NHS
Oxford Health
NHS Foundation Trust

ANNUAL REPORT AND ACCOUNTS
2022/23

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

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Foreword by the Chair and Chief Executive

Welcome to our annual report, which covers the 12 months to the end of March 2023.

This proved to be a challenging year and this report focusses on our efforts to bring care closer to where people live to avoid, when possible, more intensive treatment in hospital.

Two examples of this are the opening of new town centre mental health and wellbeing hubs and our new urgent community response physical health services.

A series of Keystone Mental Health and Wellbeing Hubs are opening in towns across Oxfordshire, with the aim of extending the initiative to other parts of our region. In the hubs sit teams made up of mental health professionals from the NHS, charities and voluntary organisations and people who themselves have experienced mental health challenges. The aim is to keep people safe and well in the company of family, friends and the local community.

Meanwhile the urgent community response service in Oxfordshire seeks to care safely for patients – many of whom are frail and have several serious conditions – in their own homes, avoiding ambulance call outs and potentially long waits in the local Accident and Emergency Department. Linking with GPs and social workers, we can avoid hospital admissions, keeping people where they and their families want them to be, at home.

Oxford Health is distinctive because of its involvement in research and the development of new therapies. We share space and people with the University of Oxford and collaborate closely with other universities including Oxford Brookes University. We host one of only two biomedical research centres in England dedicated solely to mental health.

Oxford Health is poised to become a leader in research into the mind and brain, attracting scientists, psychiatrists, psychologists and other professionals from across the world to work on projects that will translate into therapies that prevent mental illness or treat the symptoms people experience.

We are on our way. In October 2022 £35.4 million was awarded by the National Institute of Health Research to Oxford Health's Biomedical Research Centre. Together with its sister centre, the NIHR Oxford Biomedical Research Centre, we attracted a £122 million (or over 15%) of the £790 million awarded to biomedical research centres across the country. This is a massive boost for both research and employment in the city and far beyond.

Oxford Health is playing a leading role in £42.7m research effort to find innovative new treatments for mental illness. The Mental Health Mission will build on Oxford's leading role to create the national research infrastructure that we need to make major breakthroughs in the treatment of devastating conditions like depression, bipolar disorder, psychosis, and children's mental health. The Trust is delighted to be working with researchers across the country to make this a reality.

Our commitment to research, especially in how it translates into better care, underpins the Warneford Park project. The buildings housing the Warneford Hospital are over 200 years old and are no longer fit for modern day healthcare – something that the Care Quality Commission highlighted in its last inspection report.

Our ambitious plans for the site, in collaboration with the University of Oxford, would preserve fine buildings and the park's green acres while constructing a centre for research – both academic and commercial – adjacent to a new hospital, forging even closer links between the science of brain and mind and the care of patients in the Thames Valley area. Many hurdles have yet to be overcome, including securing capital funding, but the project is already energising our clinicians, researchers and wider workforce. We will keep local residents fully informed as we move to seek planning permission from the city council.

We can see what a brighter future looks like elsewhere on the Warneford site where we have been building a new psychiatric intensive care unit – or PICU – for children and young people, offering specialist help to those experiencing the most acutely disturbed phase of a serious mental disorder. It will sit alongside the award-winning Highfield adolescent inpatient unit and be the only unit of its kind run by the NHS in the southeast. Together they will provide specialist intensive inpatient mental health care, assessment and comprehensive treatment for young people across the south of England.

The annual report gives the facts and figures on Oxford Health's performance, activity, finance, staffing and sustainability. Like last year, part of the story is recovery from the covid pandemic: it is well under way, despite a debilitating cyber-attack on one of our IT systems suppliers.

We recognise that performance needs to improve, especially when it comes to children and young people with mental health challenges. We need to recruit and retain more qualified staff and that means making Oxford Health attractive to work for, constrained as we are by national pay scales and the industrial action that has taken place during 2023. A precondition of everything we do is sound finance, which in turn rests on the fair allocation of NHS resources to mental and community services, and indeed to primary care which is the foundation of the NHS.

During the past year, the Buckinghamshire, Oxfordshire and Berkshire West integrated care system became a legal entity. Bringing together GPs, hospitals and trusts providing community and mental healthcare together with local government. The new system holds the promise of streamlining services and simplifying patients' journeys. It's early days and the road has been bumpy but the prospect of closer integration, for the sake of better care, remains compelling.

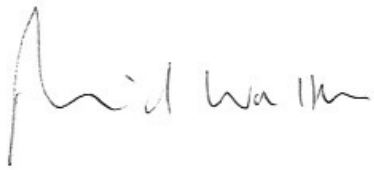
Oxford Health is an NHS Foundation Trust and so has members, and governors who represent them, and together they help hold us to account. We have nearly 11,000 members and the governors, drawn from staff, service users and the public at large inform and test our decision-making. We are grateful to them all – we would be the poorer without them.

It's our healthcare assistants, nurses, doctors, allied health professionals, psychologists, social workers, cleaners, drivers, IT specialists, administrators, finance professionals and cooks who keep the show on the road. Every year, the NHS runs a survey of staff. Some 3,280, over half, of our staff took part in 2022. Despite pay disputes, despite the aftermath of covid, our results held up well.

We scored above average for two criteria (*We are compassionate and inclusive,* and *We each have a voice that counts*). On staff engagement, we rated above average and retained a stable rating for staff morale. Our scores were at the national average for three further assessments – *We are recognised and rewarded*, *We are safe and healthy,* and *We are a team*. On flexible working and learning, we need to do more.

Dr Nick Broughton took up a one-year secondment to the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board from the 1 July 2023. This is being done to help support the further integration of the activity of our GP surgeries, mental health, community services and acute hospitals with the work of local councils in social care, housing and public health for the benefits of patients and the public.

Grant Macdonald has been appointed as interim Chief Executive for the Trust while Dr Nick Broughton takes up his interim role at BOB ICS. Grant, a mental health nurse by profession, was the Trust's Executive Managing Director for Mental Health and Learning Disabilities.



Signed:
David Walker
Chairman

Signed:
Grant Macdonald
Chief Executive

Year at a glance

In this section of the annual report, we look at some of the key moments involving the Trust, its staff and patients over the last 12 months.

April 2022

Millionth Covid vaccine administered

The Oxford Health vaccination team celebrated reaching the million-jab milestone in little over a year, following first Covid vaccines being administered to the public at the Kassam Centre in Oxford in February 2021. Since then, the team set up new centres in Aylesbury and Reading, launched pop-up centres in Witney, Bulmershe, Hungerford, Banbury and Reading City Centre and went out to visit communities in the Health on the Move bus, including to the Reading Festival.

Breakthrough success in provision of automated psychological therapy using virtual reality

Led by researchers from Oxford Health Biomedical Research Centre, the largest ever clinical trial of virtual reality for mental health – which was published in The Lancet Psychiatry – showed how this automated therapy works well for patients diagnosed with psychosis. The biggest benefits were experienced by those with the most challenging psychological problems.

The *gameChange* virtual reality software program was developed by a multi-partner team of university, health and industry experts including Oxford University spin-out: OxfordVR, creators of immersive technology for mental health. It targets a problem that is common in people diagnosed with psychosis: intense fears about being outside in everyday situations.

For many of these patients, their fears develop into severe agoraphobia that means they avoid leaving home, severely disrupting relationships with family and friends, their education, and careers. *gameChange* has been designed to treat this agoraphobia and help patients re-engage with day-to-day activities. It takes them from a housebound existence to life back in the world outside.

Expansion of the Oxford Joint Research Office

The Oxford Joint Research Office was expanded to include Oxford's two NHS foundation trusts and the city's universities, with the aim of promoting and facilitating greater collaborative working across and between the partner organisations in clinical research, for the benefit of the people they serve.

The development of the Oxford Joint Research Office was supported at the highest level in each organisation and by the Board of the Oxford Academic Health Partners, of which all four institutions are members.

New Chief Finance Officer announced

Oxford Health announced that Heather Smith would be joining the Trust in July 2022 from the Department for the Environment, Food and Rural Affairs (DEFRA), where she had been its chief financial officer for the previous four years.

Prior to joining Oxford Health, Heather was the financial board member for DEFRA – a complex £6 billion group that she joined in 2018. She has a background in UK business and international organisations, as well as significant central government experience in HM Treasury.

May 2022

Election results to Council of Governors

May saw Oxford Health announce that its foundation trust members had elected 13 new governors to represent patients, carers, members of the public and staff in the Trust's Council of Governors (CoG).

Public Oxfordshire

- Mike Hobbs
- Natalie Davis
- Srikesavan Sabapathy
- Fiona Symington

Patient: carers

- John Collins
- Kate England

Patient: services users – Buckinghamshire and other counties

- Ben Glass

Staff

- Evin Abrishami – Oxfordshire, Banes, Swindon & Wiltshire (BSW) Mental Health Services
- Martyn Bradshaw – Buckinghamshire Mental Health Services
- Vicky Power and Jodie Summers – Community Services
- Petr Neckar and Emma Short – Specialised Services

State-of-the-art dementia diagnosis paving the way for prevention

The Trust announced that some 150 people across Oxfordshire had taken part in a pilot at the Brain Health Centre, which represents a ground-breaking collaboration between physical and mental health practice and research to examine a person's symptoms, lifestyle and genetics to best understand the causes of dementia – and how to prevent them.

The Brain Health Centre, also known as the Brain Health Clinic, is a collaboration between Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS

Foundation Trust and the University of Oxford. It opened in 2020, with stated aim of continuing to support more people in Oxfordshire, as well as Buckinghamshire, who undergo standard dementia assessment and diagnosis currently with the ambition of being able to offer same-day diagnosis to patients in future.

Patients to reap benefits of better care from closer NHS working

May also saw the announcement that patients of Oxford's two NHS foundations trusts – Oxford and Oxford University Hospitals – would be getting better care because of new partnership working. Older patients were already seeing the benefits, with staff working together to care for more people in their own homes rather than in hospital, where possible, which is known to help people recover more quickly.

The chief executives of both organisations signed a Memorandum of Understanding on 27 May to formalise the agreement, which enabled more joined-up care, making patients feel that they are being cared for by one NHS team, and provide better value for money.

The closer working approach focused initially on urgent care in the home and community to ensure people:

- Get access to urgent care and support when they need it
- Receive more care at home or in their local community, avoiding unnecessary travel and hospital admissions
- Enhance the co-ordination of support for people living with long-term conditions including benefiting from innovative care and digital technology
- Improve the personalisation and responsiveness of palliative and end-of-life care

June 2022

NHS Parliamentary Awards win for Trust team supporting people with an eating disorder

A life-changing provider collaborative that gives ground-breaking care for people with an eating disorder won two regional NHS Parliamentary Awards in June. The HOPE Adult Eating Disorder Provider Collaborative won the Excellence in Mental Health Award in both the Southeast and Southwest regions following backing received from 13 local MPs, including former prime minister, Theresa May.

Through winning these regional awards, the HOPE service – which stands for the healthy outcomes for people with eating disorders service – went through to the grand national final that took place on 6 July at the Palace of Westminster in London.

Forensic Recovery College shortlisted for Health Service Journal award

The Trust's Forensic Recovery College was shortlisted for the Health Service Journal's service user engagement and co-production award category. All the college's courses – on wellbeing, understanding mental illness, or living skills – are co-produced between tutors with lived experience, including forensic patients, and professional tutors. Courses are for forensic services staff too, who take part on an equal footing with patients. The awards were set to be held in Manchester in September.

The college, which is based at Oxford's Littlemore Mental Health Centre, is one of only a handful of such services in England working in forensic mental health services. It helps forensic patients manage their mental health and undertake their recovery journey in the same way as non-forensic patients.

July 2022

HOPE service wins national NHS Parliamentary Award

The Healthy Outcomes for People with Eating disorders (HOPE) Adult Eating Disorder Collaborative was named as the national winner of the Excellence in Mental Health Award at the prestigious NHS Parliamentary Awards. Already regional winners, it was not until the gala awards ceremony held at Westminster that the team learned they had been crowned the national winners for mental health care excellence for their revolutionary approach to treating people with an eating disorder.

August 2022

'Smart' tech to change the way patients are monitored

Oxford Health announced that it was trialling the use of smart monitors – known as 'wearables' – with some of its Hospital@Home patients so that clinicians can check vital signs remotely, enabling them to act if a person's condition deteriorates.

The device allows round-the-clock monitoring of heart rate, oxygen levels, breaths per minute, skin temperature and movement, which will tell clinicians whether or not a patient is stable. Blood pressure monitors and weighing scales can also be added on.

During the pilot that got underway from August 2022, the monitors will be worn by selected patients who tend to be fragile and more dependent and need to be monitored to ensure their condition remains stable in the community. All patients would still continue to be seen face-to face as needed.

Eating disorders team achieves prestigious quality accreditation

Oxford Health's eating disorder service for children and young people in Bath and Northeast Somerset, Swindon and Wiltshire have achieved the Quality Network for Community Child and Adolescent Mental Health Services (CAMHS) – Eating Disorders accreditation (QNCC-ED) with the Royal College of Psychiatrists.

The QNCC service standards were launched in 2005 to encourage quality and consistency between services, as well as raising the standards of care. Accreditation requires thorough standards and evidence to be met and approved by an

Accreditation Panel. They scrutinise nine key service domains ranging from access to care to multi agency working, staffing, infrastructure and commissioning.

Tackling suicide risk in people with mental disorders

Clinical researchers from Oxford University's Department of Psychiatry and Oxford Health, including nurse consultant Karen Lascelles, developed guidance to help clinicians identify and treat patients at risk of suicide. This alternative approach to clinical practice, which was published in *The Lancet Psychiatry,* was developed by health practitioners and suicide prevention experts, together with a service user.

The aim of the new guidance was to reduce risk through a person-centred strategy in which assessment is regarded as a therapeutic process aimed at identifying interventions to enhance well-being, together with an individualised safety plan developed collaboratively with the patient.

Renewed pledge to champion Step into Health

Oxford Health is committed to supporting all members of the Armed Forces and their families. To demonstrate this commitment, The Trust renewed its pledge to champion the national Step into Health programme and thus demonstrated its continuing support of the contribution made by military service leavers and their families.

Step into Health is a partnership between the NHS, Walking with the Wounded and The Royal Foundation, connecting employers in the NHS to talented individuals from the Armed Forces community to find new and worthwhile careers in the NHS.

Elements of Oxford Health's commitment to the Step in Health programme include:

- Reviewing recruitment practices and removing any barriers to recruiting members of the Armed Forces
- Offering work placements/tailored support to the Armed Forces community and provide support to those who apply for a vacancy
- Providing support for those service leavers who have additional needs

September 2022

National award for community rehabilitation team

This month saw Oxford Health's community rehabilitation service recognised by the Community Hospitals Association's Innovation and Best Practice Awards for the team's work in establishing a seven-day service during the Pandemic. The award also reflects a new way of working that was developed across the community hospitals, with a strengthening of leadership at every level.

National clinical systems outage

Oxford Health, like many NHS organisations across the country, experienced significant problems with its clinical systems following a national service outage that took several weeks to be resolved. The Trust put in place robust contingency plans.

The problem, which was outside of the Trust's control, meant that staff had limited access to online patient records, including appointments. This resulted in patients experiencing delays as additional information needed to be requested by clinicians during this period.

Oxford Health paid tribute to Her Majesty the Queen

On the 15 September, Oxford Health's chief executive, Dr Nick Broughton made the following public statement:

"It is with deep sadness that I am writing to you following the death of Her Majesty Queen Elizabeth II yesterday at Balmoral. I am sure that many of you will be deeply affected by her passing, as I have been. In an ever-changing world she provided stability, security and unity throughout her 70-year reign – qualities that perhaps have never been needed more than they are now. She devoted her life to public service and earlier this year awarded NHS staff the George Cross for their compassion and courage, particularly during the pandemic. We will mourn her passing. Along with the rest of the country, we at Oxford Health send our heartfelt thoughts and condolences to the King and the Royal Family at this very sad time and during the period of national mourning."

Trust team shortlisted for major professional award

Oxford Health's mental health dietetics team was shortlisted for the Workforce Transformation category for their efforts to develop a sustainable team and future workforce at the annual Chief Allied Health Professions Officer awards that were due to be held in October.

Ofsted rates apprenticeship scheme as 'Good' in all areas

Ofsted, the educational standards regulator, rated Oxford Health's apprenticeship scheme as 'Good' across all five inspection categories – quality of education; behaviour and attitudes; personal development; leadership and management; and safeguarding.

The positive report that accompanied this rating was testament to the expertise of the apprenticeship team, along with the support the Trust's apprentices received from their workplace and the vision of senior managers in integrating apprenticeships into their workforce plans.

October 2022

£35.4 million to transform mental and brain health care across the UK

Innovative treatments and transformative therapies in brain health are set to be developed thanks to a £35.4m award to the Oxford Health Biomedical Research Centre.

The award was part of a package of funding from the National Institute for Health and Care Research for biomedical research centres awarded through a competitive process

involving international review. The Oxford Health Biomedical Research Centre, which is one of only two centres in the country wholly dedicated to mental health, was successful in securing funding for 11 research themes.

Independent reports into the tragic death of a young child and her mother

Two independent reports into the tragic death of a young child and her mother in 2019 were published in October. Both reports concluded that the deaths could not have been predicted and, as a consequence, could not have been prevented. They identified learning and improvements, however, for a wide range of agencies. Those relating to the work of Oxford Health formed the basis of an action plan that have since been implemented.

November 2022

New psychosocial assessment following self-harm guidance

Important new guidance for assessing patients following self-harm was launched in a special conference held in Oxford during November. Funded by the 2019 NHS England Trailblazer initiative and organised by Oxford Health working alongside with the University of Oxford's Centre for Suicide Research, the conference brought together more than 100 clinicians, researchers and experts by experience from across the country to discuss various aspects of psychosocial assessment of people who present to services having self-harmed.

Psychosocial assessment at that point is important because it can provide a crucial opportunity for an individual in a crisis to share their problems with a mental health professional and be offered aftercare. Research, however, shows a great variation across the UK in whether such an assessment is offered and how it is conducted – which the new guidance attempts to address.

Trust clinicians receive national recognition

Dr Maxime Taquet was named the Core Psychiatric Trainee of the Year in the Royal College of Psychiatrists annual awards. This is the third national award Dr Taquet has received over the last five years: he was awarded the Foundation Doctor of the Year in 2020 and Medical Student of the Year in 2017. Dr Gerti Stegen was named Educator of the Year in the same awards.

December 2022

New wellbeing strategy launched by Talking Therapies team

A new approach to supporting the Trust's staff through its talking therapies services – Talking Space Plus in Oxfordshire and Healthy Minds in Buckinghamshire – was developed following increased workplace pressures experienced during the Pandemic amid concerns about burnout.

Funded and supported by NHS England, the strategy aimed to ensure staff remained resilient for their patients by ensuring they were well supported at work, which should

also help support recruitment and retention challenges. The initiative was designed jointly by Oxford Health and its partners – the Oxford Academic Health Science Network and the two other Talking Services in Berkshire and Milton Keynes.

National spotlight on Trust Long Covid service

Oxford Health's pioneering work on the treatment of patients suffering from Long Covid received national recognition. Emma Tucker, the Trust's post Covid rehabilitation specialist/service lead was invited to take part in a Westminster Health Forum policy conference. Due to take place online in January 2023, it brought together experts from across the country.

Emma was asked to present on a section of the conference that focussed on improving long Covid specialist services, including options for increasing capacity, addressing inequalities in provision, access to services and information, and applying latest developments from research.

Industrial action announced by the Royal College of Nursing

December saw the Royal College of Nursing announce that industrial action would take place on 15 December and 20 December at NHS organisations across England, which included Oxford Health. The Trust put in place robust plans to ensure patients, carers and staff in both community health and mental health services were kept safe during these strikes.

£2.4million to fund largest-ever trial of ketamine-assisted therapy for alcohol disorder

A new £2.4 million phase III trial to be delivered across seven NHS sites, led by Oxford Health, was announced. The trial's aim is to investigate whether or not ketamine-assisted therapy could help alcoholics stay off alcohol for longer.

The Trust will be recruiting patients with alcohol-use disorder to determine if a short course of ketamine alongside psychotherapy reduces heavy drinking days for people six months after treatment.

January 2023

New high street mental health hubs for Oxfordshire

In a move to transform adult mental health care, a series of Keystone Mental Health and Wellbeing Hubs were announced for town centres and communities across Oxfordshire. Adults experiencing mental health challenges will be enabled to thrive among friends, family and their community, drawing on support from the hubs – which are linked to local GP (General practitioner) surgeries, NHS mental health services and third-sector mental health services.

The hubs will be home to primary care mental health teams – professionals from health and social care, including mental health professionals from the NHS, the third sector and people who have experienced mental health challenges themselves.

February 2023

Further industrial action announced by the Royal College of Nursing

The Royal College of Nursing announced further industrial action on 6 and 7 February, which was set to affect NHS organisations across the country – including Oxford Health. This followed similar industrial action taken in December. Once again, the Trust put in place robust plans to ensure patients, carers and staff in both community health and mental health services were kept safe during strikes, whilst continuing delivering the best care possible in the circumstances.

Making a trip to the dentist enjoyable

Visiting the Witney dental clinic was made more relaxing following the addition of special LED ceiling screens that showed either a soothing static image of the sky or a choice of nature-themed films. The screens have been designed to help relax and distract anxious patients, enabling dentists to examine them and carry out treatments. Their installation was made possible with funding from Oxford Health Charity.

Taking part in creative projects lifts mood

The annual report from the Oxford Health Arts Partnership was published in February. It showed that in the last year, it delivered 370 arts sessions reaching out to over 3,200 people. Taking part in an arts project and being creative results in patients having a significant increase in mood compared to how they felt beforehand analysis in the report showed.

Innovating in mental health care

Oxford Health was selected to be part of a new national NHS initiative to improve the quality and efficiency of patient care across the country through provider collaboration and clinical leadership. The Buckinghamshire, Oxfordshire, Berkshire West (BOB) Mental Health Provider Collaborative – formed by Oxford Health and Berkshire Healthcare NHS Foundation Trust (Berkshire Healthcare) in partnership with BOB Integrated Care Board – was chosen by NHS England to be one of just nine collaboratives from across the country that will receive specialist national help developing innovative new approaches to health care as part of the Provider Collaborative Innovators scheme.

March 2023

Break-through service for autistic youngsters with an eating disorder

An innovative service bringing specialist care to autistic and possibly autistic young people living with an eating disorder was announced in March. The Buckinghamshire, Oxfordshire and West Berkshire pathway for eating disorders and autism service developed from clinical experience – also known as PEACE – works directly with child and adolescent mental health service professionals to promote awareness and tailored

support for autistic (and possibly autistic) youngsters with eating disorders, as well as working directly with a small number of children and young people and their families.

The service was developed in partnership with local autistic young people who have experienced an eating disorder, plus their families, carers and mental health professionals; its work has been guided by the latest research.

Industrial action announced by doctors' organisations

The British Medical Association and Hospital Consultant and Specialists announced that their junior doctor membership would take industrial action at NHS trusts across England, including at Oxford Health, from 13 to 16 March. The Trust put in place robust plans to ensure patients, carers and staff in both community health and mental health services were kept safe during strikes, whilst continuing delivering the best care possible in the circumstances.

Compassion and care shines through Staff Survey results 2023

Oxford Health's annual staff survey results showed that the Trust was in line or above average for five out of the seven national People Promise themes. A total of 3,279 staff (53%) staff completed the survey that was held in the second half of 2022.

The Trust's scored higher than average for two of seven elements of the People Promise:

- We are compassionate and inclusive
- We each have a voice that counts

It scored average for:

- We are recognised and rewarded
- We are safe and healthy
- We are a team

It was below average for:

- We work flexibly
- We are always learning

The Trust also scored above the average for staff engagement and just below average for staff morale.

Research into online self-harm images published

Viewing self-harm images on the internet and in social media usually causes harm, according to a new review published in March by researchers from Oxford Health and Oxford University's Department of Psychiatry.

The team reviewed international research evidence regarding the impact of viewing images of self-harm on the internet and in social media. This indicated that viewing such images usually causes harm, though the findings also highlighted the complexity of the issue.

Trust's annual plan for 2023/24 approved

During the second half of the year, work was undertaken to develop the Trust's annual plan for 2023/24, which was approved by the Trust Board in March 2023. This was the first time that Oxford Health followed this process, with the aim of creating a focused annual plan for the forthcoming year.

Performance report

The requirements of the performance report are based on the requirements of a Strategic Report as set out in with sections 414A, 414C and 414D6 of the Companies Act 2006, except for sections 414A(5) and (6) and 414D(2) which are not relevant. These requirements have been adapted for the public sector and NHS foundation trusts.

Overview

This section provides a summary of the Trust, its history, strategy, objectives, performance over the year, and its key risks in the achievement of its objectives.

About Oxford Health NHS Foundation Trust

On 1 April 2006, the Oxfordshire Mental Healthcare NHS Trust (created April 1994) and Buckinghamshire Mental Health Partnership NHS Trust (created 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 national Transforming Community Services programme, the Trust started providing community health services in Oxfordshire that previously had been provided by Community Health Oxfordshire, the provider arm of the Oxfordshire Primary Care Trust. In preparation for this change, the Trust was renamed Oxford Health NHS Foundation Trust.

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

Oxford Health'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. The Trust works in partnership with many other organisations to that end.

The Trust also leads on several provider collaboratives – partnership arrangements involving Oxford Health, other NHS organisations and non-NHS providers who work at scale across multiple geographies, 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.

Oxford Health employs 6,587 staff with a contracted WTE (whole time equivalent) of 5,769.92 staff. This includes medical staff, therapists, registered nurses, health care workers, support staff and other professionals including psychologists, dental staff, social workers, and paramedics operating from around 150 sites.

Over the past twelve months, the Board of Directors has continued to develop its strategic options and planning, in particular focusing on workforce, opportunities in research, prevention and collaboration, and the Trust's role in the healthcare systems in which it operates – seeking to collaborate the work of the Trust with the objectives of the Integrated Care System. This work builds on the framework set out in the Trust Strategy 2021 to 2026. Related to this work, the Trust has developed its annual planning processes over the reporting year to develop an annual plan for 2023/24.

Trust vision

The Trust's vision is: *Outstanding care delivered by an outstanding team*. The vision statement is supplemented by a declaration to emphasise the Trust's 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, safe and excellent*:

Caring

- Privacy and dignity is at the heart of our care.
- We treat people with respect and compassion.
- We listen to what people tell us and act upon what they say

Safe

- Our services will be delivered to the highest standards of safety.
- All services will be provided within a safe environment for patients and staff
- We will support our patients and staff with effective systems and processes

Excellent

- We aspire to be excellent and innovative in all we do
- We aim to provide the best services and continually improve
- We will recognise and reward those who deliver excellence

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:

- Deliver the best possible care and outcomes (quality)
- Be a great place to work (people)
- Make the best use of our resources and protect the environment (sustainability)
- Become a leader in healthcare research and education (research and education)

Overview of performance

The following section provides an overview of performance, covering:

- National performance - NHS System Oversight Framework 2022/23
- Equality of service delivery

- Health inequalities
- Climate change and environmental impact
- Financial performance
- Going concern

National performance - NHS System Oversight Framework

The NHS System Oversight Framework informs assessment of providers. It is intended as a focal point for joint work, support and dialogue between NHSE, ICS, providers and sustainability and transformation partnerships, and integrated care systems. The table shows the Trust's performance against the targeted indicators in the framework (as at February 2023).

National objective: Compliance with the NHS Oversight Framework				
This year, the NHS Oversight Framework indicators that have targets are;	Target	National position (England)	Latest Trust Position	Trend
(N1) A&E maximum waiting time of four hours from arrival to admission/transfer/ discharge	95%	71.50% (Feb)	88.8% (July)	→
(N2) People with a first episode of psychosis begin treatment with a NICE-recommended care package within two weeks of referral (MHSDS) (quarterly)	56%	72% (Dec)	88.2% (June)	↑
(N3) Data Quality Maturity Index (DQMI) MHSDS dataset score - reported quarterly	95%	71.4% (Nov)	94.3% (June)	↓
(N4) IAPT - Percentage of people completing a course of IAPT treatment moving to recovery (quarterly)	50%	48.5% (Dec)	48.5% (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%	89.70% (Dec)	98.8% (Dec)	↓
(N6) IAPT - 18 weeks or less from referral to entering a course of talking treatment under IAPT	95%	98.2% (Dec)	100% (Dec)	→
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services - OAP bed days used (Bucks) – local figures	0	n/a	67 (Feb)	↑
(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – OAP bed days used (Oxon) – local figures	0	n/a	101 (Feb)	↓

The Trust's overall performance is good, with many indicators achieved. Some indicators have not been refreshed due to unavailability of data following the clinical systems outage resulting from a cyber-attack. Performance against the indicators for the number of inappropriate out-of-area placements (OAPs) has varied over the year. Average bed days per month in 2021/22 was 513 but through a consistent focus by teams over 2022/23, bed days were reduced to 444 – representing an average improvement of 69 days per month. Nonetheless demand remains volatile.

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	102

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	182

Health inequalities

The Trust's strategic objective to 'Deliver the best possible care and health outcomes' sets out the organisation's ambitions to promote healthier lifestyles, identify and intervene earlier in ill-health, and address health inequalities. The Health & Social Care Act (2022) has a specific remit for NHS planning to address health inequalities. This is done from the Integrated Care Board in conjunction with the Trust's clinical strategy, which is led by the Trust's Chief Medical Officer working with system partners. Over the reporting year, the Trust's Board have held focused discussions on prevention and early intervention to inform development of the Trust's organisational strategy and options to develop the Trust's approach to be better placed to address health inequalities. Examples include the Trust's system leadership for Smoking Cessation, supporting primary care for Oxford's homeless population, and community dental services for vulnerable children and adults.

Climate change and environmental impact

The Trust has a Board-approved Green Plan to meet national net zero targets and provides a structured approach to reduce both its carbon footprint and air pollution. The medium-term period of the plan allows it to strike a balance between more short-term carbon reductions in some areas alongside strategic development of capability in others. The Trust's Green Plan reflects national priorities by aligning with the plans, actions and timescales laid out in 'Delivering a net zero NHS'. Further information on Oxford Health's Green Plan can be found in the Annual Governance Statement.

