

**Oxford Health NHS
Foundation Trust**

**Annual Report and Accounts
2017-2018**

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

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Foreword by Chairman and Chief Executive

Welcome to our 2017/18 Annual Report, which we hope will provide you with a useful guide to our Trust's main achievements and challenges over the past year in serving communities across Buckinghamshire, Oxfordshire, Swindon, Wiltshire, Bath and North East Somerset, and beyond.

We have seen some very positive developments at Oxford Health over the last year; at the same time, our trust and the wider NHS continues to work hard to manage growing demand for care, financial constraints and other challenges. Not least of these is the need to attract and keep sufficient staff in order to meet the growing numbers and needs of people we care for. From the wider perspective of population health needs, mental health has yet to reflect parity of esteem and funding with physical health services. As providers of both, we know that all aspects of people's health need equal support and care.

Over 92% of our patients surveyed recommend the care they've had and rated it highly at 4.7 out of 5. We continue to be rated 'Good' for quality of care by the Care Quality Commission (CQC). Our Quality Report (p. 126) sets out a year of significant achievements in improving and understanding better the quality of care we provide.

Our other independent regulator, NHS Improvement (NHSI), measures our performance against a range of standards including, quality of care, finance and use of resources, operational performance, strategic change, leadership and improvement using the Single Oversight Framework (SOF). This uses a scale of 1-4, where 1 is best. In the year ended 31st March 2018, we achieved a rating of 2, indicating our need for support in some areas. This largely reflects known pressures in relation to spending on agency staff, which we are addressing. The Trust is already very efficient in its provision of services against several benchmarking indicators.


Financially, 2017/18 was a difficult year resulting in an operating deficit of £2.1m against a plan to break even. Although income increased, largely due to additional investment to implement the requirements of the Mental Health Five Year Forward View, pressures created by increased activity levels, more assessments and treatments were exacerbated by increased complexity of conditions, and resulted in increased costs which have to be borne by OHFT.

Recruitment of substantive staff in Oxfordshire and Buckinghamshire continues to be a challenge, with agency spend continuing to rise and amounting to £22.9m in the year (10% of total staff costs), which adds additional pressure to costs. OHFT continues to be an efficient trust (8% better than the average trust) as reported in the NHS national Reference Cost Index and it continues to develop programmes for further improvements. The 2017/18 cost improvement programme resulted in savings of £3.8m against a target of £7.4m. We therefore have an underlying deficit despite the relative efficiency of our operations, and so for 2018/19, OHFT is working with its main commissioners to achieve a more sustainable balance of resources against demand to ensure that we can continue to operate safely without placing an excessive burden on our hard-working staff teams.


Because our most important challenge is making sure we have the staff to deliver the services people need, we are striving to grow our workforce and reduce spending on agency staff. We are doing this by developing our in-house flexible worker pool and we have introduced better conditions and pay to support that. This aims not only to be more efficient and give better value, but importantly, to provide more consistent care for patients, with staff who are trained to our standards and familiar with our services.

We are improving recruitment, taking advantage of new modern apprenticeships and associate nurse roles to give people the opportunity to develop skills and qualifications at any point in their career. We are also developing better careers for healthcare assistants and adult apprenticeships in nursing. Last summer we launched the Oxford School of Nursing and Midwifery with Oxford University Hospitals and Oxford Brookes University, to strengthen training, education and lifelong career development. We continue to work hard to retain staff by striving to make the culture at Oxford Health one where people want to stay.

On behalf of the Board of Directors, we thank our staff, governors, volunteers and Foundation Trust members, for their commitment, hard work and support in 2017/18, and we offer all the people in our communities our best wishes for the year ahead.



Martin Howell
Chairman



Stuart Bell CBE
Chief Executive

Year at a Glance

April 2017

New network to transform secure mental health services launches

Oxford Health leads the formation of the Thames Valley and Wessex partnership, which aims to minimise hospital admissions and reduce out-of-area placements. In a new model, the partnership, which includes seven NHS trusts and the charity Restore, takes responsibility for managing care budgets for secure mental health services.

The future in mind

The NIHR Oxford Health Biomedical Research Centre officially launches on 1st April 2017, with Nicola Blackwood MP, Parliamentary Undersecretary of State for Public Health and Innovation, unveiling a plaque ahead of the centre's first official day of operation.

Responsibly testing innovative treatments for severe depression

A *Lancet Psychiatry* research study led by Dr Rupert McShane, an Oxford Health consultant, and Dr Ilina Singh, a NIHR Oxford Health Biomedical Centre researcher, sets out principles for testing ketamine as a treatment for depression. The research is extensively covered in the media, and several Oxford Health patients speak eloquently about how ketamine treatment provided at the trust had helped their recovery from depression.

Staff hit the trail in aid of respite nursing aid

An Oxford Health team of nurses, play specialists, healthcare assistants and the director of corporate affairs complete a 27-mile circuit to raise money for the respite nursing for Oxfordshire's sick youngsters (ROSY) fund.

Trust becomes provider of apprenticeships

Oxford Health becomes the first local organisation to be awarded Employer Provider of Apprenticeships status, meaning that it can now provide new training and career pathways to develop staff.

Oxford Health in top five for mental health services

The *Health Business Insider* ranks Oxford Health third in the 'top ten' list of mental health trusts working to improve services, highlighting the work of our early intervention in psychosis team. The team is also shortlisted for the 2017 British Medical

Journal award, in the 'Best Mental Health Team of the Year' category. A study led by the team leader Dr Belinda Lennox suggests that if similar services were rolled out across the NHS, the organisation would be able to save £33.5 million each year.

May 2017

Mental health wards AIMS accreditation

All Oxfordshire and Buckinghamshire adult acute mental health wards are re-awarded Royal College of Psychiatry AIMS accreditation for standards of inpatient care.

CQC rates Oxfordshire Out of Hours service as 'requires improvement'

The service is rated 'good' for its 'caring' and 'responsive' services, but 'requires improvement' in 'safety', 'effectiveness' and 'leadership'. The Trust responds to these comments and puts an action plan in place.

Cyber-attack foiled by Information Management & Technology (IM&T) measures

Thanks to the preparedness of our IM&T department, who had put in place protective measures, Oxford Health is unscathed by the malware attack that beset many parts of the NHS nationally.

June 2017

Oxford School of Nursing and Midwifery officially launches

The school is a partnership between Oxford Health and Oxford University Hospitals NHS Foundation Trusts, and Oxford Brookes University, under the umbrella of the Oxford Academic Health Sciences Centre. The school uniquely combines education, clinical practice and research across nursing, midwifery and allied health professions.

Oxford Health tops table for recruitment to research

Oxford Health recruits more people to NIHR Clinical Research Network studies than any other trust, beating last year's record of 1,812 people recruited by recruiting 1,908 people this year.

Teams shortlisted for 'placement of year'

Multiple teams are shortlisted for Oxford Brookes University's student placement of the year award, voted for by students.

Trust's psychiatrist knighted in Queen's Birthday Honours

Professor Simon Lovestone is recognised for his services to neuroscience research: he is also a researcher at the NIHR Oxford Health Biomedical Research Centre.

Trust part of move to more collaborative care system

Services in Buckinghamshire are part of one of the first NHS Accountable Care Systems in the country, which gives the trust greater control and freedom for shared work between partners.

'I Care, You Care' – Trust launches new carers' strategy

The trust sets out plans for next three years, as we strive for the three-star triangle of care accreditation.

July 2017

Warneford masterplan published

Plans which set out how the Warneford Hospital site might develop over the next 10-50 years are published. We plan to develop modern healthcare and research facilities, alongside accommodation for key workers and public spaces for wider use.

NHS and RAF team up to promote wellbeing at work

Our physiotherapists team up with local RAF servicemen to promote the annual 'Work out at Work' day on 19th July.

Oxfordshire learning disability services move to Oxford Health

Specialist health services for people with a learning disability in Oxfordshire (formerly provided by Southern Health) officially move to Oxford Health.

***New York Times* discusses how our talk therapy services are helping patients**

An article in the *New York Times* follows the journey of a caller to our Buckinghamshire Healthy Minds service - part of our effort to improve access to psychological services.

August 2017

New model for Oxfordshire CAMHS services announced

Oxford Health continues to provide services following the 'most capable provider' tender process with a new model developed in partnership with the Oxfordshire Clinical Commissioning Group and local stakeholders.

September 2017

£1.24 million for new medical diagnostics hub

Oxford Health is the host for a new project to promote innovative medical diagnostic technologies in the community.

Telepsychiatry project shortlisted for *Health Services Journal* award

Technology assisted psychiatry, which offers quicker access to psychiatric assessments in emergency rooms, is shortlisted for the 'Improving care with technology' award.

October 2017

Study finds signs of dementia in dolphin brains

Extensive media coverage of study led by Professor Simon Lovestone (an Oxford Health old-age psychiatrist) that is the first to find unambiguous signs of Alzheimer's Disease in a wild animal.

November 2017

Care worker recruitment campaign launches

Oxford Health partners with Oxford University Hospitals, Oxfordshire County Council, and Oxfordshire Clinical Commissioning Group to launch a major campaign which yields a 565% increase in average monthly job applications.

Health visitors celebrate after winning Unicef 'baby friendly' accreditation

Accreditation recognises that the health visiting team are meeting the highest standards for supporting breastfeeding and providing the best possible care for children.

App to prevent self-harm launches

The BlueIce app, produced by Oxford Health staff in collaboration with young people, aims to help young people manage their emotions and any urge to self-harm.

National acclaim for Oxfordshire Health Archives

Archivists hosted by Oxford Health and County Council celebrate after winning National Archives accreditation.

December 2017

New centre for excellence for stroke rehabilitation

The trust pilots a new centre for excellence for stroke rehabilitation in Oxfordshire, with the establishment of a dedicated 20 bed service at Abingdon Community Hospital in 2018.

OBE for Oxford Health psychiatrist

Oxford Health's Dr Clive Meux is awarded an OBE for his services to caring for people with mental health difficulties.

January 2018

Tech magazine singles out trust for digital praise

The trust is lauded by the technology news website, *Computer Weekly*, in a round-up of top NHS information technology news for 2017.

February 2018

Trust signs 'Time to Change' employer pledge

Pledge recognises the need to support good mental health in staff members, with plans to recruit 'Time to Change' champions to support staff mental health and create opportunities for staff to discuss mental health issues.

£4 million project to make VR treatments available to NHS mental health services

Clinical psychologist Professor Daniel Freeman is leading a project to make effective virtual reality treatments for mental health problems available to NHS patients.

Initiative to encourage ex-Armed Forces personnel into NHS careers

Oxford Health pledges to support the 'Step into Health' initiative to get Armed Forces veterans into NHS careers.

Ward nominated for 2018 'Student Placement of the Year'

Vaughan Thomas ward is nominated for the Student Nursing Times 2018 award.

Meta-analysis finds that antidepressants are effective

Study led by Oxford Health psychiatrist goes on to accumulate the highest Altmetric score of any psychiatry research paper ever.

March 2018

Visit by NHS Chief Allied Health Professions Officer 'a roaring success'

Suzanne Rastrick visits to see the good work our allied health professionals are doing and attends the launch of our official allied health professional strategy.

Performance Report

Overview

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

About Oxford Health NHS Foundation Trust

On 1 April 2006, the Oxfordshire Mental Healthcare NHS Trust (created in April 1994) and Buckinghamshire Mental Health Partnership NHS Trust (created in April 2001) merged to establish the Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust. The Trust became the first NHS organisation in either Oxfordshire or Buckinghamshire to be authorised as a NHS foundation trust when it became Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust on 1 April 2008.

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

Oxford Health NHS Foundation Trust (OHFT) is a public benefit corporation which is a community focused organisation that provides physical and mental health services and social care with the aim of improving the health and wellbeing of all our patients and their families. Our Trust provides community health, mental health and specialised health services. We operate across Oxfordshire, Buckinghamshire, Berkshire, Wiltshire, Swindon and Bath and north-east Somerset (BaNES).

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

The Trust has been historically organised into three distinct directorates Children & Young People, Adults of Working Age and Older People, with each directorate being led by a Service Director and a Clinical Director. During 2018/19, the Operational Directorate structures will be realigned to reflect the delivery of all-age services within our regional areas.

We employ over 6,000 staff (Whole Time Equivalent, WTE over 4500) which includes medical staff, therapists, registered nurses, health care workers, support staff and other professionals including psychology, dental staff, social workers and paramedics. We have over 260 clinical teams and operate services across over 150 sites. Although we provide mostly community focused services, we have a capacity of nearly 400 inpatient mental health beds, and over 140 community hospital beds with our services treating over 137,000 people a year. The Trust is registered with the Care Quality Commission without conditions and is licenced to provide regulated activities by NHS Improvement (NHSI) (previously Monitor) without conditions.

Our aim is to improve the health and wellbeing of all our patients and families, and we work in partnership with a range of other organisations to achieve that aim. These include our third sector partners, as well as Oxford University Hospitals NHS Foundation Trust, Buckinghamshire Healthcare NHS Trust, and the University of Oxford; we work with these partners to promote innovation in healthcare, support research and to train doctors and psychologists.

In addition, Oxford Brookes University, Bath University and the University of Bedfordshire support us to train nurses and allied health professionals, and we work with local authorities, voluntary organisations and GPs across all the locations we serve, in order to best provide 'joined up', seamless healthcare.

Strategic Overview of the Trust

Trust Vision

'Outstanding Care delivered by Outstanding People'

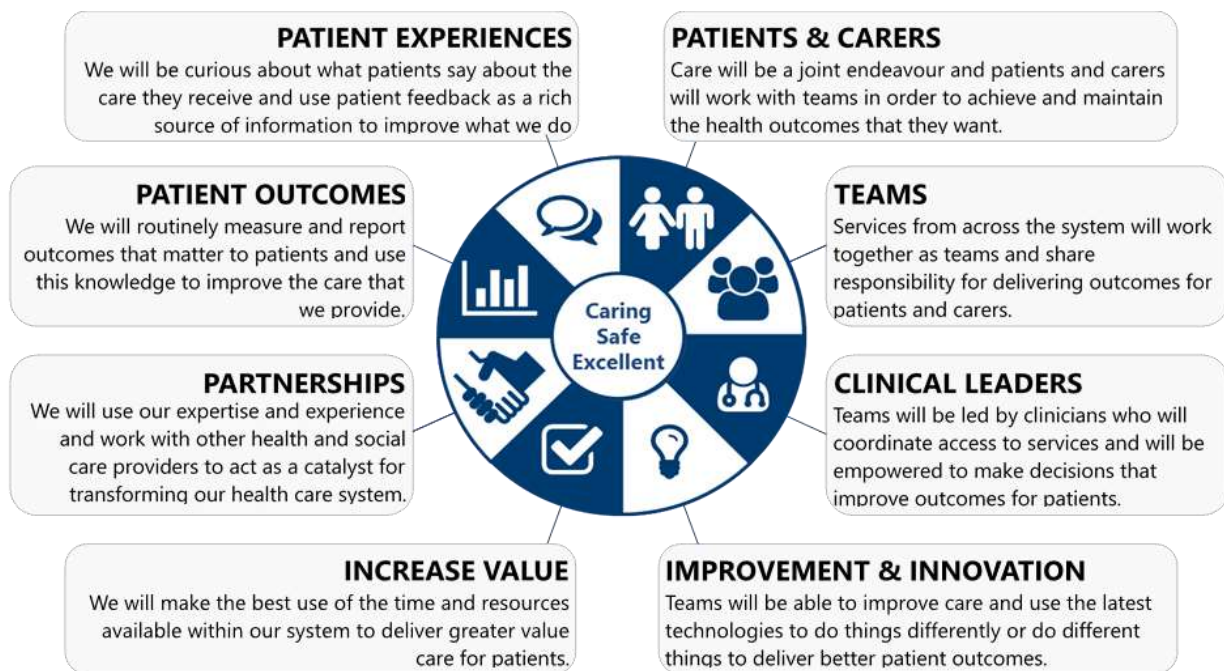
Trust Values

At Oxford Heath NHS Foundation Trust, we have three core values which support everything we do:

- **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.

- **Caring** – Privacy and dignity is at the heart of our care; we will treat people with respect and compassion; we will listen to what people tell us and act upon what they say.
- **Excellent** – We will 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



To support the delivery of the Trust's vision, seven strategic priorities were previously developed to direct the purpose and activities of the Trust:

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

Commenting on each of the strategic priorities in turn:

- ***Making care a joint endeavour with patients, families and carers***

The Trust's Patient and Carers Involvement and Experience Strategy 2016-2019, which is called "Just ask me", sets out the levels and models of involvement and informs our Public Engagement Plan. The Director of Nursing and Clinical Standards is responsible

for delivering the strategy, supported by the Trust's Board of Directors. The three main aims of the Strategy are to provide person-centred care, act on feedback and to involve clients and co-design services. The objectives which have been completed include implementing new methods for 'You Said We Did' monitoring, rolling out the use of 'I Want Great Care' across remaining areas, developing methods for sharing learning and good practice and peer support work developments.

A Carers Involvement Lead was appointed in March 2018. Interactive carer awareness training for staff is in development and we have commenced a review of senior leaders' job descriptions to ensure they include involving patients and carers. Throughout 2017-18 the Trust has continued to make involvement of patients, families and carers a priority, recognising that the greater involvement of patients in service design will lead to services that better meet patients' needs.

- ***Improving the quality of care by transforming services***

Cross-system working continues to play a crucial role in sustaining the flow of patients through the health and social care system. Services are moving away from a fragmented approach to development, often driven by specific cost pressures or condition-specific interventions, to a shared set of priorities around pathway redesign. This is based on the Trust's strategic principle of making care a joint endeavour with patients and carers, through a multidisciplinary approach.

Community health and social care services (including GP practices) play a significant role in enabling more high risk, vulnerable patients with more complex needs to be treated closer to home wherever this is clinically appropriate. Our services continue to be modernised to enable full integration at a locality level and inpatient setting and in future will be organised in population-based multi-disciplinary teams (health, social care and the third sector).

Each of our Child and Adolescent Mental Health services (CAMHS) continued to undergo transformations based on the report 'Future in mind', to ensure that the emotional and mental health needs of children and young people are appropriately met at the earliest opportunity through a schools in-reach service, with the aim of prevention and reducing the likelihood of long-term mental health problems. This re-modelling to our service and the provision of training to key workers in education and primary care will improve access for young people to CAMHS services, as it focusses on earlier intervention and building resilience. The proposed pathway model is based on the 'Thrive Approach' as indicated by the Future in Mind document. There has been significant progress in redeveloping the new models of care and delivery over the past

year and in Oxfordshire specifically, we are on track to deliver the remodelled services from 1st April 2018.

During the year we supported CAMHS transformation in Oxfordshire, Buckinghamshire and Swindon, Wiltshire, Bath & NE Somerset. Some of the elements of these transformation projects include: introducing technology for online referrals and interventions/support; a focus on resources and skills in universal services; access for young people in crisis, the establishment of school link workers for all secondary state schools, with a plan to roll out to other (independent) educational establishments, and the establishment of a Single Point of Access to services.

Further adaptations to adults' services during the year reflected the key priorities in the Five Year Forward View for Mental Health such as improving access to psychological therapies (IAPT) for people with long term conditions, providing more integrated physical and mental health services, improving outcomes in secure mental health units and preventing suicide. We also focussed on integrating health and social care pathways to support autism, improving timely access to inpatient mental health services for those who present at A&E, and helping to deliver Integrated Urgent Care to national standards.

From 1st July 2017, we consolidated three major service components which are now integrated into a single Learning Disabilities and Autism Service. The three operational services are:

- The community Learning Disability specialist health services (including forensic step-down) which was previously commissioned by Oxfordshire CCG
- The Evenlode forensic service, which included building a business case for a new forensic pathway to include provision of a new 'low secure' inpatient forensic LD service commissioned by NHS England
- The Vision Outreach service commissioned by Oxfordshire County Council (OCC), which was an additional service added to negotiations during June 2017.

A new care model for Adult Eating Disorders was developed during the year, in partnership with Avon and Wiltshire Partnership Trust, 2Gether, Berkshire Healthcare NHS FT, Weston Area NHS Trust, Southern Health NHS FT, Dorset Healthcare Trust and Priority/Partnerships in Care. The new care model will go live from April 2018.

We successfully developed the Thames Valley and Wessex Forensic Network, whereby we are operating as the lead provider with responsibility for commissioning whole

pathways of care across a large geography, resulting in reduced out-of-area treatments, reduced lengths of stay, reduced expenditure on beds and increasingly available investment in out-of-hospital care.

- ***Supporting teams to improve the safety and quality of care they provide***

Data and information is used to continually monitor the quality of care in near real-time, utilising our patient information system, incident (including serious incidents (SIs)) complaints and deaths recording system, I Want Great Care (for patient and carer feedback), the training and appraisal system and Electronic Staff Record (ESR)/e-rostering for staffing information. In addition to systems, we use manual information from a large programme of clinical audits, fire safety and Health and Safety reviews, and internal peer review programmes etc., to gather intelligence and assurance around the quality of care. This information is fed back through our governance structure on a weekly, monthly and quarterly basis, to monitor, query and support decision making.

During the year, the Quality Centre was established as Oxford Healthcare Improvement (OHI) to provide a vibrant environment of enquiry and learning. Recruitment to the OHI team is well underway. Work has also commenced on building capability for quality improvement within the organisation in the Service Change and Delivery Team, the organisational Leadership Development Programme and the Preceptorship programme.

- ***Supporting leaders to maintain a positive culture for teams***

Our focus over the year has been on staff retention. In particular, we have examined the underlying causes of staff turnover, causes of stress, best practice from other Trusts and other elements that will enable us to slow attrition down. Options under consideration include offering recruitment and retention rewards e.g. a 'recommend a friend' scheme which was launched in September, which pays staff who recommend friends or family members to join the Trust, building up our Bank staff and thus reducing reliance on Agency staff, encouraging the use of more flexible contracts and working patterns, and supporting the fair distribution of shifts.

In order to support a positive culture, we ran an anti-bullying week which sought to ensure that our staff have all the support they need in order to go about their day-to-day jobs, without fear of bullying and harassment.

We introduced a pilot initiative aimed at supporting band 5 and 6 nurses to develop their levels of resilience in the clinical setting, and issued a 'just culture' guide aimed

at supporting staff to be open about mistakes, to allow valuable lessons to be learnt so the same errors can be prevented from being repeated.

During the year we promoted and supported equality and diversity within the Trust. We held regular staff Equality Network meetings, established a new Lesbian, Gay, Bi-Sexual and Transgender (LGBT) staff group and worked in collaboration with network members on actions from the race equality and LGBT equality action plans. We marked LGBT and Black History months, as well as Anti-Bullying week. The Trust includes Equality and Diversity sessions for candidates in our Leadership Development Pathway, and delivered two successful Linking Leaders Conferences on 'Compassionate Leadership'. We produced a draft 'Workforce Gender Identity Policy and Procedure' for staff who are proposing to undergo, are undergoing, or have undergone a process of gender reassignment.

We have also improved our ranking in the Workplace Employers Index (WEI). This is an evidence-based benchmarking tool used by employers to assess their progress and achievements on LGBT inclusion in the workplace, as part of the Stonewall 'Diversity Champions' Accreditation Scheme.

Additionally, through our work on organisational culture we have achieved the Department of Work and Pensions assigned status of 'Disability Confident Employer' and aim to improve to reach 'Disability Confident Leader' status. Similarly, we currently have a Bronze Award in the Defence Employer Recognition Scheme, and are now working towards gaining a Silver Award.

- ***Ensuring Oxford Health NHS FT is high performing and financially viable***

During FY18, OHFT was required to deliver a challenging Cost Improvement Programme (CIP) target of £7.4m. At the end of FY18, the Trust delivered £3.8m of CIP, £2.7m below the target.

Plans are currently being developed for the FY19 Cost Improvement Programme, which has a target of £6.0m. To aid our work to improve productivity, there has been progress on our business intelligence and costing systems. A Service Line Reporting system was implemented in the previous reporting period which has now been embedded across the trust, ensuring reports are available to all services to aid timely remedial action when needed.

We remain a high performing and financially viable Trust, and continue to be one of the most efficient NHS Foundation Trusts in the country - demonstrated by our benchmarking such as a reference cost index (RCI) of 92 (Market Forces Factor (MFF)

adjusted) in 2017 and the latest 'Good' CQC rating - a testament to the high value care that the Trust delivers. We met an average of 90% of all national and locally contracted indicators. This is a significant achievement given the financial and workforce pressures that the Trust and the broader system has experienced throughout the year. This success reflects the exceptional contributions and efforts of our staff and our partners in ensuring that our patients, their carers and families have received the best possible care that we can provide with the resources available.

However, OHFT is facing a challenging financial future. The NHS will continue to be faced with a national efficiency target of 2% per annum leading directly to reductions in income for existing contracts each year. With the majority of our services under block contracts, there is no allowance for increasing income for the expected continued increases in activity. In the regions we provide services, the funding allocation to CCGs is significantly below the national average per head of population (Buckinghamshire 13% and Oxfordshire 17%) and this shortfall is borne disproportionately by the non-acute service providers who do not benefit from Payment by Results (PbR) at the national rate.

- ***Leading research and adopting evidence that improves the quality of care***

Along with our partners in the Oxford Academic Health Science Centre, we are leading the way in research and development. Some examples during the year include:

- The Biomedical Research Centre which, together with our Clinical Research Facility, is enabling us to further contribute to reducing the health inequalities for people suffering mental illnesses
- A new NIHR Community Healthcare MedTech and In-vitro diagnostics Co-operative (MIC) with University of Oxford researchers who have been awarded £1.24 million to lead a medical diagnostics co-operative to develop, foster and evaluate new medical diagnostic technologies to improve outcomes for patients in the community
- The Collaboration in Leadership and Health Research and Care (CLAHRC), leading research in physical care
- Working with partners across a wide geography covered by the Academic Health Science Network to rapidly adopt innovation and share learning.

- ***Embedding and enhancing the electronic health record***

During the year we continued to refine and enhance our Electronic Health Record (EHR) functionality. In addition to deploying a range of upgrades to improve the functionality of Carenotes, the Trust's EHR system, the following were introduced:

- E-Correspondence for Mental Health Interim Discharge Summaries, which are now being sent directly from Carenotes to GPs
- View-only access to GP Primary Care Data directly from within Carenotes. This will make access to clinical information more streamlined
- The ability for staff to access Carenotes via a Carenotes App
- Merging of Safer Care/incidents reporting with Carenotes activity data, to enable the Trust to explore correlations between incidents and activity.

Statement on performance from our Chief Executive

This has been a challenging but successful year for Oxford Health NHS Foundation Trust. We continue to be one of the most efficient NHS Foundation Trusts in the country, and benchmarking and the recent 'Good' CQC rating is a testament to the high value care that the Trust delivers. In terms of service delivery, we met 90% of all national and locally contracted indicators, and we have high satisfaction ratings from our service users. We have successfully delivered a range of initiatives in support of our strategic priorities.

This is a significant achievement given the financial and workforce pressures that the Trust and the broader system has experienced throughout the year. Availability of staff continues to be an issue, we are experiencing a significant and sustained increase in the number of referrals, and we are also facing more complex cases and increased acuity. Furthermore, it is recognised that there has been underinvestment in mental health services for a number of years: with 70% of our revenue derived from mental health services, the impact of underinvestment is material.

Improving efficiency and productivity continues to be a priority for OHFT, but the combination of the historically low revenue allocation, the increasing activity, and the increasing complexity of conditions, at a time when it is difficult to fully staff all teams due to regional and national shortages for some specialist roles, makes achievement of a breakeven position ever harder for the years ahead.

We have continued to focus on developing new and existing partnerships, commissioning and providing services for forensic mental health across the region; and a new Oxfordshire CAMHS partnership with partner charities providing wider

ranges of services across the county. We also successfully took over the provision in Oxfordshire of the community and secure inpatient Learning Disability Services for the county, previously provided by Southern Health.

In Oxfordshire the CQC system review brought together leadership from across our health and social care systems to look at how we can work better together.

A new Oxford School of Nursing and Midwifery was formally launched in June 2017 through a unique partnership between the Trust, Oxford Brookes University and Oxford University Hospitals NHS Foundation Trust, under the umbrella of the Oxford academic Health Science Centre. The ambition is to offer a model of education, research and clinical practice to better attract and retain nurses and midwives.

Key Issues and Risks

During 2017/18, the Board has ensured ongoing assessment of its significant risks to the attainment of objectives and maintained oversight of the specific risks detailed in the Annual Governance Statement. In particular, the following risks are worthy of note:

Workforce – As commented upon, the availability of staff is an issue across the NHS with numerous reports highlighting the shortfall between staff availability and vacancies in the number of posts required. More importantly staff groups critical to Trust operations, such as nurses and consultants are on the national shortage occupation list. The Trust position is not helped by our proximity to London where we can be adversely impacted by its ability to offer high cost area supplements, and also the high costs of living locally and in particular in Oxfordshire which has recently been identified as the most expensive place to live in the UK.

Demand – We are experiencing a significant and sustained increase in the number of referrals and the increase in waiting lists. Activity changes arising from the Five Year Forward View for services provided by the Trust and new services coming into the Trust such as Learning Disability Services also impact on demand levels.

In addition to increased levels of activity, we are also facing more complex cases and increased acuity. Taken together, these changes strongly suggest that demand is likely to exceed our capacity to deliver.

Finance – As a result of low allocations for CCGs in the Thames Valley region, spending (per Person-based Resource Allocation for Mental Health (PRAMH) weighted capita) has been shown to be some of the lowest in the country. The Trust risks being in an unsustainable financial position in light of the severe underfunding of its mental health

services. Delivering our services to meet the population needs in our area continues to be dependent upon improving the revenue the Trust receives for its services.

The risk of not being able to achieve an underlying breakeven position next year is significant and the Trust cannot rely on a Cost Improvement Programme (CIP) alone in order to deliver the necessary economies. Real cuts, with concomitant reductions in capacity, are also likely to be needed in order to balance the books.

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 has included a description of the principal risks and uncertainties facing the Trust in the Annual Governance Statement.

Oxford Health NHS Foundation Trust has prepared its 2017/18 accounts on a going concern basis. After making enquiries, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

Performance Analysis

Financial Review

The Trust's financial position is detailed in the Annual Statutory Accounts, which are part of this Annual Report. The Board approved the full audited accounts on 24th May 2018 and the auditor's report on the Annual Report and Accounts was unqualified. Historically, the Trust has a strong track record of delivering against financial targets and has consistently performed better than the national average efficiency.

