is also supported by working closely with our local Health Watch organisations who regularly share themes of the feedback they receive and outcomes of studies looking into particular aspects of care. We look forward to continuing to develop these relationships which alongside the Council of Governors hold us to account to improve services for local people.

Each of the significant service changes and remodeling mentioned under objective 2.2b have involved and only been possible with the support of patients, families and carers. Examples of these include;

- Remodeling the adult mental health services and support with developing the Oxfordshire Mental Health Partnership

- Developing a new CAMHS service model in Buckinghamshire
- Helping to redesign the Musculoskeletal Physiotherapy Service
- Development of recovery colleges in Oxfordshire and Buckinghamshire

Additionally people who have or are using our services have been involved in the delivery or have taken the lead in a number of training events and involvement activities, some examples include:

- People with Personality disorders talked about their experiences at a recent urgent care training event attended by GPs, medical staff and nursing teams.
- The Older Peoples directorate hosted a sharing learning event where patient stories were used to highlight their experiences
- The Children’s and Young People’s directorate (CYP) have made training videos for children and young people and for the staff
- Young people and parents have developed a dedicated website



- <http://www.oxfordhealth.nhs.uk/children-and-young-people/>
- The Adults directorate have been involved in joining visits to teams as part of the peer review programme.
- The eating disorder inpatient team invited patients to help lead some of the staff away day

Objective 4.1a

Report on domains of patient experience

Through research the NHS National Quality Board (NQB) developed the NHS patient experience framework (2012), which provides an evidence-based list of the elements/ domains that patients reported are critical to have a positive experience, these are:

Critical elements to a positive experience	Aspect of care
1. Respect of patient centred values, preferences and expressed needs including cultural issues, dignity, privacy and independence and shared decision making	Relational
2. Coordination and integration of care across and within services	Functional
3. Information, communication and education on diagnosis, treatment, progress and processes of care to facilitate autonomy, self-care and health promotion	Relational
4. Physical comfort including help with daily living, pain management, and the cleanliness, comfort and safety of the physical environment	Functional

Critical elements to a positive experience	Aspect of care
5. Emotional support and alleviation of fear and anxiety about diagnosis, treatment, and the impact of illness on their lives	Relational
6. Welcoming the involvement of family and friends in decision making and awareness of their needs as care givers.	Relational
7. Transition and continuity including coordination, planning and support to ease transitions, as well as information that will help patients care for themselves away from a clinical setting	Relational
8. Access to care including ease of access and waiting times at each stage through their treatment	Functional

We have used the above critical elements to a positive experience to analyse the feedback we receive and to identify the key areas for improvement. Our patients, parents and carers report it is the relational rather than the functional 'transactional' aspects of their care that matter most to them. Relational aspects of care include feeling listened to or informed, receiving individualised treatment, attitude of staff, good communication, emotional support, respect, empathy, involvement in decisions and good information provision. The importance of relational aspects to patients is supported by the feedback we have received and quite often this is where patients identify areas for improvement.

Objective 4.1b

Monitor improvements made as a result of patient and carer feedback.

The table below shares some examples of the actions taken in the last 12 months across our services. It is encouraging our staff have reported in the national staff survey for 2015 an improvement from 2014 in how they feel they are effectively using patient feedback (3.73 in 2015 from 3.64 in 2014, compared to a national average of 3.69).

Examples of the actions taken in the last 12 months across our services (2015/16)

Directorate (service)	You Said	We Did
Children and Young People Directorate		
Children's community nursing	A parent voiced concern that staff caring for her child (who was being discharged after a life threatening period in John Radcliffe Hospital.) would not be able to recognise his signs of pain, especially as he returned to school. The child has limited mobility and is a non-verbal communicator of limited cognitive development hence the ability to monitor and manage pain or discomfort is at risk of being more challenging	The Poppy (Pain assessment) tool was written as a result of these concerns being expressed. Other tools were considered...then adapted and finally the Poppy tool was developed.
Eating disorder service	You wanted to be more involved in how to improve and support the service to develop.	Young people were invited to run part of the staff away day to help identify service developments. Young people identified the following areas for improvement: information, giving people hope, use of technology and having more films made by and for patients.
	More information about condition and treatment available	The patient information guide came from a patient led group; booklets are in each patient's bedroom.
	Patient raised concerns over the use of bank staff who were unfamiliar with the ward procedures hence did struggle to give the support patients would like	A staff film was developed by patients on what support would be helpful.
	Patient have raised that they wanted more involvement in the decision making during the clinical team meetings	A new system is about to be implemented giving each patient a time slot to attend the clinical team meeting if they wish
CAMHS inpatient ward	Young people requested animal visits on the unit	A qualified PAT dog now visits the unit with fantastic feedback from young people.

Directorate (service)	You Said	We Did
Health visiting	Not always responding in a timely manner to messages left	<ul style="list-style-type: none"> • Answerphone message recorded was changed for all bases and a consistent system for allocating messages to health visitors was set up. • Worked on improving the consistency of health visitors up to 8 weeks so clients can keep the same visitor where requested.
	We would like to be able to spend more time talking to other parents after the weighing.	We have made sure there are toys and space available to stay after the weighing to get to know other parents.
	You asked us to keep you informed using methods other than letters	We have started using NHS text messaging to invite parents to our groups.
Children's speech and language service	Timeliness of reviews and lack of written assessment/ goals following recent therapy sessions	Agreed a new protocol so that parents can request written feedback by letter or email after each therapy session.
	Parents and nursery key workers did not feel involved in decision making or the child's therapy	The team now meet routinely with the nursery key workers and are regularly talking about how to improve involving parents in each team meeting. The team have also continued to develop handouts giving practical information for both the child and supporting parent.
Children's integrated therapies	A child really wanted to be able to access the swimming pool	The therapist met the child and parent at a local swimming pool to provide support
	Children would like more practical demonstrations during the physical disability training	The ratio of theory to practical input into the training was changed to include more physical demonstrations
	Parents fed back difficulty with timing and location of appointments clashing with work	The therapists have arranged to have appointments in alternative locations and on different days.
	As a SENCo I would like a training package for newly appointed teaching assistants.	Therapists delivered training to new teaching assistants which enabled a quicker discharge as the assistants had the necessary skills to support them. Plus some lunchtime Q&A drop in sessions have been provided by

Directorate (service)	You Said	We Did
		the team to support assistants and teachers.
	We would like more resources supporting therapy activities in the communication group and to increase our understanding of the difficulties our children have and how we can support them	Detailed parents pack sent to parents at the end of the course. Also allowed an hour long slot on the last day of the course for parent to feedback and raise any concerns
Dental service	Request to have music played in waiting areas	Licences purchased to re-install music in all clinics
CAMHS community service	The original name for the sexual harm clinic could 'put people off from accessing the service'.	Service users have re-named (to Horizon) and developed information for a new sexual harm service.
	You said there was limited information from service users about "what to expect from CAMHS"	A letter written by young people in CAMHS has been added to the GP system in Buckinghamshire. This can be printed off and given to a young person by the GP at time of writing the referral to CAMHS in order to introduce CAMHS and signpost to further information.
	We should be involved in the recruitment of staff	Young people and parents are being more involved in staff recruitment
	Feedback about tone and wording of initial invite and assessment letters.	Changes have been made to improve the tone and wording of the letters. Further service wide work to be undertaken to include adding the new children's website details.
	The parents and carers attending the autism workshops said they would like to incorporate time to discuss medication	A medic now attends at least the end of each workshop to allow time for questions.
Adult Directorate		
Forensic service	The ward information leaflets were out of date	The leaflets were updated, with the help of patients from both wards, who have contributed towards the cover designs, and provided suggestions on

Directorate (service)	You Said	We Did
		the content.
	It would be helpful to set up a social group in the Restore café.	Staff have supported this and are helping to create a social group at the cafe.
	Some of the ward areas are unkempt and need re-decorating.	We have started to redevelop the quiet lounge and patient communal areas. Art work is being added to brighten the space and make it more appealing; the room will also be redecorated and new furniture purchased. The patients are being involved in choosing the colours and furniture for the area. The garden was also identified as an area of improvement. To support this work we have asked Restore if they can support the ward and provide gardening workshops so the patients can help create a more therapeutic and welcoming garden areas.
	Feedback from patients involved in the film based focus groups around developing their skills	Started a skills based group aimed at supporting patients in working with their care teams (co-production). Patients are evaluating the group as they go and we hope this group will become peer led in the future.
Emergency department psychiatric service	Don't always receive the written safety/ discharge plan	The safety/ discharge plan template has been updated to incorporate an emergency contact number and a new form has been developed for carers. The team have discussed the use of how to use this plan therapeutically and effectively and this will be monitored by the team manager based on patient feedback.
Luther Street GP practice for the homeless	Patients have made a number of suggestions about the physical environment.	The team have de-cluttered the noticeboards, put up a multi-lingual welcome sign and staff photo board, upholstered the wooden benches in reception, provided a magazine rack with improved reading material content & re-painted the mental health practitioner room.
	Repeated concerns from people feeling intimidated by those	The team have identified funds to get internal and external CCTV fitted.

Directorate (service)	You Said	We Did
	drinking, using drugs and committing crime and other anti-social behaviours outside the front door.	
Adult acute, rehab and PICU wards	Not enough information on conditions / treatment	The team have introduced a number of leaflets on medication and conditions which can be made available to patients upon request. Patients will be asked at each review if they feel they know enough about their treatment plan or if they would like more information.
	Would like to see your consultant more	The ward have highlighted when the consultants will be available for ward round and informed patients that they can arrange times outside of this if they would like to talk to someone.
	The TV is always on the music channel and there is not enough opportunities to watch programmes:	The team have introduced a schedule on a weekly basis so that the patients can plan what they would like to watch over the week
	Some of the curtains need repairing and are not fitted correctly	The team have contacted the facilities team who have scheduled this work in to take place.
	Carers reported that they had received less than a days' notice of relatives discharge and only 77% were satisfied with the support they received during their relatives/person they cared for admission	The team have introduced a support system for carers which involve the named nurse making contact with the main identified carer on a weekly basis. This is to offer support and for carers to be able to communicate any concerns or positive progress.
	The noise from doors closing especially and the ward office door was continually disturbing patients.	We have now fitted a self-closing bracket to the door which allows the door to close softly and quietly which has helped reduce noise.
	More information about condition and treatment available	The patient information guide came from a patient led group; booklets are in each patient's bedroom.
	Patient raised concerns over the use of bank staff that were unfamiliar with the ward procedures hence did struggle to	A staff film was developed by patients on what support would be helpful.

