Oxford Health

NHS Foundation Trust

Annual Report and Accounts

2021-2022

Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006

Table of Contents

Foreword by the Chief Executive and Trust Chairman

Welcome to our 2021/22 Annual Report highlighting what we've done during what turned out to be a second full year of the COVID-19 pandemic.

The virus tested the resilience of our teams on the wards and in the community, many colleagues having worked for two years behind a mask and protective equipment. Our gratitude for their commitment and fortitude cannot be underestimated.

In battling COVID, Oxford Health led the large-scale vaccination centres established in Oxford, Aylesbury and Reading, offering hundreds of thousands of residents the chance to get first and second doses as well as getting boosted to beat Omicron.

Throughout the pandemic, we have worked closely with NHS neighbours and councils, which are part of integrated care systems in Buckinghamshire, Oxfordshire and Berkshire Integrated Care System (BOB) and with the Bath and North-East Somerset, Swindon and Wiltshire Partnership.

By August 2021 our teams had jabbed half a million arms and by April 2022, we passed the milestone of a million vaccinations. The Prime Minister visited our Guttmann site in January to thank the team there for their efforts.

These continue. A Long Covid service, organised jointly with Oxford University Hospitals Trust, has been hailed for its ground-breaking work with those suffering from lasting, debilitating conditions caused by the virus and in June 2021 we played a key role in starting a specialist Long Covid service for children and young people.

We have new people.

Grant Macdonald became executive managing director for Mental Health, Learning Disabilities and Autism in March this year, whilst Dr Karl Marlowe joined us as Chief Medical Officer in May 2021 with a clear focus on clinical excellence, quality improvement and ensuring the Trust's research and development work receives international acclaim.

Charmaine De Souza joined as Chief People Officer from the Greater London Authority in October and began at once to bolster efforts to create a culture in which every member of the Oxford Health family feels engaged, empowered and valued.

To the board we welcomed new non-executive directors: Sir Philip Rutnam, former permanent secretary at the Home Office; Professor Sir Rick Trainor, rector of Exeter College, Oxford; Geraldine Cumberbatch, a solicitor with both public and private sector experience; and Andrea Young, the former chief executive of North Bristol NHS Trust. The new recruits succeeded long-serving colleagues, including Sir John Allison, former RAF air chief marshal, Bernard Galton, former director general in the Welsh Government, Aroop Mozumder, former director general of the RAF Medical Services and Professor Sue Dopson, Acting Dean of Saïd Business School. We are grateful to each of them for their valuable contribution.

We also have had several new Governors elected to the Trust, playing an important ambassadorial role and holding the Board to account. They now are working with our first Youth Board, a significant development borne from surveying 1,500 young people in Oxfordshire on their views about mental health and how they wish to see services better developed. More Youth Boards in other regions are in the pipeline.

Surveys say our staff feel more engaged and recognised and we've tried to do more to help them feel well and happy at work - every substantive member of staff received a £50 gift voucher in addition to an extra day's paid leave.

Our charity too, supported by volunteers and numerous business and organisations, has played a significant role in supporting our teams and patients, including the distribution of hundreds of care packs.

Our five-year strategy starts with **People.** We want our wards, community hubs and offices to be great places to work, where the health, safety and wellbeing of staff are paramount – to equip and motivate them to offer their patients and service users the best possible care.

That is our **Quality** objective, in both community and mental health services. It rests on a commitment to continual improvement, driven by a dedicated team who have already initiated some 50 projects where, through detailed working with front-line staff, we seek to offer better care.

We must make the most effective and efficient use of our money and resources and be **Sustainable** in the widest sense. We took on new commitments to protect the environment and reduce our carbon footprint, for example by installing charging points for electric vehicles and planting a Tiny Forest at Littlemore Mental Health Centre.

We want the trust to be known for its commitment to advance knowledge about the brain and mind and their afflictions. We are creating opportunities for our clinicians to **Research** with a view to translating findings into new therapies and interventions in fields, especially mental health, that historically have not attracted commensurate academic attention.

Oxford Health's Clinical Research Facility (CRF) was awarded more than £4 million over the next five years by the National Institute for Health Research (NIHR). It is the only such hub in the country dedicated to mental health supported by the NIHR but, during the pandemic it also played a significant role in two major trials of anti-Covid vaccine. Across the trust, our psychiatrists, psychologists, nurses and other clinicians are more and more involved in scientific work to help improve patient care.

Our research focus was symbolised in the appointment to our board of Professor Kia Nobre as the nominee of the University of Oxford. An internationally renowned cognitive neuroscientist she strengthens the trust's determination to turn world-leading studies into better treatment.

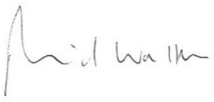
On the Warneford site the Brain Health Centre, an integrated research clinic provides state-of-the-art assessments and is the first mental health-led clinic of its kind in the UK with a focus on preventing dementia. Also translating research into clinical practice, our psychological

therapy services have developed innovative digital platforms in conjunction with the University of Oxford to treat people suffering with social anxiety disorder and complicated post-traumatic stress disorder, using virtual reality techniques to treat phobias.

The Trust was also delighted to welcome Dr Vanessa Raymont as Director of Research and Development, taking over from Professor John Geddes who stepped down as director in June after 10 years in the post. Our ambition is steadfast to redevelop the Warneford site by building a mental health hospital fit for the 21st century as part of a wider brain sciences campus.

The past year has seen more and closer collaboration with other NHS trusts, in caring for the health of veterans, in specialist dentistry and in providing beds for children and young people with serious eating disorders. We have started building a new psychiatric intensive care unit for young people experiencing severe mental health conditions. It will be attached to our award-winning Highfield Unit in Oxford and should ultimately mean an end to young people having to be placed out of the Thames Valley area for specialist care.

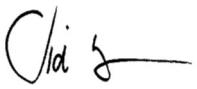
We were delighted to welcome Olympic hero Sir Steve Redgrave CBE – a resident of our area – to cut the ribbon at Saffron House in High Wycombe, an extensively revamped building that used to belong to the council. Under its roof, the South Buckinghamshire Mental Health Hub brings together mental health services for adults, children and young people.



Signed: **Date: 21 June 2022**

David Walker

Chairman



Signed: **Date: 21 June 2022**

Dr Nick Broughton

Chief Executive

Year at a glance

April 2021

Work starts on psychiatric intensive care unit for young people
Work began to build a new eight-bed psychiatric intensive care unit at the Warneford Hospital. The facility will provide inpatient mental health care, assessment and comprehensive treatments for young people across the Thames Valley region.

New home for Bucks Covid-19 vaccination team
Large-scale COVID vaccinations in Buckinghamshire moved to a new site. Operations in Aylesbury switched from the Bucks New University campus, where 22,000 first dose vaccinations had taken place, to the indoor bowls centre at the Stoke Mandeville Stadium.

Personality disorder training programme wins medical education award
An Oxford Health team won the 2021 Denis O'Leary Medical Educator award for the Personality Disorder Positive Outcome Programme, a training programme for general practice teams. The award, made by the Oxford Centre for Medical Education, recognises excellence in medical/clinical education with an emphasis on patient-centeredness.

Trust appoints new wellbeing guardian
Oxford Health appointed its first Wellbeing Guardian to further demonstrate the Trust's commitment to our workforce through the Health and Wellbeing programme. Bernard Galton, a non-executive director for three years, continued his work with trust Board colleagues and the health and wellbeing team to ensure a far reaching and ambitious programme of work is embedded within the organisation. Mohinder Sawhney succeeded Bernard as Guardian at the beginning of 2022.

May 2021

Long-Covid work receives national acclaim
A joint team of Oxford Health and Oxford University Hospitals specialists continued to make a difference to the lives of people suffering from Long COVID. Throughout the year, people in Oxfordshire experiencing long-term symptoms after getting COVID-19 have been referred to the integrated service which combines the expertise of Oxford's two NHS trusts. The team has appeared in the local and regional media as well as taking centre stage in national newspapers and magazines thanks to their ground-breaking and highly successful work.

Award success for mental health helpline
The Trust's Luther Street Medical Centre and Buckinghamshire and Oxfordshire Mental Health Helpline were crowned winners in the Oxfordshire Health & Social Care Awards. Run by the local papers Oxford Mail and Oxford Times, the awards recognise the talent and dedication of those who work in health and social care. They aim to champion teams and individuals that have gone above and beyond to care for people during the pandemic. The 24/7 Mental Health Helpline for Buckinghamshire and Oxfordshire won the Mental Health category.

Oxford Health welcomes global nursing recruits
This month the Trust embarked on an international recruitment drive to attract 80 highly skilled overseas nurses to work in community health and mental health wards by October 2021. By May 10 nurses from Nigeria, South India and Nepal had already joined Oxford Health and embarked on roles in community hospitals in Oxfordshire, including those in Abingdon, Oxford, Witney, Didcot and Wallingford with a further 10 nurses set to join the Trust shortly after to work in mental health wards in Oxfordshire and Buckinghamshire.

Oxford Health Cares – a year of success
When the pandemic hit, Oxford Health Charity (OHC) swung into action to support our teams on the frontline, battling COVID-19 and caring for patients – and the community support and generosity of local business buoyed us through the darkest times and helped the charity to keep on caring and giving. OHC created the Oxford Health Cares appeal in the first days of lockdown and set out to support almost 7,000 of our NHS workers, across 150 sites in Oxfordshire, Buckinghamshire, Wiltshire and parts of Somerset. In the year since its creation, it delivered more than 2,000 care packs of food, personal care items, books, gifts for teams to share as well as delivering a six-week programme of virtual wellbeing sessions.

Dr Karl Marlowe to joins as Chief Medical Officer
Oxford Health was joined by a new Chief Medical Officer who set his sights on clinical excellence, quality improvement and ensuring the Trust's research and development work receives international acclaim. Dr Karl Marlowe joined from Southern Health NHS Foundation Trust where, since April 2018, he had been responsible for the clinical leadership of 6,000 staff across more than 300 sites – including five community hospitals – and a £320m budget. Dr Marlowe joined the executive board which has ambitions to turn the Trust into one that is rated 'outstanding' and considered a leading organisation nationally and on the world stage.

June 2021

Artists take up residence at Trust sites
Six new artists in residence joined Creating with Care (CWC) - our award-winning project which brings mood-boosting arts and wellbeing activities to staff, patients and relatives across a range of sites within Oxford Health. The residency project, which is funded by Oxford Health Charity, aims to innovate and expand on the evidence based CWC programme, by increasing opportunities for staff, patients and relatives to be involved.

National award for trailblazing care project
The Trust's Integrated Multi-Disciplinary Respiratory Team beat strong national competition to pick up the Health Service Journal 2021 award in the Best Pharmaceutical Partnership with the NHS category. The initiative was set up as a pilot to improve the care of patients in Oxfordshire through identification of respiratory disease, such as COPD and asthma, enhancing holistic and end of life care and providing extra focus on people at risk of emergency hospital admissions.

Care and safety project scoops HSJ prizes
Oxevision, which improves patient experience, care and safety and fosters partnerships picked up two awards at the annual HSJ event. The trust shared the Most Effective Contribution award

with Coventry and Warwickshire Partnership NHS Trust, South London and Maudsley NHS Foundation Trust and the technology company Oxehealth. The HealthTech Partnership of the Year was awarded to Oxford Health and Oxehealth. Both awards relate to use of Oxevision at the acute inpatient Vaughan Thomas Ward at Warneford Hospital.

Young people get expert Long Covid support
Work began this month to set up a specialist NHS Long COVID service for children and young people, as part of a national £100 million expansion of care for those suffering from the condition. The Oxfordshire service is one of 15 paediatric hubs, which draw together experts on common symptoms such as respiratory problems and fatigue, who can directly treat youngsters, advise family doctors or others caring for them or refer them into other specialist services and clinics. The hub receives expert support from Oxford Health and is led by Oxford University Hospitals.

Vaccine vans enhance jab programme
The COVID-19 vaccination programme hit roads across Oxfordshire, Buckinghamshire and parts of Berkshire to bring jabs closer to where people live and work. Two roving NHS vaccine vans offered Health on the Move mobile clinics and pop-up clinics to make it easier for everyone who wanted a COVID-19 vaccination to get one.

July 2021

Reading jab site moves to mall
Reading's large-scale COVID vaccination centre moved a new venue in the town at the Broad Street Mall. The move was organised to secure a longer term and more accessible venue for vaccinations for the Berkshire West population, in anticipation of a return to larger match attendances at its previous location the Madejski Stadium, home of Reading FC.

Senior matron and Queen's Nurse retires from Trust
Oxford Health's Community Hospitals Senior Matron and Clinical Lead, Helen Lambourne, retired from nursing after 41 years, much of which was spent with Oxford Health. Among her many career achievements was the title of Queen's Nurse – an honour made to individual those who have demonstrated a high level of commitment to patient care and nursing practice.

MP visits specialist facility
The work of Oxford Health's award-winning Cotswold House eating disorder in-patient unit came under the spotlight when Robert Courts MP, came on a fact-finding tour. The MP for Witney had asked to make a visit after receiving positive reports from several constituents about the high quality, compassionate care their relatives had received for eating disorders, like anorexia, which have the highest mortality rates (20%) of all mental health conditions.

National award celebrated at Witney Community Hospital
People connected with the Creating With Care arts programme gathered at Witney Community Hospital to celebrate all that it has achieved in recent years and also to give special congratulations and thanks to the two driving forces behind it. The programme founders, arts coordinator Angela Conlan and dementia nurse Paula Har, were officially handed Community Hospital Association prizes won earlier this year at a special socially distanced event.

Senior leader takes up new NHS role
Executive managing director of mental health, learning disabilities and autism services, Debbie Richards announced she was leaving Oxford Health in October to become the chief executive of Cornwall Partnership NHS Foundation Trust.

Charmaine De Souza appointed as Oxford Health's Chief People Officer
The Trust announced that Charmaine De Souza would be joining Oxford Health from the Greater London Authority, the capital's devolved governance body which supports the Mayor of London and London Assembly.

August 2021

Thanks a half-a-million to Trust vaccination team
Members of Oxford Health's vaccination team celebrated their role in the delivery of half a million COVID jabs administered since February. The Oxford Health vaccination team includes vaccinators, doctors, pharmacists, administrators, marshals and volunteers.

Professor Kia Nobre joins Oxford Health's Board of Directors
An internationally renowned cognitive neuroscientist joined Oxford Health as the University of Oxford's nominee on the board, further strengthening the trust's aim to spearhead research into mind and brain to benefit patients and the public. Professor Kia Nobre, Head of the university's Department of Experimental Psychology, took up her role succeeding Professor Sue Dopson of Oxford's Said Business School who stepped down after nine years' service.

Pioneering step taken to make research more inclusive
Oxford Health announced that it was changing the way it contacts patients about research. From the beginning of August, all new and existing patients at the Trust were given the right to hear about research opportunities as part of their care unless they ask not to. Previously only patients whose clinical team had asked them about receiving research information could be contacted. Just 11% of mental health patients were routinely asked this question with even fewer being offered the opportunity in community care settings.

September 2021

Over a third of COVID-19 patients diagnosed with at least one Long-COVID symptom
A study undertaken by researchers at the Oxford Health BRC showed that 37% of people had at least one long-COVID symptom diagnosed in the 3–6-month period after COVID-19 infection, with the commonest symptoms being breathing problems, abdominal symptoms, fatigue, pain and anxiety/depression. The effects of Long-COVID was analysed in over 270,000 people recovering from the infection, using data from the US-based TriNetX electronic health record network. The study reported on how commonly nine core Long-COVID symptoms were diagnosed, and how this compared to people recovering from influenza.

Flu jabs offer for children
More than 100,000 primary and secondary school children in Oxfordshire were offered the opportunity to be immunised against influenza, in an expanded health protection campaign.

ADHD service launches
Oxford Health launched a service to improve support offered to adults with ADHD (attention deficit hyperactivity disorder). Oxfordshire's ADHD Service provides help in getting a diagnosis, assessments, a review of care and medication. It also offers bespoke advice to Oxfordshire GPs.

Health and care partners start Oxfordshire community services review
Health partners and local councils across Oxfordshire began working together with voluntary and community groups to modernise community services. The Oxfordshire Community Services project aims to improve health and wellbeing outcomes for everyone in the county and increase independence for older people. This major programme works collaboratively with the local population of Oxfordshire.

October 2021

Young people roll up to get their COVID-19 protection
Our mass vaccination centres began welcoming a new set of visitors in the form of 12-15-year-olds getting their COVID-19 vaccinations. Parents were given the opportunity to book appointments online for their children via the National Booking Service, to see our teams at the Guttman Centre, Kassam Stadium and Broad Street Shopping Mall.

Carers' strategy – putting our carers first
The second edition of our carers' strategy, which looks at the needs of our carers, friends and family and how we can continue to improve services for them, was published this month. A carer is anyone, adult or child who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support.

Former Barnardo's chief to become chair of new integrated care board for region
The Chair of Oxford Health welcomed the appointment of Javed Khan as the new Chair (Designate) of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). Mr Khan is the former chief executive of Barnardo's, the UK's largest children's charity and will bring valuable experience from public and voluntary sectors into the NHS, where he has held non-executive board roles in hospital trusts and commissioning groups.

November 2021

Appointment of new executive managing director for mental health
Grant Macdonald was named as Oxford Health's new executive managing director for Mental Health, Learning Disabilities and Autism. An exceptional leader with 17 years' board level experience, Grant's NHS career spans 33 years and he remains a registered mental health nurse. He has worked in the region previously as Executive Nurse and Chief Operating Officer (COO) at Berkshire Healthcare. For the past two years he was the COO at Southern Health.

New release on Prozac adds to catalogue of films for patients and families
Oxford Health's library of *Short Films on Mental Health* – now seen by 220,000 viewers - got bigger with a new video release. The latest is about the anti-depressant medication Fluoxetine, also known as Prozac. This is a common medication for younger people experiencing mental

health issues and the video explains why it is prescribed and answers the kind of questions that patients and their families may have.

Booster jabs for over 40s and second doses for 16- and 17-year-olds
This month the Trust announced more opportunities for those aged 16- and 17-year-olds, and 40 and over, to get additional COVID-19 vaccinations following a government decision. Oxford Health, as lead provider for large-scale vaccination centres for Oxfordshire, Buckinghamshire and Berkshire West, geared up to welcome even more people through the doors of our Oxford, Reading and Aylesbury sites.

Dr Vanessa Raymont appointed as Director of Research and Development
Oxford Health announced the appointment of Dr Vanessa Raymont as Director of Research and Development, succeeding Professor John Geddes who stepped down in June after 10 years in the post. An Honorary Consultant Psychiatrist at the Trust, Dr Raymont is a long-standing member of Oxford Health's R&D management team. Her clinical and research interests are in the late life cognitive effects of head injury, memory disorders and dementia, as well as clinical trials in cognitive impairment.

Olympic hero Sir Steve Redgrave CBE opens Saffron House, High Wycombe
Five-time Olympic medal winner and Marlow-resident Sir Steve Redgrave CBE "blown away" as he officially opened Saffron House – the new South Buckinghamshire Mental Health Hub in High Wycombe. Sir Steve enjoyed a tour of the hub, calling in to speak to teams and find out about the work they do to support and care for local people. He visited teams including Adult Crisis and Home Treatment, the Adult and Older Adult Community Mental Health Team, Child and Adolescent Mental Health teams and Continuing Healthcare. Steve also heard about the work of Oxford Health Charity and Artscape.

December 2021

Specialist palliative care beds for South Oxfordshire patients
Two new specialist palliative care inpatient beds were introduced at Wallingford Community Hospital in south Oxfordshire this month, through close partnership working between Oxford Health, Oxfordshire Clinical Commissioning Group (OCCG) and charity Sue Ryder Care. The service is delivered by Oxford Health, in partnership with Sue Ryder Care's 'Hospice at Home' service for patients who are approaching their end of life and need bed-based care.

Chief Nurse appeals to retired clinical staff to help vaccination efforts
Oxford Health's chief nurse Marie Crofts called on retired clinical NHS staff to step forward to offer their expertise and time in helping deliver the booster vaccination programme. The COVID vaccinations teams rapidly developed plans following an announcement by the Prime Minister to enable a 175% increase on current capacity with longer opening hours and more trained vaccinators and support staff, as well plans for more vaccination centres.

Witney pop-up vaccination clinic boosts uptake
A pop-up COVID-19 vaccination clinic in Witney provided nearly 5,000 doses in the 10 days it was open. Volunteers joined staff from Oxford Health, OCCG and West Oxfordshire District Council to deliver 4,887 first, second and booster jabs at the clinic.

New appointments to Oxford Health's board
A distinguished former permanent secretary, the head of an Oxford college, a highly experienced NHS hospital manager and a corporate lawyer joined Oxford Health as it refreshed and renewed its governing board. The new recruits replaced several long-service non-executive directors, including Sir John Allison, former air chief marshal, and Bernard Galton, former director general in the Welsh Government. The new additions are Professor Sir Rick Trainor, rector of Exeter College, Geraldine Cumberbatch, a solicitor with both public and private sector experience, Andrea Young, former chief executive of North Bristol NHS Trust and Sir Philip Rutnam, former permanent secretary at the Home Office.

January 2022

Prime Minister gives COVID-19 vaccination team a boost in Aylesbury
Our COVID-19 vaccination team welcomed Boris Johnson to the Guttmann Centre in Aylesbury on Bank Holiday Monday to witness their dedication and high achievements in the vaccination programme. The PM made the trip to the to meet the tight-knit team who have worked tirelessly since jabs began there in April. Among those meeting him were Trust CEO Dr Nick Broughton and the Senior Clinical Lead for all three vaccination centres, Joanna Crawley.

Happy First Birthday to the Oxford Health Covid Vaccination Team
January marked a year since the first person received their COVID vaccination from Oxford Health's team at the Kassam Stadium. From marking the layouts on a cold December morning to opening the doors and welcoming the first of hundreds of thousands of people a few days later to have their COVID-19 vaccinations, 2021 proved to be a momentous year.

Preliminary findings show 'count me in' is making research more inclusive
'Count me in' was launched in August 2021 after studies showed that asking clinical staff to collect research contact consent was resulting in a low uptake from patients, and that both staff and patients favoured an approach that allowed all patients to be contacted about relevant research unless they had opted out. Early signs showed that 'count me in' as having a very positive impact on the way research participants are recruited at Oxford Health. In the first three months, more than 8,000 patients became contactable – a 400% increase.

February 2022

Happy first birthday to our Reading vaccination team!
The COVID-19 vaccination at the Reading Mass Vaccination Centre, celebrated its first birthday this month. Oxford Health opened its second mass vaccination centre at the Madejski Stadium, the home of Reading FC, in February 2021. Since then, the team has moved to a new home at the Broad Street Mall in the town centre and continued to vaccinate many thousands.

Exceptional NHS leader appointed to Oxford Health in new director role
Amélie Bages, the Head of Mental Health for NHS England, was announced as the Director of Strategy and Partnerships – a new board level role that seeks to further develop and deliver an ambitious strategic vision to provide outstanding care by an outstanding team. From April 1, she will also lead on enhancing multiple connections with Buckinghamshire, Oxfordshire

and Berkshire West Integrated Care System (BOB ICS) as well as with other neighbouring NHS organisations and educational institutions.

Oxford Health creates first Youth Board following survey
A unique survey of 1,500 young people in Oxfordshire gave new insights into the views, experiences and emotions around mental health and wellbeing of 12–25-year-olds in the county. Led by Oxford Health in conjunction with the not-for-profit organisation Unloc, the survey attracted a range of young people via schools, colleges and youth organisations. One of the key outcomes from the survey was the creation of an OHFT Youth Board where young people have a platform to share views and help shape the future of mental health care.

More mental health support for schools in Bath and North-East Somerset
Extra funding means there will be more Oxford Health professionals supporting children and young people's mental health and wellbeing in Bath and North-East Somerset and Wiltshire. Around 16,000 young people will be seen by two new Mental Health Support Teams (MHSTs) in deprived areas as well as additional Special Educational Needs settings.

Parents and young people invited to 'Chat Health'
A new service that allows parents and young people in Oxfordshire to text health visitors and school health nurses for advice and support is announced. The ChatHealth service gives parents and young people more choice over how they anonymously access advice and support. Experienced local public health nurses respond swiftly to texts between 9am and 5pm on weekdays – apart from bank holidays. More than 30 health visitors and school health nurses are being trained to use the service.

March 2022

Oxford Health clinicians sweep the board at RCPsych South-East Awards
Six Oxford Health clinicians swept the board at the Royal College of Psychiatry South-East Regional Awards. Winners were: Dr Anneka Tomlinson, winner of Foundation Doctor of the Year; Dr Hannah Wiereng, winner of Core Trainee of the Year; Dr Riccardo DeGiorgi, winner of Trainee Peer of the Year; and Shah Tarfarosh, winner of Trainee Innovator of the Year.

International Women's Day 2022
The Oxford Health family marked International Women's Day with solidarity and reflection – developing culture to #BreakTheBias. The Trust united with a week-long programme of events hosted by the Equality, Diversity and Inclusion team and the Women's Staff Support Group – to encourage, support and represent women across the Trust. Activities included a wellbeing session, meditation and an inner critic workshop.

Experts learn of ground-breaking work during Eating Disorder Awareness Week
International eating disorder experts learned of Oxford Health's ground-breaking approaching to treating eating disorders this month. Agnes Ayton, clinical lead and consultant psychiatrist and Sharon Ryan, quality lead and senior matron for the HOPE Eating Disorder Provider Collaborative, led by Oxford Health, and Lorna Collins who is now flourishing after her own battle with a severe and enduring eating disorder, spoke at the Eating Disorders Conference 2022 in London.

Performance Report

Overview

The purpose of this section is to give a short summary of the organisation, its purpose, the key risks in the achievement of its objectives and how we have performed during the year.

About Oxford Health NHS Foundation Trust

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 an NHS Foundation Trust when it became Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust on 1 April 2008.

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

Oxford Health is a community focused public benefit corporation, providing physical and mental health services to approximately two million people across a geographical area that includes Oxfordshire, Buckinghamshire, Wiltshire, Bath and North-East Somerset. Services are primarily delivered in community-based settings, but the Trust also has several inpatient facilities for both mental and physical health services.

The Trust also leads on provider collaboratives - partnership arrangements involving OHFT, other NHS organisations and private providers who work at scale across multiple places, with a shared purpose and effective decision-making arrangements. Currently Oxford Health leads on collaboratives in dentistry, Tier 4 CAMHS, eating disorders and forensic services and, together with our core services, serve a population in excess of 7.2 million.

The Trust's overarching aim is to provide the best possible clinical care and health outcomes for patients, clients, their carers and families – supporting them, wherever possible, to live healthier and independent lives for as long as possible. Oxford Health works in partnership with many other organisations to that end.

Oxford Health employs 6,275 staff with a contracted WTE (whole time equivalent) of 5,486.83 staff. This includes medical staff, therapists, registered nurses, health care workers, support staff and other professionals including psychologists, dental staff, social workers and paramedics deployed in hundreds of teams operating in around 150 sites.

In Oxfordshire, the Trust is the main provider of community health services and delivers these in people's homes and a range of community and inpatient settings, including community hospitals. In Oxfordshire, the Trust also provides community-based, intensive and inpatient services for adults with learning disabilities and autism; and support for carers and families.

The Trust's mental health teams provide a variety of healthcare services in the community and from inpatient settings across a wide geography that includes Oxfordshire, Buckinghamshire, Wiltshire, Bath and North-East Somerset.

Strategic Overview of the Trust

Over the past 12 months, the Board of Directors has refreshed its overarching strategy for the Trust and has refreshed its vision and strategic objectives for the period 2021 - 2026. This new strategy came into effect from 1 April 2021 and will provide the operating framework for the next five years.

Trust Vision

'Outstanding Care delivered by an Outstanding Team'

The aim of the vision over the next five years is to continue delivering outstanding care and refocus from people to the importance of working as teams. Being a great place to work, focusing on culture and promoting 'one team' is vital to delivering great health care and achieving the Trust's strategic ambitions. Our vision statement is supplemented with a qualifying declaration to emphasise our aims:

"Working together to deliver the best for communities, our people, and the environment"

Trust Values

The Trust works towards its vision through its values:

Caring

- Put people and patients first
- Be understanding
- Show respect
- Listen and communicate

Safe

- Create a safe environment for patients and staff
- Be self-aware
- Be open and honest
- Give and receive help

Excellent

- Strive to be the best (quality improvement culture)
- Take pride
- Learn and improve
- Work together
- Be professional in everything we do

Trust Strategy

The following four strategic objectives have been developed by the Board of Directors to guide the delivery of the Trust's vision and values;

1. Deliver the best possible care and outcomes **(Quality)**
2. Be a great place to work **(People)**
3. Make the best use of our resources and protect the environment **(Sustainability)**
4. Become a leader in healthcare research and education **(Research & Education)**

Key focus areas and Objective Key Results (OKRs)

To move the strategy into a focus on delivery, each strategic objective has been developed into a set of key focus areas. The aim of the key focus areas is to identify priority activities and workstreams for the Trust over the coming years and to provide a bridge between the high-level ambitions of the strategic objectives and a set measures and metrics to track progress.

Measures and metrics have been gathered and/or created using an Objective Key Results (OKRs) approach. OKRs provide a series of specific measurements of activities that contribute to key areas of focus and workstreams and are reported to relevant Board committees and the Board of Directors via an Integrated Performance Reporting approach.

Performance against the OKRs is provided in the performance overview section below.

Performance Overview

This section provides an overview of performance in relation to;

- National performance - NHS System Oversight Framework
- Local performance - Strategic Objective Key Results (OKRs)
- COVID-19

National Performance - NHS System Oversight Framework

The NHS Oversight Framework replaced the provider Single Oversight Framework and the clinical commissioning group (CCG) Improvement and Assessment Framework (IAF) in 2019/20 and informs assessment of providers. It is intended as a focal point for joint work, support and dialogue between NHS England and NHS Improvement, CCGs, providers and sustainability and transformation partnerships, and integrated care systems. The table shows the Trust's performance against the targeted indicators in the framework.

This year, the NHS Oversight Framework indicators that have targets are;	Target	National position	Latest Trust Position
(N1) A&E maximum waiting time of four hours from arrival to admission/transfer/ discharge	95%	71.6% (Mar)	91.5% (Mar)
(N2) People with a first episode of psychosis begin treatment with a NICE-recommended care package within two weeks of referral (MHSDS) (quarterly)	56%	71% (Dec)	75.6% (Mar)
(N3) Data Quality Maturity Index (DQMI) MHSDS dataset score - reported quarterly	95%	76.3% (Dec)	97% (Dec)
(N4) IAPT - Percentage of people completing a course of IAPT treatment moving to recovery (quarterly)	50%	46.9% (Mar)	50.5% (Dec)
(N5) IAPT - Percentage of people waiting six weeks or less from referral to entering a course of talking treatment under Improving Access to Psychological Therapies (IAPT)	75%	89.7% (Jan)	99% (Jan)
(N6) IAPT - 18 weeks or less from referral to entering a course of talking treatment under IAPT	95%	98.4% (Jan)	100% (Jan)
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services - OAP bed days used (Bucks) – local figures	0	n/a	0 (Mar)
(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – OAP bed days used (Oxon) – local figures	0	n/a	136 (Mar)

The Trusts overall performance is good with the majority of indicators consistently achieved over the past 12 months. The only exception has been the number of inappropriate out of area placements (OAPs) in Oxfordshire.

NHS Oversight Framework Metric	Target	Actual
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services – aim to reduce OAP **bed days used** (Bucks)	0	0

NHS Oversight Framework Metric	Target	Actual
(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – aim to reduce OAP **bed days used** (Oxon)	0	136

The Trust continues to operate with a reduced bed capacity as a result of Infection Prevention Control (IPC) guidance. The Trust has been operating throughout the year with up to 15% less capacity in the Adult and Older Adult Mental Health wards. The interim closure of beds has resulted in additional OAPs which the Trust has mitigated by purchasing block contract beds during the COVID period.

The plan or mitigation

Following recent NHSE/I guidance the Trust has reviewed the use of OAPs and is assured that continuity of care principles are adhered to. Reporting from April 2021 reflects this change and please note this change when viewing performance against historical trend. March 2022 locally reported usage was 0 OAP bed days in Bucks, and 136 OAP bed days in Oxon. In April 2022, changes to IPC guidance have allowed the facilitation of patients who have completed their 14-day period of isolation and are COVID negative to be repatriated to vacant Oxford Health beds. Looking ahead, this will reduce the requirement for the beds that are currently provided externally by a private provider.

Local performance - strategic Objective Key Results (OKRs)

1. Deliver the best possible care and outcomes (Quality)

The majority of the Quality OKRs are a sub-list of the quality objectives which form the annual Quality Account. The objectives were identified following a review of our risks, themes from quality information, recovery work and feedback from stakeholders. The last progress update on all of the quality objectives for 2021/22 was presented to the Quality and Clinical Governance Sub-Committee in February 2022. Eight new quality OKRs were added in March 2022.

There are 18 OKRs relating to quality. Six are underperforming as at the end of March 2022. Please see below for more information by measure on the cause of the underperformance and the plans to mitigate and improve performance.

This year, our Objective Key Results (OKRs) are;	Target	Trust*	Trust Trend
(1a) Clinical supervision completion rate	85%	30%	→
(1b) Staff trained in restorative just culture	25 year end	26 YTD	→
(1c) BAME representation across all pay bands including board level – **quarterly**	19%	19.7% (Q4)	↑
(1d) Cases of preventable hospital acquired infections - YTD	<3	0 YTD	→
(1e) Reduction in use of prone restraint by 25% in year 1 – YTD	<220 YTD	See narrative	↑ adverse
(1f) Patient safety partners employed to be part of the governance structure – **quarterly**	2 partners by June 2022	0	n/a
(1fa) Improved completion of the Lester Tool for people with enduring SMI (EIP)	90%	92.2%	→
(1fb) Improved completion of the Lester Tool for people with enduring SMI (Comm)	75%	60.1%	→
(1g) Evidence patients have been involved in creating their care plan (clinical audits) - **bi-monthly**	95%	92%	↑
(1h) 30% of clinical staff in non-learning disability services have completed internal eLearning on autism	30% year end	See narrative	→
(1i) Numbers of Pressure Ulcers developed in service category 3 and grade 4	TBC	19	→
(1j) 48 hour follow up for those discharged from mental health wards	TBC	70% (Feb)	↑
(1k) 72 hour follow up for those discharged from mental health wards	80%	77% (Feb)	↑
(1l) Inpatient Length of Stay (LOS) excl delay/leave – Mental Health Adult Acute	TBC	48 days	↑ adverse
(1m) Inpatient Length of Stay (LOS) – EMU	TBC	8 days	→
(1n) Inpatient Length of Stay – Stroke	TBC	26 days	↑
(1o) Inpatient Length of Stay – Rehab	TBC	26 days	↑
(1p) Delayed Transfers of Care (DToC) – Community	TBC	19	↑

(i) Clinical supervision completion rate

The risk/issue

The risk is staff may be struggling in their role and feel unsupported to manage difficult situations which may then impact on their well-being.

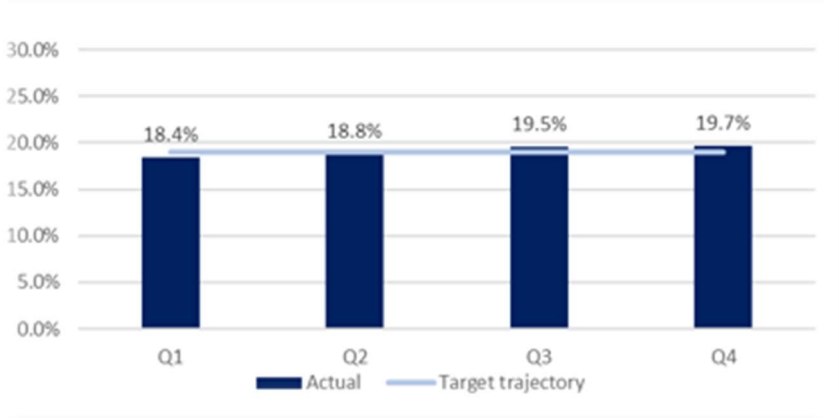
The cause

Operational pressures due to responding and recovering from COVID-19 and issues with recording and accuracy of reporting from OTR.

What is the plan or mitigation?

- Actions are being led and monitored by a supervision steering group. Each directorate also has a task and finish group which reports into the steering group. The group have developed a driver diagram to identify the actions to take. The four key drivers of the workplan are;
  - Compliance with professional standards
  - Training
  - Policy and definitions
  - Staff experience and quality of supervisions.
- Work continues to ensure accuracy of reporting from OTR, with testing at an individual staff member level. L&D will continue to support clinical teams by uploading their date onto OTR
- Recording functions are being improved eg to record group supervision.
- Re-launch of supervision to raise awareness of importance
- Number of QI projects across directorates to understand barriers to low compliance and recording challenges on OTR.
- Supervision training relaunched and available from Nov 2021
- Policy has been updated and waiting for sign off

(ii) BAME representation across all pay bands including board level



The risk or issue

The target is to achieve 19% representation across all bands by 2025. Overall the target has now been reached although not across every directorate or every pay band. Based on

modelling from the 2011 census, the Joint Strategic Needs Assessments show 16% of the Oxfordshire population are from ethnically diverse backgrounds and 14% of the Buckinghamshire population are from ethnically diverse backgrounds. The target is not being met in the Oxon Community Services Directorate (13.4%); Oxon & BSW Directorate (17.9%); or Learning Disability services (11.2%). There is also an underrepresentation across the Trust at higher pay bands (8a and above). Our organisation will benefit from an ethnically diverse workforce which represents the diversities of the communities we serve.

The cause

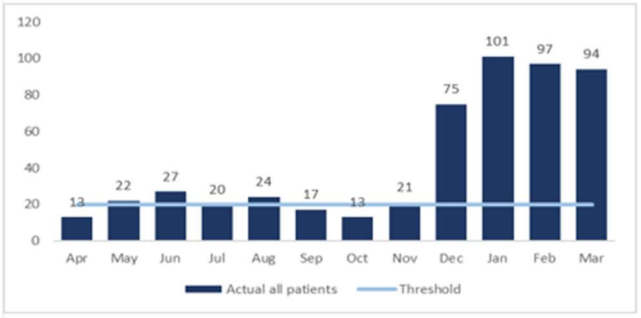
The under-representation of ethnic minority groups in certain bands and occupational groups within Oxford Health and the NHS is widely known.

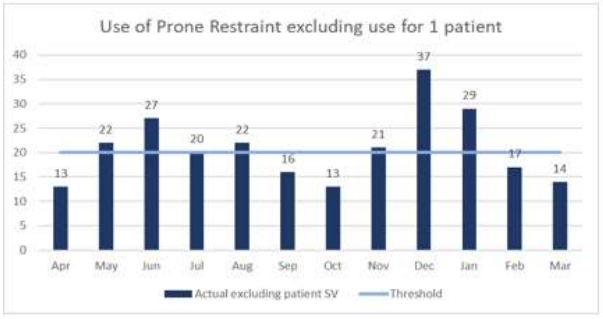
What is the plan or mitigation?

There is an ICS BOB level action plan to improve the race disparity ratio and meet the six national EDI actions.

The Trust has developed a Race Equality 'Framework for Change' Strategy being led by the Chief Nurse with the support of the EDI Steering Group and Race Equality Staff Network. Some of the workstreams are being led by volunteers from the Race Equality Network who are using this work experience as part of their professional development. Progress is reported to the People, Leadership and Culture Committee.

(iii) Reduction in use of prone restraint by 25%





The risk or issue

Use of prone restraint carries increased risks for patients and should be avoided and only used for the shortest possible time.

The cause

YTD the position is 524 uses against a YTD target of 240. The use has been close to the reduction target up until Dec 21, with on average five uses of prone restraint per week. From Dec 21 to March 22 there has been an increase in use of prone restraint, this predominantly relates to one patient with acute needs. Prone restraint was used 244 times with this patient between Dec-March. The reason for using prone was due to a risk of violence causing harm to themselves and/ or staff. A more appropriate setting is being sought for the patient. The second graph below shows the use of prone restraint excluding the data for this one patient.

What is the plan or mitigation?

A large-scale quality improvement (QI) project is in progress to reduce the use of restrictive practice, including looking at alternative IM injection sites and using safety pods to reduce the use of prone restraint.

Following detailed analysis and liaison with QI sponsors, a number of wards have been identified to be part of the programme to reduce restrictive practices. Bespoke QI training has been delivered to each of the inpatient teams. Progress with the QI project actions, and impact is monitored through the Positive and Safe Committee.