Financial performance

In the financial year 2022/23, the Trust ended the year with an adjusted operating deficit of £2.1 million (£3.3 million deficit before adjustments), £4.1 million better than planned but £6.6 million worse than last year.

This was a transition year moving out of the COVID-19 funding regime of fixed income for NHS providers and, as a result of two material contract discrepancies from the transition, the Trust began the year with a planned deficit of £6.2 million. The contract issues have been resolved for 2023/24 and the Trust has moved back to a breakeven planning position. Overperformance against the 2022/23 financial plan was largely driven by slippage in new investments into mental health services due to speed of implementation and availability of workforce.

Total income increased by £58 million for the year, of which £48 million was income related to patient care activities, both equating to an 11% increase in turnover for the Trust. £12 million of this funding was received at year end for the backdated 2021/22 Agenda for Change pay settlement. A further £17 million related to annual uplifts for inflation and pay, recognising the increased costs of delivering the current level of services. And, whilst income to support service expansions and additional provision in Mental Health services came to £21 million, there was an £11.8 million reduction in COVID support funding. This support funding was issued at the beginning of COVID

in respect of the additional costs to NHS providers working under the challenging conditions of COVID, such as social distancing, enhanced staffing and extra PPE.

In our Mental Health services, a total of £15 million was invested into services in line with the national Long Term Plan, through the Mental Health Investment Standard (MHIS) and System Development Fund (SDF). This included investment into community mental health services, children's mental health services, mental health crisis and talking therapies. In our community services, £3 million of growth funding supported the increased demand and complexity pressures within the services because of the COVID pandemic. Additionally, there was further investment into the Ageing Well service of £1.7 million.

There was a significant increase in the Trust's non-clinical income driven by an increase in £27.6 million of our Oxford Pharmacy Store (OPS). This increase for OPS is not expected to be sustained over the long term as it has been driven by one-off Covid-related contracts with the Department of Health.

The Trust's cash balance remains in a strong position, at £74.6 million compared to £89.5 million in 2021/22, retaining one of the strongest cash positions in the local area. The reduction in the Trust cash position compared to the previous year was a result of capital investment and release in income held across the year for committed activities.

The Trust is now working in an Integrated Care System environment whereby the Trust is no longer directly accountable to NHS England for operational and financial performance, but responsible to the local system Integrated Care Board. Working within the Integrated Care System requires much more joined-up working on financial planning and collective responsibility around the total funding allocation for the system. Local NHS organisations must work together to be more efficient as a collective and solve system and pathway issues across providers and with commissioning colleagues.

Capital expenditure

During 2022/23, the Trust 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 2022/23 was £12.2 million, compared to £10.8 million in 2021/22. Public Dividend Capital (PDC) funding of £2.0 million was received, relating to Places of Safety and Community Hubs, Diagnostic Digital Capability and Frontline Digitalisation.

Investment in 2022/23 focused on major projects and addressing estate rationalisation, condition, and compliance issues to ensure that properties from which patient services are provided were fit for purpose. The Trust's main capital investment areas during 2022/23 were: the Psychiatric Intensive Care Unit at £6.9 million; other operational estates areas including backlog maintenance and other works to address compliance requirements at £3.4 million; and expenditure against various patient focussed IT projects of £1.9 million.

Cash flow and net debt

The Trust ended the year with £74.6 million of cash, a decrease of £14.9 million over the year (£89.5 million in 2021/22). This was largely due to an increase in cash expenditure against capital projects. Increases in cashflows from operating activities were offset by net cash outflows from financing activities.

Over 2022/23, the Trust generated £10.2 million of cash from operations which was down compared to £38.3 million in the previous year.

The Trust's gearing ratio (the percentage of capital employed that is financed by debt and long-term financing) increased to 20.0% (12.4% in 2021/22). This was due to the increase in lease liabilities to £25.4 million following the implementation of IFRS16 in 2022/23. Other outstanding debt liabilities decreased by £1.9 million to £16.7 million (£18.6 million in 2021/22) due to debt repayments.

Total assets employed

Total assets employed in 2022/23 increased by £61.2 million (41%) to £210.6 million (£149.4 million in 2021/22) largely reflecting an increase in the value of property, and plant and equipment of £59.9 million.

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. The Trust has prepared its 2022/23 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.

Performance analysis

The following section provides analysis of key areas of Trust performance by strategic objective, including narrative on key risks and mitigations. Each of the Trust's four strategic objectives listed above has been developed into a set of key focus areas. The aim of each focus area is to provide a bridge between the high-level strategic objectives and set of measures and metrics to track progress. These measures and metrics use an objective key results (OKRs) approach and are reported to relevant Board committees and the Board via an integrated performance reporting approach.

Over 2023/24, the current suite of OKRs will be refreshed to strengthen alignment with annual planning processes and the objectives of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.

The principal risks to the achievement of the Trust's strategic objectives are included within the Annual Governance Statement within this Annual Report and are overseen by relevant committees. The performance analysis below sets out a narrative on achievement against key measures, activity across the year, and future focus.

1. Deliver the best possible care and outcomes

Most of the Trust's quality objective key results (OKRs) are a sub-list of the quality objectives, which form the annual Quality Account. The objectives were identified following a review of risks, themes from quality information, recovery work and stakeholder feedback. The last annualised progress update on all the quality objectives for 2022/23 period was presented to the Quality and Clinical Governance Sub-Committee in April 2023 and subsequently to the Quality Committee May 2023. Progress against all 14 objectives for 2022/23 is set out in the following tables.

Objective 1: Quality - Deliver the best possible care and outcomes

Governance: Executive Director: Chief Nurse | **Responsible Committee**: Quality Committee
Reported period: February 2023 unless otherwise indicated in brackets in the penultimate column

This year, our Objective Key Results (OKRs) are;	Target	Comm Services	Oxon & BSW	Bucks	LD	Forensics	Pharm	**Trust**	**Trust Trend**
(1a) Clinical supervision completion rate	95%	48%	64%	64%	65% (Specialisd Dir)			57%	→
(1b) Staff trained in restorative just culture	-	-	-	-	-	-	-	28	↑
(1c) BAME representation across all pay bands including board level	19%	15%	19%	31%	11.3%	43.8%	25.4%	20.3% (Q3)	↑
(1d) Cases of preventable hospital acquired infections	<3 YE	-	-	-	-	-	-	0* YTD	→
(1e) Reduction in use of prone restraint	<208 YE	-	173	28	-	57	-	258 uses YTD	↓
(1f) Patient safety partners employed	2 YE	-	-	-	-	-	-	0	n/a
(1fa) Improved completion of the Lester Tool for people with enduring SMI (EIP)	90%	-	88%	70%	-	-	-	81% (July**)	n/a**
(1fb) Improved completion of the Lester Tool for people with enduring SMI-AMHT	75%	-	66%	61%	-	-	-	64% (July**)	n/a**
(1g) Evidence patients have been involved in their care (clinical audit result) reported bi-monthly	95%	97%	70%	85%	-	-	n/a	80% (Dec) (n=348)	n/a
(1h) Clinical staff in non-learning disability services have completed internal eLearning on autism	-	-	-	-	-	-	-	See narrative	→

* Next health economy review meeting in April, held quarterly
** Latest available data due to Carenotes outage.

The arrows indicate the trend against the last reported position and the colour is the RAG status against the target

Objective 1: Quality - Deliver the best possible care and outcomes

Governance: Executive Director: Chief Nurse | **Responsible Committee**: Quality Committee
Reported period: **February 2023** unless otherwise indicated in brackets in the penultimate column

These indicators are relatively new and need further development and targets to be agreed.

This year, our Objective Key Results (OKRs) are;	Target	Comm Services	Oxon & BSW	Bucks	LD	Forensic	**Trust**	**Trust Trend**
(1i) Numbers of Pressure Ulcers developed in service category 3 and grade 4	TBC	11	0	0	0	0	11 in month (127 YTD with 7 being PSII)	➔
(1j) 48 hour follow up for those discharged from mental health wards	TBC	-	60%	78%	-	-	67% (July* n=47/70)	-
(1k) 72 hour follow up for those discharged from mental health wards	TBC (80% national)	-	60%	78%	-	-	67% (July* n=47/70)	-
(1l) Inpatient Length of Stay (LOS) excl delay/leave – Mental Health Adult Acute	TBC		58 days	76 days			66 days (July*)	-
(1m) Inpatient Length of Stay (LOS) – EMU	TBC	9 days	-	-	-	-	9 days (July*)	-
(1n) Inpatient Length of Stay – Stroke	TBC	31 days	-	-	-	-	31 days (July*)	-
(1o) Inpatient Length of Stay – Rehab	TBC	27 days	-	-	-	-	27 days (July*)	-
(1p) Medically fit for discharge (MFFD) – Community	TBC	79	-	-	-	-	79 (July*)	-

* Latest available data due to Carenotes outage.

The arrows indicate the trend against the last reported position and the colour is the RAG status against the target.

(i) Clinical supervision completion rate

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; and staff experience and quality of supervisions.

Work continues to ensure accuracy of reporting from the Online Training Record (OTR), with testing at an individual staff member level. The learning and development team continues to support clinical colleagues by uploading their data onto the OTR. Recording functions are being improved e.g. to record group supervision. Supervision is being relaunched to raise awareness of its importance and several Quality Improvement (QI) projects are underway across directorates to understand barriers to low compliance and recording challenges on OTR.

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

In March 2020, NHS England set a target to achieve 19% Black, Asian and Minority Ethnic (BAME) representation across all levels in the organisation by 2025. This representation should be spread evenly across all services and pay bands. In March 2023, the Trust's overall figure of staff from a BAME background was 20.3%.

However the national target is not being met in the following directorates: Community Services (15.1%); Research & Development (15.7%); Corporate Services (16.7%); and Oxfordshire & Bath, North East Somerset, Swindon & Wiltshire mental health (18.9%). There is also an underrepresentation across the Trust at higher pay bands (8A and above).

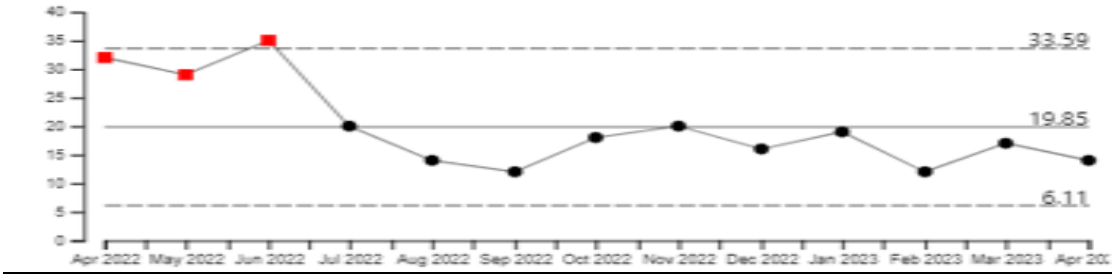
The under-representation of ethnic minority groups in certain bands and occupational groups within Oxford Health is an area of focus. The cause is complex and multifaceted, and attention is being given to biases in recruitment practices, over representation of BAME staff in formal disciplinary procedures, and BAME staff not being promoted at the same rate as their colleagues. All these areas are being addressed through dedicated quality improvement projects.

There is an ICS-level action plan for Buckinghamshire, Oxfordshire and Berkshire West to improve the race disparity ratio and meet the six national EDI actions. The Trust has built on the Race Equality 'Framework for Change' Strategy, led by Oxford Health's Chief Nurse, and launched an Equality, Diversity and Inclusion (EDI) race equality Quality Improvement (QI) programme. These workstreams are based on analysis of the WRES, a review of the national NHS staff survey, and ongoing engagement with the Trust's staff networks. The three key projects of the programme are: increasing workforce diversity; de-biasing the disciplinary process; and improving equal opportunities in career development and progression.

The QI approach being followed by the Trust has enabled a structured, engaging and proactive approach to working with these topics of high complexity and emotive content which has allowed progress to continue.

(iii) <u>Reduction in use of prone restraint by 25%</u>

Objective Key Result (OKR)	Target	Actual
(1e) Reduction in use of prone restraint	25% reduction – YE target TBC	16 uses YTD



Use of prone restraint carries increased risks for patients and should be avoided and only used for the shortest possible time. The Trust is working hard to only use restraint for the shortest possible time.

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

Patient Safety Incident reviews and data analysis details the use of restrictive practice across the Trust during 2022/23 indicates an encouraging reduction over the year in the use of restraint. Work is in progress with the aim of a continued reduction in the use of the prone position by introducing a requirement that every use of prone is fully reviewed to reflect on the incident, understand the rationale, consider alternatives, identify themes and/or issues to enable learning to shift culture.

All prone restraints are reviewed at a weekly review meeting, including looking at the duration of prone restraints. All prone restraints lasting longer than five minutes are reviewed by the Head of Nursing.

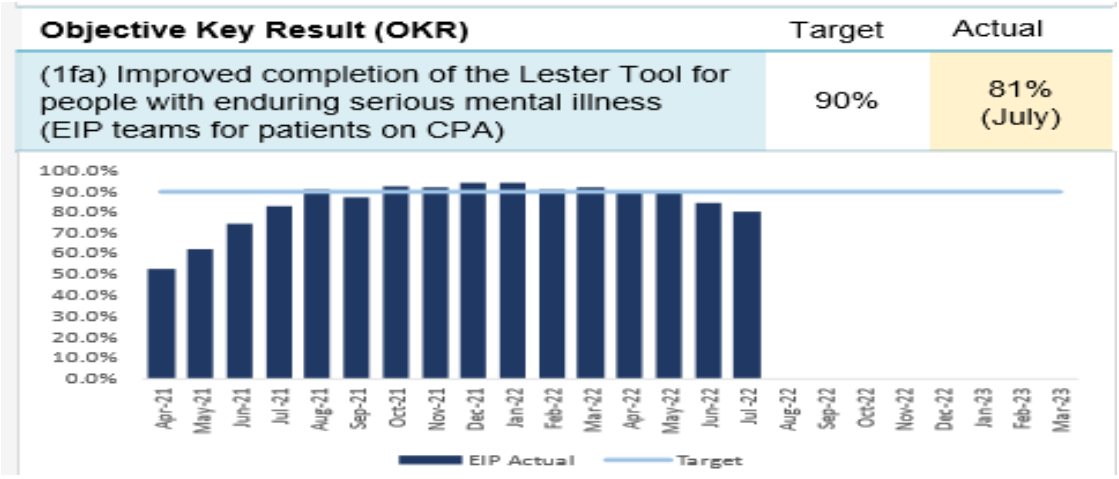
The graph above shows the use of prone by month for all wards and the table shows the position across the last three years, demonstrating a 15% reduction in the use of prone restraint from the 2020/21 baseline.

Incidents of Rapid Tranquilisation have considerably reduced since the start of the year. There has been a program of work to focus on reduction in this area that includes: alternative medication site training is now being rolled out and safety pods are in situ on every ward; and training for use of safety pods has been embedded in the PEACE programme. All rapid tranquilisation related incidents are reviewed and matrons are leading on practise reviews on wards for each incident.

Following detailed analysis and liaison with QI sponsors, several 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. Trust data for the 2022/23 period is detailed in the table below.

Trust Data	Quarter 1 2022/23	Quarter 2 2022/23	Quarter 3 2022/23	Quarter 4 2022/23
Physical restraint	916 (Increase 136)	659 (Decrease 257)	605 (Decrease 54)	489 (Decrease 124)
Use of prone	351 (Increase 56)	349 (Decrease 2)	259 (Decrease 90)	50 (Decrease 210)
Seclusion	98 (Decrease 10)	92 (Decrease 6)	118 (Increase 27)	117 (Decrease 1)
Rapid Tranquilization	196 (Increase 77)	86 (Decrease 110)	96 (Increase 10)	116 (Increase 20, Decrease of 80 from Q1 baseline)

(iv) <u>Lester tool – improved completion for people with enduring serious mental illness</u>



Objective Key Result (OKR)	Target	Actual
(1fb) Improved completion of the Lester Tool for people with enduring serious mental illness (AMHTs for patients on CPA)	75%	64% (July)

The indicator is based on the completion of the Lester physical health assessment tool for patients with a severe mental illness (SMI). The tool covers eight elements, including smoking status, lifestyle, body mass index (BMI), blood pressure, glucose and cholesterol, and their associated interventions. People with SMI die on average 15 to 20 years sooner than the general population. They are dying from physical health causes, most commonly respiratory, circulatory diseases and cancers.

The Trust is unable to report consistently on the completion rate for the screening tool following the national clinical systems outage and transition to RiO (Patient Information Record system).

Local intelligence from teams is that there has been an increase in reviews and availability of physical health clinics. Some patient reported outcomes show patients feeling more supported with managing their physical healthcare.

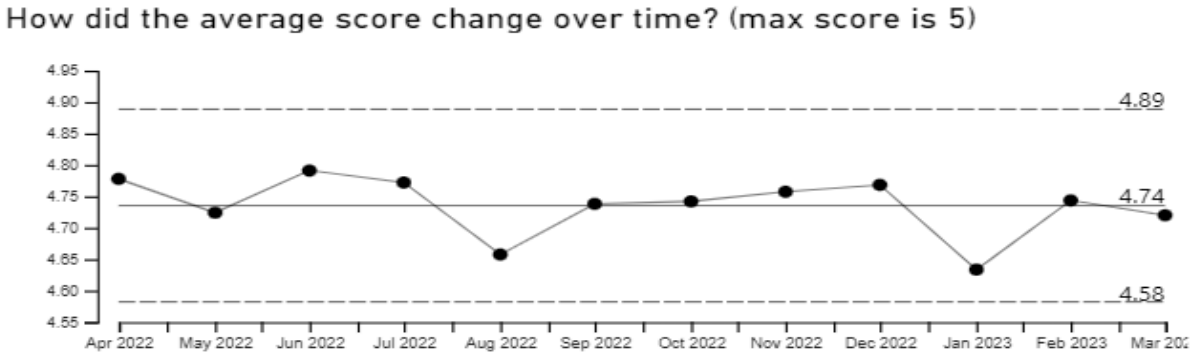
Throughout 2022/23 there has been an improvement plan with three workstreams. Work and funding has been put into improving the physical healthcare of patients accessing mental health services, including new physical healthcare roles and tobacco dependency advisory roles being appointed within community mental health teams and wards, as well as the purchase of additional physical healthcare equipment.

The focus has been on:

- Diabetes management on the wards
- Physical health skills training for community mental health teams
- Developing patient information to support conversations and promote improving health
- An inpatient referral pathway to embed a care treatment programme for tobacco dependency has been developed
- Improve flexibility and mobility of testing through mobile clinics and point of care testing kits
- Make changes to the physical health forms on the electronic patient record

(v) Evidence patients have been involved in creating their care plan

Our local patient survey data through 'I Want Great Care' (IWGC) shows an average score of 4.73 (n=8,416 patients) for the question 'were you involved as much as you wanted to be in your care' in 2022/23 compared to 4.78 in 2021/22 (n=8,044 patients), so this is a similar outcome. The graph below shows the average score per month in 2022/23, out of a maximum score of 5.0.



The Trust is keen to ensure that patients are involved sufficiently in planning of care as this impacts on their experience and outcomes. Working in partnership with carers the Trust has plans to achieve 85% of carers and families reporting feeling involved as part of their loved ones' care by June 2024 (61% in 2022/23), and achieve that 75% of carers and families will report feeling listened to as part of their loved ones' care by June 2024 (45% in 2022/23).

The overall aim of this project is to improve family and carer involvement and experiences utilising seven primary drivers:

1) Build on staff awareness and training about carers;
2) Increase support and signposting available to carers;
3) Better communication with carers;
4) Develop and improve resources about services for patients and carers to access in different formats;
5) Build on involvement work with carers;
6) Identify carers who are accessing our services with the service user; and
7) Build on equality and inclusion.

(vi) 30% of clinical staff in non-learning disability services have completed internal e-Learning on autism training (Oliver McGowan training pilot)

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 2023/24.

Below are some of the other activities the Trust is doing improve how it's staff work with and support people with autism:

- The Trust has rolled out the new national Tier 1 Oliver McGowan training to all staff, published in November 2022 with a target of 90% of staff completing Tier 1 by the end of March 2023. As the national training was delayed in being released, the Trust have not been able to achieve its local target of 90% of staff completing the training by the end of 2022/23. This work will continue, and completion of training is now mandatory for all staff
- The Reasonable Adjustment Service at the Trust is supporting mental health clinicians to better understand and support the needs of autistic individuals with reasonable adjustments. The service in Oxfordshire and Buckinghamshire is being expanded. Bespoke training sessions have been delivered to mental health wards and community teams, as well as support sessions
- Resources have been developed to support clinical teams with making communication more autistic inclusive
- The Disability Equality Staff Network marked 'Neurodiversity Celebration Week' in March 2023 with a live virtual event attended by eighty people
- A new Autism Spectrum Disorder (ASD) patient forum has been developed to work on improving the experiences of people when they access services

2. Be a great place to work

The activities of the Trust's human resources (HR) function, which includes learning and development activity, are focused on the key priorities identified in relation to staffing challenges. In 2022/23 these centred on creating task and finish groups to tackle the root causes of lower-than-expected levels of completion of statutory and mandatory training, supervision and personal development reviews (PDRs).

Groups were also set up to tackle high vacancy rates and the current limitations on proactively attracting new employees to the Trust, along with staff retention. These groups embedded a quality improvement (QI) approach when considering workforce and people challenges. Focus has also been given to staff health and wellbeing to support morale and retention including funding for team days and an additional day of annual leave for wellbeing.

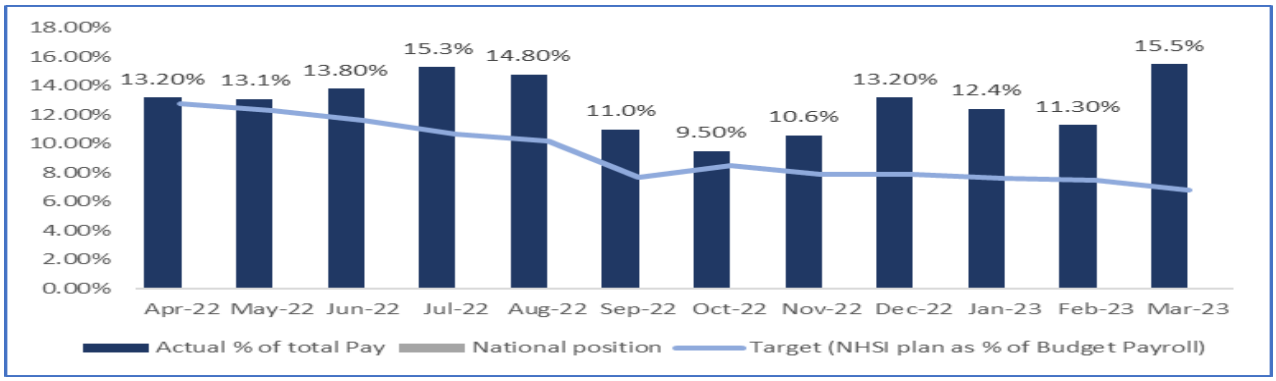
Following a comprehensive review of statutory and mandatory training, supervision and personal development reviews (PDRs) there has been an associated increase in reporting. Work will continue on increasing levels of compliance in these three areas to meet the target figures. A large piece of work will be undertaken defining career pathways for clinical and non-clinical staff with associated educational activity to support career development and retention.

While absence levels reduced in 2022/23, they have not yet returned to pre-Covid levels. The Trust is focused on is maximising value of the absence management system contract while reviewing absence cases continually across all of directorates.

There are nine OKRs relating to the people and workforce strategic priority. Performance against these is set out in the table below and in the following narrative.

This year, our Objective Key Results are;	Target	Trust	National comparator	Trust Trend
(2a) Staff Survey-Staff Engagement scoreQ4(2022)	>/=?	7.1	Best 7.4 Average 7.0 Worst 6.2	↓
(2b) Reduce agency usage to NHSE target	</= 11.1%	10.8%	Model Hospital Peer Avg 7.8% - National Value6.5 %	↓
(2c) Reducing staff sickness to 4.5% over 2023/24	</=4.5 %	4.5%	Model Hospital Peer Avg 4.9% - National Value 5 %	↓
(2e) Reduction in % labour turnover	</=14%	16.3%	Model Hospital Peer Avg 19.9% - National Value 18.5%	↑
(2f) Reduction in % **Early** labour turnover	</=14%	19.7%	None	↑
(2g) Reduction in % vacancies	</=9%	12.7%	Model Hospital Peer Avg 9.7% - National Value 9.1%	↑
(2h) PDR compliance	>=95%	11.8%	None	↓
(2i) S&MT (Stat and Mandatory training)	>=95%	86.4%	None	↑
(2j) Number of Apprentices as % substantive employees	>=2.3%	5.0%	None	→

(i) <u>Reduce agency usage</u>



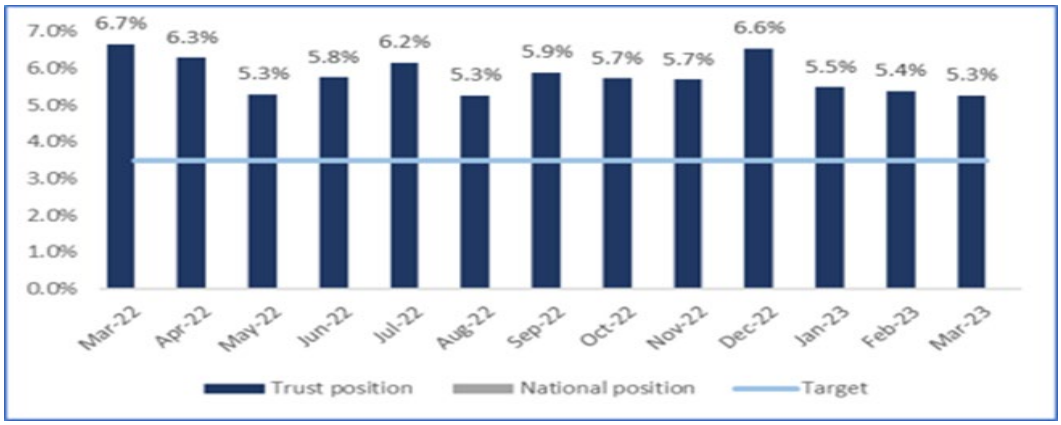
The Improving Quality and Reducing Agency Programme (IQRA) is a key strategic focus for the Trust and has several workstreams that between them aim to improve the quality of the Trust's services while reducing agency spend. Key achievements of the IQRA Programme for 2022/23 are the procurement and implementation of three out of the five agency contracts. These are the: NHS Professionals bank staff contract; a master vendor contract for nursing, allied healthcare professionals (AHP) and admin and clerical staff; and the guaranteed volume contract for the Littlemore Mental Health Centre site.

The year saw the arrival of 107 internally educated nurses, resulting in the avoidance of agency costs to date of £2.45 million. Spending on nursing agency spend is £5.7 million less and overall agency spend is £1.69 million less than in 2021/22. The recruitment key performance indicator (KPI) achieved agency cost avoidance of £2 million, which is 92.48% of the target set.

The key deliverables of the IQRA programme in 2023/24 will be the full implementation of the five external temporary staffing contracts, providing a planned agency cost avoidance of £10.7 million (this is a conversative number based on a percentage delivery target for each contract). The recruitment of 204 support staff and 223 registered nurses (30 internationally educated nurses, 63 student nurses and 130 domestic nurses).

The Trust will see the first cohort of nurse associates, who have been undertaking the top up degree, qualify as registered nurses in September 2023 (11 adult and 28 mental health nurses). The Trust will be required to prioritise the delivery of the medical workforce plan to address the significant increase in agency spend during 2022/23.

(ii) Reducing staff sickness to <3.5%



Sickness absence remains above target, although performance has improved on the previous year. In 2022/23 the average sickness absence rate was 5.73%, with the number of long-term sickness cases falling from 2.9% in April 2022 to 2.5% in March 2023. Short term sickness in the 12 months to 31 March 2023 decreased from 3.3% at the start of the year to 2.7% in March 2023. High levels of sickness-absence contribute to higher levels of agency spend and increased workload on remaining staff.

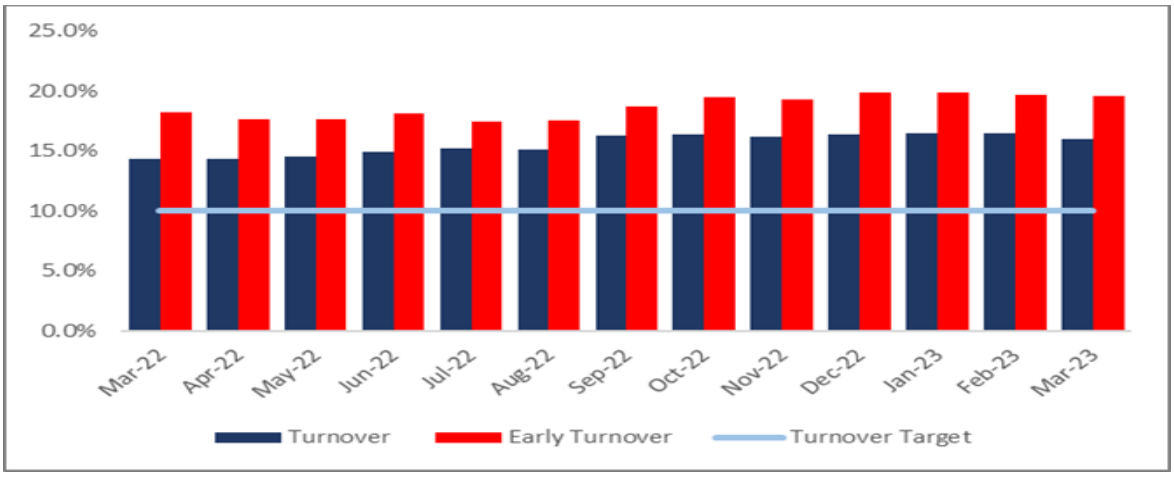
The top reported causes of absence for 2022/23 were: Covid-19 confirmed (14.6%); coughs/colds (10%); influenza (9.5%); and gastrointestinal (8.6%).

Throughout the year there has been a focus on ensuring that return to work and wellbeing conversations between line managers and employees are taking place after every absence. This is a key enabler to ensure that appropriate referrals are made, including signposting to the various support/assistance programmes that are available. Evidence suggests that ensuring that there is a focus on wellbeing is an effective method to reduce short term absence.