Directorate (service)	You Said	We Did
	give the support patients would like	
	Patient have raised that they wanted more involvement in the decision making during the clinical team meetings	A new system is about to be implemented giving each patient a time slot to attend the clinical team meeting if they wish
	We would like to be able to spend more time talking to other parents after the weighing.	We have made sure there are toys and space available to stay after the weighing to get to know other parents.
	You asked us to keep you informed using methods other than letters	We have started using NHS text messaging to invite parents to our groups.
Older People Directorate		
Falls service	Patients fed back they struggled to find the falls clinic	We put up signs to direct people
Diabetes service	Difficult to find venue	The map has been altered and more directions given
	The venue was noisy for last half an hour	Established that dancing classes were being held on certain afternoons and we are now avoiding having the sessions at the same time.
District nursing service	Patients state that they don't always know when their next visit will be	Patients are asked on first visit what time of day they prefer to be visited e.g. morning/afternoon/no preference. This is then documented on care notes and within patients own written.
Older people community mental health teams	Carer fed back her concern about a lack of follow up when staff are off sick	An unplanned absence procedure has been created for staff. Carers are now contacted and follow up expedited
	Patients commented that they did not know how to leave the building	Additional signage has been provided for exits, immediately after patients leave the clinic rooms to leave the building
	Cognitive Stimulation Therapy requested	Some staff have completed specialist training, and have run a successful

Directorate (service)	You Said	We Did
		taster session.
	Memory Clinic patients asked for appointment reminders	Patients are now phoned in advance of appointments to remind them
Minor Injury Units	The waiting times vary and can be long with not much communication about where you are in the queue	<ul style="list-style-type: none"> • Reviewed data for last 3 years to understand peak demand times by location. The data supported the views of staff locally. As a result the number of staff on rotas at peak times e.g. Monday morning were increased and staffing skill mix was varied in the evening to compensate as this is a quieter time (although still in line with NICE guidance for emergency departments). As a result waiting times have reduced, feedback has been positive from patients and staff. • All staff to identify on whiteboard and communicate waiting times to all patients who are visiting in the OOH period. We are currently reviewing why we have long waiting times – looking at arrival, complexity of patients and staff. • The service also tweet waiting times by site so that people are aware and can choose which site to visit.
	Feedback received about attitude and friendliness of staff	The service has chosen to establish a patient experience group of all grades of clinicians to try to understand our service from patient perspective in more detail. The group will develop a bespoke program and observations to feedback to staff in particular reference to meeting/greeting/first impression communication.
Physical Disability Physiotherapy Service	We would like to exercise in a group environment	Recently began a 6 week "Exercise and Education course" for patients with neurological disability. The first 2 courses have been completed and the feedback from the participants has been very positive.
	People said they had not received the right amount of information about their condition or care	<p>Increased the availability of pre-printed information from charitable organisations e.g.: MS Trust.</p> <ul style="list-style-type: none"> • All clinicians to have a stock of agreed information to carry with them to

Directorate (service)	You Said	We Did
		<p>provide for patients</p> <ul style="list-style-type: none"> • Administrator to order and monitor stocks
Emergency Multidisciplinary Unit	More information on diagnosis, treatment, who is named nurse/ medic and follow up requested	<ul style="list-style-type: none"> • Developed a discharge information form that is completed for patients each time they are in EMU. • Added wipe clean forms to each bed to put up who the named nurse and medic is for each patient.
Respiratory service	<p>Clearer/more detailed information</p> <p>Better liaison with Dietetics</p> <p>More Physiotherapy input in pulmonary rehab group</p>	<ul style="list-style-type: none"> • Improved visual aids in the "Understanding your Lung Condition" talk, and in process of updating other disease-specific information. Team have reviewed "Energy Conservation" talk with Occupational Therapy and updated service leaflets. • The team have established a clear referral routine to the Dietetics service • Re-arranged staffing of the group so that there is greater physiotherapy presence
Community hospital service	Feedback from families was that they didn't always understand the terminology that was being used	<ul style="list-style-type: none"> • There is now a terminology board for relatives explaining the problems following a stroke. • Leaflets have been made readily available
	Feedback from patients that the ward was too noisy at night	Ward are exploring the installation of a night call bell system to reduce the volume
	You wanted to use Wifi on the ward	Contacted IT and arranged guest Wifi access for all patients
Podiatry	Patients commented that there was limited appointment availability and a delay in getting an appointment.	<ul style="list-style-type: none"> • Now organising running evening / weekend clinics • Introducing more multi-chair clinics • From April 16 an extra appointment slot will be added to each clinic

Objective 4.1c

Monitor themes from complaints/concerns and implementation of actions

How we manage and respond to concerns

The Trust works hard to support and be open to concerns raised by patients, families and carers as we see this as an important way to hear about people's experiences and to drive service improvements. We have separate information leaflets about how to make a complaint and/ or raise a concern. Every team's service information leaflet also has a section about how to raise any concerns. All new staff receive a session on the importance of listening and learning from concerns. This is supported by additional training around customer service skills and how to investigate a complaint.

The Patient Advice and Liaison Service (PALS) visits every inpatient ward on at least a monthly basis, in addition to ad hoc requests and visits by independent advocacy groups, to promote the support available to patients, listen to what is working well and any issues, and take forward any actions required.

Concerns can be raised in a number of ways and the complainant is always asked how they want their concerns to be handled and to agree a reasonable timescale. All concerns are taken seriously and on a regular basis our Chief Executive reviews a random selection of complaints and we have recently re-introduced complaint panel reviews where a senior group looks at how a complaint was managed to identify any learning and areas for improvement. On a weekly basis, all complaints are reviewed and discussed by a senior group of clinicians and on a quarterly basis an analysis of the number and themes from complaints as well as actions taken are reported to the Board of Directors. We ask complainants about their level of satisfaction with the complaint process following the completion of an investigation to continue to develop our processes and approach.

The CQC in their recent comprehensive inspection were very positive about the Trust's complaint procedure and processes covering all services, noting good information being available on how to make a complaint, patients reporting they knew how to raise concerns and make a complaints, patients feeling confident that staff would listen to their concerns and that changes were made as a result.

Themes

Between 1st April 2015 and 31st March 2016, the Trust received 214 complaints (excluding withdrawn complaints). This compares to 209 complaints received in the previous year. During this period of time, 20 complaints were withdrawn by complainants and were resolved informally. If a complaint is re-opened, because the complainant is dissatisfied with the response and outcome of the investigation into their concerns, this is not counted as a new complaint case but a continuation of the initial complaint registered. 46% of complaints are from patients and 39% from families, carers and parents (see objective 4.2a about the work to improve the experiences of families, carers and parents). 53% (89) of complaints had well founded issues to one or more of the concerns which were raised with the Trust.

The primary reason for complaints (which were either upheld or not upheld) received across the Trust in 2015/16 was:

- All aspects of clinical treatment (91)
- Attitude/ behaviour of members of staff (33)
- Poor/inappropriate communication/information sharing (31)
- Appointments/referrals (15)
- Admission, discharge and transfer (12)
- Confidentiality (9)
- Medical records (8)
- Matters relating to the use of the Mental Health Act (3)
- Complaints handling (2)
- Environment/facilities (2)
- Patients property (2)
- Service provision (5)
- Sexual conduct by another patient (1)

Of the 214 complaints received, 168 complaint investigations have been completed; from the complete complaint cases, 244 actions have been identified. Of the 244 actions, 183 (75%) have been completed within time and 61 (25%) actions are due to be completed over the next couple of months. The Trust shares learning from complaints (alongside incidents and clinical audits) in a number of ways however we recognise this is an area for more development.

In addition to the formal complaints process, the Trust monitors and takes action on informal concerns. The main theme from complaints and informal concerns is poor communication closely linked with staff attitude/behaviour. People tell us they do not feel heard or listened to and want to be more involved with what is happening with

their care or their family members care. There are three consistent areas for improvements identified across services from more general feedback received, complaints and informal concerns. These are: patients being involved in decisions and choices about their care, wanting good information and clear communication, and patient's families and carers feeling listened to and involved.

More details about the complaints received and actions taken as a result can be found in the annual complaints report published on the trusts website.

Objective 4.1d

Children and Young People (C&YP) to establish patient experience champions and involve patients/ service users in service development and recruitment.

The CYP Directorate currently have 27 patient experience champions across the range of services. Gaps have been identified in a few services due to staff changes and the development of new services that have not yet identified a champion.

Objective 4.1e

Development of community hospitals patient discharge follow-up programme to better understand the patients' experience of discharge and identify improvements.

The community hospitals patient discharge follow-up programme for all patients discharged home with or without a package of care took place at Witney community hospital from August 2015. This has proved successful with the therapy teams telephoning recently discharged patients to follow-up and use their feedback to identify improvements. The therapists have been able to note any issues or concerns raised during the call and appropriate actions which may be required, such as referrals or advice given. In total, 113 patients have been followed up as part of the project and this added support that has been positively received by patients.

Issues noted from patient feedback during the discharge project have resulted in the following service improvements:

- All complex patients are sent home with a detailed care plan including input from therapists
- Oxfordshire reablement service and care agencies to assess the patient before discharge from the ward as far as possible

- Essential equipment such as hospital bed and hoist are checked at the patients home to ensure working and that the appropriate slings and slide sheets have also been delivered.
- GPs receive a phone call regarding any patient that has had a prolonged and complex admission.
- Continued referrals to Age UK: circles of support for those patients at risk of social isolation and increasingly to help source shopping provision and provision of laundry services
- Continued referrals to integrated locality teams to alert them to those complex patients and families that are at increased risk of repeated admissions for a variety of reasons
- Making use of our integrated nurse therapists for more complex patients
- Investigation into additional equipment such as a Buckingham caddy or a kitchen trolley

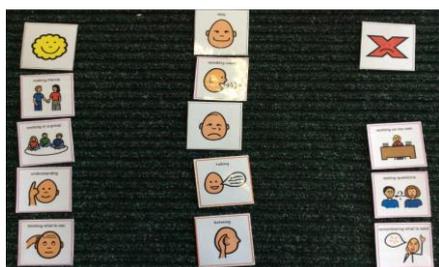
The project has shown that patients are being discharged from Witney community hospital appropriately and safely with additional follow up as required either by phone calls or visits, alongside referral to other agencies and organisations.

Objective 4.1f

Review how Children and Young People (C&YP) collect patient experience and feedback, make surveys more engaging and manage communication with patients with communication difficulties to bring this into clinical practice

All core services have an established approach to collect patient feedback; the C&YP directorate continually review these methods and also the survey questions with services to ensure we make giving feedback as easy as possible. Some smaller, specialist or new services, for example, the new Horizon team working with young people and families who are distressed as a result of sexual harm (see more details about this in objective 2.2b), have not yet identified measures for consistent patient experience feedback and these are continuing to be supported and developed.

An example of how the directorate has developed different ways for services to gather feedback from young people with communication difficulties includes the use of talking mats.



The directorate is involved in two trust-wide pilots, trialling the use of different methods and software to collect feedback including social media platforms.

Objective 4.2a

Implement actions from the Triangle of Care to improve carer involvement in the planning and delivery of care



The Trust has been a member of the national 'Triangle of Care' scheme since May 2014, recognising the importance of carers, families, patients and staff. The teams have been working hard over the last year to implement and demonstrate meeting the national carer standards within the Triangle of Care. Carers and voluntary organisations have been involved in the process from the start and their feedback has been important to identifying and monitoring actions. So far over 40 self-assessments at team/ ward level have been completed, these have mostly been across mental health services including community and inpatient teams. Following the self-assessments local actions have been taken for example; identifying carer/ think family leads in teams, establishing carer lead forums, reviewing information given out by teams, recognising the changing role of parents/ carers in the transition planning from children and adult services, and setting up new carer groups.

In December 2015 the Carers Trust accredited the Trust with two gold stars; the third (and last star) will be achieved when all teams/wards have completed the self-assessment and identified/addressed any gaps. The carer's strategy forum with representatives from carers, continues to monitor progress and themes from the self-assessments, and is leading on two trust-wide pieces of work around:

- **Developing staff Carers Awareness Training.** Rethink and Carers have co-designed the training and will co-deliver this with other voluntary organisations. The first pilot session was delivered in Dec 2015 with more pilots being

delivered in January-February 2016. The pilots will be evaluated before training is rolled out.

- **Review of information provided to carers on the Trust's internet website and given out by clinical teams.** Each directorate has started to review the information given out. The review of the internet information will be led by the Trust's web strategy group. This work is at an early stage.

We have maintained this as an objective for 2016/17 as we work towards our third star and ensure the actions we identified are implemented and show an impact in the feedback received from carers.

Objective 4.2b

Evaluate the impact of communication protocol toolkit in the Oxon Integrated Therapy Service on creating joint outcomes for children and improving communication with carers and carer involvement in care planning

The Oxfordshire children's integrated therapy service has historically asked for feedback from parents, families and carers through a range of sources such as patient survey, complaints and verbal feedback to staff. Feedback indicated that engagement with families throughout episodes of therapy support could be improved. To improve communication and engagement with families the service introduced the use of a communication protocol toolkit at initial assessment for pupils at year 1 and above. The parental communication protocol encompasses engagement with families at key points. It focuses on improving communication with families at first point of contact with the service, at initial assessment and at the end of each episode of therapy support.