During FY18 the Trust had a deficit of £1.2m which was £3.0 worse than the plan. It is important to note that this position included £2.3m of Sustainability and Transformation funding (STF) as follows:

STF	£000
Core	1,255
Incentive scheme	600
2016/17 post accounts reallocation	419

Total STF	2,274
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Although the Statement of Comprehensive Income shows a deficit of £1.2m, excluding STF and other exceptional items (impairments, loss on disposal and gain on transfer) the underlying position is a deficit of £2.1m. The underlying deficit of £2.1m is outlined below:

2017/18 Statement of Comprehensive Income Summary	
	£000
Total Income	317,838
Expenses	(317,187)
Operating Surplus	651
Net finance cost and gain on transfer	(1,864)
Deficit for the year	(1,213)
Exceptional items:	
Loss on disposal	14
Net impairment of assets	5,097
Gains arising from transfer by absorption	(3,697)
Sustainability and transformation funding	(2,274)
Surplus before exceptional items (Underlying position)	(2,073)

Performance against Local and National Indicators

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

Strategic drivers:

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

Strategic enablers:

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

Annual business plans are created to deliver the Trust strategy with performance measures aligned with the strategic drivers and enablers and progress against the achievement of the plans is reviewed quarterly at Board.

Within the Strategic Performance Management Framework, Trust performance is measured as follows:

- Performance against locally contracted targets, including Commissioning for Quality and Innovation payments (CQUIN)
- Performance against national targets
- NHSI Improvement Ratings
- Performance in national staff and patient surveys
- Quality measures under the domains of patient safety, clinical effectiveness and patient experience
- Outcomes of quality improvement projects
- Key financial and workforce targets (including CIPs)
- Service user and carer experience
- Outcomes of Care Quality Commission inspections
- Performance against programmes and projects

Progress in these areas is monitored by the receipt and scrutiny of the following reports at directorate, executive, committee, Board and Council of Governors levels.

Performance of the Trust in 2017/18:

Category	Indicator	Performance
Quality	CQC Status	CQC overall rating of Good
Performance	Contract performance and quality indicators	Achieved annual average of 90% against targets

NHS Improvement	Single Oversight Framework Segmentation (on a scale of 1 – 4 where 1 is best)	Segment 2
NHS Improvement	Governance Risk Rating (Red to Green)	Green
Staff	Overall Staff engagement survey score	3.81 (out of 5), compared to 3.83 Mental Health Community Trusts' Average
Patient experience	<i>I Want Great Care</i> scores	Average score 4.77 (out of 5). 95% of patients are likely to recommend the Trust to family and friends.
Environmental	Environmental/sustainable development indicators	See <i>Environmental matters</i> section (p. 24)

Performance Management



The Trust has adopted a traditional scorecard approach to the management and reporting of performance against local and national indicators. The graphic below is a screenshot from a monthly report that is provided to the Operational Senior Management Teams, the Board of Directors, Commissioners and on a quarterly basis to the Council of Governors.

90% (846/943) of local indicators were achieved in M12 FY18

Key:	Below Target >10%	Below Target <10%	At/over target	Data not published	% met
Total (local contractual)	46	51	846	0	90%
National (SOF) (26)	3	2	12	9	46%
Joint Management Group (66)	3	3	60	0	91%
Older Peoples (119)	14	10	95		80%
Oxfordshire (79)	12	7	60		76%
Buckinghamshire (40)	2	3	35		88%
Children & Young People (701)	18	24	659		94%
Oxfordshire (349)	5	5	339		97%
Buckinghamshire (135)	2	0	133		99%
Swindon, Wilts, Banes (217)	11	19	187		86%
Adults of Working Age (123)	14	17	92		75%
Oxfordshire (69)	10	09	50		72%
Buckinghamshire (54)	4	8	42		78%

The report uses a traditional traffic light reporting scheme and where performance is assessed as red (>10% below target), a special exception report is produced with additional information as shown in the graphic below. By reporting on performance in this way, audiences (including the public) are able get a detailed view on what has happened and the actions and timescales for resolution.

Red Indicators

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale
Adults		-	Adult CMHTs - Percentage of referrals categorised as non-urgent that are assessed within 28 calendar days	90%	78% (158/204)		Risk that patients may be waiting too long to receive care.	CR	There were 45 breaches in January which were due to capacity (13), cancellation/DNA (17), patient choice (7), ADHD (4) and other (4). Referrals into AMHTs are increasing; the service is currently looking at the AMHT model of care in relation to how capacity is managed.

In addition to the overall performance scorecard, the Trust also reports on the achievement of indicators over time. The graphic below is updated on monthly basis to show the number of indicators that are reported on and the number achieved split simply by met/not met. This approach to reporting has received significant support all round and continues to be developed.



During the past year, the Trust has also introduced a detailed dashboard for the monitoring and reporting of activity – in particular for our Community Services. The graphic below shows the contents of the dashboard that is now in operation.

Service Line	Contract Ref	Currency	FY18 IAP*/Target	Type	Activity in month	Activity YTD	Forecast Outturn (based on YTD actual)	YTD Activity delivered v plan	Trend (Monthly actual versus indicative plan and FY17 activity)
Adult SALT	OH14	Attended Contacts	4,350	Face to Face contacts	417	4,385	4,784		
				Indicative plan	363	3,988			
				Variance against plan	55	398			
				Variance %	15%	10%			
				This time last year	316	3,943			
Total									
Face to face									
Non face to face									

Looking ahead into 2018/19 and the requirement for integrated data, the Trusts Performance and Information and IM&T Teams will be working to develop a prototype dashboard that integrates the key information from the domains of Performance, Quality, Learning & Development, Finance and Workforce. By integrating information in this way in concert with the detailed Service Directory and Service Line reporting, the Trust will be able to better use information assets for insight, management and reporting.

Environmental matters

As an NHS organisation, we have an obligation to work in a way that has a positive effect on communities. Environmental sustainability means the smart and efficient use of natural resources and building healthy, resilient communities.

To fulfil our responsibilities for the role we play, the Trust has the following vision, which is located within our Sustainable Development Management Plan (SDMP):

Vision of sustainable health and care: *A sustainable health and care system works within the available environmental and social resources protecting and improving health now and for future generations.*

This means working to reduce carbon emissions, minimising waste & pollution, making the best use of scarce resources and building resilience to a changing climate.

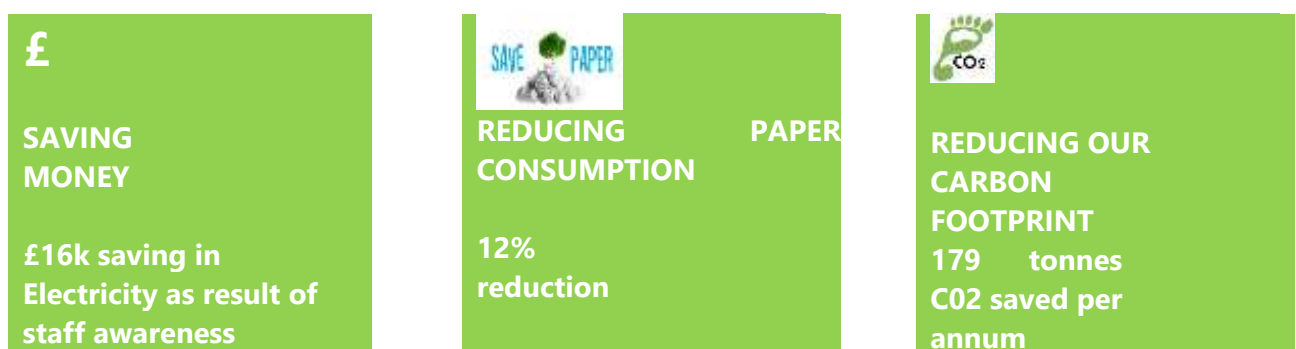
To embed this vision of environmental sustainability within the organisation, we have a Board approved policy and Sustainable Development Management Plan. One of the ways in which we measure our impact as an organisation on corporate social responsibility is through the use of the Sustainable Development Assessment Tool (SDAT). The SDAT was utilised in February 2018, with the trust scoring 30%. In terms of benchmarking, this compares with the national NHS Trust average of 52%, and so we have more work to do. We will continue to use the SDAT to assist us to identify

areas where we can improve our performance and we have plans that aim to support that continuing improvement going forwards.

As an organisation that acknowledges its responsibility towards creating a sustainable future, we help achieve that goal as follows:

Sustainability Scorecard 2017/2018: As a part of the NHS public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS public health and social care system by 34% by 2020, which is equivalent to a 28% reduction from our 2014 baseline.

A snapshot of some of our achievements is given below.



Energy: As part of our plans to reduce energy consumption, we achieved 0.5% of our electricity use coming from renewable sources in terms of:

- Highfield Unit – Photo Voltaic (Solar Panels)
- Whiteleaf Centre – Ground Source Heat Pump

As part of our plan and our capital investment programme, we have strategies to invest in technology that will enable us to reduce our annual spend on utilities and increase the amount of our electricity that is provided by renewable sources. Our achievement in reducing energy consumption is mainly attributed to improved staff awareness of carbon and energy reduction requirements, and through the oversight and monitoring of performance and activity by the trust's Sustainable Development Group which is now in place. In addition, investment in energy efficient lighting and high efficiency boilers have supported our aim.

Paper: The use of paper has reduced through continuation of our long term plans which started with the introduction of centralised Multi-Functional Devices (MFDs) and the progressive elimination of desk-top printers, followed by smart-card technology. In addition to the technical and physical limitations imposed on printing, the Trust has

also used these facilities to encourage a change of culture, moving towards more electronic means of communication and the elimination of paper where possible.

Travel: We can improve local air quality and improve the health of our community by promoting active travel to our staff and to the patients and public that use our services.

We support a culture for active travel to improve staff wellbeing and reduce sickness and are seeing a slow reduction, in business travel through the measure of miles, CO₂ equivalents and cost. We have ambitions to do more to improve this area of environmental sustainability.

Waste: There has been year on year improvement in waste recycling as a result of regularly auditing wards, offices and non-clinical areas and the improved staff awareness of recycling and provided below is the improvement achieved in the last 24 months alone.

Waste		2016/17	2017/18
Recycling	(tonnes)	226.00	147.00
	CO ₂ equivalents	4.75	3.20
Total Waste (tonnes)		226.00	147.00
% Recycled or Re-used		100% *	100% *
Total Waste tCO ₂ e		4.75	3.20

*for our waste controlled estate we either recycle or our waste is transferred into energy so that none goes to landfill.

Future

We intend to continue to contribute in positive ways to the sustainability of the Trust through the following measures:

- Increase staff awareness with regular communication
- Increase renewable energy sources – e.g. Witney Combined Heat & Power
- Improve monitoring of environment temperatures as part of energy reduction
- Introduce water monitoring measures and reduction targets
- Sustainability awareness to be included within NHS 70 celebrations
- Improve Sustainable Development Assessment Tool score from 30 to 40%.

This concludes the performance report.



Stuart Bell CBE

Date: 24th May, 2018

Chief Executive and Accounting Officer

Accountability Report:

Directors' report

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

The Board of Directors brings a wide range of experience and expertise to its stewardship of the Trust and continues to demonstrate the vision, oversight and encouragement required to enable it to thrive. During the year, the Trust welcomed several new members to the Board, which are detailed later. During 2017/18 the governors reappointed Professor Sue Dopson for her third and final term and Sir John Allison for his second term, as non-executive directors. All have brought welcomed skills and expertise to the organisation at a crucial time, enabling us to maintain an appropriate balance of experience within the composition of the Board appropriate to the requirements of the Trust.

At the end of the financial year the Board comprised seven non-executive directors including the chairman (together holding majority voting rights); five voting executive directors including the chief executive; and three non-voting executive directors. Details of all Board directors and their respective membership of committees are included later in the Annual Report. Non-executive director, Lyn Williams retired from the Trust on 30th April 2017, and Mike Bellamy and Anne Grocock both retired on 31st January 2018. The Board is especially grateful for all of their commitment to the Trust over the years and wishes each of them well with future endeavours. The Council of Governors approved the appointment of their successors. The Board also welcomed its first non-voting Associate Non-Executive Director, Lucy Weston on 1st September 2017.

Chairman Martin Howell is responsible for the effective working of the Board, for the balance of its membership subject to Board and governor approval, and for ensuring that all directors are able to play their full part in the strategic direction of the Trust and in its performance. The chairman conducts annual appraisals of the non-executive directors and presents the outcomes of such to the governor Nominations and Remuneration Committee. Furthermore, the chairman is responsible for carrying out the appraisal of the chief executive which was also completed in the year and reported to the respective remuneration committee.

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

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

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

The non-executive directors have ensured that they have sufficient time to carry out their duties. Any term beyond six years is subject to rigorous review by the governors nominations and remuneration committee, to include the needs of the organisation in the context of the environment within which it operates. The non-executive directors through the Nominations and Remuneration Committee are responsible for reviewing the performance appraisal conducted by the chief executive of executive directors and that of the chief executive conducted by the chairman.

During the year, the time spent with the governors has helped the Board to understand their views of the Trust and its strategies, and all Board members attend the Council of Governors' meetings with governors routinely attending the public Board meetings as observers. Communications with members and service users support our understanding of the things that matter to patients, but we recognise more work needs to be done to make membership more meaningful for those that would wish to be more involved.

We also want to continue to improve and help patients to be more involved in their own care and in service developments and our membership and patient involvement strategies continue to make a difference through implementation plans.

During the year covered by this Annual Report the Board of Directors comprised the following individuals who served as Directors in 2017/18:

Executive Directors

Voting executive director members of the Board:

Stuart Bell, CBE, Chief Executive

Ros Alstead, Director of Nursing and Clinical Standards

Mike McEnaney, Director of Finance

Dominic Hardisty, Chief Operating Officer and Deputy Chief Executive

Dr Mark Hancock from 1st April 2016, Medical Director

Non-voting executive director members of the Board:

Kerry Rogers, Director of Corporate Affairs and Company Secretary

Tim Boylin, Director of Human Resources (*from 1st January, 2018, previously non-board director*)

Martyn Ward, Director of Strategy and Performance (*from 1st February, 2018, previously non-board director*)

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

Martin Howell, Chairman

Sir John Allison

Sir Jonathan Asbridge (*Vice Chairman from 1st February 2018*)

Mike Bellamy (*to 31st January, 2018*) (*Vice Chair 1st May 2017-31st January 2018*)

Alyson Coates

Professor Sue Dopson

Bernard Galton (*non-voting to 31st January 2018, voting from 1st February, 2018*)

Dr Anne Grocock (to 31st January 2018) (Senior Independent Director from 1st May 2017-31st January, 2018)

Chris Hurst (from 1st April 2017) (Senior Independent Director from 1st February, 2018)

Dr Aroop Mozumder (non-voting to 31st January, 2018, voting from 1st February, 2018)

Lyn Williams (Vice Chairman and Senior Independent Director) (to 30th April 2017)

Associate Non-Executive Directors (non-voting member of the Board):

Lucy Weston (from 1st September, 2017)

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

Name	Period of office	Term since FT status
Martin Howell	31/03/19	3 rd
Sir Jonathan Asbridge	30/06/20	2 nd
Sir John Allison*	31/03/21	2 nd
Mike Bellamy**	31/01/18	3 rd
Alyson Coates	31/03/20	3 rd
Professor Sue Dopson*	31/05/21	3 rd
Bernard Galton	31/01/21	1 st
Dr Anne Grocock**	31/01/18	3 rd
Chris Hurst	31/03/20	1 st
Dr Aroop Mozumder	31/01/21	1 st
Lucy Weston	31/08/20	1 st
Lyn Williams**	30/04/17	3 rd

**reappointed during the year by the Council of Governors each for further 3 years*

***retired at end of period of tenure*

Register of interests

The register of interests for all members of the Board is reviewed regularly and is maintained by the director of corporate affairs/company secretary. Any enquiries should be made to the director of corporate affairs/company secretary, Oxford Health NHS Foundation Trust, Trust Headquarters, Warneford Hospital, Warneford Road, Headington, Oxford, OX3 7JX

Skills and Experience

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

Martin Howell (Chair) 9/10 and 4/4 meetings

Martin has enjoyed a long career in the UK steel industry after completing a BSc in Chemistry at the University of Bristol. He retired from Corus as Director of Construction in 2006. Martin was appointed Chairman of Oxford Health NHS FT in 2010. Prior to this he was a Non-Executive Director of NHS South Central Strategic Health Authority. As well as his work for the Trust, Martin is currently a Governor of Oxford Brookes University, a Governor of Oxford University Hospitals NHS Foundation Trust and a Board member of Thames Valley Crime Stoppers.

Sir John Allison 10/10 and 4/4 meetings

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

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

Sir Jonathan Asbridge (Non-Executive Director) 4/10 and 0/4 meetings

Sir Jonathan was appointed Non-Executive Director on 1 July 2014. He was the first president of the UK's Nursing and Midwifery Council. From early experiences as a St

John Ambulance cadet in Cardiff, he went on to become a state registered nurse at St Thomas' Hospital, London. After a career in nursing at Singleton Hospital, he moved to Addenbrooke's Hospital, becoming General Manager, then Director of Clinical Care services. He later became Chief Nurse at Barts and the Royal London Hospitals.

In 2003 he was appointed National Patient Champion for A&E Experience at the NHS Modernisation Agency. He has also worked at Llandough Hospital and the John Radcliffe Hospital in Oxford.

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

Mike Bellamy (Non-Executive Director) 7/8 and 0/3 meetings

Mike was appointed by the Council of Governors in February 2009, retiring on 31st January 2018. He has taken a particular interest in how the Trust can deliver high quality services in a consistent and reliable way. He worked in the NHS for 32 years including 18 years as a Chief Executive. Since leaving the NHS, Mike has carried out a variety of projects for organisations including the World Health Organisation, National Patient Safety Agency and the Healthcare Commission, as well as working as Regional Director for the peer review programme of the National Cancer Action Team for six years up to 2010.

He has previously served as a Non-Executive Director of the Blood Services Authority and the Buckinghamshire Hospitals NHS Trust. He was on the Board of Buckinghamshire New University for 10 years including three as deputy Chairman up to 2008. He then joined the Board of the University of West London.

Alyson Coates (Non-Executive Director) 8/10 and 1/4 meetings

Alyson was appointed by the Council of Governors in April 2011. She takes a particular interest in the strategic direction of the Trust and in clinical and financial governance. Originally a biochemist, Alyson spent most of her career as an equity analyst at an international investment bank, specialising in the healthcare sector. Prior to joining the Trust, Alyson was Vice-Chair and Chair of the Audit Committee at South Central Strategic Health Authority. She was a member of the Auditing Practices Board of the national independent financial regulator, the Financial Reporting Council and External Advisor to the Audit Committee of the Olympic Lottery Distributor. Alyson was until

recently an independent Governor of Oxford Brookes University where she chaired the Finance and Resources Committee.

Professor Sue Dopson (Non-Executive Director) 4/10 and 2/4 meetings

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

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

Bernard Galton (Non-Executive Director) 3/3 associate; 2/2 NED and 2/3 meetings

Bernard had a long and successful Civil Service career and retired in 2014 from his role as Director General in the Welsh government. He has 15 years' executive board experience, and has also been a Non-Executive Director in both an NHS Foundation Trust and a private sector joint venture company.

He led a large corporate services department and was Head of Profession for Human Resources and Organisation Development across all public service bodies in Wales, and responsible for complex multi-million pound contracts with key private sector suppliers across ICT, property and facilities management and learning and development. He is also a Chartered Fellow of the Chartered Institute of Personnel and Development.

He also worked at the highest level in NHS Wales gaining an in depth understanding of the key strategic issues facing health and social care services and the professional and operational challenges facing clinical leaders.

Dr Anne Grocock (Non-Executive Director) 8/8 and 1/3 meetings

Anne was appointed Non-Executive Director in February 2008, retiring on 31st January, 2018. She has an MA(BA) in Zoology, and a DPhil from the Department of Agriculture, both University of Oxford. Her background is as an academic and senior administrator within the University of Oxford.

Her special interests in the Trust include chairing the Oxford Health Charity Committee. Anne also chairs the Nuffield Oxford Hospitals Fund. She is a member of the Standards Committee of the General Optical Council. She has held non-executive posts on the Defence Storage Distribution Agency (MOD) Audit Committee and the Defence Estates (MOD) Audit Committee. Prior to joining the Trust Anne was the Executive Director of the Royal Society of Medicine.

Chris Hurst (Non-Executive Director) 10/10 and 1/4 meetings

Chris was appointed in April 2017 and is a consultant and executive coach with 25 years' board 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 CEO in the NHS.

He is a Board Trustee of the Healthcare Financial Management Association (HFMA) and a non-executive director of a small digital development company.

Dr Aroop Mozumder (Non-Executive Director) 3/3 associate; 2/2 NED and 3/3

Aroop was appointed a Non-Executive Director on 1 September 2017. After qualifying in medicine from Charing Cross Hospital he initially trained in General Practice in the NHS and then spent a couple of years working for Save the Children in famine relief in Africa.

Aroop has since then had a long career in the Royal Air Force, including being the Inspector General of Defence Medicine, retiring as Director General Medical Services in the rank of Air Vice-Marshal. In the Queens' Birthday Honours List in 2015 he was awarded a Companion of the Order of the Bath.

Currently he works as a Research Fellow at Harris Manchester College Oxford University, is a National Adviser to the Care Quality Commission and is the Academic Dean of the Society of Apothecaries in London.

Lucy Weston (Associate Non-Executive Director) 4/6 and 0/3 meetings

Lucy was appointed in September 2017. She is a chartered accountant who has spent most of her career in the private and charity sectors. She is a Non-Executive Director (Vice Chair) of Soha Housing and a Governor of Oxford Brookes University.

Lyn Williams (Non-Executive Director & SID) 1/1 and 0/0 meetings

Lyn was appointed in 2006, retiring on 30th April, 2017. He has five years' audit experience with constituent firms of Ernst & Young and PwC. He held various senior

management positions in Finance, IT and Supply Chain for Unilever PLC. Lyn has a BA (Hons) in German and French from the University of Oxford and is a Chartered Accountant.

Stuart Bell CBE (Chief Executive) 9/10 and 4/4 meetings

Stuart was appointed Chief Executive Officer of the Trust on 1 October 2012. Stuart was previously the Chief Executive Officer of South London and Maudsley NHS Foundation Trust and was in post for 13 years. He has more than 35 years' NHS experience. Before working at South London, Stuart was Chief Executive of Thameslink NHS Trust and Lewisham and Guy's Mental Health NHS Trust. Earlier in his career he worked at Charing Cross and Whittington hospitals before moving to the South West Thames Regional Health Authority in 1990.

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

Ros Alstead OBE (Director of Nursing & Clinical Standards) 9/10 and 3/4 meetings

Ros has worked in the NHS for over 35 years, graduating from London University and St George's Hospital with a degree in general nursing, followed by qualifying as a Registered Mental Health Nurse. She had experience as a nurse in both inpatient and community settings before becoming a General Manager and completing her MBA at Ashridge Business School. Ros now has over 20 years' experience at director level.

Ros was Chair of the National Mental Health Nurse and LD Directors and Leads Forum until December 2012. She was a panel member of the Richardson Committee reforming the Mental Health Act, and was also the NHS Panel member on the Kerr Haslam inquiry. In 2017 we were delighted that Ros was awarded an OBE for services to the NHS.

Mark Hancock (Medical Director) 9/10 and 4/4 meetings

Mark was appointed Medical Director in April 2016 and has worked with Oxford Health in a number of roles since 1999. He has previously been the Deputy Medical Director, since May 2013. In recent years, he has been psychiatric lead for medium secure services (2013-14) and associate clinical director for forensic services (2011-2013).

Mark is Trust lead for Clinical Risk Assessment and Management, the Trust's Caldicott Guardian and Chief Clinical Information Officer. He completed the Nye Bevan programme with the NHS Leadership Academy in 2014.

Dominic Hardisty (Chief Operating Officer) 8/10 and 4/4 meetings

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

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

Mike McEnaney (Director of Finance) 10/10 and 3/4 meetings

Mike commenced his financial management career in consumer goods with Hoover adding multinational experience gained in the oil and consumer lubricants sector with Burmah Castrol. He has substantial experience at the executive level gained as Finance Director of Honda's UK manufacturing operations, Avis's UK car rental business and a private equity backed global business. Together with the financial experience gained in manufacturing and commercial organisations, he has experience of managing IT and HR.

Tim Boylin (Director of Human Resources) 3/3 and 1/1 meetings

Tim Boylin graduated in Law from Leeds University in 1983 before joining the Dowty Group of companies as a Personnel Officer. He spent 15 years in progressively more senior HR roles in the aerospace and defence sector with Dowty and TI Group, including a five year period based in Toronto leading the HR function for Canadian subsidiaries.

He moved into the utilities sector in 1998 and has held operational and corporate HR Director roles in Thames Water and EDF Energy.

In addition to the full range of HR responsibilities, Tim has been Chairman of two large boards of pension trustees. He also has significant merger and acquisition experience, and has led on Health, Safety and Sustainability and is a champion of equality and diversity.

Tim joined the NHS in November 2016 and joined the Board of Directors of Oxford Health in January 2018.

Kerry Rogers (Director of Corporate Affairs & Company Secretary) 10/10 and 3/4 meetings

Kerry joined the Board of Directors as a non-voting executive director and Company Secretary on 1 September 2015. Kerry has held Director level roles in the NHS prior to coming to Oxford Health NHSFT, most recently with Sherwood Forest Hospitals NHS Foundation Trust in the Midlands. Until 2010 Kerry was a lay member for the Nursing and Midwifery Council on the Business Planning and Governance Committee and since 1st April 2017 is proud to be a Trustee on the Board of Age UK Oxfordshire.

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

Martyn Ward (Director of Strategy and Performance) 2/2 and 0/1 meetings

Martyn joined the NHS in September 2016 and was appointed to the Board of Directors as Director of Strategy & Performance in January 2018.

With a background primarily in IT and information, Martyn has 27 years' public service experience and has served in the Royal Air Force, Thames Valley Police and most recently at Oxfordshire County Council where he led a substantial IT Service from 2012 prior to joining the NHS in 2016.

Martyn brings significant experience of leading service change and transformation and is particularly focused on the development of integrated services with both private and public sector partners.

Non-statutory Board Committees

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

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

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

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

The Finance and Investment Committee chaired by Chris Hurst since May 2017, has overseen the development and implementation of the Trust's strategic financial plan and overseen management of the principal risks to the achievement of that plan.

The Trust also has a Charity Committee, chaired by Anne Grocock, until January 2018 and temporarily by the chairman thereafter, ensuring the stewardship and effective management of funds which have been donated, bequeathed and given to the Oxford Health Charity.

Enhanced quality governance reporting

At the heart of the Trust's strategy and developments is the ongoing improvement of the quality of services we provide. Improving patient experience and ensuring our services are safe, caring, responsive, effective and well led, drive the decisions taken by the Board of Directors and the systems established in the Trust. The role of the quality committee in enhancing quality governance is set out below.

The Integrated Governance Framework continues to evolve as the business adapts to changes and currently describes the governance and assurance arrangements for the Trust, supporting integration of clinical and corporate governance. The Committees of the Board have been supported by regular reporting against a range of agreed quality metrics including: safety, safeguarding, infection control, clinical effectiveness including National Institute for Health and Care Excellence (NICE) implementation, clinical audit, patient involvement and experience within services and the safety and suitability of the physical estate. Individual Executives led on compliance with CQC standards with assurance drawn from the sub-committees of the Quality Committee.

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

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

Each executive has a clearly defined portfolio and is individually and collectively accountable for the quality and safety of services. The Director of Nursing and Clinical Standards submits reports to the Board on quality and safety and on patient experience matters each on a bimonthly basis which include assessments against CQC requirements and clinical audit results form part of regular updates from the Medical Director. Further, the Board reviews a range of reports throughout the year which provide an insight into the quality of the services provided and the experiences of patients and service users. Such reports include the complaints annual report, quarterly updates against the Quality Report, and HR workforce key performance indicator reports. Reports, such as the Board Assurance Framework, to the Board of Directors also describe the key risks to the attainment of the Trust's objectives and the mitigating controls and action plans to address any gaps. The internal audit programme which is reviewed by the Audit Committee provides assurances on a range of key governance/control areas.

The Executive team regularly reviews the quality of services through weekly consideration of Serious Incidents Requiring Investigation cases, inquests and complaint trends and themes. The Trust holds performance reviews for each service

directorate providing the opportunity for Executive Directors to review directorate performance against a range of metrics, hold management teams to account for performance and assist directorates in identifying resources to tackle problem areas. Non-Executive Directors have had open invitations to attend and observe these reviews. A review of the performance framework will reshape how the oversight and management of performance is undertaken in 2018/19.

The quality of care provided was independently assessed during the year, and clarity with respect to the focus for improvement since the last inspection in June 2016 has enabled the CQC to assess the improvements since their last inspection. The CQC has rated Oxford Health NHS Foundation Trust 'good', and early indications from the 2018 inspection suggests we have maintained that position. More information is included within the Quality Report including a summary of ratings. Any actions required to improve our services will continue to be monitored by the Board.

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

Concluding in June 2017 the Board undertook a periodic review of board governance including capability and capacity, and commissioned an external review into the performance of the Board covering the areas previously incorporated in the Quality Governance framework issued by NHS Improvement (and aligned with CQC requirements) and now part of NHSI's broader Well-Led Framework. Through utilisation of NHS Improvement's well-led framework, we were able to arrive at an overall evaluation of the organisation's performance, internal control and board assurance framework. The Annual Governance Statement and Corporate Governance pages comment further on this positive review and subsequent actions.

Equality and Diversity

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

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

This year, we have focused our attention and efforts on LGBT+ equality as part of our wider inclusion agenda to improve the service user provision and the employment experience of our staff.

Some of the key highlights and achievements include:

- A board seminar and three Staff Conferences focusing on 'LGBT+ Equality: Fair for one. Fair for all' were held at Oxford, Aylesbury and Swindon, showcasing some fantastic case studies delivered by a parent of a trans young person, an LGBT youth group, and the trust's participation leads.
- Some of the specific work undertaken to promote LGBT+ equality this year include: marking LGBT History Month in February; holding a 'Stonewall and Pre-Pride' event in May, attended by Ruth Hunt, CEO of Stonewall (who delivered the keynote speech); taking part in Oxford Pride; attending the annual Stonewall Workplace Conference; speaking on 'Managing the relationship between LGBT inclusion and Faith' at the Stonewall Education for All Conference in Birmingham; developing the LGBT action plan; and growing membership of the LGBT Equality Staff Network group.
- This year's results from Stonewall's Workplace Employers Index (WEI) clearly demonstrate an improvement in our performance on LGBT+ equality: at 59/200, our score is up by 28 points from last year, pushing up our ranking by 121 places to 247 out of 434.
- The staff networks for race, disability and LGBT+ equality have continued to grow with a new LGBT staff group in High Wycombe. The networks have supported the implementation of the action plans and provided a valuable space for mutual 'ally-ship' and support.
- The 'Fair Treatment at Work Facilitators' service supported approximately 40 members of staff in its first year. A review of all the support services available to staff was carried out, leading to a new 'staff support hub' being launched on the intranet during Anti-Bullying Week in November
- 21 Staff Inductions, 13 Care Certificate EDI modules, 6 Equality Act 2010 and 5 Unconscious Bias training sessions were delivered. 5 EDI away days were also delivered to teams in Oxon and Bucks.
- Membership of the EDI Steering Group has been refreshed with new Terms of Reference and Stuart Bell becoming the Chair of the group. The establishment of the EDI Delivery Group is a new introduction to the governance structure

aimed at supporting the implementation of the strategy and action plans across the trust.