On a weekly basis all prone restraints are reviewed at the Weekly Review Meeting, including looking at duration of prone restraints. All prone restraints lasting longer than five minutes are reviewed by a Head of Nursing. (YTD =20 cases).

(iv) Improved completion of the Lester Tool for people with enduring serious mental illness (Community teams for patients on CPA)

Context

The indicator is based on the completion of the comprehensive Lester physical health assessment tool for patients with a serious mental illness. The tool covers 8 elements including smoking status, lifestyle, BMI, blood pressure, glucose and cholesterol, and the associated interventions.

The risk or issue

There is significant evidence that people with mental health issues are at higher risk of morbidity and mortality, resulting in a lower life expectancy of 15-25 years compared to the general population.

The cause

There was a lack of focus on implementing the Lester Tool across directorates which has resulted in a compliance rate below expected.

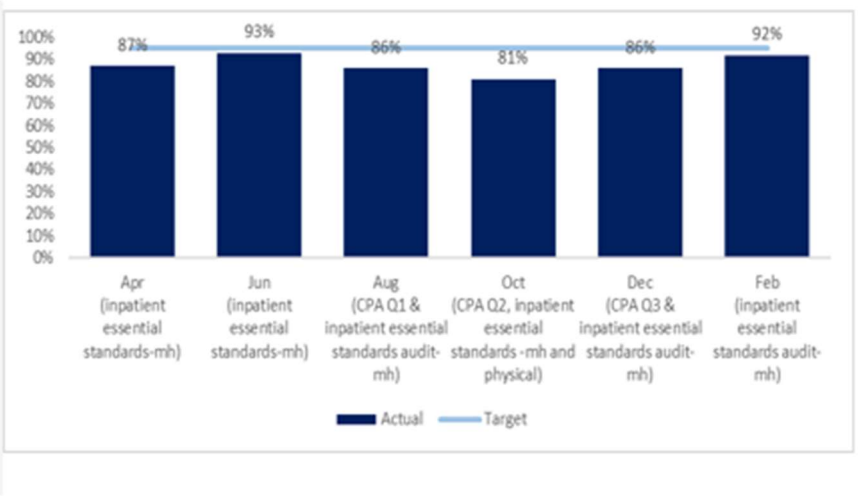
The plan or mitigation

A recovery plan is in place and delivered through a task and finish group led by a senior clinician. This group reports regularly to the Quality and Clinical Governance Sub-Committee.

Key actions being taken include;

- New physical assessment form introduced in Feb 2022.
- Review of reporting specification, amendments made for example to include information gathered in any physical health form completed in the last 12 months not just the latest form.
- Change in senior lead for work who is reviewing current structures/processes within both directorates, looking at gaps and to agree with directorates and PH leads where we need to concentrate our energy and focus to strengthen our interventions.

(v) Evidence patients have been involved in creating their care plan (bi-monthly clinical audit)



Context

The information reported is from the relevant clinical audits completed in Jan or Feb 22. In this report the information is taken from the mental health inpatient essential standards (n=88 records). This area for improvement is also identified as a theme in concerns/ complaints, feedback from local surveys and the results from the 2021 national patient survey.

The risk or issue

Patients are not always being involved in their plan of care impacting on their experience and outcomes.

The plan or mitigation

- Peer support workers and new paid roles for people with a lived experience are being increased to start to change and challenge how we approach working with patients. Achieving provider status to deliver HEE peer support training will help achieve our aim.
- Experts are being embedded in our QI projects and oversight, including QI hubs.

- The use of Patient Reported Outcome Measures are being expanded across the mental health teams.
- Specific QI projects are underway include;
    - CAMHS staff working with young people to develop a care plan template that is more accessible and focuses on their needs and goals. This is being rolled out across all Counties.
    - QI patient centred care in community hospital wards
    - Improving pre-appointment planning in Dental services and information for patients with autism so that they can be more involved.
    - Collaborative care planning with patients embracing the use of digital technology, piloting in an AMHT and CMHT.
    - Forensic services are working on needs led care planning.

(vi) 30% of clinical staff in non-learning disability services have completed internal eLearning on autism

Context

New internal training was being developed to support staff with communicating effectively with people with autism and making the adjustments needed to support with access to health care. This training has been put on temporary hold as the Trust is part of the national Oliver McGowan Autism training pilot. Following the pilot, the national training is planned to be rolled out to all staff in 2022/23. The Trusts target will not be achieved this year.

The plan or mitigation

As the internal training has been put on hold. Below are some of the other activities we are doing to improve how we work with and support people with autism:

- 125 staff attended the national pilot training (Oliver McGowan) = 5% as of Feb 2022.
- The Reasonable Adjustment Service is supporting mental health clinicians to better understand and support the needs of autistic individuals with reasonable adjustments and adaptions. The service is planning to be expanded with additional funding – recruitment is underway.
- Six autism webinars were delivered for staff and recorded for people to watch later (around 45 staff attended the live sessions)
- Bespoke training sessions are being delivered to mental health wards and community teams, as well as regular support sessions for inpatient staff to discuss specific patients.
- Working with our autistic 'experts by experience' we are developing an autism reasonable adjustment passport to support access to mental health services. This is being piloted.
- Resources have been developed to support clinical teams with making communication more autistic inclusive.

- We are also providing consultation and support from an adjustment perspective to individuals who do not meet the criteria for LD services but our mental health services are inaccessible.
- There has been work from an employee perspective ie supporting the employee dyslexia support group and autism support group.

The Trust has started the following Quality Improvement Projects to address the relevant OKRs;

- Positive and Safe – reduction in restrictive practice
- Improving the Physical Health monitoring of patients with SMI
- Risk Assessment formulation and documentation
- Working with families and carers
- Measuring success of race equality framework for change

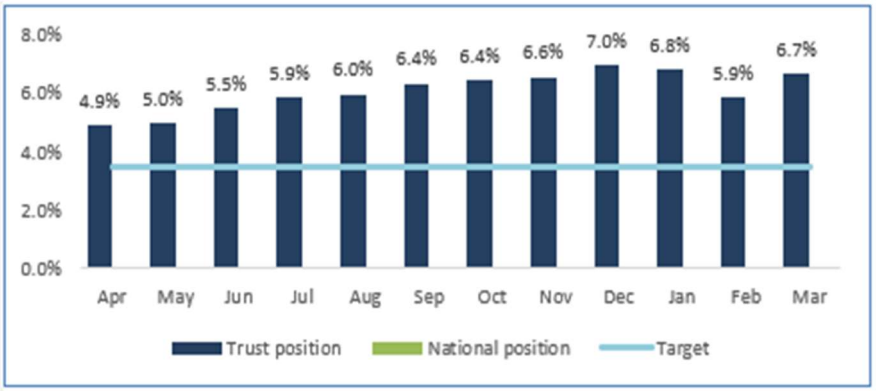
2. Be a great place to work (People)

The activities of the HR function, which now encompass L&D activity, are focused on the key priorities identified in relation to the people challenges. These centre on creating a task and finish group to tackle the root causes of lower than expected levels for mandatory training; filling vacancies across all areas; a programme of work to tackle retention and the embedding of a QI approach when considering people problems. Of particular note are rewards and benefits for staff to support morale and attention – some of these have been announced e.g. additional day of annual leave for wellbeing, while others will be launched in the coming months. Given absence levels have not returned to pre Omicron levels – there is a focus to ensure that we are maximising value on the Good Shape contract while also conducting reviews of long term absence cases starting with the Community Directorate.

There are nine OKRs relating to people. Four are underperforming as at the end of March 2022. Please see below for more information by measure on the cause of the underperformance and the plans to mitigate and improve performance.

This year, our Objective Key Results are;	Target	Trust	National comparator
(2a) People Pulse Staff Engagement scoreQ4	>/=	6.87	n/a
(2b) Reduce agency usage to NHSE/I target Excludes covid spend	</=18.1%	13.9%	ModHos 4.9%/ Peer 6.8%
(2c) Reducing staff sickness to 3.5% over 2021/22	</=3.5%	5.6%	National avg 9.1%
(2e) Reduction in % labour turnover	</=10%	14.1%	ModHos 0.98% Peer 1.02%
(2f) Reduction in % Early labour turnover		18%	None
(2g) Reduction in % vacancies	</=9%	8.7%	ModHoss 7.90%Peer 11.03%
(2h) PDR compliance	>=90%	32%	None
(2i) PPST compliance	>=90%	73%	None
(2j) Number of Apprentices as % substantive employees	>=2.3%	5.1%	None

(i) Reducing staff sickness to <3.5%



The risk or issue

The sickness absence rate has increased in March from 5.9% to 6.7%. Excluding Covid absences the rate was 4.35% (same as last month) or 0.85% above the target of 3.5%.

The cause

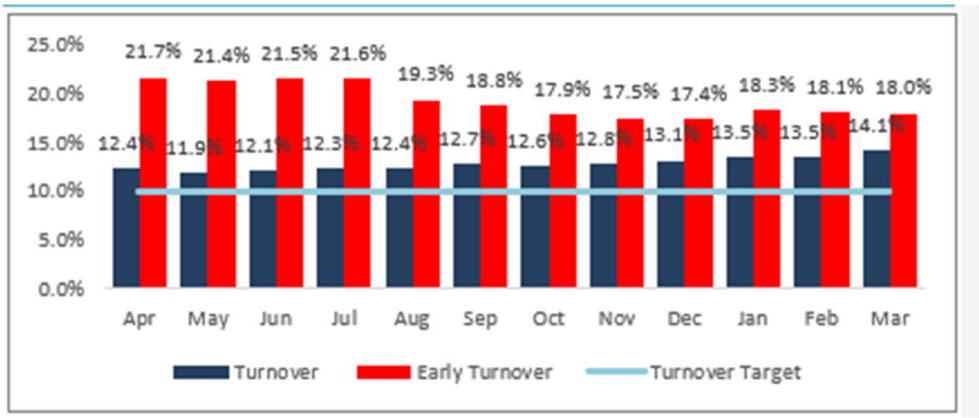
COVID confirmed remained the top cause of absence in March, with the second highest absence reason being non-work-related stress and the third highest work-related stress. In March there was a significant increase in the number of COVID confirmed absence spells with 506 cases in March compared to 380 in January and 223 in February. There has been a slight increase in the number of staff off on long term absence, with 158 employees being absent for more than four weeks in March compared with 155 in February.

The plan or mitigation

COVID absences continue to be monitored on a regular basis through the Tactical Meeting. All COVID scripts have been updated in Good Shape to reflect the current Trust guidelines and to ensure staff are given appropriate advice. A new Long COVID code has also been implemented in GoodShape and WFMS to enable reporting on Long COVID cases so we can differentiate

between Long COVID and infectious diseases. Further work is also taking place to ensure that RTW/Wellbeing conversations are taking place after every absence event, this will ensure appropriate referrals are made and signposting to our various support/assistance programmes.

(ii) Reduction in labour turnover to <10%



The risk or issue

Staff turnover has increased to 14.1%. High levels of turnover will impact on vacancies, agency spend, quality of patient care and staff experience.

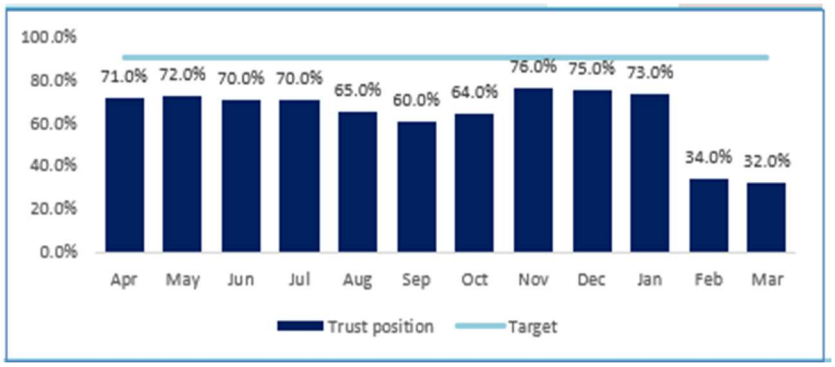
The cause

Work/life balance is reported as the highest reason for staff voluntarily leaving the Trust (besides unknown). Triangulation of data from the leavers data and exit questionnaire (now leaver's survey) suggests the need to distinguish between whether the work/life balance reason for leaving being cited is due primarily to workload pressures or opportunities to work flexibly.

The plan or mitigation

Action to date includes redesigning the current exit questionnaire (now leavers' survey) to provide more detailed information as to why people leave. We have also repositioned how this leaver's survey fits into the exit process to increase completion rates and provide greater opportunity to discuss with staff options for staying in the Trust's employment. The onboarding process is to be process-mapped in May. Focus groups with recent joiners are planned to take place in June. Whilst we will promote these focus groups to all new joiners, we will pay particular attention on promoting them in areas where early turnover is high.

(iii) PDR Compliance



The risk or Issue

The percentage of staff receiving a PDR in the past 12 months decreased further in March. Individuals who do not receive a PDR may not be supported to access professional and personal development opportunities which maybe a risk to retention.

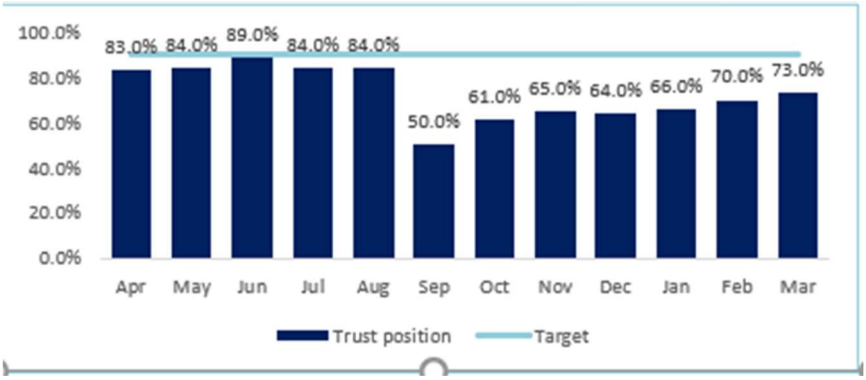
The cause

Some prior inaccuracy with the system led to higher compliance rate, the rates now reflect an accurate number of completions recorded. There is some anecdotal evidence that local records of completion are not yet recorded in OTR. The recording method on OTR is different to the previous method and despite guidance being issued, has caused some reticence to use the online system.

The plan or mitigation

L&D and the Head of Organisational Development are working together to review the process with staff engagement and will re-launch a rebranded process. In the interim, support during the deep dives (see PPST plan) to ensure recording is accurate will occur.

(iv) PPST compliance



The risk or issue

The percentage of PPST (Personal, patient safety training) completed in March has increased but still does not meet Trust compliance. Individuals who have not completed their PPST training may not have the skills and knowledge to carry out their role safely.

The cause

There are still some staff without agreed matrices and despite sufficient training sessions, there are schallenges booking onto the training. A significant number of staff booked for training do not attend at short notice due to staff pressures, which have been acute over this period.

The plan or mitigation

Deep dives are being started with services to ascertain reasons for levels of low compliance and any inaccuracies addressed. More support from the HR systems team is occurring to diagnose and address the ongoing problems with the new OTR system.

3. Make best use of our resources and protect the environment (Sustainability)

The Trust has six OKRs relating to sustainability.

This year, our Objective Key Results (OKRs) are;	Trust	Trust Trend
(3a) working capital	£12.3m fav	↑
(3b) Favourable performance against financial plan (YTD)	£3.1m fav	↑
(3c) Cost Improvement Plan (CIP) delivery (YTD)	£2.8m adv	↓
(3d) **95%** of estate to achieve condition B rating by 2025 (75% in 2021)	75%	→
(3e) Delivery of estates related CO2 reduction target of 1623 tonnes by 2025 (**10,862** in 2021)	10,862 tonnes	→
(3f) **Achievement of all 8 targeted measures** in the NHS Oversight Framework (see section 2 of this report)	7/8 achieved	

Finances

Overall we ended the year with an operating surplus of £4.5m, £3.5m better than planned and £4.7m better than last year. This was in the context of the special COVID financial framework continuing throughout the year, although with some reduction in funding for COVID expense reimbursement, which again was established to enable all trusts to breakeven and prioritise service delivery in those difficult times. It has been a tough year for our services, notwithstanding COVID, in that demand has increased across the board and at the same time significant service development has been carried out.

Total income significantly increased year on year by £123.3m, £70m of which is due to the inclusion of the income for the three Provider Collaboratives we formally contracted within the year to lead. This is the amount of income that we pay to our partner trusts for their services within the Provider Collaboratives. There was a substantial increase in Mental Health income of £21m for the development and expansion of services to increase access and achieve better outcomes, this also included £5.6m income from Oxfordshire Clinical Commissioning Group for the final tranche of the arbitrated settlement relating to the underfunding of mental health services. Community service income increased overall by £4.5m with additional investment in the Ageing Well initiative and the establishment of the Long Covid programme. Non-clinical income increased with the Trust taking responsibility for the Oxford Training Hub, funding for

additional IAPT trainees and the Oxford Pharmacy store wholesale business rebounding as the acute sector began to return towards normality.

COVID related costs amounted to £19.6m in the year, less than last year (£22m), with focus being given to reduce them in the second half of this financial year. These will have to be significantly reduced in 2022/2023. The Cost Improvement Programme delivered savings of £1.9m against a planned saving of £4.7m. Both COVID cost reduction and improved efficiency/productivity savings will be a key priority for delivering the 2022/23 financial plan.

Control of working capital has been maintained throughout the year and the cash balance has remained healthy (£89.5m at the end of the year) with no liquidity concerns.

With the nationally driven changes in commissioning where CCGs are merging to form Integrated Care Systems (ICS) responsible for larger areas and populations, the contracting and financial arrangements will change significantly for 2022/23. In this year we have had to work much more closely with the other provider organisations within our ICS to prioritise and agree funding allocations and for this to work effectively collaboration by all parties is essential.

4. Become a leader in healthcare research and education (Research & Education)

This year, our Objective Key Results are;	Target	Trust	National comparator	Trust Trend
Participants recruited to CRN Portfolio studies	1929 (FY)	1927 5th Nationally	No.1 ranked Trust 27,709	
CRN Portfolio studies running as at month end	-	72 2nd Nationally	No. 1 ranked Trust 86	

As yet, we have not set a Trust target for recruitment. The figure included as the target is the estimated recruitment for FY22 as provided by the research teams for a recent Local Clinical Research Network (LCRN) request

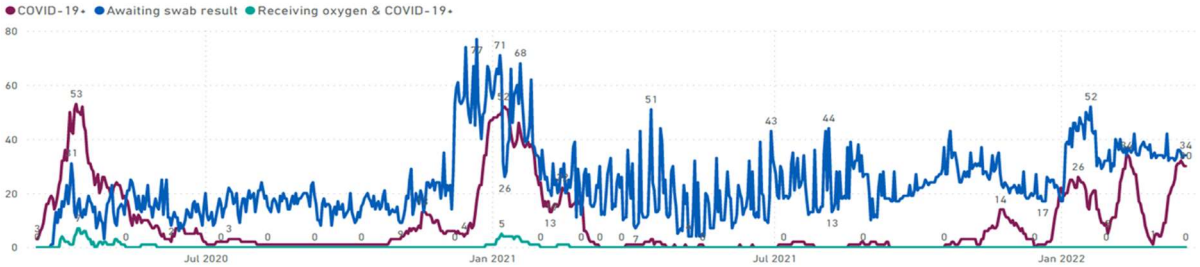
The national ranking compares research-active mental health trusts. In some Trusts this will include community-based and non-mental health studies

Note: 1,073 recruits came from one study led by Prof Keith Hawton the "Oxford Monitoring System for attempted Suicide"

5. COVID-19

COVID-19 positive inpatients

Since the onset of the virus, the number of patients testing positive for COVID-19 has fluctuated, peaking at 53 patients in the first wave, 52 in wave 2 and 34 in wave 3. At the end of March 2022, there were 44 patients with COVID-19 on Trust wards, the highest number since January 2021.



COVID-19 vaccination uptake

The staff vaccination programme continues to be successful with the following uptake levels.

All staff
Dose 1 = 92.2%
Dose 2 = 90.3%
Dose 3 = 69.7% (eligible staff only)

Patient Facing staff
Dose 1 = 92.3%
Dose 2 = 90.4%
Dose 3 = 70.1% (eligible staff only)

Statement on Performance from the Chief Executive

As for all other NHS trusts, and indeed the rest of the world, the year 2021-2022 continues to have been dominated by the impact of COVID-19 and the response to it. The operation of our physical health Community Services and our Mental Health Services has been significantly affected throughout the pandemic. However, thanks to the ongoing extraordinary courage, commitment and energy of our staff, the Trust has managed to maintain, where possible, the high quality of service provision across its broad range of services.

Quality

Despite the continuing difficulties and additional pressures of operating in the COVID-19 environment, the Trust's services maintained their standards of care and continued to meet the patient demand. This required considerable flexibility and additional work but also investment in equipment that enabled new innovative approaches to working. Oxford Health continued to act in the lead-provider role for establishing the vaccination centres within the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) based in Oxford, Aylesbury and Reading. The vaccination centres delivered a combined total of 849,369 vaccinations between 1st April 2021 and 31st March 2022. Please see table below:

Covid Vaccination Centre	First Dose	Second Dose	Third Primary	Booster Dose	Second Booster	Total
Broad Street Mall	23,839	58,915	403	89,410	1,580	174,147

Kassam Stadium, Oxford	106,661	147,804	849	112,076	3,920	371,310
Stoke Mandeville Stadium	45,165	61,333	390	50,126	2,099	159,113
Madejski Stadium, Reading	79,967	64,388	6	0	0	144,361
Bucks University, Aylesbury	0	0	0	0	0	0
Warneford Hospital	174	264	0	0	0	438
Grand Total	255,806	332,704	1,648	251,612	7,599	849,369

People

Throughout this difficult period of considerable uncertainty, pressure and enforced change, our staff have worked in an exemplary way, often going well beyond their day-to-day roles and operational duties in support of our patients and their families. Working in constrained workplaces, with additional requirements such as PPE and facing the very real risks presented by COVID-19, they continued to bravely face the risks and threats of COVID to put our patients first. Staff from all areas of the Trust, from frontline clinical staff, domestic, IT and estates to finance and training, they cannot be thanked enough for their combined efforts over the past year.

Sustainability

The finance and funding regime established by NHSE to support trusts to remain financially viable during the pandemic ensured that the baseline costs of operating our services were met and that all costs incurred as a direct result of COVID-19 were reimbursed. This enabled Oxford Health to continue to prioritise efforts on healthcare delivery and coping with the pandemic. Financial controls, whilst amended to facilitate rapid decision-making, remained robust.

Significant new investment for the Mental Health Investment Standard was made with good progress on planned improvements being made across all mental health services. The Trust continued in its lead capacity for three mental health provider collaboratives - secure adult mental health, Children Adolescent Mental Health Services (CAMHS) inpatient, and adult eating disorders. All of which continue to be successfully developed and delivered.

Environmental matters continue to be important to the Trust and are a key focus within the Trust Strategy. Detailed plans are now being developed to enable us to progress at speed towards the NHS goal of being carbon neutral overall by 2040.

The NHS strategy for the delivery of healthcare led by the newly created Integrated Care Systems (ICS) continued to progress throughout the year with draft legislation to reinforce the new structures being published. We are a part of the Buckinghamshire, Oxfordshire and Berkshire West ('BOB') ICS which now takes responsibility for the consolidated plan for all providers and commissioners within BOB and for reporting performance. Oxford Health has played an active part in the work done by the ICS and it is essential that this continues to an even greater extent this coming year. The Trust's financial position is covered in detail in the statutory accounts section of this Annual Report.

Principal Risks, Issues and Opportunities

Research and Education

Research funding and activities continued throughout the period with very little reduction evident. The future of the Trust's research activities looks extensive and exciting with ever increasing opportunities being promoted by our staff in collaboration with the University of Oxford. Work to continue and expand the Biomedical Research Centre has continued as a key research priority, along with the collaborative venture with the University of Oxford for the development of the Warneford Hospital site into a world class brain health campus. Over the past year, the Trust has also entered into an international partnership with the University of Toronto and the world leading Centre for Addictions and Mental Health (CAMH) based in Canada. A number of themes including a potential digital initiative for suicide prevention are now underway.

COVID-19 pandemic

The global pandemic continues to be the most significant issue that the Trust has faced during 2021-2022, and it has had a profound effect on delivery of the Trust's services and strategic objectives. It continues to present a number of risks and challenges that include infection control, PPE, and risks to staff wellbeing as a result of the pressures presented by the pandemic.

Other sections of the report describe many of the ongoing actions taken to respond to the pandemic as we all learn to live with the many challenges associated with the virus. Throughout the year we continue to adjust to a 'new normal.' Our office-based staff have adapted to working flexibly across different channels in accordance with government guidelines. With the virus now changing from a pandemic to an endemic, the Trust is exploring numerous opportunities that build on the many successful changes and learning throughout the COVID era. (e.g. digital ways of working)

National lockdowns and infection prevention control (IPC) measures meant that some services, such as those involving group activities and therapies, had to continue to be suspended; other services by necessity continued to operate at reduced capacity, for instance because bed numbers were reduced to maintain social-distancing and IPC practices; sickness absence, shielding or redeployment of staff at high risk of COVID-19, and self-isolation requirements (e.g. following a positive COVID-19 test) made it more difficult to maintain safe staffing levels and increased our reliance on the use of agency workers.

Throughout the year, the Trust has been working towards the safe restoration of services, via its multi-disciplinary Recovery & Surge Response Group. Whilst the pandemic presented, and still presents, huge challenges for the Trust, it has also given rise to new opportunities. Developments in these areas advanced at pace to meet urgent needs, and now present opportunities for the Trust in the future, for example by:

- Reducing patient waits and delivering services in a more flexible way for the benefit of service users;
- Enhancing staff wellbeing;

- Improving efficiency and reducing costs;
- Reducing the Trust's impact on the environment.

The Recovery & Surge Response Group, in addition to focusing on the restoration of 'business as usual' services, also focused its efforts on what has been learnt throughout COVID which confer possible benefits to the Trust, our service users and our staff in the future. The most significant issues and areas of risk that are recorded in the Trust's current assurance frameworks are:

Workforce

The high cost of living in Oxfordshire and surrounding areas, combined with pressures associated with increased demand for services, resultant increased workloads, and rising acuity of service users' needs (all exacerbated by COVID-19) make it difficult to attract and retain substantive staff. Such factors also impact negatively on the health and wellbeing of our workforce, which may result in increased sickness absence and/or an adverse impact on performance. The Trust considers this to be both an active issue which has, in some services, adversely affected service delivery and impeded quality improvement, and a risk to future performance.

Without workforce planning and action to improve recruitment and retention, and support staff health and wellbeing, there is a risk of rising turnover, vacancies and agency use (at increased financial cost to the Trust) and shortages of staff in some service areas impacting on quality, patient care and staff morale.

Mitigation actions include: career pathway development (including training accreditation); significant investment in apprenticeships, nursing associates and peer support workers; benefits and rewards initiatives; new roles and skill mix implementation; proactive recruitment initiatives (e.g. with universities); retention initiatives (e.g. stay conversations, collaborative work to reduce workplace stress and improve wellbeing, and learning from exit interviews); and continued expansion of Staffing Solutions (the Trust's internal staffing bank).

Demand and Activity

Data collected by the Trust shows that demand for services is consistently rising, yet funded operational and workforce capacity have been constrained at a level significantly below that required to meet it. Mitigation actions include developing a system to support operational managers plan and manage demand and activity, and migration to digital consultations during the COVID-19 pandemic has seen a significant increase in appointments delivered. Work continues with our academic partners to understand the qualitative aspects of this transition and to identify the benefits/impact of operating in this new way.

Going Concern

The Board of Directors is clear about its responsibility for preparing the Annual Report and Accounts. The Board sees the Annual Report and Accounts considered as a whole, as fair, balanced and understandable, and as providing the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and

strategy. The Board also describes some of the principal risks and uncertainties facing the Trust in the Annual Governance Statement. Oxford Health NHS Foundation Trust has prepared its 2021-2022 accounts on a going concern basis.

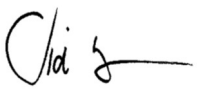
After making enquiries, the directors have a reasonable expectation that the services provided by the Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Equality and Human Rights

When obtaining experience feedback from service users, the Trust invites patients and carers to declare their ethnicity, in order that we can identify any significant variation in quality of experience across ethnic groups. An analysis of this data features in the workplan of the Equality, Diversity & Inclusion Steering Group.

The table below details experience feedback from service users for the period 1 April 2021 – 31 March 2022.

Service user/carer ethnicity	Average experience score (0-5)	Position
Asian	4.90	2nd
Asian British	4.70	9th
Asian other	4.63	11th
Black	4.96	1st
Black/African/Caribbean	4.70	10th
Black British	4.79	5th
White	4.89	3rd
White British	4.76	8th
White other	4.78	7th
Mixed/multiple ethnic groups	4.62	12th
Other	4.84	4th
Unknown	4.79	6th



Signed: **Date: 21 June 2022**

Dr Nick Broughton

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 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.

The following report and accounts 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 Trust welcomed some new Board members during the reporting year. It was joined by new Non-Executive Directors, Professor Kia Nobre on 1 June 2021; and by Sir Philip Rutnam and Andrea Young on 1 January 2022. Professor Sir Richard Trainor and Geraldine Cumberbatch joined as non-executive directors at the beginning of the 22/23 financial year on 1 April 2022, Grant Macdonald joined the Trust on 21 March 2022, taking over from Tehmeena Ajmal who had occupied the position of Acting Director of Mental Health and Learning Disability Services from October 2021 until Grant's appointment commenced.

We said farewell to Board members Professor Sue Dopson (non-executive director) on 31 May 2021, Dr Aroop Mozumder (non-executive director) on 30 September 2021, Bernard Galton (non-executive director) on 31 December 2021 and Sir John Allison (non-executive director) on 31 March 2022, and to Mark Hancock (executive Medical Director) who stood down from the Board in April 2021, and Debbie Richards who left to be a Chief Executive further south on 24 October 2021.

The Trust is most grateful to the departing members of the Board for their significant support and dedication.

Chair David Walker has, throughout the year, been 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 its performance.

The Chair is responsible for conducting annual appraisals of the Non-Executive Directors and presenting the outcomes of such to the Governors' Nominations and Remuneration Committee. Furthermore, the Chair is responsible for carrying out the appraisal of the Chief Executive and reporting to the respective committee accordingly.

Dr Nick Broughton, as Chief Executive, is accountable 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, appropriate budgets are set within available resources, and that performance is effectively monitored and risks are mitigated.

The Chair, with the support of the Director of Corporate Affairs & 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; Board member site visits (when not limited by COVID-19 restrictions), through their buddy arrangements with each Directorate 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 and Company Secretary and 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 NHSI'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 review by the Governors' Nominations and Remuneration Committee, to include the needs of the organisation in the context of the environment within which it operates. The Non-Executive Directors, through the Nominations, Remuneration and Terms of Service Committee, are responsible for reviewing the outcome of performance appraisals conducted by the Chief Executive of Executive Directors and that of the Chief Executive conducted by the Chairman.

During the year, the time spent with the Governors has assisted the Board to understand their views of the Trust and its strategies, and Board members attend the Council of Governors' meetings with Governors routinely attending the public Board meetings as observers. Invitations to observe Board Committees have been extended to the Governors during the year which has proven to support their wider understanding of the business of the Board and that of the Non-Executive Directors.

Communication with members and service users supports our understanding of the things that matter to patients and the public, but we recognise more work needs to be done to make membership more meaningful for those who would wish to be involved.

We also strive to support patients to be more involved in their own care and service developments via our People's Experience and Involvement Strategy, progress against which is monitored by the Board and its committees.

During the year covered by this Annual Report, the Board of Directors comprised the following individuals who served as Directors in 2021-2022:

Executive Directors

Voting Executive Director Members of the Board:

Dr Nick Broughton, Chief Executive

Marie Crofts, Chief Nurse

Charmaine De Souza, Chief People Officer from 04/10/2021

Dr Karl Marlowe, Chief Medical Officer from 10/05/2021

Grant Macdonald, Managing Director of Mental Health, Learning Disabilities and Autism from 21/03/2022

Mike McEnaney, Director of Finance

Debbie Richards, Executive Managing Director of Mental Health, Learning Disabilities and Autism to 24/10/2021. Tehmeena Ajmal acted up until March 2022 when Grant Macdonald commenced

Dr Ben Riley, Executive Managing Director – Primary, Community and Dental Care

Mark Warner, Interim Director of HR from 12/04/2021 to 03/10/2021

Non-voting Executive Director Members of the Board:

Amélie Bages, Director of Strategy and Partnerships from 25/04/2022

Kerry Rogers, Director of Corporate Affairs and Company Secretary

Martyn Ward, Director of Digital and Transformation

Non-Executive Directors

Voting members of the Board:

David Walker (Chair)

Sir John Allison *

Professor Sue Dopson *

Bernard Galton *

Chris Hurst (Senior Independent Director and Vice Chairman)

Dr Aroop Mozumder *

Professor Kia Nobre **

Sir Philip Rutnam **

Mohinder Sawhney

Lucy Weston

Andrea Young **

*Notes: * left Trust during 2021/22, ** joined Trust during 2021/22*

The Chair 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. 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
David Walker	01/04/2022 to 31/03/2025*	2nd
Sir John Allison	01/04/2021 to 31/03/2022	3rd
Professor Sue Dopson	01/06/2018 to 31/05/2021	3rd
Bernard Galton	01/02/2021 to 31/12/2021**	2nd
Chris Hurst	01/04/2020 to 31/03/2023	2nd
Dr Aroop Mozumder	01/02/2021 to 30/09/2021**	2nd
Professor Kia Nobre	01/06/2021 to 31/05/2024	1st
Sir Philip Rutnam	01/01/2022 to 31/12/2024	1st
Mohinder Sawhney	01/01/2021 to 31/12/2023	1st
Lucy Weston	01/03/2022 to 28/02/2025	2nd
Andrea Young	01/01/2022 to 31/12/2024	1st

*reappointed for second term, **retired early

Skills and Experience

The Trust considers that the composition of the Board is balanced, complete and appropriate to the requirements of the Trust. Each of the current Director's skills, expertise and experience are outlined below along with their attendance at each Board of Directors' (BoD) meeting and Council of Governors' (CoG) general meetings during the year:

David Walker (Non-Executive Director, Chair), BoD 9/9 and CoG 4/4 meetings

David Walker was appointed Chair of Oxford Health in April 2019. Prior to this, he served as deputy chair of Central and North-West London NHS FT since 2011. Previously, he has been a Trustee of the Nuffield Trust, the National Centre for Social Research, a Board member of Places for People, and a council member of the Economic and Social Research Council. Until 2010 David was Managing Director for Communications and Public Reporting at the Audit Commission. He is a member of council at Royal Holloway University of London and impact assessor for Research Excellence Framework 2022 and is a Fellow of the Academy of Social Sciences.

As a journalist he was a Leader Writer for The Times, Chief Leader Writer for The Independent, Founding Editor of the Guardian's Public Magazine and he has worked as a local government and social policy correspondent. He is the author of several books.

Sir John Allison (Non-Executive Director), BoD 7/9 and CoG 3/4 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 five 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.

Bernard Galton (Non-Executive Director), BoD 4/6 and CoG 2/3 meetings

Bernard had a long and successful Civil Service career and retired in 2014 from his role as Director General in the Welsh Government. He has 20 years' Executive Board experience and been a Non-Executive Director in NHS Foundation Trusts and a private sector joint venture company. He led a large Corporate Services department and was Head of Profession for Human Resources and Organisation Development across all public service bodies in Wales, and responsible for complex multi-million-pound contracts with key private sector suppliers across ICT, property and facilities management, and learning and development. He is also a Chartered Fellow of the Chartered Institute of Personnel and Development.

He worked at the highest level in NHS Wales gaining an in depth understanding of key strategic issues facing health and social care services and the professional and operational challenges faced by clinical leaders. He currently holds positions (Director and Partner) in two management consultancies. Bernard is a Non-Executive Director of University Hospitals Bristol and Weston NHS Foundation Trust.

Chris Hurst (Non-Executive Director), BoD 9/9 and CoG 3/4 meetings

Chris was appointed to the Board in April 2017 and is a Consultant and Executive Coach with 25 years' Board level experience, working in both executive and non-executive roles. He is a Chartered Accountant and has worked in the banking and technology sectors, in local and national government, and as a Deputy Chief Executive Officer in the NHS. He was previously a Board Trustee of the Healthcare Financial Management Association (HFMA) and previously a Non-Executive Director of a small digital development company and former independent adviser to an international healthcare technologies company.

Dr Aroop Mozumder (Non-Executive Director), BoD 3/4 and CoG 1/2 meetings

Aroop was appointed a Non-Executive Director on 1 September 2017. After qualifying in medicine from Charing Cross Hospital, he initially trained in General Practice in the NHS and then spent a couple of years working for Save the Children in famine relief in Africa. Aroop enjoyed a long career in the Royal Air Force, including being the Inspector General of Defence Medicine, retiring as Director General Medical Services in the rank of Air Vice-Marshal. In the Queens' Birthday Honours List in 2015 he was awarded a Companion of the Order of the Bath.

He currently works as a Research Fellow at Harris Manchester College, Oxford University, is a National Adviser to the Care Quality Commission and is the Academic Dean of the Society of Apothecaries in London. Aroop left the Trust on 30th September 2021.

Professor Kia Nobre BoD 7/7 and CoG 1/3 meetings

Professor Nobre grew up in Rio de Janeiro and obtained her PhD in the USA in 1993, carrying out postdoctoral research at Yale University, working with a specialist Cognitive Neurology and Alzheimer's group at Harvard Medical School and then Northwestern University. She took up a McDonnell-Pew Lectureship in Cognitive Neuroscience and a Junior Research Fellowship at New College, Oxford in 1994. She holds the Chair in Translational Cognitive Neuroscience at Oxford, shared between the Departments of Psychiatry and of Experimental Psychology and linked to St Catherine's College. She continues to collaborate with the Mesulam Centre for Cognitive Neurology and Alzheimer's Disease as an adjunct professor at Northwestern University in Chicago. Among many roles and interests, she is also a member of the University Council and serves on its research, innovation, and education committees.

Sir Philip Rutnam BoD 3/3 and CoG 1/1 meetings

A distinguished former civil servant, Sir Philip was a Permanent Secretary for eight years, first at the Department for Transport from 2012-17 and then at the Home Office from 2017-20. He has also worked outside the Civil Service in investment banking in Hong Kong, and as one of the senior members of the team that created Ofcom, later serving on the Ofcom Board. He was Disability Champion for the Civil Service from 2015-20 and he was appointed Knight Commander of the Order of the Bath in the 2018 New Year Honours for public service. He will become Chair of the National Churches Trust later in 2022.

Mohinder Sawhney (Non-Executive Director), BoD 8/9 and CoG 4/4 meetings

Mohinder Sawhney was appointed a Non-Executive Director in January 2021. A senior adviser to international companies and non-profit organisations, Mohinder is an economist who has extensive experience advising organisations large and small, including the World Bank, the Department for International Development, Diabetes UK, Hampshire County Council, and the Bank of England. Mohinder completed her final third term as Chair of Revitalise, a charity providing respite breaks for disabled people and carers in 2020.

Lucy Weston (Non-Executive Director), BoD 7/9 and CoG 3/4 meetings

Lucy was appointed as a non-voting Associate Non-Executive Director in September 2017 and subsequently as voting Non-Executive Director on 1 March 2019. She is a Chartered Accountant who has spent most of her career in the private and charity sectors. She is a Non-Executive Director (Chair) of Soha Housing and previously was a Governor of Oxford Brookes University.

Andrea Young BoD 3/3 and CoG 1/1 meetings

Andrea had a long and distinguished career in the NHS and was the former chief executive of North Bristol NHS Trust until she retired in 2020. Andrea started her career in 1977 as a student nurse and subsequently trained and practised as a midwife. Before joining NBT, she worked nationally and regionally across a wide range of public health and health commissioning roles. At Bristol, Andrea oversaw a range of achievements, including leading the move into the multi-award winning, state-of-the-art Southmead hospital in 2014 and in 2019 the trust being recognised by the Care Quality Commission as "Good" overall with "Outstanding" care and leadership. Andrea is also a governing board member at the University of West of England. She is an accredited coach/mentor working independently and as an Associate with Tricordant.