The service has engaged with all the families of the young people and children receiving support. Following the introduction of the communication protocol toolkit the following benefits have been found by the service:

- Increased parental understanding of the service they are accessing and what will be provided
- Increased opportunities to seek parental and children / young person views and aspirations in order to develop joint outcomes thereby personalising the service
- Encouraged parents to become actively involved in each episode of therapy
- Improved outcomes for children and young people and the quality of their experiences with the service.

Appendix 1.

External Accreditations, Peer Reviews and Quality Network Membership

(as of 31st March 2016)

An update below of the external accreditation, peer reviews and quality network memberships currently achieved.

Accreditation	Body	Service	Comments
Memory Services National Accreditation programme (MSNAP)	The Royal College of Psychiatrists	Memory service clinics Oxon and Bucks	Accreditation awarded Oct 2015 until Oct 2017. Central Oxon– Excellent South Oxon – Excellent North Bucks- Excellent South Bucks – Accredited North Oxon – Accredited
ECT	The Royal College of Psychiatrists	Whiteleaf Centre, Aylesbury	Accredited to April 2017 (review decision 3 rd April 2014)
ECT	The Royal College of Psychiatrists	Warneford Hospital, Oxford	Accredited to Jan 2017 (review decision 15 th Jan 2014)
Quality Network for Inpatient CAMHS	The Royal College of Psychiatrists	Marlborough House, Swindon	Currently a member. And receive annual external review.
Quality Network for Inpatient CAMHS	The Royal College of Psychiatrists	Highfield, Oxford	Currently a member. And receive annual external review.
Community of Communities	The Royal College of Psychiatrists	Oxfordshire Complex Needs Service	Renewed accreditation in April 2014 to 3 rd April 2017.
Community of	The Royal College of	Buckinghamshire	Accreditation completed every

Accreditation	Body	Service	Comments
Communities	Psychiatrists	Complex Needs Service	3 years.
Medium Secure Quality Network for Forensic Mental Health Services	The Royal College of Psychiatrists	Marlborough House, Milton Keynes	Annual peer review
Medium Secure Quality Network for Forensic Mental Health Services	The Royal College of Psychiatrists	The Oxford Clinic, Oxford	Annual peer review
Low Secure Quality Network for Forensic Mental Health Services	The Royal College of Psychiatrists	Woodlands, Aylesbury	Annual peer review
Low Secure Quality Network for Forensic Mental Health Services	The Royal College of Psychiatrists	Thames House, Wenric and Lambourne	Annual peer review
UKMi (UK Medicines Information)	UK Medicines Information	Trusts Medicines Information Department	Awarded following audit in 2009
Quality Network for Eating Disorders (QED)	Royal College of Psychiatrists Centre for Quality Improvement	Cotswold House, Marlborough	Awarded excellent (accredited till Jan 2017, last review November 2015)
Quality Network for Eating Disorders (QED)	Royal College of Psychiatrists Centre for Quality Improvement	Cotswold House, Oxford	Accreditation achieved in 2015 Rated Excellent
Triangle of Care member (carers)	Carers Trust	All services	The Trust became a member in June 2014 and achieved 2 gold stars in Dec 2015.
Quality in Dental Service Award	British Dental Association	Salaried dentist service	Dec 2014 achieved accreditation for three years

Accreditation	Body	Service	Comments
			(Dec 2017).
Safe Effective Quality Occupational Health Service (SEQOHS)	SEQOHS	Occupational health team at Oxford Health NHS FT	Accreditation achieved in March 2015
Accreditation for inpatient mental health services (AIMS)	The Royal College of Psychiatrists	Adult mental health wards	All the adult acute and rehab wards (7 wards) achieved accreditation in July 2015
Accreditation for inpatient mental health services (AIMS-PICU)	The Royal College of Psychiatrists	PICU	Ashurst achieved accreditation in December 2015 for 2 years until full interim self-review
UNICEF baby friendly initiative – to improve standards of care for breastfeeding	UNICEF and WHO	Health visitors service	Achieved stage 1 in May 2015 and stage 2 in Feb 2016. Preparing for stage 3 assessment to complete in 2017.

Annexes

Annex 1

Statements from our partners on the quality report and account

Oxfordshire Clinical Commissioning Group (OCCG)

OCCG has reviewed the Oxford Health Quality Account and believes that the information it provides is accurate. Oxford Health is a large NHS organisation that covers many services across a large geographical area. OCCG recognises that a written statement of quality will never be able to provide the public full and comprehensive assurance on its own.

OCCG is committed to commissioning high quality care for the population of Oxfordshire. It is encouraging that the four priorities all work towards better care for patients: workforce development, patient/carer involvement, harm-free care and innovation. Within those priorities, the CCG is pleased to see that most of the key improvement areas are detailed. These include CAMHS access issues, and supporting staff to manage patients who are showing signs of becoming seriously unwell. The CCG is supportive of the Trust's commitments to developing its quality improvement model as a way of enabling better care across all services. The CCG is also pleased that there is greater emphasis on the quality of its physical health services this year.

The CCG support these priorities, but would have welcomed the Trust making its intention to electronically transfer all clinical communication in 2016/17 explicit. OCCG has been concerned about the number of serious incidents relating to pressure ulcers and to the early recognition and rescue of patients whose health is deteriorating while in community hospitals. The CCG supports the Trust in prioritising this work this year.

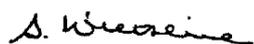
It is evident from the report that the Trust has made good progress on some of its 15/16 objectives. The reduction in suspected suicides and the sustained reduction in deliberate self-harm across the child and adolescent mental health wards is to be commended. OCCG remains concerned, as does the Trust, with the limited progress made in reducing the number of avoidable pressure ulcers in 2015/16 and expect to see improved performance in 2016/17.

OCCG is pleased that the Trust's ethos of continuing improvement has led to 94% of patients being likely or extremely likely to recommend their services to others. However, the Trust has had problems managing workforce, capacity and demand. This has led to excessive waits for patients requiring physiotherapy, podiatry and speech and language therapy. The CCG is happy, in general, with how the Trust has worked to reduce those waits; however the CCG expects the Trust to be more proactive next year in detecting and acting on these issues.

In January, Oxford Health NHS FT was inspected by the CQC. The outcome of the inspection was 'requires improvement'. Oxford Health is making the improvements required, many of which are reflected in the quality account, and is seeking to improve their rating on re-inspection this summer.

The Oxford Health Quality Account is presented in a clear format that allows the reader to navigate the document and generally avoids the use of jargon.

Overall, OCCG believes that this Quality Account gives readers confidence that the Trust is being open and honest about the quality of services across the organisation and is committed to driving continuous improvement in the quality of its services.



Sula Wiltshire

19th May 2016

Chiltern and Aylesbury Vale Clinical Commissioning Groups

Chiltern and Aylesbury Vale Clinical Commissioning Groups have reviewed the Oxford Health Foundation Trust Quality Account against the Quality Priorities and Objectives for 2015/2016, and note the Quality Priorities and Objectives for 2016/17.

As Commissioners, we are pleased to see the inclusion of a quality priority on patient experience and involvement in the priorities for the coming year, and welcome the shift in focus away simply from capturing and acting on feedback.

We also note the emphasis on improving mental health services and services for children and young people in quality priority 3. These areas are of particular interest in Bucks, where OHFT provides these services.

Objectives for 2016/17:

In reviewing the objectives for the coming year, we note the inclusion of the following:

1.3 In the past year there have been several high-profile instances, across the NHS, where opportunities to share and improve practice were missed. We're pleased to see the inclusion of peer reviews to help address such issues

2.1 The draft Patient Involvement and Experience Strategy has been widely praised and we look forward to its implementation.

3.1 Again we're pleased to see a focus on lessons learned and reflective identification of areas for improvement.

3.6 We are hopeful that the PBS training will help tailor approaches to the individuals in question. We have received feedback from parents of children and young people with learning disabilities and mental health conditions that the complexities of their conditions are not well understood by some practitioners.

3.9 We are aware that waiting times for Step 4 psychological therapies are high and that this has been noted by CQC. We're keen to see the service model redesign reduce these waiting times for the patients with the most complex conditions.

3.11 We note the continued improvements to the urgent care mental health pathway but note the current issues regarding staff shortages and police involvement.

4.3 Once again we welcome the drive towards a learning culture.

4.4 With the increased public awareness and scrutiny around unexpected deaths we welcome the changes proposed.

Quality Priorities and Objectives for 2015/16

In reviewing against the quality priorities and objectives for 2015/2016, we can advise of the following comments:

Objective 1.1d Monitor safer staffing in inpatient services and report on remedial actions to improve staffing levels and minimise harm arising from pressures on staffing.

We note the missed targets around the number of wards able to staff shifts at 75% or more of expected and recognise the national shortage of registered nurses and issues with the retention of staff. We also note the remedial action taken.

Objective 2.2b Work in partnership with commissioners and other providers to develop outcome based commissioning across a range of services.

We recognise the successful partnerships and improvement to services, especially the changes to mental health urgent care services and that access and recovery rates for the Improving Access to Psychological Therapies (IAPT) programme are above the national standard. We're also keen to see evidence of service improvement as a result of the new Children and Adolescents Mental Health Services (CAMHS) service model. We note the excellent examples of patient, family and carer involvement in the redesign of these services.

Objective 2.2d Reduce the number of frequent attendances to urgent care services by 5% and ensure care plans/special notes are available for 95% of frequent attenders' notes.

We note the successful reduction in frequent attenders to urgent care services and welcome the significant increase in the availability of special notes for frequent attenders. We hope that the 95% target for special notes will be met in 2016/17.

Objective 3.3d Increase staff knowledge and capability through ongoing development of level 4 pressure ulcer prevention and management training.

We note the significant increase in available staff trained in level 4 pressure ulcer prevention and management.

Objective 3.4 Reduce Harm from Falls

We note with concern the significant failure to meet targets regarding the percentage of inpatients who have:

- A falls risk assessment on admission
- A further falls risk assessment after 28 days
- A referral to the falls service after 2 or more falls

Objective 3.6.1e Ensure timely information is shared with GPs and received from them and that we have relevant information on the physical health and history of patients to whom we are providing care.

We note with concern the significant failure to meet targets regarding the percentage of patients prescribed psychotropic medication:

- that are monitored for side effects relating to that medication (adults of working age)
- where their GP has been informed of the need for ongoing monitoring by primary care in the community (adults of working age)

Quality Priority 4: Improve how we capture and act upon patient and carer feedback

We note that, broadly speaking, feedback from patients mirrors that which we receive.

Generally, people are pleased with the quality of their treatment and care. The negative feedback we receive shows that issues arise around administration, referral and choice.

Again, this is largely associated with poor communication and lack of information regarding options available to patients. It would be interesting to see some data on sample sizes for the statistics given and the correlation coefficient for the three charts of “Results to Core Questions”, evidencing the “improving trend”.

Objective 4.1b Monitor improvements made as a result of patient and carer feedback

In the “examples of action” section we note the following concerns and actions:

- The use of NHS text messaging (SMS) in addition to letters
- Difficulty with timing and location of appointments for Children’s integrated therapies
- Limited information about what to expect from CAMHS and the creation of the introductory letter at the time of referral
- Patients from the emergency department psychiatric service are do not always receive the written safety/discharge plan
- Action regarding the District nursing service and next visits is not clearly explained

Objective 4.1c Monitor themes from complaints/concerns and implementation of actions

We note that of the 13 areas detailed, four of the top seven areas related to functional, rather than relational, aspects of care.

CQCs Comprehensive Inspection

Healthwatch note the overall rating of 'requires improvement' , however they highlight the comparatively poor performance of the Rehab mental health ward and the Adult acute mental health wards and Psychiatric Intensive Care Unit (PICU), which "require improvement" in four of the five domains.

Safeguarding

Safeguarding is an area of specific interest to us as commissioners, and we acknowledge the comparatively high levels of completed adult and child safeguarding training and note that staff representation on the Safeguarding Adults Board has been very active and useful. The feedback from our Safeguarding Team is that the Trust are responsive and proactive in the multiagency forums that we share.