Disclosures

Income Disclosures can be found in notes 3 and 4 to the Accounts. The income received by the Trust from the provision of goods and services for the purposes of the health service in England are greater than the income from the provision of goods and services for any other purposes, which is in compliance with requirements.

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

Measure of compliance	2017/18		2016/17	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	66,604	147,681	77,179	148,122
Total Non-NHS trade invoices paid within target	60,868	140,225	68,405	136,986
Percentage of Non-NHS trade invoices paid within target	91.4%	95.0%	88.6%	92.5%
Total NHS trade invoices paid in the year	2,899	17,323	2,756	15,975
Total NHS trade invoices paid within target	2,508	15,535	2,467	14,262
Percentage of NHS trade invoices paid within target	86.5%	89.7%	89.5%	89.3%

There were no **political donations** during the year.

The Trust has complied with the **cost allocation and charging requirements** set out in HM Treasury and Office of Public Sector Information Guidance.

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

that the Trust's auditors are aware of that information. Relevant audit information is information needed by the auditor in connection with preparing their report.

Remuneration report

Scope of the Report

The Remuneration Report summarises the Trust's Remuneration Policy and particularly, its application in connection with the executive and non-executive directors. The report also describes how the Trust applies the principles of good corporate governance in relation to directors' remuneration as defined in the NHS FT Code of Governance, in Section 420 to 422 of the Companies Act 2006 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 the NHS Foundation Trust Code of Governance.

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

Remuneration Committee

The Board appoints the committee to consider 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 currently includes determining the remuneration and terms and conditions of the executive and their direct reports, the terms and conditions of other senior managers and approving senior manager severance payments. Employer Based Clinical Excellence Awards are dealt with by the Board of Directors and were approved at their April 2018 meeting.

All non-executive directors are members of the committee. During the year, the following non-executive directors have served on the committee as voting **core** members:

	Attendance:
Mike Bellamy (Chair) (to 31/1/18)	5/5
Martin Howell (Trust Chairman)	4/5
Lyn Williams (SID) (to 30/4/17)	1/1
Alyson Coates	3/5
Anne Grocock (to 31/1/18)	4/5
John Allison	5/5

Jonathan Asbridge
Chris Hurst

3/5
4/5

The committee also invited the assistance of the Chief Executive (Stuart Bell), the Director of Finance (Mike McEnaney, Executive Director while responsible for Human Resources), the Director of Human Resources (Tim Boylin) and the Director of Corporate Affairs/Company Secretary (Kerry Rogers). Associate Non-Executive Directors also assisted the Committee (Bernard Galton, Aroop Mozumder and Lucy Weston). None of these individuals or any other executive or senior manager participated in any decision relating to their own remuneration.

The Committee has met on 5 occasions during 2017/18.

Gender pay gap

The UK Government introduced legislation making it a statutory requirement for organisations employing 250 or more employees to report annually on gender pay gap. Oxford Health NHS Foundation Trust supports the fair treatment and reward of all staff irrespective of gender or any other protected characteristic. Our published report fulfils the reporting requirements and sets our actions to improve and can be found on <https://www.oxfordhealth.nhs.uk/news/gender-pay-gap-report/>. Further detail is included in the Staff Report.

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, these are defined as the voting and non-voting members of the Board of Directors (excluding associate non-executive directors).

During the year the Trust adhered to the principles of the agreed pay framework that remunerated the performance of the executive directors and their direct reports based on the delivery of objectives as defined within the Annual Plan. There are no contractual provisions for performance related pay for executive and direct reports and as such no payments were made relating to 2017/18. The approach to remuneration is intended to provide the rigour necessary to deliver assurance and the flexibility necessary to adapt to the dynamics of an ever changing NHS. It is fundamental to

business success and is modelled upon the guidance in The NHS Foundation Trust: Code of Governance and the Pay Framework for Very Senior Managers in the NHS (Department of Health).

The key principles of the approach are that pay and reward are assessed relative to the performance of the whole Trust and secondly in line with available benchmarks. In light of the Trust's financial situation, the remuneration policy for 2017/18 and for the next financial year will not include any performance related pay elements, but all directors' performance will be assessed against delivery of the Annual Plan and associated corporate objectives and kept in line with recognised benchmarks (eg NHS Providers and the wider pay policies of the NHS). Senior managers' (excluding the Chief Executive who wished to decline an uplift) received an annual pay increase of 1% in 2017/18 reflecting the increase under Agenda for Change. There have been no other changes to senior managers' remuneration during the year.

Executive appointments to the Board of Directors continue under permanent contracts and during 2017/18, no substantive director held a fixed term employment contract. The chief executive and all other executive and corporate directors hold office under notice periods of 3 or 6 months as detailed within the Annual Report, except when related to conduct or capability. There were no interim members of the Board of Directors during 2017/18. During the year two existing Trust Directors were appointed to non-voting executive positions on the Board.

Annual Statement on Remuneration from the chair of the committee

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

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

Remuneration for senior managers is set, on appointment or following substantial change in responsibilities, with reference to the Incomes Data Services report on NHS senior manager pay and NHS benchmarking data collected by organisations such as NHS Providers. The major consideration for annual pay increases for senior managers has been the inflationary uplift award made under Agenda for Change and remuneration reviews following the organizational restructure and change in directorates/leadership. As stated above, during the year two existing Trust Directors were appointed to non-voting executive positions on the Board.

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

Non-executive directors' remuneration

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

Their remuneration framework as agreed previously by the Council of Governors is consistent with best practice and external benchmarking, and remuneration during 2017/18 has been consistent with that framework. There was a 1% cost of living increase applied for non-executive directors during 2017/18. With regard to the Chairman, the Council of Governors had previously agreed to also uplift his remuneration for 17/18 by £1500 to bring remuneration in line with the phased uplift for 3 years agreed by the Council such that the Chairman's remuneration would reach £45,000 (excluding subsequent inflationary uplifts) by 1st April 2018.

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 whole Council of Governors determine the Terms and Conditions of the non-executive directors. There were three new non-executive appointments during the year succeeding three non-executive directors retiring in 2017/18. The nomination process for the appointment of a new Chairman to succeed the current chairman who retires in March 2019 commenced during the year. An associate non-executive director, with no-voting rights commenced in September 2017 as part of the Trust's equality and diversity drive and its succession plans.

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 and all payments are submitted to NHSI for Treasury approval. There were no payments made in the period to any senior manager for loss of office or any payments made to any individual who was not a senior manager in the period but had been a senior manager prior to this financial year.

- **Disclosures**

The Trust is required to disclose the relationship between the remuneration of the highest paid director in the organisation and the median remuneration of the organisation's workforce. The remuneration of the highest paid director, subject to audit, in the Trust in the financial year 2017/18 was £192,500 (2016/17, £192,500). This was 6.69 times (2016/17, 6.76 times) the median remuneration of the workforce, which was £28,746 (2016/17, £28,462). The calculation of the highest paid director is based on the full-time equivalent staff of the reporting entity at the reporting period end date on an annualised basis. Termination benefits are excluded from the calculation. In 2017/18, no employee (none in 2016/17) received remuneration in excess of the highest paid director. Remuneration ranged from £15,404 to £191,153 (2016/17

£15,251 - £191,153). The Medical Director receives a National Clinical Excellence Award, shown as 'other remuneration'.

To achieve its goals, the Trust must attract and retain high calibre and experienced members of the executive team to ensure it is best positioned to succeed. As referenced within this Remuneration Report, the Trust applies the principles of the Code of Governance and NHS guidance on remuneration in addition to a regular review of available benchmark information 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 Nomination and Remuneration Committee is satisfied that it has taken appropriate steps to ensure where any senior manager is paid more than £142,500 that the level of remuneration is reasonable and proportionate, including benchmarking of job content, responsibility and salary across similar sized organisations. There are currently two senior managers who have been paid above this level for more than three years and there have been no additions to this group in 2017/18.

- **Expenses**

There were 18 directors who served in office during the financial year 2017/18 (2016/17, 14), of which 14 (2016/17, 10) received expenses with a total value of £13,974 (2016/17, £12,800).

During 2017/18, the Trust had 36 governor seats available (2016/17, 37). Full details of the governors in post through the year can be found in other sections of the Annual Report. Whilst the role is voluntary, governors are entitled to claim reasonable expenses. The total value of expenses reimbursed through the year is £3,675 (2016/17, £3,900).

Salaries and allowances

Details of executive directors' remuneration and pension benefits and non-executive's remuneration are set out in the tables below. Remuneration, CETV, exit packages, staff costs and staff numbers are all subject to audit.

Salaries and allowances

2017/18								
Name	Title	Effective Dates if not in post full year.	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in Kind (rounded to nearest £00)	Total salary and other remuneration (bands of £5,000)*	Pension- related benefits (bands of £2,500)**	Total including pension- related benefits (bands of £5,000)
			£000	£000	£00	£000	£000	£000
Stuart Bell	Chief Executive		190-195	0	0	190-195	25-27.5	215-220
Mike McEnaney	Director of Finance		150-155	0	0	150-155	27.5-30	180-185
Dominic Hardisty	Chief Operating Officer		125-130	0	0	125-130	30-32.5	160-165
Mark Hancock	Medical Director and Director of Strategy		115-120	10-15	0	125-130	42.5-45	170-175
Ros Alstead	Director of Nursing and Clinical Standards		125-130	0	0	125-130	0	125-130

Kerry Rogers	Director of Corporate Affairs and Company Secretary		105-110	0	0	105-110	27.5-30	135-140
Tim Boylin	Director of HR	1 Jan 18 to 31 Mar 18	25-30	0	0	25-30	0	25-30
Martyn Ward	Director of Strategy and Performance	1 Jan 18 to 31 Mar 18	20-25	0	0	20-25	0-2.5	20-25
Martin Howell	Chair		40-45	0	0	40-45	0	40-45
Dr Anne Grocock	Non-executive Director	1 Apr 17 to 31 Jan 18	10-15	0	0	10-15	0	10-15
Sue Dopson	Non-executive Director		10-15	0	0	10-15	0	10-15
Mike Bellamy	Non-executive Director	1 Apr 17 to 31 Jan 18	10-15	0	0	10-15	0	10-15
Alyson Coates	Non-executive Director		15-20	0	0	15-20	0	15-20
Jonathan Asbridge	Non-executive Director		10-15	0	0	10-15	0	10-15

John Allison	Non-executive Director		10-15	0	0	10-15	0	10-15
Chris Hurst	Non-executive Director		15-20	0	0	15-20	0	15-20
Aroop Mozumder	Non-executive Director	1 Sep 17 to 31 Mar 18	5-10	0	0	5-10	0	5-10
Bernard Galton	Non-executive Director	1 Sep 17 to 31 Mar 18	5-10	0	0	5-10	0	5-10

2016/17

Name	Title	Effective Dates if not in post full year.	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in Kind (rounded to nearest £00)	Total salary and other remuneration (bands of £5,000)*	Pension-related benefits (bands of £2,500)**	Total including pension-related benefits (bands of £5,000)
			£000	£000	£00	£000	£000	£000
Stuart Bell	Chief Executive		190-195	0	0	190-195	25-27.5	215-220
Mike McEnaney	Director of Finance		150-155	0	0	150-155	25-27.5	175-180
Dominic Hardisty	Chief Operating Officer		125-130	0	0	125-130	40-42.5	165-170

Mark Hancock	Medical Director and Director of Strategy		110-115	5-10	0	120-125	22.5-25	140-145
Ros Alstead	Director of Nursing and Clinical Standards		125-130	0	0	125-130	12.5-15	140-145
Kerry Rogers	Director of Corporate Affairs and Company Secretary		105-110	0	0	105-110	25-27.5	130-135
Martin Howell	Chair		40-45	0	0	40-45	0	40-45
Dr Anne Grocock	Non-executive Director		10-15	0	0	10-15	0	10-15
Sue Dopson	Non-executive Director		10-15	0	0	10-15	0	10-15
Lyn Williams	Non-executive Director		15-20	0	0	15-20	0	15-20
Mike Bellamy	Non-executive Director		10-15	0	0	10-15	0	10-15
Alyson Coates	Non-executive Director		15-20	0	0	15-20	0	15-20
Jonathan Asbridge	Non-executive Director		10-15	0	0	10-15	0	10-15
John Allison	Non-executive Director		10-15	0	0	10-15	0	10-15

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

***The 'pension-related benefits' presented in the tables above represent the annual increase in pension entitlement determined in accordance with the 'HMRC' method. This is calculated as the inflation adjusted in year movement in the lump sum plus the movement in twenty times the annual rate of pension payable to the director if they became entitled to it at the end of the financial year. The 'HMRC' method used above differs from the real increase/(decrease) in cash equivalent transfer value presented in the pension benefits disclosure below.*

Contract Type and Notice Periods

Name	Start date as senior manager	Contract type	Notice period by employee	Notice period by employer
Stuart Bell	01/10/2012	Permanent	6 months	6 months
Dominic Hardisty	22/02/2016	Permanent	3 months	3 months
Ros Alstead	22/03/2011	Permanent	3 months	3 months
Mike McEnaney	15/08/2011	Permanent	3 months	3 months
Mark Hancock	01/04/2016	Five years (as Medical Director)	3 months	3 months
Kerry Rogers	01/09/2015	Permanent	3 months	3 months
Tim Boylin	01/01/2018	Permanent	3 months	3 months
Martyn Ward	01/01/2018	Permanent	3 months	3 months

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

PENSION BENEFITS

	<i>Real increase/ (decrease) in pension at pension age (bands of £2,500)</i>	<i>Real increase/ (decrease) in pension lump sum at pension age (bands of £2,500)</i>	<i>Total accrued pension at pension age at 31 March 2018 (bands of £5,000)</i>	<i>Lump sum at pension age related to accrued pension at 31 March 2018 (bands of £5,000)</i>	<i>Cash Equivalent Transfer Value at 1 April 2017</i>	<i>Real increase/ (decrease) in Cash Equivalent Transfer Value</i>	<i>Cash Equivalent Transfer Value at 31 March 2018</i>	<i>Employer's contribution to stakeholder pension</i>
Title	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<i>Stuart Bell Chief Executive</i>	0-2.5	5-7.5	85-90	265-270	1863	143	2025	0

Mike McEnaney Director of Finance	2.5-5	n/a	15-20	n/a	214	53	268	0
Dominic Hardisty COO	2.5-5	n/a	15-20	n/a	149	37	187	0
Mark Hancock Medical Director	2.5-5	0-2.5	25-30	70-75	373	57	434	0
Ros Alstead Director of Nursing & Clinical Standards	0-2.5	0-2.5	70-75	215-220	1557	92	1665	0
Kerry Rogers Director of Corporate Affairs	0-2.5	0-2.5	15-20	35-40	253	39	295	0
Martyn Ward Director of Strategy / Perf	0-2.5	n/a	0-5	n/a	8	1	12	0

Analysis of staff costs

	2017/18			2016/17
	Total	Permanently Employed	Other	Total
	£000	£000	£000	£000
Salaries and wages	166,883	153,590	13,293	161,653
Social Security costs	15,770	15,770	-	15,039
Apprenticeship levy	789	789	-	-
Employer contributions to NHS pension scheme	20,305	20,305	-	19,874
Other pension costs	25	25	-	21
Termination benefits	383	383	-	6
Bank and agency staff	22,483	-	22,483	17,559
Capitalised employee costs	(206)	(206)	-	(210)
Recoveries in respect of seconded staff	(1,036)	(1,036)	-	(1,394)
	225,396	189,620	35,776	212,548

Analysis of average staff numbers

	Total	2017/18 Permanently employed	Other	2016/17 Total
	WTE*	WTE	WTE	WTE
Medical and dental	286	260	26	269
Healthcare assistants and other support staff	992	868	124	976
Nursing, midwifery and health visiting staff	1,566	1,244	322	1553
Nursing, midwifery and health visiting learners	62	62	-	72
Scientific, therapeutic and technical staff	1,005	962	43	1010
Social care staff	38	38	-	46
Administration and estates	1,034	983	51	1,044
	4,983	4,417	566	4,970

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

Exit packages

Exit package cost band	2017/18 Number of compulsory redundancies	2017/18 Number of other departures agreed	2017/18 Total number of exit packages	2016/17 Total number of exit packages
< £10,000	-	15	15	2
£10,000 - £25,000	-	3	3	1
£25,001 - £50,000	1	2	3	4
£50,001 - £100,000	1	-	1	-
Total number of exit packages	2	20	22	7
Total resource cost £'000	146	146	292	149

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Scheme. Where the trust has agreed early retirements, the additional costs are met by the trust and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pension scheme and are not included in the table.

This disclosure reports the number and value of exit packages taken by staff leaving in the year. Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

Staff exit packages: other (non-compulsory) departure payments

	2017/18 Number of agreements s	2017/18 Total value of agreements £000	2016/17 Number of agreements	2016/17 Total value of agreements £000
Contractual payment in lieu of notice	17	58	-	-
Mutually agreed resignations (MARS) contractual costs	3	88	5	137
Non-contractual payments requiring HM Treasury approval	-	-	-	-
Total	20	146	5	137
Of which: non-contractual payments made to individuals where the payment value was more than 12 months of their annual salary	-	-	-	-

As a single exit package can be made up of several components, each of which will be counted separately in this note, the total number above will not necessarily match the total number in 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.

**Stuart Bell CBE****Date: 24th May, 2018****Chief Executive and Accounting Officer**

Staff report

Our vision is for '*Outstanding Care Delivered by Outstanding People*'. Our staff are central to Oxford Health NHS Foundation Trust's success, directly impacting the lives of our patients and responsible for the quality of experience they receive. Corporately it is the Trust's responsibility to ensure that staff have the best possible training and development opportunities and a good work-life balance to support them in their roles. The development of the Trust's workforce to ensure delivery of high quality and safe patient care has remained the central focus of our workforce, training and organisational development activities.

Workforce profile

At 31st March 2018, the Trust employed:

- Board Directors (Executive & Non-Executive, voting and non-voting): 12 male and 5 female
- Other senior managers: 56 male and 147 female
- Employees (excluding the above): 1,264 male and 5,024 female.

At 31st March 2018, the Trust employed 6288 staff with a contracted WTE (whole time equivalent) of 4521.19. This number includes:

- 466 medical staff
- 588 therapists
- 1647 qualified nurses
- 971 health care workers
- 474 other support staff including ancillaries and, care workers
- 569 other professionals including psychology, dental staff and social workers.

(Datasource: ESR – using 'Staff Group')

Permanent Staff

Occupation Code	Description	Average Full Time Equivalent (FTE)
011	Geriatric Medicine	3.10
051	Psychiatry of Learning Disability	3.40

052	General Psychiatry	107.70
053	Child and Adolescent Psychiatry	39.05
054	Forensic Psychiatry	16.10
055	Medical Psychotherapy	3.60
056	Old Age Psychiatry	18.40
099	Other Specialities	0.80
921	General Medical Practitioner	6.67
970	Community Health Services Dental	18.31
AAA	Emergency Care Practitioner	26.36
G0A	Senior Manager Central Functions	12.40
G0B	Senior Manager Hotel, Property and Estates	1.00
G0D	Senior Manager Clinical Support	5.91
G1A	Manager Central Functions	69.13
G1B	Manager Hotel, Property and Estates	8.00
G1C	Manager Scientific, Therapeutic and Technical Support	4.00
G1D	Manager Clinical Support	55.01
G2A	Clerical and Administrative Central Functions	268.72
G2B	Clerical and Administrative Hotel, Property and Estates	11.67
G2C	Clerical and Administrative Scientific, Therapeutic and Technical Support	10.59
G2D	Clerical and Administrative Clinical Support	518.84
G3B	Maintenance and Works Hotel, Property and Estates	14.80
H1D	HCA Psychiatry	1.00
H1E	HCA Learning Disabilities	1.00
H1F	HCA Community Services	1.40
H2D	Support Worker Psychiatry	29.49
H2F	Support Worker Community Services	5.41
H2R	Support Worker Hotel, Property and Estates	161.25
N0A	Manager Acute, Elderly and General	3.00
N0B	Manager Paediatric Nursing	3.40
N0D	Manager Community Psychiatry	12.60
N0E	Manager Other Psychiatry	4.00
N0F	Manager Community Learning Disabilities	7.88
N0G	Manager Other Learning Disabilities	1.00
N0H	Manager Community Services	38.10
N0J	Manager Education Staff	1.00
N0K	Manager School Nursing	1.00
N3H	Health Visitor Community Services	123.38
N4H	District Nurse / CPN / CLDN - 1st level Community Services	66.98
N5H	District Nurse / CPN / CLDN - 2nd level Community Services	109.41

N6A	Other 1st level Acute, Elderly and General	115.19
N6B	Other 1st level Paediatric Nursing	27.16
N6D	Other 1st level Community Psychiatry	252.71
N6E	Other 1st level Other Psychiatry	239.67
N6F	Other 1st level Community Learning Disabilities	17.75
N6G	Other 1st level Other Learning Disabilities	13.46
N6H	Other 1st level Community Services	94.99
N6J	Other 1st level Education Staff	7.03
N7A	Other 2nd level Acute, Elderly and General	27.89
N7F	Other 2nd level Community Learning Disabilities	1.00
N7H	Other 2nd level Community Services	11.08
N7K	Other 2nd level School Nursing	9.99
N8H	Nursery Nurse Community Services	17.79
N8K	Nursery Nurse School Nursing	2.00
N9A	Nursing Assistant / Auxiliary Acute, Elderly and General	135.54
N9B	Nursing Assistant / Auxiliary Paediatric Nursing	6.60
N9D	Nursing Assistant / Auxiliary Community Psychiatry	18.80
N9E	Nursing Assistant / Auxiliary Other Psychiatry	335.17
N9F	Nursing Assistant / Auxiliary Community Learning Disabilities	3.00
N9G	Nursing Assistant / Auxiliary Other Learning Disabilities	28.38
N9H	Nursing Assistant / Auxiliary Community Services	45.79
N9K	Nursing Assistant Auxiliary School Nursing	6.79
NAD	Nurse Consultant Community Psychiatry	1.00
NAE	Nurse Consultant Other Psychiatry	1.00
NAJ	Nurse Consultant Education Staff	1.00
NBK	Qualified School Nurse School Nursing	36.28
NCD	Modern Matron Community Psychiatry	1.00
NCE	Modern Matron Other Psychiatry	14.89
NCH	Modern Matron Community Services	4.00
NEH	Community Matron	2.00
NFA	Nursing Assistant Practitioner in Acute Elderly & General	0.80
NFE	Nursing Assistant Practitioner in Other Psychiatry	0.80
NFH	Nursing Assistant Practitioner in Community Services	22.76
P1D	Pre-registration Learner Diploma Nurse Training	36.49
P1E	Pre-registration Learner Other Learners	1.00
P2B	Post 1st level Registration Learner Health Visiting	6.00
P2C	Post 1st level Registration Learner District Nursing	6.00
P2E	Post 1st level Registration Learner Other Learners	4.50
S0B	Manager Dietetics	1.80
S0C	Manager Occupational Therapy	12.16
S0E	Manager Physiotherapy	7.11

S0J	Manager Speech and Language Therapy	3.16
S0K	Manager Multi Therapies	1.00
S0L	Manager Clinical Psychology	6.40
S0M	Manager Psychotherapy	0.38
S0P	Manager Pharmacy	2.79
S0U	Manager Social Services	20.11
S1A	Therapist Chiropody / Podiatry	30.25
S1B	Therapist Dietetics	53.42
S1C	Therapist Occupational Therapy	184.46
S1E	Therapist Physiotherapy	69.17
S1H	Therapist Art / Music / Drama Therapy	1.93
S1J	Therapist Speech and Language Therapy	62.37
S1M	Therapist Psychotherapy	19.44
S1R	Therapist Dental	1.00
S1U	Therapist Social Services	108.87
S1X	Therapist Other STT Staff	3.70
S2L	Scientist Clinical Psychology	149.22
S2M	Scientist Psychotherapy	29.63
S2P	Scientist Pharmacy	20.29
S4P	Technician Pharmacy	14.84
S4R	Technician Dental	27.20
S5C	Assistant Practitioner Occupational Therapy	7.20
S5E	Assistant Practitioner Physiotherapy	1.00
S5J	Assistant Practitioner Speech and Language Therapy	1.10
S5L	Assistant Practitioner Clinical Psychology	70.22
S5M	Assistant Practitioner Psychotherapy	80.77
S5U	Assistant Practitioner Social Services	24.54
S6C	Instructor / Teacher Occupational Therapy	13.19
S6E	Instructor / Teacher Physiotherapy	7.52
S6J	Instructor / Teacher Speech and Language Therapy	4.10
S7J	Tutor Speech and Language Therapy	1.00
S8L	Student / Trainee Clinical Psychology	57.00
S8M	Student / Trainee Psychotherapy	17.20
S8P	Student / Trainee Pharmacy	3.00
S8X	Student / Trainee Other STT Staff	8.00
S9A	Helper / Assistant Chiropody / Podiatry	1.26
S9B	Helper / Assistant Dietetics	4.39
S9C	Helper / Assistant Occupational Therapy	3.50
S9E	Helper / Assistant Physiotherapy	18.93
S9J	Helper / Assistant Speech and Language Therapy	4.15

Staff engagement, recognition and reward

Staff engagement

The Trust's Staff Partnership, Negotiation & Consultation Committee (SPNCC) exists to promote understanding and co-operation between management and staff in the planning and operation of Trust services. It provides a regular forum for consultation and negotiation between management and staff on strategic decisions (principally those that may have staffing implications) and operational decisions, those likely to affect job prospects and security and to consult on employment policies. It is one of the formal channels of communication between management and staff on Trust issues. In addition to this, we get feedback from staff through the national staff survey and the quarterly staff friends and family test.

Staff Survey

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

This year, a total of 2,607 members of staff chose to complete the survey, equivalent to a response rate of 50% compared to 52.6% in 2016.

Summary of results

This year, there are 32 Key Findings. When comparing to our 2015 results, 13 key scores have increased and 9 have decreased.

The top 5 and bottom 5 key findings are as follows (*means lower score is better):

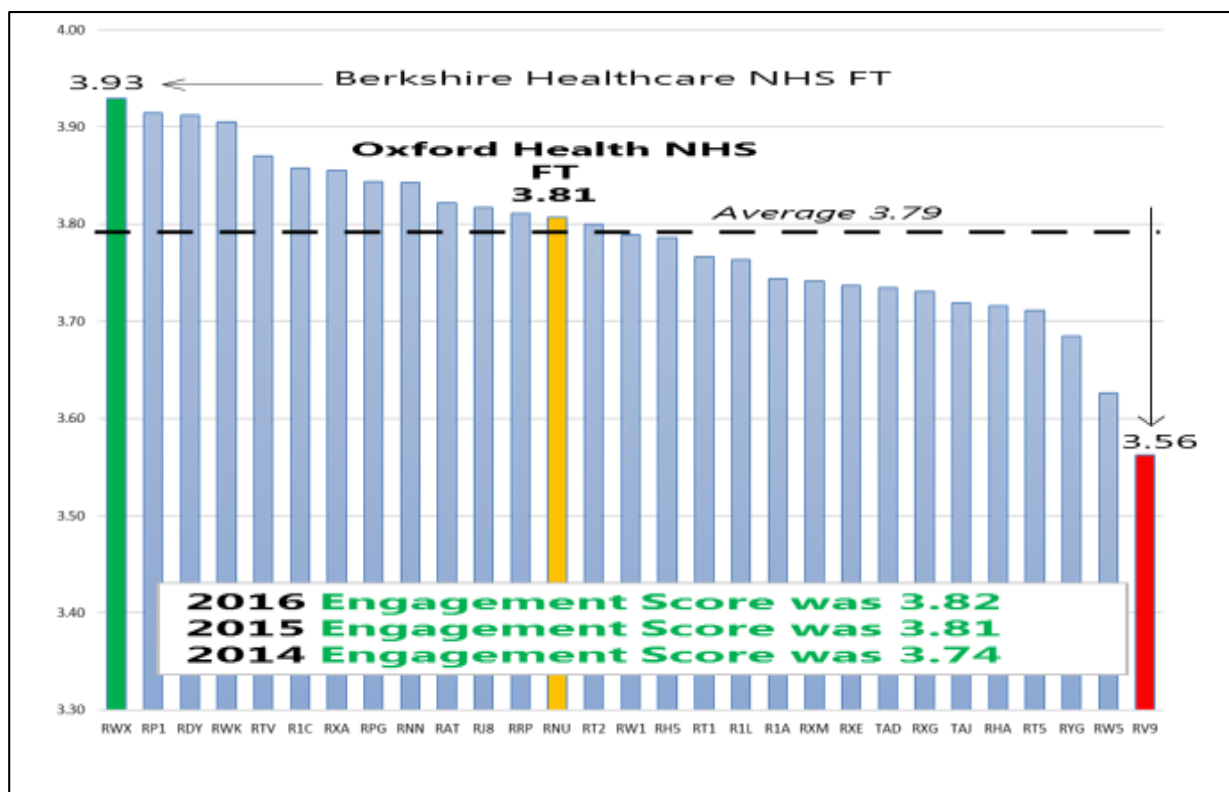
Top 5 Key Findings		Bottom 5 Key Findings	
*Key Finding 23. Percentage of staff experiencing physical violence from staff in last 12 months		Key Finding 11. Percentage of staff appraised in last 12 months	
2016	2017	2016	2017
2%	1%	78%	76%
Key Finding 5. Recognition and value of staff by managers and the organisation		*Key Finding 16. Percentage of staff working extra hours	
2016	2017	2016	2017
3.57	3.59	75%	74%

Top 5 Key Findings		Bottom 5 Key Findings	
Key Finding 12. Quality of appraisals		Key Finding 27. Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse	
2016	2017	2016	2017
3.37	3.39	54%	54%
Key Finding 31. Staff confidence and security in reporting unsafe clinical practice		Key Finding 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month	
2016	2017	2016	2017
3.77	3.79	90%	90%
Key Finding 32. Effective use of patient / service user feedback		Key Finding 2. Staff satisfaction with the quality of work and care they are able to deliver	
2016	2017	2016	2017
3.73	3.78	3.71	3.71

Whilst it is disappointing to see that the numbers of our staff that have been appraised is one of the lowest Key Findings in this year's survey results, we are very pleased to see that those of our staff who have had an appraisal had a high quality and positive experience and we believe this provides a solid foundation for us to build and ensure that even more of our staff experience this for 2018.

Staff engagement score

There are 9 questions that make up the staff engagement score which is a national benchmark for engagement across the NHS, these relate to Advocacy, Involvement and Motivation. This year we have seen an improvement in Advocacy and Involvement but a decline in Motivation.