Additional guidance and support for managers on the absence management system's full capability has been (and continues to be) provided. A working group is being established in partnership with trade union colleagues to support the development of manager guidance to improve consistency. The absence management system provider is supporting improvements to reporting to drive reductions in absence through better management. Further work is underway to understand the drivers for the high volumes of absence in particular services to ensure that there is consistent application of policy across the Trust. Cases of Long Covid are being supported and managed actively in accordance with national guidance.

The absence target is being reviewed in readiness for the 2023/24 year. It is anticipated to be within the range of 3% to 4%, aligned with the approach taken by organisations within the two integrated care systems of which Oxford Health is a member.

(iii) Reduction in staff turnover to <10%



Staff turnover in 2022/23 was 15.9%. High levels of turnover will impact on vacancies, agency spend, quality of patient care and staff experience. The cost of living crisis and the below inflation pay offer are impacting on staff retention, especially in the lower pay bands with wage increases in other sectors increasing rapidly.

Retention has been a challenge this year with cost of living impacting on the retention of healthcare support workers who have left for jobs in other sectors with parity of pay. The 10% retention target set by the Improving Quality Reducing Agency (IQRA) Programme was not met, and despite all the work that was undertaken, more people left the Trust in 2022/23 than in the previous year. The turnover target has been reviewed and agreed at 14% for 2023/24.

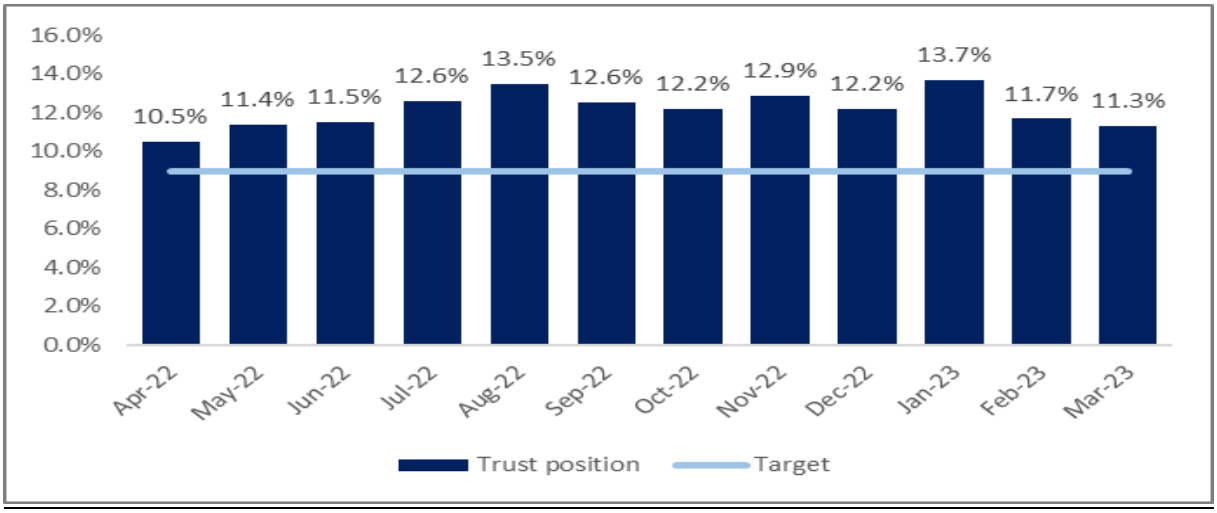
In the final quarter of 2022/23, Quality Improvement projects were started to focus on the main reasons for people leaving the Trust including:

- Retire and return – changes to the 1995 pension scheme following a recent national consultation removed a lot of barriers to staff retiring and returning
- PDRs – increasing the proportion of our staff that have a meaningful PDR with the opportunity to agree career development plans

- Improving the new starter experience – looking at how the Trust onboards new staff from conditional offer to the completion of their probation period
- Career conversations, talent management, career pathways and promotion
- National actions that are being implemented, including a menopause network
- Redesign and relaunch of face-to-face Trust corporate induction

A retention team has been recruited and will implement a work programme over 2023/24. This will include: proactive stay conversations to try and keep staff; career conversations; and ensuring NHS best practice is embedded.

(iv) Reduction in vacancies to <9%



High vacancy rates impact on staff wellbeing and retention, agency spend, and the quality of care provided to patients. The Trust vacancy rate at the end of 2022/23 was 11.3% against a target set by the Improving Quality Reducing Agency (IQRA) Programme of 9%. This was an increase of 2.7% on the previous year.

High vacancy rates are faced by all NHS organisations and result from low unemployment, skill shortages in key areas such as nursing, below inflation pay offers at a time of high costs of living, and well-documented pressures of working in the NHS. In addition, the significant time that it takes to hire an employee can result in candidates withdrawing from the recruitment or securing roles in other organisations.

In 2022/23 the general recruitment team was restructured with new team members appointed and trained, processes were reviewed and redesigned with a focus on improving the quality of the recruitment service and the experience of candidates moving into the Trust. The structure change included creating a dedicated internal recruitment team to prioritise internal applications and retain current staff.

A campaigns team was created and has been instrumental in developing recruitment campaigns, supporting hiring managers, and leading on events and marketing to promote working at Oxford Health. Activities have included: local job fairs; Royal College of Nursing, school and University events; and other specialist recruitment events such as Social Work and Allied Health Professionals. The team have broadened

the Trust's advertising reach and have grown its social media presence. This has resulted in the Trust receiving more applications from sources outside of NHS Jobs, including an increase of internal referred candidates through a newly redesigned 'refer a friend' programme.

Over 2022/23, the Improving Quality and Reducing Agency programme focused on: 1) Hotspot areas – proactive recruitment campaigns for priority areas; 2) Student nursing – engagement and nurturing through years one to three; 3) Tracking, understanding and improving the key recruitment metric of 'time to hire'; 4) Outsourcing of flexible workers/Staffing Solutions team; and 5) Internal talent mobility – simplifying the process for internal moves.

(v) Personal development reviews (PDR) compliance

The number of staff reported as having completed a personal development review (PDR) in the past 12 months remained low at 55.6% at the end of 2022/23.

Several factors have contributed to the low levels of staff that have a recorded PDR, including: a long PDR form that can be time-consuming to complete; complex method for recording PDRs as 'complete' on the Trust's learning and development system, along with a lack of knowledge on how to do this (meaning that some PDRs are completed but not logged), and an inconsistent focus on the importance of having a PDR and driving its completion by managers and senior leaders.

A Quality improvement (QI) project was launched in March 2022 to improve the experience staff have when completing a PDR, with the aim of increasing compliance. This 12-month project delivered an in-depth discovery phase to understand the needs and wants of the workforce and then used this evidence base to design a new form with a focus on career development, work/life balance and wellbeing. The new form was launched in November 2022, with a new PDR season starting on 1 April 2023 that runs until the end of July 2023.

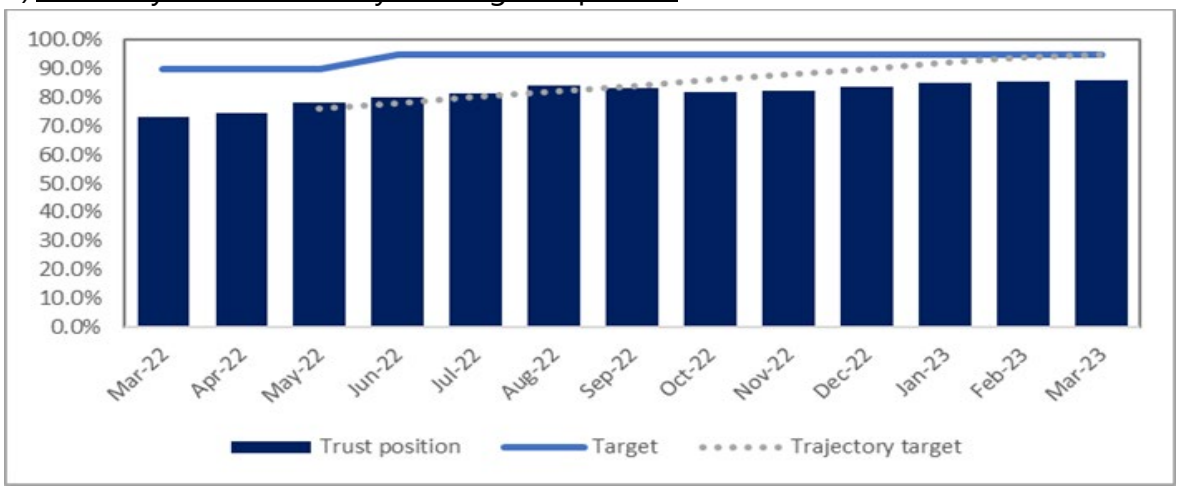
Bespoke bitesize training has been developed to support staff having a PDR, along with managers conducting them, to ensure people get the most out of this important part of the management cycle. Improvements were made to the learning and development system to enable completed PDRs to be recorded more easily.

Weekly updates are being sent to executive and operational leads with progress against target, with updates sent regularly to the Trust's executive management committee and operational management teams, through which progress is monitored. Compliance towards target is published weekly on the staff intranet, with performance updates also included in the regular weekly all staff e-bulletin, leadership briefing webinars and other avenues of engagement.

Posters have been designed and will be distributed across all inpatient and community sites to raise awareness of the PDR campaign and remind staff to get theirs booked.

PDSA (Plan, Do, Study, Action) cycle two will commence in July 2023 to review the first PDR season and take the learning forward.

(vi) Statutory and mandatory training compliance



The percentage of statutory and mandatory training reported at year end is 85.7%, which is 9.3% below the Trust's overall target of 95%. Although a significant improvement on 2021/22, there remains the risk that those who have not completed training may not have the necessary skills and knowledge to carry out their role safely. Several factors contributed to sub-optimal rates for statutory and mandatory training and these have been addressed across the year and include the following.

The definition of statutory and mandatory training has been redefined and aligned with the core skills training framework – a nationally recognised document utilised by other NHS organisations. This has made governance around training clearer for all staff to follow. Monthly reports are presented to the executive management committee so that compliance can be managed by service directors.

A new team managing the link between the Electronic Staff Record (ESR) and the learning and development systems was established within the human resources systems and reporting team. It has completed a thorough cleanse of all data and processes. The team also continues to work alongside its learning and development administration colleagues to ensure staff have access to required training, as well as work on improvements to the learning and development system's functionality.

The Trust relaunched its corporate induction in October 2022, which includes an e-learning day where new starters have dedicated time and support from the learning and development technical support team to complete all e-learning.

New starters to Oxford Health from other healthcare organisations are now able to passport in training already completed (as long as it is in date).

Due to poor compliance and high rates of non-attendance, resuscitation training is being monitored by the Trust's Chief Nurse to support improvement. Weekly reporting of non-attendance is escalated to service leads, as well as detailed reports presented quarterly to the Quality and Clinical Governance sub-committee. A full training review is being completed.

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

The Trust's progress against key elements of this strategic objective is set out in the above financial performance narrative. The Trust was able to offset Cost Improvement Plan (CIP) shortfalls in-year and to achieve an improvement against the original financial plan. Overall, the Trust has five OKRs relating to sustainability as set out in the table below.

Objective 3: Sustainability; make the best use of our resources and protect the environment

This year, our Objective Key Results (OKRs) are;	Comm Services	Oxon & BSW	Bucks	LD	Forensics	Other	Trust	Trust Trend
(3a) **Favourable** performance against financial plan (YTD)	£5.5m Adv →	£0.2m fav ↑	£1.8m adv ↓	£0.1m fav ↑	£0.9m Adv ↑	£11.1m Fav ↑	£3.2m fav ↑	↑
(3b) Cost Improvement Plan (CIP) delivery (YTD)							£1.9m adv ↓	↓
(3c) **95%** of estate to achieve condition B rating by 2025 (75% in 2021)							75%	→
3d) Delivery of estates related NHS Carbon Footprint reduction target of 2879 tonnes by 2028 ,Reach net zero NHS Carbon Footprint Plus by 2045, reducing emissions by at least 73% by 2036-2038. (25,550 C02t)	Work is now underway to carry out a six-facet survey to understand the current building condition ratings. This indicator will be updated once that work is complete.						5160 tonnes	→
(3e) **Achievement of all 8 targeted measures** in the NHS Oversight Framework (see section 2 of this report)	-	-	-	-		-	2 not achieved	

4. Become a leader in healthcare research and education

As stated in the foreword, Oxford Health is distinctive in its activity in research and development through its sharing of people and space with the University of Oxford, close collaboration with other universities, and through hosting one of only two biomedical research centres in England devoted solely to mental health.

The Trust has built on this over the reporting year – in October 2022, £35.4 million was awarded by the National Institute of Health and Research (NIHR) to Oxford Health's Biomedical Research Centre. Together with the NIHR Biomedical Research Centre this is massive boost for both research and employment in the city, county and beyond.

Through the Mental Health Mission, the Trust is also playing a leading role in a multi-million-pound research effort to find innovative treatments for mental illness including treatments of depression, bipolar disorder, psychosis and children's mental health.

In April 2022, the largest ever clinical trial of virtual reality for mental health was published in the Lancet Psychiatry – led by researchers from the Oxford Health Biomedical Research Centre, the trial showed how the automated therapy works for patients diagnosed with psychosis and psychological problems.

Over the reporting year, the Oxford Joint Research Office was expanded, supported by the Board of Directors and Oxford Academic Health Partners, to include Oxford's two NHS foundation trusts and the city's universities with the aim or promoting and facilitating greater collaboration in clinical research.

Going forward into the future, the Trust's commitment to research – especially how it translates into better care – underpins the Warneford Park project, an ambitious plan to preserve the 200-year-old buildings of the Warneford Hospital (no longer fit for modern day healthcare) while constructing a new centre for research adjacent to a new hospital. The project is in the early stages of developments and will depend on securing capital funding but the ambition has already begun to energise the Trust's clinicians, researchers and wider workforce.

Statement on performance from the Chief Executive

The last year has been a difficult period for all NHS organisations. At Oxford Health, we have continued to recover services and support staff following the pandemic while responding to challenges relating from industrial action, rises in the cost of living, and the impact of a cyber-attack on a key supplier – which significantly disrupted our data gathering and performance reporting. Nevertheless, thanks to the unwavering commitment and dedication of the Trust's staff, Oxford Health has managed to maintain and, where possible, improve the quality of service provision across its broad delivery geographies.

Signed: **Date: 13 July 2023**
Grant Macdonald
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, while maintaining high standards of clinical and corporate governance and corporate responsibility. The Board 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 the Trust's governance policies and practices, thus providing insight into how the Board and management team 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 – Geraldine Cumberbatch and Professor Sir Rick Trainor – who both joined from the beginning of April 2022. Amélie Bages joined the Board in a new role as Executive Director of Strategy and Partnerships in late April 2022, followed by Heather Smith who joined as Chief Finance Officer in July 2022.

Board members who left the Trust over 2022/23 were Mike McEnaney, who retired after 11 years as Director of Finance over Summer 2022, and Martyn Ward, Executive Director for Digital and Transformation, who left the Trust on 10 March 2023 to take up a secondment position at another NHS provider. The Trust is especially grateful to both these members of the Board for their support and dedication.

The 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 can play their full part in the strategic direction of the Trust and its performance.

The Chair is also 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 Board committee accordingly.

Dr Nick Broughton, as Chief Executive for the year ending 31 March 2023, was responsible for all aspects of the management of the Trust (from July 2023, Dr Broughton began a secondment to be Chief Executive of the Buckinghamshire, Oxfordshire and Berkshire Integrated Care Board). This included developing appropriate business strategies agreed by the Board, ensuring appropriate objectives and policies were adopted throughout the Trust, appropriate budgets were set within available resources, and that performance is monitored effectively, and risks mitigated.

The Chair, with the support of the Director of Corporate Affairs and 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; and through meetings with Governors. The Board is also updated regularly 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 NHS England's Code of Governance for NHS provider trusts.

The Non-Executive Directors have ensured that they have sufficient time to carry out their duties. Any term beyond six years is subject to rigorous review by the Governors' Nominations and Remuneration Committee, thus ensuring that the needs of the organisation in the context of the environment within which it operates are considered. The Non-Executive Directors, through the Nominations, Remuneration and Terms of Service Committee, are responsible for reviewing the performance appraisals, conducted by the Chief Executive, of Executive Directors and that of the Chief Executive conducted by the Chair.

During the year, the time spent with the Governors has helped the Board to understand their views of the Trust and its strategies. Board members attend the Council of Governors' meetings, with Governors in return attending public Board meetings as observers. Invitations to observe Board committees have continued to be extended to the Governors during the year 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 understanding of the things that matter to patients and the public, but the Board recognises that more can always be done to make membership more meaningful for those who wish to be involved.

The Board also strives to support patients to be more involved in their own care and service developments via the Trust's 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 2022/23.

Executive Directors

Voting Executive Director Members of the Board:

- Dr Nick Broughton, Chief Executive
- Marie Crofts, Chief Nurse
- Charmaine De Souza, Chief People Officer
- Grant Macdonald, Managing Director of Mental Health, Learning Disabilities and Autism
- Dr Karl Marlowe, Chief Medical Officer
- Mike McEnaney, Director of Finance (to July 2022)
- Dr Ben Riley, Managing Director of Primary, Community and Dental Care
- Heather Smith, Chief Finance Officer (from 4 July 2022)

Non-voting Executive Director Members of the Board:

- Amélie Bages, Executive Director of Strategy and Partnerships (from 25 April 2022)
- Kerry Rogers, Director of Corporate Affairs and Company Secretary
- Martyn Ward, Director for Digital and Transformation (to 10 March 2023)

Non-Executive Directors

Voting members of the Board:

- David Walker (Chair)
- Chris Hurst (Senior Independent Director and Vice Chair)
- Geraldine Cumberbatch (from April 2022)
- Professor Kia Nobre
- Sir Philip Rutnam
- Mohinder Sawhney
- Professor Sir Rick Trainor (from April 2022)
- Lucy Weston
- Andrea Young

The Chair and Non-Executive Directors are appointed for a period of office as decided by the Council of Governors at a general meeting. 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 set out below:

Name	Commenced	Term	Current term period	Eligible for re-appt
Chris Hurst	01/04/2017	3rd	1/04/2023 - 31/03/2026	Not eligible post third term
Prof. Kia Nobre	01/07/2021	1st	1/07/2021 - 30/06/2024	Up to two further terms
Mindy Sawhney	01/01/2021	1st	1/01/2021 - 31/12/2023	Up to two further terms

David Walker	01/04/2019	2nd	1/4/2022 – 31/3/2025	Up to one further term
Lucy Weston	01/03/2019	2nd	01/03/2022 - 28/02/2025	Up to one further term
Andrea Young	01/01/2022	1st	01/01/2022 - 31/12/2024	Up to two further terms
Sir Philip Rutnam	01/01/2022	1st	01/01/2022 - 31/12/2024	Up to two further terms
Prof. Sir Richard Trainor	01/04/2022	1st	01/04/2022 - 31/03/2025	Up to two further terms
Geraldine Cumberbatch	01/04/2022	1st	01/04/2022 - 31/03/2025	Up to two further terms

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 attendance at each Board of Directors' (BoD) and Council of Governors' (CoG) general meetings during the year:

David Walker (Non-Executive Director, Chair), BoD 9/9 and CoG 3/3 meetings

David Walker was appointed Chair of Oxford Health in April 2019. Prior to this, he served as deputy chair of Central and Northwest London NHS Foundation Trust 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 David was a Leader Writer for The Times, Chief Leader Writer for The Independent, Founding Editor of the Guardian's Public Magazine and has worked as a local government and social policy correspondent. He is the author of several books.

Geraldine Cumberbatch (Non-Executive Director) BoD 9/9 and CoG 2/3 meetings

Geraldine joined the Trust as a Non-Executive Director on 1 April 2022. A solicitor with experience in private practice and in-house, she is a pragmatic, inclusive and people-oriented person with broad experience and expertise in advising businesses, individuals and local authorities, and providing practical guidance to charities. Geraldine also has a wealth of experience in strategy, establishing financial governance and managing assets.

Chris Hurst (Non-Executive Director), BoD 8/9 and CoG 3/3 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 was also previously a Non-Executive Director of a small digital development company and former independent adviser to an international healthcare technologies company.

Professor Kia Nobre (Non-Executive Director), BoD 6/9 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 (Non-Executive Director) BoD 7/9 and CoG 2/3 meetings

A distinguished former civil servant, Sir Philip was a Permanent Secretary for eight years, first at the Department for Transport from 2012 to 2017 and then at the Home Office from 2017 to 2020. 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 between 2015 and 2020 and was appointed Knight Commander of the Order of the Bath in the 2018 New Year Honours for public service. He became Chair of the National Churches Trust in September 2022.

Mohinder Sawhney (Non-Executive Director), BoD 7/9 and CoG 3/3 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.

Professor Sir Rick Trainor (Non-Executive Director) BoD 8/9 and CoG 2/3 meetings

Sir Rick joined Oxford Health as a non-executive director on April 1, 2022. He has been the rector of Exeter College at the University of Oxford since 2014 and was previous head of two other universities, Greenwich and King's College London (KCL). He brings substantial senior leadership expertise, particularly in higher education and extensive experience in fostering academic-clinical links evidenced by his time as a board

member of King's Health Partners, the academic health sciences centre linking KCL with three NHS trusts.

Sir Rick has wide-ranging boardroom experience having served on governing or advisory boards of the Museum of London, the Royal Academy of Music and the Francis Crick Institute. He is a former president of Universities UK and a former chair of Oxford's Conference of Colleges and is currently a Pro-Vice- Chancellor (without portfolio) of The University of Oxford.

Lucy Weston (Non-Executive Director), BoD 9/9 and CoG 3/3 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.

Andrea Young (Non-Executive Director), BoD 7/9 and CoG 2/3 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.

Dr Nick Broughton (Chief Executive), BoD 8/9 and CoG 3/3 meetings

Nick was appointed Chief Executive Officer of Oxford Health NHS Foundation Trust on 15 June 2020. He brings a wealth of experience to the Trust, 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 7/9 and CoG 3/3 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.

She has been Director of Nursing in a mental health and learning disability organisation – 2gether NHS Foundation Trust, and most recently was Director of Mental Health at Birmingham Women's and Children's NHS Foundation Trust.

Charmaine De Souza (Chief People Officer), BoD 9/9 and CoG 3/3 meetings

Charmaine joined Oxford Health by taking-up the new role of Chief People Officer. 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 had 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 an MSc in Organisational Behaviour from Birkbeck College and is a member of the Chartered Institute of Personnel Development (CIPD).

Grant Macdonald (Managing Director of Mental Health Services & Learning Disabilities Care), BoD 9/9 and CoG 2/3 meetings

Grant started in his role as Oxford Health's new Executive Managing Director for Mental Health, Learning Disabilities and Autism in March 2022. With 17 years of 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 at Berkshire Healthcare NHS Foundation Trust before joining Central and Northwest London NHS Foundation Trust as Executive Director of Strategy and Workforce. Before joining Oxford Health, he was Chief Operating Officer at Southern Health NHS Foundation Trust.

Karl Marlowe (Chief Medical Officer), BoD 8/9 and CoG 1/3 meetings

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 postgraduate qualifications from UCL, the Institute of Psychiatry and Oxford's Said Business School.

Karl was previously the Chief Medical Officer at Southern Health NHS Foundation Trust where, from April 2018, he was responsible for the clinical leadership of 6,000 staff

across more than 300 sites. During this time, he had worked alongside Oxford Health's 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.

Previously Karl was 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.

Mike McEnaney (Director of Finance to July 2022), BoD 3/3 and CoG 1/1 meetings

Mike commenced his financial management career in consumer goods with Hoover, adding multinational experience gained in the oil and consumer lubricants sector with Burmah Castrol. He has substantial experience at the executive level gained as Finance Director of Honda's UK manufacturing operations, Avis' 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, and across his tenure also held executive responsibility for HR, Estates, and IM&T before retiring in July 2022.

Dr Ben Riley (Managing Director of Primary, Community and Dental Care), BoD 7/9 and CoG 1/3 meetings

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

Before joining the Trust, Ben's experience includes the role of Chief Clinical Officer and Chair at OxFed, the GP federation for Oxford City. He was a GP Partner at Oxford's 19 Beaumont Street Surgery for eight years, where he was an Oxford University College Doctor and the lead doctor for a care home that included patients with complex healthcare needs and dementia. He was also joint Clinical Director of the Healthier Oxford City Primary Care Network (PCN) and has previously worked as a GP in Faringdon and Leighton Buzzard.

Ben has held leadership roles at national level. In 2012, he received a commendation from the Royal College of General Practitioners for outstanding contributions to the discipline of general practice and primary care. As Medical Director of Curriculum and GP Education from 2012 to 2019, Ben led the national team that updated the GMC-approved national curriculum for GP training, which was adopted in GP training programmes across the UK. Before this he led the College's e-learning programme,

co-authored several national strategy documents and 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 to 2018.

At Oxford Health, Ben leads the Primary, Community and Dental Directorate team with over 2000 staff who provide a wide range of health care services for people of all ages across Oxfordshire. This includes services for children, young people and vulnerable families; urgent and emergency care; community rehabilitation wards; community nursing and therapies; and a wide range of planned care services. He also heads up the Trust's community vaccination services and dentistry teams.

Heather Smith (Chief Finance Officer from July 2022), BoD 7/7 and CoG 2/2

Heather Smith joined Oxford Health in July 2022 from the Department for the Environment, Food and Rural Affairs (DEFRA), where she had also been Chief Finance Officer. Before joining DEFRA – a £6 billion public sector group – Heather had worked in senior civil service finance and policy roles in HM Revenue and Customs and in the Department for Business Innovation and Skills. Before that, she worked at HM Treasury, the World Bank, and for Arthur Andersen and Deloitte & Touche.

At Oxford Health, Heather is responsible for the operational, strategic financial and commercial leadership of the Trust. This means contributing to the development of Integrated Care System financial strategies, enabling transformation of clinical services and models of care to use resources more efficiently and effectively, and supporting the Trust's journey to becoming an outstanding provider of patient care.

Amélie Bages (Executive Director of Strategy & Partnerships from April 2022), BoD 8/9 and CoG 2/3

Amélie joined Oxford Health as Executive Director of Strategy and Partnerships in April 2022. Previously she was Head of Mental Health for NHS England, a position Amélie held for more than three years through which she oversaw the finance, planning, strategy, performance, delivery, and equalities work for the National Mental Health Programme. This covered government spending reviews, leading on business cases and negotiations, integrated care systems and operating model development work.

In 2019, she led the development of the NHS Long Term Plan for mental health, securing an additional £2.3 billion funding for mental health services across England. Most recently, as part of the National Mental Health Senior Leadership Team, she worked closely with the Department of Health and Social Care to secure an additional £500 million of funding for mental health services in 2021/22 to address the immediate impact of Covid-19, as published in the Government's Covid-19 Mental Health and Wellbeing Recovery Action Plan.

Her work with large acute trusts in London, including the Royal Free, presented her with opportunities to see first-hand the benefits of embedding research and

innovation in the delivery of care and as part of a wider organisational transformation approach.

Kerry Rogers (Director of Corporate Affairs and Company Secretary), BoD 7/9 and CoG 3/3 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 NHS Foundation Trust – 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 its Business Planning and Governance Committee. She is currently a trustee for Age UK Oxfordshire and Board member of Akrivia and was on the Board of the Hill until 2022, an organisation that 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 the Board and all stakeholders. Prior to joining the NHS in 2005, her early public sector career was as an Inspector of Taxes in HMIT. She then went on to be a Finance Director and Company Secretary for an IT professional services company contributing to the strategic direction and operational excellence of the business.

Martyn Ward (Director of Digital and Transformation to March 2023), BoD 7/8 and CoG 2/2 meetings

Martyn joined the Trust in September 2016 and was appointed to the Board of Directors as Director of Strategy and Performance in January 2018, and then as the Trust's Chief Information Officer in July 2018. As an engineer with a background primarily in IT and information, Martyn has significant 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. Martyn completed the director programme at the NHS Leadership Academy, in addition to previous training hosted by Ashridge Business School and Office of Public Management. Martyn left the Trust in March 2023.

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 was 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 including membership and attendance, 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 and Law, and Charity committees can be found in the Corporate Governance and Code of Governance sections of this Annual Report. They are also referenced within the Annual Governance Statement and Remuneration Report, where relevant.

The Quality Committee, chaired by Non-Executive Director Andrea Young, 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 Care Quality Commission (CQC).

These responsibilities are defined within the CQC's five key questions and key lines of enquiry. This includes assurance that good and poor practice is recognised, understood and managed through the operational and clinical management structure.

The role of Quality Committee and its sub-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 regulatory frameworks and legislation;
- approve changes in clinical or working practices or the implementation of new clinical or working practices;
- approve new or amended policies and procedures;
- monitor the quality, effectiveness and efficiency of services and identify any associated risks; 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. The committee has also contributed to continued planning regarding the Warneford site development ambitions and Trust annual planning for 2023/24.

The People Leadership and Culture Committee, chaired by Non-Executive Director Mohinder Sawhney, 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 and Law Committee, chaired by Chair David Walker, is 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, while protecting the human rights of service users.

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/or given to the Oxford Health Charity. Further information on the Charity Committee can be found in the Charity and Community Involvement section of this report.

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 Trust's website publishes the Board of Directors' Register of Interests.

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 for our local populations. 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 responsible, individually and collectively, for the quality and safety of services provided. The Board and Executive Team 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 Trust adapts to changes and 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 and Law Committee.

In recent years, the Trust has developed and implemented Four NHS-led Provider Collaboratives (listed below). The Trust, as lead provider for these collaboratives, manages whole pathways of care on regional footprints. As lead provider, the Trust commissions 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 the Trust is 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 an online business intelligence platform (TOBI), which is available to all staff members to access data from different sources in one place to improve how information can be triangulated.

The Board sub-committees delve into the detail of the quality provided and highlight any concerns and risks as appropriate, for example 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 Quality Improvement (QI) projects. The Audit Committee leads on the internal audit programme which helps to provide assurances on a range of key governance and control areas.

The Executive Team reviews the quality of services on a weekly basis with key information brought together by subject experts and senior clinical leads to identify any immediate actions, oversee the quality of provision, and identify any themes for improvement. This information 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 and fire issues.

The Trust holds directorate performance reviews 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 and this year has informed Trust annual planning towards 2023/24.