Conclusion

The report provides a balanced overview of the Trust and clearly identifies their achievements to date, but also areas within their service delivery where improvements could be made. The Clinical Commissioning Group welcome the openness and transparency of this approach and are committed to supporting the Trust in achieving improvement in the areas identified within the Quality Account through existing contract mechanisms and collaborative working.

Yours sincerely



Director of Nursing & Quality, Bucks CCGs

18th May 2016.

Oxfordshire Health Watch

Thank you for inviting us to comment on the Trust's Quality Account for 2015/16. I read with interest the significant progress made on last year's commitments and the culture that you are building around quality improvement and patient involvement. Particularly, the discharge follow-up programme in community hospitals, triangle of care work, as well as engaging with young people, which reflected what we heard in the previous year.

Similarly, this year's priorities address a reality that we would recognise in the feedback patients, service users and their families share with us. To highlight one example, the justification listed for Quality Priority 3 of access and delays to discharge are the areas patients most often contact us about in relation to Oxford Health NHS Foundation Trust.

Indeed, waiting for services, particularly CAMHS, seems to be a stressful time for many of the families we speak to. It would be helpful for us at HWO to better understand what communication and support families receive while waiting for services.

Thank you very much for allowing us to comment on your report, we look forward to another year of good progress and look forward to working with you as a key stakeholder in the next year.

Yours sincerely,



Carol Moore
Executive Director

10th May 2016

Oxford Health NHS Foundation Trust Governors

The Trust received a number of comments from our Council of Governors and the chair of the Governor's Quality and Safety Sub-committee has written the following statement on behalf of the committee.

As well as the council of governor meetings, the quality and safety sub-committee has met four times in 2015/16 in a variety of locations across the Trust. The purpose of the committee is to review the quality and safety of services provided by the Trust and to assist the council of governors to hold the board of directors to account. Its membership includes governors, a non-executive director, the director of nursing and clinical standards and the head of quality and risk. One of the meetings was a successful joint meeting with the governors patient experience sub-committee and an extra meeting was organised for all governors to review the draft quality report for 2015/16 and the quality account for 2016/17.

In our opinion this quality account is a comprehensive and in-depth review which reflects the different services and the quality of care provided across the five counties the Trust operates within. The governors would like to celebrate the achievements made by staff to improve quality and encourage staff to keep working on the areas we did not fully achieve last year.

The quality account appropriately highlights the demands being placed on service delivery from financial challenges to the ever growing demands with the increases and change of needs in the local population. The report highlights the improvements which have been made to the quality and safety of care despite these challenges, with the development of partnerships with other organisations being an important element. The governors believe that good quality care is also cost effective care but we must ensure the cost improvement programme does not prevent us from maintaining the quality improvements we have already achieved.

The governors are pleased that there remain four overarching priorities for 2016/17 and that the number of objectives continue to be reduced to allow a clearer focus. We also support that enabling the workforce continues to be the number one priority.

The sub-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. 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.

Lynda Lawrence

Chair of the governor's quality and safety sub-committee

15th May 2016

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.

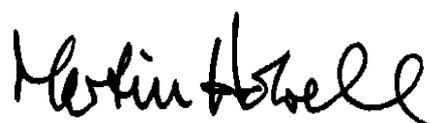
In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 and supporting guidance;
- 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 2015 to May 2016
 - papers relating to quality reported to the Board of Directors over the period April 2015 to May 2016
 - feedback from the commissioners dated 18th and 19th May 2016
 - feedback from the Governors dated 15th May 2016
 - feedback from local Healthwatch organisation dated 10th May 2016
 - the Trusts complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 12th April 2016
 - the 2015 national patient survey
 - the 2015 national staff survey
 - Care Quality Commission intelligent monitoring report dated February 2016
 - Care Quality Commission reports, and
 - the Head of Internal Audit's annual opinion over the Trust's control environment dated April 2016
- 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; and
- 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.

By order of the Board



Martin Howell

Chairman

Date: 25th May 2016



Stuart Bell CBE

Chief Executive

Date: 25th May 2016

Auditor's Report & Certificate and Annual Accounts

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 2016 (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 2016, 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 2016 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Minimising delayed transfer of care; and
- 100% enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital

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 2015/16 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 2015 to May 2016;
- papers relating to quality reported to the board over the period April 2015 to May 2016;
- feedback from the Commissioners dated 19 May 2016
- feedback from the governors dated May 2016;
- feedback from local Healthwatch organisations, dated 10 May 2016;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 12 April 2016;
- the 2015 national patient survey;
- the 2015 national staff survey;
- Care Quality Commission Intelligent Monitoring Report dated February 2016;
- Care Quality Commission reports; and
- the Head of Internal Audit's annual opinion over the trust's control environment dated April 2016.

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; and
- 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 testing of indicators other than the two selected mandated indicators, or consideration of quality governance.

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 2016:

- 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 2.1 of the Monitor 2015/16 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

Deloitte LLP

Chartered Accountants

Reading, United Kingdom

25 May 2016

Auditor's Report and Annual Accounts

INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF GOVERNORS AND BOARD OF DIRECTORS OF OXFORD HEALTH NHS FOUNDATION TRUST

Opinion on financial statements of Oxford Health NHS Foundation Trust

In our opinion the financial statements:

- **give a true and fair view of the state of the Trust's affairs as at 31 March 2016 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.**

The financial statements comprise 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 42. 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.

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 Code of Audit Practice.

Going concern

We have reviewed the Accounting Officer's statement that the Trust is a going concern. We confirm that:

- we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified any material uncertainties that may cast significant doubt on the Trust's ability to continue as a going concern.

However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Trust's ability to continue as a going concern.

Independence We are required to comply with the Financial Reporting Council’s Ethical Standards for Auditors and we confirm that we are independent of the group and we have fulfilled our other ethical responsibilities in accordance with those standards. We also confirm we have not provided any of the prohibited non-audit services referred to in those standards.

Our assessment of risks of material misstatement The assessed risks of material misstatement described below are those that had the greatest effect on our audit strategy, the allocation of resources in the audit and directing the efforts of the engagement team:

The Audit Committee has requested that, while not required under International Standards on Auditing (UK and Ireland), we include in our report any key observations in respect of these assessed risks of material misstatement.

NHS revenue and provisions

Risk description

As described in note 1.2, Accounting Policies and note 2.2, Critical Accounting Judgements and Key Sources of Estimation Uncertainty, there are significant judgements in recognition of revenue from care of NHS patients and in provisioning for disputes with commissioners due to:

- the risk that revenue is recognised/billed from an outdated version of a contract or that contract amendments are not taken into account;
- the value of CQUIN revenue to recognise from the main commissioners could be overstated; and
- correct identification and classification of partnership arrangements.

Details of the Trust’s income, including £220m of Commissioner Requested Services, are shown in note 5 to the financial statements. NHS debtors are shown in note 22 to the financial statements.

The majority of the Trust’s income comes from key commissioners, increasing the significance of associated judgements.

How the scope of our audit responded to the risk

We evaluated the design and implementation of controls over the Trust’s revenue recognition processes.

	<p>We tested the recognition of income through the year, and evaluated the results of the agreement of balances exercise. We reviewed the significant signed contracts, and reconciled these to the income recorded. We assessed the assumptions made in respect of achievement of CQUIN targets.</p> <p>We challenged key judgements around specific areas of dispute and actual or potential challenge from commissioners and the rationale for the accounting treatments adopted. In doing so, we considered the historical accuracy of provisions for disputes and reviewed correspondence with commissioners,</p> <p>We obtained a paper from management summarising the current partnership arrangements. We assessed the accounting treatment of these partnerships. Additionally we read key meeting minutes to test the completeness of the identification of these arrangements.</p>
<p>Key observations</p>	<p>All significant balances were agreed to contract and the agreement of balances exercise.</p> <p>Management's judgements were within a reasonable range.</p> <p>We did not identify any new partnership or similar arrangements which management had not previously identified or accounted for.</p>
<p>Property valuations</p>	
<p>Risk description</p>	<p>The Trust holds property assets within Property, Plant and Equipment at a modern equivalent use valuation of £143.0m. The valuations are by nature significant estimates which are based on specialist and management assumptions (including the floor areas for a Modern Equivalent Asset, the basis for calculating build costs, the level of allowances for professional fees and contingency, and the remaining life of the assets) and which can be subject to material changes in value.</p> <p>The valuation movements on the Trust's estate shown in note 20 are an impairment of £5.6m, offset by upward movements of £6.7m.</p>
<p>How the scope of our audit responded to the risk</p>	<p>We evaluated the design and implementation of controls over property valuations, and tested the accuracy and completeness of data provided by the Trust to the valuer.</p> <p>We used Deloitte internal valuation specialists to review and challenge the appropriateness of the key assumptions used in the valuation of the Trust's properties, particularly those in the use of Modern Equivalent Asset valuation approach, and through benchmarking against revaluations performed by other Trusts at</p>

	<p>31 March 2016.</p> <p>We have reviewed the disclosures in notes 1 and 2 and evaluated whether these provide sufficient explanation of the basis of the valuation and the judgements made in preparing the valuation.</p> <p>We assessed whether the valuation and the accounting treatment of the impairment are compliant with the relevant accounting standards, and in particular whether impairments should be recognised in the Income Statement or in Other Comprehensive Income.</p>
Key observations	We did not identify any misstatements or control weaknesses from our testing. The key assumptions were similar to in previous years and were in the reasonable range.
Going Concern	
Risk description	The Trust operates in an increasingly financially constrained environment, with significant ongoing cost pressures from CIP requirements. In 2014/15, 50% of trusts were loss making, compared to 28% in 2013/14. Average EBITDA margin has fallen from 5.2% to 3.8% over the same period. The Trust had forecast a deficit of £5.5m in 2015/16. The final outturn takes account of £2.7m of better than planned proceeds on the sale of land in relation to the former Manor/Tindal sites. We note that the year-end Statement of Cash Flows shows a cash balance of £14.4m, an improvement on the £13.2m shown in the initial plan.
How the scope of our audit responded to the risk	<p>We have reviewed the Trust's high level forecasts and CIP plans, including challenging key judgements.</p> <p>We considered the Trust's year end and forecast cash position.</p> <p>We reviewed correspondence with Monitor/NHS Improvement in relation to the Trust's FSRR and any ongoing regulatory action.</p>
Key observations	<p>Management's forecasts contain assumptions that have been derived from their knowledge of the Trust's current position. In considering these assumptions, the working capital appears to be within a prudent range and the level of CIP appears to be achievable.</p> <p>The Trust's plan suggests that there is at least 2 to 3 more years' cash available to the Trust.</p>

Last year our report included one other risk which is not included in our report this year: risks associated with capital expenditure – in the current year the Trust’s capital programme is not material, and therefore there is not a significant risk in this area in the current period.

The description of risks above should be read in conjunction with the significant issues considered by the Audit Committee.

These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

We determined materiality for the Trust to be £4.5m (2014/15: £2.8m), which is 1.5% of revenue (2014/15: below 1% of revenue). Revenue was chosen as a benchmark as the Trust is a non-profit organisation, and revenue is a key measure of financial performance for users of the financial statements. We reassessed the percentage used from 1% of revenue in 2014/15 to 1.5% in 2015/16 in the context of our cumulative knowledge and understanding of the audit risks at the Trust and our assessment of those risks for this year.

We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £220,000 (2014/15: £138,000), as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

An overview of the scope of our audit

Our audit was scoped by obtaining an understanding of the entity and its environment, including internal control, and assessing the risks of material misstatement. Audit work was performed at the Trust’s head offices in Oxford directly by the audit engagement team, led by the audit partner.

The audit team included integrated Deloitte specialists bringing specific skills and experience in Information Technology systems and property valuations.