Actions going forward

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

As a Trust, we want to ensure we celebrate the success of our staff. We know that innovative, excellent and compassionate care is provided every day across our sites, and we want to showcase that. The Trust held its third annual awards ceremony in December 2017 recognising staff contribution and celebrating success.

To ensure continuing progress and improvements, the Staff Health and Wellbeing Group has incorporated the findings from the 2016 survey in to their annual action plan. The group will continue with the themes identified from 2015, which were:

- Supporting our workforce to be active and healthy, and able to perform to the best of their physical abilities
- Supporting an inclusive workplace where staff feel that it is safe to raise concerns, and are provided with the tools to look after their own emotional and psychological wellbeing

- Supporting an organisational culture where staff feel a strong sense of belonging and view Oxford Health NHS FT as an enjoyable place to work.

Staff Friends and Family Test (SFFT)

The Staff Friends and Family Test aims to increase transparency, by enabling the public to compare scores. The test is administered every quarter, except quarter three where it is replaced by the NHS Staff Survey.

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

Response rates

Quarter	Response Rate
1	27.4%
2	26.1%
3	NHS Staff survey
4	23.7%

Results from the 2017/18 SFFT:

How likely are you to recommend this organisation to friends and family if they needed care or treatment?							
Quarter	Extremely Likely	Likely	Neither likely or unlikely	Unlikely	Extremely Unlikely	Don't know	Total no. of staff
1	27	53	14	3	2	1	1405
2	26	51	16	4	2	1	1337
4	28	53	12	4	2	1	1252

How likely are you to recommend this organisation to friends and family as a place to work? (%)

Quarter	Extremely Likely	Likely	Neither likely or unlikely	Unlikely	Extremely Unlikely	Don't know	Total no. of staff
1	20	43	18	11	7	1	1403
2	18	42	20	12	8	0	1337
4	21	45	18	10	6	0	1253

Staff Recognition awards

This is the third year Oxford Health has run a Staff Awards programme to value and recognise our staff. The event is a key part of the trust's commitment to celebrate the success of individuals and teams and recognise best practice across services and roles. The awards were:

1. Delivering Care Award
2. Being Safe Award
3. Recognising Excellence and Innovation Award
4. Living the values
5. Team Work Award (clinical)
6. Team Work Award (non-clinical)
7. Wellbeing Award
8. Improving Patient's Experience Award (voted for by patients, carers and families)

Staff are asked to nominate other staff for up to seven awards with an additional award open to patients, public and professionals to put forward someone who has made a difference. This year we received 173 nominations from across the organisation.

Nominations were judged by individuals from a variety of backgrounds including; nursing/clinicians, staff side, NEDs and governors. The event was held at the Kassam Stadium with reception drinks and a festive buffet provided to staff. Stuart Bell and Martin Howell welcomed over 200 staff to the event and each award was introduced and presented by an Executive Director.

Reward

The trust continues to offer a range of flexible working practices including part-time, job share and term time only working arrangements.

We also offer a range of benefits including nursery vouchers, car and bicycle schemes, discounts from a variety of national and local retailers, gyms and restaurants.

Expenditure on consultancy

Expenditure on consultancy in 2017/18 was £96,000 (2016/17, £248,000).

Off-payroll engagements

The Trust's policy on the use of off-payroll arrangements for highly paid staff is first to use the HMRC employment status check to determine the engagement status. The Trust will not directly engage with personal service companies that fall within the IR35 regulations. Individuals classed as employed for tax purposes must either hold a substantive or flexible worker contract with the Trust or be engaged via an agency or umbrella company – these 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.

In accordance with HM Treasury PES (2017)11 Annual Reporting Guidance, NHS bodies are required to disclose information about 'off-payroll engagements' as follows:

- 1. For all off-payroll engagements as of 31 March 2018, for more than £245 per day and that last for longer than six months:**

No disclosure required.

- 2. For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, for more than £245 per day and that last for longer than six months:**

No disclosure required.

3. For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018:

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed board members and/or senior officials with significant financial responsibility' during the financial year. This figure includes both off-payroll and on-payroll engagements.	18

Equality, Diversity and Inclusion

This year has seen several highlights relating to Equality, Diversity & Inclusion and these are included in other sections of the report.

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

The Trust's Disabled Workers Policy was in place throughout the year and sets out how the Trust supports disabled persons in employment applications, training and career development. The policy states that the Trust recognises that it has clear obligations towards all its employees and the community at large to ensure people with disabilities are afforded equal opportunities. This includes taking steps to ensure that there is fair consideration and selection of applicants with disabilities and to satisfy their training and career development needs.

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

Under the policy, if an employee becomes disabled in the course of their employment reasonable steps will also be taken to accommodate their disability by making reasonable

adjustments to their existing employment, consideration of redeployment and through appropriate training. The Trust will support employees remaining in employment where possible.

Counter Fraud Policy

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

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

Health and Safety

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

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

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

The introduction of a reviewed skill mix, Musculoskeletal (MSK) case manager and Mental Health specialist within the occupational health & wellbeing team has contributed

significantly to the reduction in employees taking long term sick leave, assisting a speedier return to work and supporting employees to continue within the work environment.

Sickness absence

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

Systems are in place to allow for a timely and professional review of long term sickness, with appropriate referrals to the occupational health service. Managers are expected to make reasonable adjustments for staff to facilitate an early return to their work from long term sickness. Our latest sickness data is as follows:

	2017/18	2016/17
Total days lost	42,391	43,027
Total staff years	4,548	4,596
Average working days lost (per WTE)	9	9

Leadership Development

The Trust Leadership development programme was launched in September 2017. The overarching purpose of the programme is to inspire OHFT leaders to create a positive culture and ensure a quality service user experience and outcomes.

The Leadership Development programme is open to application from all staff Band 6 and above and from all areas including clinical, non-clinical corporate and medical roles. An important part of our vision and commitment to inclusion is to make sure that we have a diverse team of leaders across Oxford Health. We have worked closely with the Trust Equality & Diversity lead to encourage applications from Black & Minority Ethnic and LGBT staff, and people with disabilities, who are all currently under-represented in the Leadership Development Pathway.

The programme focusses on development as a leader in the context of healthcare here at Oxford Health Foundation Trust and promotes learning through self-exploration, experiential learning and quality improvement project work as well as core theory and skills based workshops.

The current cohort will be completing a formal evaluation and we have 3 further cohorts planned for 2018. The programme is currently an ILM development programme and we are planning for the programme to become accredited at Masters level.

Apprenticeship

Apprenticeships, which involve both 'on the job' training and protected learning time, are an important part of our strategy for training and recruiting staff. We successfully gained the status of employer provider in 2017, which means we can deliver our own apprenticeship programmes and that we can therefore tailor our education to the needs of the Trust.

During FY 17/18, 40 staff members started on an apprenticeship in either business administration, team leader or senior health care support worker, which we are delivering in house. We expect this number to rise significantly in 2018/19. Our apprenticeships will be delivered against the national standard, and at the end of an apprenticeship, an external body carries out an assessment according to the national standard.

Apprenticeships can be completed at different levels, which earn different qualifications as follows and are an integral part of our clinical career structure:

Level 2	5 GCSEs at Grade C or above
Level 3	2 A' Levels
Level 4	Certificate of Higher Education
Level 5	Diploma of Higher Education or Foundation Degree
Level 6	Bachelor's degree
Level 7	Master's degree

Since April 2017, apprenticeships have been funded through an apprenticeship levy, which is set aside specifically to pay for apprenticeships. This fund can only be used for training fees and assessments. Salary costs will be met with apprenticeships being taken up by either staff already working in the trust (to up-skill our staff further), or by having apprentices fill an established vacancy. Individual areas can also choose to employ an apprentice, but will need to fund the salary of the apprentice from an existing establishment: this may be attractive for some areas, as it is expected that a job will be available for the apprentice at the end of the programme.

The amount of levy funding is limited, and whereas by delivering apprenticeships in house, we can reclaim some of this back into the Trust, careful workforce planning is required to ensure we prioritise use of this funding to meet the needs of the Trust

Now that we can deliver apprenticeships in-house, we are delivering the following apprenticeship standards successfully:

Clinical apprenticeships

- Healthcare Support Worker (HCSW)

This can be a Level 2 or Level 3 apprenticeship. If the HCSW has already undertaken an apprenticeship at Level 2 or has 5 GCSEs, they will be expected to undertake the higher level apprenticeship; otherwise, they will undertake it at Level 2. The Care Certificate (which has now replaced the common inductions standards and the national minimum training standards) forms part of the apprenticeship. HCSWs undertaking the Level 2 apprenticeship will be expected to show that they have achieved at least Level 1 literacy and numeracy, as well as completing an assessment at Level 2. Those undertaking the Level 3 apprenticeship will have to show that they have achieved Level 2 numeracy and literacy.

- Nursing Associate

This programme is now delivered as an apprenticeship and will be regulated by the NMC. We have partnered with Bucks New University and will be subcontracted to deliver all of the practice support and up to 30% of the academic programme, which means we can tailor the programme to meet the needs of the organisation. We aim to have 100 Nursing associate apprentices in training during 2018 to make a significant impact on the workforce.

Non-clinical apprenticeships

- Business Administrator

This is a level 3 apprenticeship, suitable for all general business and administrative staff. We anticipate that most of our business and administrative staff will undertake this apprenticeship.

- Team Leader

This is a level 3 apprenticeship suitable for those managing teams of non-clinical staff such as administration teams.

- Customer Service

This is a level 2 apprenticeship which is ideal for receptionists. It focuses on communication with service users and staff, and helps people to prepare for some of the more difficult conversations that can happen when dealing with the general public.

Apprenticeship standards that are available and which we may also use in future, include:

- Assistant Practitioner

This is a level 5 apprenticeship, and trainees will normally be expected to already have a level 3 apprenticeship or equivalent qualifications (such as NVQ 3 or A levels). This apprenticeship is often undertaken in partnership with a university or college, although some of the protected learning can be undertaken with an employer provider such as Oxford Health. The assistant practitioner will assist a practitioner, usually now an Allied Health Professional, and will be able to undertake most tasks under the supervision of the practitioner.

- Registered Nurse

This apprenticeship is at level 6 and is undertaken in conjunction with an education institution that is approved by the Nursing and Midwifery Council (NMC). Because this is both an apprenticeship and a professional qualification, all the rules laid down by the NMC for non-apprenticeship courses also need to be followed. This means that the students have more than one practice placement. It is anticipated that most of the placements for our registered nurse apprentices will be undertaken within Oxford Health, but adult nurses will also need to spend some time in an acute hospital environment (currently not provided by the Trust). Assistant Practitioners or Associate Nurses may be able to undertake a shorter programme than those entering with a level 3 qualification.

Other future options include:

- Registered Occupational Therapist
- Registered Physiotherapist
- Pharmacy Technician
- Coach
- Executive Coach
- Leadership for Public Sector Senior Managers
- Podiatrist
- Pharmacy Assistant
- Social Worker

Gender Pay Gap review

Further to reference in the Remuneration Report, the UK Government introduced legislation making it a statutory requirement for organisations employing 250 or more employees to report annually on gender pay gap. As an employer Oxford Health NHS Foundation Trust is required by law to carry out Gender Pay Reporting under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.

This involves carrying out six calculations that show the difference between the average earnings of men and women in our organisation. We published the results on our own website and a government website on 30th March 2018.

We will use these results to assess:

- the levels of gender equality in our workplace
- the balance of male and female employees at different levels
- how effectively talent is being maximised and rewarded.

Oxford Health NHS Foundation Trust supports the fair treatment and reward of all staff irrespective of gender or any other protected characteristic. Our published report fulfils the reporting requirements and sets out an action plan and can be found on <https://www.oxfordhealth.nhs.uk/news/gender-pay-gap-report/>.

Corporate Governance (compliance with Code of Governance)

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

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

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

The Board had a Vice Chairman and Senior Independent Director (SID) throughout the year, positions held by Lyn Williams to 30th April 2017. Mike Bellamy was Vice Chairman and Anne Grocock SID from 1st May 2017 and Chris Hurst was SID and Sir Jonathan Asbridge, Vice Chairman from 1st February 2018. All Non-Executive Directors are considered by the Board to be independent as defined in the Code taking into account, character, judgement and length of tenure. The Nominations, Remuneration and Terms of Service Committee (non-executive directors) and Nominations and Remuneration Committee (governors) are both responsible for succession planning and reviewing Board structure, size and composition, and have taken into account when considering terms and conditions or appointing or reappointing to Board positions in year, the future challenges, risks and opportunities facing the Trust and the appropriateness of the balance of skills, knowledge and experience required on the Board to meet them.

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

The 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. Council and Board approved changes to the Constitution including adoption of the new Engagement Policy were presented as necessary at the Annual Members Meeting in September 2017 and formally adopted.

Code of Governance

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

As stated, Oxford Health NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. The Board of Directors is committed to high standards of corporate governance. For the year ended 31 March 2018, 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 enters into a growing number of partnership and joint working arrangements within the wider health service economy, it may become expedient for members of the Board to take on formal roles such as that of a governor in another NHS foundation trust. The effectiveness of the Board may be enhanced and the success of the Trust promoted if the Trust collaborates more widely and formally within the wider health service economy, evidenced already where the Trust has collaborated with local stakeholders. As a consequence, in September 2015 the Council of Governors agreed to a change to the Constitution to provide the flexibility for Directors to be governors of other Foundation Trusts, and subsequently to allow the Chairman to become a governor of Oxford University Hospitals NHS FT. The Trust also has on its Council of Governors, a non-executive director of Oxford University Hospitals NHS FT.

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

Some of our non-executive directors have been reappointed in previous and in recent years beyond six year terms, to allow for a final third term of three years. The Council of Governors was clear that the performance of the Trust in a strategic climate of considerable future challenge and expected change, warranted a vital need for stability in the leadership of the Board of Directors, particularly considering the expected changes to the Board in 2017/18 with the departure of three non-executive directors (one in April 17 and two in January 18). These non-executives serving beyond 6 years have not been subject to annual reappointment, but performance appraisals are conducted annually and the results are presented to the governors' Nominations and Remuneration Committee who would act accordingly in the event of a negative review. During the year, Professor Sue Dopson was re-appointed by the Council of Governors for a third term of three years ending 31st May 2021.

The Trust is compliant with the remaining sections of the Code, with the appropriate disclosures contained within this section of the Report or referenced accordingly, and the Board will continue to look to current and evolving best practice as a guide in meeting the governance expectations of its patients, members and wider stakeholder community and has assessed the effectiveness and performance of the Board and its governance through an external well-led assessment by PriceWaterhouseCoopers which concluded at the end of May 2017 as part of the three yearly assessment of the effectiveness of the Board's performance and governance arrangements. PriceWaterhouseCoopers had at that time no other connection with the Trust.

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

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

The roles and responsibilities of the Council of Governors are described in the Constitution together with detail of how any disagreements between the Board and Council of Governors will be resolved which have been expanded upon in the Engagement Policy. The types of

decisions taken by the Council of Governors and the Board, including those delegated to subcommittees, are described in the relevant terms of reference.

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

Members of the Board are invited to attend all meetings of the Council of Governors. Governors have been involved in several events during the year and were consulted by the executive team on matters such as the annual plan, quality report and other relevant strategies and reports. The Trust has an established role of Senior Independent Director, and also a formally approved role description to ensure full understanding of the role 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.

In an NHS Foundation Trust, the authority for appointing and dismissing the chairman rests with the Council of Governors. The appraisal of the chairman is therefore carried out for and on behalf of the Council of Governors. During 2017/18, this was undertaken by the senior independent director, supported by the lead governor. They reviewed the chairman's performance against agreed objectives, to include 360-degree feedback from directors and governors and discussed any development needs before reporting the outcome of the appraisal to the Nominations and Remuneration Committee of the Council of Governors. The committee in turn reported the outcome to the Council of Governors.

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

During the year the respective Nominations and Remunerations committees of the non-executive directors and governors (the latter's recommendations subsequently approved by the full Council) approved 1% inflationary uplifts to the remuneration of the executive team (voting and non-voting board members) and the non-executive directors. With regard to the Chairman, having considered benchmark comparators provided by NHS Providers, and knowledge of ranges within the locality/similar mental health and community trusts regarding board remuneration levels, the Chairman was awarded an uplift to be spread over three years, increasing his remuneration from £40,600 to £42,100 from 1st April, 2016. (£43,600 from 1st

April 2017 and £45,00 from 1st April 2018). This phased uplift was supported and agreed in order to bring the chairman's remuneration in line with such comparators and to ensure an attractive level of remuneration was being paid and could then be offered at the time the chairman retires in March 2019, by which time a suitable candidate will need to have been attracted to the role.

With regard to the retirement of the Chairman in 2019, the governors' Nominations and Remuneration Committee have considered the recruitment process to appoint a successor chairman. The process will commence in 2018/19, supported by an external search consultancy and it is planned that there will be a period of handover prior to the current Chairman's departure.

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

Attendance	
Alyson Coates (Chair)	5/5
John Allison	4/5
Sue Dopson	2/4 (<i>ceased to be member of committee in year</i>)
Bernard Galton	1/1

Anne Grocock	3/4
Chris Hurst	4/4
Lyn Williams	1/1

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

The committee assists the Board in fulfilling its oversight responsibilities and its primary functions as outlined in its terms of reference are to monitor the integrity of the financial accounting statements and to independently monitor, review and report to the Board of Directors on the processes of governance and the management of risk. Its key areas of responsibility include 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/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 detailed review of the Annual Governance Statement within the context of the wider Annual Report alongside robust scrutiny of the Annual Accounts and Financial Statements has been undertaken. It has considered the effectiveness of the Board Assurance Framework to include consideration of the internal auditors' report on the same, to gain on-going assurance of the effectiveness of the Trust's risk and internal control processes. The committee also reviewed and approved the internal and external audit plans.

The internal audit plan for 2017/18 was developed in line with the mandatory requirements of the NHS Internal Audit Standards. TIAA, our internal audit service provider until the end of March 2018, has worked with the Trust to ensure the plan was aligned to our risk environment. In line with the internal audit work plan, full scope audits of the adequacy and effectiveness of the control framework in place are complete at the time of this Annual Report. Following a procurement process in year to appoint a new internal auditor, PriceWaterhouseCoopers were the successful bidder, taking up the role in April 2019 with TIAA successfully retaining responsibility for the Trust's counter fraud work.

There has been a regular review of internal audit progress reports including performance indicators and consideration of the effectiveness of internal audit to ensure a systematic review of the systems of internal control to include finance, procurement, clinical governance,

information governance, risk management and quality assurance. Additionally, there has been a regular review of single action tender waivers and losses and special payments.

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

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

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

The committee also considered during the year controls and financial practices in the context of:

- STP funding in terms of any impact on accounting estimates and judgements;
- Income recognition, management override of controls and asset valuation;
- Immigration and visa controls regarding the follow-up via the counter fraud service.

The committee has reviewed whistleblowing arrangements and considered risks around the effective management of concerns and sought assurance with regard to the oversight of the effectiveness of the system of learning and follow up action through the Quality Sub Committee: Well Led. 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.

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

Committee and the minutes of the Quality Committee circulated for scrutiny by the Audit Committee. A member of the Quality Committee is also a member of the Audit Committee. The minutes of the meetings of the Finance and Investment, Charity and Quality Committees are also circulated to the Board of Directors and reviewed by members of the Audit Committee in their capacity as Board members. Annual reports are presented to the Audit Committee such that it can review the work of these Board committees to provide relevant assurance to its own scope of work.

In assessing the quality of the Trust's control environment, the committee received reports during the year from the external auditors Deloitte LLP to September 2017 and Grant Thornton thereafter, and the internal auditors TIAA, on the work they had undertaken in reviewing and auditing the control environment as well as briefing notes on key sector developments. The non-executives routinely hold meetings during the year with both internal and external audit without the executives present.

Through the review of the 2017/18 Annual Report and Financial Statements the committee reviewed and gained assurance from:

- individual internal audit assurance reports including an assessment of the effectiveness of the Board Assurance Framework (BAF)
- head of internal audit opinion on both financial and non-financial matters
- external audit opinion on the accounts, and the external value for money opinion
- management letter of representation to external audit
- a specific review of the evidence supporting preparation of the accounts on a going concern basis.

Deloitte LLP was appointed as the Trust's External Auditor in 2011/12 after a tender process for a three-year contract, extended for a further two years by the Council of Governors in March 2015 and ending on 8th October 2017. The Audit Committee chairman presented a proposal to the Council of Governors in June 2016 with regard to the procurement process for the next external auditor, which was approved and the process commenced in May 2017. This resulted in the appointment of Grant Thornton for a three-year contract, who took up the role of external auditor in October 2017 to ensure there was no gap in provision. The Council of Governors approved their appointment at a general meeting.

The external auditor engages appropriately with the Trust's Council of Governors and members, providing full reports on audit findings and required opinions at the September Council meeting each year, and at the Annual General Meeting/Members Meeting.

The total audit fee includes £2,500 (plus VAT) relating to the independent examination of the Oxford Health Charity accounts. We incurred £49,500 (plus VAT) in audit service fees from Grant Thornton in relation to the audit of our accounts and quality report for the twelve-month period to 31 March 2018 (£67,600 plus VAT from Deloitte for the period to 31 March 2017 including £4,000 Charity accounts). No non-audit services were provided by the external auditors during 2017/18 (none during 2016/17).

The Audit Committee also considers the key risks identified by the external auditor and used its resources and the internal audit programme to provide assurance around the following key areas: recognition of NHS revenue, property valuation, management override of controls, and financial sustainability.

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

- Cyber security

Updates were presented to the committee with regard to the Trust's response to the global cyber-attack that had affected many sectors including the NHS. The Committee sought assurances that plans were in place to pick up learning and safeguard the Trust from future attacks and were assured by the programme of work to increase still further the Trust's overall level of cyber security maturity.

- Business Intelligence strategy

The Committee reviewed the risks should the Trust be unable to rely upon data quality, which it subsequently recommended be monitored via the BAF. The presented strategy set out the effective use of information to help deliver more targeted improvement activity and to better inform understanding of the quality of services offered across the Trust. The Committee reviewed the draft strategy as part of an intended suite of strategies to deliver comprehensive improvements to business services to provide better health outcomes for patients.

- Procurement

The committee has maintained oversight over single action tender waivers and supported the governors regarding the procurement of external audit services and also maintained oversight of the procurement of internal audit and counter fraud services.

- Clinical Audit

The committee has continued to monitor the governance arrangements for clinical audit and to follow up internal audit recommendations from previous reporting periods

- General Data Protection Regulation (GDPR)

In addition to focus at Board seminars, members of the committee received an overview of the Trust's preparedness plans to include workshops, training, asset owner awareness, privacy notices; information rights and the legal bases for using information to include the consequence of data breach to receive assurances on the work to achieve the necessary compliant status by May 2018.

- Cost Improvement Programme (CIP)

In view of the importance of the achievement of CIP targets, the committee has considered CIP monitoring arrangements and highlighted these to the Board and included a review of the programme through the internal audit plan.

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

- | | |
|-------------------------|--|
| • Staff appraisals | • Agency staffing |
| • Oxford Pharmacy Store | • Learning Disability services post transfer |
| • Care Plans | • Data Quality |
| • Clinical Audit | • Locality Compliance Visits |
| • Healthcare records | • IG Toolkit |
| • CQUIN | |

Of the internal audits across the year, the Audit Committee received four Internal Audit reviews which had received only 'limited' assurance in the areas of: staff appraisals; clinical audit; data quality; and CQUIN (Commissioning for Quality Innovation payments)/contract performance. The Audit Committee discussed the findings in these reports with relevant senior management, who were required to attend meetings to present in person, and received assurance that appropriate actions were being taken in response to Internal Audit's findings and recommendations. The Audit Committee also notified the Board, as appropriate; the Board also regularly receives the minutes of Audit Committee meetings.

Finance and Investment Committee

A further committee of the Board is the Finance and Investment Committee which provides assurance to the Board of Directors on a number of key financial issues relevant to the Trust. In particular, it reviews investment decisions and policy; financial plans and reports, and approves the development of financial reporting, strategy and financial policies to be consistent with obligations and good practice.

The committee was chaired by 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 6 meetings held in year is detailed below:

Attendance	
Chris Hurst (Chair)	6/6
John Allison	6/6
Stuart Bell	3/6
Martin Howell	5/6
Mike McEnaney	6/6

Some of the key areas of focus included: monitoring of the Estates Strategy and development of the Acquisition & Disposal policy; the annual budget process; the successful growth of the Oxford Pharmacy Store; the inquests and claims annual report; the strategic procurement work plan and key tenders; progress with implementation of Carenotes; and options in relation to core IT infrastructure licensing and the Microsoft licensing strategy. The Committee also focused on: Sustainability and Transformation Funding and the trajectory to control total achievement; and the development of service line reporting, in addition to the customary financial reporting which included oversight of liquidity /cashflow; treasury management and the financial plan/financial sustainability plan, and the effectiveness of cost improvement planning and capital programme planning.

Quality Committee

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

	Attendance	Deputised for (deputy counted in quorum)
Martin Howell (<i>chair until Sept 2017</i>)	5/5	
Jonathan Asbridge (<i>chair from Sept 2017</i>)	5/5	
Ros Alstead	4/5	1/5

Stuart Bell	3/5
Mike Bellamy	4/4
Anne Grocock	3/4
Mike McEnaney	3/5
Mark Hancock	5/5
Dominic Hardisty	2/5

Charity Committee

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

Key areas of focus in this year included oversight of slow moving funds and the use of funds and matters which included: support for the district nursing induction programme; development of the Community Involvement Framework including the Fundraising Strategy & Volunteering Services Strategy; use of legacy funding to rejuvenate the Warneford gardens; further funding to support the Female Genital Mutilation (FGM) App; funding for our RAW and Healthy Abingdon partners, and funding for the resilience training programme and for simulation training in community hospitals.

The committee is also proud to oversee the funds donated by the ROSY fundraisers and the work its members do to support 'Respite for Oxfordshire's Sick Youngsters', raising hundreds of thousands of pounds each year.

The Trust's administrators changed during the year following a procurement exercise which saw Kingston Smith take over from Oxford University Hospital's charity administrators. The Trust is very grateful for the work of OUH's administrators and for their support in previous years.

The Committee was chaired by Anne Grocock until January 2018 and subsequently temporarily by the Trust's Chairman, Martin Howell, with its membership comprising both non-executive and executive directors, and other senior managers in attendance.

It met on 4 occasions during the year and attendance of core members is given below:

	Attendance	Deputised for (deputy counted in quorum)
Anne Grocock (<i>chair until Jan18</i>)	3/3	
Martin Howell (<i>chair from Jan18</i>))	2/2	
Ros Alstead	3/4	1/4
Alyson Coates	3/3	
Dominic Hardisty	0/0	4/4 (<i>Dominic's role is represented by service leads</i>)
Chris Hurst	1/3	
Sue Dopson	0/1	

Nominations and Remuneration Committees

As previously stated, 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 and Remuneration 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.

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

The Committee was chaired by Non-Executive Director Mike Bellamy until 31st January 2018 and thereafter by the Trust's chairman Martin Howell, with membership comprising all Non-Executive Directors. At the invitation of the Committee, the Chief Executive, Deputy Director of HR, Finance Director and Company Secretary attend meetings in an advisory capacity. This committee is a statutory committee of the Board of Directors and its role and remit,

membership and attendance rates are covered in greater depth in the Remuneration Report which is a separate section of the Annual Report.


As of 31 March 2018, and on-going, the membership comprises all the non-executive directors. The committee's role is also to recommend to the Board the remuneration strategy and framework, giving due regard to the financial health of the Trust and to ensure the executives are fairly rewarded for their individual contributions to the Trust's overall performance. The separate Remuneration Report identifies the work of the committee during the year.

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

Health and safety

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

The Accountability and Staff Report continue these matters, up to and including the Annual Governance Statement.

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

Stuart Bell, CBE

Date: 24th May, 2018

Chief Executive and Accounting Officer

Council of Governors

As an NHS Foundation Trust we are accountable to the Council of Governors, which represents the views of members. The Council of Governors brings the views and interests of the public, service users and patients, carers, our staff and other stakeholders into the heart of our governance. This group of committed individuals has an essential involvement with the Trust and contributes to its work and future developments in order to help improve the quality of services and care for all our service users and patients.

The Board of Directors sets the strategic direction of the Trust with participation from the Council of Governors. The principal role of the Council of Governors is to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors, and to represent the interests of the members of the Trust and of the public. This includes scrutinising the effectiveness of the Board, overseeing that it has sufficient quality assurance in respect of the overall performance of the Trust, making decisions regarding the appointment or removal of the chairman, the non-executive directors and the Trust's auditors, questioning non-executive directors about the performance of the Board and of the Trust, and to ensure that the interests of the Trust's members and public are represented.

Keeping Informed of Governors' and Members' views

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

- attendance and/or presentations at Council of Governor meetings by Directors;
- attendance by non-executive Directors at Council of Governor 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 finance, quality and patient experience); and
- consultation on the selection of the indicator for auditing for the Quality Report.

Governors can contact the Senior Independent Director or the Company Secretary if they have concerns regarding any issues which have not been addressed by the Chair, Chief Executive or Executive Officers. In addition, the Chairman and Company Secretary meet regularly with the Lead Governor. The Engagement Policy further expands upon how the Board and the Council wish to work together. Both the Board of Directors and the Council of Governors are committed to continuing to promote enhanced joint working so that they can deliver their respective statutory roles and responsibilities in the most effective way possible to improve services for those that we serve.

Composition of the Council of Governors

The table below shows the composition of the Council of Governors which comprises 28 elected governors and 9 appointed governors. The council met in general meeting 4 times during the year and the meetings were well attended, with wide ranging debate across a number of areas of interest. A strategically focussed meeting was held in February 2018. The current list of the Trust's governors can also be found on our website.