The Trust is required to register with the Care Quality Commission (CQC) and the current registration status is registered with no conditions. The Trust is subject to periodic reviews of the quality of care by the CQC. Following an inspection undertaken from July to September 2019, the Trust was rated as 'Good' overall and within the Well-led domain. The CQC did not carry out an inspection during 2022/23.

The Trust's 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. Eight mental health wards were visited within the reporting year with no significant concerns raised. The areas in which most actions were categorised fell under the purpose and effectiveness principle relating to specific issues, Section 17 leave (patients granted 'leave of absence' from hospital), and rights presentation. All actions following inspection continue to be monitored through the Mental Health & Law Committee and Regulatory Action Monitoring Group. Any emergent themes are fed into the Quality Improvement and Learning Group, chaired by our Associate Director of Quality Improvement (QI) to ensure we continually using a Quality Improvement approach.

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

Whilst the Trust has much of which to be proud, it seeks continually to improve the quality and sustainability of its services and the care provided. It is also aware that achieving outstanding care is about a commitment to being open to learning, having a strong patient voice as part of decision making, collaborating with system partners, and continually investing in improvement opportunities.

Disclosures

As a Foundation Trust, the following disclosures are required to be made.

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 below table.

Measure of compliance	2022/23		2021/22	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	84,018	352,059	88,387	281,816
Total Non-NHS trade invoices paid within target	72,424	320,102	83,522	260,302
Percentage of Non-NHS trade invoices paid within target	86.2%	90.9%	94.5%	92.4%
Total NHS trade invoices paid in the year	5,120	59,853	7,737	67,279
Total NHS trade invoices paid within target	4,375	53,455	6,919	56,936
Percentage of NHS trade invoices paid within target	85.4%	89.3%	89.4%	84.6%

There was no liability to pay interest accrued by virtue of failing to pay invoices within the 30-day period.

Other disclosures

No political donations were made 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 1 occasion during 2022/23. During the year, the following Non-Executive Directors have served on the Committee as voting core members:

Committee member	Attendance
David Walker	1/1
Geraldine Cumberbatch	1/1
Chris Hurst	1/1
Professor Kia Nobre	1/1
Sir Philip Rutnam	1/1
Mohinder Sawhney	1/1
Professor Sir Rick Trainor	1/1
Lucy Weston	1/1
Andrea Young	1/1

The Committee also invited the assistance of the Chief Executive, the 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 Trust's plans.

There are no contractual provisions for performance related pay for executive and direct reports and as such no payments were made in 2022/23. 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 everchanging NHS. It is fundamental to business success and 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). Key principles of the approach are that pay and reward are assessed relative to whole Trust performance and in line with available benchmarks.

In light of the Trust's financial situation, the remuneration policy for 2022/23 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 1 April 2022 received an annual non-consolidated inflationary uplift of 3% of base pay rates in 2022/23 reflecting the guidance received and published by regulators.

Executive appointments to the Board of Directors continue under permanent contracts and during 2022/23, no substantive director held a fixed term employment contract. 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 2022/23.

The new role of Director of Strategy and Partnerships was created and Amélie Bages was appointed in April 2022. The process to appoint a new Chief Finance Officer (replacing the role of Director of Finance) concluded during the year, with Heather Smith approved as successor to Mike McEnaney, taking up her appointment in July 2022 following Mike's retirement.

The Trust has used the NHS Equality Delivery System (EDS2) to help to develop its equalities work. This framework helped us identify our equality priorities and consolidate the progress 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 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 Equality, Diversity & Inclusion webpages.

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 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. Any implications of the industrial action at the end of the financial year, while not expected to affect Very Senior Manager pay, will be considered if required in the next reporting period.

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 Director 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, confirmation of satisfactory on-going performance and the needs of the organisation. 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 and the ongoing independence of the individual under consideration. 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 2022/23 has been consistent with that framework. The guidance issued during previous years 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 2022, the governors awarded the Non-Executive Directors and Chair a 3% inflationary increase. Additionally, the governors approved the award of a supplementary one-off payment of £2,000 to the Chair in recognition of his chairmanship of the Board Committee – Mental Health Act and Law Committee.

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 2021/22 is £3,169.

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 2022/23 was £235,000 to £240,000 (2021/22 £230,000 to £235,000).

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 2022/23 was from £201,395 to £20,675 (for 2021/22, the range was £201,395 to £18,546). The percentage change in average employee remuneration (based on the total for all employees on an annualised basis divided by the full time equivalent number of employees, excluding agency staff) between years is 9.4% (3.9% in 2021/22).

No employees received remuneration in excess of the highest-paid director in 2022/23 (none in 2021/22).

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 in the tables on the next page. It shows 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.

2022/23	25th percentile	Median	75th percentile
Staff remuneration by percentile	£25,655	£34,943	£45,278
Remuneration pay ratio with the highest paid director	9:1	7:1	5:1
Staff salary by percentile	£25,655	£34,943	£45,278

Staff pay ratio with the highest paid director	8:1	6:1	5:1

2021/22	25th percentile	Median	75th percentile
Staff remuneration by percentile	£21,777	£32,30	£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 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 20 directors who served in office during the financial year 2022/23 (24 in 2021/22), of which, 11 (six in 2021/22) received expenses with a total value of £10,500 (£1,208 in 2021/22).

During 2022/23, the Trust had 36 governor seats available (also 36 in 2021/22). 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 2022/23, three governors' expenses (none in 2021/22) were reimbursed for £89 (£0 in 2021/22).

Salaries and allowances

Details of executive directors' remuneration and pension benefits and non-executive directors' remuneration are set out in the tables over the next five pages.

Remuneration, cash equivalent transfer values (CETV), exit packages, staff costs and staff numbers are all subject to audit.

Salaries and allowances 2022/23								
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 ***		210-215	0	0	210-215	25.0-27.5	235-240
Mike McEnaney	Director of Finance ***	01/04/2022 to 31/07/2022	50-55	5-10	0	55-60	6.0-7.5	65-70
Karl Marlowe	Chief Medical Officer ***/*		110-115	80-85	0	195-200	17.5-20.0	215-220
Kerry Rogers	Director of Corporate Affairs and Company Secretary		120-125	0	0	120-125	32.5-35.0	155-160
Martyn Ward	Director for Digital and Transformation		120-125	0	0	120-125	30.0-32.5	155-160
Marie Crofts	Chief Nurse		130-135	0-5	0	135-140	0	135-140
Dr Ben Riley	Executive Managing Director – Primary, Community and Dental Care		130-135	0	0	130-135	50.0-52.5	185-190
Charmaine De Souza	Director of Human Resources		130-135	0	0	130-135	30.0-32.5	165-170
Grant Macdonald	Managing Director of Mental Health and Learning Disabilities		140-145	0	0	140-145	0	140-145
Heather Smith	Chief Finance Officer	11/07/2022 to 31/03/2023	110-115	0	0	110-115	25.0-27.5	135-140

Amelie Bages	Director of Strategy and Partnerships	25/04/2022 to 31/03/2023	120-125	0	0	120-125	30.0-32.5	150-155
David Walker	Chairman		45-50	0	0	45-50	0	45-50
Chris Hurst	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		15-20	0	0	15-20	0	15-20
Kia Nobre	Non-Executive Director		10-15	0	0	10-15	0	10-15
Sir Philip Rutnam	Non-Executive Director		10-15	0-5	0	10-15	0	10-15
Andrea Young	Non-Executive Director		15-20	0	0	15-20	0	15-20
Geraldine Cumberbatch	Non-Executive Director		10-15	0	0	10-15	0	10-15
Professor Sir Rick Trainor	Non-Executive Director		10-15	0	0	10-15	0	10-15

1. **'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. *** The pension related benefit represents a locally agreed pension allowance. Grant MacDonald and Marie Crofts have opted out of the NHS Pension scheme. **** The Other Remuneration element of Karl Marlowe's salary relates to his clinical role.*

Salaries and allowances 2021/22								
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**
Dr 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
Dr 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
Dr 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
Dr 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 MD of Mental Health/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
Sir 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
Dr 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
Sir 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

'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 2022/23								
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 31/03/2023 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31/03/2023 (bands of £5,000)	Cash equivalent transfer value at 01/04/2022	Real increase/ (decrease) in cash equivalent transfer value	Cash equivalent transfer value at 31/03/2023	Employer's contribution to stakeholder pension
	£'000 a	***£'000 b***	***£'000 c***	***£'000 d***	***£'000 e***	***£'000 f***	***£'000 g***	***£'000***
Dr Nick Broughton, Chief Executive	0.0-2.5	0.0-2.5	65-70	200-205	1,503	10	1,518	n/a
Mike McEnaney, Director of Finance (to July 2022)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Kerry Rogers, Director of Corporate Affairs and Company Secretary	2.5-5.0	0.0-2.5	30-35	40-45	539	30	586	n/a
Martyn Ward Director of Digital and Transformation (to 10 March 2023)	0.0-2.5	n/a	10-15	n/a	131	16	164	n/a
Marie Crofts, Chief Nurse	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Dr Ben Riley, Executive Managing Director – Primary, Community and Dental Care	2.5-5.0	0.0-2.5	15-20	25-30	192	24	235	n/a
Dr Karl Marlowe, Chief Medical Officer	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Charmaine De Souza, Chief People Officer	0.0-2.5	n/a	0-5	n/a	15	13	47	n/a
Grant Macdonald, Managing Director of Mental Health and Learning Disabilities	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Heather Smith – Chief Finance Officer	0.0-2.5	n/a	0-5	n/a	n/a	8	23	n/a
Amelie Bages	0.0-2.5	n/a	10-15	n/a	83	6	106	n/a

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

Contract type and notice period

Name	Start date as senior manager	Contract type	Notice period by employee	Notice period by employer
Dr 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
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
Grant MacDonald	21/03/2022	Permanent	6 months	6 months
Dr Karl Marlowe	10/05/2021	Permanent	6 months	6 months
Dr Ben Riley	02/04/2020	Permanent	6 months	6 months
Amélie Bages	/04/2022	Permanent	6 months	6 months
Heather Smith	11/07/2022	Permanent	6 months	6 months

Notes: No senior manager has a contract of employment with a notice period greater than six months.

Analysis of staff costs

			2022/23	2021/22
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	223,952	28,847	**252,798**	224,658
Social security costs	24,433	2,251	**26,684**	22,154
Apprenticeship levy	1,227	-	**1,227**	1,087
Employer's contributions to NHS pension scheme	40,079	2,269	**42,348**	38,849
Pension cost – other	-	142	**142**	186
Temporary staff	-	55,006	**55,006**	63,156
Total gross staff costs	289,690	88,515	**378,205**	350,090
Recoveries in respect of seconded staff	(2,116)	**-**	**(2,116)**	(1,100)
Total staff costs	287,574	88,515	**376,089**	348,991
Of which				
Costs capitalised as part of assets	**303**	-	**303**	**66**

Analysis of average staff numbers (WTE basis)

			2022/23	2021/2
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	281	47	**328**	302
Administration and estates	1,368	120	**1,489**	1,455
Healthcare assistants and other support staff	1,129	297	**1,426**	1,456
Nursing, midwifery and health visiting staff	1,345	368	**1,713**	1,665
Nursing, midwifery and health visiting learners	12	-	**12**	38
Scientific, therapeutic and technical staff	1,223	51	**1,247**	1,195
Social care staff	116	11	**127**	146
Total average numbers	**5,474**	**894**	**6,368**	**6,257**

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

Reporting of compensation schemes – exit packages 2022/23

	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	-	5	**5**
£10,000 - £25,000	-	-	**-**
£25,001 - £50,000	3	-	**3**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**3**	**5**	**8**
Total cost (£)	**£114,000**	**£11,000**	**£125,000**

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	-	6	**6**
£25,001 - £50,000	-	2	**2**
£50,001 - £100,000	-	2	**2**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000 *	-	-	**-**
>£200,000	-	-	**-**
Total number of exit	**1**	**16**	**17**
Total cost (£)	**£2,000**	**£316,000**	**£318,000**

**Contractual compulsory redundancy*

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Pensions Scheme. Where the Trust agreed early retirements, the additional costs are met by the Trust and not the NHS Pension Scheme. Ill-health retirement costs are met by the NHS pension scheme and not included below. This disclosure reports the number and value of exit packages taken by staff leaving in year.

Exit packages: other (non-compulsory) departure payments

	2022/23		2021/22	
	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	1	1	5	157
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	4	10	10	77
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**5**	**11**	**16**	**316**

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: 13 July 2023**
Grant Macdonald
Chief Executive

Staff report

Staff are central to Oxford Health's ambition to be a high performing Trust. There has been a focus in 2022/23 on recovery and stabilisation of the workforce following the Covid pandemic with several wellbeing initiatives launched such as Trust funded Blue Light Cards to enable staff to access NHS discounts, free tea and coffee, an additional day's leave for Wellbeing, funding for team away days and awarding 'COVID Stars' in recognition of the work of employees throughout the pandemic.

The Improving Quality Reducing Agency (IQRA) programme - which aims to reduce the short, medium and long-term demand for, and cost of temporary staffing - has been a key focus this year with many initiatives to increase recruitment, reduce vacancies and improve retention.

The new team structure that was agreed in 2021/22 is now implemented fully and embedded, with the learning and development team now integrated and the whole team operating as a single people function. The investment in new roles is now delivering benefits.

Workforce profile

On 31 March 2023, the Trust employed 6,587 staff with a contracted WTE (whole time equivalent) of 5,769.92. As of 31 March 2023, the breakdown of staff by gender was:

- Board directors (executive and non-executive, voting and non-voting) – 8 male and 10 female (Martyn Ward left the Trust in March 2023);
- Other senior managers – 18 male and 31 female;
- Employees (excluding the above) – 1,166 male and 5,354 female.

The following table shows the breakdown of the Trust's workforce based upon NHS 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). The latter 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 the Trust's electronic staff record (ESR) system.

Role	Permanent 12 month average WTE
Doctor / Consultant / Specialist Registrar	2.6%
Nurse / Midwife / Support Worker / Health worker / Social worker / Clinical Researcher	58.9%
Psychologist	6.1%

Physiotherapist / Occupational Therapist	5.6%
Researcher / Analyst	1.2%
Clerical / Secretary / Receptionist / Account	11.8%
Chief Exec / Directors / Senior Managers / lawyer	1.8%
Estates & Building officers / Maintenance & Ground staff /Housekeeper	4.4%
Operational Managers / Clinical & Non-clinical Technician	7.6%

Other staff

Other staff includes employees on short-term contracts of employment, bank and agency workers and inwards secondments of staff where they are recorded on the Trust's electronic staff record system. The table below shows WTE for all cost centres.

Role group	12 month average WTE
Support to Clinical Staff (Bank & Overtime)	16.0%
Qualified Nursing - Registered (Bank & Overtime)	8.4%
Admin & Estates (Bank & Overtime)	4.5%
Property & Estates	1.4%
Scientific, Therapeutic & Technical staff (ST&T) - Bank & Overtime	0.9%
Allied Health Professionals (Bank & Overtime)	0.5%
Qualified Nursing – Health Visitor (HV), District Nurse (DN), and School Health Nurse (SHN) - Bank & Overtime	0.1%
Admin & Estates	6.2%
Admin & Estates (Agency)	3.2%
Managers and Infrastructure Support (Agency)	0.3%
Managers and Senior Managers	1.9%
Allied Health Professionals (Agency)	0.7%
Medics - Career /Staff Grade	0.8%
Allied Health Professionals	0.4%
Qualified Nursing - HV,DN SHN	0.5%
Qualified Nursing - Registered	1.7%
Medics - Career /Staff Grade (Locum)	0.1%
Qualified Nursing - Registered (Agency)	15.6%
Medics - Consultants	0.2%
ST&T	2.3%
ST&T (Agency)	0.9%
Support to Clinical staff	0.7%
Medics - Consultants (Locum)	2.8%

Support to Clinical Staff (Agency)	5.2%
Support to ST&T incl. Allied Health Professionals	14.6%
Support to Doctors & Nursing	3.1%
Medics - Other Substantive	0.1%
Medics - Training Grades	3.7%
Medics - Other Non-Substantive	0.5%
Other	2.7%
Grand Total	100%

Analysis of average staff numbers and analysis of staff costs

An analysis of average staff numbers is available in the remuneration report section of this annual report.

Improving Quality Reducing Agency programme

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 vision of 'outstanding care delivered by an outstanding team'. The programme was started on the 1 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 requirements."

Key programme achievements in 2022/23 were the procurement and implementation of three agency contracts – the NHS Professionals Bank contract, Master Vendor Contract for Nursing, Allied Health Professionals (AHPs) and Admin & Clerical staff and the Guaranteed Volume Contract for the Littlemore Mental Health Centre site.

There has been the arrival of 107 internally educated nurses resulting in an agency costs avoidance to date of £2.45 million. Staff training has been a positive factor in advancing the IQRA Programme with over 350 staff starting or continuing on an apprenticeship and over 200 staff starting master's level qualification last financial year. The Ofsted inspection of the Trust between 2-5 August 2022 resulted in an overall effectiveness rating of *Good*, comprising:

- Quality of education Good
- Behaviour and attitudes Good
- Personal development Good
- Leadership and management Good
- Apprenticeships Good

Nursing agency spend is £5.7 million less and overall agency spend is £1.69 million less than 2021/22. The recruitment KPI achieved agency cost avoidance of £2 million, which is 92.48% of the target.

The recruitment of 204 support staff and 223 registered nurses (30 internationally educated nurses, 63 student nurses and 130 domestic nurses). The Trust will see the first cohort of nurse associates, who have been undertaking the top up degree, qualify as registered nurses in September 2023 (11 adult and 28 mental health nurses). The Trust will be required to prioritise the delivery of the medical workforce plan to address the significant increase in agency spend during 2022/23.

The IQRA programme key deliverables for 2023/24 are the full implementation of five external temporary staffing contracts, providing a planned agency cost avoidance of £10.7 million (this is a conversative number based on a percentage delivery target for each contract).

Recruitment

Recruitment of substantive staff

Recruitment of staff remains a high priority given the shortage of skilled professionals and high vacancy rates. In October 2022 a decision was made to outsource the Trust's flexible worker bank to an external provider of flexible worker bank services, NHS Professionals, to support the Trust objective of reducing the cost of agency.

During the past year the Trust, through the development of a dedicated recruitment campaigns team, has recruited staff through a wider range of recruitment methods and events, both targeted and specialist. The Trust looks to continue to seek out opportunities to increase candidate reach through a calendar of events, digital marketing methods and strategic partnerships, including joint partner relationships. In 2022/23, the Trust recruited 3,292 substantive staff members, compared with 2,884 in 2021/22.

The Trust has worked to increase the number of permanent nurses, and this has included a focus on overseas recruitment campaigns. In the past year, 54 overseas nurses started employment with the Trust, joining from countries such as Nigeria, Ghana 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.

Appointed in January 2022, two recruitment campaign managers led on proactive candidate identification and engagement. This includes designing bespoke, targeted recruitment campaigns based on individual directorate, staff group and/or specialist needs as well as building relationships with universities and other key partners. The use of social media also increased, as did other methods of digital marketing such as

radio and petrol pump advertising and a redesigned 'Refer a Friend' programme to focus on the areas of the greatest talent shortages. As a result, the Trust now has a greater volume of applications coming from sources outside of NHS Jobs.

The development of the Trust's candidate reach will increase access to a broader cross-section of the community and ensure a more diverse workforce. The team has expanded successfully its social media reach and increased the number and quality of events to which the Trust has been invited. In the past twelve months, the team has attended events with the Royal College of Nursing, Universities, Social Worker, Allied Health Professionals and other specialist events, along with local job fairs, and recruitment events for both the general community and for schools and colleges.

Recruitment and management of bank staff

As noted above, in October 2022 the Trust decided to outsource its bank model to an external bank provider, NHS Professionals - this went live on 13 February 2023. After go-live, the Trust experienced several challenges throughout the initial transition period, and due to the issues and system failure the risks were managed with an incident management process. The latter was used to manage the risks of service delivery under a seven-day escalation period, involving daily calls with internal directorate leads and end of day escalation calls with NHS Professional's leadership team.

Since go live, NHS Professionals has recruited 47 new bank workers who have completed applications and has a pipeline of 363 new applications in different stages of approval. The total number of registered workers on the bank is now 3,467 people, of which 3,330 are available to work. Over the initial six weeks of implementation, 1,207 bank workers have worked in the Trust, with 830 booked for future shifts.

The NHS Professionals contract has set key performance indictors against the improvement of bank fill rate across different staffing groups, and positive results have been achieved over since go live. Administrative & Clerical (A&C) non-managerial and A&C managerial bank use has increased from 36% to 65% and 70% to 87% respectively. Qualified nursing has increased from 25% to 36%, support staff (estates) has increased from 69% to 81%, and overall bank fill has increased from 49% to 55%.

As a result of a national cyber-attack over Summer 2022, the Trust moved to new electronic systems from December 2022. This has required significant effort to roll-out new systems and train staff, with specific elements of this work still ongoing.

The Trust is an active participant of the Buckinghamshire, Oxfordshire, Berkshire West and Frimley Temporary Staffing Programme. The ambition of the programme is the implementation of a shared temporary staffing strategy, the purpose and function of which is to provide greater visibility, transparency, equality, and collaborative management of temporary staffing services across the integrated care system to drive

quality, performance, and control of temporary staffing expenditure in partner organisations.

Staff turnover and retention

Staff turnover for the year 2022/23 was 15.97%, against a target of 10% (14.42% for 2021/22). New organisational development (OD) 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 measures to address the root cause of turnover. The project has put a particular focus on two key areas of:

1) People leaving with less than two years' service; and
2) People with protected characteristics – identified as leaving in higher numbers compared to other individuals.

The key quality improvement workstreams identified through the scoping work are:

- New starter experience - the Trust wants 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;
- Flexible working - one of the top reasons people are giving for leaving is work/life balance reflected in the Trust's 2021 and 2022 NHS staff survey results;
- Personal Development Records - there is significant room for improvement in the value of appraisals for the organisation; evidence shows that people who have good appraisals centred around the individual and linking their work to the Trust's objectives are more happier and motivated than those who do not; and
- Retire and return - supporting people who are able to retire to return to the Trust in the most joined up way and support people to explore other career options when they return that suit their skills, experience and lifestyle.

All four of the quality improvement projects have moved through the 'Discovery' phase and are now at 'Design' or 'Delivery' stages, with the impacts of these projects expected to be seen in 2023/24.

Staff wellbeing

The Board of Directors remains committed to supporting the health and wellbeing of Trust staff. The emphasis on health and wellbeing remains a priority with Oxford Health and is aligned with the NHS People Plan and People Promise, as well as the Trust's strategic objective to be a 'great place to work'.

The Trust has continued to offer a preventative, proactive and evidence-based approach to wellbeing for teams and individuals. This was achieved through collaborative working with many specialist teams including operational clinical and social care teams, spiritual and pastoral care, psychologists, EDI and charitable funds.

The Employee Assistance Programme (EAP) has been extended for an additional year as it continues to be an invaluable support, with positive feedback being received.

The Trust continues to be supportive and collaborative with all health and wellbeing leads within the integrated care system and continues to be a key partner within the regional health and wellbeing leaders group. The Trust continues to benefit from:

- TRIM (Trauma Risk Management) - for those who have experienced a distressing event, having secured a one-year post to pilot this in key areas;
- Mental First Aid;
- REACT (Recognise, Engage, Actively listen, Check risk and Talk about specific actions) - training for managers to have wellbeing conversations with staff – a yearlong role has been secured to enable this to continue within the Trust;
- Health and Wellbeing Champions- continues to grow, with over 210 in place;
- Staff Networks – have grown in popularity with benefits to staff being felt widely; and
- Schwartz Rounds - 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 have returned to in person groups following COVID-19 and have also been successful in their delivery via Webinar set ups – especially as we transitioned out of remote working.

The Trust holds 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 staff with long-term sickness, usually stress (work related or not), who would benefit from the opportunity to reflect and plan their recovery in a supportive environment.

Oxford Health hosts one of the two Mental Health and Wellbeing Hubs, with the other hosted by Berkshire Healthcare. This has been put on hold currently until ministerial decisions are made regarding their future.

Kindness into Action has been rolled out across the Trust and is now a cornerstone of the newly redesigned corporate induction for new starters. To date, 141 people have attended the training, with some really good feedback received. Staff and managers are utilising the tools and reporting a positive experience. This approach will be added into the new leadership development project, which is in development for 2023/24.

The importance of civility, respect and kindness as a proactive and preventative part of the Restorative, Just and Learning Cultural (RJLC) work has progressed with the creation of a RJLC programme manager role to help expand this work.

The occupational health team now has 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

Throughout the year there has been a focus on ensuring that return to work and wellbeing conversations are taking place after every absence event between line managers and their team members. This is a key enabler to ensure that appropriate referrals are made, including signposting to the various support/assistance programmes that are available such as the Trust's Employee Assistance Programme.

Evidence suggests that ensuring that there is a focus on wellbeing in these conversations is an effective method through which to reduce short term absence. Reporting in 2023/24 will break down absence by short versus long term to enable the impact of this approach to be tracked more thoroughly.

Additional guidance and support for managers on the full capability of the absence management system has been (and continues to be) provided. A working group is being established, in partnership with union colleagues, to support the development of manager guidance to improve consistency. The absence management system provider is supporting improvements to reporting in order to drive reductions in absence through better data management.

Further work is underway to understand the drivers for high volumes of absence in particular services and to ensure that there is consistent application of policy across the Trust. Cases of Long Covid are now being supported and managed actively in accordance with national guidance. A total of 83 members of staff are absent from work due to Long Covid. During 2022/23, overall sickness absence decreased by approximately 1.4% (from March 2022). The top three reasons for sickness absence in 2022/23 were:

2022/23 top three absence reasons	%
Coronavirus: Covid-19 (confirmed)	14.6%
Cough/cold	10.0%
Flu/influenza	9.5%

The latest sickness absence figures are shown below:

	2022/23	2021/22
Total days lost in period	79,891	81,754
12m average staff in post (headcount)	6,402	6,129
12m average WTE in post	5,602	5,407
Average working days lost (WTE)	14.26	15.12

Staff recognition

Recognition was a key theme in 2022/23 with the Trust taking active steps to ensure the workforce felt valued. Due to ongoing Covid-19 and a clinical systems outage, the Staff Awards were deferred until April 2023. 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.

A suite of staff recognition and resources were rolled out across 2022/23 these included a £150 cost of living payment, a Trust funded Blue Light Card to enable staff to access NHS discounts, free tea and coffee across all Trust sites, removal of staff parking charges at Trust sites and increasing business mileage rates to 50p a mile to recognise the rising cost of fuel.

To foster team building and retuning to face to face working the Trust awarded £15 per member of staff to use for an away day, celebration with their team. This all came together during 'Gratitude Week' which took place October 2022 with the core values of 'celebrating, thanking and appreciating' each member of staff and included a suite of self-care opportunities for staff to engage in.

Staff were also awarded handmade 'COVID Stars' in recognition of the work they had done throughout the pandemic and process were put in place to enable managers to deliver the COVID stars in a meaningful and positive way. The Trust received excellent feedback on these initiatives.

The clinical system outage resulted in a large number of teams having to work very hard to mitigate the risks and ensure service delivery disruption was kept to a minimum. As a small token of thanks for this work the Trust sent hampers full of high-quality food and snacks to each team across the organisation.

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 and the Bee Awards for Allied Health Professionals.

To recognise the exceptional efforts of staff throughout the pandemic the Trust awarded staff an additional day's leave 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.

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

The Trust have been using the Public Sector Equality Duty (PSED) to develop its equalities work, help identify equality priorities, and consolidate the progress 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. Examples of efforts to advance equality, diversity, and inclusion are set out in below.

Race equality

Using an evidence-based approach and adopting a Quality Improvement (QI) methodology, a new Race Equality Wok Programme has been developed and introduced at the Trust. This programme of work consists of instituting three QI Projects with the aim of improving our Workforce Race Equality Standard (WRES) indicators and ultimately improving the workplace opportunities, treatment and experience of staff from diverse ethnic backgrounds. The intended outcome of adopting this intentional and strategic approach is to bring about real, systemic workplace cultural change.

The Race Equality Work Programme is made up of three Equality, Diversity and Inclusion (EDI) QI Projects which include the following:

- EDI QI Project 1: Increasing workforce diversity
- EDI QI Project 2: De-biasing the disciplinary process
- EDI QI Project 3: Improving equal opportunities in career development and progression.

Progress so far includes the introduction of a full Inclusive Recruitment training programme for Managers under EDI QI Project 1:

- Three training and development modules
- 'Inclusion Representatives' – a group of staff volunteers to sit on interview panels and/or stakeholder groups
- A range of resources, such as the 'Inclusive Recruitment Guidance Framework'

Disability equality

Also based on the Quality Improvement (QI) evidence-based approach, the Disability Equality Work Programme has been developed and introduced to help drive improvements in the Workforce Disability Equality Standard (WDES) to improve the workplace opportunities, treatment and experience of staff with disabilities. This programme of work will act as a vehicle for helping to actualise strong, sustainable and systemic cultural change.

The Disability Equality Staff Network marked Neurodiversity Celebration Week with a live MS Teams event attended by more than 80 people.

The Disability Equality Work Programme is made up of three QI Projects which include the following:

- EDI QI Project 1: Increasing workforce diversity
- EDI QI Project 2: De-biasing the disciplinary process
- EDI QI Project 3: Improving equal opportunities in career development and progression.

Progress so far includes completing the Self-Assessment for Disability Confident Level 2: Employer, and working towards securing the Disability Confident Level 3: Leader accreditation.

LGBT+ equality

The LGBT+ Equality Staff Network Chairs and members worked together to produce a powerful film to mark this year's LGBT+ History Month theme 'Behind the Lens.'

Members spoke about the film and people who helped them on their 'coming out' journey, others spoke about how they show allyship to the LGBT+ community. The film has been posted on our internal channels, social media, and YouTube 'Behind the lens'.

Equality Staff Networks and Support Groups

The Trust celebrated the national day for Staff Networks for the first time with a live MS Teams event attended by more than 160 people. The national day, marked every year in May, has been running for six years, but is increasingly becoming popular as organisations use it to spotlight their employee resource groups and to launch new network initiatives.