Tehmeena Ajmal (Interim Director of Mental Health, Learning Disabilities and Autism), BoD 4/4 and CoG 1/1 meetings

Tehmeena Ajmal became Oxford Health's Interim Director of Mental Health, Learning Disabilities and Autism on 11 October, 2021 until 18 March 2022. She took up the temporary position following the departure of Debbie Richards on her appointment as Chief Executive of Cornwall Partnership NHS Foundation Trust. was previously Covid Operations Director at Oxford Health, playing an instrumental role in the roll out and delivery of the large-scale vaccination centres across Buckinghamshire, Oxfordshire and Berkshire West. Tehmeena was previously a director of community services and head of quality and governance. She joined the NHS in 1994 working her way up through disciplines in mental health, the acute sector as well as ambulance trusts and commissioning. She is now the Chief Operating Officer for Berkshire Healthcare NHS.

Dr Nick Broughton (Chief Executive), BoD 9/9 and CoG 3/4 meetings

Nick was appointed Chief Executive Officer of Oxford Health NHS Foundation Trust on 15 June 2020. He brings a wealth of experience to Oxford Health, having joined from Southern Health NHS Foundation Trust, where he led the organisation from a Care Quality Commission rating of 'Requires Improvement' in 2017 to 'Good' in January 2020. Prior to that Nick was chief executive of Somerset Partnership NHS Foundation Trust, where he also led the trust from 'Requires Improvement' to 'Good'. As a consultant psychiatrist for more than 20 years specialising in forensic psychiatry, he has held medical and clinical director roles, and a variety of other managerial positions, including as a director of Imperial College Healthcare Partners. He obtained his medical degree from Cambridge and completed his training at St. Thomas' Hospital, London.

Marie Crofts (Chief Nurse), BoD 8/9 and CoG 2/4 meetings

Marie has been a nurse for over 30 years and a senior manager with provider and commissioning organisations. She has also worked at a regional level, implementing evidence-based practice and working with carers to influence change. Her experience covers both mental health and community physical health services. Marie joined Oxford Health as Chief Nurse on 3 June 2019.

Charmaine De Souza (Chief People Officer) BoD 5/5 and CoG 2/2 meetings

Charmaine joined Oxford Health by taking-up the new role of Chief People Officer, replacing Mark Warner who acted as Interim Human Resources Director. Prior to this she was at the Greater London Authority, the capital's unique devolved governance body which supports the Mayor of London and London Assembly.

At the GLA, Charmaine has responsibility for leading a high quality, effective and responsive department taking overall leadership on all HR and organisational development issues and oversight of leading key projects and people related activity across the authority. She also led on the design and delivery of the Mayor's flagship talent programme for women across the GLA Group - Our Time - which encourages the progression of women into senior leadership roles to support the ambition to reduce the gender pay gap. Charmaine has worked across a range of organisations in the public sector, starting her career as a graduate trainee at the BBC where she qualified as an HR professional.

Charmaine holds a MSc in Organisational Behaviour from Birkbeck College and is a member of the Chartered Institute of Personnel Development (CIPD).

Mark Hancock (Medical Director), BoD 1/1 and CoG 0/0 meetings

Mark was appointed Medical Director in April 2016 and has worked with Oxford Health in several roles since 1999. He had previously been the Deputy Medical Director since May 2013. In recent years, he has been Psychiatric Lead for Medium Secure Services (2013-2014) and Associate Clinical Director for Forensic Services (2011-2013). Mark is the Trust lead for Clinical Risk Assessment and Management, the Trust's Caldicott Guardian and Chief Clinical Information Officer. He completed the Nye Bevan programme with the NHS Leadership Academy in 2014.

Mike McEnaney (Director of Finance), BoD 8/9 and CoG 4/4 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 executive level gained as Finance Director of Honda's UK manufacturing operations, Avis' UK car rental business and a private equity backed global business. Alongside the financial experience gained in manufacturing and commercial organisations, he also has experience of managing IT and HR. Mike joined the Trust as Director of Finance in September 2011.

Dr Karl Marlowe (Chief Medical Officer) BoD 8/8 and CoG 4/4 meetings

Dr Marlowe joined Oxford Health as the new Chief Medical Officer on 10th May 2021. Karl was the CMO at Southern Health NHS Foundation Trust where, since April 2018, he was responsible for the clinical leadership of 6,000 staff across more than 300 sites – including five community hospitals - and a £320m budget. During this time, he had worked alongside our CEO Dr Nick Broughton and saw Southern Health experience a shift in culture, transforming it from a trust requiring improvement to one rated as 'good' by the Care Quality Commission.

A consultant psychiatrist, Karl's extensive training has taken in Liverpool Medical School, Barts and The Royal London, Maudsley Hospital and Guys and St Thomas Hospitals. He holds post-graduate qualifications from UCL, the Institute of Psychiatry and Oxford's Said Business School. He has previously been clinical director of adult mental health at East London NHS Foundation Trust and continues to chair the Social Interest Group, a non-profit organisation set up to enrich and extend opportunities for people facing social and health exclusion.

He is also passionate about climate change and at Southern Health worked hard to raise the profile of the need to reduce air pollution. He also led on embedding a quality improvement methodology across the Trust.

Grant Macdonald (Executive Managing Director for Mental Health, Learning Disabilities and Autism) BoD 1/1 and CoG 1/1 meetings

Grant started in his role as Oxford Health's new Executive Managing Director for Mental Health, Learning Disabilities and Autism on 21March 2022. An exceptional leader with 17 years board level experience, Grant's NHS career spans 33 years and he remains a registered mental health nurse. He has worked in the region before, previously as Executive Nurse and Chief Operating Officer (COO) at Berkshire Healthcare before joining Central & North-West London NHS Foundation Trust as Executive Director of Strategy & Workforce. Before joining Oxford Health he was COO at Southern Health.

Debbie Richards (Executive Managing Director for Mental Health, Learning Disabilities and Autism), BoD 4/4 and CoG 2/2 meetings

Debbie was appointed to a newly created Board level role to lead Mental Health, Learning Disability and Autism services in July 2019, reflective of the approach to more joined up 'integrated' care across health and social care systems in Oxfordshire, Buckinghamshire, Bath & North-East Somerset, Swindon and Wiltshire. In this role Debbie supported the delivery of the NHS Long Term Plan, building on discussions with key partners, including Oxfordshire and Buckinghamshire Clinical Commissioning Groups (CCGs). Originally a trained mental health social worker, Debbie has more than 20 years' senior level experience in clinical service delivery, commissioning and transformation across health and social care. She joined Oxford Health from Buckinghamshire Clinical Commissioning Group where she was Director of Commissioning and Delivery. She studied at Oxford's Wolfson College where she obtained her Masters degree.

Dr Ben Riley (Executive Managing Director – Primary, Community and Dental Care), BoD 9/9 and CoG 3/4 meetings

Dr Ben Riley was appointed to the newly created role of Managing Director – Primary, Community and Dental Care Services in April 2020 to enable better working across community, primary, social care and third sector partners to improve services and health of communities in Oxfordshire.

Ben's experience includes the role of Chief Clinical Officer and Chair at OxFed, one of four GP federations in Oxfordshire. He is joint Clinical Director of the 'Healthier Oxford City' Primary Care Network (PCN), which comprises three city practices and OHFT's Luther Street Medical

Centre, caring for a diverse population of 42,000 patients in central and north Oxford, including the homeless, student and health-deprived older populations. As a GP at Oxford's 19 Beaumont Street Surgery, Ben has an interest in frailty and is lead doctor for a nursing and care home including patients with complex healthcare needs and dementia. Now in his sixth year in Oxford, Ben previously worked for seven years as a GP in Faringdon.

Ben has held leadership roles at national level. As the Royal College of General Practitioners' Medical Director of Curriculum and GP Education from 2012-2019, Ben led the team that updated the national curriculum for GP training, which was rolled out into GP training programmes across the UK in August 2019. Before this he led the College's e-learning programme, co-authored several national strategy documents and has produced over 250 educational resources and publications for the NHS workforce. He was a trustee of Lymphoma Action, a leading national charity for people with lymphatic cancer, from 2012-2018.

Kerry Rogers (Director of Corporate Affairs and Company Secretary), BoD 9/9 and CoG 4/4 meetings

Kerry joined the Board of Directors as a non-voting executive director and Company Secretary on 1 September 2015. Kerry has more than 20 years' board level experience and held director roles in the NHS prior to coming to Oxford Health; 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 and on the Business Planning and Governance Committee. She is currently a trustee for Age UK Oxfordshire and Board member of The Hill, an organisation which works with NHS trusts, universities, digital developers, innovators and investors to promote and encourage commercial and impactful technological solutions to problems in health and care.

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 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, for an IT professional services company contributing to the strategic direction and operational excellence of the business.

Martyn Ward (Director of Digital and Transformation), BoD 9/9 and CoG 2/4 meetings

Martyn joined the NHS in September 2016 and was appointed to the Board of Directors as Director of Strategy & Performance in January 2018, and the Trust's Chief Information Officer in July 2018. As an engineer with a background primarily in IT and information, Martyn has 27 years' public service experience and has served in the Royal Air Force, Thames Valley Police and most recently, at Oxfordshire County Council, where he led IT Services from 2012. During his time at Oxfordshire County Council, Martyn played a key role in securing the investment required to improve broadband throughout rural Oxfordshire and was a member of the joint board setup with BT to oversee delivery. Martyn brings significant experience of leading organisational change and transformation and is focused on development of integrated services with both private and public sector partners. He completed the director programme at the NHS Leadership Academy, in addition to previous training hosted by Ashridge Business School and Office of Public Management.

Mark Warner (Interim Human Resources Director) BoD 4/4 and CoG 1/2 meetings

Following the departure of the Director of HR, Tim Boylin, Oxford Health intended to appoint a Chief People Officer into an executive role with Mark acting as Interim Human Resources Director prior to that appointment.

Mark has spent his whole career in human resources roles and gained significant experience in both the public and private sectors. Until recently, he was, for more than five years, Executive Director of Workforce and Organisational Development at Dorset County Hospital NHS Foundation Trust, where he developed a trust-wide People Strategy, ensuring trust values were embedded in all people processes. He was also responsible for planning, recruitment and retention alongside employee engagement.

Prior to that Mark was director of HR at Buckinghamshire Healthcare NHS Trust and part of the executive leadership team responsible for bringing the Trust out of special measures. Before the NHS, he was head of HR at West Sussex County Council and spent 19 years with British Airways in a number of senior roles, notably Head of Resourcing.

Non-Statutory Board Committees

In addition to the statutory Audit and Nomination and Remuneration Committees, the other committees of the Board are detailed later in this report, each of which were chaired by a Non-Executive Director. The Terms of Reference of the Board committees reflect the required focus on integrated risk, performance and quality management. Further details, in addition to that set out below, regarding the work of the Audit; Nominations, Remuneration and Terms of Service; Quality; Finance and Investment; People, Leadership and Culture; Mental Health Act and Law; and Charity Committees can be found in the Corporate Governance and Code of Governance sections of this Annual Report; and are referenced within the Annual Governance Statement and Remuneration Report where relevant.

The Quality Committee*,* chaired by Non-Executive Director Dr Aroop Mozumder until his retirement and then for the remainder of the year on an interim basis by the Chair David Walker 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 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 managed through the operational and clinical management structure.

The role of Quality Committee 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 relevant regulatory frameworks and legislation;

- approve significant 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; and
- approve and monitor strategies relating to quality.

The Finance and Investment Committee, chaired by Non-Executive Director Chris Hurst, 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, and associated recovery plan. It has also contributed to the development of early plans with regard to the Warneford site development ambitions.

The People Leadership and Culture Committee, chaired by Non-Executive Director Bernard Galton until his retirement and by Mohinder Sawhney from January 2022, ensures an appropriate focus on workforce performance, health and wellbeing and assurance that relevant risks and mitigation actions are in place to actively support the development of innovative enabling strategies for people, leadership and education to deliver cultural transformation.

The Mental Health Act Committee, chaired by Non-Executive Director Sir John Allison, until 31 March 2022, was constituted to provide assurance to the Board that the Trust establishes, monitors and maintains appropriate integrated systems, processes and reporting arrangements to ensure continued compliance with the Mental Health Act and Mental Capacity Act, whilst protecting the human rights of service users. It has now been re-named the Metal Health & Law Committee and from 1 April 2022 is chaired temporarily by David Walker, Trust Chair.

The Charity Committee, chaired by Non-Executive Director Lucy Weston, is responsible for ensuring the stewardship and effective management of funds which have been donated, bequeathed and given to the Oxford Health Charity.

Board of Directors' 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 and Company Secretary. Any enquiries should be made to the Director of Corporate Affairs and Company Secretary, Oxford Health NHS Foundation Trust, Trust Headquarters, Corporate Services, Littlemore Mental Health Centre, Sandford Road, Littlemore, Oxford, OX4 4XN. The register is published on the Trust website at https://www.oxfordhealth.nhs.uk/about-us/governance/disclosures-and-declarations/.

Enhanced Quality Governance Reporting

At the heart of the Trust's strategy and development is the ongoing improvement of the quality of services we provide. Improving the quality of care and outcomes for patients drives the decisions taken by the Board of Directors and the systems established in the Trust. The role of the Quality Committee in leading quality oversight and improvement is set out earlier in this report.

Each Executive Director has a clearly defined portfolio and is individually and collectively responsible for the quality and safety of services provided. The Board and Executives have regular development sessions to ensure they are aligned on their goals and their different roles are effective.

The governance framework continues to evolve as the business adapts to changes/ opportunities. The framework describes the structure for setting our quality aims, the processes we use to monitor and manage risks, and how this drives our quality improvement programmes. Regular reviews of the Terms of Reference of each committee keep the framework relevant and help identify areas to strengthen, such as the additions in recent years of the Board Committees for People Leadership and Culture, and the Mental Health Act Committee.

The Trust has developed and implemented three NHS-led Provider Collaboratives in 2021/22, as the lead provider (listed below), to manage whole pathways of care on regional footprints. As lead provider we commission the delivery of services with the intention of improving access, developing community alternatives to admission and where admission is clinically appropriate, ensuring community support post-discharge. Each Collaborative has an overarching quality governance forum to hold providers to account which then reports into the lead Executive Director and Board.

The Collaboratives we are leading on are;

- Thames Valley and Wessex Adult Low and Medium Secure inpatient services (Forensic Mental Health)
- Thames Valley Tier 4 Children and Adolescent Mental Health inpatient services
- HOPE Adult inpatient Eating Disorder services
- Launching a provider collaborative for dentistry with Berkshire Healthcare and Central & North-West London NHS Foundation Trusts

The Board and its committees have been supported by regular reporting against a range of key quality metrics with an agreed threshold to identify what would trigger more action/ follow up. The metrics are aligned to the elements defined by the National Quality Board (2022) that make up high quality, personalised and equitable care. The elements are; safety, clinical effectiveness, experience (responsive and caring), well-led and sustainable use of resources. The reporting includes a bi-monthly integrated performance report with a range of quality, activity and workforce measures aligned to the objectives in the Trust's Strategy. To support the monitoring and reporting of quality metrics, the Trust has also developed a web-based business intelligence platform which is available to all staff members to access data from different sources in one place to improve how we can triangulate information.

The sub-committees of the Board delve into the detail of the quality provided and highlight any concerns and risks as appropriate. A couple of examples; the Quality Committee receives regular reports such as the Quality and Safety Dashboard and an update against the Trust's Quality Improvement Strategy and programme of QI projects. The Audit Committee leads on

the internal audit programme, which helps to provide assurances on a range of key governance/control areas.

The Executive Team reviews the quality of services on a weekly basis with key information being brought together by subject experts and senior clinical leads to identify any immediate actions, oversee the quality of provision and to identify any themes for improvement. The information brought together includes serious incidents, complaints, inquests and claims, patient safety, use of restrictive interventions, compliance with the Mental Health Act and Mental Capacity Act, staffing levels and harm to staff, progress with casework, national safety alerts, and any health, safety & fire issues.

The Trust holds regular performance reviews with each Clinical Directorate providing the opportunity for Executive Directors to review directorate performance against a range of metrics and hold management teams to account for performance. The reviews also assist directorates in identifying resources to tackle problem areas. To prioritise the response to the pandemic, the meetings were less frequent during some of the year.

The Trust is required to register with the Care Quality Commission (CQC), and our current registration status is registered with no conditions. The Trust is subject to periodic reviews of the quality of care by the CQC. Following our CQC inspection from July-September 2019 the Trust is rated as Good overall and within the well-led domain. We have not had an inspection during 2021/22. Our mental health wards also receive routine unannounced visits by the CQC to review compliance with the legal requirements of the Mental Health Act for people who have been detained. Twelve mental health wards were visited in 2021/22 with no serious concerns raised.

The other external sources we use to compare and identify areas for improvement are the results of national clinical audits and confidential enquiries, benchmarking exercises and outcomes from accreditation/peer network assessments. We also review the recommendations from all national independent enquiries to identify how we can continue to improve as well as benefit from being involved in regional and national quality improvement collaboratives to compare our practice and to share improvements.

We have a lot to be proud of at the Trust, however we know what we need to do to improve our services and the care provided. We are also aware that achieving outstanding care is about a commitment to being open to learning, having a strong patient voice as part of our decision making and continually investing in making improvements.

Disclosures

As a Foundation Trust we are required to make the following disclosures:

Income Disclosures

These can be found in notes 3 and 4 on the Annual Accounts section. The income received by the Trust from the provision of goods and services for the purposes of the health service in England is greater than the income from the provision of goods and services for any other purposes, which complies with requirements.

The Better Payment Practice Code

This requires the Trust to aim to pay 95% of the value of all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust's compliance with the better payment practice code in respect of invoices received from both NHS and non-NHS trade creditors is shown in the table below:

Measure of Compliance	2021/2022		2020/2021	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	88,387	281,816	72,301	179,361
Total Non-NHS trade invoices paid within target	83,522	260,302	66,956	162,198
Percentage of Non-NHS trade invoices paid within target	94.5%	92.4%	92.6%	90.4%
Total NHS trade invoices paid in the year	7,737	67,279	3,490	16,599
Total NHS trade invoices paid within target	6,919	56,936	2,783	13,716
Percentage of NHS trade invoices paid within target	89.4%	84.6%	79.7%	82.6%

No liability to pay interest accrued by virtue of failing to pay invoices within the 30-day period. There were no **political donations** during the year. The Trust has complied with the **Cost Allocation and Charging Guidance** set out in HM Treasury and Office of Public Sector Information Guidance.

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. It 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 in so far as they apply to Foundation Trusts; and the Directors' Remuneration Report Regulation 11 and Parts 3 and 5 of Schedule 8 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 elements of the NHS Foundation Trust Code of Governance. Details of Executive Directors' remuneration and pension benefits; and non-Executives' remuneration are set out in tables later in this report. They have been subject to audit.

Nominations, Remuneration and Terms of Service Committee

The Board appoints the committee that considers remuneration, which is the single committee considering both nominations and remuneration called the Nominations, Remuneration and Terms of Service 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 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 senior manager severance payments where relevant. Employer Based Clinical Excellence Awards are dealt with by the Board of Directors and allocations were approved during the year.

All Non-Executive Directors are members of the Committee. The Committee has met on 8 occasions during 2021-2022. During the year, the following Non-Executive Directors have served on the Committee as voting core members:

Committee Member	Attendance
David Walker	8/8
Sir John Allison	7/8
Bernard Galton*	5/6
Chris Hurst	8/8
Dr Aroop Mozumder*	4/4
Professor Kia Nobre	6/7
Sir Philip Rutnam	2/2
Mohinder Sawhney	7/8
Lucy Weston	6/8
Andrea Young	2/2

**left during year*

The Committee also invited the assistance of the Chief Executive, the Director of Human Resources/Chief People Officer and the Director of Corporate Affairs and Company Secretary. None of these individuals or any other Executive or senior manager participated in any decision relating to their own remuneration.

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 - those who influence the Trust as a whole. For the purposes of this report, 'senior managers' are defined 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 in 2021-2022. The approach to remuneration is intended to provide the rigour necessary to deliver assurance and the flexibility needed 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 in line with available benchmarks.

In light of the Trust's financial situation, the remuneration policy for 2021-2022 did not include any performance related pay elements, and all directors' performance will continue to be assessed against delivery of objectives and kept in line with recognised benchmarks (e.g. NHS Providers and the wider pay policies of the NHS).

Executive Directors who had been at the Trust since 1st April 2021 received an annual non-consolidated inflationary uplift of 3% of base pay rates in 2021-2022 reflecting the guidance received and published by regulators.

Executive appointments to the Board of Directors continue under permanent contracts and during 2021-2022, no substantive director held a fixed term employment contract with the exception of the Medical Director Mark Hancock who stood down at the beginning of the year. The Chief Executive and all other executive directors (voting and non-voting) hold office under notice periods of three or six months except when related to conduct or capability. This information is detailed later in this report.

There were no interim members of the Board of Directors during 2021-2022 with the exception of the Director of Human Resources which was filled through an interim post to October 2021 pending the commencement of the Chief People Officer.

The process to appoint a new Chief Medical Officer (replacing the role of Medical Director) concluded during the year, with Dr Karl Marlowe approved as successor to Mark Hancock, and who took up his appointment in May 2021. Charmaine De Souza joined the Trust as Chief People Officer (replacing the Director of Human Resources) in October 2021 and Grant Macdonald joined the Trust as Managing Director of Mental Health and Learning Disability Services (succeeding Debbie Richards) in February 2022.

The process to appoint to a new role of Director of Strategy and Partnerships and a successor Chief Finance Offer to succeed the Director of Finance retiring in July 2022 were concluded during the year with both appointees commencing at the Trust in the next reporting period.

The Trust uses the NHS Equality Delivery System (EDS2) to develop its equalities work. This framework has helped us to identify our equality priorities and to consolidate the progress we have made to date which can be attributed to a variety of relationships, practices and initiatives involving a diverse range of stakeholders, sector agencies and partnerships.

A strategy for our equality, diversity and inclusion work is in place with four work streams:

- Equal opportunities
- Valuing diversity
- Workforce and staff
- Patients, service users and carers

Each of these work streams has associated action plans to address the findings; and members of the Nominations, Remuneration and Terms of Service Committee have received reports produced for the Board of Directors' meetings and provided to Board's seminar programmes where progress is overseen. Further detail regarding the Trust's strategy and objectives in terms of diversity and inclusion can be found in the Staff Report of this Annual Report, and on the Trust's website https://www.oxfordhealth.nhs.uk/about-us/governance/equality-and-diversity/

Annual Statement on Remuneration from the Chair of the Committee

There are no additional 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 which feature later in the report. 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 policy and no components were 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 list of Board members who are each not on Agenda for Change contracts is available later in this report (their contracts are permanent, and there are no unexpired terms).

Remuneration for senior managers is set on appointment or following benchmark comparison or substantial change in responsibilities, with reference to Reports on NHS senior manager pay

and NHS benchmarking data collected by organisations such as NHS Providers. The main consideration for annual pay increases for senior managers has been the inflationary uplift award made under Agenda for Change and the Very Senior Manager guidance from regulators and against benchmark comparators.

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 on organisations of comparable size elsewhere throughout 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 consecutive terms dependent on formal assessment and confirmation of satisfactory on-going performance. A third term of three years may be served, subject to on-going positive appraisals and a broader review considering the needs of the Board and the Trust. The maximum period of office of any Non-Executive Director shall not exceed nine years.

The Non-Executive Directors' Remuneration, as agreed by the Council of Governors, is consistent with best practice and external benchmarking, and remuneration during 2021-2022 has been consistent with that framework. The guidance issued during the previous year recommended that for Non-Executive Directors, a single uniform annual rate of £13,000 should apply until 31st March 2021. The annual standard rate (excluding supplementary payments) of existing Non-Executive Directors was consistent with that guidance, and effective from 1st April 2021, the governors awarded the Non-Executive Directors and Chair a 2% inflationary increase.

All trusts also have local discretion to award limited supplementary payments depending on the organisations' size in recognition of designated extra responsibilities. Foundation trusts are expected to explain their rationale for divergence from the recommended structure. The responsibility allowance (for chairing Board committees/onerous responsibility) will not be increased during the tenure of existing Non-Executive Directors whilst the guidance sets the responsibility allowance at £2,000 given that currently the payment received by those who joined the Trust prior to 21/22 is £3169.

The disparity between the current payment and that in the guidance (to be phased over several years) is to ensure that no Director receives a reduction in their remuneration. Current Non-Executive Directors' total remuneration (regarding the £2,000 responsibility cap) will not reduce until their terms at the Trust expire. New appointments or new responsibilities attracting payments will be in accordance with the guidance and the responsibility allowance will not exceed £2,000.

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 entire

Council of Governors determine the Terms and Conditions of the Non-Executive Directors. The Trust does not make any contribution to the pension arrangements of Non-Executive Directors. Fees reflect individual responsibilities including higher rates for chairing the main 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; where relevant, payments are submitted to NHSI for Treasury approval. All payments made in the period to any senior manager for loss of office are outlined in the tables detailing Staff Exit Packages below.

Fair Pay Disclosures

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the organisation in the financial year 2021-22 was £230,000 to £235,000 (2020-21 £230,000 to £235,000). There is no change between years.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole (excluding the highest paid director), the range of remuneration in 2021-22 was from £201,395 to £18,546 (2020-21 £201,395 to £18,005). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 3.9%.

No employees received remuneration in excess of the highest-paid director in 2021-22 (none in 2020-21).

The relationship between the remuneration of the highest paid director against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce are set out below and also show the pay ratio between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2021/22	25th percentile	Median	75th percentile
Staff remuneration by percentile	£21,777	£32,306	£42,121
Remuneration pay ratio with the highest paid director	11:1	7:1	6:1
Staff salary by percentile	£21,777	£32,306	£42,121
Staff pay ratio with the highest paid director	10:1	6:1	5:1

To achieve its goals, the Trust must attract and retain high calibre and experienced members of the Executive Team to ensure the Trust 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, and consideration of pay and conditions across the wider Trust and the associated pay increases each year.

The Governors' Nomination and Remuneration Committee includes Staff Governor representation, and the Committee is consulted prior to recommendations to the Council with regard to any changes in Non-Executive Director remuneration.

The Non-Executive Directors' Nominations, Remuneration and Terms of Service Committee is satisfied that it has taken appropriate steps to ensure where any senior manager is paid more than £150,000 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 2021-2022 with a 2022-23 appointment that succeeds one in this group offered a commensurate salary.

Expenses

There were 24 directors who served in office during the financial year 2021-2022 (2020/21, 19), of which, six (2020/21, eight) received expenses with a total value of £1,208 (2020/21, £2,301).

During 2021-2022, the Trust had 36 governor seats available (2020/21, 36). Full details of the governors in post through the year can be found in the Council of Governors report of this Annual Report. Whilst the role is voluntary, governors are entitled to claim reasonable expenses. In 2021-2022, 0 governors' (2020/21, 4) expenses were reimbursed (total value of £137 2020/21).

Salaries and Allowances

Details of Executive Directors' remuneration and pension benefits and Non-Executive Directors' remuneration are set out in the tables available next. Remuneration, cash equivalent transfer values (CETV), exit packages, staff costs and staff numbers are all subject to audit.

Salaries and Allowances 2021/2022 – Subject to audit								
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**	**£00**	**£000**	**£000**	**£000**
Nick Broughton	Chief Executive		205-210	25-30	0	230-235	0	230-235
Mike McEnaney	Director of Finance		155-160	0-5	0	160-165	25.0-27.5	185-190
Karl Marlowe	Chief Medical Officer	10/05/2021 to 31/03/2022	95-100	80-85	0	175-180	17.5-20.0	195-200
Mark Hancock	Medical Director	01/04/2021 to 07/05/2021	10-15	0-5	0	10-15	0	10-15
Kerry Rogers	Director of Corporate Affairs and Company Secretary		115-120	5-10	0	125-130	37.5-40.0	165-170
Martyn Ward	Director for Digital and Transformation		105-110	5-10	0	110-115	27.5-30.0	140-145
Marie Crofts	Chief Nurse		130-135	5-10	0	135-140	0	135-140
Debbie Richards	Managing Director of Mental Health Services & Learning Disabilities Care	01/04/2021 to 24/10/2021	70-75	0	0	70-75	5.0-7.5	75-80
Ben Riley *	Executive Managing Director – Primary, Community and Dental Care		130-135	0-5	0	135-140	27.5-30.0	160-165
Charmaine De Souza	Director of Human Resources	04/10/2021 to 31/03/2022	60-65	0	0	60-65	12.5-15.0	75-80

Tehmeena Ajmal	Interim Managing Director of Mental Health and Learning Disabilities	11/10/2021 to 18/03/2022	50-55	0-5	0	50-55	100.0-102.5	155-160
Mark Warner	Interim Director of Human Resources	12/04/2021 to 03/10/2021	45-50	0	0	45-50	17.5-20.0	65-70
Grant Macdonald	Managing Director of Mental Health and Learning Disabilities	21/03/2021 to 31/03/2022	0-5	0	0	0-5	0	0-5
David Walker	Chairman		45-50	0	0	45-50	0	45-50
Sue Dopson	Non-Executive Director	01/01/21 31/05/2021	0-5	0	0	0-5	0	0-5
John Allison	Non-Executive Director		15-20	0	0	15-20	0	15-20
Chris Hurst	Non-Executive Director		15-20	0	0	15-20	0	15-20
Aroop Mozumder	Non-Executive Director	01/04/21 to 30/09/21	5-10	0	0	5-10	0	5-10
Bernard Galton	Non-Executive Director	01/04/21 to 31/12/21	10-15	0	0	10-15	0	10-15
Lucy Weston	Non-Executive Director		15-20	0	0	15-20	0	15-20
Mohinder Sawhney	Non-Executive Director		10-15	0	0	10-15	0	10-15
Kia Nobre	Non-Executive Director	01/06/2022 to 31/03/2022	5-10	0	0	5-10	0	5-10
Philip Rutnam	Non-Executive Director	01/01/2022 to 31/03/2022	0-5	0	0	0-5	0	0-5
Andrea Young	Non-Executive Director	01/01/2022 to 31/03/2022	0-5	0	0	0-5	0	0-5

***** *Includes prior year pension related benefits information not available in previous year.*

Salaries and Allowances 2020/2021 – Subject to audit								
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**	**£00**	**£000**	**£000**	**£000**
Stuart Bell	Chief Executive	01/04 to 14/06/2020	45-50	0	0	45-50	0	45-50
Nick Broughton	Chief Executive	From 15/06/2020	180-185	0	0	180-185	0	180-185
Mike McEnaney	Director of Finance		155-160	0	0	155-160	35.0-37.5	195-200
Mark Hancock	Medical Director		130-135	10-15	0	140-145	52.5-55.0	195-200
Kerry Rogers	Director of Corporate Affairs and Company Secretary		115-120	0	0	115-120	27.5-30.0	145-150
Martyn Ward	Director of Strategy and Performance		95-100	0	0	95-100	25.0-27.5	125-130
Marie Crofts	Chief Nurse		130-135	0	0	130-135	0	130-135
Debbie Richards	Managing Director of Mental Health Services & Learning Disabilities Care		130-135	0	0	130-135	62.5-65.0	190-195
Ben Riley	Executive Managing Director – Primary, Community and Dental Care		105-110	0	0	105-110	50.0-52.5	160-165
David Walker	Chairman		45-50	0	0	45-50	0	45-50
Sue Dopson	Non-Executive Director		10-15	0	0	10-15	0	10-15

John Allison	Non-Executive Director		15-20	0	0	15-20	0	15-20
Chris Hurst	Non-Executive Director		15-20	0	0	15-20	0	15-20
Aroop Mozumder	Non-Executive Director		15-20	0	0	15-20	0	15-20
Bernard Galton	Non-Executive Director		15-20	0	0	15-20	0	15-20
Lucy Weston	Non-Executive Director		15-20	0	0	15-20	0	15-20
Mohinder Sawhney	Non-Executive Director	To 31/03/2021	0-5	0	0	0-5	0	0-5

**'Total salary and other remuneration' include salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.*

***The 'pension-related benefits' presented in the table 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 available later in the report*

Pension Benefits – Subject to audit								
Name, Title	**Real increase/ (decrease) in pension at pension age (bands of £2,500)**	**Real increase/ (decrease) in pension lump sum at pension age (bands of £2,500)**	**Total accrued pension at pension age at 31/03/2022 (bands of £5,000)**	**Lump sum at pension age related to accrued pension at 31/03/2022 (bands of £5,000)**	**Cash Equivalent Transfer Value at 01/04/2021**	**Real increase/ (decrease) in Cash Equivalent Transfer Value**	**Cash Equivalent Transfer Value at 31/03/2022**	**Employer's contribution to stakeholder pension**
	£'000 a	**£'000 b**	**£'000 c**	**£'000 d**	**£'000 e**	**£'000 f**	**£'000 g**	**£'000**
Nick Broughton, Chief Executive	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mike McEnaney, Director of Finance	0.0-2.5	n/a	25-30	n/a	485	n/a	n/a	n/a
Mark Hancock, Medical Director (leaver 07/05/2021)	0.0-2.5	0.0-2.5	35-40	75-80	659	2	681	n/a
Kerry Rogers, Director of Corporate Affairs and Company Secretary	2.5-5.0	0.0-2.5	30-35	40-45	471	32	523	n/a
Martyn Ward Director of Digital and Transformation	0.0-2.5	n/a	10-15	n/a	98	13	127	n/a
Marie Crofts, Chief Nurse	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Debbie Richards, Managing Director of Mental Health, Learning Disabilities & Autism (leaver 24/10/2021)	0.0-2.5	0.0-2.5	40-45	120-125	977	22	1,015	n/a
Ben Riley, Executive Managing Director – Primary, Community and Dental Care*	0.0-2.5	0.0-2.5	10-15	25-30	86	12	186	n/a
Karl Marlowe, Chief Medical Officer	0.0-2.5	0.0-2.5	45-50	125-130	948	31	991	n/a
Charmaine De Souza, Chief People Officer (starter 04/10/2021)	0.0-2.5	n/a	0-5	n/a	n/a	5	15	n/a

Tehmeena Ajmal, Interim Managing Director of Mental Health, Learning Disabilities & Autism (11/10/2021 to 18/03/2022)	05.0-7.5	7.5-10.0	40-45	80-85	706	86	811	n/a
Mark Warner, Interim Director of Human Resources (12/04/2021 to 11/10/2022)	0.0-2.5	n/a	25-30	n/a	367	24	400	n/a
Grant Macdonald, Managing Director of Mental Health and Learning Disabilities (starter 21/02/2022)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Notes:

- *The benefits and related cash equivalent transfer values (CETVs) do not allow for a potential adjustment arising from the McCloud judgement.*

** Includes prior year pension information not available in previous year.*

Contract Type and Notice Period

Name	Start Date as Senior Manager	Contract Type	Notice Period by Employee	Notice Period by Employer*
Nick Broughton	15/06/2020	Permanent	6 months	6 months
Mike McEnaney	15/08/2011	Permanent	3 months	6 months
Kerry Rogers	01/09/2015	Permanent	6 months	6 months
Mark Warner	12/04/2021	Temporary	3 months	3 months
Charmaine De Souza	04/10/2021	Permanent	6 months	6 months
Martyn Ward	01/01/2018	Permanent	6 months	6 months
Marie Crofts	03/06/2019	Permanent	6 months	6 months
Debbie Richards	22/07/2019	Permanent	3 months	3 months
Grant MacDonald	21/03/2022	Permanent	6 months	6 months
Karl Marlowe	10/05/2021	Permanent	6 months	6 months
Ben Riley	02/04/2020	Permanent	6 months	6 months

*Notes: No senior manager has a contract of employment with a notice period greater than six months. *Changes to Executive notice periods were approved during the year 2021/22.*

Analysis of Staff Costs – *Subject to Audit*

					2021/22		2020/21
	Permanent		Other		Total		Total
	£000		£000		£000		£000
Salaries and wages	196,524		28,134		**224,658**		208,485
Social security costs	19,994		2,160		**22,154**		20,226
Apprenticeship levy	1,087		-		**1,087**		1,002
Employer's contributions to NHS pension scheme	37,130		1,719		**38,849**		34,601
Pension cost – other	-		186		**186**		248
Temporary staff	-		63,156		**63,156**		34,795
Total gross staff costs	**254,736**		**95,355**		**350,090**		299,358
Recoveries in respect of seconded staff	(1,100)		-		**(1,100)**		(907)
Total staff costs	**253,636**		**95,355**		**348,991**		298,451
Of which							
Costs capitalised as part of assets	66		-		**66**		435
Salaries and wages	196,524		28,134		**224,658**		208,485

Analysis of Average Staff Numbers (WTE Basis) – *Subject to Audit*

					2021/22		2020/21
	Permanent		Other		Total		Total
	Number		Number		Number		Number
Medical and dental	249		53		**302**		292
Administration and estates	1,290		165		**1,455**		1,305
Healthcare assistants and other support staff	1,112		344		**1,456**		1,296
Nursing, midwifery and health visiting staff	1,285		380		**1,665**		1,705
Nursing, midwifery and health visiting learners	38		-		**38**		52
Scientific, therapeutic and technical staff	1,130		65		**1,195**		1,083
Social care staff	113		33		**146**		146
Other	-		-		**-**		42
Total average numbers	**5,217**		**1,041**		**6,257**		5,921

**WTE - Whole Time Equivalent. WTE shown is an average throughout the year*

Exit Packages – Subject to Audit

Reporting of Compensation Schemes - Exit Packages 2021/22

	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages
Exit package cost band (including any special payment element)					
<£10,000 *	1		6		**7**
£10,000 - £25,000	-		5		**5**
£25,001 - £50,000	-		2		**2**
£50,001 - £100,000	-		3		**3**
£100,001 - £150,000	-		-		**-**
£150,001 - £200,000	-		-		**-**
>£200,000	-		-		**-**
Total number of exit packages by type	**1**		**16**		**17**
Total cost (£)	£2,000		£371,000		**£373,000**

**contractual compulsory redundancy*

Reporting of Compensation Schemes - Exit Packages 2020/21

	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages
Exit package cost band (including any special payment element)					
<£10,000	-		9		**9**
£10,000 - £25,000	-		1		**1**
£25,001 - £50,000	-		1		**1**
£50,001 - £100,000	-		-		**-**
£100,001 - £150,000	-		-		**-**
£150,001 - £200,000 *	-		-		**-**
>£200,000	-		-		**-**
Total number of exit packages by type	**-**		**11**		**11**
Total cost (£)	£0		£75,000		**£75,000**

**contractual compulsory redundancy*

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.

Exit packages: other (non-compulsory) departure payments

	2021/22			2012/21		
	Payments agreed		Total value of agreements	Payments agreed		Total value of agreements
	Number		£000	Number		£000
Voluntary redundancies including early retirement contractual costs	1		82	-		-
Mutually agreed resignations (MARS) contractual costs	6		223	1		45
Early retirements in the efficiency of the service contractual costs				-		-
Contractual payments in lieu of notice	9		66	10		30
Exit payments following Employment Tribunals or court orders				-		-
Non-contractual payments requiring HMT approval				-		-
Total	**16**		**371**	**11**		**75**
Of which:						
Non-contractual payments requiring HMT approval 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 the exit packages note which will be the number of individuals.

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.

Signed: **Date: 21 June 2022**

Dr Nick Broughton

Chief Executive

Staff Report

Staff are central to Oxford Health's ambition to be a high performing Trust. As in the first part of the pandemic, our staff showed great care and compassion in relation to patients whilst working through a difficult period. This commitment to care continued into the 2021-22 year as we faced further challenges in relation to variants and the accelerated booster programme. Central to the Trusts ambition is making Oxford Heath FT "a great place to work". New investment has been made into the HR function and the team has been restructured and began to work in the new model from autumn 2021. The new team structure gives greater focus to HR specialisms such as policy and reward; resourcing; workforce systems and organisational development and has also created a more focused resource to support services with engagement and employee relations. Preparation was also undertaken in the final months of the 2021-22 year to welcome Learning and Development colleagues to the HR Directorate and this new merged people function went live on 4 April 2022.

Workforce Profile

On 31 March 2022, the Trust employed 6,275 staff with a contracted WTE (whole time equivalent) of 5,486.83. At the end of the year the breakdown of staff by gender was:

- Board Directors (Executive and Non-Executive, voting and non-voting): 10 male and 7 female;
- Other senior managers: 17 male and 21 female;
- Employees (excluding the above): 1,133 male and 5,087 female.

The table below shows the breakdown of the Trust's workforce based upon NHS digital's occupation codes. This is the average WTE of employee headcount (HC) contracted throughout the year split by Permanent employees and Other staff (in separate table). Other staff includes employees on short-term contracts of employment, Bank and Agency workers (Agency WTE in separate table), and inwards secondments of staff where they are recorded on our electronic Staff Record System.