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability 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

Annual Governance Statement, use of resources, and compilation of financial statements

Under the Code of Audit Practice, we are required 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 is inconsistent with information of which we are aware from our audit;
- the NHS foundation trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- proper practices have not been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

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.

Our duty to read other information in the Annual Report

Under International Standards on Auditing (UK and Ireland), we are required to report to you if, in our opinion, information in the annual report is:

- materially inconsistent with the information in the audited financial statements;
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit; or
- otherwise misleading.

In particular, we are required to consider whether we have identified any inconsistencies between our knowledge acquired during the audit and the directors' statement that they consider the annual report is fair, balanced and understandable and whether the annual report appropriately discloses those matters that we communicated to the audit committee which we consider should have been disclosed. We confirm that we have not identified any such inconsistencies or misleading statements.

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 Code of Audit Practice and International Standards on Auditing (UK and Ireland). We also comply with International Standard on Quality Control 1 (UK and Ireland). Our audit methodology and tools aim to ensure that our quality control procedures are effective, understood and applied. Our quality controls and systems include our dedicated professional standards review team.

This report is made solely to the Board 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.

**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.



Susan Barratt, BA, ACA (Senior statutory auditor)

for and on behalf of Deloitte LLP

Chartered Accountants and Statutory Auditor

Reading, United Kingdom

25 May 2016

Annual Statutory Accounts - Year Ending 31 March 2016

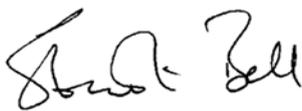
Trust name:	Oxford Health NHS Foundation Trust
This year	2015/16
Last year	2014/15
This year ended	31 March 2016
Last year ended	31 March 2015
This year beginning	1 April 2015
Last year beginning	1 April 2014

FOREWORD TO THE ACCOUNTS

Oxford Health NHS Foundation Trust

The accounts for the year ended 31 March 2016 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 2015/16 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 2015/16. The Trust Board has approved the preparation of the 2015/16 accounts on a going concern basis.



Signed:

Stuart Bell, Chief Executive

Date: 25 May 2016

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED
31 March 2016**

		2015/16	2014/15
	NOTE	£000	£000
Operating income	4,5,6	297,685	288,336
Operating expenses	7	(293,699)	(297,063)
Operating surplus/(deficit)		<u>3,986</u>	<u>(8,727)</u>
Finance costs			
Finance income	16	69	76
Financial expense - financial liabilities	17	(2,058)	(2,089)
Financial expense - unwinding of discount on provisions	17	(29)	(36)
Public Dividend Capital dividends payable	37	<u>(3,891)</u>	<u>(4,071)</u>
Net finance costs		<u>(5,909)</u>	<u>(6,120)</u>
Deficit from continuing operations		(1,923)	(14,847)
DEFICIT FOR THE FINANCIAL YEAR		<u>(1,923)</u>	<u>(14,847)</u>
Other comprehensive income :			
Revaluations/(Impairments) of property, plant and equipment	20,29	2,361	(6,149)
Remeasurements of net defined benefit pension scheme asset / liability	11	307	(343)
Other reserve movements		-	-
TOTAL COMPREHENSIVE INCOME AND EXPENSE FOR THE YEAR		<u><u>745</u></u>	<u><u>(21,339)</u></u>

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 2016**

		31 March 2016	31 March 2015
	NOTE	£000	£000
NON-CURRENT ASSETS			
Intangible assets	18	1,552	1,216
Property, plant and equipment	19	157,735	158,986
Trade and other receivables	22	1,523	30
Total Non-Current Assets		160,810	160,232
CURRENT ASSETS			
Inventories	21	2,073	1,804
Trade and other receivables	22	13,899	9,571
Non-current assets held for sale	23	0	3,077
Cash and cash equivalents	30	14,388	15,288
Total Current Assets		30,360	29,740
CURRENT LIABILITIES			
Trade and other payables	24	(24,083)	(24,649)
Borrowings	25	(1,532)	(1,471)
Other financial liabilities	26	(298)	(357)
Other liabilities	27	(4,352)	(1,838)
Provisions	28	(1,539)	(1,600)
Total Current Liabilities		(31,804)	(29,915)
NON-CURRENT LIABILITIES			
Borrowings	25	(27,042)	(28,574)
Local government pension scheme deficit	11, 27	(472)	(629)
Provisions	28	(2,587)	(2,620)
Total Non-Current Liabilities		(30,101)	(31,823)
TOTAL ASSETS EMPLOYED		129,265	128,234
TAXPAYERS' EQUITY			
Public dividend capital		90,869	90,583
Revaluation reserve	29	23,318	20,702
Other reserves		-	1,317
Income and expenditure reserve		15,078	15,632
TOTAL TAXPAYERS' EQUITY		129,265	128,234

The notes on pages 5 to 44 form part of these accounts.

The financial statements on pages 1 to 44 were approved by the Board and signed on its behalf and authorised for issue by:

Signed: 

Date: 25 May 2016

Stuart Bell (Chief Executive)

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY 2015/16

	Total	Public Dividend Capital	Revaluation Reserve	Other Reserves	Income and Expenditure Reserve
	£000	£000	£000	£000	£000
Taxpayers' Equity at 1 April 2015	128,234	90,583	20,702	1,317	15,632
Deficit for the year	(1,923)	-	-	-	(1,923)
Transfer to retained earnings on disposal of assets between reserves	-	-	(588)	-	588
Revaluation losses and impairment losses on property plant and equipment	(4,313)	-	(4,313)	-	-
Revaluations - Property, Plant & Equipment	6,674	-	6,674	-	-
Actuarial gain on defined benefit pension scheme	307	-	-	-	307
Transfer of the excess of current cost depreciation over historical cost depreciation to the income and expenditure reserve	-	-	(536)	-	536
Movements on other reserves	-	-	1,379	(1,317)	(62)
Public Dividend Capital received	286	286	-	-	-
Taxpayers' Equity at 31 March 2016	129,265	90,869	23,318	-	15,078

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY 2014/15

	Total	Public Dividend Capital	Revaluation Reserve	Other Reserves	Income and Expenditure Reserve
	£000	£000	£000	£000	£000
Taxpayers' Equity at 1 April 2014	148,794	89,804	27,851	1,317	29,822
Deficit for the year	(14,847)	-	-	-	(14,847)
Transfer to retained earnings on disposal of assets between reserves	-	-	(459)	-	459
Revaluation losses and impairment losses on property plant and equipment	(11,507)	-	(11,507)	-	-
Revaluations - Property, Plant & Equipment	5,358	-	5,358	-	-
Actuarial losses on defined benefit pension scheme	(343)	-	-	-	(343)
Transfer of the excess of current cost depreciation over historical cost depreciation to the income and expenditure reserve	-	-	(551)	-	551
Movements on other reserves	-	-	10	-	(10)
Public Dividend Capital received	779	779	-	-	-
Taxpayers' Equity at 31 March 2015	128,234	90,583	20,702	1,317	15,632

**STATEMENT OF CASH FLOWS FOR THE YEAR ENDED
31 March 2016**

	NOTE	2015/16 £000	2014/15 £000
Cash flows from operating activities			
Operating surplus/(deficit) from continuing operations		3,986	(8,727)
Operating deficit		3,986	(8,727)
Non-cash income and expense:			
Depreciation and amortisation	7	6,763	6,467
Impairments	7	2,885	16,377
Reversals of impairments	6	(1,572)	(5,263)
Net (gain)/loss on disposal of assets		(2,630)	246
Income recognised in respect of capital donations		-	(129)
Employer contributions paid less net charge in relation to Local Government Pension Scheme		152	45
(Increase)/Decrease in trade and other receivables		(2,707)	1,167
Increase in inventories		(269)	(519)
(Decrease)/Increase in trade and other payables		(1,307)	105
Increase/(Decrease) in other liabilities		2,422	(2,373)
(Decrease)/Increase in provisions		(123)	473
NET CASH GENERATED FROM OPERATIONS		7,600	7,869
Cash flows from investing activities:			
Interest received		69	76
Purchase of intangible assets		(618)	(757)
Purchase of property, plant and equipment		(4,067)	(10,723)
Sales of Property, Plant and Equipment		3,267	1,300
Receipt of cash donations to purchase capital assets		-	129
PFI lifecycle prepayments (cash outflow)		(81)	(94)
NET CASH GENERATED USED IN INVESTING ACTIVITIES		(1,430)	(10,069)
Cash flows from financing activities:			
Public Dividend Capital received		286	779
Loans repaid		(1,338)	(1,354)
Capital element of private finance initiative obligations		(149)	(91)
Interest paid		(984)	(1,056)
Financing element of private finance initiative obligations		(1,044)	(1,042)
Public Dividend Capital dividend paid		(3,841)	(3,961)
NET CASH USED IN FINANCING ACTIVITIES		(7,070)	(6,725)
Decrease in cash and cash equivalents		(900)	(8,925)
Cash and cash equivalents at 1 April		15,288	24,213
Cash and cash equivalents at 31 March		14,388	15,288

NOTES TO THE ACCOUNTS

1 Accounting policies and other information

Monitor is responsible for issuing an accounts direction to NHS foundation trusts under the NHS Act 2006. 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 the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the FT ARM 2015/16 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.

Accounting convention

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 2017/18), 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

Oxford Health NHS Foundation Trust is the corporate trustee to the Oxford Health Charity. Oxford Health NHS Foundation Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the foundation trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

However, the size of the Oxford Health Charity is not considered material to the accounts of Oxford Health NHS Foundation Trust. On this basis, Oxford Health Charity is not consolidated within the Oxford Health NHS Foundation Trust accounts. A summary of the financial results and position of Oxford Health Charity is included in note 42.

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 a subsequent 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 Pension Scheme which is a defined benefit pension scheme. The scheme assets and 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 a large 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 valuation.

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 January 2016. Consideration is given to the movement in the valuation between 31 January and 31 March but no adjustments are made where this is not material.

The Treasury has decided that the NHS should value its property assets in line with the 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. An item of property, plant and equipment which is surplus to requirements with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

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 arise from a clear consumption of economic benefits or of 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 that arises from a clear consumption of economic benefit or of 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. 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 current value in existing use. Where no active market exists, intangible assets are valued at the lower depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

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 commissioners or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

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. Loans from the Department of Health are not held for trading and are measured at historic cost with any unpaid interest accrued separately.

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 or through the use of a bad debt provision.

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.

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 NHS foundation trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. The NHSLA is administratively responsible for all clinical negligence cases. 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 not recognised, but are disclosed in note 35, unless the probability of a transfer of economic benefits is remote. 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, and (iii) 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 of the audit of the annual accounts.

1.14 Value added tax (VAT)

Most of the activities of the NHS foundation 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 currencies of the trust are 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 foundation 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.

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 2015/16. The application of the Standards as revised would not have a material impact on the accounts for 2015/16, were they applied in that year:

IFRS 11 (amendment) acquisition of an interest in a joint operation - not yet EU adopted but expected to be effective from 2016/17

IAS 16 (amendment) and IAS 38 (amendment) depreciation and amortisation - not yet EU adopted but expected to be effective from 2016/17

IAS 16 (amendment) and IAS 41 (amendment) bearer plants - not yet EU adopted but expected to be effective from 2016/17

IAS 27 (amendment) equity method in separate financial statements - not yet EU adopted but expected to be effective from 2016/17

IFRS 10 (amendment) and IAS 28 (amendment) sale or contribution of assets - not yet EU adopted but expected to be effective from 2016/17

IFRS 10 (amendment) and IAS 28 (amendment) investment entities applying the consolidation exception - not yet EU adopted but expected to be effective from 2016/17

IAS 1 (amendment) disclosure initiative - not yet EU adopted but expected to be effective from 2016/17

IFRS 15 Revenue from contracts with customers - not yet EU adopted but expected to be effective from 2017/18

IFRS 9 Financial Instruments - not yet EU adopted but expected to be effective from 2018/19

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 District Valuer Services as at 31 January 2016. 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 2016 are as disclosed in the trade and other receivables note.