The event provided an opportunity for all the staff network chairs to give updates of their network activities for their respective networks for disability, gender, LGBT+, race, and religion and spirituality over the past 12 months. A particular highlight was the

launch of four new staff support groups for Mental Health; Physical Disability and Health Conditions; Gypsy, Roma, & Traveller; and International Staff. Leads for the groups introduced their new support group with touching powerful stories, histories and personal accounts as to why they volunteered to lead their support group.

Overall, the event served to celebrate the pioneering work of all the Trust's networks and support groups and highlight the need to have safe spaces for staff to unite and mobilise on common experiences, interests, and identities. Some feedback comments:

- *Thank you very much for this insightful event and for your contribution to a more inclusive and diverse working environment!*
- *Brilliant session, thank you to all involved. It makes Oxford Health a better place to work by having these support groups and networks and improves my practice at work every day.*
- *The personal stories shared by the chairs were so courageous and reflective. I feel it should be noted that as a non-worker for Oxford Health, I felt honoured to be able to hear them.*
- *I loved the personal stories and the statistics included within all of the talks but wish there was more time to share.*
- *Oxford Health has created such a magnificent movement!*

The Trust now has five equality networks and 10 staff support groups led by a total of 30 staff volunteers in their roles as Chairs and Leads. The combined staff membership across all the networks and support groups is now more than 1,200.

These networks and support groups actively contribute to the Trust's strategic objective to make Oxford Health 'a great place to work' and gives life to the commitments enshrined in the NHS People Promise: 'We each have a voice that counts' and 'We are compassionate and inclusive.' The Trust is proud of these networks and support groups and will continue to support and develop them.

Gypsy, Roma, and Traveller History Month

The Trust celebrated Gypsy, Roma and Traveller History Month on 28 June 2022 with a live MS Teams event attended by 135 people. Gypsy, Roma and Traveller History Month has been marked every year since June 2008, through celebrations, education, and raising awareness to help to tackle prejudice, challenge myths and amplify the voices of Gypsies, Roma and Travellers in wider society. Gypsy, Roma and Traveller (GRT) people have a rich and fascinating history and culture and are protected in law as an 'ethnic group.' However, they continue to experience some of the worst forms of racism and discrimination than any other ethnic minority group.

"Gypsy, Roma and Traveller people have the worst outcomes of any ethnic group across a huge range of areas, including education, health, employment, criminal justice and hate crime"- (House of Commons Women and Equalities Committee, 'Tackling Inequalities faced by Gypsy, Roma and Traveller Communities' HC360 April 2019)

The event, led by the founder and the Chief Executive of the Margaret Clitherow Trust – a charity that works with and supports the Gypsy, Roma and Traveller community, covered a wide range of subjects and themes, painting a picture of the community's rich cultural and social history, religious values and beliefs, customs, rituals, legal protections and inequalities.

Oxford Health provides services to the Gypsy, Roma and Traveller community and also has staff members from the community working at the Trust. Some feedback comments from the event:

- *The event was so interesting! I learnt so much in a short space of time. The individuals from the MCT were very knowledgeable and presented their information in a very accessible way. They also encouraged participants to share and responded to all, shared insights in really constructive ways. Thank you for organising this event - I really appreciated being a part of it.*
- *As someone who doesn't have any experience with the Traveller community and often only been exposed to negative perceptions of the community, it was positive for me to hear about people's first-hand experiences of working with them.*
- *I enjoyed the course very much and has been great to hear facts about GRT's rather than hearing stereotypes that we're so used to hearing. The course ran very well, and all speakers were welcoming and made a potentially intimidating group of 100+ seem safe. Very insightful day, I would definitely sign up to more informative sessions like this.*
- *I understand how much this group of people miss out on vital services and am keen to be part of or learn ways to help.*
- *Excellent event, big thank you to the team for facilitating this! Felt like everyone was very knowledgeable and respectful. Found it made me challenge my own ideas and stereotypes around these communities and the barriers there might be in providing healthcare for the community.*

The event also heard from the co-leads of the new Gypsy, Roma and Traveller Support Group. The Trust's support demonstrates its commitment to ensuring that our services are designed and delivered to eliminate health inequalities experienced by all minority and marginalised communities.

The Equality, Diversity and Inclusion Team will continue to build on the progress achieved and work to consolidate its efforts to deliver deep impactful cultural change and improvements that may go on to be evidenced via outcome measures.

Reciprocal mentoring programme

This is an ongoing initiative (launched over 2021/22) that is different from 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 programme's premise 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.

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.

Currently 15 senior leaders are working through the programme with their Reciprocal Mentoring partners from the Race Equality Staff Network, and more are in the process of being partnered.

Accessibility

'Access Guides' – first launched in 2021 and developed in partnership with AccessAble (a leading provider of accessibility information) – continue to be used. The contract has since been extended due to its success and impact, with the number of available access guides, therefore, expected to increase. All 93 'Access Guides' are hosted on a dedicated '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 accessing services physically, easier.

Staff engagement

The Trust's Staff Partnership, Negotiation and 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 Chief Executive webinar (now renamed the Leadership Briefing) allows the Chief Executive and members of the executive team to hold a themed conversation about matters affecting the Trust. Various colleagues join the executive team in presenting information about changes, projects and programmes of work taking place across the Trust. These regular webinars also include opportunities for staff to ask

questions of Trust senior leaders. In addition, feedback from staff is also received through a quarterly Pulse Survey and the annual NHS Staff Survey.

The NHS Staff Survey aligns with the NHS People Promise - a promise to ensure that every voice working in the NHS is heard from every background and across every role. All of the questions 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 staff experiences reflect the key priority areas that people say are important for them in their employment. A total of 3,279 members of staff completed the 2022 staff survey. This is equivalent to a response rate of 53%, which is 3% higher when benchmarked with similar Trusts – although 2% lower than achieved in 2021/22.

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 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 Engagememt	Morale
Your org	7.6	6.3	7.0	6.2	5.5	6.5	7.1	7.1	5.9
Best	7.9	6.6	7.4	6.6	6.1	7.2	7.4	7.4	6.5
Average	7.5	6.3	7.0	6.2	5.7	6.7	7.1	7.0	6.0
Worst	7.0	5.9	6.1	5.7	4.6	6.2	6.7	6.2	5.2
Responses	3275	3274	3258	3258	3049	3264	3272	3276	3275

The Trust scored higher than the average for one out of seven elements of the People Promise: *We are compassionate and inclusive* and for the theme of staff engagement. The focus for the year ahead will be on improving scores across all indicators. In particular, the Trust will continue to work on the four identified areas of Trust-wide development:

1. Increasing teams' capacity by focusing on recruitment and retention;
2. Reducing the reliance on agency;
3. Improving the quality of personal development reviews (PDRs); and
4. Boosting flexible working arrangements to support work/life balance.

The Trust will also be supporting managers and teams to deliver one improvement to boost the experience of their work colleagues and ensure our patients and service users benefit from having high-performing teams. 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 and 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.

The SPNCC agenda is co-created, and the chair of the committee rotates between staff side and management. A subcommittee is in place to focus on formal organisational change activity and ensure that staff side colleagues can engage fully with feedback. Details on the number of union officials and facility time and costs are provided in the tables below.

Relevant union officials	Number
Number of employees who were relevant union officials during the relevant period	12
Full-time equivalent employee number	10.8

Percentage of time spent on facility time	Number of employees
0%	0
1-50%	11
51%-99%	1
100%	0

Percentage of pay bill spent on facility time	Figures
Provide the total cost of facility time	£64,195
Provide the total pay bill	£375,559,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.017%

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	14%

HR policy development and employee relations

The development of Trust policies relating to workforce reflect 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 previous year's restructure of HR, there was investment made into the HR function to create new resource to develop and maintain HR policies.

Ongoing work will include a review of workforce policies to enable an agile and modern workforce that is well supported, well led and responsive to the needs of the communities served by the Trust. The approach to employee relations is informed by the Trust's workforce policies and supported by trained HR professionals and managers, in partnership with Trade Union colleagues.

Gender pay-gap and review

The 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.

Workforce development

Workforce development continues to be a key area of focus for the Trust. The learning and development team is continuing to offer a wide range of development opportunities for staff at all levels and stages in their career to support recruitment, retention, and career development.

As a main provider of apprenticeships, the team has continued to offer the apprenticeship programmes that have been established in previous years, as well as introduce and support new programmes that support the workforce and provide career development for staff. Of note is the introduction of Allied Health Professionals apprenticeships, currently there are 28 across five disciplines.

The Trust will see the first cohort of 39 top-up trained registered nurses graduate in June 2023. A second cohort of registered nursing associates started a two-year top-up training apprenticeship alongside a further two cohorts of trainee nursing associates. These staff are contributing to an increase of the newly qualified staff being recruited into Oxford Health.

The Trust has trained 108 internationally recruited nurses to pass their clinical examinations to register in the UK. These nurses are making a significant impact on workforce numbers and this work will continue into 2023/24, with a focus on mental health nursing.

After a successful evaluation of the programme, the Trust continues to support further cohorts of nurse cadets. This programme provides an entry route into the NHS for 16 to 18 year olds direct from school. The cadets complete a level three apprenticeship alongside working within a service. Subsequently cadets are offered the opportunity to undertake further training to work towards becoming a registered nurse.

The Trust also continues to train psychological wellbeing practitioners via an apprenticeship. This is now the most successful provision nationally with a 72% distinction pass rate.

As part of the commitment to developing non-clinical staff, we continue to offer the level five operations departmental manager apprenticeships, which builds on the level three business administration apprenticeship that is also offered by the Trust. Work has started with service representatives on developing a non-clinical career pathway to support staff to develop their career with the Trust.

The learning and development team will continue to deliver the one-year Mental Health Wellbeing Programme for Oxfordshire, Berkshire and Sussex. The role is being expanded into perinatal mental health and drug and alcohol rehabilitation. Currently there are 39 people on the programme, with a further cohort planned.

The Trust continues to offer a fully funded validated master's programme in Professional Practice, with a mental health and a physical healthcare pathway. Students can study modules designed and delivered in house, which are validated by Oxford Brookes University either individually or as part of the full master's degree. This allows Oxford Health to tailor Masters-level education to the needs of the workforce by developing modules of study that are relevant and necessary for excellent patient care.

Further modules will be developed in 2023/24 and the first staff members to complete a full master's degree will graduate in 2023. This is a significant offer in terms of retaining staff and supporting career development.

In addition, the Trust continues to deliver skills-based learning, and support the entire learning environment responding to the needs of the services, patients, and staff. Funding has also been identified to enable the Trust to provide additional functional training to support more staff to access apprenticeship programmes.

Oxford Health is committed to increasing the rates of completion for statutory and mandatory training to ensure the Trust is compliant with its target of 95% compliance. The learning and development team has undertaken a comprehensive review of

statutory and mandatory training. The recording system has been relaunched, which has doubled the rates of compliance. The Trust's learning and development system has been improved. A focus on the recording of supervision is now being undertaken, also to reach a 95% compliance target.

The Trust Personal Development Review (PDR) system has also been reviewed, and the introduction of a PDR 'window' of four months during which all PDRs will be completed aims to ensure all staff get a meaningful appraisal. The paperwork has been rewritten to make this easier and more focussed on Trust values and staff development.

The Trust induction has been relaunched as a face-to-face event with positive feedback so far. There is also a second day built in for the completion of mandatory training to support staff to complete this as close to their start date as possible.

Oxford Health will continue to engage with the local Integrated Care System to ensure any workforce development funding for upskilling is accessed and spent appropriately. Early indications are that the Trust will receive further upskilling funding from NHS England, however further details are awaited.

The learning and development team went through a successful Ofsted inspection in August 2022, achieving a 'Good' rating overall, with several areas of commendation.

Workforce systems

During 2022/23 the Trust's workforce systems and reporting team has supported the work of the Improving Quality and Reducing Agency (IQRA) programme through the upskilling of inpatient teams on use of the E-Rostering System, the development of a robust data set to monitor progress against the IQRA programme and the transfer of the internal bank to NHS Professionals. Significant improvements have been made to the learning and development system, which have supported the organisation to drive improvements in compliance rates with statutory and mandatory training, personal development reviews (PDRs) and supervision.

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 took place during the year, including their interaction with other systems, which resulted in a proposal for a long-term plan. This now needs revising due to significant changes in national plans for the electronic staff record system and a new proposal is being developed to enable the Trust to bridge the 5-to-10-year gap between now and a new national system being available.

Health and safety and occupational health

The Trust recognises the importance of ensuring the health and safety of its employees as enshrined within the NHS Constitution. It strives to provide staff with a healthy and safe workplace where all practicable steps are taken to ensure the workplace is free

from verbal or physical violence from patients, the public or staff. The Trust continues to grow and enhance the health and safety'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; and
- The roll-out of safety/security bulletins.

The team will continue to offer both a proactive as well as reactive safety service provision, through working in a collaborative/partnership fashion across the multidisciplinary workforce – including staff side – to ensure all voices are heard.

The health, safety and security team continued to progress with the implementation of a new structure in November 2022, and a fit-for-purpose Safety Management System is in place, a safety training schedule ready to roll out across the Trust with fully engaged site inspections to commence. This has enabled the Trust to lower its risk rating to 'low' with work in progress.

The Trust is supported by a SEQOHS (Safe, Effective, Quality Occupational Health Service) accredited occupational health and wellbeing team:

- 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;
- Providing independent advice on the prognosis of employee health when unable to work in the short or longer-term as well as promoting proactive approaches aimed at improved lifestyle and wellbeing;
- Advising the Trust, employees and managers on the assessment and management of risks including compliance with regard to health and safety regulations, where employees' fitness for work and their health may be of concern in line with current UK and European legislation and best practice; and
- Undertaking employee health assessments and surveillance as appropriate, provides advice for the management of blood-borne virus exposures, delivers immunisation screening and programmes, contributes to policy review and implementation throughout the Trust, works closely in partnership with the infection prevention and control, health and safety and HR 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

The Trust is required to report expenditure on consultancy in 2022/23, which was £1,016,000 (£118,000 in 2021/22).

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 any off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, between 1 April 2022 and 31 March 2023: Zero.
2) For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2022 and 31 March 2023, 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 2022 and 31 March 2023:

Number of off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, during the financial year.	0

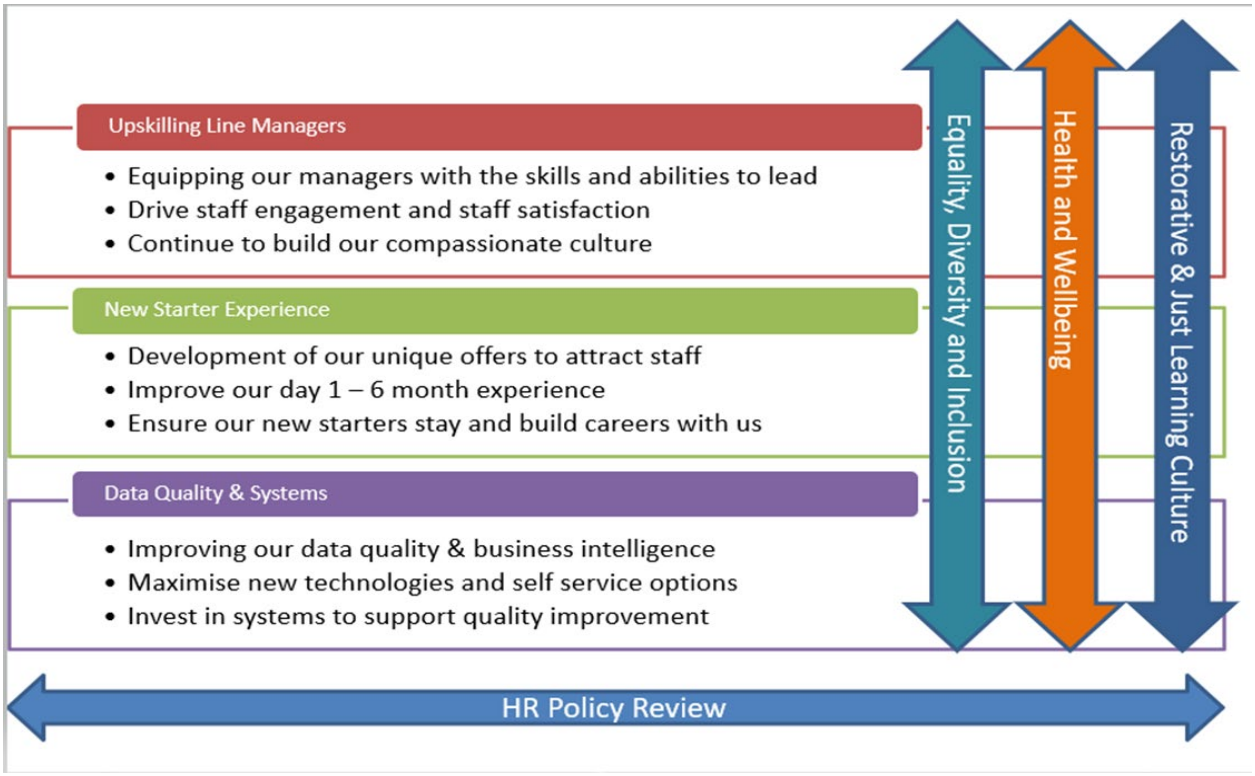
Number of individuals that have been deemed 'Board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	20

Exit packages

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

Future priorities and targets

The Oxford Health People Plan sets out our People Priorities for 2023/24. The areas of work focus around recruitment, retention, and investing in our people systems to support staff are summarised in the following image.



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 monthly updates on performance, and it delegates management, through the Chief Executive, of the overall performance of the organisation 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 the Trust's NHS 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 taken into account the future challenges, risks and opportunities facing the Trust and the appropriateness of the balance of skills, knowledge and experience required of the Board to meet these.

The Trust's 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 last changes made to the constitution were approved by the Board of

Directors and the Council of Governors and were presented and approved for adoption at the Annual Members' Meeting in September 2021.

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, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The Board of Directors is committed to high standards of corporate governance. For the year ended 31 March 2023, 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 continues to enter into a growing number of partnership and joint working arrangements within the wider health service economy, it remains important for members of the Board to be able 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 an 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, the Council of Governors agreed to a change to the Constitution in September 2015 to provide the flexibility for directors to be governors of other NHS 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.

As referenced in previous Annual Reports, during 2020/21, to support system working and the potential for joint appointments, the Council of Governors and Board of Directors agreed to formal changes to the Trust's constitution that included the removal of the specific disqualification that prevented directors and governors being able to become directors and governors of other NHS 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 the Trust's non-executive directors have been reappointed 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.

Any Non-Executive Directors serving beyond six years is not 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. As at 31 March 2023, no non-executive director had served beyond six years. Chris Hurst started his third term of office on 1 April 2023 having been approved by the Council of Governors in order to safeguard continuity on the Board.

Furthermore, remuneration guidance was issued during the year regarding non-executive directors and the Remuneration Report of this Annual 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 referenced accordingly. 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 assessed the effectiveness and performance of the Board and its quality governance through an external Well-Led focused review undertaken by The Good Governance Institute, which concluded in December 2022, as part of the three-yearly assessment of the effectiveness of the Board's performance and governance arrangements. No areas of concern were raised in the final report. Areas that will help the Trust and Board improve were identified for progression by the Board of Directors.

In common with the health service and public sector more widely, the Trust is operating in a fast-changing and demanding external environment, particularly as it understands and responds to the changes to system working following the legal formation of Integrated Care Boards in July 2022.

The Trust recognises the need to increase efficiency significantly while maintaining high quality care at a time when budgets will become ever tighter. There is a continued need to build on improvements through the Trust's exceptional staff to respond to these challenges.

During the year, the Trust ensured due regard was taken to its legal obligations. To support the governors in fulfilling their own statutory obligations, the Trust continued with a governor development programme that accords with and ensures a detailed understanding of the requirements of the Health and Social Care Act 2012, including equipping governors with the requisite knowledge and skills to undertake their statutory responsibilities as part of induction activity following any election process. Governors were encouraged, at the Trust's expense, to utilise NHS Providers' Govern Well programme, which some chose to access during the year.

The roles and responsibilities of the Council of Governors are described in the Constitution and Governor Handbook (which will be updated in early 2023/24). The latter includes details of how any disagreements between the Board and Council of Governors will be resolved, which have been expanded upon in the Trust's engagement policy. The types of decisions taken by the Council of Governors and the Board, including those delegated to Board committees, are described in the relevant terms of reference.

As stated previously, there is a Scheme of Reservation and Delegation of Powers that set out explicitly those decisions that are reserved for the Board, those which may be determined by standing committees, and those that are delegated to managers.

Members of the Board are invited to attend all meetings of the Council of Governors. Governors have been involved in numerous meetings during the year and were consulted by the executive team on matters such as the development of the 2023/24 Trust annual plan, quality priorities and the development of the Trust strategy.

The Trust has an established role of a Senior Independent Director and a formally approved role description to ensure clarity 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.

As an NHS Foundation Trust, the authority for appointing and dismissing the Chair rests with the Council of Governors. The appraisal of the Chair, therefore, is carried out for and on behalf of the Council of Governors. For 2022/23, this was undertaken by the Senior Independent Director, supported by the Lead Governor. The outcome of the appraisal is 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 it is associated with a reappointment process or a review of remuneration.

The executive directors of the Board are appraised by the Chief Executive who is in turn appraised by the Chair. The Council of Governors does not consult external professional advisors routinely to market test the remuneration levels of the Chair 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 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 its Chair since January 2020. Its membership comprises wholly of Non-Executive Directors, with executives and others in attendance. There were six meetings during the reporting year. Attendance by members is detailed below:

Committee member	Attendance
Lucy Weston (Chair)	5/6
Mohinder Sawhney	6/6
Chris Hurst	6/6

Given the skills and experience of committee members, and through the work of the committee across the year and that of the Auditors reporting to it, the Board of Directors is satisfied that the committee has remained effective and that committee members have recent and relevant financial experience.

The committee assists the Board in fulfilling its oversight responsibilities and its primary functions, as outlined in its terms of reference, to monitor the integrity of the financial accounting statements and to independently monitor, review and report to the Board of Directors on the processes of governance and the management of risk.

Its key areas of responsibility include corporate and clinical governance, internal control, risk management, internal and external audit, and financial reporting. The committee also has a role in relation to whistleblowing, freedom to speak up, and

management of concerns arrangements to review the effectiveness of those arrangements through which staff may raise concerns in confidence and ensure measures are in place for proportionate and independent investigation and appropriate follow-up.

In discharging its delegated responsibilities, the committee has reviewed the following non-exhaustive range of matters. A review of the Annual Governance Statement within the context of the wider Annual Report, alongside robust scrutiny of the Annual Accounts and Financial Statements, has been undertaken.

It has considered the effectiveness of the Board Assurance Framework, to gain on-going assurance of the effectiveness of the Trust's risk and internal control processes and began a programme of deep dives into the high rated risks. The committee also reviewed and approved the internal and external audit plans.

The internal audit plan for 2022/23 was developed in line with the mandatory requirements of the NHS Internal Audit Standards. PwC, being appointed as the internal audit service provider, worked with the Trust to ensure the plan was aligned to its risk environment. There has been a regular review by the Audit Committee of internal audit progress reports, as well as consideration of draft and final review reports completed by PwC during the year. Further detail on significant areas of internal audit work is set out in the Annual Governance Statement section of this Annual Report and include completion of remaining actions from a payroll review, and the identification of two high risk findings arising from a review of the Trust's programmes and project assurance which will be addressed over 2023/24.

The committee approves and monitors the work plan of the counter fraud service provided by TIAA. The counter fraud service attends committees to present updates on investigations, fraud prevention and deterrent and awareness-raising activities.

The Trust ensures that referrals and allegations of fraud, bribery and corruption are investigated and seeks redress whenever possible so that money recovered can be put back into patient care. The Audit Committee ensures accountability and that the Trust does everything in its power to protect the public funds.

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

The Trust continues to work to maintain an anti-fraud culture and have a range of policies and procedures to minimise risk in this area. There were several communications over the year to highlight how staff should raise concerns and suspicions. All investigations are reported to the Audit Committee.

The committee has reviewed whistleblowing arrangements and considered risks around the effective management of concerns. The Freedom to Speak Up Guardian has reported to the Board of Directors on cases of concern and awareness-raising activities which are reviewed by members of the Audit Committee in their capacity as Board members. Additionally, there has been a regular review of Single Action Tender Waivers, and losses and special payments by Audit Committee.

The committee is informed by assurance work undertaken by other Board committees, through joint memberships and escalations to the Board. The minutes of the meetings of Board committees are circulated to the Board of Directors and reviewed by members of the Audit Committee in their capacity as Board members.

In assessing the quality of the Trust's control environment, the committee received reports during the year from the external auditors and the internal auditors on the work they had undertaken in reviewing and auditing the control environment as well as briefing notes on key sector developments. The non-executive directors routinely hold meetings during the year with both internal and external audit without members of the executive team present.

Through the review of the 2022/23 Annual Report and Financial Statements, the Committee reviewed and gained assurance from:

- individual internal audit assurance reports;
- head of internal audit opinion on both financial and non-financial matters;
- external audit opinion on the accounts;
- management letter of representation to external audit; and
- a specific review of the evidence supporting preparation of the accounts on a going concern basis.

Over 2022 the Trust completed a procurement process to appoint new external auditors (replacing Grant Thornton – appointed in 2017 for three years and extended for a further two years in 2020). Ernst & Young (EY) were appointed as the Trust's new external auditors - approved by the Council of Governors on 23 November 2022).

The Trust incurred £180,000 (net of VAT) in audit service fees in relation to the audit of Trust accounts for the twelve-month period ending 31 March 2023. The external auditor engages with the Trust's Council of Governors and members providing full reports on audit findings and required opinions at the September Council meeting each year and at the Annual General Meeting and Members Meeting.

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 six meetings held in year is detailed below:

Some of the key areas of focus included consideration and/or monitoring of the:

- Estates and capital investment programme
- Warneford hospital redevelopment
- Annual budget and financial planning process
- Oversight of financial performance and financial risk
- Agency and Out of Area Placement expenditure
- Oxford Pharmacy Store
- Inquests and claims annual report
- Strategic procurement work plan and key tenders
- IT infrastructure.

The committee also focused on sustainability and transformation funding and the trajectory to control total achievement. This was 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.

Committee member	Attendance
Chris Hurst	6/6
Amélie Bages	2/5
Grant Macdonald	6/6
Mike McEnaney (to July 2022)	2/2
Sir Philip Rutnam	5/6
Heather Smith (from July 2022)	5/5
Martyn Ward (to 10 March 2023)	5/5
Dr Nick Broughton	3/6
Kerry Rogers	6/6
David Walker	6/6

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 is chaired by the Trust's Chair, David Walker, with membership comprising all non-executive directors. At the invitation of the committee, the Chief Executive, 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 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 is available in the Directors' Report and the Annual Governance Statement of this Annual Report. The committee met on five occasions and attendance of core members at meetings was as follows:

Committee member	Attendance
Andrea Young	5/5
Marie Crofts	5/5
Geraldine Cumberbatch	1/3
Grant MacDonald	5/5
Karl Marlowe	4/5
Mike McEnaney (up to July 2022)	0/2
Dr Ben Riley	4/5
Kerry Rogers*	5/5
Amelie Bages*	1/5
Nick Broughton	2/5
Charmaine De Souza	1/5
Heather Smith (from July 2022)	3/4
Martyn Ward (up to 10 March 2023)	3/5
David Walker	5/5

*Non-voting attendees

People, Leadership and Culture Committee

Details on the business of the People, Leadership and Culture Committee is available in the Directors' Report. The committee met on four occasions over the reporting year and attendance of core members at meetings was as follows:

Committee member	Attendance
Mindy Sawhney	4/4
Andrea Young	4/4
David Walker	1/4
Nick Broughton	1/4
Charmaine De Souza	4/4
Mike McEnaney (up to July 2022)	2/2
Heather Smith (from July 2022)	2/2
Marie Crofts	3/4
Kerry Rogers	4/4
Grant Macdonald	3/4
Amelie Bages	3/4
Ben Riley	1/4
Karl Marlowe	3/4
Martyn Ward (up to 10 March 2023)	1/4

Mental Health and Law Committee

Details on the business of the Mental Health and Law Committee is available in the Directors' Report of this Annual Report. The committee met on four occasions over the reporting year and attendance of core members at meetings is as follows:

Committee member	Attendance
David Walker (Chair)	4/4
Geraldine Cumberbatch	3/3
Britta Klinck	2/4
Karl Marlowe	4/4
Kerry Rogers	4/4
Mark Underwood	4/4

Council of Governors

As an NHS Foundation Trust, Oxford Health is accountable to the Council of Governors which represents the views of the Trust's members. The Council of Governors brings the views and interests of the public, service users, patients, carers, staff, and other stakeholders into the heart of the Trust's 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 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 Chair, non-executive directors and the Trust's auditors, as well as 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 28 elected governors representing public, patient and staff constituencies and eight appointed governors from partner organisations.

Elected governors		
Constituency	**Class**	**Number of governors**
Public	Buckinghamshire	3
	Oxfordshire	4
	Rest of England and Wales	1
Patient	Service users: Buckinghamshire and other counties	4
	Service users: Oxfordshire	4
	Carers	3
Staff	Buckinghamshire mental health services	2
	Oxfordshire, Bath, Northeast Somerset, Swindon and Wiltshire mental health services	2
	Community services	2
	Corporate services	1
	Specialised services	2
Appointed governors		
Partner organisation		**Number of governors**
Age UK Oxfordshire		1
Buckinghamshire 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

*Subsumed into the Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System in July 2022

The Council met in general meetings three times during the year, with the September 2022 meeting cancelled following NHS Royal Mourning Protocol. The meetings were well attended with wide ranging debate across several areas of interest. Additional sessions were held in July 2022 and February 2023 to discuss quality improvement, the Annual Plan for 2023/24, and engage governors in the development of the key focus areas of the Trust's strategy.

Governor elections were held in 2022. There were thirteen vacancies, and thirteen governors were elected. Three seats were filled uncontested, and 10 in a contested poll. The list of Governors who were in post during the period 1 April 2022 to 31 March 2023 and their participation in the four general meetings are shown below. The current list of Governors can also be found on the Trust's Governor webpages.