Occ codes	SC_SG_Monitor	12m Avg WTE
11	Medics - Career /Staff Grade	2
21	Medics - Career /Staff Grade	1
51	Medics - Career /Staff Grade	1
51	Medics - Consultants	3
52	Medics - Career /Staff Grade	9
52	Medics - Consultants	46
52	Medics - Consultants (Locum)	4
53	Medics - Career /Staff Grade	6
53	Medics - Consultants	32
53	Medics - Consultants (Locum)	2
54	Medics - Career /Staff Grade	5
54	Medics - Consultants	12
55	Managers and Senior Managers	2
55	Medics - Consultants	1
56	Medics - Career /Staff Grade	2

56	Medics - Consultants	19
921	Managers and Senior Managers	1
921	Medics - Career /Staff Grade	14
971	Medics - Other Substantive	19
A6A	ST&T	22
G0A	Managers and Senior Managers	19
G0D	Managers and Senior Managers	17
G0D	ST&T	2
G1A	Admin & Estates	5
G1A	Managers and Senior Managers	72
G1B	Admin & Estates	2
G1B	Hotel Property & Estates	1
G1B	Managers and Senior Managers	9
G1C	Admin & Estates	1
G1C	Managers and Senior Managers	4
G1D	Admin & Estates	4
G1D	Managers and Senior Managers	49
G2A	Admin & Estates	305
G2A	Managers and Senior Managers	39
G2B	Admin & Estates	18
G2B	Hotel Property & Estates	2
G2C	Admin & Estates	10
G2D	Admin & Estates	721
G2D	AHPs	1
G2D	Managers and Senior Managers	4
G2D	Qualified Nursing - Registered	8
G2D	Support to Doctors & Nursing	55
G3B	Hotel Property & Estates	17
G3D	Support to Clinical staff	1
H1D	Support to Doctors & Nursing	29
H1F	Support to Doctors & Nursing	23
H1F	Support to ST&T including AHP	1
H2D	Admin & Estates	25
H2D	Support to Doctors & Nursing	12
H2D	Support to ST&T including AHP	10
H2F	Admin & Estates	7
H2F	Support to Doctors & Nursing	2
H2F	Support to ST&T including AHP	1
H2R	Admin & Estates	1
H2R	Hotel Property & Estates	193
N0A	Managers and Senior Managers	1
N0A	Qualified Nursing - Registered	2
N0B	Managers and Senior Managers	4
N0B	Qualified Nursing - Registered	4
N0D	Managers and Senior Managers	13
N0D	Qualified Nursing - Registered	25
N0D	ST&T	1

N0E	Managers and Senior Managers	3
N0E	Qualified Nursing - Registered	11
N0F	Managers and Senior Managers	4
N0F	Qualified Nursing - Registered	10
N0G	Qualified Nursing - Registered	1
N0H	Admin & Estates	1
N0H	Managers and Senior Managers	11
N0H	Qualified Nursing - HV,DN SHN	15
N0H	Qualified Nursing - Registered	14
N0J	Admin & Estates	3
N0K	Qualified Nursing - Registered	2
N1H	Qualified Nursing - Registered	10
N1H	Support to Doctors & Nursing	1
N3H	Managers and Senior Managers	2
N3H	Qualified Nursing - HV,DN SHN	135
N3H	Qualified Nursing - Registered	6
N4D	Qualified Nursing - Registered	1
N4H	Qualified Nursing - HV,DN SHN	77
N4H	Qualified Nursing - Registered	7
N5H	Qualified Nursing - HV,DN SHN	110
N6A	Admin & Estates	1
N6A	Qualified Nursing - HV,DN SHN	2
N6A	Qualified Nursing - Registered	174
N6B	AHPs	1
N6B	Qualified Nursing - Registered	29
N6D	Managers and Senior Managers	1
N6D	Qualified Nursing - Registered	295
N6D	ST&T	1
N6E	Admin & Estates	1
N6E	Qualified Nursing - Registered	248
N6F	Qualified Nursing - Registered	16
N6G	Qualified Nursing - Registered	11
N6H	AHPs	1
N6H	Qualified Nursing - Registered	151
N6J	Qualified Nursing - Registered	11
N6K	Qualified Nursing - Registered	21
N7B	AHPs	1
N7H	Qualified Nursing - HV,DN SHN	1
N8H	Support to Doctors & Nursing	30
N8H	Support to ST&T including AHP	4
N9A	Support to Doctors & Nursing	151
N9B	Support to Doctors & Nursing	5
N9D	Support to Clinical staff	1
N9D	Support to Doctors & Nursing	26
N9E	Support to Doctors & Nursing	334
N9F	Support to Doctors & Nursing	3
N9G	Support to Doctors & Nursing	17

N9H	Support to Doctors & Nursing	46
N9H	Support to ST&T including AHP	2
N9K	Support to Doctors & Nursing	9
NAD	Medics – Consultants	2
NAD	Qualified Nursing – Registered	3
NAD	ST&T	1
NAE	Qualified Nursing – Registered	1
NAF	Qualified Nursing – Registered	1
NAH	Qualified Nursing – Registered	1
NAJ	Managers and Senior Managers	1
NBK	Qualified Nursing – Registered	42
NCA	Qualified Nursing – Registered	1
NCD	Qualified Nursing – Registered	1
NCE	Qualified Nursing – Registered	13
NCH	Managers and Senior Managers	4
NCH	Qualified Nursing – Registered	3
NEH	Qualified Nursing - HV,DN SHN	1
NEH	Qualified Nursing – Registered	1
NFE	Support to Clinical staff	1
NFF	Support to Doctors & Nursing	2
NFH	Support to Clinical staff	22
NFH	Support to Doctors & Nursing	1
NGD	Support to Clinical staff	2
NGE	Support to Clinical staff	28
NGF	Support to Clinical staff	2
NGH	Qualified Nursing - Registered	2
NGH	Support to Clinical staff	20
NHB	Support to Doctors & Nursing	1
NHD	Support to Doctors & Nursing	10
NHE	Support to Doctors & Nursing	10
NHH	Support to Doctors & Nursing	15
P1D	Admin & Estates	4
P1D	Support to Doctors & Nursing	3
P2B	Qualified Nursing - HV,DN SHN	2
P2C	Qualified Nursing - HV,DN SHN	4
P2E	Qualified Nursing - Registered	1
S0B	AHPs	1
S0C	AHPs	20
S0C	Managers and Senior Managers	3
S0E	AHPs	9
S0J	AHPs	10
S0J	Managers and Senior Managers	1
S0K	Admin & Estates	2
S0K	Managers and Senior Managers	2
S0K	ST&T	1
S0L	ST&T	10
S0M	Admin & Estates	1

S0M	Managers and Senior Managers	4
S0M	ST&T	8
S0P	Managers and Senior Managers	1
S0P	ST&T	3
S0U	Managers and Senior Managers	9
S0U	ST&T	21
S1A	AHPs	38
S1B	AHPs	18
S1C	AHPs	200
S1C	Managers and Senior Managers	1
S1C	Support to ST&T including AHP	1
S1E	AHPs	88
S1H	AHPs	3
S1J	AHPs	54
S1K	Support to ST&T including AHP	1
S1L	ST&T	2
S1M	ST&T	71
S1M	Support to ST&T including AHP	11
S1R	Qualified Nursing - Registered	1
S1U	Managers and Senior Managers	1
S1U	Qualified Nursing - Registered	4
S1U	ST&T	110
S1U	Support to ST&T including AHP	1
S1X	AHPs	1
S1X	ST&T	6
S1X	Support to ST&T including AHP	1
S2L	ST&T	160
S2M	ST&T	54
S2M	Support to ST&T including AHP	1
S2P	Admin & Estates	1
S2P	ST&T	27
S4P	Admin & Estates	3
S4P	ST&T	1
S4P	Support to ST&T including AHP	23
S4R	Qualified Nursing - Registered	32
S4X	Admin & Estates	1
S5C	AHPs	5
S5C	Support to Clinical staff	4
S5E	Support to Clinical staff	2
S5E	Support to ST&T including AHP	1
S5J	Support to Clinical staff	4
S5L	ST&T	32
S5L	Support to ST&T including AHP	47
S5M	Qualified Nursing - Registered	1
S5M	ST&T	1
S5M	Support to Clinical Staff (Bank & Overtime)	1
S5M	Support to ST&T including AHP	113

S5U	Support to ST&T including AHP	44
S5X	Support to ST&T including AHP	9
S6C	AHPs	1
S6C	Support to Doctors & Nursing	2
S6C	Support to ST&T including AHP	14
S6E	Support to ST&T including AHP	10
S6J	Support to ST&T including AHP	7
S7J	AHPs	1
S7R	Medics - Other Substantive	1
S8C	Support to ST&T including AHP	1
S8L	Admin & Estates	1
S8M	ST&T	4
S8M	Support to ST&T including AHP	16
S8P	Support to ST&T including AHP	2
S8X	Support to ST&T including AHP	1
S9A	Admin & Estates	3
S9B	Support to ST&T including AHP	1
S9C	Support to ST&T including AHP	3
S9E	Support to Doctors & Nursing	3
S9E	Support to ST&T including AHP	22
S9J	Support to ST&T including AHP	1
S9K	Support to ST&T including AHP	15
S9L	Support to Doctors & Nursing	1
S9P	Support to ST&T including AHP	4
S9U	Support to Doctors & Nursing	1
S9U	Support to ST&T including AHP	6
S9X	Admin & Estates	7
S9X	Support to Doctors & Nursing	1
S9X	Support to ST&T including AHP	3
SAL	ST&T	19
SAM	ST&T	5
SAX	ST&T	1
Grand Total		**5591**

Other: other staff includes employees on short-term contracts of employment, Bank and Agency workers and inwards secondments of staff where they are recorded on our electronic Staff Record System. The table below shows WTE for all cost centres, for Cost centres excluding those related to Covid prevention/support, and for Covid only cost centres.

Category	Other (all)	Other (excl Covid CC)	Other (Covid CC only)
Admin	238.91	170.66	68.25
Art/Music Therapist	0.02	0.02	-
Band 2	0.58	0.58	-
Band 3	0.79	0.79	-
Band 4	1.26	1.26	-
Band 5	0.23	0.23	-
Band 6	0.33	0.33	-
Band 7	0.78	0.71	0.07
Career/Staff Grades	1.82	1.82	-
Child & Family Therapist	0.16	0.11	0.05
Consultants	35.97	35.63	0.33
Dental Nurse	0.59	0.59	-
Dental Officer	1.37	1.19	0.18
Dental Oral Surgeon	0.07	0.07	-
Dietician	0.23	0.23	-
Estates & Ancillary	3.26	2.26	1.00
GP Staff	20.81	20.81	-
Housekeeper	16.87	8.63	8.24
Nurse Band 8a	-	(0.09)	0.09
Occupational Therapist	10.53	10.53	-
Other	2.11	2.11	-
Pharmacist	3.15	1.77	1.38
Pharmacy Technician	8.66	1.13	7.53
Physiotherapist	3.63	3.63	-
Porter	10.98	8.58	2.40
Psychologist	5.66	5.65	0.01
Psychotherapist	1.14	0.77	0.37
Qualified AHP	8.27	8.30	(0.03)
Qualified Nurse	424.48	346.41	78.06
Social Worker	49.15	30.24	18.91
Speech & Lang Therapist	5.03	5.03	-
Support Worker	0.67	0.67	-
Unqualified AHP	2.09	2.09	-
Unqualified Nurse	328.99	251.01	77.98
Unqualified Psychologist	0.82	0.82	-
Allied Health Prof.	15.90	12.15	3.76
Managers and Senior Managers	23.50	23.08	0.42
Medics - Career /Staff Grade	12.83	12.83	-
Medics - Training Grades	67.58	67.58	-
Support to Doctors & Nursing	68.00	67.75	0.25
Support to ST&T including AHP	184.58	184.58	-
ST&T	26.92	26.92	-
Total	**1588.71**	**1319.46**	**269.26**

Analysis of Average Staff Numbers and Analysis of Staff Costs

An analysis of average staff numbers is available in the Remuneration Report section.

Improving Quality Reducing Agency

The Trust spends £58 million on Bank and Agency each year and this reliance on an external and transient workforce impacts on the standard of clinical care. The Improving Quality Reducing Agency (IQRA) programme has been set up to reduce the reliance on temporary workforce, improve clinical quality and care across the organisation and support the Trust's value of 'outstanding care delivered by an outstanding team'. The Programme was paused for the period of November 2020 to June 2021 due to COVID and the requirements of the Trust to lead the BOB Integrated Care System's vaccination workforce implementation. The programme was restarted on 1st June 2021. The IQRA programme mission statement is:

"To reduce the short, medium and long-term demand for and cost of temporary staffing particularly the use of high-cost agency staffing, without adversely affecting quality, patient and staff safety and maintaining quality standards, and in compliance with NHSE/I requirements."

Under the IQRA programme of work we have successfully delivered an international recruitment project that that resulted in 58 nurses (10 RMNs and 48 RNs) commencing employment with the Trust with a further 16 due to arrive in the UK before the 30th April 2022. This success has supported the agency management project to reduce the number of ad hoc shifts filled by agency workers as well as reduce a significant number of agency lines of work including those that are classed as amber and red due to the hourly charge rate. The programme is in the process of recruiting a peripatetic team for the community hospitals in Oxfordshire that will see a reduction in reliance on ad hoc agency shifts that will build upon the high-quality care being delivered by the teams as well as reduce the associated agency costs. Formal KPIs for recruitment/vacancy reduction and retention for 2022/23 have now been agreed and a frequent reporting framework is now in place.

Recruitment

Recruitment of Substantive Staff:

Recruitment of staff remains high priority given the shortage of skilled professionals and high vacancy rates. The HR restructure undertaken in 21/22 (see above) brings together a single team to recruit permanent staff and manage our flexible (bank) staff.

During the past year, the Trust has recruited staff through various recruitment methods and events. We look to continue to seek out opportunities to increase our candidate reach through a calendar of events, digital marketing methods and strategic partnerships, including joint partner relationships.

In 2021-2022, we recruited 1,310 new substantive staff members (1,202 full time equivalent, 'FTE'), compared with 1,104 (983 FTE) in 2020-2021.

The Trust has worked to increase the number of permanent nurses, and this has included focus on overseas recruitment campaigns. In the past year, 58 overseas nurses commenced employment with the Trust, joining us from countries such as India, Nigeria, Ghana, Cameroon, and Zimbabwe. The Trust is following the DHSC Code of Practice for Ethical Recruitment which includes not actively recruiting from the World Health Organisation's list of red countries.

The Trust is committed to developing our candidate reach and has invested in, and appointed two Recruitment Campaign Manager roles, to lead on proactive candidate identification and engagement. This includes designing bespoke, targeted recruitment campaigns based on individual directorate, staff group and/or specialist needs, building relationships with universities and other key partners, leveraging social media and capitalising on other methods of digital marketing.

This development of our candidate reach will increase our access to a broader cross-section of the community and ensure a more diverse workforce.

Recruitment and Management of Bank Staff

We continue to work to improve our in-house staff Bank. The number of pure bank workers has decreased with 1,016 currently registered to work flexibly (down from 1,426 in 20/21); the number of substantive staff registered to work flexibly on the staff bank has also decreased, now 2,322 (down from 2,739 in 20/21). The structure of the staff bank is currently under review with a plan to complete a restructure by mid-2022 to ensure the bank is positioned to deliver the flexible staffing support needed to the Trust.

The Trust is an active participant of the BOB (Buckinghamshire, Oxfordshire, Berkshire) and Frimley Temporary Staffing Programme. The ambition of the programme is the implementation of a shared Temporary Staffing Strategy, its purpose and function is to provide greater visibility, transparency, equality, and collaborative management of temporary staffing services across the ICS; to drive quality, performance, and control of temporary staffing expenditure in partner organisations.

In 2022/2023 the priorities include reviewing and updating recruitment procedures, along with mapping and redesigning our recruitment process with a view to identifying where efficiencies can be created, to safely reduce our Time to Hire. Recruitment training for hiring managers is being reviewed to ensure best practice including additional training for using the recruitment system and social recruiting guidance.

Health Care Assistant (HCA) recruitment is being prioritised and to date 55 offers have been made with 30 new HCAs ready to start on completion of the HCA Induction.

Staff Turnover & Retention

Staff turnover for the year 2021-2022 was 14.12%, against a target of 10% (12.1% for 2020-2021).

New organisational development capacity has now been created in the HR function and with this has come a renewed focus on tackling the increase in turnover.

Retention is a key programme of work to understand why people are leaving the organisation. Under the oversight of the Improving Quality, Reducing Agency programme, a dedicated project team has been created to investigate the reasons people are leaving (using QI principles) and then assign countermeasures to address the root cause of turnover. The project has put a particular focus on 2 key areas of:

1. People leaving with less than 2 years' service
2. People with protected characteristics – as they have been identified as leaving in higher numbers compared to other individuals.

The key workstreams identified through the scoping work are:

1. New starter inductions. We want to ensure people arriving within the organisation have the best new starter experience as the research shows that people who feel welcomed into an organization are much more likely to stay for an extended period
2. Flexible working. One of the top reasons people are giving for leaving is work/life balance and this is reflected in our 2021 Staff Survey
3. Appraisals. There is significant room for improvement in the value of appraisals for the organisation and the evidence shows that people who have good appraisals centred around the individual and linking their work into the Trust objectives are much happier and motivated than those who do not.

Staff Wellbeing

The Board of Directors remain committed to supporting the health and wellbeing of staff, particularly given the significant impact of COVID-19 on all. With the NHS as a whole moving to recovery whilst the country "lives" with Covid, the emphasis on Health and Wellbeing in the NHS People Plan and People promise, and the alignment with Trust objectives there is a significant focus on Staff Health and Wellbeing.

The Trust has continued to build on the work and success of 2020 by continuing to offer a preventative, proactive and practical approach to wellbeing for teams and individuals. This was achieved through a collaborative approach including clinical specialists, social care, spiritual and pastoral care and charitable funds. Food and treat packages were delivered to all Trust sites and wellbeing offers were available to those who worked remotely.

The Employee Assistance Programme (EAP) has continued to be an invaluable supportive preventative and proactive resource for our staff. Feedback in relation to the service has been very positive.

The Trust has been a leading partner in the BOB ICS wide Enhanced Wellbeing project, with Oxford Health employees seconded into roles to develop a set of resources which the whole system is benefiting from. The project aims to create a strong foundation for a sustainable preventative and proactive 'wellness culture' across the BOB ICS which empowers our workforce to maintain and improve their health and wellbeing. Staff can seek expert clinical and specialist information, support and triage to help them to manage their health and wellbeing. Key to this is a system-wide approach that includes Musculo-skeletal, Allied Health Professional, Occupational Health and Wellbeing, and Equality, Diversity and Inclusion expertise and services. Health and Wellbeing and Occupational Health leads across the system

have come together to look at organisational and BOB level culture and interventions which also include:

- Just & Restorative Culture, including the virtual community of support which has now been adopted nationally, a total of 28 employees are now trained within Oxford Health.
- TRIM (Trauma Risk Management) for those who have experienced a distressing event
- Mental First Aid,
- REACT (Recognise, Engage, Actively listen, Check risk and Talk about specific actions) training for managers to have wellbeing conversations with staff
- Health and Wellbeing Champions (which was developed in Oxford Health and then replicated across the system)
- Website with full set of regional and national resources (which all NHS staff can access even on their own laptops and phones) giving staff access to non-work-related resources including access to apps such as *HeadSpace*

Schwartz Rounds are a proactive and preventative approach to support staff in managing the traumatic nature of some of the situations they face through structured reflective practice and learning. These were temporarily replaced by 'Teams Time' during COVID-19 and will return to face to face in 2022..

The Trust continues to hold staff retreats with an emphasis on recovery and renewal. These continue to show positive results (e.g. helping staff come to terms with difficult situations and return to work more quickly than otherwise possible). The focus is on people with long-term sickness, usually stress related (work related or not), who would benefit from the opportunity to reflect and plan their recovery in a supportive environment. Throughout COVID-19, where restrictions allowed, one-day programmes were introduced, with some specifically reserved for black and ethnic minority colleagues.

The Trust hosts one of the two Mental Health and Wellbeing Hubs, with the other hosted by Berkshire Healthcare. This new initiative, delivered in partnership by the Trust and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS), aims to strengthen mental health support for health and social care staff (scope is for NHS and social care staff and staff working in NHS and Local Authority commissioned services).

The three key deliverables of the hub are to deliver proactive outreach and engagement, to provide rapid assessment to staff in need of support, and to facilitate onward referral and fast access to existing mental health services and support where needed. YouMatter has been welcomed as an additional support for staff and teams across the Trust

The outreach and engagement elements of this will require collaborative working with trusts and local authorities across BOB ICS to ensure that messaging is tailored appropriately and that we work alongside existing support mechanisms in a coherent way.

The Occupational Health team now have a dedicated psychological support offer for those staff members that have had the misfortune to be involved or affected by a traumatic event. This rapid support has been very well received by staff and their managers as a way of ensuring staff are looked after following a serious incident.

Sickness Absence

The management of sickness absence serves to reduce costs and maintain the quality of our services. In February 2021 the Trust implemented the Good Shape service to enhance absence reporting and support staff during periods of absence. During the FY 2021/22 the Trust have been embedding the use of this service across the Trust. Good Shape colleagues have engaged positively with the Trust to refine and iron out operational issues that have arisen in the course of the first of implementation.

Systems and processes are in place to allow timely notifications and alerts to managers. This is supported by advice from 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.

25 members of staff are absent from work due to Long Covid. During 2022 overall sickness absence has increased by approximately 0.79% which is due to non-covid related sickness. The top 3 non covid reasons for sickness absence in 21/22 were:

1. Non-Work-related Anxiety and Stress
2. Work- related Anxiety and Stress
3. Musculoskeletal

Our latest sickness absence is figures are shown below:

	2021/22	**2020/21**
Total days lost in period	81,754	76,397
12m Average Staff in Post	6,129	5,812
Average working days lost (per WTE)	13.34	13.14

Notes: Data for 2020/21 differs from the one reported last year since Absence data is now fully extracted from GoodShape

Staff Recognition

Due to the COVID-19 pandemic, the staff awards ceremony was postponed until 2022. Teams throughout the Trust worked creatively to ensure their teams were thanked for their immense contributions throughout the year. This was echoed on numerous occasions by all Board members.

The DAISY Awards for exceptional nurses have been very warmly received and are celebrated in the weekly Trust Bulletin alongside the monthly Exceptional People Awards which encourage staff to nominate individuals and teams for excellent work.

To recognise the exceptional efforts of staff throughout the pandemic the Trust awarded staff additional days leave in 2021-22 known as a 'Recognition Day' and an additional day in 2022-23 known as a 'Wellbeing day'. A suite of resources has been developed on the Trust intranet to support staff to use this time to focus on their wellbeing.

Staff contributions were also recognised in 2021/22 with an award of a £50 John Lewis voucher for all substantive staff. Further staff rewards are planned for 2022-23 following the board approval of rewards paper in February 2022. Details of the rewards will be communicated to staff across the year.

The Exceptional People Award has recognised many individuals and teams across the year for their exceptional contribution to healthcare as voted for by service users and staff and judged by governors and the executive directors.

Equality, Diversity and Inclusion

Both the NHS Long-Term Plan and the National People Plan emphasise that developing a positive, inclusive and people-centred culture, where diversity is respected and valued, is an essential aspect of achieving the NHS ambitions over the next 10 years.

The Trust is committed to inculcating a culture that respects equality and values diversity for our staff and the patients we care for. The Trust's work is led by the Chief Executive with support from the Head of OD, Head of Inclusion, the Equality, Diversity and Inclusion Steering and Delivery Groups, and the staff equality networks and support groups.

A strategy for our equality, diversity and inclusion work is in place with four work streams and their associated action plans:

- Equal Opportunities – focuses on compliance with legislative, regulatory and accreditation frameworks
- Valuing Diversity – includes our approach to staff equality networks, engagement and involvement, and conversations that influence the culture of the organisation
- Workforce and Staff – primarily working to ensure policies, training and support is in place for all employees, and
- Patients, service users and carers – working closely with clinical teams and with the delivery of the patient experience and involvement and carer (I Care, You Care) strategies to ensure that we are sensitive to the different and diverse needs of patients and carers.

We have a very well-established set of Staff Networks and Staff support Groups. These are well attended by stakeholders and supporters and add real value to our members of staff. They include networks for:

- Disability
- Gender
- LGBT+
- Race
- Religion Spirituality

And support Groups for:

- Autism
- Dyslexia
- Women
- Men
- Trans
- Non-Binary
- International staff

Our efforts are employed in delivering on the obligations under the Equality Act 2010, Workforce Race Equality Standard, Workforce Disability Equality Standard, Gender Pay Gap Regulations, and their action plans. We have also seen our ranking and scores increase year-on-year in Stonewall's Workplace Equality Index (WEI). For the first time, we will be taking part in the Inclusive Employers Standard (IES) with Inclusive Employers which will allow us to showcase and celebrate our work and set us on a journey to becoming a gold standard inclusive employer.

Progress has been made to promote a culture that freely values and respects diversity and inclusion. A range of staff engagement and development opportunities support this including EDI training programmes; celebrating diversity days/months such as Black History Month, LGBT+ History Month, International Women's Day, National Inclusion Week; courses and resources; and a number of cultural change programmes.

The Trust adheres to its 'Procedural guidance for supporting disabled workers' which sets out the definition and process of requesting reasonable adjustments and contains information on making the employment cycle compliant with the provisions of equality legislation. 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. We have achieved the status of 'Disability Confident Employer' and have a Bronze Award in the Defence Employer Recognition Scheme.

A Freedom to Speak Up Guardian provides independent and confidential support to staff who wish to raise concerns and to promote a culture of openness. While the Freedom to Speak Up Guardian works independently of HR to ensure transparency there is ongoing knowledge sharing to ensure that cross Trust issue and themes are being addressed.

Staff engagement was a priority for the year, especially seeking improvements in this area for black and minority ethnic colleagues. Progress has been made and staff survey results reflect an increase in positive responses amongst black and minority ethnic staff to most of the survey questions relating to the indicator of 'engagement'. Scores were as follows[1]:

Description	Comparator (Trust overall score) 2021	2019 BME (n=313)	2020 BME (n=420)	2021 BME (n=490)
Often/always look forward to going to work	58.9%	69%	70%	65.7%
Often/always enthusiastic about my job	72%	80%	79%	75.8%
Time often/always passes quickly when I am working	78.4%	78%	77%	75.6%
Opportunities to show initiative frequently in my role	78.3%	69%	74%	75.8%
Able to make suggestions to improve the work of my team/dept	76.8%	72%	76%	74.1%
Able to make improvements happen in my area of work	76.8%	61%	64%	74.1%

Whilst some of the score have dropped this is in line with wider trends for all staff and is attributed to some extent to the effects of COVID. We need to continue this work and build on what we have achieved to improve staff experience.

Each year the Trust publishes an Equality Report which provides data relating to our workforce profile, including diversity trends, and measures progress against our equality and diversity priorities. Equality Reports for the last three years can be found on the Trust's website: https://www.oxfordhealth.nhs.uk/about-us/governance/equality-and-diversity/

It is expected that the next Equality Report will be published in December 2022. The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Reports can also be found on the same page of our website.

Oxford Health is required by law to carry out Gender Pay Gap reporting under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. The Trust submitted its report for the 2021 financial year in March 2022 which will be published in due course on the Cabinet Office website. An explanation and action plan are available on Trust website.

We have been using the NHS Equality Delivery System (EDS2) to develop our equalities work. This framework has helped us to identify our equality priorities and to consolidate the progress we have made to date which can be attributed to a variety of relationships, practices and initiatives involving a diverse range of stakeholders, sector agencies and partnerships.

The year has probably been one of the most prolific years for the Equality, Diversity, and Inclusion Team in terms of engagement, activities, outputs, and improvements. Thankfully, visible and vocal leadership, widespread goodwill, and system-wide collaborative working has enabled us to continue to promote equity, fairness, and justice. Our efforts to advance workplace equality, diversity and inclusion include some of these key achievements:

Race Equality

Black History Month – October 2021

- Oxford Health proudly celebrated Black History Month again this year with an eclectic mix of speakers, presenters, and partners with two notable improvements from last year. Firstly, there was more of a focus on 'workshop' style events to really get to the heart of how to 'do' race equality. Secondly, we extended the invitation to our BOB ICS Partner NHS Trusts to feature in the programme, to which Berkshire Healthcare NHS Foundation Trust contributed two outstanding events.

- The two-week programme featured:
  - 10 Days
  - 11 Live events
  - 1,374 Registrations
  - 796 Attendees

Feedback comments include:

- *This event touched me to the very core. The variety of the sessions provided is excellent.*
- *Gave me a few 'lightbulb' moments – helped me understand some concepts which really don't think I had previously…*
- *It is great having these sessions to offer a place where people can feel free to express themselves without being judged.*
- *I was moved by the shared experience and feel stronger after hearing what people have endured. I do not feel so lonely now.*
- *Very powerful for laying down the groundwork for a psychologically safe space for the rest of the curriculum. Really useful to have an opportunity to step back and reflect.*
- *I appreciate what the team at Oxford Health is doing and I am pleased that Mo and the team at Oxford Health put so much into making everyone feel at ease. I felt as though I belonged. Keep up the great work. Thank you!*

Reciprocal Mentoring Programme

- This is a new and innovative initiative that is different from other/traditional mentoring models in that staff members from diverse equality groups are paired-up with a senior leader, not to address performance, potential or productivity, but to increase cultural and organisational awareness and competencies.
- The premise of the programme is built on the case that the more ways leaders have of viewing the world and of exploring possibilities, the better able they will be to manage and lead in responsive, responsible, and inclusive ways.
- Essentially, this is a four-year leadership development programme that will see leadership teams being paired with a member from one of our equality staff networks, beginning with race, followed by disability, LGBT+ and gender.
- Three groups of members from the Race Equality Staff Network have completed a training and development programme before being matched with their senior leader.
- 15 senior leaders are currently working through the programme with their Reciprocal Mentoring partners from the Race Equality Staff Network, and more are in the process of being partnered.

New Training Programme - 'Let's talk about Race'

- Race is probably one of the most difficult and sensitive subjects to talk about and many people are apprehensive talking about it for fear of getting it wrong or offending someone.
- To address this barrier, a new staff training programme called, 'Let's talk about race,' has been developed which brings the UK's 70 years of political, legal, and social histories together in a fascinating and informative way.
- The protected space that is created via this training programme opens up a psychologically safe space for difficult and challenging discussions and learning about race to take place without fear, judgement, or guilt.

Race Equality Staff Network

- The network continues to grow in strength and number.
- The network meetings are attended by an average of 60-70 staff.
- Andrew Mutandwa has joined Dr Reena Vohora as Co-Chair of the network after Partha Ghosh stepped down from the position which he held for nearly four years.

'One Year On' – Special Memorial Event

A special memorial event was held on 25th May 2021 to mark the one-year anniversary of the killing of George Floyd, which was attended by 230 people from the Trust and across the country.

LGBT+ Equality

LGBT+ History Month – February 2022

- LGBT+ History Month saw Oxford Health deliver a programme of live Teams events every day from 14t to 18tFebruary 2022. The national theme this year was 'Politics in Art' which sought to examine the role of artistic activism that paved the way for LGBT+ equality in politics, law, and society.
- The Trust collaborated with the University of Reading, Oxfordshire Recovery College, and Topaz (trans support group) to deliver this year's events.
- The programme featured:
  - 5 Days
  - 5 live MS Teams events
  - 315 Registrations
  - 481 Attendees

Feedback comments include:

- *In my 17 years of working in the NHS, this event has been one of the most important learning sessions I have EVER attended.*
- *Many thanks to all – I could have stayed for hours to listen and learn.*
- *I think running the events is a really great idea and I really appreciate the time you must've taken in putting all of this together; I am truly grateful for the opportunity to have this space to learn and reflect. Thank you.*
- *I wasn't sure what to expect, but I really enjoyed the experience. It was great to hear from another non-binary person about their lived experience because I don't know many other non-binary people. Thank you for hosting it.*
- *Mo and the EDI Team deliver TOP QUALITY events every history/awareness month. I hope other trusts are learning from them and doing something similar. Mo creates a safe space whereby people always feel able to share personal stories. Incredible every time.*

PRIDE – June 2021

- Staff celebrated Oxford PRIDE virtually again in line with Trust guidance.
- 'Progress' LGBT+ flags were flown for the first time at Oxford Health at Littlemore headquarters, Warneford Hospital, the Whiteleaf Centre, and The Slade in Oxford.
- Nearly 6,000 rainbow lanyards given out to staff since their launch in February 2019.

Stonewall – Workplace Equality Index (WEI)

- Stonewall is the UK's leading organisation for LGBT+ (Lesbian, Gay, Bi and Transgender) inclusion and is renowned for working in partnership with organisations to help create inclusive and accepting environments.
- Every year, we take part in the Workplace Equality Index (WEI) which is the definitive benchmarking assessment tool for employers to measure their progress on lesbian, gay,

bi and trans inclusion in the workplace, and which also allows us to set actions and objectives for the year ahead.
- Taking part in the WEI involves submitting comprehensive details and evidence of all our LGBT+ equality activities over the past 12 months under 10 Sections.
- The EDI Team worked with the LGBT+ Equality Staff Network Chairs, Ian Horwood and Andrea Davis to compile and submit the WEI in October 2021.
- Our summary results show our scores and rank have gone up for the fifth consecutive year.
- The Trust has also been awarded the 'Silver Award' in recognition of its work to promote trans equality and inclusion.
- Our full WEI results will be announced in April 2022.

LGBT+ Equality Staff Network
- The Chairs, Ian Horwood and Andrea Davis continue to chair the meetings, increase membership, and work collaboratively with other LGBT+ networks.
- The 'Rainbow Cuppas' run by Ian and Andrea have proved to be very popular, attracting people from all over the country to take part in discussions looking at the LGBT+ experience, and conversations examining the intersectionality between sexual orientation with disability, race, and religion.

Disability Equality

Disability History Month – December 2021
- Oxford Health proudly took part in Disability History Month for the first time which saw a series of live Teams events run every day from 29 November to 3 December 2021.
- The programme of events for Disability History Month was organised as a direct result of feedback from our Disability Equality Network and gives disability equality parity of esteem with LGBT+ and Black History Months which take place in February and October respectively.

The programme featured:
- 5 Days
- 5 live MS Teams events
- 742 Registrations
- 390 Attendees

Feedback comments include:
- *This event helped with areas of my personal life and adaptions that need to take place.*
- *Great event talking about disability, knocking down the barriers and asking questions.*
- *Thank you for putting on such great events. Making continuous improvements to offer an equal opportunity to everyone is so important. I hope we can continue to make positive progress in the coming months/years. The EDI Team do such a fantastic job!*
- *This event and the others I have been to have been so brilliant, they will help me grow in my work and personally. I also felt very inspired, moved, and humbled by the contributors' stories and lived experiences. Thank you to everyone who has made these events possible.*

Accessibility

- The new 'Access Guides' were launched on 1 December 2021, developed in partnership with AccessAble – a leading provider of accessibility information. This was a culmination of a two-year project directly sponsored and supported by the Estates Directorate. All 93 'Access Guides' are hosted on a dedicated, new 'Accessibility' page on the internet where patients, service users, carers and families will be able to benefit from the available information, and in turn, make their experience of physically accessing our services, easier.
- Renewal of contract with TextHelp for the provision of the online 'ReachDeck' facility, which is an accessibility tool to support visually impaired people that features on our external facing website to make our information accessible to everyone, everywhere.

New Equality Staff Support Groups

- Two new disability staff support groups were launched during National Inclusion Week on 30 September 2021:
    - Autism Staff Support Group – Co-Leads: Malina Lawniczak and Dr Numaya Siriwardena
    - Dyslexia Staff Support Group – Co Leads, Robyn Darby and Bernie Ennis

- These support groups provide an opportunity for staff to give and receive mutual support, a safe space to learn more about autism and dyslexia; and influence how staff with autism and dyslexia are perceived and supported within the Trust.

Disability Equality Staff Network

- Robyn Darby has been appointed and joins Simon Tarrant as Co-Chair of the Disability Equality Staff Network.
- Simon Tarrant and Robyn Darby chair the meetings, offer expert advice, information and guidance on disability equality matters across the Trust, and provide direct support to staff members with disabilities.

Gender Equality

Gender Pay Gap Report

- Oxford Health NHS Foundation Trust is required by law to compile and publish a Gender Pay Gap Report under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.
- The Gender Pay Gap reporting duty was reinstated by the Government Equalities Office following the hiatus of the pandemic last year. The Trust submitted its report for the 2020 financial year in October 2021, and the report for the 2021 financial year in March 2022.

New Equality Staff Support Groups

- Three new gender staff support groups were launched during National Inclusion Week on 30 September 2021:
    - Women's Staff Support Group – Co-Leads: Julie Pink and Tracy McAteer
    - Men's Staff Support Group – Co Leads: Chris Morton and Liam Corbally

- Trans & Non-Binary Staff Support Group – Co-Leads, Marcel Pokrzywinski and Nikhil Mukherjee

- These support groups provide an essential safe space for staff to unite and mobilise on common experiences, interests, and identities. In a very short space of time, they have proven to be a social lifeline for those who are lonely, isolated, or new to the Trust.

Gender Equality Staff Network

- The network celebrated its one-year anniversary on 8 March 2022.
- Ellyn Carnall and Liam Corbally chair the meetings, provide events management support; and collaborate with the Co-Leads of the new staff support groups.
- Trans & Non-Binary Staff Support Group Co-Leads, Marcel Pokrzywinski and Nikhil Mukherjee delivered their first live event 'Let's talk about Trans & Non-Binary Inclusion' on the 17 February 2022 during LGBT+ History Month, attended by 101 people.
- The Men's Staff Support Group organised and celebrated International Men's Day for the first time on 19November 2021.
- The Women's Staff Support Group organised and celebrated International Women's Day on 8th March 2022.

International Women's Day: 8 March 2022 – #BreakTheBias

The programme featured:

- 3 days with 5 live MS Teams events
- 283 Attendees

Feedback comments include:

- *It has made me feel empowered to challenge inequalities within the workplace in a constructive way. It has also motivated me to push my own boundaries and re-enforced my desire to lift other women around me.*
- *As a younger member of the trust, the stories really empowered me to keep going - build my knowledge, support other women and just be proud of myself and make sure others are proud of their achievements too.*
- *Be more actively involved in promoting women's equality and challenging areas where men are favoured.*
- *The session was very positive, celebrating and building on what is going well. A really supportive space; to me it was the essence of what women, at their best bring to the workplace.*
- *I was so inspired by all the brave woman who shared some very personal stories.*
- *Thank you to the EDI Team - your events and support are amazing! You work so hard to support staff around the trust and you should be so proud of your efforts to create a positive and safe place for everyone.*

Religion and Spirituality Equality

New Religion and Spirituality Equality Staff Network

- A brand-new Religion and Spirituality Equality Staff Network was launched on the 15 November 2021 during National Interfaith Week, attended by over 100 people.

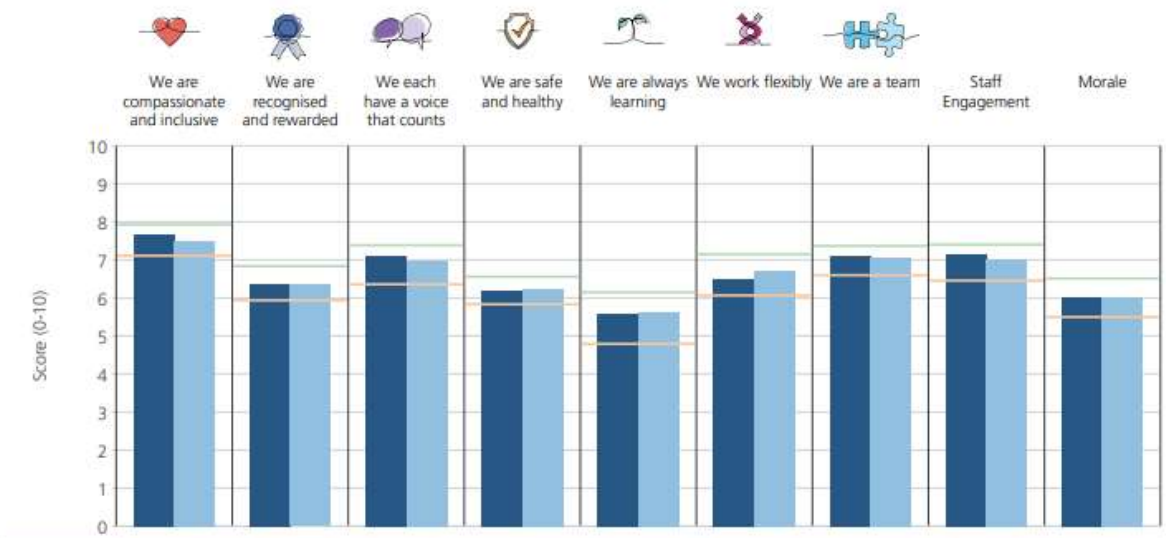
- Chief People Officer, Charmaine De Souza has been installed as the Executive Lead for this network and protected characteristic.
- Dr Kathleen Kelly and Simon Hawkins have been appointed as Co-Chairs.
- The network is the fifth to join the family of networks and already enjoys a membership of over 100 people.