Name	Governor Constituency ***	Tenure	Term	Meetings
ELECTED				
Terry Burrridge	Public: Buckinghamshire	01/06/17 – 31/05/20	1	2/4
Andy Harman	Public: Buckinghamshire	01/06/15 – 31/05/18	1	4/4
Caroline Birch	Public: Buckinghamshire	01/06/16 – 30/05/19	1	4/4
Chris Mace	Public: Buckinghamshire	01/06/16 – 30/05/19	1	4/4
Geoff Braham	Public: Oxfordshire	01/06/17 – 31/05/20	1	4/4
Geoffrey Forster *	Public: Oxfordshire	01/06/17 – 01/12/18)	2	1/2
Mark Bhagwandin **	Public: Oxfordshire	21/01/18 – 31/05/19	1	0/1
Abdul Okoro	Public: Oxfordshire	01/06/17 – 31/05/20	1	3/4
Adeel Arif	Public: Oxfordshire	01/06/16 – 31/05/19	1	0/4
Allan Johnson	Public: Oxfordshire	01/06/17 – 31/05/20	1	3/4
Madeleine Radburn	Public: Oxfordshire	01/06/16 – 31/05/19	1	4/4
Richard Mandunya **	Public: Oxfordshire	01/06/17 – 31/05/19	1	2/4
Vacancy	Public: Rest of England & Wales			
Gillian Evans	Patient: Service User: Oxfordshire	01/06/15 – 31/05/18	1	3/4
Jayne Champion *	Patient: Service User: Oxfordshire	01/06/17 – 15/03/18	1	0/3
Vacancy	Patient: Service User: Oxfordshire	(from 15/03/18)		
Martin Dominguez *	Patient: Service User: Buckinghamshire	01/06/17 – 12/01/18	2	1/3
Vacancy	Patient: Service User: Buckinghamshire	(from 12/01/18)		
Vacancy	Patient: Service User: Buckinghamshire			
Gillian Randall	Patient: Carer	01/06/16 – 30/05/19	1	2/4
Chris Roberts	Patient: Carer	01/06/16 – 30/05/19	2	3/4
Alan Jones	Patient: Carer	01/06/15 – 30/05/18	1	4/4
Reinhard Kowalski	Staff: Adult Services	01/06/16 – 30/05/19	1	3/4
Kelly Bark **	Staff: Adult Services	01/02/17 – 30/05/19	1	2/4

Name	Governor Constituency ***	Tenure	Term	Meetings
Karen Holmes	Staff: Older Peoples Services	01/06/16 – 30/05/19	1	4/4
Soo Yeo	Staff: Older Peoples Services	01/06/17 – 31/05/20	2	3/4
Louise Wilden *	Staff: Older Peoples Services	01/06/15 – 31/05/18 (to 01/09/17)	1	2/4
Vacancy	Staff: Older Peoples Services	(from 01/09/17)		
Vacancy	Staff: Older Peoples Services			
Neil Oastler	Staff: Children and Young Peoples Services	01/06/17 – 31/05/20	1	3/4
Vacancy	Staff: Children and Young Peoples Services			
Vacancy	Staff: Corporate			
APPOINTED				
Lawrie Stratford	Appointed: Oxford County Council	01/07/17 – 31/06/20	1	0/3
Astrid Schloerscheidt	Appointed: Oxford Brookes University	01/06/17 – 31/05/20	1	1/4
David Mant	Appointed: Oxford University Hospital NHS Foundation Trust	01/01/15-31/12/17 (Currently vacant)	1	1/4
Andrea McCubbin	Appointed: Buckinghamshire Mind	01/01/18 – 31/12/21	1	1/1
Davina Logan	Appointed: Age UK Oxfordshire	31/04/16 – 01/05/19	1	3/4
Sula Wiltshire	Appointed: Oxfordshire Clinical Commissioning Group	01/01/18 – 31/07/20	2	4/4
Lin Hazell	Appointed: Buckinghamshire County Council	01/08/17 – 31/07/20	1	0/3
Debbie Richards	Appointed: Chiltern Clinical Commissioning Group	31/08/17 – 01/09/20	1	1/3
Tina Kenny	Appointed: Buckinghamshire Healthcare	01/11/17 – 31/10/20	1	0/2

Key: * stood down/ceased to be a governor in year, mid-way through tenure
 ** unexpired term of previous governor (2nd past post)
 *** elected governors are public, staff and patient governors

Lead Governor

The Council of Governors has elected a Lead Governor in line with NHSI guidance. During 2017/18 Chris Roberts, Carer Governor, held this role. Madeleine Radburn, Public Oxfordshire Governor, was elected as Deputy Lead Governor in June 2017. They were both re-appointed to the roles for a further period of one year in March 2018.

The Lead and Deputy Lead Governors have been significantly involved in developing working arrangements between the Council of Governors and the Board of Directors, administering and chairing the Council of Governor Forum, making changes to the governor Sub Group structure and improving communication between governors and members.

A revised role description and process for annual appointment for the Lead Governor was approved in March 2018.

Register of interests

All governors are asked to declare any interest on the register of governors' interests at the time of their appointment or election and it is reviewed annually thereafter. This register is maintained by the Corporate Governance Officer. The register is available for inspection on request. Any enquiries should be made to the Director of Corporate Affairs and Company Secretary at the following address: Oxford NHS Foundation Trust, Trust Headquarters, Warneford Hospital, Warneford Lane, Headington, Oxford, OX3 7JX.

Contacting your governor

In June 2017, an email address was set up for Members to use to contact their governor. The email address (contactyourgovernor@oxfordhealth.nhs.uk) is promoted to members through Membership Matters Bulletins and other communications they receive. The inbox is managed by the Corporate Governance Officer who will forward communication onto the relevant governor.

Members can also contact their governor by writing to the Corporate Governance Officer or Company Secretary at Oxford NHS Foundation Trust, Trust Headquarters, Warneford Hospital, Warneford Lane, Headington, Oxford, OX3 7JX.

Council meetings are open to the public and details are published on the website together with the papers and minutes of the meetings. The Council of Governors has the following sub-groups and regular reports were received from each of them:

- Patient Experience (Patient and Staff Experience from 2018)
- Quality & Safety (Safety & Clinical Effectiveness from 2018)

- Finance
- Membership Involvement
- Nominations and Remuneration

Council of Governors' Nominations and Remuneration Committee

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

The Committee is chaired by the Trust's Chair with membership comprising the Lead Governor, and elected and appointed governors. When considering the terms and conditions of the Chairman, or if he is unavailable, the Vice Chair or one of the other non-executive directors who is not standing for re-appointment would take the Chair. The Senior Independent Director presents to the Committee the outcome of the annual performance review given their role with the Lead Governor in determining the Chair's appraisal outcome.

During the year, the Committee undertook a non-executive appointment process with the support of an external search consultancy and ultimately considered and recommended to the Council of Governors the appointment of Dr Aroop Mozumder and Bernard Galton as Non-Executive Directors for three years from 01 February 2018 to 31 January 2021 subject to re-appointment thereafter at intervals of no more than three years. It was agreed that each would serve a period as non-voting Associate Non-Executive Directors from 01 September 2017 to 31 January 2018 to allow for a period of handover before departing non-executive directors retired.

The Committee and the Council of Governors also supported the Trust in the development of a non-voting Associate Non-Executive Director role on the Board, and the subsequent appointment of Lucy Weston in September 2017. It also recommended to the Council of Governors that the Chair of the Quality Committee be awarded commensurate remuneration, in line with the remuneration paid to the Non-Executive chairs of the Audit and Finance & Investment Committees (increase from £12,301 to £15,377).

In March 2018 the Committee made a recommendation for the appointment process of the new Chairman ahead of his retirement in March 2019. The Council of Governors approved the process and timeline for appointment, and the appointment of a search agency to support this process. The composition of the panel which accorded with the Trust's Constitution was also approved to include at least 3 governors, up to 2 non-executive directors and 1 external assessor.

The Committee considered and recommended to the Council of Governors the re-appointment of Sir John Allison and Professor Sue Dopson as Non-Executive Directors for a further three years. The Committee also recommended from 1st February 2018, the appointment of Sir Jonathan Asbridge as Vice/Deputy Chairman and Chris Hurst as Senior Independent Director to succeed Mike Bellamy and Anne Grocock respectively.

Membership

As a foundation trust, we are accountable to our patients and to the general public within the communities that we serve. We aim to engage with people who are interested in the trust and what we do, giving local people, service users, patients and staff influence in how the trust's services are provided and developed. The membership structure reflects this composition and is made up of the categories below:

Membership constituencies

The trust has three membership constituencies:

- a public constituency
- a staff constituency and
- a patient constituency.

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

Public constituency

All people of at least 12 years of age and living in the county of Oxfordshire, or Buckinghamshire or the rest of England & Wales, are eligible to join the trust. Our strategy is to build a broad membership that is representative of the ages and diversity of the people it serves as well as evenly reflecting the geographic reach of our services.

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 consisting of the local authority electoral area of Oxfordshire County Council; the local authority electoral area of Buckinghamshire County Council and all other local authority electoral areas in England and Wales not already covered by the local authority areas in Oxfordshire and Buckinghamshire.

Staff constituency

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

Patient constituency

There are three classes: Patient: Service Users: Buckinghamshire and other counties; Patient: Service Users: Oxfordshire; and Carers. This constituency is open to patients, service users, or carers who have had contact with the trust in the previous five years on the date of application.

Membership figures at 1st April 2017:

Public:	2,435
Patient:	520
Staff:	6,069

Membership figures at 1st April 2018:

Public:	2,422
Patient:	511
Staff:	6,109

Analysis of Public member demographics at 1st April 2018

		Public members	Eligible base population
Age	0-16	2	252,602
	17-21	4	73,444
	22+	1,814	899,689
	Not stated	600	
Gender	Male	1,011	606,124
	Female	1,392	619,610
	Unspecified/not stated	19	
Ethnicity	White	1,806	1,030,674
	Asian	66	74,926
	Black	45	21,914
	Mixed	25	25,593
	Not stated/other	7	5,974

The trust has also been able to draw the positives from the new data management protocols and associated challenges presented by the GDPR rules in May 2018, resulting in the opportunity to re-examine and re-visit the way in which we recruit members, retain members and the offering to our membership as a whole.

The trust recognises the value of the Council of Governors which is made up of both elected representatives from its membership and appointees from partner organisations. As our governors directly represent the interests of the members and the local communities it serves, the trust believes that its members have an opportunity to influence the work of the trust and the wider healthcare landscape. The Council of Governors, and by extension the membership as a whole is thereby making a real contribution towards improving the health and wellbeing of service users/patients, as well as the quality of services provided.

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

Engagement and recruitment

A range of methods are currently used to recruit members including:

- attendance at meetings and events organised by the trust
- attendance at public events organised by other organisations
- promotional stands
- promotion of membership on the trust's website
- promotion of membership via the trust's social media channels - Facebook, Twitter, Instagram, LinkedIn and YouTube
- greater involvement of governors in recruitment activity.

Although the trust is continuously aiming to increase its membership, one focus of our approach is to develop a quality engagement with members and the public.

Members and governors are kept informed of developments at the trust and we work towards creating opportunities alongside our governors to canvass the opinions of the membership. We aim to involve our members from every constituency with our plans, including service objectives and priorities through a combination of:

- regular emails from our membership team
- the news and member pages on our website
- using trust social media channels - Facebook, Twitter, Instagram, LinkedIn and YouTube
- the trust magazine *Insight*, which is distributed trust-wide as well as being available online. *Insight* provides up-to-date information and features on the trust including service developments; information on issues relating to mental health, community services and learning disabilities; information about the Council of Governors; and opportunities for members to get involved in surveys etc.
- our annual general and members meeting which provides an opportunity to hear how the trust performed during the year, the work of the Council of Governors and to meet directors and governors
- public meetings of the Board of Directors and Council of Governors
- strategy session of the Board of Directors and Council of Governors to consider forward plans
- Health Matters events lead by clinicians and trust staff.

Community Involvement

In June 2017, a new post of Community Involvement Manager was put in place for the Trust with a remit to develop and coordinate volunteering, charitable funds and community group

engagement. These strands of work provide a positive opportunity for increasing resources and support to the Trust moving forward.

To bring together and prioritise activities focussed on increasing community involvement in Oxford Health NHS Foundation Trust, a Community Involvement Strategy is being drafted for discussion at the various stakeholder groups in early 2018/19. This strategy will seek to enable involvement developments and will utilise the guidance of both the Charity Governance Code and the Investing in Volunteers standard to ensure a high quality of service is delivered throughout.

Volunteering and Community Engagement

The Community Involvement post undertook to complete the following activity to establish a baseline and initiate development where appropriate:

- Undertake a review of existing volunteering policies, structures and establishment
- Develop corporate role profiles and training approaches for volunteering
- Develop appropriate management of volunteer data processes
- Implement a stakeholder approach to programme development
- Review and implement communications plans, including a timetable of Involvement events
- Support the development of partnership/community engagement activities, including Team Oxford
- Develop an umbrella Community Involvement Strategy

Significant progress has taken place as a result of these priorities and this will continue to be built on in 2018/19. A new recruitment process was introduced in November 2017 and has been well received for the most part by applicants and supervisors. This is especially focussed on the ability to undertake DBS electronically as the hard copy forms were often the biggest delay in the historical recruitment process.

In addition to the new processes, a volunteer programme guidance document has been developed which outlines all the key information that a volunteer or supervisor would require with information of expectations, problem solving, training, engagement and support. It is anticipated that this guidance will be the main focus for information on the management of volunteers and that the existing policy reflect this once it has been approved by the stakeholder group. The guidance will also form a key part of ensuring a corporate approach is taken to welcoming all new volunteers into the Trust and introducing key learning around confidentiality, safeguarding, behaviours and Trust priorities.

After an initial survey of the Trust and meetings with supervisors identified through that, a baseline volunteer establishment was set at 70 during the summer of 2017. Since the development of the new recruitment process and the increased profile the establishment of the volunteer programme has increased to just under 100 volunteers across the Trust with an additional 55 in the recruitment process. If all applicants are successful in the recruitment stages, it is anticipated that the number of volunteers in Oxford Health NHS Foundation Trust will have doubled by Summer 2018.

Through promotion of the volunteer programme and engagement with potential supervisors across the Trust, new roles have been developed in a number of areas throughout the last nine months, including:

- supportive roles within the Buckinghamshire Recovery College – both tutoring and administration
- ward support on Wintle Ward, Warneford – offering non-clinical support for activities and general patient engagement
- Warneford Meadow project volunteers – engaged in assisting with the development of therapeutic activities on the meadow
- Event support – for both Staff Awards and upcoming NHS 70 activities
- Intensive Interaction support – within the Learning Disabilities team
- Community group support – linked to COPD
- Gardening – in mental health and community wards

Not all these roles have been recruited to at present but are open for recruitment and being promoted.

In addition, with the Peer Support project initiated during 2017/18, it was agreed that in order to best support and involve the applicants during the training period that they should become Trust volunteers prior to potentially taking on the paid roles at the end of the training and interview process. An added positive result of this decision is that it has raised awareness of volunteering opportunities to service users and wider mental health teams and will result in some of the applicants becoming ongoing volunteers alongside or instead of taking on paid positions. The advertising of this role results in over 60 applicants and all of those who have not been successful to join the training programme have been signposted to other volunteering opportunities within the Trust.

Prior to this year, all training for volunteers has been managed at a local level and has been dependent on local supervisor inputs and decisions on what is important. This has led to a discrepancy between the type of training volunteers receive, even where they are carrying out

the same roles. A guidance document shortly to be approved will provide a consistent level of input on topics including:

- Behaviour
- Strategy
- Information governance
- Safeguarding
- Health and safety

In addition, an Infection Control guidance document has been produced for all volunteers in ward environments to ensure that a consistent approach to this is understood and adhered to. Access to Trust training inputs has also been agreed where it is required and will be able to be recorded accurately against the volunteer once the new data management system is in place.

Stakeholder Engagement

As volunteering has traditionally had such a low profile within the Trust, a stakeholder group was set up to help develop the programme in a way that works best both for the Trust and for the individuals volunteering. This group is made up of existing role supervisors, members of HR and Communications, volunteers from different roles and one external volunteer providing an objective overview of the programme. The stakeholder group meets approximately once every six weeks and has assisted in the development of the new recruitment process, guidance document, training delivery and recognition.

Communications

The profile for volunteering has been traditionally very low with little understanding internally of the role of volunteers and little public awareness of the options for getting involved.

Work was undertaken to pull together the key stakeholders for ways of getting involved in the Trust, including the Membership Lead, Corporate Governance Officer (with responsibility for supporting the Governors), the Community Involvement Manager and the Patient Experience and Involvement Manager, and develop a joint communications platform to engage the public more effectively. This section of the website went live in late 2017:<https://www.oxfordhealth.nhs.uk/getting-involved-with-oxford-health/>.

In addition to this, intranet pages were created on volunteering to help raise internal awareness and promotion of volunteering opportunities is taking place through internal announcements, social media channels, membership bulletins and the Insight magazine (https://www.oxfordhealth.nhs.uk/wp-content/uploads/2012/04/Insight-2018_reduced.pdf).

Community Engagement

Community involvement takes place throughout the Trust at a local level in a variety of forms, from engagement through League of Friends to charity partnerships like the Oxford Mental Health Partnership. In addition, there are commissioned activities like the support of Barnardos in Buckinghamshire CAMHS services where both staff and volunteers are involved or funded posts like the Creating with Care Coordinator post in Witney and funded by the West Oxon Council.

Relationships have now been developed with the City of Oxford College and are in early stages with Buckinghamshire New University, Brookes University and Abingdon and Witney College to increase the involvement of volunteers in Trust activities. Links with local schools are also in development, especially around the potential for involvement with NHS 70 celebrations.

To ensure that management of external volunteers (volunteers from outside organisations who support staff or patients on Oxford Health NHS Foundation Trust sites) is at the same level as expected, a Memorandum of Understanding has been drafted and is under discussion with organisations like Barnardos and the Stroke Association, both of whom have volunteers in this situation.

Ongoing support and engagement with community groups like Team Oxford (<http://www.team-oxford.co.uk/>), Healthy Abingdon (<http://healthyabingdon.org.uk/>) and Bicester Healthy New Town (<https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/eco-bicester/>) has resulted in increased awareness of community activities and opportunities for engagement with community groups by local teams. In addition, links between healthcare volunteering provision have been made with OxFed (the federation of Oxford GP services), Oxford University Hospitals Foundation Trust, Sobell House and Buckinghamshire Healthcare Trust. The first three came together with Oxford Health NHS Foundation Trust to identify a more streamlined way for volunteers to move through healthcare roles and provide more support across a lifetime of volunteering.

Oxford Health Charity (charity number 1057285)

The Oxford Health Charity 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, for example, funds in 2017/18 have paid for education projects like the FGM (Female Genital Mutilation) App, artwork installations and experiences to improve waiting areas and the development of gardens within inpatient facilities.

The introduction of the Community Involvement Manager post coincided with the change of administration for the charity from the Oxford University Hospitals charity team to the independent charity administrators, Kingston Smith. This has allowed for a period of review and reflection which is still ongoing and the following priorities were agreed to progress activity positively:

- Develop a branding and communications plan
- Develop a fundraising plan, appeals process and promotion of charitable spend
- Set up a Fund Advisor network and review activity

The annual report for the charity covering expenditure, financial details and reports will be filed separately under the requirements of the charity committee.

Branding and Communications

The Oxford Health Charity has not traditionally had a brand of its own and as a result has a very low profile in terms of community or staff awareness. Following agreement in the November 2017 Charity Committee meeting, Monchu were confirmed as the organisation to take on the branding review. A set of branding options will be reviewed in April 2018 for agreement. This new brand will enable a full communications approach to be developed, including the creation of a new, stand-alone charity website following a successful bid to the Transform Foundation in late 2017. The Transform Foundation provide approximately £16,000 of web design time and expertise through Raising IT which will enable not only a fully functioning website but also a fundraising and events platform for the charity to better launch appeals and engagement opportunities.

To boost internal awareness of the charity and the actions it has taken, the intranet pages have been updated to highlight current processes and a number of announcements have been made regarding fundraising activities and projects linked to charitable spending. This has included promotion of the Just Giving pages - <https://www.justgiving.com/obmhcf> and updates highlighted within the trust's Insight magazine - (https://www.oxfordhealth.nhs.uk/wp-content/uploads/2012/04/Insight-2018_reduced.pdf).

Fundraising

Several fundraising activities have been undertaken since the introduction of the Community Involvement Manager post. These have either been developed by the postholder or by members of staff who have received support to promote and boost fundraising opportunities.

- Staff Awards Raffle – General Fund

- A raffle of prizes sought from local businesses and organisations was held at the Staff Awards, raising almost £400 for the general fund and assisting with raising awareness of the charity to a wider audience.
- Christmas Card appeal – Highfield Unit Development Fund
 - The sale of cards designed by the young people in Highfield at receptions for Highfield, Warneford, Raglan House and Whiteleaf in aid of the development of a sensory room at the Highfield Unit.
- Greybeard – Cotswold House, Oxford
 - An HCA in Cotswold House grew his beard, coloured it in rainbow colours and glitter and shaved it off in aid of activity items for the patients to encourage fewer non-active periods (<https://www.justgiving.com/fundraising/greybeardforcotswoldhouse>), which raised £750 over a six week period with good use of Just Giving and social media.
- Lucy's Room
 - This has now been incorporated into the charitable funds and in addition to the approximately £8000 previously raised, a Just Giving page has been created which is managing all the adhoc donations, currently around £1600 since it went live in mid-January (<https://www.justgiving.com/fundraising/lesley-gordon14>).

In addition to these, plans are underway for fundraising activities linked to:

- Warneford Concerts – linked to Artscape
- Green Spaces for Wellbeing Appeals – linking Sandford Garden, Cotswold House, Oxford, Vaughan Thomas ward, Warneford, City Community Hospital Gardens, Ashurst Gardens and Amber Ward, Whiteleaf Sensory Garden
 - An HCA at Sandford Ward has already created a fundraiser for their garden by promising to shave her head (<https://www.gofundme.com/sandfordgardenfund>)
 - An RHS 'Feel Good' Garden competition was entered for Cotswold House, Oxford with the potential to win a Chelsea Flower Show garden
- Pedometer Challenge – with Health and Wellbeing
- NHS70
- 'Healthfest' planned for September 2018

Following the rebrand, a communications strategy to 'relaunch' the charity will be developed and as part of this options for text donations, Give as you Earn and Give as you Live programmes will be highlighted. In addition, involvement with Skyline is being reviewed to enable fundraising through the 'bucket list' activities they provide.

NHS Improvement's Single Oversight Framework

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

- Quality of Care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

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

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, Monitor's Risk Assessment Framework (RAF) was in place. Comparative information relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for annual reports.

NHS Improvement Key Performance Indicators (KPIs)

NHSI Use of Resources Metrics for the year ended 31 March 2018				
	Actual	Plan	Variance	Actual rating
Capital Service Cover	1.8	1.9	-0.1	2
Liquidity	5.3	-3.9	9.2	1
Income & Expenditure Margin	-0.1%	0.6%	-0.7%	3
I&E Margin Variance from Plan	-0.7%	0.0%	-0.7%	2
Agency	146.3%	26.7%	119.6%	4
Overall 'use of resources' risk rating				3*

** Note, this is not the same as the segment*

The NHSI Use of Resources Metrics above are based upon the Trust's quarterly submissions to NHSI. Whilst the average of the individual ratings is a 2, the rules require that the overall rating is capped at 3 due to a score of 4 on one of the metrics.

Capital expenditure

During FY18, the Trust has maintained its internal capital funding investment level in its property and infrastructure, reflecting the continuation of a low number of major projects and limited capital funding available. Capital spend in FY18 was £6.9m, compared to £4.8m in the previous year. PDC funding of £1.6m was received, relating to the Global Digital Exemplar (GDE), Places of Safety and NHS Wi-Fi Secondary Care.

Investment in FY18 focused on 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 FY18 were:

Estates operational and risk management (£3.1m) – including rationalisation, backlog maintenance and other works to address compliance requirements, such as infection control and ligature risks.

IT infrastructure and development (£3.3m) – including hardware and software upgrades, GDE infrastructure upgrades and roll out of public Wi-Fi.

Cash flow and net debt

The Trust's cash balance increased by £5.6m during the year and remains strong with a year-end balance of £19.6m. Cash increased during the year because of increased payables and other liabilities, the adjusted operating surplus, public dividend capital receipts and proceeds from the sale of property, plant and equipment (PPE). This was offset by increased receivables and other assets, capital purchases, public dividend capital (PDC) payments and loan payments.

The Trust generated £13.8m of cash from operations, up £3.3m on the previous year, primarily because of higher payables and other liabilities, higher impairments and higher depreciation, offset by the reduced operating surplus.

The Trust's gearing ratio (the percentage of capital employed that is financed by debt and long term financing) decreased to 19.6% (19.9% in FY17) because of loan repayments reducing the debt balance. Year-end net debt decreased by £1.0m to £26.0m (£27.0m in FY17).

The Trust's liquidity ratio (ability to meet short term obligations on time) is 5.3 per NHSI's definition. This equates to a liquidity risk rating of '1' within NHSI's Use of Resources ratings, which represents the lowest level of risk.

Total assets employed

Total assets employed decreased by £3.2m (2.4%) to £132.5m, reflecting the deficit combined with revaluation of land and buildings.

Segmentation

NHS Improvement has placed the Trust in segment 2 (2016/17: 2) which is for providers offered targeted support, where there are concerns in relation to one or more of the themes. NHS Improvement has identified targeted support that we can access to address these concerns, but are not obliged to take up.

This segmentation information is the trust's position as at 18 April 2018. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website. No formal or informal regulatory action was taken by NHSI during the year.

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

Statement of Accounting Officer's responsibilities

Statement of the chief executive's responsibilities as the accounting officer of Oxford Health NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement.

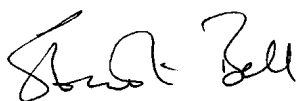
NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Oxford Health NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared 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, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health 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 and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

A handwritten signature in black ink, appearing to read 'Stuart Bell', written in a cursive style.

Stuart Bell CBE

Date: 24th May, 2018

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 the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

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

The Audit Committee reviews the Trust's internal control and risk management systems and monitors the work of Internal Auditors. During 2017/18 the Audit Committee has continued to oversee the direction of the Trust's assurance work carried out by Internal Audit and assured itself and the Council of Governors of the continuing independence of the external auditors to include ensuring that independence of judgment was not compromised. There was no commissioning of non-audit work from the external auditors during the year.

There is a robust system in place to ensure that the Board regularly reviews the effectiveness of its internal controls including the review and oversight of the Board Assurance Framework, which supports determination of the level of assurance the Board requires and its appropriateness in order to satisfy Board on the effectiveness of its internal controls.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Oxford Health NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control

has been in place in Oxford Health NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

I am responsible for risk management across organisational, clinical and financial activities. I am the chair of the weekly Executive and monthly Extended Executive management meetings and the Quality sub-committee Well Led. The Risk Management Strategy has been reviewed during the year, and was approved by the Board at its February 2018 meeting. It continues to provide a framework for managing risk across the organisation which is consistent with best practice and Department of Health guidance. The strategy provides a clear, systematic approach to the management of risk to ensure that risk assessment is an integral part of clinical, managerial and financial processes.

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

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

The integrated governance framework has successfully delivered a comprehensive integrated governance approach and has supported the wider Trust's service and quality improvement agenda which reinforced activity to achieve an overall 'Good' rating at the last CQC re-inspection.

In Oxford Health NHS Foundation Trust, integrated governance is about the combination of corporate and quality governance, and risk and performance management in order to give

the Board of Directors and key stakeholders assurance regarding the quality and effectiveness of the services that the Trust provides. Our integrated governance framework clearly sets out:

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

Detail regarding the Board's committee structure is included within the Corporate Governance section of the Report along with member attendance records and the scope of Committee remits. With regard to the Remuneration Committee, this information is included separately within the Remuneration Report. The Trust is required to comply or explain departure from the requirements of the Code of Governance and details are again included within the Corporate Governance section of this Annual Report.

The Quality Committee, a formal committee of the Board, supports the Board in relation to meeting quality standards and the management of corporate risk and in turn is supported by four Quality Sub-committees – well led; caring and responsive; safe and effective. The Trust has an effective and embedded process for assuring the Board on matters of risk, which enhances the organisation's overall capacity to handle risk. The Board Assurance Framework forms the key document for the Board in ensuring all principal risks are controlled, that the effectiveness of the key controls is assured, and that there is sufficient evidence to support the declarations set out in the Annual Governance Statement.

Under the Trust's Standing Orders and Scheme of Delegation, the Director of Nursing and Clinical Standards takes executive responsibility for clinical risk management in the organisation reporting to the 'Accounting Officer'. The Risk Management strategy clearly sets out the roles and responsibilities of executive directors, managers and staff for risk management across the organisation.

Staff are alerted to both the strategy and supporting policies, including the Incident Reporting and Management policy throughout the year but most notably as part of the Trust's improvement activity across the year. The Risk Management strategy was reviewed in 2017 and as previously stated, approved by the Board in February 2018. In addition to regular updates at relevant Board committee and sub-committee meetings, a formal quarterly Board Assurance Framework report is presented to the Board which provides a universal view of the

strategic risk profile and a regular opportunity for all directors to review progress against mitigating risks and consider new or emerging risks.

Staff and teams are also supported to learn from good practice to mitigate risks through knowledge sharing workshops that highlight risks identified through Serious Incidents Requiring Investigation and actions taken to address these.

The Trust's Counter Fraud Work Plan and Local Counter Fraud Specialist also play a key role in assisting the Trust anticipate and manage risk and regular reporting to 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 in order to determine their relative importance using a risk scoring matrix. Low scoring risks are managed by the area in which they are identified whilst higher scoring risks 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 the risk appetite of the various stakeholders has been part of our consideration. The Trust's own appetite for risk is articulated through the boundaries within the risk evaluation matrix that have been defined by the Board of Directors in the Risk Management strategy. 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 supporting procedures.

In order to monitor the Trust's risk profile, local risk registers are in place at corporate (Trust-wide), directorate and department level which contain a summary of risk information. The risk registers enable all risks identified within the Trust to be categorised and recorded, and assessed against each other and on a Trust-wide and service basis to facilitate decision-making regarding resource allocation and risk reduction. The risk registers inform the Board Assurance Framework where risks to the attainment of the Trust's strategic objectives are identified.

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

corporate (Trust-wide) risk register is reviewed by members of the Executive to include appropriate escalation to the Board Assurance Framework. The Trust's Corporate Governance Statement is reviewed by the Board alongside evidence which provides assurance that statements are valid. Each Executive lead is responsible for ensuring actions are implemented to address any risks to validity.

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

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments and carbon reduction delivery plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 (UK Climate Impacts Programme) weather projects, to ensure that this organisation's obligations under the Climate Change Act and the adaptation reporting requirements are complied with. More information with regard to the Trust's activities to reduce its carbon footprint is contained earlier in the Report within the Performance Analysis.

I can confirm that the foundation trust is fully compliant with the registration requirements of the Care Quality Commission and sections of the annual report explain our systems of assurance in that regard.

During 2017/18 the Board ensured ongoing assessment of significant risks to the attainment of objectives and maintained oversight of a range of specific risks related to mitigating non-delivery of cost improvement plans; workforce planning risks to mitigate the inability to fill vacancies/retain staff and reduce reliance upon agencies, improvements in performance frameworks to address risks of variable quality of data and of records; attention on cost control and on the Oxfordshire contract risk share to support financial sustainability and close scrutiny of the phased implementation of our Electronic Health Record system and its impact on staff and patients. Furthermore, approaching in early 2018/19 is the point at which the renewal of the contract with One Advanced for the provision of Carenotes and Adastra is being considered. A range of options for the future development of electronic health records, encompassing interoperability with other partners' systems, operational flexibility and ease of use and the ability to support advanced analytics for population health management and research, are as a result being reviewed.