3 Operating Segments

All of the Trust's activities relate to the provision of healthcare, which is an aggregate of all the individual specialty components included therein. Similarly, the majority of the Trust's income originates with UK Whole of Government Accounting (WGA) bodies. The majority of expenses incurred are payroll expenditure on staff involved in the provision or support of healthcare activities generally across the trust together with the related supplies and overheads necessary. The business activities which earn revenue and incur expenses are therefore of one broad combined nature.

The operating results of the trust are reviewed monthly or more frequently by the Trust's chief operating decision maker which is the overall foundation trust Board, which includes non-executive directors. The finance report considered by the Board contains only total balance sheet positions and cash flow forecasts for the trust as a whole. The Board as chief operating decision maker therefore only considers one segment of healthcare in its decision making process.

The single segment of 'healthcare' has therefore been identified consistent with the core principle of IFRS 8 which is to enable users of the financial statements to evaluate the nature and financial effects of business activities in which the trust engages and economic environments in which it operates.

4 Operating income

	2015/16	2014/15
	£000	£000
Income from activities	245,348	239,627
Other operating income	52,337	48,709
	<u>297,685</u>	<u>288,336</u>

5 Income from activities**5.1 Income from activities (by activity)**

	2015/16	2014/15
	£000	£000
Mental health		
Block contract income	135,158	129,716
Cost and volume contract income	4,586	4,668
Clinical income for the secondary commissioning of mandatory services	3,058	2,803
Other clinical income from mandatory services	868	1,084
Community services	101,625	101,316
Private patient income	53	40
	<u>245,348</u>	<u>239,627</u>

All income from activities arises from mandatory services.

5.2 Income from activities (by source)

	2015/16	2014/15
	£000	£000
Commissioner Requested Services		
Clinical Commissioning Groups and NHS England	220,170	213,419
Non-Commissioner Requested Services		
Local authorities	20,853	21,730
NHS trusts	2,305	2,944
Foundation trusts	755	106
Bodies external to government	1,212	1,388
Private patients	53	40
	<u>245,348</u>	<u>239,627</u>

6 Other operating income

	2015/16	2014/15
	£000	£000
Pharmacy sales	22,652	17,283
Education and training	12,293	12,493
Research and development	7,240	6,769
Non-patient care services to other bodies	2,713	4,375
Other income	2,684	2,263
Profit on disposal of assets held for sale	2,969	-
Reversal of impairments of property, plant and equipment	1,572	5,263
Charitable and other contributions to expenditure	214	205
Receipt of donations for capital acquisitions	-	58
	<u>52,337</u>	<u>48,709</u>

7 Operating expenses

	2015/16	2014/15
	£000	£000
Services from Foundation Trusts	888	1,571
Services from NHS Trusts	418	809
Services from CCGs and NHS England	-	2
Purchase of healthcare from non NHS bodies	2,278	3,091
Employee Expenses - Executive directors	998	909
Employee Expenses - Non-executive directors	155	152
Employee Expenses - Staff	207,848	205,015
Supplies and services - clinical (excluding drug costs)	14,051	9,061
Supplies and services - general	2,624	2,888
Establishment	2,992	3,005
Transport	3,855	4,272
Premises	8,749	8,599
Decrease in provision for impairment of receivables	(5)	(34)
Increase in other provisions	60	25
Change in provisions discount rate	(12)	92
Inventories written down (net, including inventory drugs)	43	42
Drug costs (non inventory drugs only)	906	2,055
Inventories consumed (excluding drugs)	2,135	1,499
Drug Inventories consumed	23,114	17,815
Rentals under operating leases	5,622	5,331
Depreciation of property plant and equipment	6,482	6,296
Amortisation of intangible assets	281	171
Loss on disposal of property, plant and equipment	339	246
Impairment of property, plant and equipment	2,885	16,377
Audit services - statutory audit	65	57
Other auditor remuneration - analysis in note 13.1	101	90
Clinical negligence	291	300
Professional fees and associated costs	305	264
Consultancy costs	249	1,091
Internal audit costs	104	104
Training, courses and conferences	1,541	1,675
Patient travel	385	288
Car parking and security	110	82
Redundancy (Included in Employee Expenses)	409	626
Insurance	297	364
Other services, e.g. External payroll	1,583	1,423
Losses, ex gratia & special payments	38	54
Other	1,515	1,356
	<u>293,699</u>	<u>297,063</u>

The trust has adopted the above operating expenses table in line with Monitor FTC guidance. The 2014/15 total remains the same but some figures have been presented in new categories for comparative purposes.

8 Staff costs and numbers**8.1 Employee expenses**

(excluding non-executive directors)

	2015/16			2014/15
	Total	Permanently Employed	Other	Total
	£000	£000	£000	£000
Salaries and wages	163,276	154,590	8,686	163,886
Social Security costs	11,686	11,686	-	11,914
Employer contributions to NHS pension scheme	19,848	19,848	-	19,735
Other pension costs	10	-	10	-
Termination benefits	409	409	-	626
Bank and agency staff	14,156	-	14,156	10,522
Capitalised employee costs	(130)	(130)	-	(133)
	209,255	186,403	22,852	206,550

8.2 Staff numbers

(excluding non-executive directors)

	2015/16			2014/15
	Total	Permanently employed	Other	Total
	WTE	WTE	WTE	WTE
Medical and dental	279	279	-	242
Healthcare assistants and other support staff	979	909	70	1,022
Nursing, midwifery and health visiting staff	1,498	1,450	48	1,553
Nursing, midwifery and health visiting learners	69	69	-	77
Scientific, therapeutic and technical staff	936	924	12	898
Social care staff	21	21	-	71
Administration and estates	1,018	1,009	9	959
Bank and Agency Staff	212	-	212	179
	5,012	4,661	351	5,001

WTE - Whole Time Equivalent. WTE shown is an average throughout the year

8.3 Directors' remuneration and other benefits

	2015/16	2014/15
	£000	£000
Executive and non-executive directors' salaries*	947	888
Employers' contribution to executive directors' pensions**	117	99
	1,064	987

* relates to 14.5 WTE executive and non-executive directors (13.1 in 2014/15)

**relates to 7 directors (5 in 2014/15) accruing benefits under the NHS Pension Scheme, a defined benefit scheme

8.4 Staff exit packages

	2015/16	2015/16	2015/16	2014/15
Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages	Total number of exit packages
< £10,000	10	1	11	4
£10,000 - £25,000	5	-	5	7
£25,001 - £50,000	5	3	8	6
£50,001 - £100,000	3	-	3	3
£100,001 - £150,000	-	-	-	0
Total number of exit packages	23	4	27	20
Total resource cost £'000	609	113	722	610

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

	2015/16	2015/16	2014/15	2014/15
	Number of agreements	Total value of agreements £000	Number of agreements	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	3	107	10	332
Non-contractual payments requiring HM Treasury approval	1	6	2	75
Total	4	113	12	407
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.

One non-contractual payment requiring HM Treasury approval was made in 2015/16, for £6k. Two non-contractual payments requiring HM Treasury approval were made in 2014/15, one for £66k and one for £9k.

9 Employee benefits

The Trust's employees received no material benefits in 2015/16 (none in 2014/15).

10 Retirements due to ill-health

During 2015/16 there were 4 early retirements (2014/15, 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 £209,355 (2014/15, £158,340). 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 two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are 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, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that 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 scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) 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 scheme liability as at 31 March 2016, is based on valuation data as 31 March 2015, updated to 31 March 2016 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. These accounts can be viewed on the NHS Pensions website and are published annually. 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 schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow for the level of contribution rates to be changed 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.

11.2 *Local government superannuation scheme Buckinghamshire County Council pension scheme*

Some employees are members of the Buckinghamshire County Council Pension Scheme, which is a defined benefit scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the trust's accounts. The trust's obligation in respect of the pension assets and liabilities is with effect from 1 April 2009, when the staff transferred, and not the period before this date. The net liability applicable is not material to the trust so the full valuation is not disclosed in these accounts; however the net liability is included in the Statement of Financial Position.

12 Leases**12.1 Operating lease payments recognised as an expense**

	2015/16	2014/15
	£000	£000
Minimum lease payments	<u>5,622</u>	5,331
	<u>5,622</u>	<u>5,331</u>

12.2 Total future minimum operating lease payments

	Land & Buildings		Other Leases		Employee Car Leases*	
	2015/16	2014/15	2015/16	2014/15	2015/16	2014/15
	£000	£000	£000	£000	£000	£000
Payable:						
Not later than one year	3,523	3,814	264	369	795	756
Between one and five years	2,922	2,896	78	346	599	563
After 5 years	9,932	9,385	-	-	-	-
Total	<u>16,377</u>	<u>16,095</u>	<u>342</u>	<u>715</u>	<u>1,394</u>	<u>1,319</u>

Total future sublease payments expected to be received: £Nil (2014/15, £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 Fees paid to external auditor**

	2015/16	2014/15
	£000	£000
Audit services - statutory audit	65	57
Other services: audit-related assurance services	12	11
Other auditor remuneration - non-audit services	<u>89</u>	<u>79</u>
	<u>166</u>	<u>147</u>

There is no limitation on auditor's liability for external audit work carried out for the financial years 2015/16 or 2014/15. The non-audit services related to cost improvement programme planning consultancy.

14 Better payment practice code

	2015/16		2014/15	
	Number	£000	Number	£000
Measure of Compliance:				
Total Non-NHS trade invoices paid in the year	75,678	98,346	72,922	87,028
Total Non NHS trade invoices paid within target*	<u>70,466</u>	<u>91,230</u>	<u>68,695</u>	<u>82,039</u>
Percentage of Non-NHS trade invoices paid within target	<u>93.1%</u>	<u>92.8%</u>	<u>94.2%</u>	<u>94.3%</u>
Total NHS trade invoices paid in the year	2,693	16,578	2,693	17,358
Total NHS trade invoices paid within target*	<u>2,380</u>	<u>15,218</u>	<u>2,381</u>	<u>16,416</u>
Percentage of NHS trade invoices paid within target	<u>88.4%</u>	<u>91.8%</u>	<u>88.4%</u>	<u>94.6%</u>

* 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

There is no disclosure to be made under the late payment of commercial debts (interest) Act 1998.

16 Finance income

	2015/16	2014/15
	£000	£000
Bank account interest	47	61
Other interest	<u>22</u>	<u>15</u>
	<u>69</u>	<u>76</u>

17 Finance expense

	2015/16	2014/15
	£000	£000
Interest on loans	984	1,034
Financing obligations under PFI contracts:		
- main finance cost *	681	717
- contingent finance cost**	363	316
Unwinding of discount on provisions	29	36
Net finance expense on Local Government Pension Scheme	<u>30</u>	<u>22</u>
	<u>2,087</u>	<u>2,125</u>

* 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.

18 Intangible assets

	2015/16	2014/15
	£000	£000
Gross cost at 1 April	1,629	872
Additions purchased	617	757
Gross cost at 31 March	<u>2,246</u>	<u>1,629</u>
Amortisation at 1 April	413	242
Charged during the year	281	171
Amortisation at 31 March	<u>694</u>	<u>413</u>
Net book value		
Total at 31 March	<u>1,552</u>	<u>1,216</u>

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.