The Equality, Diversity and Inclusion Team aim to build on these successes and achievements for the forthcoming year under the leadership of the new Head of Organisational Development, and in partnership with the new Organisational Development Team.

Staff Engagement

The Trust's Staff Partnership, Negotiation & Consultation Committee (SPNCC) (see also section on Partnership Working with Trade Unions below) is one of the key formal channels of communication between management and staff on Trust issues. A twice monthly CEO Webinar has been launched. The CEO leads a themed conversation about matters affecting the Trust and invites various colleagues to join him in presenting information about changes, projects and programmes of work taking place across the Trust; the webinar also includes an opportunity for staff to ask questions 'live'.

The 2021 annual NHS Staff Survey was redeveloped to align to the NHS People Promise. All 117 of the questions now link to the seven key elements of staff experience as well as the two themes of staff engagement and morale which make up the People Promise. This means that experiences of our staff reflect the key priority areas which people tell us are important for them in their employment. A total of 3,263 members of staff completed the 2021 staff survey. This is equivalent to a response rate of 55% which is 2% higher than 2020 and is the Trust's highest response rate to date. How the Trust has performed against the seven elements and two themes of the People Promise has been benchmarked against similar Trusts and categorised by the NHS Staff Survey as 'best', 'average' and 'worst' performing Trusts. The results for Oxford Health are presented in the graph below.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.9	6.8	7.4	6.6	6.1	7.1	7.4	7.4	6.5
Your org	7.7	6.4	7.1	6.2	5.6	6.5	7.1	7.2	6.0
Average	7.5	6.3	7.0	6.2	5.6	6.7	7.1	7.0	6.0
Worst	7.1	5.9	6.4	5.8	4.8	6.1	6.6	6.5	5.5
Responses	3,221	3,265	3,183	3,213	2,999	3,250	3,233	3,269	3,265

It is encouraging to see that the Trust scored higher than the average for three out of seven elements of the People Promise: *We are compassionate* and inclusive, *We are recognised* and rewarded, and *We each have a voice that counts and there will be focus on the year ahead to improve our scores across other indicators*.

In addition to this, feedback from staff is usually received through a quarterly Pulse Survey.

There are areas we can develop to improve our staff experience based on the feedback. This year we will ask managers and teams to deliver **one improvement** to boost the experience of their work colleagues and ensure our patients & service users benefit from having high performing teams.

Oxford Health has also identified three areas of Trust-wide development:

- Increasing team's capacity by focusing on recruitment and retention
- Reducing the reliance on agency
- Boosting flexible working arrangements to support work/life balance.

This is alongside ongoing work from the Equality, Diversity and Inclusion and Wellbeing teams to continue to support staff with their wellbeing at work through the extensive number of staff networks and support groups and a dedicated wellbeing offer that includes physical, spiritual and psychological resources as detailed in the Wellbeing section above.

Partnership Working with Trade Unions

The Trust's Staff Partnership, Negotiation & Consultation Committee (SPNCC) 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.

Work was undertaken in the autumn of 2021 to review the partnership working arrangements and reset the ways of working. The SPNCC agenda is now co-created, and the chair of the committee rotates between staff side and management. A subcommittee has been convened to focus on formal organisational change activity and ensure that staff side colleagues can engage fully with feedback. The Trust currently has 11 trade union representatives in the organisation with 0.01% of time spent on facility time. The cost of facility time in the year was £67,724.75. Full disclosure details are given below:

Relevant Union Officials	Number
Number of employees who were relevant union officials during the relevant period	11
Full-time equivalent employee number	10.2

Percentage of Time Spent on Facility Time	Number of Employees
0%	3
1-50%	7
51%-99%	1
100%	0

Percentage of Pay Bill Spent on Facility Time	Figures
Provide the total cost of facility time	£67,724.75
Provide the total pay bill	£337,960,599
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.02%

Paid Trade Union Activities	%
Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	3%

HR Policy Development & Employee Relations

The development of Trust policies relating to workforce reflects best practice and legislative requirements. There is a robust process of review in partnership with Trade Union colleagues, management representatives and HR professionals.

As part of the 21-22 restructure of HR, there was investment made into the HR function to create new resource to develop and maintain HR Policies.

Future work will include a review of our workforce policies to enable an agile and forward-thinking modern workforce that is well supported, well led and responsive to the needs of the communities we serve.

Our approach to Employee Relations is informed by our workforce policies and supported by trained HR professionals and managers, in partnership with Trade Union colleagues.

Workforce Development

Workforce Development continues to be a key area of focus for the Trust. Learning and Development are continuing to offer a wide range of development options for staff at all levels and stages in their career to support recruitment, retention and career development.

Learning and Development, as a main provider of apprenticeships, continued to offer the apprenticeship programmes that have been established in previous years. New programmes were also offered to support the workforce and provide career development for staff.

42 registered Nursing Associates started a two year top up training apprenticeship to become registered nurses. As the Trust is paid to deliver 50% of this programme, we have been able to tailor the practice element of the curriculum to ensure that it meets the clinical needs of our services. Two cohorts comprising of 54 Nursing Associates have commenced their training and the Trust now delivers 50% of this programme which has again enabled is to tailor the curriculum to meet the needs of our workforce.

A further cohort of 11 Nurse Cadets have commenced their training. This programme provides an entry route into the NHS for 16 to 18-year-olds direct from school. The Cadets complete a level 3 apprenticeship alongside working within a service. Two cadets from the first cohort have passed their apprenticeship and one is still employed by the Trust. Cadets are subsequently offered the opportunity to undertake further training to work towards becoming a registered nurse.

Two cohorts (76 employees) of psychological wellbeing practitioners have started training. The first two cohorts of psychological wellbeing practitioners have now passed their apprenticeships, with 60% passing with a distinction.

As part of the commitment to developing non-clinical staff, 10 staff commenced the level 5 Operations Departmental Manager Apprenticeships, which builds on the level 3 business administration apprenticeship which is offered by the Trust.

Learning and Development supported the international recruitment programme training and supporting 38 International nurses to pass the examinations required to enable them to register with the NMC. One nurse has already promoted to a Band 6 Practice Development Nurse.

The team successfully bid for a contract to deliver the one-year Mental Health Wellbeing Programme for Oxfordshire, Berkshire and Sussex which is training 55 staff.

A dedicated functional skills training team teach and support staff to gain formal qualifications in English and Maths, where this is essential for an individual's current role or will enable them to access a wide range of further academic and professional development opportunities. 62 staff members completed functional skills training in English and 43 in maths, reaching a level 2 standard. Currently 124 staff members are studying for these qualifications. Oxford Health is a recognised examination centre which allows staff to take the examinations at times that are convenient to staff and on Trust sites.

The Trust has a validated Masters programme in Professional Practice with a mental health and a physical healthcare pathway. Students can study in house designed and delivered modules, validated by Oxford Brookes University either individually or as part of the full Masters' degree. This again allows Oxford Health to tailor Masters level education to the needs of the workforce by developing modules of study which are relevant and necessary for excellent patient care. 132 Staff members completed an OHFT Masters module, with 21 staff registered for a full Masters in professional practice programme.

In addition to the above, the Trust continues to deliver skills-based learning, and support the entire learning environment responding to the needs of the services, patients, and staff.

During 2022/23 the Learning and Development team will be working with the AHP leads to launch an AHP apprenticeship strategy. The Trust is recruiting for 24 apprenticeships across Physiotherapy, Occupational therapy, Dietetics, Speech & Language Therapy, and podiatry. This is significantly more comprehensive than neighbouring Trusts and has gained a huge amount of interest from potential applicants.

Oxford Health will commission, recruit into and support 8 Clinical Assistant Psychology apprentices and run a further cohort of registered nurse top up apprenticeship, embedding this as an established route from Nursing Associate training

Funding has been identified to enable the Trust to provide additional functional training to support more staff to access apprenticeship programmes.

Work will continue across the Trust to develop a robust career pathway for clinical and non-clinical staff, supported by educational offers at all levels of this pathway and focussing on opportunities to develop leadership at all levels in the organisation

Oxford Health is committed to increasing the rates of completion for mandatory training to ensure the Trust is compliant with its target of 90% and staff are working safely and competently. There will be a focus on ensuring all staff have a relevant training matrix and they are compliant with the training needs of this matrix. The introduction of the new training platform in 2021, has presented numerous challenges and work will continue to ensure that it meets the needs of the staff and managers when planning and recording training, supervision and PDRs.

As detailed in the section on Staff Retention and Turnover a review of appraisals will take place to ensure that they are meaningful and support our staff through their career pathways. Focus will also be given to ensuring more staff receive an appraisal and achieving the target of 90%.

Oxford Health will continue to engage with the BOB ICS to ensure any workforce development funding for upskilling is accessed and spent appropriately. Currently funding from HEE can only be accessed by Nurses and Allied Health Professionals and therefore funding sources to meet the needs of other professions and the non-clinical workforce needs to be found.

During 2022/23 the Learning and Development function will be inspected by OFSTED and will be revalidated by Skills for Health so that it can again be awarded its Quality Mark for 22/23.

This is essential to enable learning and development to continue to contribute to workforce development initiatives through high quality education and training

Workforce Systems

During 2021/22 much of the workforce systems work has been focused on supporting changes due to COVID including the development of systems to manage the reporting of COVID vaccinations in preparation for the Vaccination as a Condition of Deployment regulations which have been revoked. It is recognised that the Trust's workforce systems have evolved over several years and as a result ease of use, integration and data quality have become a risk. A Strategic Review of all workforce systems is underway including their interaction with other systems this will provide a long-term plan to ensure the optimum systems and processes are in place. The outcome of this review will be reviewed in 2022/23 and a plan will be agreed for the next 5-7 years based on this.

Health and Safety & Occupational Health

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.

We continue to grow and enhance our H&S team delivery which includes:

- The roll out of certified safety training – in late April / early May 2022, an accredited and certified safety training via the Chartered Institute of Environmental Health (CIEH). The training will empower our people to understand the law and best practices as affects their health, safety and wellbeing.
- The introduction of Safety Steps meetings
- The roll-out of safety / security bulletins

The team will continue to offer both a proactive as well as reactive safety service provision.

The team continues to work in a collaborative /partnership fashion across the multidisciplinary workforce including staff side to ensure all voices are heard.

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

- 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; and
- 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 and Safety and Human Resources teams.

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 and anti-bribery activity, and more information is provided in the Corporate Governance and Code of Governance report of this Annual Report.
- 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.

Expenditure on Consultancy

We are required to report expenditure on consultancy in 2021-2022, which was £118,000 (2020-2021, £96,000).

Off-Payroll Engagements

The Trust's policy on the use of off-payroll arrangements for highly paid staff is first to use the HMRC employment status check to determine the engagement status. The Trust will not directly engage with personal service companies that fall within the IR35 regulations. Individuals classed as employed for tax purposes must either hold a substantive or flexible worker contract with the Trust, or be engaged via an agency or umbrella company, which involve tax and National Insurance (NI) deductions at source. The Trust will continue to engage personal service companies that fall outside of the IR35 regulations or sole traders classed as self-employed, without tax and NI deductions being made. A purchase order number will be required from the procurement team to engage such services together with the completed HMRC employment status check.

The following information is disclosed in accordance with HM Treasury's Public Expenditure System (PES) paper (2019)13:

1. For all off-payroll engagements as of 31 March 2022, for more than £245 per day and that last for longer than six months:

Zero

2. For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2021 and 31 March 2022, for more than £245 per day and that last for longer than six months:

Zero

3. For any off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, between 1 April 2021 and 31 March 2022:

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 must include both off-payroll and on-payroll engagements.	24

Exit Packages

Exit packages are covered in the Remuneration Report of this Annual Report.

Future Priorities and Targets

Despite the generally encouraging positive trend in the staff survey results, it is clear there remains work to be done to improve staff experience. There are two levels of action that the Trust is taking in response to this year's staff survey results. The first level of action is focused on teams and their individual team responses; the second level being Trust wide, which includes making improvement in the following key areas:

- Health, wellbeing and safety of our employees;
- A focus on career opportunities and development conversations;
- Leadership capability and staff development;
- Equal Opportunities and fostering good relations; and
- Developing teams.

Gender Pay Gap and Review

Oxford Health NHS Foundation Trust supports the fair treatment and reward of all staff irrespective of gender or any other protected characteristic. During the year the Nominations, Remuneration and Terms of Service Committee reviewed progress to close the gap and will continue to oversee improvements over time.

Oxford Health NHS Foundation Trust is required by law to carry out Gender Pay Gap reporting under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. The Gender Pay Gap reporting duty has been reinstated by the Government Equalities Office following the hiatus due to the pandemic last year. Employers have been given a six-month grace period of extension for submitting their reports by 5 October 2021. Our Gender Pay Gap report will be published in due course on the Cabinet Office website at https://gender-pay-gap.service.gov.uk/ and the narrative and action plan will be available on Trust website at https://www.oxfordhealth.nhs.uk/.

Corporate Governance and Code of Governance

Corporate Governance is an important part of the Board of Directors' responsibilities. 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 performance of its committees is evaluated over time through a combination of annual reports, board development session appraisals of performance, as part of reviewing terms of reference, and at the end of meeting agendas in order to keep continuous improvement in mind.

The Board receives as a minimum bi-monthly updates on performance, and it delegates management, through the Chief Executive, of 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 composition of the Board is described in the Directors' Report of this Annual Report. All Non-Executive Directors are considered by the Board to be independent as defined in the Code of Governance, considering their character, judgement and length of tenure. The complete list of members of the Board of Directors, their skills, expertise and experience, and their attendance at Board Meetings and Council of Governors' general meetings are disclosed in the Directors' Report of this Annual Report. All Directors have confirmed that they meet the criteria for being a fit and proper person as prescribed by our NHSI Licence and Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Nominations, Remuneration and Terms of Service Committee, comprising of Non-Executive Directors, and Nominations and Remuneration Committee, comprising of the Trust's Governors, are both responsible for succession planning and reviewing Board structure, size and composition. When considering terms and conditions or appointing or reappointing to Board positions this year, they have considered the future challenges, risks and opportunities facing the Trust and the appropriateness of the balance of skills, knowledge and experience required on the Board to meet them.

The Constitution, standing orders, code of conduct, engagement policy 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. The most recent changes to the Constitution were approved by the Board of Directors and the Council of Governors and were presented and approved at the Annual Members' Meeting in September 2021 and thereafter formally adopted.

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.

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, last 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 2022, 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 two 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 wishes to enter into a growing number of partnership and joint working arrangements within the wider health service economy, it was felt that 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 or a Non-Executive Director holding more than one appointment with a NHS 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 Chair to become a governor of Oxford University Hospitals NHS Foundation Trust. The Trust has also reserved a place on its Council of Governors for a Non-Executive Director of Oxford University Hospitals NHS Foundation Trust.

Furthermore, during 2020-2021, again in the spirit of joint and system working and in the light of developments with Integrated Care Systems and the potential for joint appointments, the Council of Governors and Board of Directors agreed to formal changes to the Constitution which included the removal of the specific disqualification which prevented directors and governors being able to become directors and governors of other Foundation Trusts.

2. B7.1 states that *in exceptional circumstances, Non-Executive Directors (NEDs) may serve longer than six years (two 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 and in recent years beyond six-year terms, to allow for a final third term of three years. The Council of Governors was clear that the performance of the Trust in a strategic climate of considerable future challenge and expected change, warranted a vital need for stability in the leadership of the Board of Directors.

These Non-Executives serving beyond six years have not been subject to annual reappointment, but performance appraisals are conducted annually, and the results are

presented to the Governors' Nominations and Remuneration Committee who would act accordingly in the event of a negative review.

Furthermore, remuneration guidance was issued relevant to the reporting year with regard to Non-Executive Directors and the Remuneration Report provides details of the Trust's position in relation to that guidance.

The Trust is compliant with the remaining sections of the Code of Governance, with the appropriate disclosures made within this 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.

The Trust last formally assessed the effectiveness and performance of the Board and its governance through an external Well-Led assessment by PriceWaterhouseCoopers (PWC) which concluded in June 2017 as part of the three-yearly assessment of the effectiveness of the Board's performance and governance arrangements. PWC had, at that time, no other connection with the Trust. The next externally facilitated assessment will take place in 22/23 and will focus on Well-Led in the context of quality governance.

During the year, the Trust ensured due regard was taken to its legal obligations. To support the Governors in fulfilling their own statutory obligations, we have continued the 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 as part of induction activity following any election process.

The roles and responsibilities of the Council of Governors are described in the Constitution and Governor Handbook with details of how any disagreements between the Board and Council of Governors will be resolved, which have been expanded upon in our Engagement Policy. The types of decisions taken by the Council of Governors and the Board, including those delegated to sub-committees, are described in the Engagement Policy.

As previously stated, there is a Scheme of Reservation and Delegation of Powers which explicitly set out those decisions which are reserved for 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 have been involved in several events during the year and were consulted by the Executive Team on matters such as the annual (forward) plan, quality priorities and the new Trust Strategy. Additionally, Governors have open invitations to attend private Board Committee meetings.

The Trust has an established role of a Senior Independent Director and also a formally approved role description to ensure full understanding of the roles of the Lead and Deputy Lead Governor as set out in an approved Governor Handbook produced with the Trust and led by the Lead Governor and other members of 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. For 2021-2022, this was undertaken by the Senior Independent Director, supported by the Lead Governor. The outcome of the appraisal is routinely reported to the Nominations and Remuneration Committee of the Council of Governors. The Committee, in turn, reports the outcome to the Council of Governors where associated with a reappointment process.

The Executive Directors of the Board are appraised by the Chief Executive who is in turn appraised 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, benchmark data from NHS Providers and regulators, and the latest published guidance on remuneration.

Standards of Business Conduct

The Board of Directors supports the importance of adoption of the Trust's Code of 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 by 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

The 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 Committee is chaired by Non-Executive Director Lucy Weston, who has been Chair since January 2020; and its membership comprises wholly of Non-Executive Directors, with Executives and others in attendance. There were 6 meetings during the year with attendance detailed below:

Committee Member	Attendance
Lucy Weston	6/6
Chris Hurst	6/6
Mindy Sawnhey	6/6

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 several key financial issues relevant to the Trust. 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 Chris Hurst, who has extensive commercial and financial expertise as a chartered accountant. The Committee is made up of both Non-Executive and Executive Directors with other senior managers in attendance. Attendance of core members at the seven meetings (six ordinary meetings plus one extraordinary meeting in November 2021) held in year is detailed in the table:

Committee Member	Attendance
Chris Hurst (Chair)	7/7
John Allison	6/7
Nick Broughton	2/7
Mike McEnaney	7/7
Kerry Rogers	6/7
David Walker	7/7
Martyn Ward	6/7

Key areas of focus included consideration and/or monitoring of: Estates Strategy and capital investment programme; Warneford redevelopment; annual budget process; Oxford Pharmacy Store; inquests and claims annual report; strategic procurement work plan and key tenders; and IT infrastructure. The Committee also focused on sustainability and transformation funding and the trajectory to control total achievement, and the ongoing development of service line reporting, in addition to the customary financial reporting which included oversight of liquidity/cashflow, investment policy, treasury management, the financial plan, and cost/productivity improvement planning.

Nominations and Remuneration Committees

The Trust has two committees considering nominations and remuneration regarding Executive Directors and Non-Executive Directors: the Board of Directors' Nominations, Remuneration and Terms of Service Committee, and the Council of Governors' Nominations and Remunerations Committee respectively.

Board of Directors' Nominations, Remuneration and Terms of Service Committee

The Board of Directors Nominations, Remuneration and Terms of Service 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, and is responsible for succession planning and reviewing Board structure, size and composition. The Committee was chaired by Chair David Walker, with membership comprising all Non-Executive Directors. At the invitation of the Committee, the Chief Executive, Director of HR/Chief People Officer, and Director of Corporate Affairs and Company Secretary attend meetings in an advisory capacity. The Remuneration Report of this Annual Report provides further details.

Council of Governors' Nominations and Remunerations Committee

The remuneration of the Non-Executive Directors is determined by the Council of Governors via recommendations from its own Nominations and Remuneration Committee, covered further in the Council of Governors' Report of this Annual Report.

Quality Committee

Details on the business of the Quality Committee are available in the Directors' Report and the Annual Governance Statement of this Annual Report. The Committee met on 5 occasions and attendance of core members at meetings was as follows:

Committee Member	Attendance
Aroop Mozumder (Chair)	3/3
Nick Broughton	4/5
Marie Crofts	5/5
Bernard Galton	3/4
Karl Marlowe	4/5
Mike McEnaney	1/5
Debbie Richards	2/3
Ben Riley	3/5
Kerry Rogers	4/5
David Walker (Interim Chair)	4/5
Martyn Ward	5/5

Notes: Aroop Mozumder chaired 3 of 5 committees and David Walker the remaining 2 as interim.

People, Leadership and Culture Committee (PLC)

Details on the business of the PLC Committee are available in the Directors' Report. The Committee met on 4 occasions and attendance of core members at meetings was as follows:

Committee Member	Attendance
Bernard Galton (Chair)	3/4
Mindy Sawhney (Chair from Jan 22)	4/4
John Allison (NED)	4/4
Nick Broughton	1/1
Mark Warner (Interim HRD)	2/2
Charmaine De Souza (CPO)	2/2
Marie Crofts	4/4
Debbie Richards	2/2
Tehmeena Ajmal	4/4
Mike McEnaney	3/4
Karl Marlowe	1/1
Martyn Ward	4/4
Kerry Rogers	4/4

Mental Health Act Committee (MHA)

Details on the business of the MHA Committee are available in the Directors' Report section. The Committee met on 4 occasions and attendance of core members at meetings is as follows:

Committee Member	Attendance
Sir John Allison (Chair)	4/4
Mark Hancock	1/1
Karl Marlowe	3/3
Kerry Rogers	4/4
Britta Klinck	4/4
Mary Buckman	4/4
Mark Underwood	4/4
Aroop Mozumder	1/1

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. In addition to monitoring and approving charitable activities in support of patients, carers and staff in relation to the evolving pandemic, the main focus for the Committee has continued to be delivery against the objectives of the 2019-22 Charity Strategy. The Committee met 4 times during the year, as below:

Committee Member	Attendance
Lucy Weston (Chair, Non-Exec)	4/4
Bernard Galton (Non-Exec)	1/3
David Walker (Non-Exec)	1/4
Tehmeena Ajmal (Exec)	1/2
Marie Crofts (Exec)	3/4
Debbie Richards (Exec)	0/2
Kerry Rogers (Exec)	3/4

The Committee also benefits from the experience of lay-member Olga Senior, who has contributed significantly to governance and fund reviews throughout the year. Chris Hurst (Non-Exec) also joined one meeting. Although not a Committee Member, Chris kindly covered to ensure quoracy whilst a replacement for Bernard Galton is found. Further details on the Charity Committee are available further on in this report.

Council of Governors

As an NHS Foundation Trust, we are accountable to the Council of Governors, which represents the views of our members. The Council of Governors brings the views and interests of the public, service users, 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 to help improve the quality of services and care for all our service users and patients.

The Board of Directors sets the strategic direction of the Trust with participation from the Council of Governors. 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, making decisions regarding the appointment or removal of the Chairman, the Non-Executive Directors and the Trust's auditors, and questioning Non-Executive Directors about the performance of the Board and of the Trust, to ensure that the interests of the Trust's members and public are represented.

Composition of the Council of Governors

The composition of the Council of Governors comprises of 28 elected Governors representing Public, Patient and Staff constituencies and 8 appointed Governors from partner organisations.

Elected Governors		
Constituency	**Class**	**No of Governors**
Public	Buckinghamshire	3
	Oxfordshire	4
	Rest of England & Wales	1
Patient	Service Users: Buckinghamshire and other Counties	4
	Service Users: Oxfordshire	4
	Carers	3
Staff	Buckinghamshire Mental Health Services	2
	Oxfordshire, BaNES, Swindon & Wiltshire MH Services	2
	Community Services	2
	Corporate Services	1
	Specialised Services	2
Appointed Governors		
Partner Organisation		**No of Governors**
Age UK Oxfordshire		1
Buckinghamshire County Council		1
Buckinghamshire Healthcare NHS Trust		1
Buckinghamshire Mind		1
Oxford Brookes University		1
Oxfordshire Clinical Commissioning Group		1
Oxfordshire County Council		1
Oxford University Hospital NHS Foundation Trust		1

The Council met in general meetings four times during the year. The meetings were well attended with wide ranging debate across several areas of interest. Additional sessions were held in July 2021 and February 2022 to discuss the Trust Strategy and engage the Governors in the development of the key focus areas of the Strategy. Governor Elections were held in 2021. There were eighteen vacancies, and eighteen governors were elected. Four seats were filled uncontested, and fourteen in a contested poll.

The list of Governors who were in post during the period 01/04/2021 to 31/03/2022 and their participation in the four general meetings are shown below. The current list of Governors can also be found on our website at:

https://www.oxfordhealth.nhs.uk/about-us/governance/members-council/governors/.

Elected Governors				
Name	**Constituency and Class**	**Tenure**	**Term**	**Meeting Attendance**
Dr Hasanen Al-Taiar	Staff: Specialised Services	01/06/2019-31/05/2022	1	1/4
Melissa Clements	Public: Oxfordshire	01/06/2021-31/05/2024	1	3/4
Jonathan Cole	Patient: Service Users Oxfordshire	01/06/2021-31/05/2024	1	3/4
Angela Conlan	Staff: Community Services	01/06/2019-31/05/2022	1	4/4
Gillian Evans	Patient: Service Users Oxfordshire	01/06/2021-31/05/2024	3	3/4
Julien FitzGerald	Patient: Service Users Buckinghamshire & other Counties	01/06/2021-31/05/2024	1	3/4
Charlotte Forder	Staff: Corporate Services	01/06/2021-31/05/2024	1	4/4
Anna Gardner	Public: Buckinghamshire	01/06/2021-31/05/2024	1	3/4
Benjamin Glass	Patient: Service Users Buckinghamshire & other Counties	01/06/2019-31/05/2022	1	4/4
Donna Han	Public: Oxfordshire	13/09/2021-31/05/2022	1	1/2
Louis Headley**	Staff: Oxfordshire, BaNES, Swindon & Wiltshire Mental Health Services	01/06/2019-31/05/2022	1	1/2
Dr Mike Hobbs	Public: Oxfordshire	01/06/2019-31/05/2022	1	4/4
Nyarai Humba	Patient: Carers	01/06/2021-31/05/2024	1	4/4
Ekenna Hutchinson	Staff: Oxfordshire, Banes, Swindon & Wiltshire Mental Health Services	01/06/2021-31/05/2024	1	3/4
Allan Johnson**	Public: Oxfordshire	01/06/2021-31/05/2024	2	3/3
Christiana Kolade	Public: Buckinghamshire	01/06/2021-31/05/2024	1	3/4
Reinhard Kowalski	Staff: Buckinghamshire Mental Health Services	01/06/2019-31/05/2022	3	1/4
Giles Loch	Staff: Buckinghamshire Mental Health Services	01/06/2021-31/05/2024	1	1/4
Benjamin McCay	Patient: Service Users Oxfordshire	01/06/2021-31/05/2024	1	4/4

Jacqueline-Anne McKenna	Patient: Service Users Buckinghamshire & other Counties	01/06/2021-31/05/2024	2	0/4
Ronnie Meechan	Public: Rest of England & Wales	02/11/2021-31/05/2022	1	1/2
Tendai Nyoni**	Public: Rest of England & Wales	01/06/2021-31/05/2024	1	2/2
Dr Smita Pandit	Staff: Oxfordshire, Banes, Swindon & Wiltshire Mental Health Services	10/12/2021-31/05/0222	1	1/1
Madeleine Radburn	Public: Oxfordshire	01/06/2019-31/05/2022	2	4/4
Chris Roberts	Patient: Service Users Carers	01/06/2019-31/05/2022	3	3/4
Myrddin Roberts	Staff: Community Services	01/06/2019-31/05/2022	1	3/4
Claire Sessions	Patient: Service Users Buckinghamshire & other counties	01/06/2021-31/05/2024	1	2/4
Karen Squibb-Williams	Patient: Service Users Oxfordshire	01/06/2021-31/05/2024	1	4/4
Hannah-Louise Toomey**	Public: Oxfordshire	11/06/2019-31/05/2022	1	2/2
Tabitha Wishlade	Public: Buckinghamshire	01/06/2021-31/05/2024	1	4/4
Vacancy	Public: Rest of England & Wales	Since 27/07/2021	n/a	n/a

Appointed Governors				
Name	**Constituency and Class**	**Tenure**	**Term**	**Meeting Attendance**
Cllr Carl Jackson	Buckinghamshire County Council	13/07/2021-12/07/2024	1	2/3
Dr Tina Kenny	Buckinghamshire Healthcare NHS Trust	01/11/2017-31/10/2023	2	4/4
Davina Logan	Age UK Oxfordshire	01/05/2019-31/05/2022	2	3/4
Cllr Angela MacPherson**	Buckinghamshire County Council	17/06/2020-16/06/2023	1	0/1
Dr Mary Malone*	Oxford Brookes University	01/03/2019-28/02/2022	1	2/3
Andrea McCubbin	Buckinghamshire Mind	01/01/2018-31/12/2023	2	3/4
Vacancy	Oxfordshire County Council	n/a	n/a	n/a
Vacancy	Oxfordshire Clinical Commissioning Group	n/a	n/a	n/a
Vacancy	Oxford University Hospital Trust	Since 01/01/2018	n/a	n/a

Key: * *stood down at end of term*
** *ceased to be a Governor mid-way through tenure*
*** *non-voting Governor - continued beyond expiry of term*
**** *unexpired term of previous Governor (next past post)*

Lead Governor

The Council of Governors has elected a Lead Governor in line with NHSI guidance. The role description and process for annual appointment for the Lead Governor was reviewed and approved in March 2019.

Due to the COVID-19 pandemic the usual process for appointing a Lead and Deputy Lead Governor did not take place in 2020/21. Chris Roberts indicated his willingness to continue in the role to 31 March 2021, and this was approved by the Council of Governors in September 2020. Dr Mike Hobbs took over from Geoff Braham as Deputy Lead Governor on expiry of his term on 31/05/2020 and remained in that position to 31 March 2021. On 1 April 2021, Dr Mike Hobbs undertook the role of Lead Governor and Chris Roberts Deputy Lead Governor.

The Lead and Deputy Lead Governors have been involved in developing working arrangements between the Council of Governors and the Board of Directors, administering and chairing the Council of Governors Forum, developing enhancements to the Governor Sub-Group structure and improving communication between Governors and members including the introduction of a Member Advisory Group.

Keeping Informed of Governors' and Members' Views

The Board of Directors were kept informed of the views of members and public, mainly by the elected Governors, and the views of the body they represent were presented by the appointed Governors. This was done in numerous ways including;

- attendance and/or presentations at Council of Governor meetings by Board of Directors;
- attendance by Non-Executive Directors at Council of Governors' forums;
- attendance by Governors at public Board of Directors' meetings;
- joint attendance at a Governor Strategic session to consider the forward plans; and
- joint attendance by Governors and Non-Executive Directors at Governor Sub-Groups (covering clinical effectiveness, member involvement, and patient & staff experience).

Governors can contact the Senior Independent Director or the Director of Corporate Affairs and Company Secretary for concerns regarding any issues which have not been addressed by the Chair, Chief Executive or Executive Directors.

In addition, the Chair and Director of Corporate Affairs and Company Secretary meet regularly with the Lead Governor. There is an engagement policy which further expands upon how the Board and the Council wish to work together. 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 improve services for those that we serve.

Contacting the Governors

There is an email address for Members to use to contact their Governor. The email address (contactyourgovernor@oxfordhealth.nhs.uk) is promoted to members through Membership Matters, Bulletins and other communications they receive.

The inbox is managed by the Corporate Governance Officer who will forward communication onto the relevant Governor. Members can also contact their Governor by writing to the Corporate Governance Officer or Director of Corporate Affairs and Company Secretary at Oxford Health NHS Foundation Trust, Trust Headquarters, Corporate Services, Littlemore Mental Health Centre, Sandford Road, Littlemore, Oxford, OX4 4XN. General 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 also has the following sub-groups. Due to the COVID-19 pandemic these were stopped during 2021. A programme reintroducing these meetings started at the beginning of 2022 and regular updates will be received from each of them including at future Governor Forum meetings:

- Patient and Carer Experience
- Staff Experience
- Safety & Clinical Effectiveness
- Membership Involvement

Council of Governors' 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 in the Office of the Director of Corporate Affairs and Company Secretary. This register is published on the Trust website at https://www.oxfordhealth.nhs.uk/about-us/governance/disclosures-and-declarations/ and it is available for inspection on request. Any enquiries should be made to the Director of Corporate Affairs and Company Secretary at the following address: Oxford Health NHS Foundation Trust, Corporate Services, Littlemore Mental Health Centre, Sandford Road, Littlemore, Oxford, OX4 4XN.

Council of Governors' Nominations and Remuneration Committee

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

The Committee is chaired by the Trust's Chair with membership comprising the Lead Governor and elected and appointed Governors. When considering the terms and conditions of the Chairman, or if on any occasion the Chairman is unavailable to chair, the Vice Chairman or one of the other Non-Executive Directors (who is not standing for re-appointment) would take the Chair. The Lead Governor would chair the meeting if all Non-Executive Directors were conflicted.

The Senior Independent Director presents to the Committee the outcome of the annual performance review given their role with the Lead Governor in determining the Chairman's appraisal outcome.

The Committee undertook a Non-Executive Director appointment process and recommended to the Council of Governors the appointments of Sir Philip Rutnam for three years from 1 January 2022 to 31 December 2024; Andrea Young for three years from 1 January 2022 to 31 December 2024; Prof. Sir Richard Trainor for three years from 1 April 2022 to 31 March 2025 and Geraldine Cumberbatch for three years from 1 April 2022 to 31ˢMarch 2025. Professor Kia Nobre is the University of Oxford nominee and joined the Board on 1June 2021 for three years until 31 May 2024.

Trust's Membership

As a Foundation Trust, we are accountable to our patients, service users and the general public in the communities we serve. We aim to engage with people who have an interest in the Trust and what we do, giving local people, service users, patients and staff a say in how the Trust's services are provided and developed. The membership structure reflects this composition and is made up of the categories detailed below.

Membership Constituencies

The Trust has three membership constituencies; Public, Staff and Patient.

Public Constituency

All people of at least 12 years of age and living in the counties of Oxfordshire, Buckinghamshire or the rest of England and Wales, are eligible to join the Trust. Public membership is for all people who use our services, their carers and families, as well as the broader community. The geographical area that the Trust serves is sub-divided using electoral boundaries; the local authority electoral area of Oxfordshire County Council, the local authority electoral area of 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 five classes: Buckinghamshire Mental Health Services, Oxfordshire, BaNES, Swindon & Wiltshire Mental Health Services, Community Services, Corporate Services and Specialised Services. Trust employees are registered as members automatically and can opt out if they choose to. The number of employees who opt out remains extremely low. The staff membership ensures that staff can offer their views on the developments at the Trust and gain broader insights into the work of the Trust than solely through their own role.

Patient Constituency

The Patient constituency has three classes; Patient: Service Users Buckinghamshire and other Counties, Patient: Service Users Oxfordshire and Patient: 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 1 April 2021

Public: 2,865

Patient: 547

Staff: 6,392

Membership Figures at 1 April 2022

Public: 3,090

Patient: 552

Staff: 6,819

Category		Public Members	Eligible Base
Age	0-16yrs	12	260,802
	17-21yrs	126	71,591
	22+yrs	2,305	799,309
	Not stated	647	0
Gender	Male	1,061	618,178
	Female	1,607	630,881
	Prefer not to say	10	0
	Unspecified/not stated	412	0
Ethnicity	White	2,041	1,030,674
	Asian	126	74,926
	Black	90	21,914
	Mixed	48	25,593
	Not stated/other	780	5,974

The Governors represent the interests of the members and the local communities. Through Governors, Trust members have an opportunity to influence the strategic direction of the Trust and thereby make a real contribution towards improving local services, ensuring patients' and service users' needs are met. The Board of Directors values the relationship it has with the Council of Governors and recognises that its work promotes the strategic aims and assists in shaping the culture of the Trust.

Governor Elections

The Trust's Governor elections are run by an external company to ensure they are independent from the Trust, but promoted and co-ordinated by the Membership Team.

Engagement and Member Recruitment

We aim to involve our members from every constituency with our plans, including service objectives and priorities through a combination of:

- regular emails from our membership team,
- the news and member pages on our website,
- using Trust social media channels - Facebook, Twitter, Instagram, LinkedIn and YouTube,
- annual general and members' meeting which provides opportunities to hear how the Trust performed during the year, the work of the Council of Governors, and meet Board of Directors and Council of Governors,
- attending public meetings of the Board of Directors and Council of Governors,
- strategy session of Board of Directors and Council of Governors to consider forward plans,
- Membership Team and governors representing the Trust in local events,
- Health Matters events lead by clinicians, governors and Trust staff.

A Membership Strategy for 2019-2024 was approved by the Council of Governors in 2019 and progress against it is overseen by the Membership Involvement Group. A yearly action plan details communications and engagement activities and is ordinarily reviewed by the Membership Involvement Group.

The Membership Involvement Group (MIG) includes governors, members and Trust staff from the membership, volunteering, patient experience and involvement and research involvement teams. The MIG normally meets quarterly but 2021-2022 the group only had three meetings, due to the pandemic.

Lead governor Mike Hobbs set up a Members Advisory Group which is an informal group for members interested in contributing directly to governors.

The Annual Members' and General Meeting was organised virtually. In addition to statutory items, the event included presentations on the COVID-19 vaccination programme, community services, and research & development. Each presentation was followed by a lively Q&A session with speakers.

Health Matters

As the pandemic continued, Health Matters events were held online. This year we aligned the events with national awareness weeks that are significant to the Trust:

May: Connecting with Nature, aligned with the eponymously themed Mental Health Awareness Week. The event was chaired by Trust Chair David Walker, and the speakers were John Upham, Compliance and Sustainability Manager; Dr Catriona Mellor, Specialty Doctor, Marlborough House Adolescent Unit; and Julie Pink, Head of Charity and Community Involvement.

June: Breaking down barriers. Aligned with the Learning Disability Week June 14-20, the event encouraged conversation about how small, practical changes can make mainstream healthcare easier to access for people with a learning disability – and as a result, for everybody. The event was chaired by Associate Clinical Director Kirsten Prance, and speakers were expert by experience and Trust governor Ben McCay and nurse consultant Simon Jones.

The two events were attended by 142 people and the resulting videos have been watched over 250 times. We also invited all members to the HealthFest opening event that was led by CEO Dr Nick Broughton and looked at the role Oxford Health had played in fighting the pandemic.

Membership Matters is a monthly email newsletter to members. It features Trust news and events. Each month we also profile a governor to share news about how they have been representing members and influencing healthcare at Oxford Health.

Volunteers are invited to join the Trust as members so that membership is the primary conduit to engage with the Trust.

Charity and Community Involvement

The Charity Committee, chaired by Non-Executive Director Lucy Weston, is responsible for ensuring the stewardship and effective management of funds which have been donated, bequeathed and given to the Oxford Health Charity.

In addition to monitoring and approving charitable activities in support of patients, carers and staff in relation to the evolving pandemic, the main focus for the Committee has continued to be delivery against the objectives of the 2019-22 Charity Strategy:

1. Enhance fundraising activity - to enable and facilitate appeals-based fundraising linked to the needs of Oxford Health Foundation Trust patients and staff;
2. Enable efficient and effective expenditure - to ensure clear and transparent processes are in place to request, suggest and review;
3. Promote and celebrate OHC - to increase engagement with OHC through all media channels;
4. Increase resources in support of OHC - to ensure adequate resources are in place to maximise the impact of OHC.