Elected governors				
Name	**Constituency and class**	**Tenure**	**Term**	**Meeting attendance**
Evin Abrishami	Staff: Oxfordshire, Banes, Swindon & Wiltshire Mental Health Services	01/06/2022-31/05/2025	1	2/3
Hasanen Al-Taiar (Dr)*	Staff: Specialised Services	01/06/2019-31/05/2022	1	0/0
Martyn Bradshaw	Staff: Mental Health Services Buckinghamshire	01/06/2022-31/05/2025	1	2/3
Melissa Clements**	Public: Oxfordshire	01/06/2021-31/05/2024	1	0/0
Jonathan Cole	Patient: Service Users Oxfordshire	01/06/2021-31/05/2024	1	3/3
John Collins	Patient: Carers	01/06/2022-31/05/2025	1	2/3
Angela Conlan*	Staff: Community Services	01/06/2019-31/05/2022	1	0/0
Natalie Davis	Public: Oxfordshire	01/06/2022-31/05/2025	1	1/3
Kate England	Patient: Carers	01/06/2022-31/05/2025	1	
Gillian Evans	Patient: Service Users Oxfordshire	01/06/2021-31/05/2024	3	1/3
Julien FitzGerald	Patient: Service Users Buckinghamshire and other Counties	01/06/2021-31/05/2024	1	2/3

Charlotte Forder	Staff: Corporate Services	01/06/2021-31/05/2024	1	0/3
Anna Gardner	Public: Buckinghamshire	01/06/2021-31/05/2024	1	3/3
Benjamin Glass	Patient: Service Users Buckinghamshire and other Counties	01/06/2019-31/05/2022	1	3/3
Donna Han*	Public: Oxfordshire	13/09/2021-31/05/2022	1	0/0
Mike Hobbs (Dr)	Public: Oxfordshire	01/06/2019-31/05/2022	1	3/3
Nyarai Humba	Patient: Carers	01/06/2021-31/05/2024	1	0/3
Ekenna Hutchinson	Staff: Oxfordshire, Banes, Swindon & Wiltshire Mental Health Services	01/06/2021-31/05/2024	1	1/3
Christiana Kolade	Public: Buckinghamshire	01/06/2021-31/05/2024	1	1/3
Reinhard Kowalski*	Staff: Buckinghamshire Mental Health Services	01/06/2019-31/05/2022	3	0/0
Giles Loch	Staff: Buckinghamshire Mental Health Services	01/06/2021-31/05/2024	1	1/3
Benjamin McCay	Patient: Service Users Oxfordshire	01/06/2021-31/05/2024	1	3/3
Jacqueline-Anne McKenna	Patient: Service Users Buckinghamshire and other Counties	01/06/2021-31/05/2024	2	0/3
Ronnie Meechan	Public: Rest of England & Wales	02/11/2021-31/05/2022	1	0/3
Petr Neckar	Staff: Community Health Services Oxfordshire	01/06/2022-31/05/2025	1	2/3
Smita Pandit (Dr)*	Staff: Oxfordshire, Banes, Swindon & Wiltshire Mental Health Services	10/12/2021-31/05/0222	1	0/0
Vicki Power	Staff: Community Health Services Oxfordshire	01/06/2022-31/05/2025	1	3/3
Madeleine Radburn*	Public: Oxfordshire	01/06/2019-31/05/2022	2	0/0
Chris Roberts*	Patient: Service Users Carers	01/06/2019-31/05/2022	3	0/0
Myrddin Roberts*	Staff: Community Services	01/06/2019-31/05/2022	1	0/0
Srikesavan Sabapathy	Public: Oxfordshire	01/06/2022-31/05/2025	1	2/3

Claire Sessions	Patient: Service Users Buckinghamshire and other counties	01/06/2021-31/05/2024	1	0/3
Emma Short	Staff: Specialised Services	01/06/2022-31/05/2025	1	2/3
Jodie Summers	Staff: Community Health Services Oxfordshire	01/06/2022-31/05/2025	1	3/3
Karen Squibb-Williams	Patient: Service Users Oxfordshire	01/06/2021-31/05/2024	1	1/3
Fiona Symington	Public: Oxfordshire	01/06/2022-31/05/2025	1	3/3
Hannah-Louise Toomey**	Public: Oxfordshire**	11/06/2019-31/05/2022	1	0/0
Tabitha Wishlade	Public: Buckinghamshire	01/06/2021-31/05/2024	1	0/3

Appointed governors				
Name	**Constituency and class**	**Tenure**	**Term**	**Meeting attendance**
Tim Bearder (Cllr)	Oxfordshire County Council	20/12/2022-19/12/2025	1	0/1
Carl Jackson (Cllr)	Buckinghamshire Council	13/07/2021-12/07/2024	1	1/3
Tina Kenny (Dr)	Buckinghamshire Healthcare NHS Trust	01/11/2017-31/10/2023	2	2/3
Davina Logan*	Age UK Oxfordshire	01/05/2019-31/05/2022	2	1/1
Angela MacPherson (Cllr)**	Buckinghamshire Council	17/06/2020-13/07/2021	1	0/1
Andrea McCubbin	Buckinghamshire Mind	01/01/2018-31/12/2023	2	3/3
Graham Shelton	Oxford University Hospital Trust	01/08/2022-30/07/2025	1	2/2
Penny Thewlis	Age UK Oxfordshire	01/10/2022-31/09/2025	1	2/2
Vacancy	Oxford Brookes University			

Key:

* *Stood down at end of term*

** *Ceased to be a governor mid-way through tenure*

*** *Non-voting Governor - continued beyond expiry of term*

**** *'Staff: Older People' and 'Staff: Children and Young People' classes were aligned to the former directorate structure of the Trust. As of May 2021, no governors will represent these former groups, and the Staff constituency will consist only of the classes: Buckinghamshire Mental Health Services; Oxfordshire, BaNES, Swindon & Wiltshire Mental Health Services; Community Services; Corporate Services; and Specialised Services.*

Lead Governor

The Council of Governors has elected a Lead Governor in line with NHS England guidance. The role description and process for annual appointment for the Lead Governor was last reviewed and approved in March 2019 and will be reviewed over 2023/24. The Lead and Deputy Lead Governors have been involved in developing working arrangements between the Council of Governors and the Board of Directors, exploring enhancements to the governor sub-group structure and improving communication between governors and Board members.

Keeping informed of Governor and Member views

The Board of Directors was 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 members of the Board of Directors
- Attendance by non-executive directors by invitation 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
- Joint attendance by governors and non-executive directors at governor sub-groups (covering clinical effectiveness, member involvement, and patient and staff experience)

The Council of Governors has the following sub-groups:

- Patient and carer experience
- Staff experience
- Safety and clinical effectiveness
- Membership involvement

Governors can contact the Senior Independent Director or the Director of Corporate Affairs and Company Secretary for concerns regarding any issues that 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 and the Deputy Lead Governor. There is an engagement policy that expands further 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 the Trust serves.

Contacting the governors

There is an email address for members to use to contact their respective 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 Office of the Director of Corporate Affairs, with communications forwarded onto the relevant governor.

Members can also contact their governor by writing to the Director of Corporate Affairs and Company Secretary at Oxford Health NHS Foundation Trust, Trust Headquarters, 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.

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's Disclosures and Declarations webpages. The register is available for inspection on request. Enquiries should be made to the Director of Corporate Affairs and Company Secretary at the following address: Oxford Health NHS Foundation Trust, Trust Headquarters, 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 Chair 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 Chair, or if on any occasion the Chair is unavailable to chair, the Vice Chair 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 on the outcome of the annual performance review given their role with the Lead Governor in determining the Chair's appraisal outcome.

Trust Membership

As an NHS Foundation Trust, Oxford Health is accountable to patients, service users and the general public in the communities it serves. It aims to engage with people who have an interest in the Trust and what it does giving local people, service users, patients

and staff a say in how Trust 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 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, Bath and North East Somerset, Swindon and 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
- 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 2022	Membership figures at 31 March 2023
Public: 3,091	Public: 3,182
Patient: 552	Patient: 550
Staff: 6,995	Staff: 7,082

A further breakdown of the Trust's membership is provided in the table on the next page.

Category		Public members	Eligible base population
Age	0-16yrs	23	261,789
	17-21yrs	153	72,913
	22+yrs	2,364	921,264
Gender	Male	1,069	622,268
	Female	1,646	633,697
	Unspecified/not stated	467	n/a
Ethnicity	White	2,072	1,030,674
	Asian	142	74,926
	Black	95	47,040
	Mixed	50	68,192
	Not stated/other	25	30,366

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. There were no elections this reporting year.

Membership engagement

A Membership Involvement Group includes governors, members and Trust staff from the membership, volunteering, patient experience and involvement teams. An email newsletter, Membership Matters, provides information to members including news and events. Over 2023/24, as part of any update required for the Membership Strategy 2019 to 2024, work will be undertaken to examine options to improve membership engagement, involvement and communications with clear links to corporate governance, communications, and quality improvement activities.

Annual Members' and General Meeting

This meeting was held on 21 September 2022 and organised virtually. In addition to statutory items, the event included presentations on:

- The Community Mental Health Framework
- CAMHS Tier 4 Thames Valley provider collaborative of which the Trust is the lead provider
- Community health
- Research and development update.

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

Charity Committee

The Charity Committee, chaired over the reporting year by Non-Executive Director Lucy Weston, is responsible for ensuring the stewardship and effective management of funds that have been donated, bequeathed and given to the Oxford Health Charity (OHC). Membership of the committee comprises non-executive and executive directors and other senior managers. It met on four occasions over the reporting year. The committee also benefits from the experience of lay-member, Olga Senior, who has contributed significantly to governance and strategy reviews throughout the year.

In addition to monitoring and approving charitable activities in support of patients, carers and staff in line with the charity's remit, the main focus for the committee has been on delivery of the 2019-22 Oxford Health Charity strategy (which came to a close over the reporting year), consultation on the future strategic approach and monitoring the transfer of financial management from an external contractor to an internal team.

Oxford Health Charity

The Oxford Health Charity (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.

The 2019 to 2022 charity objectives were:

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; and

4. Increase resources in support of OHC - to ensure adequate resources are in place to maximise the impact of OHC.

Annual reporting for the Charity is managed through the Charity Commission and copies of its annual reports can be found on the Charity Commission website. The Committee oversees all funds under Oxford Health Charity, including those donated by the ROSY (Respite Care for Oxfordshire's Sick Youngsters) fundraisers. In 2022/23, the majority of incoming funds have continued to be related to NHS Charities Together grants, as well as legacy gifts.

The Oxford Health Charity administrators at Moore Kingston Smith ceased to work with the charity in June 2022, with financial and administrative activities passed to two new internal posts for finance management and administration. The investment portfolio management team at Aberdeen Standard Life continue to provide support to the Charity Committee and Fund Advisors across the financial aspects of the charity.

Key projects across the year have included:

- **Inspiring improvement** – Following on from successful support of Learning from excellence events in 2021, where the charity worked alongside the two mental health directorates to review and fund projects that would result in boosting patient experience through innovation, an Inspiring Improvement programme was launched in 2022 with the Oxford Healthcare Improvement team. This programme was open to leads of existing Quality Improvement projects that would benefit from charitable funding to increase impact. Five projects were submitted for review – covering green spaces developments to assist with reducing restrictive practice, Long Covid support and support for individuals being discharged from long term care – these projects will be the focus of ongoing work in 2023.
- **Outdoor gym** – A proposal to introduce an outdoor gym to the Littlemore Mental Health Centre site was received in late 2019 and fundraising started through the Oxford Clinic staff that year. However, due to the pandemic, the project was stalled for a couple of years. A working group of Oxford Clinic staff, along with colleagues from estates and facilities, procurement and the Charity, came together in early 2022 to re-start the project and the outdoor gym was installed successfully in late summer 2022. The gym is open to all for use and a guide has been specifically created by one of the Oxford Clinic Physical Health trainers. It has been particularly useful for patients with restricted leave or who lack confidence to use public spaces.
- **NHS Charities Together Stage 3 Grants** – Oxford Health Charity was successful in bids for both Stage 3 (Recovery) and Stage 4 (Development) grants from NHS Charities Together. The Stage 3 grants (totalling £132,000) funded four projects: seating in the CAMHS waiting area at Saffron House, High

Wycombe; wellbeing pods in the garden of Cotswold House, Marlborough; digital poverty support with Age UK Buckinghamshire; and a multi-use games area and garden developments at the Highfield Unit, Oxford. All projects were completed or progressed for completion in 2023 with positive feedback on the seating and wellbeing pods being received already. The Stage 4 grant of £30,000 was open to all NHS charities seeking to develop their infrastructure and governance and was utilised by Oxford Health Charity to commission consultant support for the development of future strategic growth for the charity.

- **Oxford Health Charity Fundraising -** As mentioned previously, Oxford Health Charity continued to receive grants from NHS Charities Together during 2022/23 because of national fundraising campaigns and donations of individuals, communities and organisations during the pandemic. In addition to these, the Charity has continued to grow the number of fundraisers involved in supporting appeals with staff, service users and the wider community being involved in their own fundraisers, as well as centrally organised events like the Blenheim 7K and Oxford Half. Fundraisers were able to promote their challenges and the cause through the Charity's website – www.oxfordhealth.charity – as well as Just Giving – www.justgiving.com/oxfordhealthcharity. In addition to fundraising, the Charity gratefully continues to receive donations and legacies from patients and families for the other appeals and general projects.

Community involvement programme

The Charity and Involvement programme has strategic and developmental oversight for Trust volunteering, the Oxford Health Charity, the Oxford Health Arts Partnership and informal community group engagement for the Trust. These strands of work provide a positive opportunity for increasing resources, diversifying engagement and enhancing support to the Trust, especially focussed on enhancing patient experience. Key projects and achievements are highlighted in the 'one page view' below.

Involvement

The Charity and involvement team has continued to work alongside community and third sector partners across all programmes, seeking to involve and engage them in positive projects to enhance patient and staff experience. The team have worked with a broad range of organisations throughout the year, including:

- *League of Friends* – a forum was arranged for all League of Friends teams in late 2022 and will be taking place on a six-monthly basis moving forward. The Friends have also been involved in the joint sponsorship of arts and green spaces projects.

- *Schools* – links with sixth forms to introduce volunteering opportunities have been reinvigorated after the pandemic and younger members of local schools have also been involved with arts projects linked to community and mental health wards. Six schools in Buckinghamshire and Oxfordshire were also involved in the Unloc Youth Forums delivered in collaboration with the Charity, Trust, Barnardos and Unloc.
- *Green Spaces* – the Trust's relationship with Chiltern Rangers has seen further green spaces projects in Buckinghamshire and Oxfordshire, with TWIGS in Swindon adopting a similar approach with the CAMHS unit in Wiltshire. A joint project in Oxford with Restore and My Life My Choice has also been developed.
- *NHS Charities* – peer engagement and support has continued with other NHS charities throughout the year, with particular focus on engaging with charities in the mental health and community service areas.
- *Research and development* – the Charity team continues to receive support from NHS Charities Together and most recently have been working with More Partners; the volunteer team engages regularly with Health Education England, HelpForce and local volunteer centres; the arts team are part of the national arts NPAG and have been working alongside the Creative Dementia Arts Network, Oxford University, the Oxford Health Community Research Team and the Nuffield Department of Primary Care Health Sciences.
- *Youth Engagement* – the Youth Boards in Oxfordshire and Buckinghamshire, developed as part of the Unloc project, continued to meet regularly and provided feedback on services, engagement methods and, through liaison with the Bedfordshire, Oxfordshire and Berkshire West ICS team, the use of technology in promoting positive mental health. This project continues to link in with the Council of Governors and plans are underway for future developments under the Patient Engagement and Involvement Strategy.

Volunteering

Volunteering continues to develop within the Trust following the impact of the pandemic on roles and capacity to support. The team have had two main areas of focus in 2022/23:

1. The continued review and support of existing volunteering roles and ensuring the return of volunteers following pandemic changes
2. The development of new volunteering opportunities in Wiltshire through two pilot programmes within the eating disorder service

The overall number of volunteers reduced as a result of the pandemic and the subsequent capacity levels of teams to support the return of volunteers to their services. However, there has been an increase in teams requesting volunteer support

in the latter part of the year and the number of volunteers across the Trust currently sits at approximately 180 volunteers.

The pilot programmes – funded through NHS England and Health Education England – have been successful in introducing volunteers into a new service area and the latter programme (Volunteer to Career) has the aim of providing a framework to support individuals moving into NHS careers as a result of their volunteer experience. The programme is being delivered in collaboration with the recruitment team, learning and development team and the local clinical team. The programme will be rolled out to other areas of the Trust on completion of the project in late 2023.

The volunteer programme team is utilising the nationally recognised 'Investing in Volunteers' standard as a guide to developing the programme across the Trust. This standard will improve the overall experience of volunteers supporting patients and staff and increase the impact they can have on positive patient experience.

Oxford Health Arts Partnership

The first Oxford Health Arts Partnership (OHAP) strategy was launched in 2022 with the overall vision of 'Inspiring recovery, wellbeing and growth through creativity'. The following key objectives provide focus for the delivery of this strategy:

- Grow – develop OHAP through collaboration, co-production and partnerships
- Research – actively engage and lead on research to demonstrate the impact of arts on health
- Understand – raise awareness of the benefits of arts interventions in healthcare settings
- Production – contribute to the recovery and experience of service users/patients/clients and the health and wellbeing of those in contact with Trust services
- Inspire – innovate and inspire creativity within healthcare

The annual report produced at the beginning of 2023 reflected on the achievements of the first year of this strategy, with particular highlights being:

- 3,209 participants joined arts sessions through the year, with 473 sessions being delivered in total across services
- A research project monitoring mood of participants showed 48% of patients had a positive improvement to their mood as a result of interacting with one of the arts projects
- A range of Artists in Residence continue to support the delivery of the programme across the Trust – providing specialist skills in visual, written and performing arts.
- Widening awareness of the impact of arts on recovery and wellbeing – training on non-pharmacological interventions was delivered to community hospital

staff; a Health Matters event was held during Mental Health Awareness Week to promote the benefits of creativity; and the team supported the launch of the Bedfordshire, Oxfordshire and Berkshire West ICS Wellbeing Network.

The team also worked with the Communications and Engagement team to relaunch their web pages on the Trust website to widen awareness of the programme of work underway – Oxford Health Arts Partnership.

NHS System Oversight Framework

Segmentation

NHS England's NHS Oversight Framework provides the framework for overseeing systems, including providers, and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from *no specific support needs* (segment 1) to a *requirement for mandated intensive support* (segment 4). A segment does not determine specific support requirements.

As at the end of March 2023, NHS England has placed Oxford Health NHS Foundation Trust in segment two (2) of the NHS Oversight Framework as published in the NHS Oversight Framework Provider segmentation.

Statement of Accounting Officer's Responsibilities

The 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*.

NHS England, in exercise of the powers, has given Accounts Directions which require Oxford Health 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 Oxford Health 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's Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS England, 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; and
- 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: 13 July 2023**

Grant Macdonald

Chief Executive and Accounting Officer

Annual Governance Statement

Scope of responsibility

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

A Non-Executive Director of the Trust chairs each of the Board Committees to ensure the appropriate delineation of responsibilities by committee structure, reporting through to the Board of Directors, to address various elements of governance with regards to Board and Executive management.

The Audit Committee is responsible for ensuring the effectiveness of the Trust's Internal Audit function and for the appointment of Internal Auditors. The committee is required to ensure oversight and assurance of effective systems of corporate governance, risk management, and internal control across the whole of the Trust's activities (both clinical and non-clinical) that support the achievement of the Trust's objectives. It achieves this by reviewing and approving a risk-based programme of work to ensure systems and controls are appropriate and operating effectively. Such reviews need to include documenting, evaluating, and testing controls. The work of the Audit Committee helps the Board of Directors to ensure that its priorities are delivered efficiently and effectively by management.

Over 2022/23, the Audit Committee 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 ensuring that independence of judgment was not compromised. There was no commissioning of non-audit work from the external auditors during the year.

The Audit Committee supported the governors over the reporting year to commence the formal process to appoint External Auditors. Following conclusion of the process, Ernst & Young was formally appointed early in 2023 following the approval of the Council of Governors at its November 2022 meeting.

The Audit Committee has responsibility for advising the Trust and the Council of Governors on the appointment, re-appointment, dismissal, adequacy and remuneration of the external auditor and the internal auditor. The committee must also monitor the implementation of recommendations of audit providers.

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 the determination of the level of assurance the Board requires and its appropriateness 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 to evaluate the likelihood of those risks being realised, the impact should they be realised, and to manage them efficiently and effectively. The system of internal control has been in place at the Trust for the year ended 31 March 2023 and up to the date of approval of the Annual Report and Accounts.

Capacity to handle risk

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

The Trust's Risk Management Strategy and Policy – consistent with sector guidance and best practice - provides a framework for managing risk across the organisation. The strategy provides a clear, systematic approach to the management of risk so 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.

The Audit Committee, comprising Non-Executive directors (and excluding the Board Chair as a core member), oversees and has reviewed throughout the year the effectiveness of the system of internal control and overall assurance processes associated with managing risk. An externally facilitated Well Led Governance Review took place during the year with presentation of the final report in December 2022. This recommended that the Board consider the independence of non-executive directors on the Audit Committee if they also occupied the position of chair of any of the Board's other committees. The Chair will consider the recommendation and implement any changes over 2023 should they be deemed necessary.

An integrated governance approach across clinical and corporate governance domains has successfully supported the Trust's wider service and quality improvement

environments enabling a focus on continuous improvement activity in the context of rising demand against reducing capacity.

At Oxford Health NHS Foundation Trust, integrated governance is 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 Remuneration Report summarises the Trust's remuneration policy and particularly its application in connection with 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 Foundation Trust Code of Governance (replaced from April 2023 by the Code of governance for NHS provider trusts); in Section 420 to 422 of the Companies Act 2006, in so far as they apply to Foundation Trusts; 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; and Parts 2 and 4 of Schedule 8 of the Regulations and elements of the NHS Foundation Trust Code of Governance. Details of executive director remuneration and pension benefits, and non-executive director remuneration, are set out in tables of the Remuneration report above.

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 and Clinical Governance Sub-Committee, Positive and Safe Sub-Committee (reducing restrictive practice), and the recently established Clinical Effectiveness Decision Group (chaired by the Chief Medical Officer). 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 Chief Nurse takes executive responsibility for clinical risk management in the organisation reporting to the Accounting Officer. The Risk Management Strategy and 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 Strategy and 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

profile and a regular opportunity for all directors to review progress against mitigating risks and consider new or emerging risks. The Audit Committee also runs a rolling programme of deep dives to consider as a minimum the highest rated risks.

The corporate induction programme, local inductions organised by line managers, and mandatory training all reflect essential training needs and include risk items such as fire safety, health and safety, incident reporting, manual handling, resuscitation, infection control, safeguarding patients, and information governance. 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 Covid-19 pandemic 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 can access the incident reporting system and the Policy for Reporting and Learning from Incidents and Deaths. Staff training and Trust communication activities promote the reporting of all incidents which occur. In the unfortunate event that things do go wrong, lessons to learn are shared through directorate and corporate governance systems. Training and guidance are provided in various media formats to staff including e-learning, webinars, information bulletins, seminars, and quality improvement events/hubs to ensure learning from good practice and experience is disseminated in a timely and effective way.

Staff and teams are supported to learn from good practice and to mitigate risks through knowledge sharing workshops that highlight risks identified from investigations under the serious incident framework and subsequent actions. The Board receives and reviews full investigation reports for the most serious of incidents.

The last external assessment of quality governance was in 2022 when an external Well-Led review of the quality governance arrangements at the Trust was undertaken. This concluded positively regarding the robustness of processes and highlighted areas of opportunity for further improvement which will be progressed throughout 2023/24.

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. 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 Strategy and 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 Strategy and Policy and supporting procedures.

The Board Assurance Framework forms the key document for the Board to capture risks that would impair the Trust's strategic objectives and ensure that those principal strategic risks are controlled. The Trust Risk Register sets out the key operational risks to the Trust. The Board Assurance Framework and Trust Risk Register are coordinated within the Office of the Director of Corporate Affairs and Company Secretary - supported by risk managers. That office supports the Board and wider management in its risk management functions by:

- maintaining and managing the Board Assurance Framework and Trust Risk Register
- ensuring risks are reviewed regularly by risk owners
- ensuring that changes are reflected in the risk registers and capture new risks
- tracking substantive changes to the Board Assurance Framework and Trust Risk Register
- presenting regular risk reports to the Board Committees and the Board
- maintaining/revising the Risk Management Strategy and Policy as required
- 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 Board Assurance Framework and Trust Risk Register risks and the completeness and reliability of related controls, assurances and the data upon which assurances are based. In 2022/23 frequent meetings between executive leads and risk managers to review risks registers were maintained.

The Board Assurance Framework and Trust Risk Register are reviewed by Board committees and by the executive management team. The executive and Board committees submit reports to the Board. Reports to committees and the Board include highlights of high 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 are discussed.

Underpinning the Board Assurance Framework and the Trust Risk Register, 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 a 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 Trust's 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, supporting decision-making. The benefits of a formal risk appetite statement were last revisited by the Audit Committee in February 2023 and will form the basis of further discussions with the Board over 2023/24.

During the year, the Board undertook ongoing assessments of significant risks to the attainment of Trust objectives and maintained oversight of a range of specific risks, including: non-delivery of financial plans; workforce planning risks to mitigate the inability to fill vacancies and reduce reliance upon agency staff; protecting the information held by the Trust (data security and information governance); and new models of care including local Integrated Care Systems and Provider Collaboratives.

There was also continued focus on ongoing risks presented by the Covid-19 pandemic, for example infection control, PPE, and risks to staff wellbeing because 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.

Regarding 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. The developments in Trust planning during 2022/23

will lead to a further review of the strategic risk profile which will take place in the next reporting period.

With continued pressures, particularly on local mental health systems, 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 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, attracting and retaining staff - while working to improve productivity - is a continual challenge.

The inflated cost of agency staff has continued to drive a national focus on reducing reliance on agency 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 however, through the Trust's Improving Quality Reducing Agency (IQRA) programme, much focus has been afforded to reduce reliance on agency workers against a planned trajectory of improvement. This work has continued to be overseen by both the Finance and Investment and People, Leadership and Culture committees.

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 Board (ICB) in Buckinghamshire, Oxfordshire, and Berkshire West (BOB) and its key planning documents since it became a legal entity in July 2022 alongside the priorities nationally and locally underscored within the NHS Long Term Plan.

The future continues to pose increasing risks and challenges for delivering efficiency increases and cost reductions within an extremely challenging financial plan, and the loss of Covid-19 funding allocations, as we progress into 2023/24. Growth in demand and acuity across the system will no doubt continue to put pressure on our underlying financial performance, as it did over 2022/23, and on the Buckinghamshire, Oxfordshire, and Berkshire West system.

NHS England's access standards for mental health services make it more important that we understand fully the scale of the demand we are facing, and the capacity needed to meet that demand, to plan for a sustainable system, particularly given the relative elevated levels of unmet need historically across mental health care.

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 that they are sufficiently agile to meet the challenges of working in complex system arrangements.

We recognise that uncertainties remain about the longer-term impact of the Covid-19 pandemic on the populations we serve, for example mental health conditions. In addition, the rapidly changing health and social care landscape – both nationally and locally – combined with wider system pressures pose 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 the integrated care systems in which we operate, as well as maintaining good relationships with our commissioners, local providers, and other key stakeholders.

Scrutiny of risk is undertaken through a variety of mechanisms as previously highlighted above. 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. Cyber security has also been the subject of Audit Committee scrutiny during the year.

The Quality Committee oversees the delivery of the quality priorities for the Trust. These 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 Management Team and the Quality Committee (and its sub-committee) regularly review assessments in support of our compliance with Care Quality Commission (CQC) registration requirements in readiness for our CQC Well-Led Review, the last of which concluded in 2019. Where gaps have been identified, action plans have been monitored for implementation to ensure the Board was reasonably assured that CQC standards were being met and improvement plans were effectively delivering required improvements.

The Trust is fully compliant with the registration requirements of the CQC. In everything we do, we strive to be caring, safe and excellent. The care we provide is rated overall as 'Good' by the CQC.

Assurance on compliance with CQC registration requirements is reported and monitored regularly through the Quality Committee. Final work is underway to complete one 'should do' action relating to improving the outside area for one of our secure inpatient settings. This action was unable to be completed until internal works were completed, which were finalised in July 2022. Funding has been identified since for a new specialist fence with work forecast to start in Q3 2023/24.

In 2022/23, 11 of our mental health wards received an unannounced visit by the CQC to review compliance with the legal requirements of the Mental Health Act for people who have been detained. This compares to 12 wards visited in 2021/22. The CQC carries out this specific type of visit for every mental health ward on a regular basis. During these visits the CQC reviewer speaks to patients and staff, reviews the environment, and reviews the quality of documentation in patients records. No serious concerns were raised from the visits and many examples of good practice were highlighted. The areas we continue to work on are around documenting the processes we follow around giving patients information about their rights and Section 17 leave, and further embedding individualised care plans.

Over the year any actions arising from inspections (Mental Health Act) are monitored through to completion. The Trust Board recognises that effective governance and risk management is fundamental to continuing to achieve its strategic and operational objectives, maintain the quality and safety of its services, and progress towards being rated as an 'Outstanding' organisation.

Reports to the Board regarding the Trust's 'Journey to Excellence' include the role of OHI (Oxford Health Improvement) in the Trust's ongoing quality improvement programmes – to improve patient safety and quality for people in hospital and in their communities and homes – through a programme of quality improvement, research, training, and collaboration.

The last external review utilising the Well Led Framework was undertaken in over the past year. This looked at aspects of our quality and corporate governance arrangements and no areas of concern were identified.

The Trust continually assesses compliance with the NHS Foundation Trust Licence Condition 4 (Foundation Trust Governance). The Board last formally reviewed its self-certification in detail at its July 2022 meeting in public and confirmed no material risks had been identified regarding compliance with its Licence.

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

- Effectiveness of governance structures to include reporting lines and accountability between the Board, its sub-committees, and the executive management team;
- Responsibilities of directors and sub-committees;
- Submission of timely and accurate information to assess risks to compliance with the Trust's Licence; and
- 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. 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.