19 Property, Plant and Equipment

19.1 Property, Plant and Equipment 2015/16

	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 2015	45,390	123,471		1,337	5,836	141	6,849	10,454	193,478
Additions purchased	-	1,503	-	2,868	54	36	223	95	4,779
Additions donated	-	-	-	-	-	-	-	-	-
Reclassifications	-	557	-	(1,244)	96	-	583	8	-
Reclassified as held for sale	-	-	-	-	-	-	-	-	-
Disposals	-	(714)	-	-	(112)	-	(96)	(510)	(1,432)
Revaluation	(647)	(6,157)	-	-	-	-	-	-	(6,804)
Impairments charged to the revaluation reserve	(25)	(4,288)	-	-	-	-	-	-	(4,313)
Cost or valuation at 31 March 2016	44,718	114,372		2,961	5,874	177	7,559	10,047	185,708
Depreciation at 1 April 2015	18,082	6,818			1,327	68	2,706	5,495	34,496
Reclassifications	-	-	-	-	-	-	-	-	-
Reclassified as held for sale	-	-	-	-	-	-	-	-	-
Disposals	-	(149)	-	-	(112)	-	(94)	(484)	(839)
Revaluation	(5,500)	(7,979)	-	-	-	-	-	-	(13,479)
Impairments charged to operating expenses	925	1,960	-	-	-	-	-	-	2,885
Reversal of impairments to operating income	(1,572)	-	-	-	-	-	-	-	(1,572)
Charged during the year	-	3,548	-	-	557	19	1,332	1,026	6,482
Depreciation at 31 March 2016	11,935	4,198			1,772	87	3,944	6,037	27,973
Net Book Value									
Purchased at 31 March 2016	32,783	101,303	-	2,961	4,102	18	3,615	4,008	148,790
Private finance initiatives at 31 March 2016	-	7,365	-	-	-	-	-	-	7,365
Donated and Government Granted at 31 March 2016	-	1,506	-	-	-	74	-	-	1,580
Total at 31 March 2016	32,783	110,174		2,961	4,102	92	3,615	4,008	157,735
Purchased at 1 April 2015	27,309	106,035	-	1,337	4,507	20	4,142	4,962	148,312
Private finance initiatives at 1 April 2015	-	8,813	-	-	-	-	-	-	8,813
Donated and Government Granted at 01 April 2015	-	1,808	-	-	-	53	-	-	1,861
Total at 1 April 2015	27,309	116,656		1,337	4,507	73	4,142	4,962	158,986

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19.2 Property, Plant and Equipment 2014/15

	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 2014	54,322	119,521	85	6,303	5,443	106	6,511	10,767	203,058
Additions purchased	487	4,224	-	1,335	464	3	1,529	253	8,295
Additions donated	-	96	-	-	-	32	-	-	128
Reclassifications	-	5,684	-	(6,301)	525	-	-	92	-
Reclassified as held for sale	(150)	(315)	(85)	-	-	-	-	-	(550)
Disposals	(195)	(5,790)	-	-	(596)	-	(1,191)	(658)	(8,430)
Revaluation	-	2,484	-	-	-	-	-	-	2,484
Impairments charged to the revaluation reserve	(9,074)	(2,433)	-	-	-	-	-	-	(11,507)
Cost or valuation at 31 March 2015	45,390	123,471	-	1,337	5,836	141	6,849	10,454	193,478
Depreciation at 1 April 2014	5,695	8,748	(2)	3,417	1,090	60	2,797	5,039	26,844
Reclassifications	-	3,417	-	(3,417)	-	-	-	-	-
Disposals	-	(4,553)	-	-	(491)	-	(1,191)	(651)	(6,886)
Revaluation	-	(2,872)	(2)	-	-	-	-	-	(2,874)
Impairments charged to operating expenses	12,387	3,912	-	-	39	-	-	39	16,377
Reversal of impairments to operating income	-	(5,263)	-	-	-	-	-	-	(5,263)
Charged during the year	-	3,429	2	-	689	8	1,100	1,068	6,296
Depreciation at 31 March 2015	18,082	6,818	(2)	-	1,327	68	2,706	5,495	34,494
Net Book Value									
Purchased at 31 March 2015	27,309	106,035	-	1,337	4,507	20	4,142	4,962	148,312
Private finance initiatives at 31 March 2015	-	8,813	-	-	-	-	-	-	8,813
Donated and Government Granted at 31 March 2015	-	1,808	-	-	-	53	-	-	1,861
Total at 31 March 2015	27,309	116,656	-	1,337	4,507	73	4,142	4,962	158,986
Purchased at 1 April 2014	48,627	101,458	87	2,457	4,352	21	3,714	5,730	166,446
Private finance initiatives at 1 April 2014	-	7,689	-	-	-	-	-	-	7,689
Donated and Government Granted at 01 April 2014	-	1,625	-	429	-	25	-	-	2,079
Total at 1 April 2014	48,627	110,772	87	2,886	4,352	46	3,714	5,730	176,214

19.3 Economic life of property, plant and equipment

	Buildings excluding dwellings	Dwellings	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
Minimum life years	1	33	5	3	5	5
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 January 2015 and as at 31 January 2016. The movements in the valuation between 31 January 2016 and 31 March 2016 as well as between 31 January 2015 and 31 March 2015 are not material and therefore no been adjusted for. Plant and equipment is valued using depreciated replacement cost.

19.5 Profits and losses on disposal of property, plant and equipment

Profit/(loss) on the disposal of property, plant and equipment is made up as follows:

	2015/16	2014/15
	£000	£000
Profit/(loss) on disposal of land and buildings	2,885	(131)
Loss on disposal of plant and equipment	(339)	(115)
	<u>2,546</u>	<u>(246)</u>

The profit on disposal of land and buildings in 2015/16 relates to the Manor and Tindal sites in Aylesbury and Charter House in Thame. The net book value of these sites is disclosed in note 23. The consideration for the Manor and Tindal sites included £3,200k of deferred proceeds. The services provided from the Manor and Tindal sites were relocated to the Whiteleaf Centre and the services provided from Charter House were relocated to Thame Hospital.

20 Impairment of property, plant and equipment

	2015/16	2014/15
	£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	(1,572)	(5,263)
Recognised in operating expenses		
Impairments due to changes in market price	2,885	16,377
Charge to revaluation reserve		
Impairments charged to the revaluation reserve	4,313	11,507
Total	<u>5,626</u>	<u>22,621</u>

In 2015/16 the £5,626k (2014/15: £22,621k) impairment due to changes in market price was offset by a £6,675k (2014/15: £5,358k) upward revaluation due to changes in market price, resulting in a net revaluation of £1,049k (2014/15: £17,263k impairment).

The revaluation included within other comprehensive income of £2,361k (2014/15: £6,149k impairment) is calculated as the net of the £4,313k (2014/15: £11,507k) impairment loss to revaluation reserve and the £6,674k (2014/15: £5,358k) upward revaluation credited to revaluation reserve.

21 Inventories**21.1 Inventories by type**

	31 March 2016	31 March 2015
	£000	£000
Drugs	2,038	1,765
Energy	15	10
Other	20	29
	<u>2,073</u>	<u>1,804</u>

Inventories are held at the lower of cost and net realisable value.

21.2 Inventories recognised in expenses

	31 March 2016	31 March 2015
	£000	£000
Inventories recognised as an expense in the period	25,249	19,314
Write-down of inventories (including losses)	77	339
Reversal of write-downs that reduced the expense	(34)	(297)
	<u>25,292</u>	<u>19,356</u>

22 Trade and other receivables**22.1 Trade and other receivables**

	Current		Non-current	
	31 March 2016	31 March 2015	31 March 2016	31 March 2015
	£000	£000	£000	£000
NHS receivables	5,025	3,403	-	-
Receivables due from NHS charities - revenue	51	86	-	-
Other receivables with related parties	1,010	969	-	-
Other receivables	3,653	1,244	1,523	30
VAT	425	473	-	-
Accrued income	2,371	1,869	-	-
PDC dividend receivable	-	20	-	-
Provision for the impairment of receivables	(121)	(141)	-	-
Prepayments other	1,485	1,648	-	-
	13,899	9,571	1,523	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 2016	31 March 2015	31 March 2016	31 March 2015
	£000	£000	£000	£000
Not due	24	23	-	-
By up to three months	17	26	1,998	1,402
By three to six months	18	24	305	204
By more than six months	106	123	76	4
	165	196	2,379	1,610

22.3 Provision for impairment of receivables

	2015/16	2014/15
	£000	£000
Balance at 1 April	141	190
Amount recovered during the year	(62)	(99)
Amounts utilised	(15)	(15)
Increase in receivables impaired	57	65
Balance at 31 March	121	141

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 2015/16

	Property, Plant and Equipment £000	Total £000
NBV of non-current assets for sale and assets in disposal groups at 1 April 2015	3,077	3,077
Less assets sold in year	(3,077)	(3,077)
NBV of non-current assets for sale and assets in disposal groups at 31 March 2016	-	-

There was a gain recognised on assets sold in the year of £2,885k (2014/15: £47k)

23.2 Analysis of property plant and equipment assets held for sale

	Land £000	Buildings excluding dwelling £000	Dwellings £000	Total £000
Balance brought forward at 1 April 2015	1,705	565	807	3,077
Less assets sold in the year	(1,705)	(565)	(807)	(3,077)
Balance brought forward at 31 March 2016	-	-	-	-

The non-current assets held for sale at 1 April 2015 relate to land and buildings at the Tindal Centre and part of the remaining Manor hospital site together with Charter House.

24 Trade Payables

	Current		Non-current	
	31 March 2016	31 March 2015	31 March 2016	31 March 2015
	£000	£000	£000	£000
NHS payables - revenue	834	1,331	-	-
Related Parties payables - revenue	3,066	3,667	-	-
Other trade payables - revenue	1,885	4,492	-	-
Other trade payables - capital	1,129	416	-	-
Tax and social security costs	3,336	3,484	-	-
Accruals	13,635	11,180	-	-
Other Payables	198	79	-	-
	<u>24,083</u>	<u>24,649</u>	<u>-</u>	<u>-</u>

25 Borrowings

	Current		Non-current	
	31 March 2016	31 March 2015	31 March 2016	31 March 2015
	£000	£000	£000	£000
Loans from:				
Department of Health	1,337	1,338	22,750	24,087
PFI liabilities:				
Main liability	195	133	4,292	4,487
	<u>1,532</u>	<u>1,471</u>	<u>27,042</u>	<u>28,574</u>

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 was repaid in full during 2014/15. The Trust received Salix Finance Ltd Energy Efficiency Loans totalling £86k which were repaid in full during 2014/15.

26 Other financial liabilities

	Current		Non-current	
	31 March 2016	31 March 2015	31 March 2016	31 March 2015
	£000	£000	£000	£000
Holiday pay accrual	<u>298</u>	<u>357</u>	<u>-</u>	<u>-</u>
	<u>298</u>	<u>357</u>	<u>-</u>	<u>-</u>

27 Other liabilities

	Current		Non-current	
	31 March 2016	31 March 2015	31 March 2016	31 March 2015
	£000	£000	£000	£000
Deferred Income	<u>4,352</u>	<u>1,838</u>	<u>-</u>	<u>-</u>
Local Government Pension Scheme	<u>-</u>	<u>-</u>	<u>472</u>	<u>629</u>
	<u>4,352</u>	<u>1,838</u>	<u>472</u>	<u>629</u>

28 Provisions**28.1 Provisions by category**

	Current		Non-current	
	31 March 2016 £000	31 March 2015 £000	31 March 2016 £000	31 March 2015 £000
Pensions relating to other staff	93	93	925	976
Legal claims	104	103	-	-
Other - redundancy	255	495	-	-
Other - pensions to death	16	16	182	190
Other - injury benefit	46	45	819	842
Other - employment	181	127	-	-
Other - dilapidations	844	721	661	612
	<u>1,539</u>	<u>1,600</u>	<u>2,587</u>	<u>2,620</u>

28.2 Analysis of provisions

	Pensions relating to other staff			
	£000	Legal claims £000	Other £000	Total £000
Provision at 1 April 2015	<u>1,069</u>	<u>103</u>	<u>3,048</u>	<u>4,220</u>
Arising during the year	35	132	830	997
Used during the year	(95)	(5)	(551)	(651)
Change in discount	(5)	-	(8)	(13)
Reversed unused	-	(126)	(330)	(456)
Unwinding of discount	14	-	15	29
Provision at 31 March 2016	<u>1,018</u>	<u>104</u>	<u>3,004</u>	<u>4,126</u>
Expected timing of cash flows:	£000	£000	£000	£000
no later than one year	93	104	1,342	1,539
later than one year and no later than five years	361	-	897	1,258
later than five years	564	-	765	1,329

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 cash flows. £748k is included in the provisions of the NHS Litigation Authority at 31 March 2016 in respect of clinical negligence liabilities of the Trust (31 March 2015: £542k).