The Committee oversees all funds under OHC, including those donated by the ROSY fundraisers in support of 'Respite care for Oxfordshire's Sick Youngsters'. In 2021-22, this has also included significant grants made possible through NHS Charities Together as a result of their campaigns and the continuing support of the public as we continue through the pandemic.

The OHC administrators at Moore Kingston and investment portfolio management team at Smith and Aberdeen Standard Life, continue to provide support to the Charity Committee and Fund Advisors across the financial aspects of the charity.

The Committee was chaired during the year by Non-Executive Director, Lucy Weston, with membership comprising Non-Executive and Executive Directors, and other senior managers. It met on 4 occasions and attendance of core members is given in previous table

The Committee also benefits from the experience of lay-member, Olga Senior, who has contributed significantly to governance and fund reviews throughout the year.

Charity and Community Involvement

The Charity and Involvement programme seeks to develop and coordinate volunteering, the Oxford Health Charity (OHC) and community group engagement for the Trust. The Oxford Health Arts Partnership leads for Creating with Care and Artscape also joined the team in early 2021 and continue to collaborate as part of their programme.

These strands of work provide a positive opportunity for increasing resources, diversifying engagement and enhancing support to the Trust. In 2021-22, they continue to provide specific focus for those seeking to support the Trust during the COVID-19 pandemic.

Oxford Health Charity

The Oxford Health Charity (OHC) (Charity Number 1057285) aims to enhance and support the experience of patients, service users, families and carers accessing services through Oxford Health NHS Foundation Trust and support the staff delivering those services. Funds must be spent on items or experiences which provide a benefit to those groups and are not covered through the normal funding streams of the NHS.

As highlighted in the Charity Committee section in the Corporate Governance and Code of Governance section of this Annual Report, the OHC are in the final year of their three-year strategy and progress against this strategy forms part of the annual report filed separately under the requirements of the Charity Commission.

Key projects across the year have included:

Connect and Care for You – a virtual wellbeing offering to support staff, volunteers, Governors and members of partner organisations. The initial programme ran for six weeks in February/March 2021 with a follow up week for Carers in June 2021 and further month of sessions in September 2021 under the HealthFest banner.

Artists in Residence – funding for the provision of artists across the Community Hospitals through NHS Charities Together grants, enabling a variety of art approaches to be undertaken by patients and staff. The outputs from these sessions often resulted in enhancements of the local ward environments and items that patients could take home on discharge. An evaluation of the full project was also funded to gather evidence on the impact of art to wellbeing and recovery with the findings presented to the charity committee and Community Hospitals SMT in early 2022.

NHS Charities Together Stage 3 Grants – over £130,000 of funding was secured to support recovery focussed projects through NHS Charities Together. This funding was allocated through a 'Dragon's Den' style presentation to members of the Corporate Trustee and the successful projects included the development of outdoor space for the Highfield Unit, Oxford; provision of wellbeing pods in the gardens of Cotswold House, Marlborough; the development of a partnership approach to reducing the impact of digital poverty for mental health service users in Buckinghamshire; and the purchase and installation of new, colourful and attractive seating for the CAMHS hub at Saffron House.

Oxford Health Charity Fundraising

As previously mentioned, OHC continued to receive grants from NHS Charities Together during 2021-22 as result of their national fundraising campaigns and donations of individuals, communities and organisations during the pandemic. In addition to these, OHC is delighted to work with a growing number of local individual and community group fundraisers, as well as some amazing previous patients and families, OHFT teams and individual staff members.


FINISH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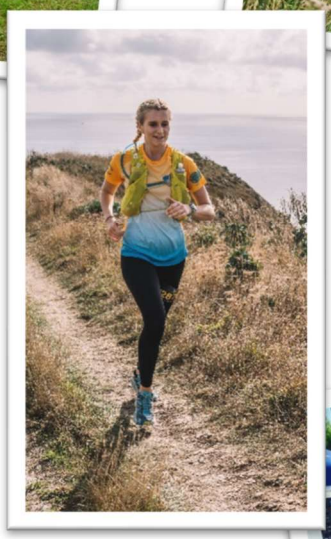


LAND'S END
2021
JOHN O'GROATS 874
NEW YORK 3147


Oxford Health Charity
Oxford Health Charity


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INFLATABLE5K

Supporters have undertaken many challenges throughout the year including half marathons, ultra-marathons (50km and 100km distances), triathlons, inflatable races and LEJOG (Lands End to John O'Groats) bike rides.

Fundraisers were able to promote their challenges and the cause through the OHC website – www.oxfordhealth.charity – as well as Just Giving - https://www.justgiving.com/obmhcf.

In addition to fundraising, the charity continues to gratefully receive donations and legacies from patients and families for the other appeals and general projects.

Volunteering

Volunteering continues to develop within the Trust, however, the impact of COVID has still restricted the amount and type of volunteering possible. Therefore, the focus for volunteering this year has been threefold:

- Identify and facilitate support for the Trust during lockdowns and restricted practices, creating COVID-19 specific roles where necessary;
- Manage risk assessments for safe volunteering;
- Support and ensure ongoing engagement with existing volunteers who have been unable to carry out their roles.

The overall number of volunteers has reduced as a result of the pandemic and currently sits at approximately 150 volunteers across the Trust – with the majority of those choosing to leave their roles citing changes in personal circumstances, frustrations with the continued restrictions on supporting within Trust environments or progression in their own careers/education. However, with the introduction of new peer support programmes in 2022, the number of volunteers is likely to increase again over the summer.

Identifying and Facilitating Support

The majority of pre-existing volunteer roles were put on hold at the beginning of lockdown in late March 2020, either due to restricted access to sites or cessation of the activity volunteers were supporting. At the same time, due to the demographic make-up of the volunteers, a large number confirmed that they would be shielding due to their own health requirements or that of those they care for. This 'hold' has continued to be in place for much of this year, with a few exceptions, as community clinics have not restarted, space within sites is limited due to social distancing or teams not having capacity to welcome back non-essential activities.

Volunteering to support arts activities, when wards have been COVID free, has increased through the development of the Artists in Residence programme and there has also been a focussed drive on increasing the number of PALS (Patient Advice and Liaison Service) volunteers in preparation for a return to the wards in 2022. An increase in gardening volunteers and interest in supporting green spaces has been seen with both individual volunteers and corporate/charity groups getting involved at a number of sites.

Risk Assessing

All volunteers, along with staff, have been asked to undertake risk assessment reviews during the year to identify the control measures needed for them to return to supporting the Trust. This process has evolved through the year and volunteers have been kept up to date with changes which may have impacted on them.

As previously stated, a large number of volunteers were required to shield during the pandemic either for their own health or for that of a dependent and this placed them in the highest risk category. For the most part, it has not been appropriate for these volunteers to return to 'normal' roles although some have undertaken crafting or packaging roles from home to keep themselves active during this difficult time. Volunteers who were classified as low or medium risk have been able to return to roles when possible with access to PPE and lateral flow testing as appropriate. However, not all of these volunteers have returned yet as some of their existing roles are still not operational or they have been supporting in areas where there is limited space.

Support and Engagement

It has been yet another difficult year, especially those who we haven't been able to welcome back into their previous volunteer roles. Ongoing support and engagement has been especially important for these individuals and regular emails, letters and newsletters have been sent out throughout the year. These have contained news on risk assessments, opportunities to support the Trust and community partners, case studies from current active and inactive volunteers, messages of support and thanks, and details of charity activities.

Involvement

While annual events like HealthFest and Community Hospital garden parties have not been able to take place in their usual fashion during 2021-22, due to continued restrictions with inviting the community onto Trust sites, there has been continued support from community groups to the Trust, Oxford Health Charity and in support of staff wellbeing. This has included:

- League of Friends continued support across their Community Hospital sites
- local WI branches – especially in Banbury where they have actively been working on the green spaces outside The Elms
- schools including Headington School and Abingdon School who have been involved in arts projects for older adult patients
- corporates like AECOM who took two days out of their busy schedules to work on enhancing the garden spaces for the AMHT and community wards at Abingdon Community Hospital

2021 also saw the development of the Unloc project in both Oxfordshire and Buckinghamshire – working with social enterprise Unloc to increase and develop the youth voice within the Trust. The project launched in Oxfordshire initially in Spring 2021 and was followed up with a launch in Buckinghamshire in Autumn 2021. The first step for each area was a survey of young people to gather their views on their health and wellbeing as well as their understanding of support available and this was followed by recruitment to the first Youth Boards for the Trust.

The Oxfordshire Youth Board held its first meeting in December 2021 and it is hoped that Buckinghamshire's Board will follow in Spring 2022. The Youth Board is made up of young people from across the county which meets monthly to offer feedback on projects being

undertaken by the Trust, discuss areas of concern and feedback on how to support young people accessing services. The Youth Board and the wider project are supported by CAMHS in each area with the Patient Experience and Involvement Leads taking a key role in ensuring the youth voice is present in-service change.

A continued focus on sustainability projects has also seen the development of the Tiny Forest at Littlemore, the planting of trees across four sites to recognise NHS Sustainability Day in June 2021 and a rising number of green space related charity requests. The latter included the development of garden spaces at the new Saffron House site with local social enterprise, Chiltern Rangers.

Stakeholder Engagement

The majority of stakeholder groups for volunteering, charity activities and community events have been taking place remotely via MS Teams throughout this year and have been reduced in number to accommodate the limited capacity of staff and volunteers involved.

NHS System Oversight Framework

NHS England and NHS Improvement's NHS Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A Foundation Trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

NHS Improvement has placed the Trust in segment 2 (in 2020/21: 2) which is for Providers who are offered targeted support: there are concerns in relation to one or more of the themes. NHS Improvement have identified targeted support that the Trust can access to address these concerns, but which we are not obliged to take up. For some providers in segment 2, more evidence may need to be gathered to identify appropriate support.

We continue to have monthly telephone conversations and regular meetings with NHS Improvement, and we welcome their support and recognition of the impact that mental health under-investment is having on the financial health of the Trust, despite its strong efficiency performance.

We are working with our commissioners on a multi-year investment programme as referenced elsewhere in this Annual Report.

This segmentation information is the Trust's position as at 31 March 2022. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website. No formal or informal regulatory action was taken by NHSI during the year.

Nevertheless, given the challenging financial environment faced we can continue to expect close monitoring by our regulators as we develop our plans for the years ahead. It is helpful to note the recognition that the Trust is already very efficient in its provision of services against several benchmarking indicators.

Capital Expenditure

During FY22, the Trust has maintained its internal capital funding investment level in its property and infrastructure, reflecting the continuation of a low number of major projects and limited capital funding available. Capital spend in FY22 was £10.7m, compared to £9.6m in the previous year. PDC funding of £8.5m was received, relating to the Psychiatric Intensive Care Unit (PICU), The Unified Tech Fund (IT), Shared Care Records and Video Conferencing.

Investment in FY22 focused on addressing estate rationalisation, condition and compliance issues to ensure that properties from which patient services are provided were fit for purpose, as well as IT infrastructure projects. The Trust's main capital investment areas during FY22 were:

- Estates: operational and risk management (£5.3m) – including the Psychiatric Intensive Care Unit, backlog maintenance and other works to address compliance requirements, such as seclusion suites and various patient area transformational projects.
- IT: Unified Tech Fund (£2.9m), Digital Diagnostic Programme (£0.9m), Shared Care Records (£0.4m), Video Conferencing (£0.1m) and infrastructure and development (£0.9m) – including hardware and software upgrades.

Cash Flow and Net Debt

The Trust ended the year with £89.5m of cash, an increase of £33.8m over the year. This was largely due to an increase in deferred income and a further increase in trade payables.

The Trust generated £38.3m of cash from operations which was down compared to £46.4m from the previous year.

The Trust's gearing ratio (the percentage of capital employed that is financed by debt and long-term financing) decreased to 12.4% (15.3% in FY21) because of loan repayments reducing the debt balance. Year-end net debt decreased by £1.0m to £18.6m (£19.6m in FY21).

Total Assets Employed

Total assets employed increased by £21.2m (16.5%) to £149.4m (£128.1m in FY21). This reflects an increase in the value of land and buildings, PDC receipts and the in-year surplus.

Statement of Accounting Officer's Responsibilities

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 NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require[name] NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of [name] NHS foundation trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

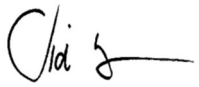
- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting 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
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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 them 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.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself

aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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



Signed: **Date: 21 June 2022**

Dr Nick Broughton

Chief Executive and Accounting Officer

Annual Governance Statement

Scope of Responsibility

To enable delivery of this, the Board of Directors' governance architecture is supported by a committee structure, reporting through to the Board, to deal with the various elements of governance. A Non-Executive Director of the Trust chairs each of the Board Committees to ensure the appropriate delineation of responsibilities with regards to Board and Executive management.

The Audit Committee reviews the Trust's internal control and risk management systems and monitors the work of Internal Auditors. During 2021/22, the Audit Committee has continued to oversee 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 which included ensuring that independence of judgment was not compromised. There was no commissioning of non-audit work from the external auditors during the year. The Internal Auditors were commissioned to undertake an additional review, outside the internal audit annual plan, which was a capital project assurance review regarding delivery of a Psychiatric Intensive Care Unit (PICU).

The Audit Committee supported the governors commence the formal process to appoint External Auditors to succeed Grant Thornton. The process will conclude in the next reporting period.

There is a robust system in place to ensure that the Board regularly reviews the effectiveness of its internal controls including the review and oversight of the Board Assurance Framework, which supports determination of the level of assurance the Board requires and its appropriateness in order to satisfy the 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; and it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Oxford Health NHS Foundation Trust; to evaluate the likelihood of those risks being realised and the impact should they be realised; and to manage them efficiently, effectively and economically. The system of internal control has been in place in Oxford Health NHS Foundation Trust for the year ended 31st March 2022 and up to the date of approval of the Annual Report and Accounts.

Capacity to Handle Risk

I am accountable for risk management across organisational, clinical and financial activities.

The Risk Management Policy 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.

Directorate governance arrangements maintain effective risk management processes across all Directorates, maintain Directorate Risk Registers and report routinely through various Board committees, executive and performance meetings. These continue to improve and have been supported by moves to a more age inclusive service delivery model thereby enhancing integration of services and pathways. The Audit Committee comprising independent Non-Executive Directors, and excluding the Chairman, oversees and has reviewed throughout the year the effectiveness of the system of internal control and overall assurance processes associated with managing risk.

An integrated governance approach across clinical and corporate governance domains has successfully supported the wider Trust's service and quality improvement environments which reinforced continuous improvement activity whilst responding to the impact of the global pandemic and rising demand versus reducing capacity.

In Oxford Health NHS Foundation Trust, integrated governance is about the combination of corporate and quality governance, and risk and performance management to give the Board of Directors and key stakeholders assurance regarding the quality and effectiveness of the services that the Trust provides.

Detail regarding the Board's committee structure is included within the Corporate Governance and Code of Governance report of this Annual Report along with member' attendance records and the scope of committee remits. The Nominations, Remuneration and Terms of Service Committee remit 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 and Code of Governance report of this Annual Report.

The Quality Committee, a formal committee of the Board, supports the Board in relation to meeting quality standards and the management of risk, and in turn is supported by the Quality & Clinical Governance Sub-Committee. The Trust has an 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 with the potential to prevent delivery of strategic objectives are controlled, that the effectiveness of the key controls is reasonably assured, and that there is sufficient evidence to support the declarations set out in the Annual Governance Statement.

The Chief Nurse takes executive responsibility for clinical risk management 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 and clinical risk management across the organisation.

Staff are alerted to both the Risk Management Policy, and supporting policies, such as the Policy for Reporting and Learning from Incidents and Deaths and Clinical Risk Assessment and Management Policy, throughout the year but most notably as part of the Trust's improvement activity across the year. In addition to regular updates at relevant Board committee meetings, a formal Board Assurance Framework report is presented to the Board which provides a 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.

The corporate induction programme, local induction organised by line managers and mandatory training reflects essential training needs and includes risk items such as fire safety,

health and safety, incident reporting, 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 and incident management within their area of work. As a result of the impact of the Coronavirus (COVID-19) on the operations of the Trust, additional focus was continued on the management of risk in areas such as infection control, personal protective equipment (PPE), and staff health and wellbeing.

All Trust staff are able to access the incident reporting system and the Policy for Reporting and Learning from Incidents and Deaths, staff training, and the Trust's culture promote the reporting of all incidents which occur. Lessons learned, in the unfortunate event that things do go wrong, are shared through directorate, clinical and corporate governance systems. Training and guidance are provided in various media formats to staff including e-learning, classroom environment, webinars, information bulletins and seminars to ensure learning from good practice and experience is disseminated quickly and effectively.

Staff and teams are also supported to learn from good practice and to mitigate risks through knowledge sharing workshops that highlight risks identified, such as Patient Safety Incident Investigations and actions taken to address these. The Board receives the full investigation report for the most serious of incidents. Later in this section is the outcome of an internal audit into our Patient Safety Incident investigation controls and processes.

The last external assessment was in 2019 when an external audit of the quality governance arrangements in the Trust was undertaken; and included the management of serious incidents and national patient safety alerts; and awarded good assurance of the robustness of processes. Further improvements have been made since that review.

The Trust's Counter Fraud Work Plan and Local Counter Fraud Specialist also play a key role in assisting the Trust to anticipate and manage risk, and regular reporting to each meeting of 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 to determine their relative importance using a risk scoring matrix. Low scoring risks are typically managed by the area in which they are identified, whilst higher scoring risks, risks which cannot be managed locally, or risks with directorate or Trust wide implications are managed at progressively higher levels within the organisation. Risk control measures are identified and implemented to support mitigation.

A unified approach to risk management is contained within the Trust's Risk Management Policy. Risks assessed as significant are monitored to ensure mitigating actions are undertaken to reduce risks to an acceptable level. The process for the management and monitoring of risk assessments is defined within the Risk Management Policy and supporting procedures.

The Board Assurance Framework (BAF) forms the key document for the Board to capture risks to the attainment of the Trust's strategic objectives and ensuring those principal strategic risks are controlled. The Trust Risk Register (TRR) sets out the key operational risks to the Trust.

The BAF and TRR are managed within the Office of the Director of Corporate Affairs & Company Secretary, supported by risk managers. That office supports the Board and wider management in its risk management functions by: generally maintaining and managing the BAF and TRR, ensuring risks are reviewed regularly, that changes are reflected in the risk registers, and capturing new risks; tracking substantive changes to the BAF and TRR; presenting regular risk reports to the Board Committees and the Board; maintaining/revising the Risk Management Policy, as required; and supporting managers across the Trust to manage risk, maintain local/divisional risk registers, and escalate and deescalate risks.

Named Lead Executive Directors are responsible for specific BAF and TRR risks and the completeness and reliability of related controls, assurances and the data upon which assurances are based. In 2021/22 frequent meetings between Executive Leads and risk managers to review risks registers were maintained.

The BAF and TRR are reviewed routinely by the Board Committees, members of the Executive Management Team and the Board receives regular reports. Reports to Committees and the Board include highlights of: extreme risks; new risks; changes in risk rating of existing risks; and proposed closure of any risks. The effectiveness of controls is reviewed and actions to further mitigate risk discussed.

Underpinning the BAF and the TRR, each directorate maintains a risk register. These reflect business risks that are specific to that directorate, significant risks that have arisen from local risk registers, and risks which can be managed at directorate level. Teams and services also maintain local risk registers, informed by the regular environmental risk assessments, proactive risk assessments relating to their service, and reactive risk assessments relating to incidents, issues and concerns.

The risk management system allows for enhanced capture and tracking of progress of actions; provides better oversight of review dates and completion of reviews; has improved tracking of movement of risk; eased escalation/de-escalation between risk levels (i.e. between Trust, Directorate or Team risk registers); facilitated flexible and customised reporting; and enabled linking of related risks.

The Trust's appetite for risk is defined by the Board of Directors, with dialogue as to that appetite forming part of discussions at Board Committees (specifically Audit Committee) and Board seminar sessions. The Trust does not accept risks that could result in compromise to safety. Awareness of residual risk and operating within a risk tolerance provides the Board with greater assurance that the Trust remains within a suitable risk appetite which supports decision making.

During the year, the Board ensured ongoing assessment of significant risks to the attainment of objectives and maintained oversight of a range of specific risks, which included: non-delivery of financial plans; workforce planning risks to mitigate the inability to fill vacancies and reduce reliance upon agencies; protecting the information we hold (data security and information governance); and new models of care including the local Integrated Care System and Provider Collaboratives. There was also considerable focus on risks presented by the COVID-19 pandemic, for example infection control, PPE, and risks to staff wellbeing as a result of the unprecedented pressures presented by the pandemic.

Management of other risks included: compliance with the Mental Health Act; waiting times; demand and capacity; working effectively with our partners; staff compliance with training

requirements; physical health monitoring of service users with severe and enduring mental illness; and the Trust's impact on the environment and ability to meet its climate change/environmental obligations.

With regard to new and future risks, the Board has considered the risk profile and its risk appetite during its strategic and Board development sessions and risk workshops which took place during the year.

With continued pressures, on the local mental health systems and increasingly across our community services, we have continued to work with our commissioners and with our system partners to develop secure financial underpinning for the levels of service required to respond to demand and to ensure that there is a sustainable level of workload across services. Nevertheless, ongoing work will continue to be necessary to support the right care in the right place and to maintain focus on the need for mental health investment and sustainable community services in order to meet increasing population need and acuity levels day to day.

As with all NHS organisations, balancing the need to deliver high quality care in the context of increasing demand and complexity, whilst increasing productivity, is a continual challenge in addition to being able to attract and retain staff, and particularly those in specialist roles.

The high cost of agency staff has continued to drive a national focus on reducing reliance on such staff and negotiating nationally to improve procurement frameworks should other staffing options be exhausted. The Trust continues to experience significant challenges in reducing its reliance on agency workers but has detailed plans overseen by the Executive Team to improve quality and reduce agency spend.

Collaborations and partnerships are increasingly the cornerstone of effective integrated health and care delivery, and our Board has paid close attention to the developing Integrated Care Systems (ICS) in Buckinghamshire, Oxfordshire and Berkshire West (BOB) and the priorities nationally and locally underscored within the NHS Long Term Plan.

The future continues to pose increasing risks and challenges for delivering the level of efficiency increases and cost reduction within an extremely challenging financial plan and the loss of COVID-19 funding allocations. Growth in demand and acuity across the system will no doubt continue to put pressure on our underlying financial performance, as it has in 2021/22, and on the BOB system.

The NHS England access standards for Mental Health Services make it all the more important that we understand fully the scale of the demand we are facing, and the capacity needed to meet that demand in order to plan for a sustainable system, particularly given the relatively high levels of unmet need historically across mental healthcare in all developed healthcare systems and the expected impact of COVID-19 on demand.

The Trust recognises that managing the risks identified will also involve multiple partners working together across Health and Social Care and adapting our own internal arrangements, so they are sufficiently agile to meet the challenges of working in complex circumstances.

We recognise that uncertainties remain about the longer-term impact of the pandemic. In addition, the current rapidly changing health and social care landscape – both nationally and locally – combined with wider system pressures poses a potential risk to the sustainability of high-quality service provision for the populations we serve as well as providing opportunities for continued improvement. Our Trust provides strong leadership within its Integrated Care

Systems, as well as maintaining good relationships with our commissioners, local providers and other key stakeholders.

Wider scrutiny of risk occurs in a variety of fora. For instance, the Finance and Investment Committee monitors information governance and data security risks, via escalations from the Information Management Group (including cyber security arrangements). The Information governance sub-section, later in this report, covers the management and control of risks to data security in more detail.

The Quality Committee oversees the delivery of the quality priorities for the Trust. The priorities include indicators agreed with stakeholders from our local community together with national indicators of quality, including access to services and patient feedback.

The Executive Team and the Quality Committee (and its sub-committee/groups) review assessments against the CQC registration requirements which will support our readiness for a CQC Well-Led Review, the last of which concluded in 2019. Where gaps have been identified, action plans have been monitored for implementation through such as quality dashboards to ensure the Board was reasonably assured that CQC standards were being met and improvement plans were effectively delivering the required improvements.

The last external review of our quality and corporate governance arrangements was undertaken by PWC in 2016/17 and no major areas of concern were identified. At the time of writing this Annual Report, we are in the process of commissioning another detailed review during 2022/2023 of our quality governance arrangements using the NHS Well-Led Framework.

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission. Sections of the Annual Report explain our systems of assurance in that regard.

The Trust continually assesses compliance with the NHS Foundation Trust Licence Condition 4 (FT Governance). The Board last formally reviewed its assessment in detail during the year as part of the Corporate Governance Statement and confirmed no material risks had been identified with regard to compliance with its Licence.

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

- The effectiveness of governance structures to include reporting lines and accountability between the Board, its sub-committees and the Executive Team;
- The responsibilities of Directors and sub-committees;
- The submission of timely and 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.

Some of these conditions are detailed within the Trust's Corporate Governance Statement, the validity of which was assured by the Board prior to its publication. In order to assure itself of the validity of its statement, required under NHS Foundation Trust condition 4(8)(b), the Trust has assessed the extent with which it complies with the Code of Governance, and this is detailed in the Corporate Governance and Code of Governance report of this Annual Report.

I am required to describe the key-ways in the Trust ensures that short, medium and long-term workforce strategies and staffing which systems are in place; and how the Trust complies with the 'Developing Workforce Safeguards' recommendations.

- In the FY2021/22 we recruited over 1,711 staff (1,180 FTE) including sessional staff.
- We utilised TRAC, a recruitment management system, to improve our ability to control, manage and report on recruitment activity.
- We are investing in skill mix work to make sure that the blend of skills in our services is safe, appropriate and affordable.
- We have 100 Registered Nursing Associates who have completed the Nursing Associate Foundation Degree with a further 106 Nursing Associate Trainees.
- A total of 42 Registered Nursing Associates are completing their Degree course to become a Registered Nurse.
- We have a series of initiatives in place to improve retention further and we are part of NHSI's Retention programme.
- The Board monitors recruitment, staff turnover, sickness levels, staff engagement data and agency spend every month.
- A Weekly Review monitors risk, safety and quality issues arising in our services, issues of concern are then escalated to the Executive Team.
- We are working collaboratively with our staff side partners to address stress, which is the Trust's greatest cause of sickness absence, a major factor in retention and a significant issue in our staff engagement scores.
- Short-term staffing gaps are filled by the use of agency staff where it is not possible to fill these with our own bank staff
- Development of our in-house Bank and a review of skill mix means that we have 1,277 pure bank workers registered, and a further 2,787 substantive staff registered to the bank. This is compared to (1428 and 2,819 respectively at March 2021).
- Proactive management of shifts are being reviewed to ensure Bank Staff have priority of booking, and short-term staffing gaps are filled by the use of agency staff where this is not possible.
- We are actively working on skill mix issues including and beyond the introduction of Nursing Associate roles and other new roles.
- Longer-term, our workforce strategy is to further improve retention, to constantly review skill mix and pipelines and to make Oxford Health an employer of choice for all staff groups and all types of worker (full time, part time, bank, clinical, non-clinical, admin etc).
- We have continued active recruitment campaigns to include international efforts.
- The implementation of two Recruitment & Campaigns Consultant roles to support with increasing our employer of choice brand on both social media and at external events i.e. careers / university events. Supporting hot spot areas with targeted campaigns to increase workforce and reducing agency spend.

Oxford Health and the other Trusts in the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) continue to work together to improve their workforce planning capabilities and to meet the safeguards and standards in the NHSI publication 'Developing Workforce Safeguards'. The Chief Nurse's team, Operational Leaders, HR, Learning & Development and Finance all own some aspects of our activity on workforce planning and effectiveness and will continue working together in the coming year to examine how to embed some of the good practice we have in place and that of other Trusts as highlighted in the NHSI publication. We continue collaborating with other Provider organisations in our ICS region and at a more local level.

- We have a clear escalation process for safe staffing across all our inpatient services reported to the Chief Nurse
- All services report weekly to a clinical review meeting chaired by the Deputy Chief Nurse to raise issues/concerns regarding safe staffing across the Trust – this is then escalated as appropriate to the Executive Management committee
- Evidenced based tools are used to assess safe staffing
- We have a quality and safety dashboard reported to our Quality Committee triangulating staffing and other quality indicators
- We have completed a full establishment review across all our inpatient wards and invested in significant number of additional registered nurses across all wards
- We have completed a workforce planning review for nursing across all our inpatient settings

Conflicts of Interest

The Foundation Trust has published on its website an up-to-date register of interests for decision-making staff and the register of gifts and hospitality, (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance. The registers can be found at https://www.oxfordhealth.nhs.uk/about-us/governance/disclosures-and-declarations/.

NHS Pension Scheme

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

Equality, Diversity and Human Rights Legislation

Control measures are in place to ensure that all the Trust's obligations under equality, diversity and human rights are complied with. Strategies are in place to further quality, diversity and inclusion and service change and business cases are subject to Quality and Equality Impact Assessments as necessary to ensure that efficiencies do not adversely impact on the quality and equality of services.

Climate Change Obligations

Oxford Health NHS Foundation Trust has developed the "Green Plan" which takes account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that it's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. The Trust carries out risk assessments which inform the composition of the "Green Plan".

Review of Economy, Efficiency and Effectiveness of the use of Resources

Financial and non-financial performance is reported through a framework which generates 'dashboard' presentation and analysis at Board, at Executive and at divisional/directorate levels. 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 Quality & Clinical Governance Sub-Committee and quality sub-groups) and via quality and safety reports to the Board of Directors.

We have invested resource in developing the Trust's online business intelligence platform, to enable smarter, interactive data interpretations in relation to a range of economy, efficiency and effectiveness metrics (including in relation to quality, workforce, finance, activity and demand) via a series of applications. The Trust has a strategic approach to promote economy, efficiency and productivity which 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 plans and impact on services through Operational Management Team meetings, Divisional Performance Review meetings and exception reporting.

The Trust's Internal Audit Plan, which is agreed by the Audit Committee, sets out the full range of audits across the Trust, to include reviews of 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. Internal auditors, in their Internal Audit Annual Report for 2021-2022, gave the opinion that governance, risk management and control in relation to business-critical areas in the Trust is generally satisfactory, but with some improvements required to enhance the adequacy and effectiveness of the framework of governance, risk management and control.

Internal auditors issued a 'high risk' rated report following a payroll review focusing on the processes and controls in place over payroll; that high-risk rating being due to recommended improvements to systems relating to employee standing data and leavers, along with other lower risk improvements and areas found of good practice. The Trust has developed an Employee Systems Development plan with nine stages of work, the first of which in relation to starters and leavers which began in the year. This work aims to address some of the issues caused by the use of multiple systems to capture information about employees which do not interface automatically and require manual intervention.

The internal audit plan also covered out of area placements in mental health services; patient safety incident review and safeguarding and issued 'medium risk' rated reports.

A capital project assurance review of our 8 bed Child and Adolescent Mental Health Services Psychiatric Intensive Care Unit project was commissioned and PWC, our Internal Auditors, were engaged through the IA framework agreement in place with the Trust. The scope of the review was to identify lessons to be learned to assist the remobilisation of the project, which was stalled due to changes in scope and subsequently costings, and to improve management and control of future capital projects where lessons were found. The review acknowledged the Trust's previous experience of delivering large scale projects such as the Highfield (£10m capital value) and the Whiteleaf (£42m capital value) which are regarded as 'Best in Class' for Adult Mental Health Facilities by the NHSE and the Department of Health. The report represents an independent review based on the historic performance of the project through to the summer of 2021 and the Trust commenced in year action targeted at addressing the improvements needed.

The Trust's Counter Fraud Work Plan, which is approved by the Audit Committee, demonstrates an embedded counter fraud focus. The Plan focuses on four key areas: 'Strategic Governance', 'Inform and Involve', 'Prevent and Deter', and 'Hold to Account'; and more information is included in the Corporate Governance and Code of Governance report of this Annual Report.

To support ongoing attainment of value for money, and although somewhat stalled by the impact of the pandemic, service line analysis and reporting will continue to be developed to provide a more granular understanding of the areas through which we can drive even greater efficiencies.

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, as is the Data Protection Officer (DPO). The group oversees compliance with the Freedom of Information Act and receives assurance with respect to subject access requests under the Data Protection Act and UKGDPR.

The Data Security and Protection Toolkit (DSPT) is an annual online national self-assessment process overseen by NHS Digital, which enables the Trust to measure its compliance against the National Data Guardian security standards and 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 assertions in the Toolkit, elements of which are independently audited by Internal Audit. Following the

independent audit and sign off by the Information Management Group, and subsequently by the Board of Directors, due to the national emergency and change in schedule the DSPT assessment this year will be submitted by 30 June 2022. (The Trust published a baseline assessment in February 2022, which was subsequently re-published in early March to include nationally mandated cyber security assurance).

The Trust met all standards and assertions in the DSPT in 2020-2021 and is on track to do so for the 2021-2022 submission. The baseline submission was completed as required by 28 February 2022. An audit review of information governance following the mandated structure in DSPT requirement 9.4.5 was conducted in March 2022. The report has been received (on 8 April) and no critical or high-risk findings are present. The overall assessment is high assurance and substantial concordance with the Toolkit requirements. Therefore, no areas of significant weaknesses in internal control in this area have been reported.

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, reported, analysed and considered by the Information Management Group quarterly. There were 4 serious confidentiality incidents (Level 2) during 2021-2022. One incident met the criteria for escalation to the Information Commissioner (ICO), but no further action was required by the ICO.

The Trust is acutely aware of the ongoing threat from cyber-crime, i.e., malicious attempts to damage, disrupt or steal our IT related resources and data. In order to combat this, the Information Management & Technology (IM&T) Department continues to step up efforts in all areas to monitor for suspicious activity, with a programme that includes providing awareness education to staff, analysing our infrastructure for potential weaknesses and remediating any issues.

The Trust transitioned to the General Data Protection Regulation (GDPR) and Data Protection Act (2018), and policy, procedures and mandatory information governance training reflect the new legal framework.

Data Quality and Governance

The Trust has a Data Quality Strategy and framework to support the management of data quality. Data quality risks are managed and controlled via the risk management system. Risks to data quality are continually assessed and added as appropriate to risk registers (IM&T maintains a service level risk register).

The Trust initiated improvements in the quality of data on which it relies to assess performance, and key programmes of work have progressed significantly during the year. Aligned to the Trust's Data Quality strategy the Trust is prioritising the improvement of data quality in relation to the following 3 key areas;

1. NHSI Single Oversight Framework (SOF/Data Quality Maturity Index (DQMI))
2. Data quality that has financial implications
3. External auditors' recommendations

Provision of the national Mental Health Services Data Set (MHSDS) submission is now via an in-house solution providing the Trust with improved opportunities for data reporting and

management. Work has continued across the year to develop local reports against the national dataset with a view to improving performance.

The Trust has engaged in a number of workshops hosted by NHSI which has enabled greater understanding of the reporting rules for national indicators and has led to the development of a focused data quality improvement plan. The Trust has also forged links with neighbouring providers to support shared learning.

Assurance in relation to data submissions and quality is overseen by the Information Management Group (IMG) which has delegated responsibility from the Trust's Finance and Investment Committee.

The Data Quality Improvement Group, comprising of senior managers from operational and corporate teams, provides oversight on data quality within the Trust. Data quality indicators are reviewed by the Board, including data completeness and outcome indicators. Data quality information is provided to our commissioners to demonstrate compliance against national benchmarks.

Covid-19 and Governance

Continuing across this second year of the pandemic, has been the inevitable changes in operations across the Trust, as part of the national and local NHS response to the crisis. The Trust has worked hard to ensure that appropriate governance and risk management processes were in place to support both the response and ultimately the safe restoration of services whilst capitalising, where appropriate, on the opportunity to do things differently.

Despite national directives providing the opportunity to stand down much of the Board Committees' business and annual reporting, the Trust maintained the corporate governance architecture of the pre-pandemic world. The majority of Board, committee and Council of Governors' meetings went ahead as planned, albeit these were held as virtual meetings. Shortened meetings or streamlined agendas (in order to free-up management capacity and resources to meet operational need) were the exception rather than the rule. Arrangements were made to facilitate public attendance at virtual meetings of the Board, Council of Governors and the Annual General Meeting.

Where changes to processes and controls required as part of the Trust response to COVID-19 have improved effectiveness without undue risk, then the Trust is working to continue with the revised process/control and will update policies and procedures accordingly to embed these changes into the future, post pandemic. This includes areas such as flexible working practices and home working, as well as virtual meetings and virtual healthcare through remote clinics and consultations.

The response to the pandemic has to some degree empowered leadership teams across the Trust to make dramatic changes to the way they operate. This has sharpened and accelerated decision-making and altered working cultures. The Trust's ambition is for leaner and lighter governance structures, shorter and simpler Board reporting which look forward and plan for the future and spend less time assuring and looking backwards. We hope to continue to progress a culture in which staff at all levels can play a part in achieving 'enabling' governance

systems and are confident to question organisational habits or local rules which increase bureaucracy, hinder effective decision-making, or take resource away from delivering care.

The COVID-19 pandemic has shown us that streamlining bureaucratic processes can release time for our workforce to prioritise care. Whilst not all of these streamlined processes can be maintained indefinitely, given, for example, the Trust's statutory and regulatory obligations, we will continue focussing on what can be maintained, creating an environment where staff are released from unnecessary bureaucratic burdens, leading to better outcomes and experience for service users.

Review of Effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on 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 the Quality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust's assurance frameworks provide me with evidence that the effectiveness of controls that manage the risks to the organisation have been reviewed. Internal Audit routinely provides me with an opinion about the effectiveness of the assurance framework and the internal controls reviewed as part of the Internal Audit Plan and their work is reviewed by the Audit Committee.

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 Board Committees, and their respective sub-committees and groups.

My review is also informed by processes which are well established and ensure the effectiveness of the systems of internal control through:

- Audit Committee's scrutiny of controls in place;
- CQC Registration requirements, the last inspections and CQC (Mental Health Act Commission) reports;
- Patient and staff surveys; complaints received and outcomes of investigations;
- Reviews of serious incidents requiring investigation and whistleblowing investigations and the outcome of the investigations;
- Internal sources – such as clinical audit, internal management reviews, performance management reports, user and carer involvement activities, benchmarking and self-assessment reports; and

- Assessment against key findings of external inquiries.

The Board has monitored progress against the 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 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, the People Leadership and Culture Committee, the Mental Health Act Committee and the Finance and Investment Committee and their sub-committees have ensured that programmes of work, and the developments of policy and strategy, address identified risk areas. The 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.

The Accountability Report itself includes further description of the Board's committee structure, attendance records and breadth of work, and the Corporate Governance Section of this report outlines compliance with the Corporate Governance Code and explanations of any departures.

By the end of the year, and despite the impact of COVID-19, the performance of our teams has resulted in the Trust meeting the majority of its national targets and we have plans in place to improve the quality-of-service delivery and our CQC ratings further in the coming years. The Board of Directors and I are very proud of our staff in ensuring delivery against these targets during an extremely challenging year.

Annual Governance Statement Conclusion

While I recognise that 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 Trust Risk Register. Internal and external reviews, audits and inspections and trends and themes from reviews and investigations provide sufficient evidence to state that no significant internal control issues have been identified during 2021-22.

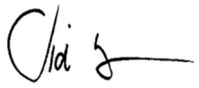
There remain potentially significant risks facing the Trust in 2022-23 and beyond with regard to delivery of our plans and the associated cost reduction due to the Trust's already strong efficiency performance, increasing acuity of service users and demand, in particular as a result of the pandemic and workforce challenges, not least the need for staff to recover post the impact of the COVID-19 pandemic.

The Trust will continue to carry the risk of an unsustainable financial position in light of the ongoing underfunding of its mental health services no longer being mitigated by COVID-19 funding arrangements, the removal of which posing its own challenges. Delivering our current services to meet the population needs in our area sustainably remains dependent upon

continuing to improve the revenue the Trust receives for its services and its ability to deal with the anticipated pent-up demand.

The last 24 months have seen us make technological advances in how we work, how we communicate with service users and with each other. The need for technological solutions has propelled us to adopt new working practices and be more efficient with our time and resources. We have discovered what is possible and what is effective in providing health and social care.

The advent of statutory arrangements for Integrated Care Systems, Boards and Partnerships will see us continuing to work together to co-design services based upon the health and care needs of the local population and as we work to break down organisational barriers and work in a much more integrated way to improve care for residents and patients, the developments in, and effectiveness of, strong integrated governance arrangements will be paramount.



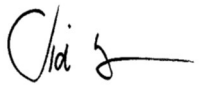
Signed: **Date: 21 June 2022**

Dr Nick Broughton

Chief Executive

Accountability Report Conclusion

This concludes the Accountability Report of Oxford Health NHS Foundation Trust for the year ending 31 March 2022.