Currently the Trust employs 6,587 staff with a contracted WTE (Whole Time Equivalent) of 5,769.92. I am required to describe the keyways in which the Trust ensures that short, medium, and long-term workforce strategies and staffing systems are in place and how the Trust complies with the 'Developing Workforce Safeguards' recommendations:

1. As of 31 March 2023, the Trust recruited over 1,316 staff (over 1,213.65 WTE) including sessional staff. The Trust uses Trac, a recruitment management system, to improve our ability to control, manage and report on recruitment activity. The Trust measures time to hire monthly and is working to reduce this, in line with Trust continuous improvement objectives, by streamlining processes and continuing to upskill both our recruitment team and our hiring managers. This ensures that new employees are onboarded in a timely manner, creating a better recruitment journey for candidates, hiring managers and the communities we support
2. We are investing in skill mix work to make sure that the blend of skills in our services is safe, appropriate and affordable
3. We had over 50 nursing associate trainees qualify, with a further 92 in training
4. We have a series of initiatives in place to improve retention further and we are part of NHS England's Retention programme. These include four quality improvement programmes around: flexible retirement; new starter experience; career conversations; and performance development reviews. We have invested in a retention team that will be starting its work from the end of April 2023 to drive the retention programme going forward
5. The Board monitors recruitment, staff turnover, sickness levels, staff engagement data and agency spend every month
6. The 'Weekly Review' meeting led by the Chief Nurse every Monday monitors safe staffing and safety and quality issues arising in our services, issues of concern are then escalated to the executive team, usually on the same day
7. 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
8. Short-term staffing gaps are being tackled by the Improving Quality Reducing Agency (IQRA) programme that was set up to reduce the reliance on temporary workforce, improve clinical quality and care across the organisation. The key achievements of the IQRA Programme for 2022/23 are the procurement and

implementation of three agency contracts, these being the NHS Professionals Bank contract, Master Vendor Contract for Nursing, Allied Health Professionals and Admin & Clerical staff, and the Guaranteed Volume Contract for the Littlemore Mental Health Centre site. There has been the arrival of 107 internally educated nurses resulting in an agency costs avoidance to date of £2.45 million. Nursing agency spend is £5.7 million less and overall agency spend is £1.69 million less than 2021/22. The recruitment key performance indicator achieved agency cost avoidance of £2 million, which is 92.48% of the target set

9. We continued to grow significantly our in-house staff bank up to the end of January 2023, totalling 2,888 bank staff prior to transferring them on to NHS Professionals. In-house staff pure bank workers were 1,532 in January 2023 compared to 1,276 at March 2022, and in January 2023 a further 1,356 substantive staff registered to the bank yielding a total of 2,888 in January 2023 compared to 2,654 in March 2022. We are also 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 improve retention further, to review skill mix and pipelines constantly, and to make Oxford Health an employer of choice for all staff groups and all types of workers (full time, part time, bank, clinical, non-clinical, and administrative and clerical).

We have continued active recruitment campaigns to include international efforts. Our proactive recruitment campaigns team is supporting hotspot areas and are working to attract more candidates using proactive methods including online digital marketing such as social media, and other advertising and promotion methods alongside offline marketing such as events and offline advertising.

Promotion and exposure of the Trust and brand awareness has been increased by attending and coordinating external and internal events including University recruitment days. Social media followers to the careers Facebook page has increased by 176% and LinkedIn by 277%. An increased focus on student recruitment and university engagement has resulted in 33 student nurses and three podiatrist roles being offered so far for 2022/23. In addition, a successful Return to Practice campaign resulted in five Nurses and six AHPs commencing in post.

Oxford Health, and the other Trusts in the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System, continue to work together to improve workforce planning capabilities and to meet the safeguards and standards in Developing Workforce Safeguards. The Chief Nurse's team, operational leaders and members of the Trust's human resources, learning & development and finance teams 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 put in place and that of other Trusts.

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 the Trust's Disclosures and Declarations webpages.

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 legislation are complied with. Trust policies are in place to further equality, diversity, and inclusion (Equal Opportunities Policy & Procedures). Service change and business cases are subject to Quality and Equality Impact Assessments to ensure that proposals do not adversely impact on the quality and equality of services.

Modern Slavery Act 2015

Oxford Health produces and publishes a modern slavery and human trafficking statement on the Trust's website. In the months following the end of the financial year 2022/23, the Trust will produce an updated statement for 2022/23 for approval by the Board of Directors and for publication on the Trust's website.

Climate change obligations

The Health and Care Act 2022 underscores the importance of the NHS response to climate change, placing new duties on NHS England and all trusts to contribute towards statutory emissions and environmental targets. The Act requires the Trust to address: the UK (United Kingdom) net zero emissions target; and the environmental targets within the Environment Act 2021. To meet these targets the Trust has a Board approved Green Plan which provides a structured approach to reduce both its carbon footprint and air pollution.

A three-year period (for this cycle 2022/23 to 2024/25) allows the Trust's Green Plan to strike an appropriate balance between immediate carbon reductions in some areas, alongside strategic development of capability in others. The Trust's Green Plan reflects national priorities by aligning with the plans, actions and timescales laid out in Delivering a net zero National Health Service.

The Chief Finance Officer chairs a quarterly review of the Trust's Green Plan initiatives to review progress against plan and towards NHS England carbon reduction trajectories. Additionally, the Trust produces an annual report against the plan. Reporting of carbon reduction initiatives are captured against key areas of: building assets and utilities, travel

and transport, models of care, procurement, people, and green spaces and biodiversity. Highlights of initiatives over 2022/23 include development of a building heat decarbonisation plan, uptake of the Choosing Wisely programme (led by the Academy of Royal Colleges), a trial of ebikes with a community nursing team in Oxford, and Green Plan inductions for new starters at the Trust.

Review of economy, efficiency, and effectiveness of the use of resources

Financial and non-financial performance is reported through a framework generating a dashboard presentation and analysis at Board, Executive and directorate levels. These include local authority indicators in respect of services managed under NHS Act 2006 Section 75 agreements.

As set out above, the Trust reports separately on its performance against Care Quality Commission standards through the Quality Committee (and its supporting Quality and Clinical Governance Sub-Committee and quality sub-groups) and via quality and safety reports and dashboards to the Board of Directors.

The Trust's Internal Audit Plan, 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 Trust 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 2022/23, 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 effectiveness of the framework of internal control.

Internal auditors highlighted remaining actions to be completed from a payroll review focusing on payroll processes and controls. The review recommended that improvements were needed regarding systems related to employee standing data and leavers, along with some lower risk improvements to support 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 using multiple systems to capture information about employees which do not interface automatically and require manual intervention.

Following a review of the Trust's programmes and project assurance, internal audit identified two high risk findings these being: that project management controls need to be identified, endorsed, and 'championed' by senior management and executives to address informal project initiation and put in place strong project environments; and that there is lack of traceability between project requirements, and project benefits. The relevant Executive Directors are working to address these findings.

The Trust's Counter Fraud Work Plan, 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. Further information is included in the Corporate Governance and Code of Governance report of this Annual Report.

Regarding pensions, as an employer with staff entitled to membership of the NHS Pension Scheme (the 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.

To support ongoing attainment of value for money, impaired by the impact of the COVID-19 pandemic, service line analysis and reporting will continue to be developed to provide a more granular understanding of the areas where greater efficiencies can be secured.

Information governance

The Trust's Integrated Information Governance Policy outlines the management and assurance framework, including key roles and committees 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
- provides management focus and analysis of data security threats
- 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 Information Management 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. 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 have in previous years been independently audited by Internal Audit.

Following sign off by the Trust's Information Management Group, and subsequently by the Board of Directors, the DSPT will be submitted by 30 June 2023. The Trust met all standards and assertions in the DSPT in 2021/22. The baseline submission was completed as required by 28 February 2023.

An internal audit review of information governance within the Trust in the previous fiscal year (2021/22) made no critical or high-risk findings and identified no areas of significant weaknesses in internal control in this area.

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 four serious confidentiality incidents (Level 2) during 2022/23. Three incidents met the criteria for escalation to the Information Commissioner's Office (ICO), but no further action was required (two of which were related to clinical systems outage).

The Trust is acutely aware of the ongoing threat from cybercrime i.e., malicious attempts to damage, disrupt or steal our IT related resources and data. To combat this, the Trust's IM&T (Information Management & Technology) 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 is operating in accordance with the General Data Protection Regulation (GDPR) and Data Protection Act (2018) and policy - procedures and mandatory information governance training reflect this 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.

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 three key areas:

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

Provision of the nationally mandated data set submissions – except for IAPT (Improving Access to Psychological Therapies) – is 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 with a view to improving performance as well as accuracy and completeness of data submissions.

Following the national cyber security incident, and move to new clinical information systems, there is a need to recover the Trust's reporting arrangements which includes

the nationally mandated datasets. This recovery work is underway. However, this has resulted in a pause of data quality related reporting and activities. These will be reviewed and reprioritised based on outputs from the new clinical information systems.

The Trust continues to engage with workshops hosted by NHS England 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, which has delegated responsibility from the Trust's Quality Committee. Set out below are the Trust's overall data quality scores (up to July 2022) against across all relevant national datasets.

	April 22	May 22	June 22	July 22
Overall DQMI score	81.9%	81.8%	81.2%	82.2%
CDS Admitted Patient Care	92.6%	92.7%	92.8%	92.7%
CDS Outpatient	97.2%	96.9%	96.5%	97.2%
Community Services Data Set (CSDS)	84.7%	84.5%	84.6%	84.8%
Emergency Care Data Set (ECDS	46.5%	46.5%	46.3%	46.6%
Mental Health Services Data Set	96.2%	96.1%	94.3%	96.9%
Improving Access to Psychological Therapies (IAPT	98.1%	98.1%	98.2%	98.1%

Emergency Care Data Set under performance is related to lack of SNOMED (a structured clinical vocabulary for use in an electronic health record) functionality within the current version of Adastra in use within the Trust. The Trust is planning to implement a new version of Adastra over the summer of 2023. This will be enabled technically to support SNOMED coding. The Trust will then review its Data Quality DQ (DQ) position based on information captured in this new version of ECDS and action plan as appropriate.

Community Services Data Set scores are based on information recorded in Carenotes. This under performance was related in the main to scores for Ethnicity, Coded Finding and Language. Carenotes did not support the capture of coded finding. Following the national cyber security incident and the move to EMIS (a clinical system for delivering integrated healthcare) there is a need to recover the reporting of the CSDS. Activities are underway to support this. We will then review our Data Quality position based on information captured in EMIS and action plan as appropriate.

Covid-19 and governance

The third year of the Covid-19 pandemic resulted in inevitable changes in operations across the Trust as part of national and local NHS response. The Trust has worked hard

to ensure that appropriate governance and risk management processes were in place to support both the response and the safe restoration of services while seeking to make the most opportunities to do things differently where appropriate.

Where changes to processes and controls, required as part of the Trust response to Covid-19, have improved effectiveness without undue risk, the Trust is working to continue with these revised process/control and will update policies and procedures accordingly to embed these changes into the future. 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 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 proportionate governance structures, shorter and simpler Board reporting that looks forward, plans for the future, and spends less time assuring and looking backwards.

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 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 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, the work of which is reviewed by the Audit Committee.

My review is also informed by visits and 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 within the Trust and ensure the effectiveness of the systems of internal control through:

- Audit Committee's scrutiny of controls in place
- CQC Registration requirements, the last inspection 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, bench-marking and self-assessment reports
- Assessment against key findings of external inquiries

The Board has monitored progress against the key risks facing the Trust and assured itself that the strategic intent of the Trust appropriately addresses opportunities and the risks facing the Trust and the continual improvement of 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 Audit Committee has acknowledged that significant progress has been made during the year to align and embed Clinical Audit and NICE activity as part of the wider Quality Management System that brings together Quality Planning, Quality Improvement, Quality Control and Quality Assurance. Audit and NICE activity now report into the recently launched Clinical Effectiveness Decision Group chaired by the Deputy Chief Medical Officer (Patient Safety) and the executive sponsor is the Chief Medical Officer.

Ultimately the Clinical Effectiveness Decision Group provides assurance on the design, implementation, and review of the Trust's Clinical Audit programme and NICE compliance to the Board via the Quality Committee. The Group is attended by senior clinical, pathway and speciality leaders along with Integrated Care Board representation and has delegated authority to oversee and monitor the implementation of clinical outcome improvement initiatives within the Trust as well as effective medicines management and significant clinical pathway transformation.

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.

As a Trust, 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.

By the end of the year – and despite the impact of industrial action and a data outage resulting from the national cyber-attack – 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 through a programme focused on a 'Journey to Excellence'. The Board of Directors and I are immensely 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 provide sufficient evidence to state that no significant internal control issues have been identified during 2022/23.

As mentioned previously in the Staff Report, over the second half of 2022/23 the Trust undertook a planned transfer of its internal bank to NHS Professionals (national flexible staff bank with 50 client NHS trusts). Although this transfer was completed, the process caused significant short-term disruption to several teams and individuals. Remedial actions were put in place to address this disruption, including regular communications to staff from Trust senior leaders. Although now significantly reduced, this disruption is ongoing in some cases and is being addressed by NHS Professionals. Over early 2023/24, the Trust will seek to review and apply any lessons learned from the transfer.

Similarly, we will seek to review the Trust's response to the data outage (commencing from Summer 2022) caused by a national cyber-attack. While the outage caused significant disruption and impaired the Trust's capacity to rely upon and use data, effective business continuity and risk arrangements were in place to inform an effective response. We will continue to conduct harm reviews to ensure that the ongoing impact of this outage continues to not effect patient safety.

These two issues did not evidence any significant control weaknesses, but each have provided us with opportunities to review arrangements put in place – and their flexibility against such wide-ranging incidents – in order to learn and improve wherever possible. With regard to both issues, our staff responded brilliantly – stepping-up to adapt and support each other and prioritise patient care.

There remain potentially significant risks facing the Trust going into 2023/24 and beyond regarding 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 and workforce challenges.

The Trust will continue to carry the risk of an unsustainable financial position considering the ongoing underfunding of its mental health services no longer being mitigated by Covid-19 funding arrangements, the removal of which is posing its own challenges. Delivering our current services sustainably to meet population needs remains dependent upon continuing to improve the revenue the Trust receives for its services and its ability to deal with demand.

As written in previous Annual Governance Statement conclusions, successful partnership and system working is vital for the ongoing quality and sustainability of local health and care providers in meeting and planning for the needs of our shared populations. The statutory arrangements for Integrated Care Boards from July 2022 provide the foundations for this collaboration and - as we continue to break down organisational barriers – effective integrated governance arrangements will be of fundamental importance.

Signed: **Date: 13 July 2023**

Grant Macdonald

Chief Executive and Accounting Officer

Accountability Report Conclusion

This concludes the Accountability Report of Oxford Health NHS Foundation Trust for the year ending 31 March 2023.

Signed: **Date: 13 July 2023**

Grant Macdonald

Chief Executive and Accounting Officer

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF OXFORD HEALTH NHS FOUNDATION TRUST

Opinion

We have audited the financial statements of Oxford Health NHS Foundation Trust for the year ended 31 March 2023 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and the related notes 1 to 36, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted International Financial Reporting Standards as interpreted and adapted by the 2022/23 HM Treasury's Financial Reporting Manual (the 2022/23 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2022 to 2023 and the Accounts Direction issued by NHS England with the approval of the Secretary of State as relevant to the National Health Service in England.

In our opinion the financial statements:

- give a true and fair view of the financial position of Oxford Health NHS Foundation Trust as at 31 March 2023 and of Foundation Trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022 to 2023; and
- have been properly prepared in accordance with the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Foundation Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Foundation Trust's ability to continue as a going concern for a period to 31 July 2024.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Foundation Trust's ability to continue as a going concern.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information contained within the annual report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- other information published together with the audited financial statements is consistent with the financial statements; and

- the parts of the Remuneration Report and Staff Report identified as subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2022/23.

Matters on which we are required to report by exception

The Code of Audit Practice requires us to report to you if:

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;
- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Foundation Trust, or a director or officer of the Foundation Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;
- We are not satisfied that the Foundation Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources;
- We have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2022/23 and is not misleading or inconsistent with other information forthcoming from the audit; or
- We have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

Responsibilities of the Accounting Officer

As explained more fully in the 'Statement of the Chief Executive's Responsibilities as the Accounting Officer of Oxford Health NHS Foundation Trust' set out on pages 117 and 118 the Chief Executive is the accounting officer of Oxford Health NHS Foundation Trust. 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.

In preparing the financial statements, the accounting officer is responsible for assessing the Foundation Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council of Governors intend to cease operations of the Foundation Trust, or have no realistic alternative but to do so.

As explained in the Governance Statement, the accounting officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Foundation Trust's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006, the Health and Social Care Act 2012 and the Health and Care Act 2022, as well as relevant employment laws of the United Kingdom. In addition, the Foundation Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.

- We understood how Oxford Health NHS Foundation Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, internal audit and members of the Audit Committee and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Foundation Trust's board minutes, through enquiry of employees to verify Foundation Trust policies and other information. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation.

- We assessed the susceptibility of the Foundation Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment

procedures, we identified manipulation of reported financial performance (through overstatement of income and understatement of expenditure), inappropriate capitalisation of revenue expenditure and management override of controls to be our fraud risks.

- To address our fraud risk around the manipulation of reported financial performance through improper recognition of revenue, we performed the following procedures:

    - Tested a sample of the Trust's income and expenditure accruals, challenging assumptions and corroborating the transaction to underlying evidence;
    - Performed testing on a sample of income invoices raised, and expenditure invoices received, in April and May 2023 to obtain assurance that the underlying income and expenditure was recorded in the correct period;
    - Tested a sample of payments made and received into the Trust's main bank account in April and May 2023 to obtain assurance that the underlying income and expenditure was recorded in the correct period;
    - Tested a sample of deferred income, with reference to underlying funding agreements, to check that it was appropriate to defer the income;
    - Tested a sample of deferred income released in year to check that the release was appropriate;
    - Performed a reconciliation of NHS income recognised to initial funding allocations received from the clinical commissioning groups and integrated care boards to obtain assurance that the Trust has a right to recognise the income; and
    - Tested a sample of provisions recognised to underlying evidence to obtain assurance that the provision had not been understated.

- To address our fraud risk of inappropriate capitalisation of revenue expenditure we tested a sample of the Trust's capitalised expenditure to ensure the capitalisation criteria were properly met and the expenditure was genuine.

- To address the presumed fraud risk of management override of controls, we implemented a journal entry testing strategy, assessed accounting estimates for evidence of management bias and evaluated the business rationale for significant unusual transactions. This included testing specific journal entries identified as unusual following our analysis of the Trust's data and testing significant manual adjustments made outside of the ledger as part of the accounts preparation process. For each journal and adjustment selected, we tested specific transactions back to source documentation to confirm that the transactions were authorised and accounted for appropriately.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice 2020, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in January 2023, as to whether the Foundation Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2023.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Foundation Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under schedule 10(1)(d) of the National Health Service Act 2006 to be satisfied that the Foundation Trust has made proper 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 the Foundation Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Foundation Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have issued our Auditor's Annual Report for the year ended 31 March 2023. We have completed our work on the value for money arrangements and will report the outcome of our work in our commentary on those arrangements within the Auditor's Annual Report.

Until we have completed these procedures, we are unable to certify that we have completed the audit of the accounts in accordance with the requirements of the NHS Act 2006 and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General.

Use of our report

This report is made solely to the Council of Governors of Oxford Health NHS Foundation Trust in accordance with Schedule 10 of the National Health Service Act 2006 and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.

Maria Grindley (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Reading
13 July 2023

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF OXFORD HEALTH NHS FOUNDATION TRUST

Issue of audit opinion on the financial statements

In our audit report for the year ended 31 March 2023 issued on 13 July 2023 we reported that, in our opinion, the financial statements:

- gave a true and fair view of the financial position of Oxford Health NHS Foundation Trust as at 31 March 2023 and of its income and expenditure for the year then ended;
- had been prepared properly in accordance with the Department of Health and Social Care's Group Accounting Manual 2022 to 2023; and
- had been properly prepared in accordance with the National Health Service Act 2006.

Certificate

In our report dated13 July 2023, we explained that we could not formally conclude the audit on that date until we had issued our Auditor's Annual Report for the year ended 31 March 2023. We have now completed our procedures and no matters have come to our attention that would have resulted in a different opinion on the financial statements or additional exception reporting on significant weaknesses in the Foundation Trust's value for money arrangements.

We certify that we have completed the audit of the accounts of Oxford Health NHS Foundation Trust in accordance with the requirements of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General.

Maria Grindley (Key Audit Partner)
For and on behalf of Ernst & Young LLP (Local Auditor)
Reading

19 July 2023

Oxford Health NHS Foundation Trust

Annual accounts for the year ended 31 March 2023

Foreword to the accounts

Oxford Health NHS Foundation Trust

These accounts, for the year ended 31 March 2023, 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 

Name **Grant Macdonald**
Job title **Chief Executive**
Date **13 July 2023**

Statement of Comprehensive Income

	Note	2022/23 £000	2021/22 £000
Operating income from patient care activities	3	503,282	454,967
Other operating income	4	104,473	95,080
Operating expenses	6, 8	(608,313)	(541,973)
Operating surplus/(deficit) from continuing operations		**(558)**	**8,074**
Finance income	10	1,785	65
Finance expenses	11	(1,933)	(1,831)
PDC dividends payable		(2,499)	(2,242)
Net finance costs		**(2,647)**	**(4,009)**
Other gains / (losses)	12	(123)	-
Surplus / (deficit) for the year from continuing operations		**(3,328)**	**4,065**
Surplus / (deficit) for the year		**(3,328)**	**4,065**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(10,311)	(105)
Revaluations	15	65,497	8,482
Fair value gains / (losses) on equity instruments designated at fair value through OCI	17	1,125	-
Other recognised gains and losses		(48)	-
Remeasurements of the net defined benefit pension scheme liability / asset	30	1,498	297
Total comprehensive income / (expense) for the period		**54,434**	**12,740**

Statement of Financial Position

	Note	31 March 2023 £000	31 March 2022 £000
Non-current assets			
Intangible assets	13	4,977	6,390
Property, plant and equipment	14	215,795	155,907
Right of use assets	16	30,850	
Other investments / financial assets	17	1,125	-
Receivables	20	512	487
Other assets	21	485	-
Total non-current assets		**253,744**	**162,785**
Current assets			
Inventories	19	2,932	2,003
Receivables	20	35,215	19,702
Non-current assets for sale	22.1	840	-
Cash and cash equivalents	23	74,610	89,517
Total current assets		**113,597**	**111,223**
Current liabilities			
Trade and other payables	24	(83,398)	(75,128)
Borrowings	26	(7,393)	(1,967)
Provisions	27	(2,249)	(2,473)
Other liabilities	25	(23,002)	(22,784)
Total current liabilities		**(116,042)**	**(102,353)**
Total assets less current liabilities		**251,298**	**171,654**
Non-current liabilities			
Borrowings	26	(34,622)	(16,634)
Provisions	27	(6,085)	(4,524)
Other liabilities	25	-	(1,132)
Total non-current liabilities		**(40,707)**	**(22,290)**
Total assets employed		**210,592**	**149,364**
Financed by			
Public dividend capital		109,631	107,619
Revaluation reserve		82,587	27,469
Financial assets reserve		1,125	-
Income and expenditure reserve		17,249	14,276
Total taxpayers' equity		**210,592**	**149,364**

The notes on pages 8 to 63 form part of these accounts.

Name Grant Macdonald
Position Chief Executive
Date 13 July 2023

Statement of Changes in Equity for the year ended 31 March 2023

	Public dividend capital	Revaluation reserve	Financial assets reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**107,619**	**27,469**	**-**	**14,276**	**149,364**
Implementation of IFRS 16 on 1 April 2022	**-**	**-**	**-**	**4,782**	**4,782**
Surplus/(deficit) for the year	-	-	-	(3,328)	**(3,328)**
Impairments	-	(10,311)	-	-	**(10,311)**
Revaluations	-	65,497	-	-	**65,497**
Fair value gains/(losses) on equity instruments designated at fair value through OCI	-	-	1,125	-	**1,125**
Other recognised gains and losses	-	(69)	-	21	**(48)**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	1,498	**1,498**
Public dividend capital received	2,012	-	-	-	**2,012**
Taxpayers' and others' equity at 31 March 2023	**109,631**	**82,586**	**1,125**	**17,249**	**210,592**

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

	Public dividend capital	Revaluation reserve	Financial assets reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**99,120**	**19,180**	**-**	**9,826**	**128,125**
Prior period adjustment	-	-	-	-	**-**
Taxpayers' and others' equity at 1 April 2021 - restated	**99,120**	**19,180**	**-**	**9,826**	**128,125**
Surplus/(deficit) 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/asset	-	-	-	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**

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.

Financial assets reserve
This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

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

Statement of Cash Flows

	Note	2022/23 £000	2021/22 £000
Cash flows from operating activities			
Operating surplus / (deficit)		(558)	8,074
Non-cash income and expense:			
Depreciation and amortisation	6.1	12,571	6,301
Net impairments	7	1,041	290
Income recognised in respect of capital donations	4	(0)	(38)
Non-cash movements in on-SoFP pension liability		68	78
(Increase) / decrease in receivables and other assets		(14,986)	(7,242)
(Increase) / decrease in inventories		(929)	(395)
Increase / (decrease) in payables and other liabilities		13,214	29,918
Increase / (decrease) in provisions		(196)	1,348
Net cash flows from / (used in) operating activities		**10,225**	**38,335**
Cash flows from investing activities			
Interest received		1,785	65
Purchase of intangible assets		(297)	(3,666)
Purchase of PPE and investment property		(17,216)	(4,627)
Net cash flows from / (used in) investing activities		**(15,728)**	**(8,229)**
Cash flows from financing activities			
Public dividend capital received		2,012	8,499
Movement on loans from DHSC		(1,338)	(1,338)
Movement on other loans		-	850
Capital element of lease liability repayments		(4,923)	-
Capital element of PFI, LIFT and other service concession payments		(601)	(551)
Interest on loans		(617)	(669)
Other interest		(24)	(78)
Interest element of lease liability repayments		(259)	-
Interest paid on PFI, LIFT and other service concession obligations		(967)	(1,046)
PDC dividend (paid) / refunded		(2,688)	(1,951)
Net cash flows from / (used in) financing activities		**(9,405)**	**3,715**
Increase / (decrease) in cash and cash equivalents		**(14,908)**	**33,821**
Cash and cash equivalents at 1 April - brought forward		**89,517**	**55,696**
Cash and cash equivalents at 31 March	23.1	**74,610**	**89,517**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England 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 2022/23 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.

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 and until 31st July 2024 i.e. 12 months after the publication of the annual report and accounts for 2022/23. Management's enquiries covered planning, allocations, capital planning, policy on NHS structures and Trust strategy. The following points support the adoption of the going concern basis:

• There are no local or national policy decisions that are likely to affect that continued funding and provision of services by the Trust.

• The Trust's adjusted financial performance in 2022/23 was a £2.1m deficit, £4.1m better than plan.

• In 2022/23 the Trust has continued to benefit from the block contract arrangements which were put in place during the covid pandemic. These arrangements have provided certainty on income and improved liquidity and cash flow.

• The Trust Board has approved a plan for 2023/24 and this has been submitted to NHSE by the Trust and as part of the submission made by Buckinghamshire, Oxfordshire and Berkshire West ICS, of which the Trust is a member. The plan is for a £3.2m surplus with the deficit resulting in the main part from excess inflation due to the current economic environment. The plan assumes income as agreed with the Trust's main NHS and non-NHS commissioners and is based on planning guidance assumptions.

• The Trust ended 2022/23 with £74.6m of cash. The Trust maintains a rolling cash flow forecast based on expectations for funding and this extends to the end of July 2024. This indicates that the Trust would be able to continue to operate with good levels of liquidity for revenue and capital purposes, with no requirement to undertake borrowing. The Trust is forecasting a cash balance of £57.6m at the end of July 2024.

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. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

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 the 'For Me', 'Thames Valley CAMHS T4' and 'HOPE AED' Provider Collaboratives, 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.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

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 grant is 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.

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

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 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 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 actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

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 are funded 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 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, eg, 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 (ie 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. A 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 useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

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) 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 a finance cost 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
Buildings, excluding dwellings	1	90
Plant & machinery	1	15
Transport equipment	7	7
Information technology	1	8
Furniture & fittings	4	10

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, eg 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, eg 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
Software licences	1	5

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.

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 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, ie, 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 or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as fair value through income and expenditure or fair value through other comprehensive income.

Financial liabilities are classified as fair value through income and expenditure.

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.

The Trust has irrevocably elected to measure the following equity instruments at fair value through other comprehensive income: Investment in Cristal Health Limited.

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

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic 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.

Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16.

2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis.

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 2023:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%
Long-term	After 10 years up to 40 years	3.51%	0.95%
Very long-term	Exceeding 40 years	3.00%	0.66%

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 2023:

	Inflation rate	Prior year rate
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prior year: minus 1.30%).