29 Revaluation reserve

	2015/16			2014/15		
	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	<u>20,702</u>	<u>-</u>	<u>20,702</u>	<u>27,851</u>	<u>-</u>	<u>27,851</u>
Revaluation gains/(losses) and impairment (losses) property, plant and equipment	2,362	-	2,362	(6,149)	-	(6,149)
Transfers to the income and expenditure account in respect of asset disposals	(588)	-	(588)	(459)	-	(459)
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	(536)	-	(536)	(551)	-	(551)
Other transfers on reserves	1,378	-	1,378	10	-	10
Revaluation reserve at 31 March	<u>23,318</u>	<u>-</u>	<u>23,318</u>	<u>20,702</u>	<u>-</u>	<u>20,702</u>

The 'other transfers on reserves' in 2015/16 relates to the movement of the historic revaluation reserve relating to Buckinghamshire land and buildings. This was previously disclosed separately as 'other reserves' but for 2015/16 has been combined with the revaluation reserve.

30 Cash and Cash Equivalents

	31 March 2016	31 March 2015
	£000	£000
Balance at 1 April	15,288	24,213
Net change in year	(900)	(8,925)
Balance at 31 March	14,388	15,288
Consists of:		
Cash with Government Banking Service	14,120	15,029
Commercial banks and cash in hand	268	259
Cash and cash equivalents as in Statement of Financial Position	14,388	15,288

Of the balance classified as cash with commercial banks and cash in hand, £214k (31 March 2015: £203k) is restricted by the requirement for a representative from Buckinghamshire County Council to approve withdrawals.

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 2015/16

	Plan	Actual	Adjustment to Contribution
	£000	£000	£000
Oxford Health NHS FT	8,613	8,696	83
OCC	2,280	2,303	23
OCC contribution to Trust overheads	111	111	-
Total Pooled Budget	11,004	11,110	106

Analysis of Income and Expenditure within the Pooled Budget

	Total	Trust	OCC
	£000	Contribution £000	Contribution £000
Pay Expenditure	10,595	8,352	2,243
Non-Pay Expenditure	585	486	99
Income	(181)	(142)	(39)
Contribution to Overheads	111	-	111
	11,110	8,696	2,414

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 2015/16

	Plan	Actual	Adjustment to
	£000	£000	Contribution
			£000
Oxford Health NHS FT	5,651	5,631	(20)
BCC	2,229	2,222	(7)
Total Delegated Budget	7,880	7,853	(27)
BCC contribution to Trust overheads	99	99	-
Total Pooled Budget	7,979	7,952	(27)

Analysis of Income and Expenditure within the Pooled Budget

	Total	Trust	BCC
	£000	Contribution	Contribution
		£000	£000
Pay Expenditure	6,944	4,981	1,963
Non-Pay Expenditure	910	651	259
Income	(1)	(1)	-
Contribution to Overheads	99	-	99
	7,952	5,631	2,321

Buckinghamshire Older Adults Pooled Budget Performance 2015/16

	Plan	Actual	Adjustment to
	£000	£000	Contribution
			£000
Oxford Health NHS FT	2,269	2,177	(92)
BCC	852	818	(34)
Total Delegated Budget	3,121	2,995	(126)
BCC contribution to Trust overheads	41	41	-
Total Pooled Budget	3,162	3,036	(126)

Analysis of Income and Expenditure within the Pooled Budget

	Total	Trust	BCC
	£000	Contribution	Contribution
		£000	£000
Pay Expenditure	2,835	2,087	748
Non-Pay Expenditure	160	90	70
Contribution to Overheads	41	-	41
	3,036	2,177	859

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 2015/16 and 2014/15 values) is recorded within the Trust's total land value.

Total obligations for on-'Statement of Financial Position' PFI contracts due**:

	31 March 2016	31 March 2015
	£000	£000
Not later than one year	858	839
Later than one year, not later than five years	3,843	3,743
Later than five years	3,786	4,994
Subtotal	8,487	9,576
Less: interest element	(4,000)	(4,956)
Total	4,487	4,620

** This is the value of the capital liability and future interest liability.

32.3 Total on-'Statement of Financial Position' PFI service concession commitments

This disclosure shows the Trust's total commitments due under the PFI contract.

	31 March 2016	31 March 2015
	£000	£000
Not later than one year	2,131	2,076
Later than one year, not later than five years	9,069	8,835
Later than five years	9,066	11,038
Total	20,266	21,949

32.4 Analysis of amounts payable to service concession operator

This disclosure shows the total unitary payment paid to the operator in the year. It is on an accruals basis and broken down into components.

	2015/16	2014/15
	£000	£000
Interest charge	681	717
Repayment of finance lease liability	133	77
Service element	525	521
Capital lifecycle maintenance	376	430
Contingent rent	363	316
Total	<u>2,078</u>	<u>2,061</u>

33 Contractual Capital Commitments

Commitments under capital expenditure contracts at 31 March 2016 were £2,162k (31 March 2015: £2,288k).

34 Events After the Reporting Period

No significant events after the reporting period.

35 Contingencies**35.1 Contingent Liabilities**

	2015/16	2014/15
	£000	£000
Equal Pay cases	-	-
Other	-	-
	<u>-</u>	<u>-</u>

35.2 Contingent Assets

	2015/16	2014/15
	£000	£000
Contingent Assets	-	-
	<u>-</u>	<u>-</u>

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 87% 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 Foundation Trust
 Department of Health
 NHS Wiltshire CCG
 NHS Bath and North East Somerset CCG
 Calderdale And Huddersfield NHS Foundation Trust
 NHS Nene CCG
 Buckinghamshire Healthcare NHS Trust
 Great Western Hospitals NHS Foundation Trust
 South Central Ambulance Service NHS Foundation Trust
 Burton Hospitals NHS Foundation Trust
 University Hospital Southampton NHS Foundation Trust
 Frimley Health NHS Foundation Trust
 University Hospitals of Leicester NHS Trust

Government bodies outside the Department of Health that the Trust has had material transactions with are:

NHS Pension Scheme
 HM Revenue & Customs
 Oxfordshire County Council
 Buckinghamshire County Council
 Swindon Unitary Authority
 NHS Professionals
 NHS Property Services
 Community Health Partnerships
 Cwm Taf Local Health Board
 Wiltshire Unitary Authority

Other than remuneration received in the normal course of duties; 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. One of the Directors was overpaid due to a payroll error, by a total value of £8,307 at 31 March 2016. The Director concerned has recently been notified of this error and has agreed to repay the full amount to the 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 2015/16 was £22,638k (2014/15: £17,251k).

Stuart Bell, who is the chief executive, is Chair of the Picker Institute Ltd. 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. Mike Bellamy, who is a non-executive director, is a non-executive board member of the University of West London. Jonathan Asbridge, who is a non-executive director, is Head of Risk at Health Care at Home Ltd.

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:

	2015/16		2014/15	
	Income	Expenditure	Income	Expenditure
	£000	£000	£000	£000
University of Oxford	321	5,907	314	4,361
Oxford Brookes University	54	60	42	47
University of West London	-	5	-	1
Picker Institute Ltd	-	7	-	2
Health Care at Home Ltd	2	-	-	-

	31 March 2016		31 March 2015	
	Receivables	Payables	Receivables	Payables
	£000	£000	£000	£000
University of Oxford	18	471	79	683
Oxford Brookes University	23	-	4	-
University of West London	-	-	-	-
Picker Institute Ltd	-	-	-	-
Health Care at Home Ltd	-	-	-	-

37 Public dividend capital rate

For Oxford Health NHS Foundation Trust this dividend is calculated as follows:

	2015/16	2014/15
	£000	£000
Average Relevant Net Assets	111,169	116,302
Rate of Dividend (%)	3.50%	3.50%
PDC dividend	3,891	4,071

38 Financial instruments**38.1 Financial assets**

	Loans and receivables
	£000
Receivables	11,989
Cash at bank and in hand	14,388
Other financial assets	-
Total at 31 March 2016	26,377
Receivables	7,450
Cash at bank and in hand	15,288
Other financial assets	-
Total at 31 March 2015	22,738

The majority of receivables relate to agreed debt owing from other NHS bodies. Non NHS receivables have been impaired in accordance with Trust policy.

38.2 Financial liabilities

	Other
	£000
Payables	18,035
PFI and finance lease obligations	4,487
Other borrowings	24,087
Provisions	-
Other financial liabilities	298
Total at 31 March 2016	46,907
Payables	18,452
PFI and finance lease obligations	4,620
Other borrowings	25,425
Provisions	-
Other financial liabilities	357
Total at 31 March 2015	48,854

All financial assets and liabilities are held at fair value.

38.3 Maturity of financial liabilities

	2015/16	2014/15
	£000	£000
In one year or less	19,866	20,280
In more than one year but not more than two years	1,590	1,533
In more than two years but not more than five years	5,320	5,003
In more than five years	20,131	22,038
Total	46,907	48,854

38.4 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 2016 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.

39 Third party assets

The Trust held £329k cash at bank and in hand at 31 March 2016 (31 March 2015: £305k) 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.

40 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	585	-	6,315	-
Balances with Local Authorities	962	-	1,230	-
Balances with other NHS Bodies	7,163	-	3,389	-
Balances with Public Corporations and Trading Funds	-	-	-	-
Balances with bodies external to government	5,189	1,523	13,149	-
Total at 31 March 2016	13,899	1,523	24,083	-
Balances with other Central Government Bodies	725	-	6,968	-
Balances with Local Authorities	687	-	471	-
Balances with other NHS Bodies	4,955	-	2,719	-
Balances with Public Corporations and Trading Funds	-	-	-	-
Balances with bodies external to government	3,204	30	14,491	-
Total at 31 March 2015	9,571	30	24,649	-

41 Losses and special payments

	2015/16		2014/15	
	Total Value of Cases £000	Total Number of Cases	Total Value of Cases £000	Total Number of Cases
Losses				
Cash losses	-	3	-	3
Fruitless payments and constructive losses	7	1	-	-
Special payments				
Extra-contractual payments	-	-	-	-
Special severance payments	6	1	75	2
Ex gratia payments	31	38	54	33
Total losses and special payments	44	43	129	38

These amounts are reported on an accruals basis, excluding provisions for future losses. Cash losses total £48 (2014/15, £56).

42 NHS Charitable Fund

Oxford Health Charitable Funds changed its name to Oxford Health Charity on 30 July 2014.

Oxford Health Charity is not consolidated within the Oxford Health NHS Foundation Trust accounts. The summary results and financial position for Oxford Health Charity (Charity Registration Number 1057285) are as follows:

Statement of Financial Activities

	2015/16	2014/15
	£000	£000
Total Incoming Resources	272	318
Resources Expended with Oxford Health NHS Foundation Trust	(399)	(443)
Other Resources Expended	(78)	(74)
Total Resources Expended	<u>(477)</u>	<u>(517)</u>
Net (outgoing) resources	(205)	(199)
Gains on revaluation and disposal	<u>(15)</u>	<u>84</u>
Net movement in funds	<u>(220)</u>	<u>(115)</u>

Balance Sheet

	31 March 2016	31 March 2015
	£000	£000
Investments	929	1,269
Cash	153	41
Other Current Assets	350	378
Current Liabilities	<u>(173)</u>	<u>(177)</u>
Net assets	<u>1,259</u>	<u>1,511</u>
Restricted / Endowment funds	<u>357</u>	<u>430</u>
Unrestricted funds	<u>902</u>	<u>1,081</u>
Total Charitable Funds	<u>1,259</u>	<u>1,511</u>

The 2015/16 Statement of Financial Activities and Balance Sheet are based on unaudited accounts of the Charity.