Oversight of other risks included attention on the elimination of variability in the quality of care and progress on our improvement plan; integration of care pathways internally and between organisations in the system; transitions of transferring services (learning disabilities and new care models); quality improvement and innovation/adoption and organisation and leadership development.

With regard to new and future risks the Board has considered the profile and its risk appetite during its strategic board development sessions. As with all NHS organisations, balancing the need to deliver high quality care in the context of increasing demand and complexity, whilst increasing productivity, is a continual challenge in addition to being able to attract and retain staff, and particularly those in specialist roles. We recognise that strategic and transformational change internally and across geographical health economies will be required to address the risks and the outcome of the CQC Oxfordshire system review emphasised the importance of integrated system working which the Trust will support accordingly. Collaborations and partnerships are increasingly the cornerstone of effective integrated health and care delivery and our Board will need to pay close attention to the developing models of integrated governance and corporate structures to support cross-organisational pathways of care.

The future also poses increasing risks and challenges for delivering the level of efficiency increases and cost reduction within an extremely challenging financial plan. Our quality governance and assurance systems now incorporate the requirements and risk mitigations with regard to the delivery of learning disability services and forensic commissioning of new models of care which transferred to the Trust in 2017 and we will need to continue close attention to our ability to improve these services for patients. Commissioning decisions regarding tenders and contracting arrangements impacting on the Trust's capacity to manage continuation of local contract risk share arrangements, and commissioner affordability with regard to parity of esteem and the additional growth in patient demand and acuity across the system will no doubt put additional pressure on our financial plan.

The Trust recognises that managing the risks identified will also involve multiple partners working together across health and social care, and adapting our own internal arrangements so they are sufficiently agile to meet the challenges of working in complex and uncertain circumstances. In 2018-19 we will continue to play a key role in the implementation of strategic and transformational change through Sustainability and Transformation Partnerships and Integrated Care Systems and we will engage with our public, staff and stakeholders to agree options together.

The Trust continually assesses compliance with the NHS Foundation Trust Licence Condition 4 (FT Governance). The Board last formally reviewed its assessment in detail in May 2017 (next review May 2018) as part of the Corporate Governance Statement to NHSI and confirmed no material risks had been identified with regard to compliance with its Licence.

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

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

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

Concluding in June 2017 the Board undertook a periodic review of board governance including capability and capacity, and commissioned a review into the performance of the Board covering the areas previously incorporated in the Quality Governance framework issued by NHS Improvement (and aligned with CQC requirements) and now part of NHSI's broader Well-Led Framework. Through utilisation of NHS Improvement's well-led framework we are able to arrive at an overall evaluation of the organisation's performance, internal control and board assurance framework. The outcome of the review from PriceWaterhouseCoopers, which was also presented to our Council of Governors was deemed positive and the areas identified for improvement were incorporated into the Trust's existing improvement plan emanating from the Board's own self-assessment.

The Quality Committee monitors the delivery of the quality priorities for the Trust. The priorities include a number of indicators agreed with stakeholders from our local community together with national indicators of quality, including access to services and patient feedback. The Executive team and the Quality Committee regularly review assessments against the CQC registration requirements the latest taking place in December 2017 in readiness for our Well Led Review which commenced in February 2018; 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 that improvement plans were effectively delivering the

required improvements. The section below on information governance covers the management and control of risks to data security.

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

Financial and non-financial performance is reported through a framework which generates 'dashboard' presentation and analysis at Board, at Executive and at Divisional/Directorate levels. These include local authority indicators in respect of services managed under NHS Act 2006 Section 75 agreements. The Trust reports separately on its performance against Care Quality Commission standards through the Quality Committee and its supporting sub structure and via quality and safety reports to the Board of Directors.

The Trust has a strategic approach to promote economy, efficiency and productivity which aims to ensure that financial benefits are not gained through the erosion of qualitative benefits to patients. The Executive Directors assure themselves of progress with plans and impact on services through such as Divisional Performance Review meetings and exception reporting.

The Trust's Internal Audit plan, which is agreed by the Audit Committee, sets out the full range of audits across the Trust and which reviews the economy, efficiency and effectiveness of the use of resources. The Audit Committee routinely reviews the outcomes and recommendations of the Internal Audit reports, and the management response and progress against action plans. In accordance with best practice, the Trust tendered its Internal Audit provision during the year, with PriceWaterhouseCoopers being the successful bidder, taking over provision from TIA in April 2018.

The Trust's Counter Fraud Work Plan, which is approved by the Audit Committee, demonstrates an embedded counter fraud focus for any assessment process as defined by NHS Protect. The Plan focuses on four key areas: 'Strategic Governance'; 'Inform and Involve'; 'Prevent and Deter' and 'Hold to Account' and more information is included in the Corporate Governance section.

Financially we have seen a net real reduction in income year on year due to a combination of factors detailed in the performance report. To reiterate, during FY18 the Trust had a deficit of £1.2m which was £3.0 worse than the plan. It is important to note that this position included £2.3m of Sustainability and Transformation funding (STF) and although the Statement of Comprehensive Income shows a deficit of £1.2m, excluding STF and other exceptional items (impairments, loss on disposal and gain on transfer) the underlying position is a deficit of £2.1m.

The high cost of agency staff has continued to drive a national focus on reducing reliance on such staff and negotiating nationally to improve procurement frameworks should other staffing options be exhausted. The Trust has continued to work closely with the NHS Collaborative Procurement Partnership and agency suppliers to negotiate agency rates within the price caps introduced by NHS Improvement but continues to experience significant challenges in reducing its reliance on agency workers and meeting targets set by NHSI. Where there is significant clinical risk Service Directors are required to authorise overrides which are reported and scrutinised on a weekly basis by members of the Executive team. The maturation of a e-rostering system and the introduction of the centralised bank has significantly strengthened the Trust's ability to better manage staffing within the agency rules introduced. All agency use is now managed centrally through this system. New agency supplier agreements were agreed in 2016/17 for all staffing groups using existing national framework agreements.

Cross system working has progressed through our Transformation Board which is looking at how all of our health and social care systems can work better together in the longer term and in accordance with our Strategic Transformation Partnership (STP) as part of the Berkshire, Oxfordshire and Buckinghamshire (BOB) footprint. A CQC Oxfordshire system review was conducted in 2017 and the final report published in February 2018 has provided areas of action for senior managers in the NHS, social care and other bodies to act upon to make the whole health and care system work better.

This review has emphasised the need for much better health and social care planning together and the need for an overarching vision and strategy for health and care in Oxfordshire. The CQC report concluded that although there was increased ambition to work together system leaders continued to face significant challenges in coming together to formalise their ambitions through a joint strategic approach. The report has been welcomed by the organisations involved in the review as a positive basis for improvement. All of the CQC's recommendations for actions have been agreed by the five organisations involved and are part of an action plan to secure delivery.

We have continued the phased roll out of our new electronic record systems during the year, which will ultimately help us to improve care and involvement in care for everyone, as well as supporting research and audit to understand conditions and develop the best treatments and services.

The electronic health record programme is setting a firm foundation that our trust can build on in the coming years.

The Trust was invited by NHS England to submit a proposal to become a Global Digital Exemplar (GDE) for mental health and receive up to £5million of funding for digital health initiatives. Fourteen of the 56 mental health organisations in the country were invited to submit and only seven were chosen to participate, of which the Trust was one. The Trust's proposal outlines an exciting programme of work that will deliver a step-change in the way we engage citizens/patients with digital technology. We will receive up to £5million of funding over the next 3.5 years to accelerate digital health initiatives. The Trust's GDE programme is aligned with activities identified in our successful BRC application in 16/17, and a coordinated approach will be taken across both initiatives to maximise efforts/benefits.

Information Governance

The Trust's Integrated Information Governance Policy outlines the management and assurance framework, including key roles and committees that are responsible for managing and monitoring confidentiality and data security. The Information Management Group, chaired by the Senior Information Risk Owner (SIRO) is responsible for fidelity to the policy and provides management focus and analysis of data security threats and delivers improved data security through the review of incidents, policy development, education of users, highlighting risks and developing risk mitigation action plans. The Caldicott Guardian is a member of the group. The group oversees compliance with the Freedom of Information Act, and receives assurance with respect to subject access requests under the Data Protection Act.

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

The Trust scored Level 2 or above for all requirements of the IG Toolkit v 14.1 for 2017/18 that form the Information Governance Statement of Compliance with an overall satisfactory compliance score of 77%. Internal Audit reviewed the key requirements of the Information Governance Toolkit v14.1 and gave reasonable assurance that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently.

The Trust requires all information incidents to be reported. Each incident is recorded on the Trust Incident Reporting System and all incidents of Level 1 or less are summarised and reported to the Trust Extended Executive monthly, and are analysed and considered by the Information Management Group quarterly. There were no serious confidentiality incidents (level 2) during 2017/18.

The Trust is acutely aware of the growing threat from cyber-crime, i.e. malicious attempts to damage, disrupt or steal our IT-related resources and data. In order to combat this, the IM&T Department began activity 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.

In May 2017 a global cyber-attack occurred which affected many organisations worldwide, including the NHS. The attack used a ransomware program which is believed to have been delivered via emails which tricked recipients into opening attachments which then released the malware onto their system. This attack was not specifically targeted at the NHS and affected many organisations around the world from a range of sectors.

The organisation was not infected with this WannaCry malware, however several monitoring, support and assurance actions were taken during the attack and in the days immediately following, as part of the overall risk management approach. It is important to note that there was no requirement for business continuity procedures to be put into place due to the effectiveness of the Trust's IT security configuration. The organisation is in a reasonably strong position in regard to the technology used which severely limited the scope for this exploit.

A cyber-security audit of the Trust's network and devices was also completed during the year with an external company specialising in cyber security conducting the audit. The results were positive with no major deficits identified. The audit did make some recommendations to improve cyber security further and action commenced to address these.

The General Data Protection Regulations (GDPR), which come into force on 25th May 2018 is directly applicable as law in the UK. It will replace the Directive that is the basis for the UK Data Protection Act 1998, which will be repealed or amended and the Trust will be able to confirm compliance with the provisions of the GDPR by the due date. Development of the actions to deliver compliance have been closely monitored to be assured of progress towards compliant status within the required timescales.

Annual Quality Report and quality governance

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

NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Directors of the Trust are required to satisfy themselves that the Trust's Annual Quality Report is fairly stated. In doing so the Trust is required to put in place a system of internal control to ensure that proper arrangements are in place, based on criteria specified by NHSI. The steps which have been put in place to assure the Board that the Quality Report is fairly stated are as follows:

- report specifications are written for each report and take account of any Department of Health rules/guidance on how activity should be counted
- service capacity plans are agreed with each Directorate annually. These plans feed into the contracting process
- monthly activity is monitored against agreed contract targets. Month on month activity is compared to identify any inconsistencies
- quality in this sense is concerned with ensuring that systems are managed to support validity of data, for example that all codes used are nationally recognised codes, or map to national values. Internal data quality also includes maintenance of changeable reference data
- the system support function identifies and corrects inconsistent data
- systems are also managed to enforce data quality where necessary
- production and maintenance of data quality reports that can be run by end users
- specific data quality awareness, including the minimal use of default codes, is included with system training, and training support materials
- monthly monitoring reports produced for the service delivery teams to monitor the quality of the data, raising issues if tolerances are exceeded
- audits of records in the form of spot checks of paper records (where held), and validation of inpatient data entered electronically on a daily basis
- internal audit review of data sources
- external audit review

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

The external audit of the Quality Report did not identify any data quality issues that would have risked a qualified audit opinion. The reliance on manual intervention remains such that more manual scrutiny and review for accuracy and completeness is required. Whilst this ensures data quality, this is a resource intensive and inefficient situation which we will look to improve.

In addition, there has been significant progress with implementation of a programme of work to review our structures, methods and resources for performance and contract management which includes a more systematic approach to providing data and information of high quality and integrity with minimal intervention.

The Trust undertook a self-assessment against NHSI's Well Led Framework which has aligned with CQC 'well led' requirements and which is a key focus of the Trust's Well Led Committee reporting to the Quality Committee. As previously stated, PriceWaterhouseCoopers concluded their assessment of the Trust's governance arrangements in June 2017 and neither assessment uncovered any significant issues but highlighted areas where improvements could be made.

The Trust is proud of its 'good' rating from the CQC for the well led domain and for the Trust overall and the Board will continue its own focus on improvement through a dedicated development programme and will await the outcome of its 2018 CQC Well Led Inspection to determine if there are additional areas to focus improvement activity.

The Quality Report as part of this Annual Report describes quality governance and quality improvement in more detail. The Trust has strong quality governance systems in place which support quality improvement and standardised risk assessments (Quality Impact Assessment) of all transformational changes and cost improvement plans. Furthermore, the Trust has robust arrangements in place for patients, staff and the public to raise concerns with respect to the quality of care to include the a dedicated Speak Up Guardian. The Speak Up Guardian has reported to both the Audit Committee and the Board of Directors and the former has also scrutinised the effectiveness of the Trust whistleblowing and speak up arrangements to understand any areas of assurance or for development focus.

Assurance is obtained on compliance with CQC registration requirements through: regular review by the Executive team and the Quality Committee of progress against improvement plans to ensure the CQC outcomes are met; and through a combination of internal peer reviews across the Trust against the CQC framework, the results of which are assessed by members of the Executive team, and assurance reports to Quality Sub-committees assessing CQC compliance. In 2017/18 assurance was provided on the outcomes of analysis of the data gathered for internal reviews and the results of the internal reviews themselves along with

other intelligence by service line which was integrated into Directorate quarterly quality reports and assessed by Directorate Performance Meetings with the Executive team and the Quality Sub-committees.

The Trust is fully compliant with the registration requirements of the Care Quality Commission. At its last inspection in 2016, no enforcement notices were issued and our current rating is 'Good'. We have participated in one focused inspection during the reporting period following the sad death of two patients. The CQC gave positive feedback and the Quality Report highlight areas for improvement. As previously referred to, the trust was involved in a local system thematic review in Oxfordshire to look at how health and social care providers and commissioners are working together to care for people aged 65 and older needing physical healthcare. The CQC began the Trust's routine annual CQC well led inspection in December 2017 and which is not due to be reported upon until mid-May/June 2018.

We have continued our work to enhance safety to ensure that across all Trust services the same high standards are observed. The CQC has also previously noted that some of our older estate, especially inpatient mental health settings at the Warneford Hospital, was outdated for the delivery of modern mental health care. The Trust has long been aware of the challenge of operating from Victorian buildings and in recent years has developed the Whiteleaf Centre in Buckinghamshire and the Highfield Adolescent Unit in Oxford as exemplars of purpose built 21st century mental health care. A working group has continued to progress options for future development of the Warneford Hospital site in particular to better address modern health care needs.

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

The Quality Report refers to this, but the Trust has reported one death as a 'never event' in 2017/18 in relation to the circumstances surrounding the tragic death of a disabled child at their home in November 2017 who was receiving support from the Children's Integrated Therapies Service.

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

performance, and key programmes of work have progressed during the year but there remains more to do.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust that have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me.

My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by in particular the Board and the Audit Committee and by the Board's committees/sub-committees, and plans to address weaknesses and ensure continuous improvement of the system are in place.

The Trust's Assurance Framework provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. Internal Audit provides me with an opinion about the effectiveness of the assurance framework and the internal controls reviewed as part of the internal audit plan. Work undertaken by internal audit is reviewed by the Audit Committee. The Board Assurance Framework/Trust Risk Register provides the Board and me with evidence of the effectiveness of controls in place to manage risks to achieve the organisation's principal objectives.

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

Executive Directors who have responsibility for the development and maintenance of the system of internal control provide me with assurance in a variety of ways, including through reports on the implementation of audit action plans and reports of the work of the Quality Sub-committees. The Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by processes which are well established and ensure the effectiveness of the systems of internal control through:

- Board's review of the Board Assurance Framework including risk registers and any relevant action plans and the work of Board Committees
- Audit Committee's scrutiny of controls in place
- CQC Registration requirements and the recent planned inspection

- CQC (Mental Health Act Commission) reports
- patient and staff surveys
- complaints received and outcomes of investigations
- Reviews of serious incidents requiring investigation and the outcome of the investigations
- internal sources – such as clinical audit, internal management reviews, performance management reports, user and carer involvement activities, benchmarking and self-assessment reports
- assessment against key findings of external inquiries eg. Mazars.

The Board has monitored progress against the key risks facing the Trust and assured itself that the strategic intent of the Trust appropriately addresses opportunities and the risks facing the Trust and the continual improvement of the totality of its business. The Audit Committee has sought assurance from the Trust's Internal and External Auditors from the agreed audit programmes which have been developed through consideration of the gross risks, key controls and gaps in assurance as identified by the Board Assurance Framework. The Quality Committee and the Finance and Investment Committee and their sub-committees have ensured that programmes of work, and the developments of policy and strategy, address identified risk areas.

The committees have also considered the sources of assurance and incorporated the findings of these assurances in future work programmes. The Audit Committee has sought assurance on the design, implementation and review of the Trust's clinical audit programme. The Accountability Report itself includes further description of the board's committee structure, attendance records and coverage of work, and the Corporate Governance Section of the report outlines compliance with the Corporate Governance Code and explanations of any departures.

By the end of the year, 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 18/19. I and the Board of Directors are very proud of our staff in ensuring delivery against these targets during another very challenging year.

Conclusion

While I recognise we can always improve on our systems, the Board has extensive and effective governance assurance systems in operation. These systems enable the identification and control of risks reported through the Board Assurance Framework and 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 2017/18.

There remain potentially significant risks facing the Trust in 2018/19 and beyond with regard to delivery of our plans and the associated cost reduction due to the Trust's already strong efficiency performance, increasing demand and developments in such as contract and system risk sharing arrangements. The Trust risks being in an unsustainable financial position in light of the severe underfunding of its mental health services. Delivering our services to meet the population needs in our area sustainably remains dependent upon improving the revenue the Trust receives for its services.

We understand that the best service improvements are those where patients, the wider public and key stakeholders (including local authorities, the voluntary sector and our social care partners) work together to co-design services based upon the health and care needs of the local population and as we work to break down organisational barriers and work in a much more integrated way to improve care for residents and patients, the developments in, and effectiveness of strong integrated governance arrangements will be paramount.

A handwritten signature in black ink, appearing to read 'Stuart Bell'.

Stuart Bell, CBE

Date: 24th May 2018

Chief Executive and Accounting Officer

Quality Report and Account

Statement of quality from the Chief Executive

I am very pleased to introduce the Quality Report for Oxford Health NHS Foundation Trust (OHFT). This gives us the opportunity to reflect on our key achievements and successes over the past year, as well as to identify areas for further improvement, including our quality priorities for the year ahead, 2018/19.

The past year has been challenging for us like all healthcare services facing rising demand, difficulties with recruiting and retaining staff, changing needs and expectations, and tough economic circumstances. Meeting these challenges whilst maintaining high quality care has not been easy. We are proud of the care our staff provide and the innovations they continue to develop.

To meet the challenges, we are increasingly working in partnership with others across the system to transform how we provide care to all of the people we serve, in a way that is integrated, sustainable and delivers on the aims of the NHS Five Year Forward View. Throughout the report you will read about the many new and established partnerships that have been developed.

An integral part of our approach now and in the future is that care should be a joint endeavour with the people and patients we treat, so that their care is personalised and delivers the outcomes they want. We want our patients to have a strong voice and to work alongside professionals so that care is centered on their needs.

We have received over 16,000 surveys with feedback from patients and their families which has helped us to shape what we do and also to measure how we are progressing. Overall 92% of patients said they would recommend the care they received and they rated the care as 4.7 out of 5.

We are pleased to be rated by the Care Quality Commission as providing 'Good' quality care: this would not have been possible without the hard work and dedication of our staff.

Despite the difficulties faced by our staff they are inspiring in the way they continue to focus on improving the quality of care and putting patients first. This report captures many of the achievements, improvements and innovations our staff have made in the last year. These include:

- The successful transition of Oxfordshire learning disability services in July 2017
- The introduction of virtual beds in community hospital wards, whereby a patient is supported at home by staff from the ward to promote rehabilitation.

- Point of care diagnostic blood testing in urgent care services, so that staff can make quicker decisions about treatment.
- Making improvements in physical healthcare for patients with a mental health condition
- Reducing harm from pressure damage
- Being named a global digital exemplar.

Towards the end of 2017, we set up a Healthcare Improvement Centre with dedicated resource to build expertise and capacity so that all staff are continually improving the quality of care, as well as sharing and sustaining positive changes.

The Trust continues to remain within the top three Trusts for recruitment into mental health and dementia research studies. Work continues to develop mechanisms to increase the number of community studies relating to physical health services.

Out of the 23 local objectives we set ourselves for 2017/18 we have fully achieved 17, four were close to target and we were not able to meet our target for two. Building on these our quality priorities for 2018/19 are:

- Improve staff health and wellbeing
- Improve the experiences of patients and their families and carers
- To continuously and reliably improve patient safety
- Prevention and self-care for patients

These priorities link closely to the Trust's overall strategy which was recently reviewed to realign activities around three strategic themes. Over the next three to five years the strategic themes will focus on the:

- Five year forward view for mental health and learning disabilities
- Care closer to home
- New models of care

Internally, the Trust will undergo an organisational restructure in 2018. This is designed to align all-age services across geographies, improve working with partners within each system we operate, and to support achievement of the strategic themes for mental and physical health.

We will continue to work with our staff, involve and work with the people we care for, and build on our strong track record of working in partnership with other organisations to achieve our vision.

No document can truly convey the breadth of work taking place across a large organisation, or reflect the dedicated work taking place every day. However, I hope that this report demonstrates our commitment to continuous quality improvement and how important the care of the people we treat is to all of us at Oxford Health NHS Foundation Trust.

I am pleased to confirm that the Board of Directors has reviewed the 2017/18 Quality Report and can confirm that it is an accurate and fair reflection of our performance. We hope that this report provides you with a clear picture of how we will continue to strive to deliver high quality sustainable services over the next year.

As always, I would like to thank all the staff and volunteers at Oxford Health who work tirelessly every day to better the lives of patients and the communities we serve. It is their contribution which makes us who we are.

A handwritten signature in black ink, appearing to read 'Stuart Bell', written in a cursive style.

Stuart Bell CBE

Date: 24th May, 2018

Chief Executive and Accounting Officer

Who we are

We are a community-focused organisation that provides physical health, mental health and learning disability services with the aim of improving the health and well-being for the local communities we provide services within. We employ around 5,000 WTE staff and on average treat over 43,000 patients a month. We provide services for children and young people, adults and older people across Oxfordshire and Buckinghamshire, and child and adolescent mental health services and eating disorder services in Swindon, Wiltshire, Bath and North East Somerset. The provision of the Oxfordshire learning disabilities and autism service was transferred to the Trust from Southern Health NHS Foundation Trust in July 2017.

The main services we provide include:

Physical healthcare services

- Children's integrated therapies
- Cleft lip, palate & craniofacial speech and language therapy service
- Children's community nursing
- Looked after children service
- Salaried dental service
- Family assessment & safeguarding service
- Family nurse partnership
- Health visiting service
- School nursing service
- Luther street medical centre for homeless people
- Children and adult bladder and bowel service
- Care home support service
- Chronic fatigue service
- Community diabetes service
- Adult community therapy service
- District nursing service
- Tissue viability service
- Emergency multi-disciplinary assessment units
- Rapid access care unit
- First aid units
- Minor injury units
- Hospital at home service
- GP out of hours' service
- Falls prevention service
- Nutrition & dietetic service
- Heart failure community nursing
- Pulmonary rehabilitation service
- Respiratory service
- Physical disability physiotherapy service
- Podiatry
- Adult speech and language service
- Community hospital wards

Mental and Learning Disability healthcare services

- Children and Adolescent mental health community and inpatient service
- Children neuropsychiatry service
- Adult mental health community and inpatient service
- Older people mental health community and inpatient service
- Memory clinics
- Eating Disorder community and inpatient service
- Adult autism diagnostic service
- Complex needs service
- Early intervention service
- Forensic mental health community and inpatient service
- Learning disabilities community and step down care home
- Perinatal service
- Emergency psychiatric liaison service
- Improving access to psychological therapies (for mild or moderate conditions)
- Psychological therapy service (severe/complex conditions)

Our view of quality

The Trust uses the national definition for high quality patient care, and this means we aim for our services to be:

- Safe: people are protected from avoidable harm and abuse. When mistakes occur we learn from these.
- Effective: people's care and treatment achieves good outcomes, promotes a good quality of life and is based on the best available evidence.
- Positive experience:
 - Caring: staff involve and treat you with compassion, dignity and respect
 - Responsive and person-centred: services respond to people's needs and choices and enable them to be equal partners in their care.



The diagram above shows how all three domains must be present to deliver high quality care.

The Trust reviews the quality of care on a regular basis through a governance structure which involves a focus on each of these domains (safety, effectiveness and patient experience) separately in detail and also as a whole through the Quality Committee. In addition, a monthly report on the quality of care and improvements being made is presented to Board (to see the full reports go to <https://www.oxfordhealth.nhs.uk/about-us/governance/board-papers/>).

In December 2017, the Trust established a Healthcare Improvement Centre (<https://www.oxfordhealth.nhs.uk/oxford-healthcare-improvement/>) to enable the delivery, sharing and sustainment of improvements in care. This is an important element of building capacity and capability in quality improvement and developing links to learn and share with other organisations. In the first four months the centre has focused on: recruitment of improvement leads, testing an improvement framework, developing a strategy for the centre, and teaching on the leadership development programme and preceptorship programme. The first quality improvement projects are being developed with senior clinicians.

The Trust commissioned an external well-led governance review in August 2017 against NHS Improvements standards. The review concluded that the Trust is a well-led organisation that is self-aware, open and transparent. The review identified many areas of good practice and some areas for improvement, with the focus of the majority of the recommendations being to ensure that the Trust continues to perform strongly in the future. In response to the review a development plan was developed and progress has been reported to the Quality Committee and Trust Board.

We value being awarded external accreditations and having external peer reviews as an approach to drive and share quality improvements across the Trust against established national best practice. So far we have 19 different service types accredited: a full list is in Appendix A. The Trust also runs a peer review programme established from early 2015 to review and improve the care we deliver in-line with the five Care Quality Commission (CQC) national quality domains of caring, safe, responsive, effective and well-led. The review enables teams to assess themselves against each standard, bringing together a range of data to allow a 360° view of each team. Around 40-50 peer review visits are completed each year with members of the review team including clinicians from other teams/ services, patients, carers and governors. Peer reviews are a crucial way teams share best practice.

Working in partnership

Each of our clinical teams relies on working in partnership with patients, their families and other organisations on a daily basis to deliver high quality care. The organisations we work with regularly include GPs, social care, other NHS Trusts (acute and ambulance providers), third sector organisations, schools, care homes, universities and the Police. In addition to this we continue to develop formal partnership arrangements which is an important part of our strategy to help us to strive for our vision of outstanding integrated care.

Examples of the formal partnership arrangements include:

- Being part of the Buckinghamshire Integrated Care System to continue to develop how partners in the county are working together to deliver better, safer and more joined up health and social care for the local communities.
- Oxfordshire Mental Health Partnership: with six mental health organisations working together
- We are working with Seesaw, a bereavement support charity, and schools to develop a handbook for schools following sudden death of a young person.
- Developing the Thames Valley and Wessex Forensic Network, whereby we are operating as the lead provider with responsibility for commissioning whole pathways of care across a large geography, resulting in reduced out-of-area treatments, reduced lengths of stay, reduced expenditure on beds and increasing available investment in out-of-hospital care.

- The recently re-modelled Swindon, Wiltshire and BaNES (Bath and North East Somerset) and Oxfordshire Children and Adolescent Mental Health Service provide an integrated service with third sector partners that builds community and individual resilience, educates other agencies around emotional wellbeing and mental health, prevention, early consultation, advice, treatment and self-management. This mirrors a successful model already implemented in Buckinghamshire for children.
- Developing a joint enterprise with Oxfordshire GP Federations, to be called the Oxfordshire Care Alliance. This is an opportunity to ensure that a patient is at the centre of how services are delivered, by moving away from historical organisational boundaries and focussing on personalised care, which is integrated at the point of delivery and tailored to each individual patient.
- Oxfordshire children's community nursing team works in partnership with ROSY (Respite nursing for Oxfordshire's Sick Youngsters)
- Age UK work with the Oxfordshire Physical Disabilities Physiotherapy Service to provide exercise classes in conjunction with the Falls Team called generation games, and they also provide a dementia advisory service at the memory clinics we host.
- A new Oxford School of Nursing and Midwifery was formally launched in June 2017 through a unique partnership between the Trust, Oxford Brookes University and Oxford University Hospitals NHS Foundation Trust, under the umbrella of the Oxford Academic Health Science Centre. The purpose of the School is to create a joint University and Trust environment, and by offering a model of education, research and clinical practice we hope to better attract and retain nurses and midwives.
- The Trust has strong links to the University of Oxford, which has been rated as the world's best institution for medical and health teaching/research for the past 7 years.
- A new care model for Adult Eating Disorders with Avon and Wiltshire Partnership Trust, 2Gether, Berkshire Healthcare NHS FT, Weston Area NHS Trust, Southern Health NHS FT, Dorset Healthcare Trust and Priority/Partnerships in Care
- A coalition of seven healthcare organisations including the third sector being led by the Tissue Viability Society was formed to ensure lower leg and foot conditions receive the urgent attention they need. Inspired by the 'Stop the Pressure' campaign, the 'Legs Matter' campaign will urge patients and clinicians to 'Stand up for legs' so that lower leg and foot conditions receive the same level of awareness as pressure ulcers.
- The Trust is hosting three Academic Health Science Networks around:
 - Early Intervention in psychosis
 - Anxiety and depression
 - Dementia

Priorities for improvement

Quality Priorities for 2018/19

The quality priorities and objectives identified for 2018/19, detailed in table 1 below, set out how our Trust will continue to strive to deliver high quality sustainable services over the next year. At the heart of our efforts is a continuous and ongoing drive to improve patient safety, clinical effectiveness, and patient, family and carer experiences. We will report on progress against the objectives through the year to the Trust's Quality Committee.

We will continue to focus on four overarching priority areas, with new objectives organised under these:

- Quality priority 1: Improve staff health and wellbeing
- Quality priority 2: Improve the experiences of patients and their families and carers
- Quality priority 3: To continuously and reliably improve patient safety
- Quality priority 4: Prevention and self-care for patients

The quality objectives underneath the priority areas have been developed based on:

- Our performance in 2017/18
- Progress with the 2017/18 quality objectives and capacity to improve further
- Feedback from staff, patients and families
- Our business priorities and strategic themes
- Quality improvement projects being developed with the Healthcare Improvement Centre
- The seven priorities in the local sustainability and transformation partnership for Buckinghamshire, Oxfordshire and Berkshire West to integrate provision of care and to tackle challenges together
- National drivers and challenges
- Recommendations following the reviews of incidents, deaths, complaints and audits
- Discussion with the Council of Governors
- Speaking to key external stakeholders
- External inspections and reviews

As part of a comprehensive review of the Trust's strategy we are realigning improvements around three strategic themes: five year forward view for mental health (and learning disabilities), care closer to home and new models of care for forensic, eating disorder and adolescent inpatient services. The quality objectives for 2018/19 align to these themes as shown in the table below.