Signed: **Date: 21 June 2022**

Dr Nick Broughton

Chief Executive and Accounting Officer

Independent Auditor's Report

Independent auditor's report to the Council of Governors of Oxford Health NHS Foundation Trust

In our auditor's report issued on 21 June 2022, we explained that we could not formally conclude the audit and issue an audit certificate for the Trust for the year ended 31 March 2022, in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice, until we had:

- Completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. We have now completed this work, and the results of our work are set out below; and

- Completed the work necessary to issue our Whole of Government Accounts (WGA) Component Assurance statement for the year ended 31 March 2022. We have now completed this work.

Opinion on the financial statements

In our auditor's report for the year ended 31 March 2022 issued on 21 June 2022 we reported that, in our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2022 and of its expenditure and income for the year then ended;

- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022; and

- have been prepared in accordance with the requirements of the National Health Service Act 2006. No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave this opinion.

Report on other legal and regulatory requirements - the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022. We have nothing to report in respect of the above matter.

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in December 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;

- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and

- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Audit certificate

We certify that we have completed the audit of Oxford Health NHS Foundation Trust for the year ended 31 March 2022 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken

so that we might state to the Trust's Council of Governors 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 Trust's Council of Governors as a body, for our audit work, for this report, or for the opinions we have formed.

Iain Murray
Iain Murray, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor
London
31 August 2022

Oxford Health

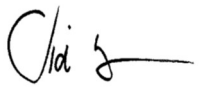
NHS Foundation Trust

Annual Accounts

for the year ended 31st March 2022

Foreword to the accounts

These accounts, for the year ended 31 March 2022, have been prepared by Oxford Health NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.



Signed: **Date: 21 June 2022**

Dr Nick Broughton

Chief Executive and Accounting Officer

Statement of Financial Position

	Note	31 March 2022 £000	31 March 2021 £000
Non-current assets			
Intangible assets	13	6,390	4,359
Property, plant and equipment	14	155,907	145,308
Receivables	18	487	187
Total non-current assets		**162,785**	**149,854**
Current assets			
Inventories	17	2,003	1,609
Receivables	18	19,702	12,981
Cash and cash equivalents	19	89,517	55,696
Total current assets		**111,223**	**70,286**
Current liabilities			
Trade and other payables	20	(75,128)	(56,569)
Borrowings	22	(1,967)	(1,919)
Provisions	23	(2,473)	(1,741)
Other liabilities	21	(22,784)	(8,844)
Total current liabilities		**(102,353)**	**(69,073)**
Total assets less current liabilities		**171,654**	**151,067**
Non-current liabilities			
Borrowings	22	(16,634)	(17,723)
Provisions	23	(4,524)	(3,868)
Other liabilities	21	(1,132)	(1,351)
Total non-current liabilities		**(22,290)**	**(22,942)**
Total assets employed		**149,364**	**128,125**
Financed by			
Public dividend capital		107,619	99,120
Revaluation reserve		27,469	19,180
Income and expenditure reserve		14,276	9,826
Total taxpayers' equity		**149,364**	**128,125**

The notes on pages 141 to 190 form part of these accounts.

Signed: **Date: 21 June 2022**

Dr Nick Broughton

Chief Executive and Accounting Officer

Statement of Comprehensive Income

	Note	2021/22 £000	2020/21 £000
Operating income from patient care activities	3	454,967	341,459
Other operating income	4	95,080	85,333
Operating expenses	6, 8	(541,973)	(426,648)
Operating surplus from continuing operations		**8,074**	**144**
Finance income	11	65	37
Finance expenses	12	(1,831)	(1,865)
PDC dividends payable		(2,242)	(2,262)
Net finance costs		**(4,009)**	**(4,090)**
Surplus / (deficit) for the year from continuing operations		**4,065**	**(3,946)**
Surplus / (deficit) for the year		**4,065**	**(3,946)**
Other comprehensive income / (loss)			
Will not be reclassified to income and expenditure:			
Impairments	7	(105)	(3,084)
Revaluations	15	8,482	725
Remeasurements of the net defined benefit pension scheme liability	26	297	(557)
Other reserve movements		-	557
Total comprehensive income / (expense) for the year		**12,740**	**(6,305)**

The notes on pages 141 to 190 form part of these accounts.

Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**99,120**	**19,180**	**9,826**	**128,125**
Surplus for the year	-	-	4,065	**4,065**
Impairments	-	(105)	-	**(105)**
Revaluations	-	8,482	-	**8,482**
Other recognised gains and losses	-	(87)	87	**-**
Remeasurements of the defined net benefit pension scheme liability	-	-	297	**297**
Public dividend capital received	8,499	-	-	**8,499**
Taxpayers' and others' equity at 31 March 2022	**107,619**	**27,469**	**14,276**	**149,364**

Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**98,425**	**21,902**	**13,409**	**133,735**
Deficit for the year	-	-	(3,946)	**(3,946)**
Other transfers between reserves	-	(363)	363	**-**
Impairments	-	(3,084)	-	**(3,084)**
Revaluations	-	725	-	**725**
Remeasurements of the defined net benefit pension scheme liability	-	-	(557)	**(557)**
Public dividend capital received	1,329	-	-	**1,329**
Public dividend capital repaid	(634)	-	-	**(634)**
Other reserve movements	-	-	557	**557**
Taxpayers' and others' equity at 31 March 2021	**99,120**	**19,180**	**9,826**	**128,125**

Information on reserves

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 organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	Note	2021/22 £000	2020/21 £000
Cash flows from operating activities			
Operating surplus / (deficit)		8,074	144
Non-cash income and expense:			
Depreciation and amortisation	6.1	6,301	6,158
Net impairments	7	290	3,605
Income recognised in respect of capital donations	4	(38)	-
Non-cash movements in on-SoFP pension liability		78	43
(Increase) / decrease in receivables and other assets		(7,242)	25,184
(Increase) / decrease in inventories		(395)	620
Increase in payables and other liabilities		29,918	10,690
Increase / (decrease) in provisions		1,348	(27)
Net cash flows from operating activities		**38,335**	**46,418**
Cash flows from investing activities			
Interest received		65	37
Purchase of intangible assets		(3,666)	(3,325)
Purchase of PPE and investment property		(4,627)	(4,766)
Net cash flows used in investing activities		**(8,229)**	**(8,054)**
Cash flows from financing activities			
Public dividend capital received		8,499	1,329
Public dividend capital repaid		-	(634)
Movement on loans from DHSC		(1,338)	(1,338)
Movement on other loans		850	-
Capital element of PFI, LIFT and other service concession payments		(551)	(505)
Interest on loans		(669)	(718)
Other interest		(78)	(72)
Interest paid on PFI, LIFT and other service concession obligations		(1,046)	(1,072)
PDC dividend paid		(1,951)	(2,400)
Net cash flows from / (used in) financing activities		**3,715**	**(5,409)**
Increase in cash and cash equivalents		**33,821**	**32,955**
Cash and cash equivalents at 1 April - brought forward		**55,696**	**22,742**
Cash and cash equivalents at 31 March	19.1	**89,517**	**55,696**

The notes on pages 141 to 190 form part of these accounts.

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2021/22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2021/22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These 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.

Note 1.2 Going concern

"These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public

sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Interests in other entities

Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Consideration should be received within the Trust's credit terms once performance obligations have been satisfied. Contract receivable balances are recognised when consideration has not been received.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. In 2021/22 and 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at an Integrated Care System level. For the first half of the 2020/21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2020/21, other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent

sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

Mental health provider collaboratives

NHS led provider collaboratives for specialised mental health, learning disability and autism services involve a lead NHS provider taking responsibility for managing services, care pathways and specialised commissioning budgets for a population. As lead provider for Secure Services, CAMHS and Adult Eating Disorders the Trust is accountable to NHS England and Improvement and as such recognises the income and expenditure associated with the commissioning of services from other providers in these accounts. Where the trust is the provider of commissioned services, this element of income is recognised in respect of the provision of services, after eliminating internal transactions.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

Note 1.4 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or 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. Where the grants are used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Pharmacy sales

Income from pharmacy sales is recognised at the point of sale.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy 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 two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The 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. 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'.

Note 1.6 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.

Note 1.7 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

Note 1.7 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
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

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 lives.

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.

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.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

• Land and non-specialised buildings – market value for existing use

• Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in

accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short value in existing use. useful lives or low values or both, as this is not considered to be materially different from current

- **Depreciation**

Items of property, plant and equipment are depreciated over their remaining useful 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' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

- **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 expenditure.

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 GAM, 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 expenditure 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 the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and 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.

This includes assets donated to the trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) 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 HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent 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, the charges for services and lifecycle replacement of components of the asset.

The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	1	90
Dwellings	-	-
Plant & machinery	1	15
Transport equipment	7	7
Information technology	1	8
Furniture & fittings	4	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.8 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 where it meets the requirements set out in IAS 38.

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 of 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 where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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 lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	**Max life Years**
Information technology	-	-
Development expenditure	-	-
Websites	-	-
Software licences	1	5
Licences & trademarks	-	-
Patents	-	-
Other (purchased)	-	-
Goodwill	-	-

Note 1.9 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.

In 2020/21 and 2021/22, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.10 Investment properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.11 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes 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 and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are categorised as 'fair value through income and expenditure' or loans and receivables.

Financial liabilities categorised are classified as 'fair value through income and expenditure or as 'other financial liabilities'.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from

equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.12 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The trust as a lessee

- **Finance leases**

Where substantially all risks and rewards of ownership of a leased asset are borne by the 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 implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge 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.

- **Operating leases**

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

- **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.

The trust as a lessor

- **Finance leases**

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

- **Operating leases**

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.13 Provisions

The 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 HM Treasury's discount rates effective from 31 March 2022:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	0.47%	0.51%
Medium-term	After 5 years up to 10 years	0.70%	0.55%
Long-term	After 10 years up to 40 years	0.95%	1.99%
Very long-term	Exceeding 40 years	0.66%	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2022:

	Inflation rate	Prior year rate
Year 1	4.00%	1.20%
Year 2	2.60%	1.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 1.30% in real terms (prior year: minus 0.95%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal

liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 23.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The 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 NHS Resolution 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.

Note 1.14 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 24 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 24, 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.

Note 1.15 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 organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the 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 trust during the financial year. Relevant net assets are

calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts

In accordance with the requirements laid down by the Department of Health and Social Care (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 calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.17 Corporation tax

This note should disclose:

• the basis of the charge for taxation

• the policy adopted for providing for deferred taxation and

• the policy adopted regarding discounting.

If the trust has determined that it is has no corporation tax liability then the basis for that decision should be disclosed.]

Note 1.17 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.18 Foreign exchange

The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

• monetary items 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.

Note 1.19 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 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.

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.

Note 1.19 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.20 Transfers of functions [to / from] [other NHS bodies / local government bodies]

For functions that have been transferred to the trust from another [NHS / local government] body, the transaction is accounted for as a transfer by absorption. The assets and liabilities transferred are recognised in the accounts using the book value as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. [The net [gain / loss] corresponding to the net [assets/ 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 / 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 / local government] body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net [loss / gain] corresponding to the net [assets/ 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. [Adjustments to align the acquired function to the trust's accounting policies are applied after initial recognition and are adjusted directly in taxpayers' equity.]

Note 1.19 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2021/22.

Note 1.20 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	28,971
Additional lease obligations recognised for existing operating leases	(28,971)
Changes to other statement of financial position line items [If this line is material, further disclosure should be added and/or this line disaggregated]	-
Net impact on net assets on 1 April 2022	**-**
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(5,542)
Additional finance costs on lease liabilities	(273)
Lease rentals no longer charged to operating expenditure	6,321
Other impact on income / expenditure [If this line is material, further disclosure should be added and/or this line disaggregated]	-
Estimated impact on surplus / deficit in 2022/23	**506**
Estimated increase in capital additions for new leases commencing in 2022/23	**28,971**

Other standards, amendments and interpretations

[As required by IAS 8, trusts should disclose any standards, amendments and interpretations that have been issued but are not yet effective or adopted for the public sector and an assessment subsequent application will have on the financial statements.]

Note 1.21 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

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's provider collaborative activity has been accounted for on a gross accounting basis in accordance with the relevant standards and the Trust acting as a principal and not an agent. This judgement has been reached on the basis that the Trust has determined it is the lead commissioner, accountable and responsible for the service delivery of the contracts under these arrangements. On these grounds, the Trust is recognising £106,406m income relating to the provider collaborative, which is split between income for commissioning services in a mental health collaborative of £69,319k and services the Trust delivers under the mental health collaborative of £37,087k as shown in Note 3.1.

If the Trust was accounting for this on an agency basis, the amounts collected would not be treated as income but would pass through and be accounted for on a net basis.

Note 1.22 Sources of estimation uncertainty

Property valuations

Property assets were valued by District Valuer Services as at 31 March 2022. 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. There will be a degree of estimation uncertainty in these valuations as they are based on indexation and location factors.

Note 2 Operating Segments and Adjusted Financial Performance

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.

Adjusted financial performance (control total basis):

	2021/22 £000	2020/21 £000
Surplus / (deficit) for the year	4,065	(3,946)
Remove net impairments not scoring to the Departmental expenditure limit	290	3,605
Remove I&E impact of capital grants and donations	40	77
Remove non-cash element of on-SoFP pension costs	78	43
Adjusted financial performance surplus / (deficit)	**4,474**	**(221)**

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3

Note 3.1 Income from patient care activities (by nature)	2021/22 £000	2020/21 £000
Mental health services		
Block contract / system envelope income	224,853	177,376
Services delivered under a mental health collaborative	37,087	45,861
Income for commissioning services in a mental health collaborative *	69,319	-
Clinical income for the secondary commissioning of mandatory services	3,603	5,401
Other clinical income from mandatory services	369	1,524
Community services		
Block contract / system envelope income	93,940	88,447
Income from other sources (e.g. local authorities)	11,229	12,225
All services		
Private patient income	183	118
Elective recovery fund	2,580	-
Additional pension contribution central funding**	11,804	10,507
Total income from activities	**454,967**	**341,459**

* Mental health collaboratives went live in 2021/22 for Secure Services, CAMHS and Adult Eating Disorders.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

	2021/22	2020/21
Income from patient care activities received from:	**£000**	**£000**
NHS England	127,591	67,528
Clinical commissioning groups	298,269	250,293
Department of Health and Social Care	-	31
Other NHS providers	2,556	511
NHS other	18	12
Local authorities	21,656	21,416
Non-NHS: private patients	178	172
Injury cost recovery scheme	80	115
Non NHS: other	4,620	1,381
Total income from activities	**454,967**	**341,459**
Of which:		
Related to continuing operations	454,967	341,459
Related to discontinued operations	-	-

Note 4 Other operating income

	2021/22			2020/21		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	13,557	-	**13,557**	13,390	-	**13,390**
Education and training	20,355	-	**20,355**	15,637	-	**15,637**
Non-patient care services to other bodies	4,699	-	**4,699**	1,494	-	**1,494**
Reimbursement and top up funding	23,980	-	**23,980**	27,102	-	**27,102**
Receipt of capital grants and donations	-	38	**38**	-	-	**-**
Charitable and other contributions to expenditure	-	1,035	**1,035**	-	4,569	**4,569**
Other income *	31,415	-	**31,415**	23,141	-	**23,141**
Total other operating income	**94,007**	**1,073**	**95,080**	**80,764**	**4,569**	**85,333**
Of which:	**0**	**0**	-	**0**	**0**	-
Related to continuing operations	0	0	95,080	0	0	85,333
Related to discontinued operations	0	0	-	0	0	-

* Other income largely relates to income generated by the Oxford Pharmacy Store for drug sales to other NHS and Non-NHS organisations. The turnover for the year 2021/22 was £28,279k (2020/21 £20,020k).

Note 4.1 Covid 19 income

During the course of 2021/22 the Trust received the following Department of Health funding to support its response to the covid pandemic:

	2021/22	2020/21 £000
Covid 19 Response Funding *	21,636	22,853
Vaccination Centres **	23,902	4,012
Personal Protective Equipment (PPE) ***	760	4,285
Total Covid 19 income *	**46,298**	**31,150**

* Covid 19 Response Funding is included within block contract / system envelope income from patient care activities (note 3.1)
** Vaccination Centres Funding is included within reimbursement and top up funding in other operating income (note 4.)
*** Personal Protective Equipment funding is included within charitable and other contributions to expenditure in other operating income (note 4.)

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the year

	2021/22 £000	2020/21 £000
Revenue recognised in the reporting year that was included in within contract liabilities at the previous year end	6,567	4,689
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods		

Note 5.2 Transaction price allocated to remaining performance obligations

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	31 March 2022 £000	31 March 2021 £000
within one year		
after one year, not later than five years		
after five years		
Total revenue allocated to remaining performance obligations	**-**	**-**

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 5.2 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table:

	2021/22 £000	2020/21 £000
Income from services designated as commissioner requested services	425,860	317,821
Income from services not designated as commissioner requested services	29,107	23,638
Total	**454,967**	**341,459**

Note 5.3 Profits and losses on disposal of property, plant and equipment

Note 5.4 Fees and charges

HM Treasury requires disclosure of fees and charges income. The following disclosure is of income from charges to service users where income from that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

	2021/22 £000	2020/21 £000
Income	425,860	317,821
Full cost	29,107	23,638
Surplus / (deficit)	**454,967**	**341,459**

Note 6.1 Operating expenses

	2021/22 £000	2020/21 £000
Purchase of healthcare from NHS and DHSC bodies	32,913	1,843
Purchase of healthcare from non-NHS and non-DHSC bodies	38,757	12,237
Staff and executive directors costs **	348,762	297,818
Remuneration of non-executive directors	156	160
Supplies and services - clinical (excluding drugs costs)	25,550	26,098
Supplies and services - general	3,910	3,842
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	30,682	22,801
Inventories written down	56	178
Consultancy costs	118	96
Establishment	10,613	11,551
Premises	12,466	11,886
Transport (including patient travel)	4,843	2,539
Depreciation on property, plant and equipment	4,666	4,972
Amortisation on intangible assets	1,635	1,186
Net impairments	290	3,605
Movement in credit loss allowance: contract receivables / contract assets	1,478	(31)
Increase in other provisions	1,568	184
Change in provisions discount rate(s)	121	16
Fees payable to the external auditor audit services- statutory audit	58	58
Internal audit costs	151	108
Clinical negligence	828	592
Legal fees	564	361
Insurance	511	468
Education and training	2,287	1,765
Rentals under operating leases	7,695	7,289
Redundancy	163	197
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	783	763
Car parking & security	204	130
Losses, ex gratia & special payments	54	46
Other services, e.g. external payroll	598	583
Other *	9,493	13,307
Total	**541,973**	**426,648**
Of which:		
Related to continuing operations	541,973	426,648

* Includes R&D project costs and payments to University of Oxford of £4,737k (2020/21 £6,222k)

** The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2021/22, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 6.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2 million (2020/21: £2 million)

Note 7 Impairment of assets

	2021/22 £000	2020/21 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	290	3,605
Total net impairments charged to operating surplus	**290**	**3,605**
Impairments charged to the revaluation reserve	105	3,084
Total net impairments	**395**	**6,689**

An impairment of £395k (£6,689k in 2020/21) arose due to changes in market price of the estate. £105k was charged to the revaluation reserve (£3,084k in 2020/21) and £290k was charged to the comprehensive income statement (£3,605k in 2020/21).

Note 8 Employee benefits

	2021/22 Total £000	2020/21 Total £000
Salaries and wages	224,658	208,485
Social security costs	22,154	20,226
Apprenticeship levy	1,087	1,002
Employer's contributions to NHS pensions	38,849	34,601
Pension cost - other	186	249
Temporary staff (including agency)	63,156	34,795
Total gross staff costs	**350,090**	**299,358**
Recoveries in respect of seconded staff	(1,100)	(907)
Total staff costs *	**348,991**	**298,451**
Of which		
Costs capitalised as part of assets	66	435

* The increase in employee benefits is due to an increase in staff numbers, the 2021/22 pay award and the resourcing of the covid vaccination centres.

Note 8.1 Retirements due to ill-health

During 2021/22 there were 7 early retirements from the trust agreed on the grounds of ill-health (6 in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is £436k (£398k in 2020/21).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

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 for Health and Social Care 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 is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 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 report of the scheme actuary, which forms part of the annual NHS Pension Scheme 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 recent demographic experience), and to recommend contribution rates payable by employees and employers. The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

Local government superannuation scheme

Buckinghamshire County Council pension scheme

The Trust's obligation in respect of the Buckinghamshire County Council Pension Scheme 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 included in the Statement of Financial Position and the full valuation disclosed in Note 26.1.

Note 10 Operating leases

Note 10.1 Oxford Health NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Oxford Health NHS Foundation Trust is the lessee.

	2021/22 £000	2020/21 £000
Operating lease expense		
Minimum lease payments	7,695	7,289
Contingent rents	-	-
Less sublease payments received	-	-
Total	**7,695**	**7,289**

	31 March 2022 £000	31 March 2021 £000
Future minimum lease payments due:		
- not later than one year;	6,115	6,141
- later than one year and not later than five years;	4,966	6,026
- later than five years.	2,416	2
Total	**13,497**	**12,169**
Future minimum sublease payments to be received	-	-

Note 11 Finance income

	2021/22 £000	2020/21 £000
Interest on bank accounts	41	9
Other finance income	24	28
Total finance income	**65**	**37**

Note 12.1 Finance expenditure

	2021/22 £000	2020/21 £000
Interest expense:		
Loans from the Department of Health and Social Care	667	719
Main finance costs on PFI and LIFT schemes obligations	203	249
Contingent finance costs on PFI and LIFT scheme obligations	843	825
Total interest expense	**1,713**	**1,793**
Unwinding of discount on provisions	40	-
Other finance costs	78	72
Total finance costs	**1,831**	**1,865**

Note 13.1 Intangible assets - 2021/22

	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2021 - brought forward	**9,225**	**9,225**
Additions	3,666	**3,666**
Disposals / derecognition	(2,077)	**(2,077)**
Valuation / gross cost at 31 March 2022	**10,814**	**10,814**
Amortisation at 1 April 2021 - brought forward	**4,866**	**4,866**
Provided during the year	1,635	**1,635**
Disposals / derecognition	(2,077)	**(2,077)**
Amortisation at 31 March 2022	**4,424**	**4,424**
Net book value at 31 March 2022	**6,390**	**6,390**
Net book value at 1 April 2021	**4,359**	**4,359**

Note 13.2 Intangible assets - 2020/21

	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2020 - as previously stated	**5,900**	**5,900**
Additions	3,325	**3,325**
Valuation / gross cost at 31 March 2021	**9,225**	**9,225**
Amortisation at 1 April 2020 - as previously stated	**3,680**	**3,680**
Provided during the year	1,186	**1,186**
Amortisation at 31 March 2021	**4,866**	**4,866**
Net book value at 31 March 2021	**4,359**	**4,359**
Net book value at 1 April 2020	**2,220**	**2,220**

Note 14.1 Property, plant and equipment - 2021/22

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2021 - brought forward	**26,194**	**111,631**	**5,445**	**7,134**	**140**	**8,189**	**9,641**	**168,373**
Additions	-	918	6,080	136	0	21	22	**7,178**
Impairments	-	(395)	-	-	-	-	-	**(395)**
Revaluations	1,247	3,845	-	-	-	-	-	**5,092**
Reclassifications	-	2,906	(3,420)	284	-	230	-	**-**
Disposals / derecognition	-	(56)	-	(153)	-	(4,829)	(1,719)	**(6,757)**
Valuation/gross cost at 31 March 2022	**27,441**	**118,848**	**8,105**	**7,401**	**140**	**3,611**	**7,945**	**173,491**
Accumulated depreciation at 1 April 2021 - brought forward	**-**	**4,141**	**-**	**4,216**	**132**	**6,632**	**7,944**	**23,065**
Provided during the year	-	3,093	-	503	8	632	430	**4,666**
Revaluations	-	(3,390)	-	-	-	-	-	**(3,390)**
Disposals / derecognition	-	(56)	-	(153)	-	(4,829)	(1,719)	**(6,757)**
Accumulated depreciation at 31 March 2022	**-**	**3,788**	**-**	**4,565**	**140**	**2,435**	**6,655**	**17,584**
Net book value at 31 March 2022	**27,441**	**115,060**	**8,105**	**2,836**	**-**	**1,175**	**1,290**	**155,907**
Net book value at 1 April 2021	**26,194**	**107,489**	**5,445**	**2,918**	**8**	**1,556**	**1,698**	**145,308**

Note 14.2 Property, plant and equipment - 2020/21

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 - as previously stated	**26,130**	**121,109**	**282**	**7,132**	**140**	**8,046**	**9,582**	**172,421**
Additions	-	924	5,293	2	-	13	60	**6,292**
Impairments	-	(8,917)	-	-	-	-	-	**(8,917)**
Revaluations	64	(1,486)	-	-	-	-	-	**(1,422)**
Reclassifications	-	-	(130)	-	-	130	-	**-**
Valuation/gross cost at 31 March 2021	**26,194**	**111,631**	**5,445**	**7,134**	**140**	**8,189**	**9,641**	**168,373**
Accumulated depreciation at 1 April 2020 - as previously stated	**-**	**5,301**	**-**	**3,710**	**118**	**5,887**	**7,452**	**22,468**
Provided during the year	-	3,216	-	506	14	745	491	**4,972**
Impairments	-	(2,228)	-	-	-	-	-	**(2,228)**
Revaluations	-	(2,147)	-	-	-	-	-	**(2,147)**
Accumulated depreciation at 31 March 2021	**-**	**4,141**	**-**	**4,216**	**132**	**6,632**	**7,944**	**23,065**
Net book value at 31 March 2021	**26,194**	**107,489**	**5,445**	**2,918**	**8**	**1,556**	**1,698**	**145,308**
Net book value at 1 April 2020	**26,130**	**115,809**	**282**	**3,422**	**22**	**2,159**	**2,129**	**149,953**

Note 14.3 Property, plant and equipment financing - 2021/22

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2022								
Owned – purchased	27,441	105,847	8,105	2,802	-	1,175	1,290	**146,660**
Finance leased	-	-	-	-	-	-	-	**-**
On-SoFP PFI contracts and other service concession arrangements	-	8,000	-	-	-	-	-	**8,000**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	**-**
Owned - donated/granted	-	1,212	-	34	-	-	-	**1,246**
NBV total at 31 March 2022	**27,441**	**115,060**	**8,105**	**2,836**	**-**	**1,175**	**1,290**	**155,907**

Note 14.4 Property, plant and equipment financing - 2020/21

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021								
Owned – purchased	26,194	98,691	5,445	2,918	8	1,556	1,698	**136,510**
Finance leased	-	-	-	-	-	-	-	**-**
On-SoFP PFI contracts and other service concession arrangements	-	7,582	-	-	-	-	-	**7,582**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	**-**
Owned - donated/granted	-	1,216	-	-	-	-	-	**1,216**
NBV total at 31 March 2021	**26,194**	**107,489**	**5,445**	**2,918**	**8**	**1,556**	**1,698**	**145,308**

Note 15 Revaluations of property, plant and equipment

Valuations are carried out by the District Valuer (part of the Valuation Office Agency). All work is completed by professionally qualified valuers in accordance with the Royal Institution of Chartered Surveyors (RICS) Appraisal and Valuation Manual. The Trust's estate valuation exercise was carried out between December 2021 and March 2022 with a valuation date of 31 March 2022.

The outbreak of COVID-19, declared by the World Health Organisation as a "Global Pandemic" on the 11th March 2020, has and continues to impact many aspects of daily life and the global economy – with some real estate markets having experienced lower levels of transactional activity and liquidity. Travel, movement and operational restrictions have been implemented by many countries. In some cases, "lockdowns" have been applied to varying degrees and to reflect further "waves" of COVID-19; although these may imply a new stage of the crisis, they are not unprecedented in the same way as the initial impact.

The pandemic and the measures taken to tackle COVID-19 continue to affect economies and real estate markets globally. Nevertheless, as at the valuation date some property markets have started to function again, with transaction volumes and other relevant evidence returning to levels where an adequate quantum of market evidence exists upon which to base opinions of value. Accordingly, and for the avoidance of doubt, our valuation is not reported as being subject to valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards.

In recognition of the potential for market conditions to move rapidly in response to changes in the control or future spread of COVID-19, the Trust will keep the valuation of its estate under frequent review.

Valuation methodology

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

Note 16 Disclosure of interests in other entities

The Trust has a 5.31% shareholding in Cristal Health Ltd, a research development software company, and is a corporate trustee of the Oxford Health Charity. The Trust's interest in both these entities is not material, therefore they have not been consolidated into these financial statements.

Note 17 Inventories

	31 March 2022 £000	31 March 2021 £000
Drugs	1,974	1,573
Work In progress	-	-
Consumables	0	-
Energy	24	30
Other	6	6
Total inventories	**2,003**	**1,609**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £31,544k (2020/21: £27,944k). Write-down of inventories recognised as expenses for the year were £56k (2020/21: £179k). In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021/22 the Trust received £760k of items purchased by DHSC (2020/21: £4,285k). These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above. The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 18 Receivables

	31 March 2022 £000	31 March 2021 £000
Current		
Contract receivables	16,558	8,071
Allowance for impaired contract receivables / assets	(1,934)	(456)
Prepayments (non-PFI)	2,188	2,495
PFI lifecycle prepayments	600	592
PDC dividend receivable	-	221
VAT receivable	2,199	1,568
Corporation and other taxes receivable	-	276
Other receivables	91	214
Total current receivables	**19,702**	**12,981**
Non-current		
Other receivables	487	187
Total non-current receivables	**487**	**187**
Of which receivable from NHS and DHSC group bodies:		
Current	12,619	5,868
Non-current	457	157

Note 18.1 Allowances for credit losses

	2021/22	2020/21
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 April - brought forward	**456**	**487**
New allowances arising	1,737	338
Reversals of allowances	(259)	(369)
Allowances as at 31 Mar 2022	**1,934**	**456**

Note 19.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2021/22	2020/21
	£000	£000
At 1 April	**55,696**	**22,742**
Net change in year	33,821	32,954
At 31 March	**89,517**	**55,696**
Broken down into:		
Cash at commercial banks and in hand	265	263
Cash with the Government Banking Service	89,252	55,433
Total cash and cash equivalents as in SoFP	**89,517**	**55,696**
Total cash and cash equivalents as in SoCF	**89,517**	**55,696**

Note 19.2 Third party assets held by the trust

Oxford Health NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2022	31 March 2021
	£000	£000
Bank balances	367	374
Total third party assets	**367**	**374**

Note 20.1 Trade and other payables

	31 March 2022	31 March 2021
	£000	£000
Current		
Trade payables	8,065	8,302
Capital payables	6,537	4,025
Accruals	54,677	38,681
Social security costs	3,340	3,106
Other taxes payable	2,342	2,182
PDC dividend payable	70	-
Other payables	98	273
Total current trade and other payables	**75,128**	**56,569**
Of which payables from NHS and DHSC group bodies:		
Current	16,922	10,218
Non-current	-	-

Note 21 Other liabilities

	31 March 2022	31 March 2021
	£000	£000
Current		
Deferred income: contract liabilities	22,784	8,844
Total other current liabilities	**22,784**	**8,844**
Non-current		
Net pension scheme liability	1,132	1,351
Total other non-current liabilities	**1,132**	**1,351**

The increase in deferred income relates to consideration received from commissioners, where the performance obligation has not been satisfied at 31 March. These performance obligations will be satisfied in a future period.

Note 22.1 Borrowings

	31 March 2022	31 March 2021
	£000	£000
Current		
Loans from DHSC	1,366	1,368
Obligations under PFI, LIFT or other service concession contracts	601	551
Total current borrowings	**1,967**	**1,919**
Non-current		
Loans from DHSC	14,724	16,062
Other loans	850	-
Obligations under PFI, LIFT or other service concession contracts	1,060	1,661
Total non-current borrowings	**16,634**	**17,723**

Note 22.2 Reconciliation of liabilities arising from financing activities - 2021/22

	Loans from DHSC	Other loans	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2021	**17,430**	**-**	**2,212**	**19,642**
Cash movements:				
Financing cash flows - payments and receipts of principal	(1,338)	850	(551)	**(1,039)**
Financing cash flows - payments of interest	(669)	-	(203)	**(872)**
Non-cash movements:				
Application of effective interest rate	667	-	203	**870**
Carrying value at 31 March 2022	**16,090**	**850**	**1,661**	**18,600**

Note 22.3 Reconciliation of liabilities arising from financing activities - 2020/21

	Loans from DHSC	Other loans	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2020	**18,767**	**-**	**2,717**	**21,484**
Cash movements:				
Financing cash flows - payments and receipts of principal	(1,338)	-	(505)	**(1,843)**
Financing cash flows - payments of interest	(718)	-	(249)	**(967)**
Non-cash movements:				
Application of effective interest rate	719	-	249	**968**
Carrying value at 31 March 2021	**17,430**	**-**	**2,212**	**19,642**

Note 23.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2021	**1,042**	**2,097**	**216**	**2,254**	**5,609**
Transfers by absorption	-	-	-	-	**-**
Change in the discount rate	16	105	-	-	**121**
Arising during the year	39	223	186	1,760	**2,208**
Utilised during the year	(133)	(128)	(42)	(350)	**(653)**
Reclassified to liabilities held in disposal groups	-	-	-	-	**-**
Reversed unused	(59)	-	(145)	(124)	**(328)**
Unwinding of discount	13	27	-	-	**40**
At 31 March 2022	**918**	**2,324**	**215**	**3,540**	**6,997**
Expected timing of cash flows:					
- not later than one year;	104	95	215	2,059	**2,473**
- later than one year and not later than five years;	431	392	-	1,053	**1,876**
- later than five years.	383	1,837	-	428	**2,648**
Total	**918**	**2,324**	**215**	**3,540**	**6,997**

Pension provisions relate to early staff retirements where the Trust is liable. The timing and value of the cash flows are based on known costs and individual demographics.

Injury benefit provisions relate to injury benefit awards where the Trust is liable. The timing and value of the cash flows are based on current costs and individual demographics.

Legal claims relate to outstanding public and employer liability cases. These cases are managed by NHS Resolution on behalf of the Trust.

Other includes dilapidations provisions for the Trust's leasehold premises.

There are no material uncertainties around the timing of these cash flows.

Note 23.2 Clinical negligence liabilities

At 31 March 2022, £6,643k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Oxford Health NHS Foundation Trust (31 March 2021: £7,435k).

Note 24 Contingent assets and liabilities

	31 March 2022	31 March 2021
	£000	£000
Gross value of contingent liabilities	**(731)**	**(688)**
Net value of contingent liabilities	**(731)**	**(688)**

In the event of the Trust not proceeding with the Warneford Redevelopment project once planning permission has been achieved, the Trust will have to reimburse in full the costs that have been jointly incurred through Warneford Park LLP in relation to the planning application and the preparatory work done for this. At the 31st March this figure stood at £731k.

Note 25 Contractual capital commitments

	31 March 2022	31 March 2021
	£000	£000
Property, plant and equipment	701	449
Intangible assets	570	652
Total	**1,272**	**1,101**

Note 26.1 Changes in the defined benefit obligation and fair value of plan assets during the year

	2021/22 £000	2020/21 £000
Present value of the defined benefit obligation at 1 April	**(4,131)**	**(1,708)**
Current service cost	(82)	(50)
Interest cost	(78)	(72)
Contribution by plan participants	(12)	(10)
Remeasurement of the net defined benefit liability		
- Actuarial (gains) / losses	276	(2,336)
Benefits paid	42	45
Present value of the defined benefit obligation at 31 March	**(3,985)**	**(4,131)**
Plan assets at fair value at 1 April	**2,780**	**957**
Interest income	53	53
Remeasurement of the net defined benefit liability		
- Actuarial gain	21	1,779
Contributions by the employer	29	26
Contributions by the plan participants	12	10
Benefits paid	(42)	(45)
Plan assets at fair value at 31 March	**2,853**	**2,780**
Plan deficit at 31 March	**(1,132)**	**(1,351)**

Note 26.2 Reconciliation of the present value of the defined benefit obligation and the present value of the plan assets to the assets and liabilities recognised in the balance sheet

	31 March 2022 £000	31 March 2021 £000
Present value of the defined benefit obligation	(3,985)	(4,131)
Plan assets at fair value	2,853	2,780
Net defined benefit obligation recognised in the SoFP	**(1,132)**	**(1,351)**
Fair value of any reimbursement right	-	-
Net liability after the impact of reimbursement rights	**(1,132)**	**(1,351)**

Note 26.3 Amounts recognised in the SoCI

	2021/22 £000	2020/21 £000
Current service cost	(82)	(50)
Interest expense	(25)	(19)
Total net charge recognised in SOCI	**(107)**	**(69)**

Note 27 On-SoFP PFI, LIFT or other service concession arrangements

Description of the scheme

The Oxford Health PFI 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
Mitie FM Limited (formerly Interserve (Facilities Management) Ltd)
Uberior Infrastructure Investments Limited (formerly 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 is recorded within the Trust's total land value.

Note 27.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2022 £000	31 March 2021 £000
Gross PFI, LIFT or other service concession liabilities	**1,947**	**2,701**
Of which liabilities are due		
- not later than one year;	754	754
- later than one year and not later than five years;	1,193	1,947
- later than five years.	-	-
Finance charges allocated to future periods	(286)	(489)
Net PFI, LIFT or other service concession arrangement obligation	**1,661**	**2,212**
- not later than one year;	601	551
- later than one year and not later than five years;	1,060	1,661
- later than five years.	-	-

Note 27.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2022	31 March 2021
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**6,270**	**8,595**
Of which payments are due:		
- not later than one year;	2,383	2,325
- later than one year and not later than five years;	3,887	6,270
- later than five years.	-	-

Note 27.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2021/22	2020/21
	£000	£000
Unitary payment payable to service concession operator	**2,401**	**2,366**
Consisting of:		
- Interest charge	203	249
- Repayment of balance sheet obligation	551	505
- Service element and other charges to operating expenditure	783	763
- Capital lifecycle maintenance	21	24
- Contingent rent	843	825
Total amount paid to service concession operator	**2,401**	**2,366**

Note 28 Financial instruments

Note 28.1 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 2022 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.

Note 28.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2022	Held at amortised cost	Total book value
	£000	**£000**
Trade and other receivables excluding non-financial assets	14,733	**14,733**
Cash and cash equivalents	89,517	**89,517**
Total at 31 March 2022	**104,250**	**104,250**

Carrying values of financial assets as at 31 March 2021	Held at amortised cost	Total book value
	£000	**£000**
Trade and other receivables excluding non-financial assets	8,016	**8,016**
Cash and cash equivalents	55,696	**55,696**
Total at 31 March 2021	**63,712**	**63,712**

Note 28.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost	Total book value
	£000	**£000**
Loans from the Department of Health and Social Care	16,090	**16,090**
Obligations under PFI, LIFT and other service concession contracts	1,661	**1,661**
Other borrowings	850	**850**
Trade and other payables excluding non-financial liabilities	63,663	**63,663**
Total at 31 March 2022	**82,264**	**82,264**

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	17,430	**17,430**
Obligations under PFI, LIFT and other service concession contracts	2,212	**2,212**
Trade and other payables excluding non-financial liabilities	46,037	**46,037**
Total at 31 March 2021	**65,679**	**65,679**

Note 28.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2022	31 March 2021
	£000	£000
In one year or less	66,399	48,812
In more than one year but not more than five years	9,433	9,552
In more than five years	10,879	12,646
Total	**86,711**	**71,011**

Note 28.5 Fair values of financial assets and liabilities

The book value (carrying value) is a reasonable approximation of the fair value.

Note 29 Losses and special payments

	2021/22		2020/21	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	-	-	1	-
Stores losses and damage to property	3	57	3	180
Total losses	**3**	**57**	**4**	**180**
Special payments				
Compensation under court order or legally binding arbitration award	1	35	-	-
Ex-gratia payments	28	19	21	200
Total special payments	**29**	**54**	**21**	**200**
Total losses and special payments	**32**	**111**	**25**	**380**
Compensation payments received		-		-

Note 30 Related parties

Oxford Health NHS Foundation Trust is a body corporately established by order of the Secretary of State for Health. The Department of Health and Social Care is regarded as a related party. During the year the Trust had a 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, Buckinghamshire CCG and NHS England account for 77% of the Trusts total income.