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 27.2 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 liabilities are not recognised, but are disclosed in note 28, 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 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 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 1.19 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 1.20 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

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 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 £116,647m income relating to the provider collaborative, which is split between income for commissioning services in a mental health collaborative of £75,776k and services the Trust delivers under the mental health collaborative of £40,871k 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

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Property assets were valued by Carter Jonas as at 31 March 2023. 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):	**2022/23**	**2021/22**
	£000	**£000**
Surplus / (deficit) for the period	(3,328)	4,065
Remove net impairments not scoring to the Departmental expenditure limit	1,041	290
Remove I&E impact of capital grants and donations	84	40
Remove non-cash element of on-SoFP pension costs	68	78
Adjusted financial performance surplus / (deficit)	**(2,135)**	**4,473**

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)	2022/23 £000	2021/22 £000
Mental health services		
Income from commissioners under API contracts*	236,015	224,853
Services delivered under a mental health collaborative	40,871	37,087
Income for commissioning services in a mental health collaborative	75,776	69,319
Clinical partnerships providing mandatory services (including S75 agreements)	3,167	-
Clinical income for the secondary commissioning of mandatory services	3,701	3,603
Other clinical income from mandatory services	212	369
Community services		
Income from commissioners under API contracts*	105,804	93,940
Income from other sources (e.g. local authorities)	12,383	11,229
All services		
Private patient income	234	183
Elective recovery fund	-	2,580
Agenda for change pay award central funding***	12,211	
Additional pension contribution central funding**	12,908	11,804
Total income from activities	**503,282**	**454,967**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022/23 National Tariff payments system documents.

https://www.england.nhs.uk/publication/past-national-tariffs-documents-and-policies/

**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.

*** In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2022/23 £000	2021/22 £000
NHS England	151,438	127,591
Clinical commissioning groups	84,274	298,269
Integrated care boards	238,709	
Other NHS providers	3,350	2,556
NHS other	13	18
Local authorities	23,789	21,656
Non-NHS: private patients	225	178
Injury cost recovery scheme	110	80
Non NHS: other	1,374	4,620
Total income from activities	**503,282**	**454,967**
Of which:		
Related to continuing operations	503,282	454,967

Note 4 Other operating income

	2022/23			2021/22		
	Contract income	**Non-contract income**	**Total**	**Contract income**	**Non-contract income**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
Research and development	12,043	-	**12,043**	13,557	-	**13,557**
Education and training	23,045	-	**23,045**	20,355	-	**20,355**
Non-patient care services to other bodies	4,593		**4,593**	4,699		**4,699**
Reimbursement and top up funding	6,052		**6,052**	23,980		**23,980**
Receipt of capital grants and donations and peppercorn leases		0	**0**		38	**38**
Charitable and other contributions to expenditure		672	**672**		1,035	**1,035**
Other income	58,067	-	**58,067**	31,415	-	**31,415**
Total other operating income	**103,800**	**672**	**104,472**	**94,007**	**1,073**	**95,080**
Of which:						
Related to continuing operations			104,473			95,080

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2022/23	2021/22
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	15,417	6,567

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2023	31 March 2022
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	£000	£000
within one year	22,529	15,417
after one year, not later than five years	473	7,367
after five years		
Total revenue allocated to remaining performance obligations	**23,002**	**22,784**

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 5.3 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 below:

	2022/23	2021/22
	£000	£000
Income from services designated as commissioner requested services	474,421	425,860
Income from services not designated as commissioner requested services	28,861	29,107
Total	**503,282**	**454,967**

Note 6.1 Operating expenses

	2022/23	2021/22
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	35,467	32,913
Purchase of healthcare from non-NHS and non-DHSC bodies	39,013	38,757
Staff and executive directors costs **	375,559	348,762
Remuneration of non-executive directors	179	156
Supplies and services - clinical (excluding drugs costs)	29,617	25,550
Supplies and services - general	4,974	3,910
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	57,301	30,682
Inventories written down	44	56
Consultancy costs	1,016	118
Establishment	11,967	10,613
Premises	12,717	12,466
Transport (including patient travel)	5,525	4,843
Depreciation on property, plant and equipment and right of use assets	10,861	4,666
Amortisation on intangible assets	1,711	1,635
Net impairments	1,041	290
Movement in credit loss allowance: contract receivables / contract assets	(630)	1,478
Increase/(decrease) in other provisions	1,182	1,568
Change in provisions discount rate(s)	(1,239)	121
Fees payable to the external auditor		
audit services- statutory audit	180	58
Internal audit costs	134	151
Clinical negligence	1,053	828
Legal fees	440	564
Insurance	562	511
Research and development	2,710	-
Education and training	2,758	2,287
Expenditure on short term leases (current year only)	539	-
Expenditure on low value leases (current year only)	181	-
Variable lease payments not included in the liability (current year only)	1,360	
Operating lease expenditure (comparative only)		7,695
Redundancy	227	163
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI)	1,031	783
Car parking & security	152	204
Losses, ex gratia & special payments	95	54
Other services, eg external payroll	633	598
Other *	9,954	9,493
Total	**608,314**	**541,973**
Of which:		
Related to continuing operations	608,313	541,973

* Includes R&D project costs and payments to University of Oxford of £6,044k (2021/22 £4,737k)

** The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2022/23, 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 (2021/22: £2 million).

Note 7 Impairment of assets

	2022/23	2021/22
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	1,041	290
Total net impairments charged to operating surplus / deficit	**1,041**	**290**
Impairments charged to the revaluation reserve	10,311	105
Total net impairments	**11,352**	**395**

Note 8 Employee benefits

	2022/23 Total £000	2021/22 Total £000
Salaries and wages	252,798	224,658
Social security costs	26,684	22,154
Apprenticeship levy	1,227	1,087
Employer's contributions to NHS pensions	42,348	38,849
Pension cost - other	142	186
Temporary staff (including agency)	55,006	63,156
Total gross staff costs	**378,205**	**350,090**
Recoveries in respect of seconded staff	(2,116)	(1,100)
Total staff costs	**376,089**	**348,991**
Of which		
Costs capitalised as part of assets	303	66

Note 8.1 Retirements due to ill-health

During 2022/23 there were 5 early retirements from the trust agreed on the grounds of ill-health (7 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £357k (£436k in 2021/22).

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 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 2023, is based on valuation data as at 31 March 2022, updated to 31 March 2023 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 at 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

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 asset applicable is included in the Statement of Financial Position and the full valuation disclosed in Note 28.1.

Note 10 Finance income

Finance income represents interest received on assets and investments in the period.

	2022/23	2021/22
	£000	£000
Interest on bank accounts	1,745	41
Other finance income	40	24
Total finance income	**1,785**	**65**

Note 11.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2022/23	2021/22
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	614	667
Interest on lease obligations	259	-
Main finance costs on PFI scheme obligations	152	203
Contingent finance costs on PFI scheme obligations	815	843
Total interest expense	**1,840**	**1,713**
Unwinding of discount on provisions	69	40
Other finance costs	24	78
Total finance costs	**1,933**	**1,831**

Note 12 Other gains / (losses)

	2022/23	2021/22
	£000	£000
Gains on disposal of assets	78	-
Losses on disposal of assets	(201)	-
Total gains / (losses) on disposal of assets	**(123)**	**-**
Total other gains / (losses)	**(123)**	**-**

Note 13.1 Intangible assets - 2022/23

	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	**10,814**	**10,814**
Additions	297	**297**
Disposals / derecognition	(1,211)	**(1,211)**
Valuation / gross cost at 31 March 2023	**9,900**	**9,900**
Amortisation at 1 April 2022 - brought forward	**4,424**	**4,424**
Provided during the year	1,711	**1,711**
Disposals / derecognition	(1,211)	**(1,211)**
Amortisation at 31 March 2023	**4,924**	**4,924**
Net book value at 31 March 2023	**4,977**	**4,977**
Net book value at 1 April 2022	**6,390**	**6,390**

Note 13.2 Intangible assets - 2021/22

	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2021 - as previously stated	**9,225**	**9,225**
Valuation / gross cost at 1 April 2021 - restated	**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 - as previously stated	**4,866**	**4,866**
Amortisation at 1 April 2021 - restated	**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 14.1 Property, plant and equipment - 2022/23

	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 2022 - brought forward	**27,441**	**118,848**	**8,105**	**7,401**	**140**	**3,611**	**7,945**	**173,491**
Additions	-	532	10,862	61	-	455	(0)	**11,910**
Impairments	(718)	(10,634)	-	-	-	-	-	**(11,352)**
Revaluations	18,683	43,667	-	-	-	-	-	**62,350**
Reclassifications	-	2,984	(6,190)	664	-	2,538	4	**(0)**
Transfers to / from assets held for sale	(395)	(445)	-	-	-	-	-	**(840)**
Disposals / derecognition	-	(1,180)	-	(1,188)	(36)	(1,057)	(5,285)	**(8,745)**
Valuation/gross cost at 31 March 2023	**45,011**	**153,772**	**12,777**	**6,939**	**104**	**5,547**	**2,663**	**226,814**
Accumulated depreciation at 1 April 2022 - brought forward	**-**	**3,788**	**-**	**4,565**	**140**	**2,435**	**6,655**	**17,583**
Provided during the year	-	3,421	-	523	-	853	330	**5,126**
Revaluations	-	(3,148)	-	-	-	-	-	**(3,148)**
Disposals / derecognition	-	(979)	-	(1,188)	(36)	(1,057)	(5,285)	**(8,545)**
Accumulated depreciation at 31 March 2023	**-**	**3,082**	**-**	**3,900**	**104**	**2,231**	**1,700**	**11,017**
Net book value at 31 March 2023	**45,011**	**150,690**	**12,777**	**3,038**	**-**	**3,316**	**964**	**215,795**
Net book value at 1 April 2022	**27,441**	**115,060**	**8,105**	**2,836**	**-**	**1,175**	**1,290**	**155,907**

Note 14.2 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 - as previously stated	**26,194**	**111,631**	**5,445**	**7,134**	**140**	**8,189**	**9,641**	**168,373**
Prior period adjustments	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2021 - restated	**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	-	**(0)**
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 - as previously stated	**-**	**4,141**	**-**	**4,216**	**132**	**6,632**	**7,944**	**23,065**
Prior period adjustments	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2021 - restated	**-**	**4,141**	**-**	**4,216**	**132**	**6,632**	**7,944**	**23,065**
Transfers by absorption	-	-	-	-	-	-	-	**-**
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 14.3 Property, plant and equipment financing - 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	45,011	137,243	12,777	3,012	3,316	964	**202,323**
On-SoFP PFI contracts and other service concession arrangements	-	12,239	-	-	-	-	**12,239**
Owned - donated/granted	-	1,208	-	26	-	-	**1,235**
Total net book value at 31 March 2023	**45,011**	**150,690**	**12,777**	**3,038**	**3,316**	**964**	**215,796**

Note 14.4 Property, plant and equipment financing - 31 March 2022

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	27,441	105,847	8,105	2,802	1,175	1,290	**146,660**
On-SoFP PFI contracts and other service concession arrangements	-	8,000	-	-	-	-	**8,000**
Owned - donated/granted	-	1,212	-	34	-	-	**1,246**
Total net book value at 31 March 2022	**27,441**	**115,060**	**8,105**	**2,836**	**1,175**	**1,290**	**155,907**

Note 14.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Not subject to an operating lease	45,011	150,690	12,777	3,038	3,316	964	**215,796**
Total net book value at 31 March 2023	**45,011**	**150,690**	**12,777**	**3,038**	**3,316**	**964**	**215,796**

Note 15 Revaluations of property, plant and equipment

Valuations are carried out by Carter Jonas, an independent commercial valuation provider. All work is completed by professionally qualified valuers in accordance with the Royal Institution of Chartered Surveyors (RICS) Appraisal and Valuation Manual. The valuation was performed for a 31st March 2023 valuation date.

Note 16 Leases - Oxford Health NHS Foundation Trust as a lessee

This note details information about leases for which the Trust is a lessee.

At 31 March 2023, the Trust was a lessee in 67 arrangements that were classified as right of use assets under IFR16. These leases were made up of the following:

Lease type	Number
Property	55
Pool cars	10
Land	1
Equipment	1

29 of these building leases are held with other NHS providers and DHSC bodies while the remainder are held with local authorities and other bodies external to the DHSC.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

Note 16.1 Right of use assets - 2022/23

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
IFRS 16 implementation - adjustments for existing operating leases / subleases	33,558	34	74	**33,666**	21,478
Additions	2,621	-	-	**2,621**	129
Remeasurements of the lease liability	(1,226)	-	-	**(1,226)**	(813)
Movements in provisions for restoration / removal costs	1,523	-	-	**1,523**	506
Valuation/gross cost at 31 March 2023	**36,476**	**34**	**74**	**36,584**	**21,300**
Provided during the year	5,667	13	54	**5,734**	4,247
Accumulated depreciation at 31 March 2023	**5,667**	**13**	**54**	**5,734**	**4,247**
Net book value at 31 March 2023	**30,809**	**21**	**20**	**30,850**	**17,053**
Net book value of right of use assets leased from other NHS providers					7,654
Net book value of right of use assets leased from other DHSC group bodies					9,399

Note 16.2 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 26.1.

	2022/23
	£000
Carrying value at 31 March 2022	**-**
IFRS 16 implementation - adjustments for existing operating leases	28,884
Lease additions	2,621
Lease liability remeasurements	(1,226)
Interest charge arising in year	259
Lease payments (cash outflows)	(5,182)
Carrying value at 31 March 2023	**25,356**

Lease payments for short term leases and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 16.3 Maturity analysis of future lease payments at 31 March 2023

	Total	Of which leased from DHSC group bodies:
	31 March 2023	31 March 2023
	£000	£000
Undiscounted future lease payments payable in:		
- not later than one year;	5,374	3,919
- later than one year and not later than five years;	12,221	7,213
- later than five years.	7,761	5,803
Total gross future lease payments	**25,356**	**16,934**
Net lease liabilities at 31 March 2023	**25,356**	**16,934**
Of which:		
Leased from other NHS providers		7,614
Leased from other DHSC group bodies		9,320

Note 16.4 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the trust previously determined to be operating leases under IAS 17.

	2021/22
	£000
Operating lease expense	
Minimum lease payments	7,695
Total	**7,695**

	31 March 2022
	£000
Future minimum lease payments due:	
- not later than one year;	6,115
- later than one year and not later than five years;	4,966
- later than five years.	2,416
Total	**13,497**
Future minimum sublease payments to be received	-

Note 16.5 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 12.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	1 April 2022
	£000
Operating lease commitments under IAS 17 at 31 March 2022	**13,497**
Impact of discounting at the incremental borrowing rate	
IAS 17 operating lease commitment discounted at incremental borrowing rate	**13,101**
Less:	
Other adjustments:	
Differences in the assessment of the lease term	15,784
Total lease liabilities under IFRS 16 as at 1 April 2022	**28,885**

Note 17 Other investments / financial assets (non-current)

	2022/23	2021/22
	£000	£000
Carrying value at 1 April - brought forward	**-**	**-**
Movement in fair value through OCI	1,125	-
Carrying value at 31 March	**1,125**	**-**

The above investment relates to the Trust's 5.31% shareholding in Cristal Health Ltd, a research development software company.

Note 18 Disclosure of interests in other entities

The Trust is a corporate trustee of the Oxford Health Charity. The Trust's interest in the charity is not material, therefore they have not been consolidated into these financial statements.

Note 19 Inventories

	31 March 2023 £000	31 March 2022 £000
Drugs	2,872	1,974
Energy	55	24
Other	5	6
Total inventories	**2,932**	**2,003**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £58,370k (2021/22: £31,544k). Write-down of inventories recognised as expenses for the year were £45k (2021/22: £56k).

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 2022/23 the Trust received £413k of items purchased by DHSC (2021/22: £760k).

Note 20.1 Receivables

	31 March 2023 £000	31 March 2022 £000
Current		
Contract receivables	31,447	16,558
Allowance for impaired contract receivables / assets	(1,303)	(1,934)
Prepayments (non-PFI)	2,743	2,188
PFI lifecycle prepayments	654	600
PDC dividend receivable	119	-
VAT receivable	1,310	2,199
Other receivables	245	91
Total current receivables	**35,215**	**19,702**
Non-current		
Other receivables	512	487
Total non-current receivables	**512**	**487**
Of which receivable from NHS and DHSC group bodies:		
Current	30,121	12,619
Non-current	482	457

Note 20.2 Allowances for credit losses

	2022/23		2021/22	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	**1,934**	**-**	**456**	**-**
New allowances arising	1,184	-	1,737	-
Reversals of allowances	(1,815)	-	(259)	-
Allowances as at 31 Mar 2023	**1,303**	**-**	**1,934**	**-**

Note 21 Other assets

	31 March 2023	31 March 2022
Non-current		
Net defined benefit pension scheme asset	269	-
Total other non-current assets	**269**	**-**

Note 22.1 Non-current assets held for sale and assets in disposal groups

	2022/23	2021/22
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**-**	**-**
Assets classified as available for sale in the year	840	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	**840**	**-**

Harlow house is classifies as asset heald for sale in Current Year FY23 .
This asset relates to land and building-
Harlow House is surplus to operation requirements.

Note 23.1 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.

	2022/23	2021/22
	£000	£000
At 1 April	**89,517**	**55,696**
Prior period adjustments		-
At 1 April (restated)	**89,517**	**55,696**
Net change in year	(14,907)	33,821
At 31 March	**74,610**	**89,517**
Broken down into:		
Cash at commercial banks and in hand	49	265
Cash with the Government Banking Service	74,561	89,252
Total cash and cash equivalents as in SoFP	**74,610**	**89,517**

Note 23.2 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 2023	31 March 2022
	£000	£000
Bank balances	391	367
Total third party assets	**391**	**367**

Note 24.1 Trade and other payables

	31 March 2023 £000	31 March 2022 £000
Current		
Trade payables	2,827	4,139
Capital payables	1,880	6,537
Accruals	68,985	54,677
Social security costs	3,197	3,340
Other taxes payable	2,363	2,342
PDC dividend payable	-	70
Pension contributions payable	4,060	3,983
Other payables	86	42
Total current trade and other payables	**83,398**	**75,128**
Of which payables from NHS and DHSC group bodies:		
Current	12,040	16,922

Note 24.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2023 £000	31 March 2023 Number	31 March 2022 £000	31 March 2022 Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-

Note 25 Other liabilities

	31 March 2023 £000	31 March 2022 £000
Current		
Deferred income: contract liabilities	23,002	22,784
Total other current liabilities	**23,002**	**22,784**
Non-current		
Net pension scheme liability	-	1,132
Total other non-current liabilities	**-**	**1,132**

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 26.1 Borrowings

	31 March 2023 £000	31 March 2022 £000
Current		
Loans from DHSC	1,362	1,366
Lease liabilities*	5,374	-
Obligations under PFI, LIFT or other service concession contracts	657	601
Total current borrowings	**7,393**	**1,967**
Non-current		
Loans from DHSC	13,387	14,724
Other loans	850	850
Lease liabilities*	19,982	-
Obligations under PFI contracts	403	1,060
Total non-current borrowings	**34,622**	**16,634**

* The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 1.12

Note 26.2 Reconciliation of liabilities arising from financing activities - 2022/23

	Loans from DHSC	Other loans	Lease Liability	PFI schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2022	**16,090**	**850**	**-**	**1,661**	**18,601**
Cash movements:					
Financing cash flows - payments and receipts of principal	(1,338)	-	(4,923)	(601)	**(6,862)**
Financing cash flows - payments of interest	(617)	-	(259)	(152)	**(1,028)**
Non-cash movements:					
Impact of implementing IFRS 16 on 1 April 2022	-	-	28,884	-	**28,884**
Additions	-	-	2,621	-	**2,621**
Lease liability remeasurements	-	-	(1,226)	-	**(1,226)**
Application of effective interest rate	614	-	259	152	**1,025**
Carrying value at 31 March 2023	**14,749**	**850**	**25,356**	**1,060**	**42,015**

Note 26.3 Reconciliation of liabilities arising from financing activities - 2021/22

	Loans from DHSC	Other loans	Lease Liability	PFI schemes	Total
	£000	£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 27.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2022	**918**	**2,324**	**215**	**0**	**3,540**	**6,997**
IFRS 16 implementation - adjustments for onerous lease provisions	-	-	-	-	-	**-**
Transfers by absorption	-	-	-	-	-	**-**
Change in the discount rate	(113)	(1,126)	-	-	(430)	**(1,669)**
Arising during the year	61	1,266	132	112	1,992	**3,563**
Utilised during the year	(103)	(193)	(34)	-	(29)	**(359)**
Reclassified to liabilities held in disposal groups	-	-	-	-	-	**-**
Reversed unused	(35)	-	(102)	-	(140)	**(277)**
Unwinding of discount	16	40	-	-	23	**79**
At 31 March 2023	**744**	**2,311**	**211**	**112**	**4,956**	**8,334**
Expected timing of cash flows:						
- not later than one year;	99	124	201	112	1,713	**2,249**
- later than one year and not later than five years;	382	474	-	-	2,787	**3,643**
- later than five years.	263	1,713	10	0	456	**2,442**
Total	**744**	**2,311**	**211**	**112**	**4,956**	**8,334**

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 27.2 Clinical negligence liabilities

At 31 March 2023, £5,195k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Oxford Health NHS Foundation Trust (31 March 2022: £6,643k).

Note 28 Contingent assets and liabilities

	31 March 2023	31 March 2022
	£000	£000
Value of contingent liabilities		
Other	(741)	(731)
Net value of contingent liabilities	**(741)**	**(731)**

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 £741k.

Note 29 Contractual capital commitments

	31 March 2023	31 March 2022
	£000	£000
Property, plant and equipment	1,444	701
Intangible assets	1,712	570
Total	**3,156**	**1,272**

Note 30 On-SoFP PFI 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 2024*

* This is the date the Trust has exercised its break clause. From 05 September 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 30.1 On-SoFP PFI service concession arrangement obligations

The following obligations in respect of the PFI service concession arrangements are recognised in the statement of financial position:

	31 March 2023 £000	31 March 2022 £000
Gross PFI service concession liabilities	**1,194**	**1,947**
Of which liabilities are due		
- not later than one year;	754	754
- later than one year and not later than five years;	440	1,193
Finance charges allocated to future periods	(134)	(286)
Net PFI service concession arrangement obligation	**1,060**	**1,661**
- not later than one year;	657	601
- later than one year and not later than five years;	403	1,060

Note 30.2 Total on-SoFP PFI service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2023 £000	31 March 2022 £000
Total future payments committed in respect of the PFI service concession arrangements	**3,887**	**6,270**
Of which payments are due:		
- not later than one year;	2,442	2,383
- later than one year and not later than five years;	1,445	3,887

Note 30.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2022/23	2021/22
	£000	£000
Unitary payment payable to service concession operator	**2,616**	**2,401**
Consisting of:		
- Interest charge	152	203
- Repayment of balance sheet obligation	601	551
- Service element and other charges to operating expenditure	1,031	783
- Capital lifecycle maintenance	17	21
- Contingent rent	815	843
Total amount paid to service concession operator	**2,616**	**2,401**

Note 31 Changes in the defined benefit obligation and fair value of plan assets during the year

	2022/23	2021/22
	£000	£000
Present value of the defined benefit obligation at 1 April	**(3,985)**	**(4,131)**
Current service cost	(74)	(82)
Interest cost	(103)	(78)
Contribution by plan participants	(12)	(12)
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial (gains) / losses	1,517	276
Benefits paid	43	42
Present value of the defined benefit obligation at 31 March	**(2,614)**	**(3,985)**
Plan assets at fair value at 1 April	**2,853**	**2,780**
Prior period adjustment		-
Plan assets at fair value at 1 April -restated	**2,853**	**2,780**
Interest income	79	53
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial gain / (losses)	(19)	21
Contributions by the employer	31	29
Contributions by the plan participants	12	12
Benefits paid	(43)	(42)
Business combinations	(30)	-
Plan assets at fair value at 31 March	**2,883**	**2,853**
Plan surplus/(deficit) at 31 March	**269**	**(1,132)**

Note 31.1 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 2023	31 March 2022
	£000	£000
Present value of the defined benefit obligation	(2,614)	(3,985)
Plan assets at fair value	2,883	2,853
Net defined benefit (obligation) / asset recognised in the SoFP	**269**	**(1,132)**
Net (liability) / asset after the impact of reimbursement rights	**269**	**(1,132)**

Note 31.2 Amounts recognised in the SoCI

	2022/23	2021/22
	£000	£000
Current service cost	(74)	(82)
Interest expense / income	(24)	(25)
Total net (charge) / gain recognised in SOCI	**(98)**	**(107)**

Note 32 Financial instruments

Note 32.1 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.

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 2023 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 Integrated Care Boards and NHS England, which are financed from resources voted annually by Parliament. The Trust is not, therefore, exposed to significant liquidity risks.

Note 32.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	30,411	-	-	**30,411**
Other investments / financial assets	-	-	1,125	**1,125**
Cash and cash equivalents	74,610	-	-	**74,610**
Total at 31 March 2023	**105,021**	**-**	**1,125**	**106,146**

Carrying values of financial assets as at 31 March 2022	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£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**

Note 32.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	14,749	-	**14,749**
Obligations under leases	25,356	-	**25,356**
Obligations under PFI, LIFT and other service concession contracts	1,060	-	**1,060**
Other borrowings	850	-	**850**
Trade and other payables excluding non financial liabilities	71,906	-	**71,906**
Provisions under contract	8,334	-	**8,334**
Total at 31 March 2023	**122,255**	**-**	**122,255**

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£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**

Note 32.4 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 2023	31 March 2022
	£000	£000
In one year or less	82,211	66,399
In more than one year but not more than five years	24,329	9,433
In more than five years	19,368	10,879
Total	**125,908**	**86,711**

Note 32.5 Fair values of financial assets and liabilities

The book value (carrying value) is a reasonable approximation of the fair value.

Note 33 Losses and special payments

	2022/23		2021/22	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	1	0	-	-
Stores losses and damage to property	3	46	3	57
Total losses	**4**	**46**	**3**	**57**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	1	35
Ex-gratia payments	26	1,057	28	19
Total special payments	**26**	**1,057**	**29**	**54**
Total losses and special payments	**30**	**1,103**	**32**	**111**

Compensation payments received

Note 34 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. The ICB's, CCG's and NHSE listed account for 82% (2021/22 77%) of the Trusts total income.

NHS Buckinghamshire, Oxfordshire and Berkshire West ICB (superceded CCG's)
NHS Bath and North East Somerset, Swindon and Wiltshire ICB (superceded CCG's)
NHS England
NHS Oxfordshire (demised 01/07/22 and superceded by ICB's)
NHS Buckinghamshire CCG (demised 01/07/22 and superceded by ICB's)
NHS Bath and North East Somerset (demised 01/07/22 and superceded by ICB's))
Health Education England
Oxford University Hospitals NHS Foundation Trust
Southern Health NHS Foundation Trust

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

The individuals and entities that the Department of Health and Social Care identifies as meeting the definition of Related Parties set out in IAS 24 (Related Party Transactions) are also deemed to be related parties of entities within the Departmental Group.

This note therefore sets out the individuals and entities which have been assessed as meeting the IAS 24 definition of Related Parties for the year ending 31 March 2023.

Ministers
The Rt Hon Steve Barclay MP
The Rt Hon Dr Thérèse Coffey MP
The Rt Hon Sajid Javid MP
Edward Argar MP
Gillian Keegan MP
Dr Caroline Johnson MP
Robert Jenrick MP
William Quince MP
Helen Whately MP
Maggie Throup MP
Maria Caulfield MP
James Morris MP
Neil O'Brien MP
Lord Markham
Lord Kamall

Senior Officials
Sir Chris Wormald KCB
Professor Sir Christopher Whitty KCB
Shona Dunn
Clara Swinson CB
Jonathan Marron
Matthew Style
Michelle Dyson
Andrew Brittain
Stephen Oldfield
Matthew Gould
Professor Lucy Chappell
Jenny Richardson
Hugh Harris
Lorraine Jackson

Non-executive Directors
Kate Lampard
Doug Gurr
Gerry Murphy
Julian Hartley

11 Alderbrook Road ManagementCo Ltd
28 Cornwall Gardens Ltd
Advantage Mentoring C.I.C

Apax Partners UK Ltd
Beetamax Professional ServicesLtd
Blood Cancer UK
Bolton Street Properties Ltd
Brighton and Hove City Council
British Heart Foundation
Candela Medical, Inc.
Cazoo Ltd
Centerprise International Ltd
Chock Professional Services Ltd
Cignpost Diagnostics Ltd
Cignpost Medical Services Ltd
Currys Plc
Early Detection of Neurodegenerative Diseases Initiative, led by Alzheimer's Research UK
Erewash Partnership Ltd
Esmee Fairbairn Foundation
European Investment Bank
Farnborough Park Consulting Ltd
Forton Firewood and Sawmill Ltd
Fusion Swansea DEVCO Ltd
Gosden House School
Hana Investments Ltd
Healthium Medtech Ltd
Hodge Jones & Allen LLP
Hoolvale Properties Ltd
Inchora Ltd
Inview Interactive Ltd
Islam & Liberty Network
JD Haspel Ltd
Lawrence Gould Consultancy Ltd
Leeds Teaching Hospital NHSTrust
Locums Nest Ltd
London & Continental Railways Ltd
Long Eaton Town Deal Board
Macmillan Cancer Support
Medical Research Council
Medicines and Healthcare products Regulatory Agency
Natural History Museum Foundation
NHS Providers
Penneys XI Ltd
Project Little Boat Ltd
R2B H Ltd
RCV Engines Ltd
Rodenstock GmbH
Rowley Regis Town Deal Board
Royal Horticultural Society
Safe Haven London
Safe Haven London (SharedOwnership) Ltd
Seed Developments Ltd
Seed Invesco Ltd
Sightsavers (registered in the UK as Royal Commonwealth Society for the Blind)
Simple Sowing Ltd
Smith Whitty International Consultants Ltd
Tech UK Ltd
The Alan Turing Institute
The Derby & Sandiacre CanalTrust Ltd
The Economic and Social Research Council
The One to One Children's Fund
The Royal Air Force
The TPK Partnership Ltd
Top Up TV 2 Ltd
Top Up TV Europe Ltd
Top Up TV Holdings Ltd
Torry Hill Farm Partnership
UK Biobank Ltd
Unbiased EC1 Ltd
VHS (Retail) Ltd
Vyaire Holding Company
World Jewish Relief
Yokes Court Consultancy Ltd

Note 35 Events after the reporting date

There are no events to report after the reporting date.

Note 36 Buckinghamshire and Oxfordshire Pooled Budget

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 2022 to 31st March 2023

Oxfordshire			
Adults of Working Age	£000's	£000's	£000's
Delegated Budgets	**Total**	**Oxford Health Contribution**	**Oxfordshire County Council**
Expenditure			
Pay	11,611	9,843	1,768
Non-pay	246	212	34
	11,857	10,055	1,802
Income	(47)	(47)	0
Total Delegated Budgets	11,810	10,008	1,802
Overhead Contribution	0	0	0
Contribution to the Pool	**11,810**	**10,008**	**1,802**

Buckinghamshire			
Adults of Working Age	£000's	£000's	£000's
Delegated Budgets	**Total**	**Oxford Health Contribution**	**Buckinghamshire County Council**
Expenditure			
Pay	3,603	2,371	1,232
Non-pay	102	69	33
	3,705	2,440	1,265
Income	0	0	0
Total Delegated Budgets	3,705	2,440	1,265
Overhead Contribution	41	0	41
Contribution to the Pool	**3,746**	**2,440**	**1,307**

Buckinghamshire			
Older Adults	£000's	£000's	£000's
Delegated Budgets	**Total**	**Oxford Health Contribution**	**Buckinghamshire County Council**
Expenditure			
Pay	1,395	1032	362
Non-pay	19	14	5
	1,414	1,046	367
Income	0	0	0
Total Delegated Budgets	1,414	1,046	367
Overhead Contribution	17	0	17
Contribution to the Pool	**1,431**	**1,046**	**384**