The objectives also take account of the national Commissioning for Quality and Innovation (CQUIN) schemes agreed with our commissioners for 2018/19 which include improving staff

health and wellbeing, improving physical healthcare for people with a severe mental illness, preventing ill health through prevention work, and transitions from children's mental health services.

Table 1. 2018/19 quality priorities and objectives

Objective	Relevant to which types of service	How will success be measured	Link to national Quality Domain	Link to Trust's strategic theme	Comment
Priority 1. Improve staff health and wellbeing					
1.1 Deliver Workforce Strategy focused on retention and recruitment	Trust-wide all ages	<ul style="list-style-type: none"> • Reduce turnover to less than 13.5% • Reduce vacancies to less than 600 • Increase flexible workforce to reduce use of agency by 25% • Improvement in staff engagement • Less staff feeling unwell due to work related stress in last 12 months • Reduction in staff experiencing harassment, bullying or abuse 	Safety, Clinical effectiveness and patient experiences	<ul style="list-style-type: none"> • Five year forward view for mental health (and learning disabilities) • Care closer to home • New care models 	Two objectives carried over from 2017/18 and combined into one objective
1.2 To refine and enhance existing functionality of the electronic patient record to support integrated working methods of staff	Trust-wide all ages	Narrative update	Safety	<ul style="list-style-type: none"> • Five year forward view for mental health (and learning disabilities) • Care closer to home • New care models 	Builds on objective from 2017/18
1.3 Improve the uptake and quality of annual staff appraisals (target in workforce strategy)	Trust-wide all ages	<ul style="list-style-type: none"> • Number of staff with a completed appraisal in the last 12 months • Staff feedback on the quality of appraisals 	Safety, Clinical effectiveness and patient experiences	<ul style="list-style-type: none"> • Five year forward view for mental health (and learning disabilities) • Care closer to home • New care models 	
Priority 2. Improve the experiences of patients and their families and carers					
2.1 Implement the objectives in the Trust-wide patient experience strategy and carers 'I care, you care' strategy	Trust-wide all ages	<ul style="list-style-type: none"> • Improved feedback from patients and families (local and national surveys) 	Patient experiences	<ul style="list-style-type: none"> • Five year forward view for mental health (and learning disabilities) • Care closer to home 	Builds on objective from 2017/18

Objective	Relevant to which types of service	How will success be measured	Link to national Quality Domain	Link to Trust's strategic theme	Comment
		<ul style="list-style-type: none"> Improved feedback from families about being involved in care Actions taken as a result of feedback Number of teams displaying actions taken Increased ways patients and families are involved in services 		<ul style="list-style-type: none"> New Care models 	
2.2 Improve transitions between care pathways across ages - children to adult services	Mental health services all ages	<ul style="list-style-type: none"> Improvement in audit results Number of SIs with issues identified around transition 	Safety and patient experiences	<ul style="list-style-type: none"> Five year forward view for mental health (and learning disabilities) 	Builds on objective from 2017/18
Priority 3. To continuously and reliably improve patient safety					
3.1 Reduce patient violence and aggression across the adult acute mental health wards through rolling out the safer ward programme	Mental health services adults of working age	<ul style="list-style-type: none"> Reduction in patient on staff physical violence incidents resulting in moderate, major or severe injury 	Safety	<ul style="list-style-type: none"> Five year forward view for mental health (and learning disabilities) 	Objective carried over from 2017/18
3.2 Improve the consistency of care processes for the adult acute mental health wards	Mental health services adults of working age	<ul style="list-style-type: none"> Reduce length of stay (whilst not changing re-admission rates) Levels of patient satisfaction 	Safety, Clinical effectiveness and patient experiences	<ul style="list-style-type: none"> Five year forward view for mental health (and learning disabilities) 	
3.3 Continue to improve how we learn from incidents and deaths	Trust-wide all ages	<ul style="list-style-type: none"> Actions taken to address themes for learning and the assessed impact of these. 	Safety and patient experiences	<ul style="list-style-type: none"> Five year forward view for mental health (and learning disabilities) Care closer to home New care models 	Builds on objective from 2017/18
Priority 4. Preventing ill-health and promoting self-care					
4.1 Review the complex needs pathway (for patients suffering with a personality disorder)	Mental health services all age	<ul style="list-style-type: none"> Reduction in severe incidents for people with a personality disorder 	Safety, Clinical effectiveness and	<ul style="list-style-type: none"> Five year forward view for mental health (and learning disabilities) 	

Objective	Relevant to which types of service	How will success be measured	Link to national Quality Domain	Link to Trust's strategic theme	Comment
			patient experiences		
4.2 Develop and introduce a new step up and step down frailty pathway (including virtual ward system from community hospitals and high input teams to enable people to be supported to stay/ return home to preserve their wellbeing and independence)	Physical health services older people	<ul style="list-style-type: none"> Reduction in admissions Reduction in length of stay on the ward 	Safety, Clinical effectiveness and patient experiences	<ul style="list-style-type: none"> Care closer to home 	
4.3 Continue to develop a joint enterprise with Oxfordshire GP Federations, called the Oxfordshire Care Alliance.	Physical health services all ages	<ul style="list-style-type: none"> Reduce admissions Narrative update on new configured services 	Safety, Clinical effectiveness and patient experiences	<ul style="list-style-type: none"> Care closer to home 	Builds on objective from 2017/18
4.4 Smoke free work	Trust-wide all ages	<ul style="list-style-type: none"> Performance in national audit on preventing ill health Narrative update on being tobacco free 	Clinical effectiveness	<ul style="list-style-type: none"> Five year forward view for mental health (and learning disabilities) Care closer to home New care models 	

Statements of assurance from the board and performance against national targets

Statements of assurance from the board

Review of services

During 2017/18, Oxford Health NHS Foundation Trust (OHFT) provided and/or sub-contracted 38 relevant health services covering mental health, learning disabilities and physical health services provided in the community and within an inpatient setting.

The Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2017/18 represents 100% of the total income generated from the provision of services by OHFT for 2017/18.

Participation in clinical audit

National clinical audit

During 2017/18, five national clinical audits and three national confidential enquiries covered relevant health services that OHFT provides.

During that period OHFT participated in 100% of the national clinical audits and 100% of the national confidential enquiries which it was eligible to participate in.

The tables below show:

- The national clinical audits and national confidential enquiries that OHFT was eligible to participate in during 2017/18.
- The national clinical audits and national confidential enquiries that OHFT participated in during 2017/18.
- The national clinical audits and national confidential enquiries that OHFT participated in, and for which data collection was completed during 2017/18, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Table 2

Title	Eligible	Participated	Number of cases submitted
POMH-UK Topic 17 Use of depot/LA antipsychotic injections for relapse prevention.	Yes	Yes	80 cases
POMH-UK Topic 15 Prescribing valproate for bipolar disorder	Yes	Yes	53 cases
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Yes	Not applicable (service level questionnaire completed)
UK Parkinson's audit	Yes	Yes	52 cases
National Clinical Audit of Psychosis	Yes	Yes	100 cases

Out of the five national audits carried out in 2017/18, the reports from one of the clinical audits were reviewed by the provider in 2017/18 and OHFT intends to take action to improve the quality of healthcare provided, as listed in Appendix B (p. 200). In regards to the other four national audits we are waiting for the results.

Local Clinical Audit

The reports of 14 local clinical audits were reviewed by the provider in 2017/18. Appendix C (p. 201) includes examples of local audits reported and actions taken in 2017/18, the full details can be found in the Trust's 2017/18 annual clinical audit report.

National Confidential Enquiries: Table 3.

Title	Eligible	Participated	% Submitted
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	Yes	Yes	Not applicable
HQIP - Clinical Outcome Review Programme - Chronic Neurodisability	Yes	Yes	Not applicable
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Young People's Mental Health Study	Yes	Yes	Not applicable

Participation in clinical research

2,186 patients receiving health services provided or sub-contracted by OHFT in 2017/18 were recruited during the period to participate in 143 research studies approved by a research ethics committee. This compares to 60 studies in 2016/17.

The Trust continues to remain within the top three Trusts for recruitment into mental health and dementia studies. Work continues to develop mechanisms to increase the number of community studies relating to physical health services.

Along with our partners in the Oxford Academic Health Science Centre, we are leading the way in research and development. Some examples include:

- The National Institute of Health Research (NIHR) Oxford Health Biomedical Research Centre (BRC) which, together with our Clinical Research Facility (CRF), enables us to further contribute to reducing the health inequalities for people suffering mental illnesses and dementia
- A new National Institute of Health Research (NIHR) Community Healthcare MedTech and in vitro diagnostics Co-operative (MIC) with University of Oxford researchers to lead a medical diagnostics co-operative to develop, foster and evaluate new medical diagnostic technologies to improve outcomes for patients in the community
- The National Institute of Health Research Collaboration in Leadership and Health Research and Care (CLAHRC), leading research in physical care

Examples of where research has led to improved outcomes for patients include:

- Enhanced cognitive behavioral therapy for people with an eating disorder
- Ability to identify the effects of antidepressants on emotional processing to be able to speed up the development of new medicines
- Improving wellbeing and health for people with dementia including training for care home staff
- Caring for Me and You, trialing co-produced on-line CBT sessions for carers of people with dementia
- Reducing self-harm

For more information, see <https://www.oxfordhealth.nhs.uk/research/making-a-difference/>

Goals agreed with commissioners: use of the Commissioning for Quality and Innovation (CQUIN) payment framework

A proportion of OHFTs income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between OHFT and any person or body that they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework (CQUIN). For 2017/18, the baseline value of the CQUIN was 2.5% of the contract value (£4.5 million). This was the same

as 2016/17. If the agreed milestones were not achieved during the year or the outturn contract value was lower than the baseline contract, then a proportion of the CQUIN monies would be withheld. For 2017/18, 1.5% of the CQUIN will be awarded for achievement of delivering the CQUIN schemes, 0.5% will be awarded for achieving the 2016/17 control totals and 0.5% will be awarded for the achievement of sustainability and transformation partnership engagement.

Further details of the agreed goals for 2017/18 and for the following 12-month period are available electronically on request via jane.kershaw@oxfordhealth.nhs.uk

Care Quality Commission (CQC)

OHFT is required to register with the Care Quality Commission and its current registration status is registered with no conditions. The Care Quality Commission has not taken enforcement action against OHFT during 2017/18.

Our current rating by the Care Quality Commission is Good.

OHFT has participated in one focused inspection during the reporting period, 2017/18, following the sad death of two patients. The CQC visited one of our mental health wards unannounced in July 2017. The CQC gave positive feedback and identified the following areas for improvement: recruitment challenges meaning there was a high use of agency nurses and lack of consistency in the senior leadership of the ward. The CQC recognised the Trust was taking actions to improve the recruitment and retention of nursing staff and were advertising for a modern matron for the ward.

The Oxfordshire system had a routine local area special educational needs and disability (SEND) inspection in September 2017 carried out jointly by the CQC and Ofsted. The report has been published and a joint action plan submitted as a system to address the areas for improvement. The main area of improvement was around improving the timeliness and quality of education, health and social care plans and will involve close working between the Trust, education and social care partners. The results are available at <https://reports.ofsted.gov.uk/local-authorities/oxfordshire>.

Additionally, a Wiltshire SEND inspection took place in January 2018. The Trust had less of a role in this inspection as we only provide children's mental health services in the county. However a number of our staff worked closely with the local authority to support the inspection. Overall the inspection went well and a report will follow as the inspectors did not feel that a written statement of actions was required.

In November 2017 the Trust was involved in a local system thematic review in Oxfordshire to look at how health and social care providers and commissioners are working together to care for people aged 65 and older needing physical healthcare. The local authority was the lead organisation. You can read the full system-wide report on <https://bit.ly/2GEQMCM>.

The CQC began the Trusts routine annual CQC inspection in December 2017 which is not due to be completed until mid-April 2018, with reporting in June 2018.

The full results of all inspections and our current rating are available at <http://www.cqc.org.uk/provider/RNU>

NHS number and General Medical Practice code validity

OHFT submitted records during 2017/18 to the secondary user's service for inclusion in the Hospital Episode Statistics, which are included in the latest published data. The percentage of records in the published data (as of December 2017):

which included the patient's valid NHS number was:

100% for admitted patient care

100% for outpatient care

95% for accident and emergency care

which included the patient's valid Medical Practice Code was:

100% for admitted patient care

98% for outpatient care

98% for accident and emergency care

Information Governance

The Information Governance (IG) Toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards. It is fundamental to promote safe data sharing. It also allows members of the public to view participating organisations' Information Governance Toolkit assessments. OHFT Information Governance Assessment Report overall score for 2017/18 was 76% and was graded satisfactory (green rating).

Clinical coding error rate

OHFT was not subject to the payments by results clinical coding audit during 2017/18 by the Audit Commission.

Data quality

High quality information underpins the effective delivery of improvements to the quality of patient care. Therefore, improving data quality will improve patient care and value for money.

High quality information is:

- ✓ Accurate
- ✓ Up to date
- ✓ Complete
- ✓ Relevant for purpose
- ✓ Accessible
- ✓ Free from duplication

The Trust commissioned an audit to identify its strengths with data quality, such as its compliance with its national and local reporting commitments but also highlighting areas for improvement such as data completeness and timeliness. In 2017/18 the Trust's induction session has been used to promote the importance of data quality to new staff.

OHFT has taken action to develop a new data quality strategy supported by a data quality project established led by the Director of Finance as the Executive Lead and the Director of Strategy and Performance as the Senior Responsible Owner (SRO). A project board has been set up and agreement has been reached regarding the first area of focus for the project which is operational intelligence. Existing processes that support data quality will remain in place alongside the project to ensure ongoing compliance with national, statutory and contractual reporting.

Learning from deaths

The Trust provides mostly community care for all ages covering both mental health services, learning disability services and physical health services across five main counties: Oxfordshire, Buckinghamshire, Swindon, Wiltshire and Bath and North East Somerset. We review information on the deaths of current patients, patients discharged from the Trust who die within 6 months of their last contact and both inpatients and those seen as outpatients.

In March 2017, the National Quality Board published guidance on 'Learning from Deaths' for all NHS Trusts to implement. The trust has fully implemented this guidance, and a new trust policy for learning from deaths was approved in September 2017 and published on the Trust's website.

In 2017/18 the Trust has presented regular reports on the number of deaths, learning and actions being taken to Trust board. Detailed reports are available on <https://www.oxfordhealth.nhs.uk/about-us/governance/board-papers/>, in the meetings for June 2017, September 2017, October 2017, January 2018 and February 2018. In addition, the reports have detailed how we have met the national guidance, summarised how we keep an oversight of learning from deaths on a weekly, monthly and quarterly basis, our work with partners to carry out multi-agency reviews, and the work of the Trust-wide mortality review group chaired by the Medical Director.

We had an audit in the last year of the trust's mortality review and learning from death process as part of the approved internal audit plan for 2017/18, the outcome was reasonable assurance that the controls upon which we rely on to manage the identified risk are suitably designed, consistently applied and operating effectively.

In the last 12 months the Trust has developed how clinicians review deaths introducing a three step process (identified in our policy). The purpose of the process is to maximize

learning and covers: i) screening all known deaths, ii) reporting of those deaths where there are identified concerns in care or those that meet specific criteria in line with national guidance for example the death of a person with a learning disability, and iii) identifying those deaths which need a full root cause analysis investigation.

The Trust has also been improving how it involves and engages with families in investigations. This has included: revising staff training, developing the report templates, having an expectation that families are always offered and given every opportunity to be involved in an investigation at a time they are ready, introducing prospective checks into the process to assess family involvement, and introducing a new information leaflet for families.

The Trust has been working voluntarily with the new national Healthcare Safety Investigation Branch (HSIB) around a theme on communication at points of transition during care, to ask for their expertise and learning from elsewhere in the country. The preliminary scoping exercise was completed in November 2017 and the HSIB considered there was a potential for national learning so a full investigation has started across the country with the results expected to be reported in 2018.

In addition to our own review of deaths, the local coroner will independently review all deaths where the cause of death is unknown, violent, unnatural, or sudden and unexplained. In 2017/18, 0.7% (37) of deaths were reviewed by a coroner where the person was in current care or had recently received care from the Trust. As a result of the reviews a coroner issued two Regulation 28 rulings to prevent any future deaths as they concluded further actions or assurance was required. The rulings related to a death in 2015 and a death in 2016. Both had been investigated by an external person commissioned by the Trust. The Trust has responded and taken further actions as requested.

The Trust has reported one death as a 'never event' (a serious, largely preventable patient safety incident or death that should not occur if the available preventative measures have been implemented) in 2017/18, in relation to the circumstances surrounding the tragic death of a disabled child at their home in November 2017 who was receiving support from the Children's Integrated Therapies Service. An internal investigation has started and an external investigation is being commissioned to consider whether the death was associated with a known risk around the use of a particular type of bed. We have informed our commissioners and regulators about the death. The Trust took immediate actions following the death to ensure the safety of other children and continues to liaise with the child's family.

From 2017/18 every NHS Trust has been asked to provide the following information in their annual quality report. The below information is for:

- All ages
- All services provided by the Trust (see p. 129 for a list)
- Current patients and patients who died within 6 months of being discharged from the Trust
- Patients who died whilst they were an outpatient and as an inpatient

The majority of deaths are natural, and relate to people aged over 75 who had received treatment from one of our physical health services, such as the district nursing service.

In 2017/18 we have had 13 confirmed or open verdict suicides for patients known to the Trust reported by the coroner.

We identified and reported the following deaths which occurred in 2017/18: Table 4.

Detail on mental health inpatient deaths:

** The two deaths on two different older people mental health wards relate to an 88-year-old who died unexpectedly in an acute hospital on the same day of transfer from the ward and the expected death of a 68-year-old who had been transferred the same day to a hospice.*

Person was being seen by	Total number of deaths	Number of deaths for current patients	Number of patients who died within 6 months of being discharged from the trust	Inpatients only	
				Of total deaths, Number of inpatient deaths excluding those on leave	Of total deaths, Number of inpatient deaths where person was on leave from the ward
Learning Disability services	Q1 -service not provided by OHFT	Q1 -service not provided by OHFT	Q1 -service not provided by OHFT	Q1 -service not provided by OHFT	Q1 -service not provided by OHFT
	Q2 -2	Q2 - 2	Q2 -0	Q2 -0	Q2 -0
	Q3 -7	Q3 - 7	Q3 - 0	Q3 - 0	Q3 - 0
	Q4 -3	Q4 - 3	Q4 - 0	Q4 - 0	Q4 - 0
	Total - 12	Total - 12	Total - 0	Total - 0	Total - 0
Mental Health services all ages	Q1 - 99	Q1 - 49	Q1 - 49	Q1 - 0	Q1 - 1
	Q2 - 95	Q2 - 42	Q2 - 53	Q2 - 0	Q2 - 0
	Q3 - 118	Q3 - 58	Q3 - 58	Q3 - 2	Q3 - 0
	Q4 - 150	Q4 - 79	Q4 - 71	Q4 - 0	Q4 - 0
	Total - 462	Total - 228	Total - 231	Total - 2*	Total - 1**
Physical Health services all ages	Q1 - 801	Q1 - 693	Q1 - 81	Q1 - 27	Q1 - 0
	Q2 - 800	Q2 - 683	Q2 - 86	Q2 - 31	Q2 - 0
	Q3 - 992	Q3 - 856	Q3 - 109	Q3 - 27	Q3 - 0
	Q4 - 948	Q4 - 827	Q4 - 89	Q4 - 32	Q4 - 0
	Total - 3541	Total - 3059	Total - 365	Total - 117	Total - 0
Both mental health and physical health services from the Trust all ages	Q1 - 313	Q1 - 295	Q1 - 18	Q1 - 0	Q1 - 0
	Q2 - 298	Q2 - 275	Q2 - 23	Q2 - 0	Q2 - 0
	Q3 - 381	Q3 - 347	Q3 - 34	Q3 - 0	Q3 - 0
	Q4 - 429	Q4 - 409	Q4 - 20	Q4 - 0	Q4 - 0
	Total - 1421	Total - 1326	Total - 95	Total - 0	Total - 0

*** The one death of a patient on extended leave from an adult acute mental health ward aged 49 who died unexpectedly but of natural causes.*

All known deaths are screened by a senior clinician. There is set criteria on the deaths that are reported internally for further review, in line with national guidelines and described in the Trust's policy. All unexpected deaths of an inpatient are reviewed, all deaths of a person with a learning disability or a child are reviewed by the Trust. The

Trust participates in a multi-agency review for all child deaths and any deaths of a person with a learning disability.

By 31st March 2018, 262 (a few of these deaths were discharged patients from the Trust which had not been seen in the last 6 months) initial review investigations had been completed and scrutinised by a group of senior clinicians, of which 33 went on to have a full root cause analysis investigation carried out in relation to the deaths in 2017/18.

The number of deaths in each quarter for which an initial review investigation was carried out was 64 in the first quarter, 56 in the second quarter, 87 in the third quarter and 55 in the fourth quarter. Table 5 below details the number of investigations by service including both current and discharged patients. In addition, the Trust has also participated in multi-agency reviews for patients which we are unable to reliably count and include in the below figures in table 5.

Table 5.

Person was being seen by	Number of Initial review investigations	% of deaths which had an Initial review investigation
Learning Disability services	13***	100%
Mental Health services all ages	88	19%****
Physical Health services all ages	99	3%
Both mental health and physical health services form the Trust all ages	62	4%

Detail on learning disability and mental health deaths:

*** 1 death was reviewed where the person was discharged from the Trust more than 6 months prior to their death, however we reviewed the death to identify any learning.

**** all unexpected deaths, inpatient deaths and child deaths were reviewed.

Of the deaths reviewed in 2017/18 (262), we have identified and reported 14 serious incidents (when the consequences of an incident or death are so significant to a patient or their family or the potential for learning is so great that a heightened level of response is required) in relation to the death of a current or discharged patient. This represents 5.3% of reviewed deaths where we have identified learning in relation to the care provided, but this does not mean the death was due to problems in care provided to the patient. This is seven in the first quarter, six in the second quarter, one in the third quarter and zero in the fourth quarter.

In addition to individual reviews of deaths, the Trust has carried out a number of thematic reviews which have been presented to the Trust-wide mortality review group on:

- Confirmed, open and suspected suicides
- Results from a review of one in four deaths across community hospital wards

- All inpatient deaths
- Deaths of a person detained under the Mental Health Act
- Deaths of a person with a learning disability within Oxfordshire who died between 2011-2015
- How children and adult mental health services communicate and share information

From the deaths reviewed in 2017/18 we have identified the following overall themes and learning:

- Identifying and managing deteriorating patients
- Physical healthcare for patients with a mental illness
- Family and carer involvement and communication
- Communication at points of transition and changes in care between teams, services and organisations

A number of actions have been taken to address the overall themes for learning from deaths detailed below with our assessed impact of these:

- Revision and roll out of a new early warning signs monitoring tool including identification of sepsis combined with simulation training for staff to enable easier identification of a deteriorating patient (see page 185 for more details on the work this year). We have seen an improvement in the escalation of abnormal observations and in 2017/18 there has only been one incident since these measures were put in place.
- A range of actions have been taken to address improve the attention, skills, equipment and leadership around physical healthcare in mental health services. See page 191 for more details on the work this year. The work is overseen by the Trust's physical healthcare group and the actions going forward are captured in a new physical health strategy from 2018. We are not able to demonstrate the impact of our actions yet.
- The Trust developed and launched a strategy 'I care, you care' with a commitment and actions to improve families and carers experiences. In addition, a new Trust-wide carers support role was established and recruited to improve capacity and leadership. Training for staff on carer awareness has been refreshed with new carer stories and is due to be launched in June 2018. The Trust has maintained our external accreditation with the Carers Trust called the triangle of care (representing the equal importance of carers, the patient and professional) which involves reviewing and demonstrating how each service meets the national standards which were developed with carers. We recognize there is more we need to do, so have identified this as a quality objective for 2018/19.

- We have a transition development group implementing an improvement plan which the impact is being monitored through a regular audit. The improvement plan includes reviewing processes and information for staff, developing new information for patients and their families, and developing relationships with other organisations such as colleges, social care and third sector. As mentioned above we have also engaged with the national healthcare safety investigation branch to support us with learning and a thematic review has been completed. See page 180 more details on the work this year. We recognize there is more we need to do so have identified this as a quality objective for 2018/19.

A further 14 serious incident investigations were finished in 2017/18 which related to deaths in the previous reporting period (2016/17). These were deaths where we have identified learning in relation to the care provided, but this does not mean the death was due to problems in care provided to the patient. The Trust started to introduce the changes to how we identify, report and review deaths from June 2017, which has resulted in more deaths being reviewed at a senior level.

See p. 179 for further details of the specific work completed for the local objectives in 2017/18 around end of life and palliative care.

Performance against national targets

The Trust aims to meet all national targets and priorities. We have provided an overview of the national targets and minimum standards.

The percentage of patients on Care Programme Approach (CPA) who were followed up within seven days after discharge from psychiatrist inpatient care

Table 6 shows OHFT performance. We consider that this data is as described for the following reasons:

- there is a documentary audit trail for the compilation of these figures
- auditors have reviewed the quality of the compilation process

OHFT has taken/is taking the following actions to improve this percentage, and so the quality of its services by: extending the provision of community mental health services to seven days a week from 7 am to 8 pm every day, and reviewing all breaches to identify any problems or learning to share.

When assessing this criteria, we apply two exclusions in addition to the national guidance for patients who are discharged from inpatient care: those patients who are discharged directly to the care of another mental health provider Trust (whether inpatient or community services) and for discharged eating disorder inpatients who are not funded by Oxfordshire, Buckinghamshire or Wiltshire commissioners and therefore

follow-up care is handed back to the GP. Where we have verified that discharge documentation includes clearly set out arrangements for the handover of responsibility for care to the other provider, we have assumed the requirements under the indicator have been met.

Table 6. Performance on % of patients discharged from the ward and followed up within 7 days.

Reporting Period	Trust Value	National Average	National Target
April-June 2017	94%	99%	95%
July-Sept 2017	97%	99%	95%
Oct-Dec 2017	97%	99%	95%
Jan-March 2018	96%	National data is not available on NHS Digital currently	
Full year 2017/18	96%		

The percentage of admissions to acute wards for which the crisis resolution home treatment team (or equivalent) acted as a gatekeeper

Table 7 shows OHFT performance. We consider that this data is as described because there is a documentary audit trail for the compilation of these figures. OHFT has taken the following actions to improve this percentage, and so the quality of its services by:

- Bringing together the community mental health teams, community crisis teams and assertive outreach teams to form the adult mental health teams (AMHTs), so there is a single point of access, and extending services to seven days a week, providing extended hours from 7 am to 8 pm every day.
- From 2015/16, we embedded the model of having one dedicated consultant psychiatrist and modern matron identified for each adult acute ward.

When assessing these criteria, we apply two exclusions in addition to the national guidance:

- Admissions via the liaison psychiatry services in Oxfordshire or Buckinghamshire will be deemed to have been considered for home treatment.
- Patients of specialist services (forensic, eating disorders and CAMHS) will be excluded.

Table 7. Performance on % of admissions that a crisis function acted as a gate keeper

Reporting Period	Trust Value	National Average	National Target
April-June 2017	99.6%	99%	95%
July-Sept 2017	100%	99%	95%
Oct-Dec 2017	100%	99%	95%
Jan-March 2018	99.5%	National data is not available on NHS Digital currently	
Full year 2017/18	99.8%		

The percentage of patients re-admitted to a ward provided by the Trust within 28 days of being discharged

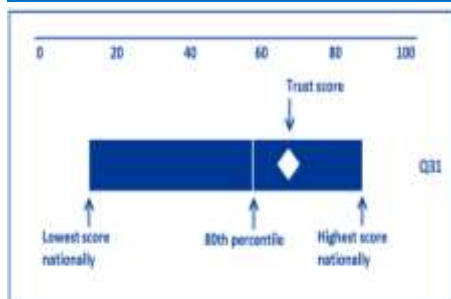
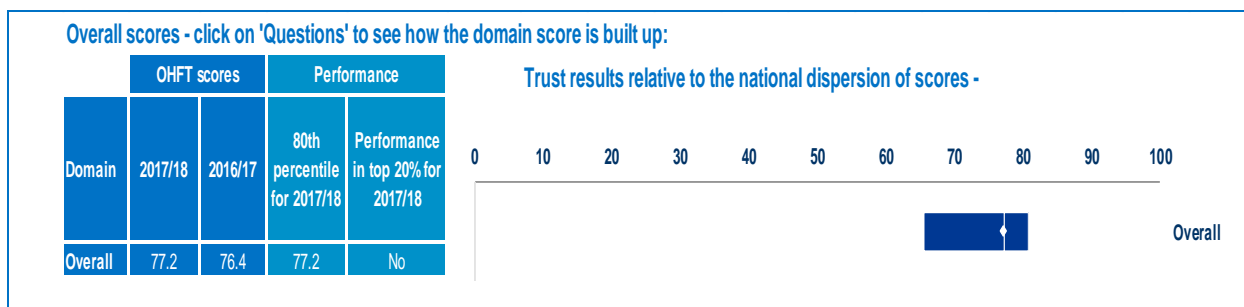
The following statement is reported at NHS Digital, and therefore the data is not available to be reported here: "please note that this indicator was last updated in December 2013 and future releases have been temporarily suspended pending a methodology review."

Patient experience of community health mental health services (experience of contact with health or social care worker)

The scores are presented out of 100. A higher score indicates better performance: if patients reported all aspects of their care as "very good" we would expect a score of at least 80, while a score of at least 60 indicates "good" patient experience. The domain scores are the average of the question scores within that domain, while the overall score is the average of the domain scores. (Defined by NHS England)

Table 8.

	OHFT		Comparison 2017/18
Domains	2017/18	2016/17	Top performing 20% of Trusts
Access and waiting	85.6	85.0	86.5
Safe, high quality, coordinated care	74.0	74.8	73.2
Better information, more choice	71.7	69.4	72.6
Building closer relationships	77.4	76.5	79.3
Overall	77.2	76.4	77.2



For more details about the Trust's work around patient experience and involvement and the actions being taken see p. 172.

Rate of patient safety incidents reported and the number resulting in severe harm or death

Patient safety incidents are defined as an unintended or unexpected incident which could or did lead to harm to a patient.

Tables 9 and 10 below show the Trust's performance for all our services based on the data provided by the National Reporting and Learning System (NRLS). This is only published up to September 2017. This is to be read with caution because i) the rate is based on the average daily number of occupied bed days, but the number of incidents relates to inpatients and community patients and ii) number of beds an NHS Trust will provide varies, affecting the denominator (providers with fewer beds and more community based services will appear to have a higher rate of incidents).