NHS Oxfordshire CCG
NHS England
NHS Buckinghamshire CCG
Health Education England
NHS Bath and North-East Somerset, Swindon and Wiltshire CCG
Department of Health and Social Care
Oxford University Hospitals NHS Foundation Trust
NHS Northamptonshire CCG

Government bodies outside the Department of Health and Social Care that the Trust has had material transactions with are:

NHS Pension Scheme
HM Revenue and Customs
Oxfordshire County Council
NHS Property Services
Community Health Partnerships
Buckinghamshire Council
NHS Resolution
Welsh Health Bodies - Cardiff and Vale University Local Health Board

Note 31 Events after the reporting date

There are no events to report after the reporting date.

Note 32 NHS Charity

Oxford Health Charity, registered in the UK, 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

	2021/22	2020/21
	£000	£000
Total Incoming Resources	536	759
Resources Expended with Oxford Health NHS Foundation Trust	(364)	(413)
Donations of physical assets (non-cash) to Oxford Health NHS Foundation Trust	(11)	(333)
Other Resources Expended	(253)	(194)
Total Resources Expended	(628)	(940)
Net (outgoing) resources	(92)	(181)
Gains on revaluation and disposal	46	171
Net movement in funds	**(46)**	**(10)**

Balance Sheet

	31 March 2022	31 March 2021
	£000	£000
Investments	805	1,055
Cash	494	294
Other Current Assets	4	2
Current Liabilities	(37)	(61)
Net assets	**1,266**	**1,290**
Restricted / Endowment funds	636	386
Unrestricted funds	630	904
Total Charitable Funds	**1,266**	**1,290**

The 2021/22 Statement of Financial Activities and Balance Sheet are based on unaudited accounts of the Charity.

Note 33 Buckinghamshire and Oxfordshire Pooled Budgets

Oxford Health NHS Foundation Trust host two pooled budgets with Buckinghamshire Council and one pooled budget with Oxfordshire County Council. These are treated as agency transactions and only Oxford Health's proportion is recognised in the Trust's accounts.

1st April 2021 to 31st March 2022

Buckinghamshire			
Adults of Working Age	£000's	£000's	£000's
Delegated Budgets	**Total**	**Oxford Health Contribution**	**Buckinghamshire County Council**
Expenditure			
Pay	8,090	5,329	2,761
Non-pay	261	175	86
	8,351	5,504	2,847
Income	0	0	0
Total Delegated Budgets	8,351	5,504	2,847
Overhead Contribution	99	0	99
Contribution to the Pool	**8,450**	**5,504**	**2,946**

Buckinghamshire			
Older Adults	£000's	£000's	£000's
Delegated Budgets	**Total**	**Oxford Health Contribution**	**Buckinghamshire County Council**
Expenditure			
Pay	3,276	2,426	850
Non-pay	62	46	16
	3,338	2,472	866
Income	0	0	0
Total Delegated Budgets	3,338	2,472	866
Overhead Contribution	41	0	41
Contribution to the Pool	**3,379**	**2,472**	**907**

Grant Thornton

Auditor's Annual Report on Oxford Health NHS Foundation Trust

August 2022

Contents

We are required under Schedule 10 paragraph 1(d) of the National Health Service Act 2006 to satisfy ourselves that the Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the National Audit Office (NAO) requires us to report to you our commentary relating to proper arrangements.

We report if significant matters have come to our attention. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

The contents of this report relate only to those matters which came to our attention during the conduct of our normal audit procedures which are designed for the purpose of completing our work under the NAO Code and related guidance. Our audit is not designed to test all arrangements in respect of value for money. However, where, as part of our testing, we identify significant weaknesses, we will report these to you. In consequence, our work cannot be relied upon to disclose all irregularities, or to include all possible improvements in arrangements that a more extensive special examination might identify. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

Executive summary

Value for money arrangements and key recommendation(s)

Under the National Audit Office (NAO) Code of Audit Practice ('the Code'), we are required to consider whether the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Auditors are required to report their commentary on the Trust's arrangements under specified criteria and 2021/22 is the second year that we have reported our findings in this way. As part of our work, we considered whether there were any risks of significant weakness in the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Our conclusions are summarised in the table below.

Criteria	Risk assessment	2021/22 Auditor Judgment
Financial sustainability	No risks of significant weakness identified.	No significant weaknesses in arrangements identified, but improvement recommendation made.
Governance	No risks of significant weakness identified	No significant weaknesses in arrangements identified, but improvement recommendation made
Improving economy, efficiency and effectiveness	No risks of significant weakness identified	No significant weaknesses in arrangements identified, but improvement recommendation made

No significant weaknesses in arrangements identified or improvement recommendation made.

No significant weaknesses in arrangements identified, but improvement recommendations made.

Significant weaknesses in arrangements identified and key recommendations made.

Financial sustainability

We assessed the Trust's arrangements relating to Financial Sustainability and did not identify any risk of significant weakness in the trusts arrangements. We have raised one recommendations to endorse the action already being taken by the Trust to renew its focus on efficiency, in particular the Improving Quality, Reducing Agency programme, to achieve the planned break even position against the backdrop of higher savings plans and an underlying deficit.

Governance

We assessed the trust's arrangements relating to Governance and did not identify any risk of significant weakness. We have raised two recommendations, relating to the renewal of quarterly service performance reviews and an opportunity to enhance the budget process by adopting a more integrated approach.

Improving economy, efficiency and effectiveness

We assessed the trust's arrangements relating to economy, efficiency and effectiveness and did not identify any risk of significant weakness. We have raised two recommendations to ensure that ongoing work to further improve patient outcomes is implemented and to enhance the transparency of reporting in relation to the Integrated Care System.

Opinion on the financial statements and use of auditor's powers

We bring the following matters to your attention:

Opinion on the financial statements Auditors are required by Schedule 10 paragraph 4(1)(b) of the National Health Service Act 2006 to express an opinion on the Trust's accounts.	We have completed our audit of your financial statements and issued an unqualified audit opinion on 21 June 2022, following the Audit Committee meeting on 15 June 2022. Our findings are set out in further detail on page 22.
Referral to NHS Regulator Under Schedule 10 of the National Health Service Act 2006 auditors of foundation trusts have the responsibility to report to the relevant NHS regulatory body if the auditor has reason to believe that the foundation trust (or director or officer of the foundation trust) is: • about to make, or has made a decision which involves or would involve unlawful expenditure; • about to take, or has taken, a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss of deficiency.	We did not make any referral to NHS regulatory bodies.
Public Interest Report Under Schedule 10 of the National Health Service Act 2006, auditors of foundation trusts have a responsibility to make a report in the public interest if they consider a matter is sufficiently important to be brought to the attention of the audited body or the public as a matter of urgency, including matters which may already be known to the public, but where it is in the public interest for the auditor to publish their independent view.	We did not issue a Public Interest Report.

Securing economy, efficiency and effectiveness in the Trust's use of resources

All Foundation Trusts are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness from their resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money. The Trust's responsibilities are set out in Appendix A.

Foundation Trusts report on their arrangements, and the effectiveness of these arrangements as part of their annual governance statement.

Under Schedule 10 of the National Health Service Act 2006, we are required to be satisfied whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

The National Audit Office's Auditor Guidance Note (AGN) 03, requires us to assess arrangements under three areas:

Financial Sustainability

Arrangements for ensuring the Trust can continue to deliver services. This includes planning resources to ensure adequate finances and maintain sustainable levels of spending over the medium term (3-5 years).

Governance

Arrangements for ensuring that the Trust makes appropriate decisions in the right way. This includes arrangements for budget setting and management, risk management, and ensuring the Foundation Trust makes decisions based on appropriate information.

Improving economy, efficiency and effectiveness

Arrangements for improving the way the Trust delivers its services. This includes arrangements for understanding costs and delivering efficiencies and improving outcomes for service users.

Our commentary on the Trust's arrangements in each of these three areas, is set out on pages 6 to 23. Further detail on how we approached our work is included in Appendix B.

Financial sustainability

We considered how the Foundation Trust:

- identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds them into its plans
- plans to bridge its funding gaps and identify achievable savings
- plans its finances to support the sustainable delivery of services in accordance with strategic and statutory priorities
- ensures its financial plan is consistent with other plans such as workforce, capital, investment and other operational planning which may include working with other local public bodies as part of a wider system
- identifies and manages risk to financial resilience, such as unplanned changes in demand and assumptions underlying its plans.

Financial sustainability

The impact of COVID-19 and the altered financial framework within the NHS continued during 2021/22 creating ongoing uncertainty, with the formal planning process being delayed and undertaken in two halves. The Trust demonstrated good practice as it updated its four year plan in March 2021 despite no formal planning guidance having been received and the overall assumptions and caveats in the plan appeared reasonable in the circumstances (i.e. awaiting national guidance and information).

The revised plan forecast a break even position for each year to 2024. The Trust's underlying deficit increased from £2.8 million to £7.8 million in 2021/22. This was in part due to a shortfall in achieving cost savings which were deprioritised as part of the NHS response to the pandemic.

The 2021/22 Medium Term Financial Plan (MTFP) was signed off in November 2021, well into the financial year, but as this was due to formal guidance for the second half of the financial year (H2) only being published on 30 September 2021 we do not consider this to be a weakness. The analysis includes £3.5m of efficiencies for delivery in Months 7 -12, of which £1.5m are 'unidentified' and we agree with the Trust's classification of these as high risk. The back-loading of these savings increases significantly the risk of achieving them (see next section).

The 2022/23 MTFP was signed off in April 2022. It plans an operating surplus of £672k, with a net deficit, after non operating expenditure of £3.5m and efficiencies of £7.9m, of which £3m are unidentified and classed as 'high risk'.

Agency costs is a known area of risk and significant work is underway to address this through the Trust's Improving Quality, Reducing Agency programme which had been officially re-started in summer 2021 (after some delays related to staff redeployment as part of the pandemic response). The planned pay efficiencies are £5.4m of which £3.5m are related to Agency. The reduction in agency spend is forecast to deliver more significantly in FY23.

The Trust reported a £4.1 million surplus at the end of 2021/22 which is £3.1 million ahead of budget. Financial plans and progress are monitored and challenged throughout the year (see Governance page 11 for more details).

Cost improvement, efficiency and savings

The ongoing impact of the pandemic to the NHS funding regime that meant that the draft financial plan, including Cost Improvement Plans (CIPs), was out of line with normal planning processes for the year. However, the Trust continued to monitor delivery against CIP targets during 2021/22, with regular reporting to the Finance and Investment Committee and Trust Board and reported having delivered £1.9m of savings, a variance of £2.8m compared to target £4.7m.

The savings achieved arose from a reduction in non pay expenditure, e.g. business miles, room hire costs, reduction in agency premium costs resulting from the recruitment of international nurses and drug price reduction.

The overall shortfall in meeting the CIP target is attributed to a delay in CIP engagement due to Covid-19.

We do not consider the outturn in relation to CIPs to be a significant weakness, against the backdrop of Covid, but the Trust does need to ensure that the renewed focus planned for delivering cost efficiencies is delivered. We are pleased to note that the Trust plans to revert to the rigour of cost improvement plans and unit cost analysis and benchmarking in 2022/23. Senior finance staff acknowledge that this is a change in tone and culture post pandemic and may be a challenge.

In addition the Productivity Improvement Programme (PIP) monitors CIP savings, reports to FIC and maintains a risk register and action tracker from PIP meetings. The PIP's M12 update to FIC identifies a risk that FY23 savings target will not be achieved. At the end of M1 FY23 - following Directorate workshops - only £1.1m of savings had been identified, compared to target of £7.9m. This is further evidence of the nature of the challenge in the Trust's savings targets.

Internal Audit have confirmed that recommendations relating to cost improvement planning from prior years have been implemented.

Longer term planning and financial resilience

The budget setting plan for 2022/23 sets out the CIP process, which includes collaboration between the Programme Management Office (PMO) team and directorate leads and sign off at service line and directorate level of final budgets. Guidance (dated January 2022, for 2022/23 budget), includes reference to Long Term Plan funded developments and business justifications for additional unfunded expenditure budgets, but there is no explicit link or alignment between budget planning, the Trust's Strategic Plan and its core objectives and the ICS plans. We have made an improvement recommendation relating to a more integrated approach to financial planning (see our commentary on Governance below and Recommendation 4 on page 15) Budget planning is based on existing service delivery so in that sense it is focussed on service delivery priorities.

The Trust's priority continues to be the delivery of mental health services and community care and this is reflected in the plans and role of the Trust in the Integrated Care System/Board (ICS/ICB). The funding of mental health services in Oxfordshire has been subject to a review which resulted in contributions from the CCG to address under investment. The final tranche of this was received in 2021/22. The Trust is also leading on three separate provider collaboratives, with a view to improving patient care and gaining efficiencies. These were delayed due to Covid-19, but went live during 2021/22 and delivered surpluses at year end. (See our commentary in 3Es below pages 16 to 19)

The Trust approved a revised corporate strategy in April 2021 (Trust Strategy 2021 -2026) and recognises that the next five years will present many opportunities and challenges. There is no indication that the spending priorities in the Trust's financial planning are incompatible with the strategy. An effective process is in place as Finance and Investment Committee (FIC) and the Trust Board both review the financial plans as part of the approval process to ensure that they are satisfied that they support the Trust's overall strategy. The Integrated Reporting Framework also makes the links between each service directorate and the 4 core objectives and provides context for the financial planning.

We consider that the way that the plan is developed ensures that the Trust is aiming to work within the envelope of resources available to it, aiming for a break even position and updated in line with known information.

The Trust's financial plans are aligned with those of the wider ICS, through the Trust's participation in frequent liaison and co-ordination mechanisms (planning and CFO meetings, workshops, away days). The ICS members also use a comprehensive spreadsheet to ensure that financial plans are aligned across the ICS. Finance reports to the Board also include commentary on the ICS, which delivered a surplus for the year. The Trust's internal reporting to Executive and to FIC continues to include information on the wider ICS plan and position, so this is clearly being monitored and considered as part of their processes as a single entity.

Alignment across the ICS is further assured through the NHSE/I's financial planning oversight processes, which require that plans submitted from each member of the ICS need to agree. We have seen evidence that the Trust's budget has been adjusted due to ICS commitments (e.g. capital). Further evidence of working with ICS partners is the development of a draft operational plan. The Trust currently has no specific workforce plan or strategy and we understand that this is under development. However, the Trust's corporate strategy includes 'People' as one of its four core objectives and is monitored and reported through the new integrated strategic assurance framework, with reporting processes in place to the relevant management team(s), Executive Team, relevant Board committees and the Board. We have included improving links between workforce and financial planning as part of our improvement recommendation below (see Governance below and Recommendation 4 on page 15).

Risk is incorporated into the financial plans during the planning process and through contingency reserves (£2.1m annually in the FY21 - FY24 plan). These risks then continued to be considered as part of planning and budget monitoring/reporting throughout the year and are reported to FIC and the Board at each meeting as part of the Finance Report. Where there are known uncertainties in the plan, these are flagged within the reports.

Conclusions and recommendations

We found no evidence of a risk of significant weakness in the Trust's governance arrangements.

Improvement recommendations

Financial sustainability

Recommendation 1	The Trust needs to ensure a continued focus on efficiency, in particular the Improving Quality, Reducing Agency programme, to achieve the planned break even position against the backdrop of higher savings plans and an underlying deficit.
Why/impact	To ensure the continued financial sustainability of the organisation and the wider ICS/ICB.
Summary findings	The Trust has an underlying deficit and increasing requirements for savings plans. See page 6
Management Comments	Recommendation agreed and action being taken

The range of recommendations that external auditors can make is explained in Appendix C

Governance

We considered how the Foundation Trust:

- monitors and assesses risk and gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud
- approaches and carries out its annual budget setting process
- ensures effective processes and systems are in place to ensure budgetary control; communicate relevant, accurate and timely management information (including non-financial information); supports its statutory financial reporting; and ensures corrective action is taken where needed, including in relation to significant partnerships
- ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency. This includes arrangements for effective challenge from those charged with governance/audit committee
- monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of staff and board member behaviour (such as gifts and hospitality or declaration/conflicts of interests) and where it procures and commissions services.

Risk management and internal control

The Trust demonstrates effective risk management arrangements. It groups risks around the Trust's strategic objectives and the Board Assurance Framework (BAF) is detailed and comprehensive and includes the expected components. An appropriate mechanism to escalate key risks to the Board on a quarterly basis is in place with the BAF presented to Board meetings throughout the year. For each risk reported the relevant key controls and sources of assurance are noted, RAG (Red/Amber/Green) ratings are applied, executive leads and the relevant monitoring committee are also clearly documented. We noted as good practice that the risk management system also identifies risks within the wider health system including key risks around working with the Integrated Care System and Provider Collaboratives.

The Trust's internal audit function is delivered by PwC who have provided a "generally satisfactory" opinion for the year. This relates to the identification of no weakness which in aggregate are significant to the overall system of internal control. It is consistent with the opinion given in the previous two years.

We consider that the Trust has sound arrangements in place in respect of the prevention and detection of fraud. The Standing Financial Instructions clearly set out the Chief Executive and Director of Finance roles in ensuring the avoidance and management of fraud and corruption. A Counter Fraud policy is in place and was reviewed at the start of this financial year. A Counter Fraud Awareness Week was held during the year.

The Trust has an appropriate set of policies and guidance in place (for example, in respect of whistle blowing and gifts and hospitality) and a declaration of interest register is maintained.

Counter fraud reports are provided regularly to the Audit Committee [in April, May, September and December 2021] including a thematic COVID risk review and a benchmarking exercise using national standards.

Budget setting and monitoring

The Trust sets out a clear process for budget setting, with adequate involvement from stakeholders, which takes the form of baseline budgets rolled over from the previous year plus any changes that need to be made through new investments or approved as additional budget. Planning for FY22 was started against a backdrop of no planning guidelines being available (e.g. inflation uplifts, efficiency expectations) so the Trust based plans on FY21 with adjustments for known factors (i.e. non-recurrent items and Mental Health Investment Standard). As previously, no formal, detailed scenario planning or sensitivity analysis was performed. However, the budget process involves budget managers, directorate leaders and the executive management team. Requests for additional revenue expenditure budgets are collated and go through a prioritisation and approval process via an executive meeting which took place in July 21 for the FY22 budget. The overall plan is presented to the Finance and Investment Committee and the board for discussion and approval. We consider that appropriate review and approval mechanisms are in place.

The covid financial regime was still in place as the budget was being set and approved for the FY 2021/22.

Budget setting and monitoring (continued)

The budget setting process is subject to scrutiny by the Finance and Investment Committee; this included questions about the need to increase establishment and reduce agency spend, combined with directorate concerns regarding staff absences due to leave (sick, training, holiday). We noted that the process related to savings planning is not fully integrated into the budget process. There may be an opportunity for the Trust to improve financial planning by aligning the savings planning and workforce planning with the budget process.

Budget monitoring is undertaken on a regular basis with comprehensive review processes in place. Each month a detailed Finance Report is taken to the Finance and Investment Committee and the Board. The report provides sufficient detail to explain variances and trends and to enable Executive and Non Executive Board members to raise questions and seek further information or assurances. It includes a useful RAG rated summary of month and year to date out turn compared to plan, and variance analyses by the following categories

1. Income Statement
2. Clinical Income
3. Non-Clinical Income
4. Agency
5. Expenditure by Service Line
6. Cost Improvement Plan
7. Statement of Position
8. Cash-flow
9. Working Capital Indicators
10. Capital Investment Programme
11. Reconciliation to NHSI Template

In addition, a separate Integrated Performance Report is taken to Board meetings which provides useful context for the Finance report. This provides information which is aligned to the Trust's Strategic Objectives and provides non financial information such as in relation to workforce challenges, or the CIP programme.

There are also three levels of operational budget monitoring review taking place - with budget managers, with Heads of Services and with Directorates. Monthly service review (senior management team) meetings are held where all service lines are discussed and reviewed with the Director, Heads of Services and budget managers. The Provider Collaboratives are included as service lines within this process. The Service Review meeting papers provide detailed analysis, line by line, of variances and form the basis of discussions between the finance team and the Directorate staff. From work in previous years we know that heads of service were not always held fully accountable for budgets. We understand that this was also the case during 2021/22, due to covid pressures and the complexity of tracing some of the non recurrent funding provided (e.g. staff costs incurred due to the need for enhanced hygiene arrangements). However, budgets have continued to be tracked and monitored and the main issues reported. We note plans to restore the financial rigour in 2022/23.

The quarterly performance reviews for each service with the Executive team did not happen during 2021/22 due to Covid pressures but are due to be restarted in 2022/23. The financial pressures were less of an issue during the year due to the covid financial regime and therefore we accept that the control provided by the quarterly reviews was less important during 2021/22. Given the pressures faced by the Trust in 2022/23 the Trust should ensure that the quarterly reviews are continued during the forthcoming year and we have included an improvement recommendation on this.

Decision making

As in prior years, we consider that the Trust has a well established and effective decision making structure with appropriate policies, regular reporting to the Board via responsible Committees, and an appropriate skill mix on the Board, including new members and a variety of NHS and non-NHS experience. Appropriate arrangements are in place (for example, the Integrated Performance Report) to ensure that important issues are surfaced to the Board and that relevant information is provided.

We believe that an appropriate 'tone at the top' is maintained, with evidence from our review of the Board papers, our interactions with and discussions with senior managers, the findings of the recent Information Commissioners Office review and the most recent CQC rating of 'Good'.

Decision making (continued)

The Board includes appropriate clinical involvement with the Chief Nurse, Chief medical Officer, Director for Mental Health, Learning Disabilities and Autism (registered mental health nurse), and Director for Community, Primary and Dental Care (GP).

The Trust has appropriate arrangements in place to support partnership working across the local health economy. This is evidenced in the Trust's Partnership Standard and through the Trust's active involvement in the ICS/ICB and Collaborative Partnerships, for example the MOU relating to the Provider Collaborative includes a Joint Sub-Committee, involving representation from the Trust and the Oxford University Hospitals NHS Foundation Trust.

As in previous years, our attendance at the Audit Committee, discussions with senior managers and review of relevant papers has demonstrated that the Non-Executive Directors have provided effective challenge during the year. Examples include challenge over delays in implementing Internal Audit's recommendations, the PICU, demands for assurances over the processes in place around Patient Safety Incidents and active participation in the review and update of the BAF. We consider that the Audit Committee plays an effective part in holding senior managers to account.

Ensuring appropriate standards

The Trust's public-facing financial reporting has been updated to provide a more detailed picture of the Trust's finances in 2021/22. The Trust's management team have demonstrated an open and positive tone from our engagement with them and in their responses to information requests and queries. We also noted examples of openness and robust discussions taking place in the Board and committee minutes. For example, a governor attending FIC commented on the strength of questioning by the NEDs and the holding to account of Execs. We also noted that papers are on occasion not accepted and returned to officers for further work.

The Trust continues to have a number of arrangements in place which drive appropriate standards and expectations.

These include:

- All staff must comply with the Trust's Conflict of Interests Policy, Gifts and Hospitality Policy (and a Corporate Guidance document to assist staff in understanding their responsibilities) and Counter Fraud and Corruption Policy.
- A register of Gifts and Hospitalities accepted and declined was updated and published in July 21, November 21 and March 22 and reported to the Board
- The Trust has a Procurement Strategy in place, dating from 2005 and reviewed on a regular basis, most recently in 2019 by the Finance and Investment Committee. The policy requires compliance with SFIs, Code of Business Conduct and equality and diversity considerations within a legal framework which encourages free and open competition and value for money.
- All Trust senior managers are required to sign up to the NHS Managers Code of Conduct and all Board members are required to make an annual declaration in line with the Trust's Fit and Proper Policy.
- The Trust has a policy of Duty of Candour and ""freedom to speak up"" which encourages staff to raise concerns.
- The Trust Company Secretary maintains a declaration of interest register. Conflicts are also included routinely in Board meeting agendas.

The (draft) annual report refers to one item which met the threshold for reporting to the Information Commissioner's Office (ICO) but that no further action was required. The ICO also completed an Information Security audit of the Trust during October 2021, and concluded 'reasonable assurance'.

Conclusions and recommendations

We found no evidence of a risk of significant weakness in the Trust's governance arrangements.

Improvement recommendations

Governance

Recommendation 2	The Trust should ensure that the quarterly service performance reviews are re-started and continued during the forthcoming year.
Why/impact	Given the pressures faced by the Trust in 2022/23 the quarterly performance reviews will provide a useful control and oversight mechanism.
Summary findings	The quarterly performance reviews for each service with the Executive team did not happen during 2021/22 due to Covid pressures but are due to be restarted in 2022/23. The financial pressures were less of an issue during the 2021/22 financial year due to the covid financial regime and therefore we accept that the control provided by them was less important during 2021/22. See page 11
Management Comments	Recommendation agreed and action being taken

The range of recommendations that external auditors can make is explained in Appendix C.

Improvement recommendations

Governance

Recommendation 3	The budget process should be more clearly aligned with savings planning and with the Trust's strategic objectives, particularly in relation to its people objectives, workforce planning and the focus on reducing agency spend.
Why/impact	This should be used to support and drive opportunities to change models of care and generate improvements and efficiencies.
Summary findings	We noted that the process related to savings planning is not integrated into the budget process. We noted that this has already been the subject of some consideration by the Finance and Investment Committee. There is also no clear link made between budget planning, the Trust's Strategic Plan (including its People objective and the associated workforce planning) and its core objectives and the ICS draft Operational Plan for 2022/23. Budget planning is based on existing service delivery so in that sense it is focussed on service delivery priorities. See page 11
Management Comments	Recommendation agreed and action being taken

The range of recommendations that external auditors can make is explained in Appendix C.

Improving economy, efficiency and effectiveness

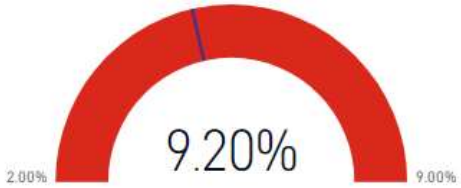
We considered how the Foundation Trust:

- uses financial and performance information to assess performance to identify areas for improvement
- evaluates the services it provides to assess performance and identify areas for improvement
- ensures it delivers its role within significant partnerships and engages with stakeholders it has identified, in order to assess whether it is meeting its objectives
- where it commissions or procures services assesses whether it is realising the expected benefits.

Assessing performance to identify areas for improvement

The Trust's scorecard from our Healthcare Analytics Power BI shows that:

OHFT performs poorly (based on data for the year ending March 2020) for agency spend as a percentage of total staff costs, although performance has improved. This is consistent with known issues at the Trust and there are plans in place to address this, including a restructure of HR and a People related core objective in the Trust's strategy.



Financial - Agency spend as percentage of total staff costs

A significant programme 'Improve Quality, Reduce Agency' has been introduced, led by the Chief Nurse to address the issues and some success is noted in international recruitment recently. We conclude therefore that the Trust is actively working on this issue and that appropriate arrangements are in place to address the Trust's performance.

Based on data to the end of September 2021, the Trust's performance in respect of discharge follow ups: percentage of patients followed up after discharge from psychiatric inpatient care was below average. There are explanations provided for the most common reasons for failing to achieve the target and it is clear that management are monitoring and reporting this metric.

The most recent data shows 77% performance achieved. Discharges not followed up within the 72 hour target are reviewed on a monthly basis and we therefore consider that appropriate arrangements are in place to review performance.

Incidents resulting in severe harm or death:

- this indicator varied between 0.88% and 3.16% during 2021/22 compared to national average of 1%.

The Trust reported:

- 0 never events in the year.
- 9,575 incidents and near misses, 95% resulting in no harm (58%) or minor harm (37%).

This is reported to be generally in line with the national picture. The Trust's draft Quality Report shows a total of 67 Serious Incidents, which is similar in number to 2020/21 but the highest yearly rate since 2017/18. The Quality report reveals that the Trust has work underway on patient safety to improve outcomes in this area with quality improvement programmes and objectives established, together with a Suicide Prevention Strategy being developed in 22/23 and we have made an improvement recommendation in support of this.

The Trust is in the top 25% performance in relation to:

• average income per whole time equivalent staff member;

• national cost collection index;

• mental health out of area placements;

• early intervention treatment started within two weeks; and

• improving access to psychological therapies (IAPT) waiting times treatment within six weeks.

The Trust has historically been graded as 'good' by the CQC, with the most recent report in December 2019. The Board receives regular Patient Safety Reports, discussing the serious incidents that have occurred in the year. We observed that the reporting includes root cause analysis, that themes are identified and learning from investigations is reported to an Action Monitoring Group with appropriate escalation to the Quality Improvement and Learning Group which designed wider review of practices in any given area. The Trust also takes part in the NHS Benchmarking Network for Children and Young People Mental Health Services and the dashboard (Report dated October 2021) shows that the Trust is broadly in the mid quartiles on all key metrics. Cost Improvement Plans are now monitored through the Productivity Improvement Programme (PIP) which is chaired by the Trust's Director for Digital and Transformation. The PIP Board includes clinical, finance, change, IM&T representatives and the Chief Nurse and Chief Pharmacist. Its purpose is to:

• Monitor progress of CIP projects, on behalf of the PIP Executive lead

• Ensure that while savings are achieved, quality is maintained

• Risks and issues are identified, and where necessary raised to the appropriate Executive level for awareness, or a decision. It reports to the FIC Board.

The CIP set for 2022/23 is c.£8m and is rated green in the Risk Register dated March 2022.

The Trust has historically set stretching CIPs and struggled to achieve them. This has been an area of focus in our VFM work in recent years. The pandemic has temporarily changed the financial architecture and the focus on CIPs. A renewed focus on savings planning is expected during FY23, in particular in relation to agency staff (see our commentary above on Financial Sustainability page 6)

Working with significant partners

The Trust has a Partnerships Standard in place that sets out their expectations of and commitments to any partners. It sets out the process for exploring and approving potential partnerships, a checklist to ensure that appropriate governance arrangements are in place and a process for terminating arrangements. It also includes a quarterly reporting mechanism to the Trust Board.

The Quality Account highlights the work of partnerships with other care providers and the Integrated Performance Report includes reporting on Partnerships as part of the Directorate highlights (e.g. Talking Space Plus, consideration of contracts and working relationships with voluntary sector partners)

This year we have specifically considered the arrangements relating to the new Provider Collaborative and the ICS/ICB.

Provider Collaboratives

During 2021-22 the Trust has implemented three NHS-led Provider Collaboratives. This means that the Trust is responsible for managing whole pathways of care on a regional basis, working with multiple ICSs as partners and responsible for the oversight of the delivery of services.

- On 1st April 2021 the Thames Valley Children and Adolescent Mental Health Services (CAMHS) Provider Collaborative went live, making the Trust lead provider for the provision of Tier 4 (inpatient) CAMHS across Bath and North East Somerset, Berkshire, Gloucestershire, Oxfordshire, Swindon and Wiltshire.
- The Thames Valley and Wessex Adult Low and Medium Secure inpatient services (Forensic mental health services) was slightly delayed and went 'live' in May 2021 (OHFT is the largest partner £82m).
- The HOPE Adult inpatient Eating Disorder services also went 'live' in October 2021.

Working with significant partners (cont'd)

Provider Collaboratives (cont'd)

The Trust has put a framework of internal governance around the Provider Collaboratives - aligning the structures so that all three operate on a similar basis. Structures are documented and formalised and report into the Trust's existing governance framework through the Executive Team (Provider Collaboratives Performance review) and into the Trust Board from the Quality sub-committee and the Provider Collaborative CEO Steering Group. Other formal arrangements include the Partnership Board, Planning and Commissioning Group, Clinical Governance group, Strategic Quality Forum and Activity performance reporting. There are close partnership working arrangements in place with partnership agreements, regular meetings and shared prioritisation and strategic planning is starting to take shape more formally. At present the senior responsible officer (SRO) acts for both the commissioning and provider 'sides' of the Provider Collaboratives. We understand that this potential conflict is planned to be included as part of a review into the Provider Collaboratives' operating framework but currently the governance structures, with shared planning and reporting, provide some control over this potential perceived conflict of interest.

The formal structure is supported by a number of workstreams, such as 'Performance and Outcomes' and 'Workforce'. A Risk Register is also maintained and updated on a monthly basis. It includes risk descriptions, controls, assurance sources, gaps in controls/assurances, target risk rating and status and action updates.

Integrated Care System

The Trust is a member of the Integrated Care System across Buckinghamshire, Oxfordshire and Berkshire (BOB), and also delivers services in the Bath & North East Somerset, Swindon and Wiltshire ICS. Following the publication of the NHS Operational Planning Guidance for 2022/23, including its nine priorities for the service, the BOB ICS developed and published (in April 22) an Operational Plan outlining key service areas and a draft position on the key risks and challenges, which include staff resource, physical capacity and delivery of a financially sustainable position.

The Board received regular updates about progress of the ICS within other Board reports such as Finance and Investment Committee and CEO reports throughout the year. ICS performance is included in reports to the Board (e.g. in Finance Reports in September and November 21), but specific monitoring of performance across the ICS is not yet developed. The Trust keeps up to date with the ICS partners through the Director of Finance's attendance at the ICS Finance Oversight Group. In addition, the Trust's Head of Planning & Costing attends weekly ICS planning meetings and the Deputy Director of Finance also attends the Finance Group and Planning meetings where possible.

The updated "Trust Strategy" document, covering the period 2021-26, dated April 2021 incorporates the Trust's commitment to the delivery of the NHS Long Term Plan (LTP) and the key role that all will play in the development of the Integrated Care System (ICS) across Buckinghamshire, Oxfordshire and Berkshire (BOB). The Trust's response to the development of ICSs is included as one of four main 'themes' of the Strategy document, and the priorities as set out within the NHS Long Term Plan and Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS form a major part of the Trust strategy.

Commissioning and procuring services

The Trust has a Procurement Policy in place, dating from 2005 and reviewed every 3 - 4 years, most recently in 2019 by the Finance and Investment Committee (FIC). The next review is noted as having been due in Q4 2020 so is overdue, but is due to be reviewed in response to the review detailed below.

The FIC receives a quarterly Procurement Update report which sets out details of third party contracts in stages of the pipeline. A review of the Board papers for the 2021/22 year shows that a review of procurement processes was undertaken during the year. The FIC received a paper - 'Review of the Procure to Pay Process' in March 2022 containing an action plan to: improve efficiency by cutting out waste, review controls to improve compliance and simplify processes. We note that this is planned to involve the review and amendment of the Trust's policies on procurement and SFIs.

Reports on single tenders and waivers are regularly taken to the Audit Committee and single action tender waivers are running at a higher rate than previous years due the Trust's response to Covid and the response of some suppliers. We consider that this is not unusual in the current circumstances.

The Trust is involved in three provider collaboratives as lead provider: Secure, CAMHS and Adult Eating Disorders. The Secure PC went live on 1 May 2021 with a funding envelope of £78 million. The CAMHS PC went live on 1 April 2021 with a funding envelope of £23 million and the Adult Eating Disorders PC service went live on 1 October 2021 with the contract signing by NHSE still pending.

Progress on the Capital Programme is considered by the Finance and Investment Committee, and through the Capital Programme Sub-Committee and reported to the Board. A regular Strategic Procurement Update paper to FIC provides status updates on a project by project basis. It includes pre-procurement projects and also some context and commentary on topical issues (for example, the war in Ukraine, semi conductor supply issues) and national developments (modern slavery, Health and Care Act 2022) with sufficient information provided to enable further questions to be raised or assurances sought if necessary.

During 2021/22 there was some slippage of projects including the delayed construction of a new Psychiatric Intensive Care Unit (PICU). The original capital plan for the PICU in FY22 was £3.8m, revised down to £2.8m and then underspent by £1.3m.

Of the Trust's planned capital programme of £13.2m an underspend of £2.4 million was reported at M12. £1.1m of projects were funded via the ICS via a separate (ERF) funding stream and actual spend was £0.6m.

In future years, the Trust are planning to redevelop the hospital at their Warneford site. An extraordinary confidential meeting of the Board took place in December 2021 to consider and approve the MoU and legal agreements relating to this development which is still in its early stages.

Conclusions and recommendations

We found no evidence of a risk of significant weakness in the Trust's arrangements.

Improvement recommendations

Improving economy, efficiency and effectiveness

Recommendation 4	The Trust needs to ensure a continued focus on the Quality Improvement Programme and to complete work on the Suicide Prevention Strategy.
Why/impact	To improve patient outcomes.
Summary findings	The Trust reported 9,575 incidents and near misses, 95% resulting in no harm (58%) or minor harm (37%). This is reported to be generally in line with the national picture. The Trust's draft Quality Report shows a total of 67 Serious Incidents, which is similar in number to 2020/21 but the highest yearly rate since 2017/18. See page 16
Management Comments	Recommendation agreed and action being taken

The range of recommendations that external auditors can make is explained in Appendix C.

Improvement recommendations

Improving economy, efficiency and effectiveness

Recommendation 5	The Trust should increase the formalisation of ICS/ICB reporting to the Board through a formal standing item on Board agenda.
Why/impact	To enhance the transparency of ICS related work.
Summary findings	ICS performance is included in reports to the Board but specific monitoring of performance across the ICS is not yet developed. The Trust keeps up to date with the ICS partners through attendance at relevant ICS groups and meetings. See page 18
Management Comments	Recommendation agreed and action being taken

The range of recommendations that external auditors can make is explained in Appendix C.

Opinion on the financial statements

Audit opinion on the financial statements

We gave an unqualified opinion or we qualified the opinion on the Trust's financial statements on 21 June 2022.

Other opinion/key findings

We concluded that the other information to be published with the financial statements, was consistent with our knowledge of the Trust and the financial statements we audited.

Audit Findings Report

More detailed findings can be found in our AFR, which was published and reported to the Trust's Audit Committee on 15 June 2022.

Whole of Government Accounts

To support the audit of Consolidated NHS Provider Accounts, the Department of Health and Social Care group accounts, and the Whole of Government Accounts, we are required to examine and report on the consistency of the Trust's consolidation schedules with their audited financial statements. This work includes performing specified procedures under group audit instructions issued by the National Audit Office.

We were able to report to the NAO that the figures reported in the consolidation schedules were consistent with the audited financial statements. We had no findings to report from our work on group audit instructions

Preparation of the accounts

The Trust provided draft accounts in line with the national deadline and provided a good set of working papers to support it.

Issues arising from the accounts:

We did not identify any significant issues arising from the accounts. Management agreed to make the majority of our proposed adjustment and residual unadjusted misstatements were not material to the financial statements.

Grant Thornton provides an independent opinion on whether the accounts are:

- True and fair
- Prepared in accordance with relevant accounting standards
- Prepared in accordance with relevant UK legislation

Appendices

Appendix A – Responsibilities of the Foundation Trust

Public bodies spending taxpayers' money are accountable for their stewardship of the resources entrusted to them. They should account properly for their use of resources and manage themselves well so that the public can be confident.

Financial statements are the main way in which local public bodies account for how they use their resources. Local public bodies are required to prepare and publish financial statements setting out their financial performance for the year. To do this, bodies need to maintain proper accounting records and ensure they have effective systems of internal control.

All local public bodies are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness from their resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money. Local public bodies report on their arrangements, and the effectiveness with which the arrangements are operating, as part of their annual governance 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, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The accounting officer is required to comply with the NHS foundation trust annual reporting manual and the Department of Health & Social Care group Accounting Manual and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. An organisation prepares accounts as a 'going concern' when it can reasonably expect to continue to function for the foreseeable future, usually regarded as at least the next 12 months.

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Appendix B – Risks of significant weaknesses, our procedures and findings

As part of our planning and assessment work, we considered whether there were any risks of significant weakness in the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources that we needed to perform further procedures on. The risks we identified are detailed in the table below, along with the further procedures we performed, our findings and the final outcome of our work:

Risk of significant weakness	Procedures undertaken	Findings	Outcome
Financial sustainability - no risks of significant weakness identified at the planning and risk assessment stage.	No additional procedures undertaken	-	Appropriate arrangements in place.
Governance - no risks of significant weakness identified at the planning and risk assessment stage.	No additional procedures undertaken	-	Appropriate arrangements in place.
Improving economy, efficiency and effectiveness - no risks of significant weakness identified at the planning and risk assessment stage.	No additional procedures undertaken	-	Appropriate arrangements in place.

Appendix C – An explanatory note on recommendations

A range of different recommendations can be raised by the Trust's auditors as follows:

Type of recommendation	Background	Raised within this report	Page reference
Key	The NAO Code of Audit Practice requires that where auditors identify significant weaknesses as part of their arrangements to secure value for money they should make recommendations setting out the actions that should be taken by the Trust. We have defined these recommendations as 'key recommendations'.	None	N/A
Improvement	These recommendations, if implemented should improve the arrangements in place at the Trust, but are not a result of identifying significant weaknesses in the Trust's arrangements.	Five	9, 13 – 14, 19-20

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