We consider that this data is as described for the following reasons: there is a routine central check of every incident reported, the Trust submits suspected and actual patient safety incidents to the NRLS a number of times a week, and when it is identified that an incident is not a patient safety incident, the information is refreshed.

For more detail about the different kinds of incidents reported by the Trust and the actions being taken go to the latest patient safety report (at time of writing) at <https://www.oxfordhealth.nhs.uk/papers/28-february-2018/>.

Table 9. Demonstrates reporting culture

Reporting Period	Trust number of incidents reported by Trust	Compared to average number for mental health Trusts	Compared to average number for physical health Trusts
April to Sept 2017	3697	3207	1901
Oct 2016 to March 2017	3258	2964	1918

The majority (68%) of the severe patient safety incidents reported in table 10 relate to grade 3 and 4 pressure damage. The reason for this is because the Trust started in 2017/18 to report these incidents as major harm even when it does not relate to our care or there are no lapses in the care we have provided. Nationally the reporting of pressure damage is not consistent so comparisons cannot be made. We identified the reduction of pressure damage as a local objective for 2017/18, see p. 187 for the progress we have made.

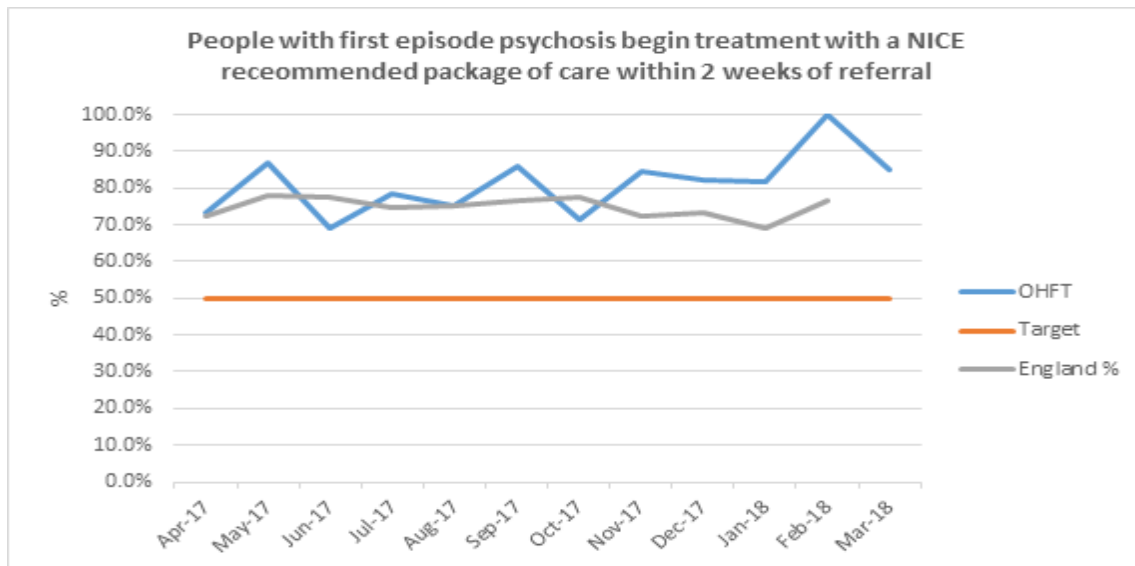
See p. 143 for details of the number of deaths, reviews and learning by service over the last 12 months, going beyond those meeting the criteria to be reported onto the national reporting and learning system.

Table 10. Patient safety incidents and deaths reported by grading

Reporting Period	Trust number and % of incidents resulting in severe harm or death	Both comparisons are provided because the Trust provides mental and physical health services	
		Compared to average number for mental health Trusts	Compared to average number for physical health Trusts
April to Sept 2017	94 (75 severe and 19 deaths) = 2.54% Severe = 1.63% Deaths = 1.21%	34 = 1.18% Severe = 0.3% Death = 0.7%	18 = 0.73% Severe = 0.5% Death = 0.2%
Oct 2016 to March 2017	50 (34 severe and 16 deaths) = 1.53%	33 = 1.32%	13 = 0.70%

Early intervention in psychosis: people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral

We consider that this data is accurate and performance is above the national target and improving. Note the national data from NHS England for March 2018 has not been published at the time of writing this report.



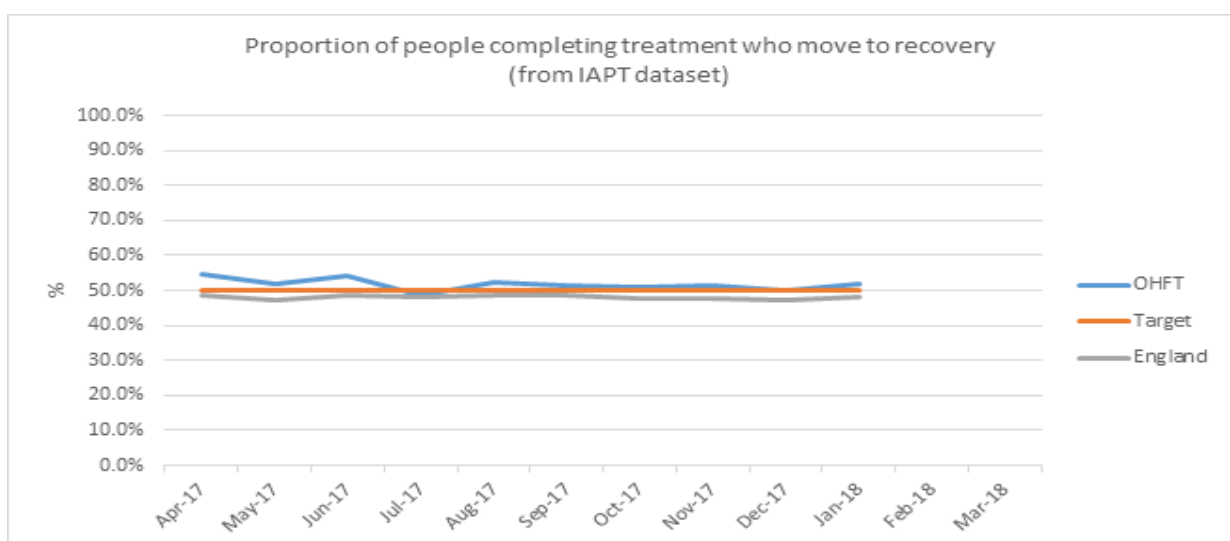
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:

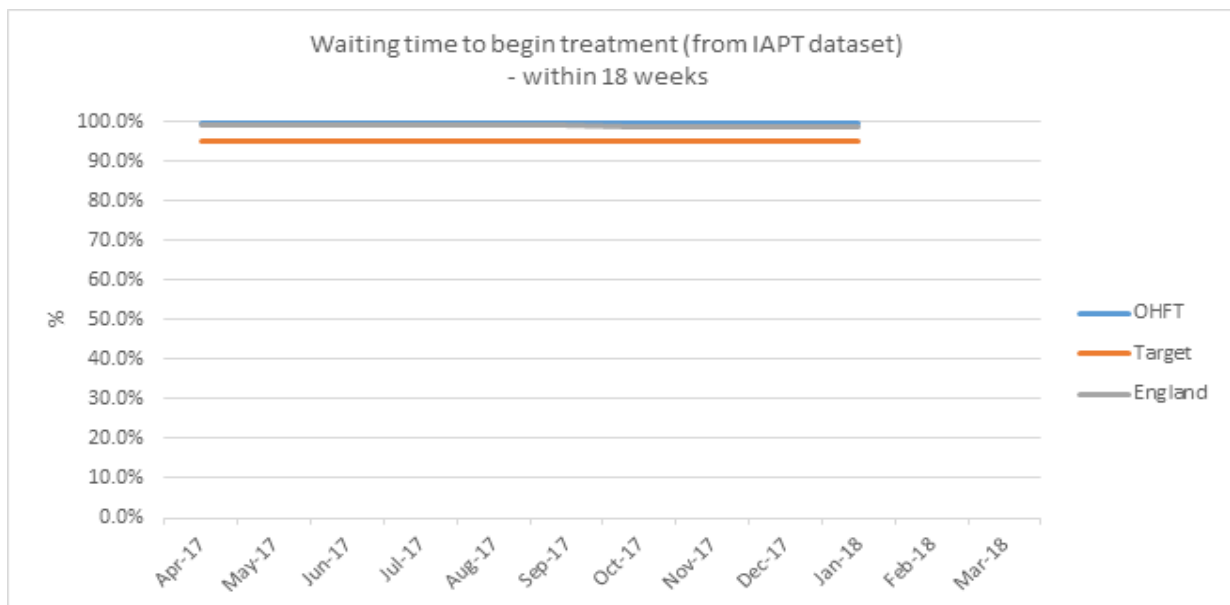
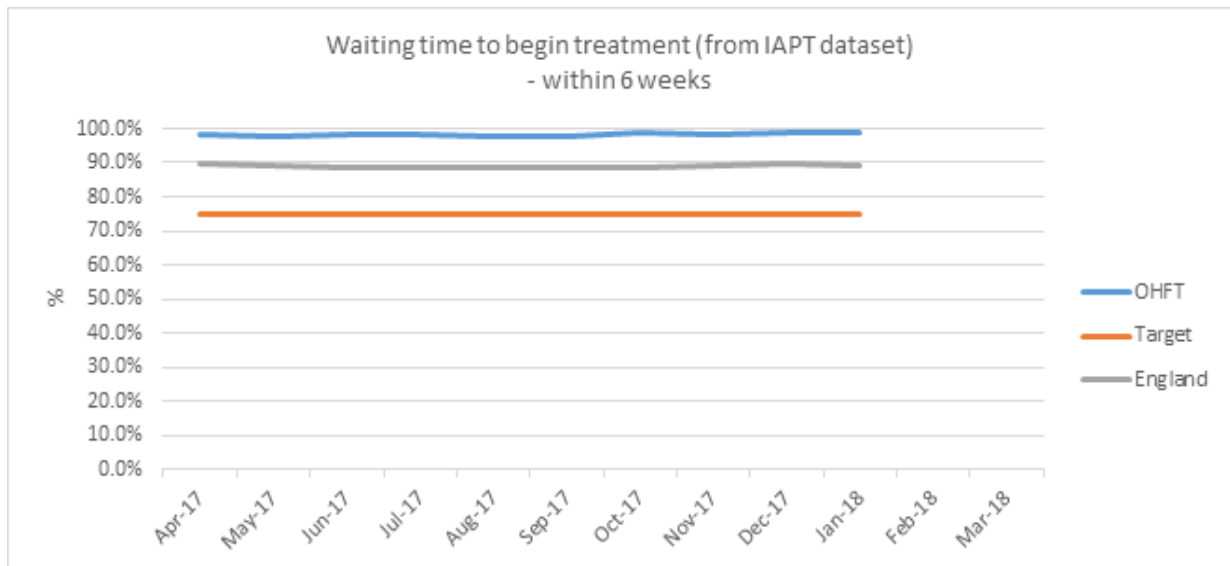
This data is not available at the time of writing the report: the national report is due to be published on 25th June 2018.

Improving access to psychological therapies:

- % of people completing treatment who move to recovery
- Waiting time to begin treatment
 - Within 6 weeks of referral
 - Within 18 weeks of referral

We consider that this data is accurate and performance is above the national target.





Admissions to adult facilities of patients under 16 years' old

We consider that this data is accurate and after each admission of an under 16-year-old, an initial review investigation is completed to identify any learning which is presented to the Trust-wide weekly clinical review meeting. The admissions have been due to a lack of specialist child and adolescent mental health beds provided across the country, which is a national issue that NHS England are addressing.

Table 11.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Trust	0	0	0	1	0	1	1	0	0	0	0	0
NHS England	No national data available											

Inappropriate out of area placement days for adult mental health services

This indicator was introduced nationally from November 2017. The data provided is the total number of days any patients were in an inappropriate out of area placements. Before September 2017 the published data from NHS Digital were not broken down to show appropriate and inappropriate placements. Hence we are providing the figures from this point onwards.

We consider that this data is accurate and the actions being taken to reduce inappropriate out of area placements are;

- Daily rapid reviews and daily telephone conferences introduced between wards and community teams to improve communication.
- Workshop held with senior clinicians and managers focused on better managing patient flow.
- In addition, project 10 was set up within the Oxfordshire mental health partnership between the Trust and Response. It consists of two new houses enabling 5 patients in each to live more independently. Project 10 has enabled patients to move out of acute wards into the community.

Table 12.

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Trust	155	133	213	237	315	304	197
England Average	556	394	332	361	362	not published	not published

Performance and achievements in 2017/18

In our Quality Report for last year we identified 23 quality objectives (each a quality improvement project) which had been developed in discussion with our staff, governors, commissioners, and health watch organisations. Progress has been made against all of these objectives. The quality objectives were aligned under the following four overarching quality priorities:

- Priority 1: Improve staff retention and engagement
- Priority 2: Improve the experiences of patients and their families and carers
- Priority 3: Increase harm-free care
- Priority 4: Promote health and wellbeing of patients

The rest of this section provides a summary of the achievements and where further work is required against each of the quality objectives.

In addition to reporting on our progress against the quality objectives identified for 2017/18 we have also shared below our work this year on:

- Equality, diversity and inclusion
- National 2017 staff survey
- Infection prevention and control
- Complaints

Equality, diversity and inclusion

We recognise that due to discrimination and barriers to social inclusion, people may experience inequalities in accessing services or as members of staff. There are examples throughout the report of our work this year to improve equality, diversity and inclusion.

Examples include:

- The recovery colleges in Oxfordshire and Buckinghamshire
- Becoming a Stonewall employer diversity champion: in 2018 the Trust was scored 59/200, a huge improvement from 2017
- Setting up staff equality networks around race, disability and LGBT
- Marking equality days and months for example events for LGBT and black history
- Having a series of annual staff conferences on inclusion; the last was focused on LGBT issues in December 2017
- Developing the range of interpreting and translation services available to staff and patients
- Support and listening meetings with the fair treatment at work facilitators
- The Head of Inclusion monitors the Trust's BME recruitment data and reports to Board
- Event for anti-bullying week in November 2017 and promotion of bullying prevention strategies and understanding of identity based bullying and stress based bullying
- Publishing an annual gender pay gap report with the actions being taken

The Trust is committed to developing our culture and celebrating diversity for our staff and the patients we care for. We deliver a session on inclusion at the staff induction, care certificate and leadership development programmes, require all staff to complete inclusion training (completed by 96% of staff as of March 2018), and have also delivered training to help staff to understand 'unconscious bias'. The Trust's work is led by the Chief Executive with support from the Head of Inclusion, an equality, diversity and inclusion steering group and the staff inclusion network groups.

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

- Equal Opportunities – this focusses on legislative, regulatory and accreditation frameworks.

- Workforce and staff – primarily working to ensure policies and training are in-place and sensitive to diversity and inclusion.
- Valuing Diversity – including our approach to staff equality networks and conversations that influence the culture of the organisation.
- Patients, service users and carers – working closely with clinical teams and with the delivery of the patient experience, involvement and carer (I care, you care) strategies to ensure that we are sensitive to the different needs of patients and carers.

Within these work streams the Trust has specific action plans to address the findings from the Equality Delivery System 2 (EDS2), the Workforce Race Equality Standard (WRES) and Accessible Information Standards.

In addition, the Oxford Centre for Spirituality and Wellbeing was launched at the end of 2017; the Trust's Head of Spiritual and Pastoral Care is the lead for the centre. The centre will support staff training, development and research into psycho-spiritual care within health and social care contexts.

National staff survey results for 2017

The Trust participated in the annual national staff survey in 2017. The survey was conducted on-line by an independent contractor and was open to all Trust employees to complete. 50% of staff responded to the survey, similar to the response rate last year (2016, 51%) and higher than the national average (45%).

Overall, the results were very similar to the previous year, however where focused actions had been taken in particular services the results have started to improve.

The staff engagement score (calculated from nine questions in the staff survey, based on advocacy, motivation and involvement) for 2017 was 3.81 out of 5 (5=staff reported feeling highly engaged), compared with 3.82 in 2016 and the national average at 3.79. Staff satisfaction and engagement is directly related to better patient care. Therefore, monitoring and improving the level of staff engagement is very important.

Average rating for 'would recommend the organisation as a place to work or to receive treatment' was 3.74 out of 5. This is higher than last year (2016) and higher than the national average of 3.68.

We performed better than the national average on:

- Quality of appraisals: we are the best amongst our peers and the quality has steadily improved since 2015
- Staff confidence in reporting unsafe clinical practice
- Effective use of patient experience feedback, showing our commitment to improving patients experiences of care

- Recognition and value of staff by managers and the organisation

We performed worse than the national average on:

- % of staff appraised in the last 12 months (76%, compared to the national average of 92%. This has declined from 2016). New objective identified for 2018/19.
- Staff satisfaction with quality of work and care they are able to deliver (3.71 out of 5, compared to the national average of 3.85)
- Staff suffering from work related stress in the last 12 months (52%, compared to the national average of 33%). We started work on this as part of an objective for 2017/18, and this will be carried over as an objective for 2018/19.
- Staff working extra hours (74%, compared to the national average of 71%)

The Trust has focused on retention of staff in 2017/18 and this will continue in 2018/19. The retention strategy includes work streams to reduce workplace stress and bullying and harassment; and to improve leadership capability, career opportunities, inclusion and recognition/ reward.

The Workforce Race Equality Standard (WRES) requires organisations to demonstrate progress against a number of indicators around workforce equality, with some of the indicators in the national staff survey. Table 13 below details findings from the staff survey separated for responses from white and black and minority ethnic (BME) staff.

Disappointingly, there remain a number of our staff that are still reporting experiences of feeling bullied, harassed or discriminated against in the workplace. This behaviour is not being tolerated and the Trust's Chief Executive has spoken out about this, and led a Trust campaign as part of anti-bullying week back in November 2017. Over the past year there have been a number of initiatives around this issue, including the launch of the new staff support hub, and while this issue remains static, we hope that as these actions embed and new actions are undertaken, we will see improvements in the year ahead.

We promote and support inclusion within the Trust. We hold regular staff equality network meetings and work in collaboration with network members on actions from the race equality and LGBT equality action plans.

We have achieved the status of 'Disability Confident Employer' and we currently have a Bronze Award in the Defence Employer Recognition Scheme.

The Freedom to Speak Up Guardian was appointed in April 2016, and reports to the Chief Executive, providing independent and confidential support to staff that wish to raise concerns and promoting an open culture.

Most of the concerns raised with the guardian have been resolved locally and did not require an investigation. Some bullying and harassment concerns have been raised with

the guardian and in these situations, direct action has been taken. Read the last annual report from the Freedom to Speak Up Guardian on

<https://www.oxfordhealth.nhs.uk/papers/25-october-2017/>

We have been making progress over the past year with staff locally reporting more positive experiences and feeling more engaged. We need to continue this work and build on what we have achieved.

To see the full staff survey results please go to

http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2017_RNU_full.pdf

Table 13. Workforce Race Equality Standard indicators (*data source 2017 national staff survey*)

National staff survey question	Race	Trust score 2016	Trust score 2017	National average 2017
% of staff experiencing harassment, bullying or abuse from patients in the last 12 months (KF25) <i>The lower the score the better.</i>	White	25%	28%	25%
	BME	33%	27% (better than 2016)	28%
% of staff experiencing harassment, bullying or abuse from staff in the last 12 months (KF26) <i>The lower the score the better.</i>	White	21%	21%	20%
	BME	25%	27% (similar to 2016)	23%
% of staff believing that the Trust provides equal opportunities for career progression or promotion (KF21) <i>The higher the score the better.</i>	White	90%	89%	88%
	BME	77%	73% (worse than 2016)	76%
In the last 12 months have you personally experienced discrimination at work from manager/ team leader or other colleagues (Q17b)	White	6%	6%	6%
	BME	17%	13% (better than 2016)	11%

Infection prevention and control

In 2017/18 the Trust has had ten *Clostridium difficile* cases: nine were Trust patients and one patient was tested within 72 hours of admission, and so relates to the clinical commissioning group. All cases have been reviewed by a system wide health economy meeting and deemed unavoidable. The Trust has had no MSSA or MRSA bacteraemia cases.

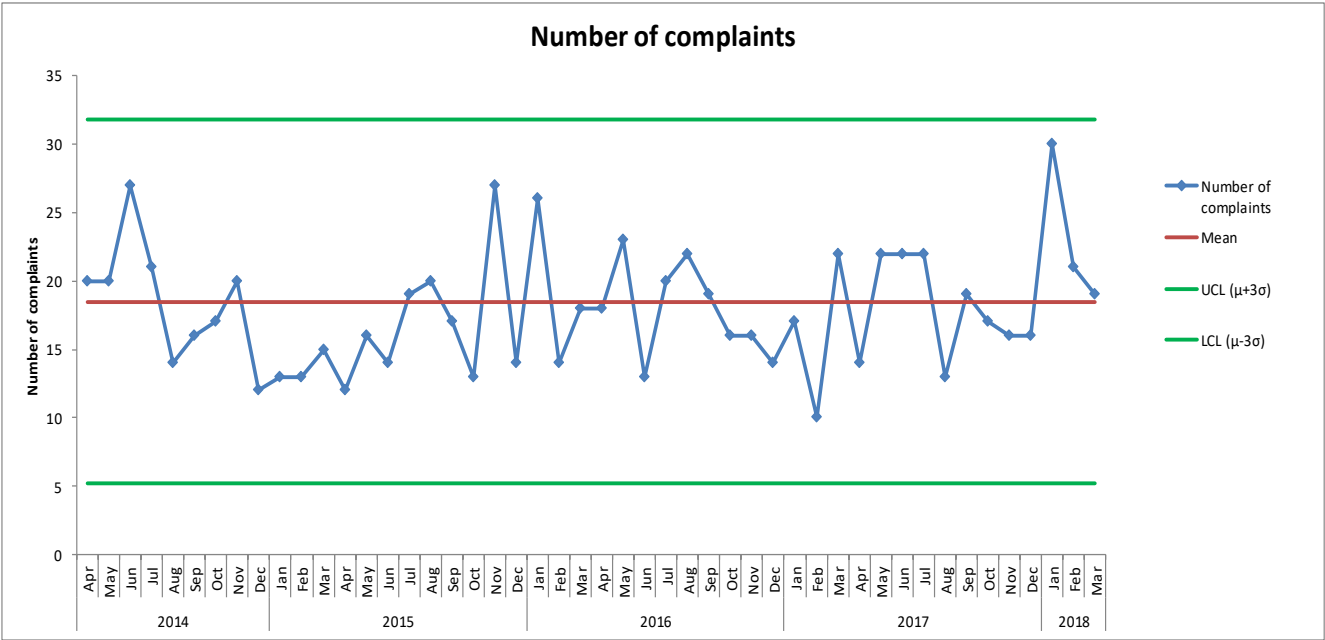
The Trust participated in a joint project with the Oxford Academic Health Science Network and other health care organisations, to raise awareness of Catheter Acquired Urinary Tract Infections (CaUTI) prevention and develop strategies to prevent incidence. The following outcomes have been achieved: improved the procedures and protocols relating to catheterisation and continence and made these more accessible to staff, ensure procedures

are aligned across providers, streamlined the continence products on offer, reviewed the training programme and offered more sessions to community staff, developed e-learning and developed a case to purchase additional bladder scanners.

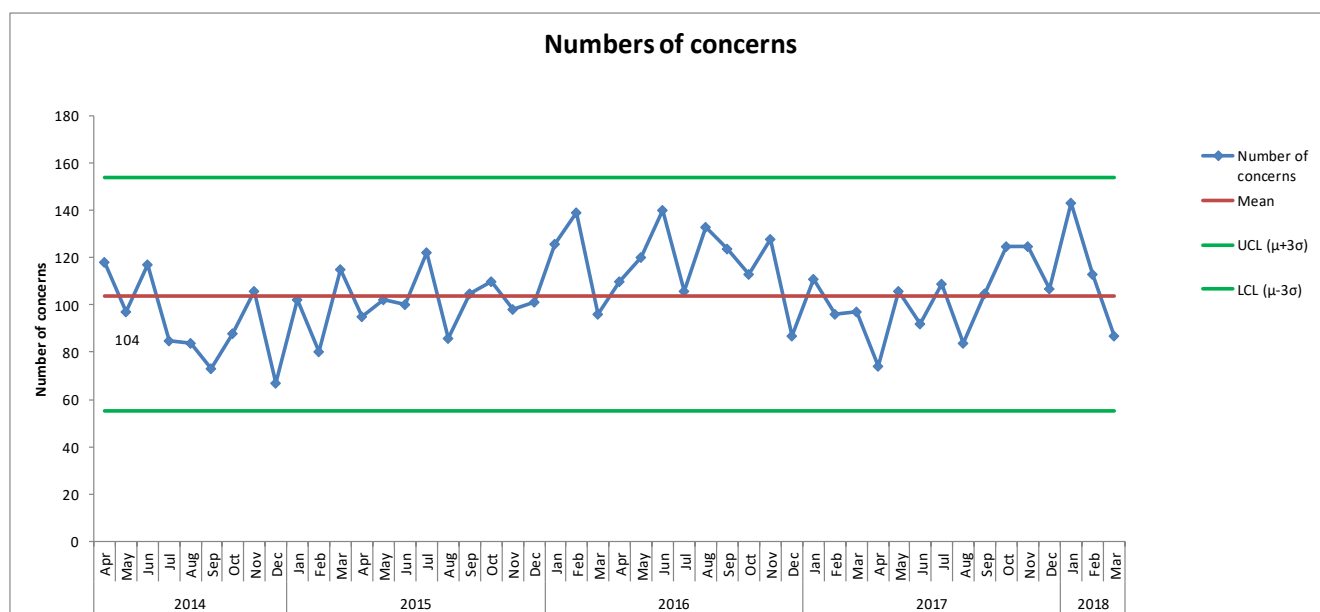
Complaints

In 2017/18 the Trust has received 232 formal complaints, 1371 concerns resolved informally and we have responded to 67 concerns raised by MPs on behalf of their constituents. All complaints and concerns were acknowledged within three working days in line with the NHS Complaints Regulations (2009). We let the person decide if they wish their concerns to be managed formally through the complaints process or informally. In addition, the complaints and PALS (patient advice and liason service) team have responded to a further 1,182 information requests, enquiries and comments from patients and their families and received over 11,954 compliments in 2017/18. The graphs below show the number of formal complaints and concerns received by month over the last four years; for both, the number responded to are quite similar each month, and there are no trends.

We have used statistical process control graphs to display the information to be able to identify a positive or adverse trend over time. These type of charts have a central line for the average, an upper line for the upper control limit and a lower line for the lower control limit, the lines are determined from historical data.



Data source: Ulysses system



Data source: Ulysses system

All complaints are graded (green, yellow, orange or red) using the national patient safety risk matrix based on harm and likelihood to reoccur. From the 232 complaints received in 2017/18, 162 (70%) were graded green, 51 (22%) were graded yellow, 18 (7%) were graded orange and one was graded red.

Out of the 232 formal complaints received in 2017/18, 198 had an investigation completed and a response sent to the complainant by 31st March 2018. We have asked for a number of extensions from complainants to complete investigations, however only four complaints were responded to outside an agreed timescale. The average time for responding to a complaint is 32 days. 58% of the completed investigations identified at least one concern within the complaint which was upheld by the Trust: this is slightly below the national average.








After the investigation into each complaint, if there are any upheld elements or any improvements in practice identified then a complaints improvement plan is developed by the investigating officer in liaison with the relevant service manager/ward manager. The majority of the actions being taken are to address how staff communicate and share information with patients and their families to enable joint decision making and involvement in care. See p.172 for work happening in this area.







In 2017/18, nine cases have been under review by either the Parliamentary Health Service Ombudsman or Local Government Ombudsman for investigation. One was since withdrawn by the complainant. Of the eight; three cases were closed with no recommendations, three required further actions to be completed by the Trust (all have been completed) and two cases remain under investigation by the ombudsman.


Progress against the quality priorities and objectives 2017/18

Below is a summary of our progress against the quality objectives set for 2017/18, with more detail on each objective in the following pages. We have achieved 17 objectives, been close to reaching a further 4, and 2 objectives have not been delivered.

Table 14.

	Priority 1 – Improve staff retention and engagement	Target achieved	Close to target	Not delivered	To be taken into 2018/19
A	Focus on retention of existing staff				Yes
B	Develop how we support staff to be able to manage stress				Yes
C	To review and enhance the channels of communication across the Trust				No
D	Increase the number of apprenticeships, to upskill staff, particularly in pay bands 1-4 to enable career progression				No
E	Introduce nurse career pathways through piloting new roles				No
F	Introduce and evaluate the new development leadership pathways for staff				No
G	To refine and enhance existing functionality of the electronic patient record to support care delivery				Yes

	Priority 2 – Improve the experiences of patients and their families and carers	Target achieved	Close to target	Not delivered	To be taken into 2017/18
A	Implement the second year of the Trust-wide patient experience and involvement strategy				Yes
B	Transfer the provision of the Oxfordshire learning disability services				No
C	Co-develop a new Trust-side dementia strategy				No
D	Review, implement and evaluate a revised care plan for older people at the end of their life				No
E	Develop palliative care provided to children and families				
F	Improve transitions between care pathways across ages - children to adult services				Yes

	Priority 3 - Increase harm-free care	Target achieved	Close to target	Not delivered	To be taken into 2017/18
A	Work towards the international nursing standards to achieve accreditation				No

	Priority 3 - Increase harm-free care	Target achieved	Close to target	Not delivered	To be taken into 2017/18
B	Continue to develop how we review and learn from deaths	✗			No
C	Reduce patient violence and aggression across the adult acute mental health wards through rolling out the safer ward programme			✗	Yes
D	Continue to pilot, roll out and evaluate a consistent new early warning sign tool to identify patients who are physically deteriorating across community hospitals and older people mental health wards	✗			No
E	Reduction in avoidable and acquired pressure damage	✗			No
F	Finalise the suicide prevention strategy and start to implement the objectives	✗			No

	Priority 4 – Promote health and wellbeing of patients	Target achieved	Close to target	Not delivered	To be taken into 2017/18
A	Improve the physical health care for patients receiving treatment for their mental health condition	✗			No
B	Develop diabetes care	✗			No
C	Implement a psychological therapy service for people with long term physical health problems	✗			No
D	Develop multi-disciplinary teams at a neighborhood level working across organizational boundaries	✗			Yes

Quality priority 1: Improve staff retention and engagement

(quality domain: safe, effectiveness and patient experience)

We are nothing without the staff we employ; they are the largest and most important resource we have. We employ around 5,700 staff from a range of disciplines. We want to continue to work on improving staff satisfaction and retention, which will also then improve the care and experience we provide to patients and their families.

The Trust has achieved the following awards to become an employer of choice:



For this priority we identified seven local objectives, progress against each is reported below.

a. Focus on retention of existing staff

There are significant staff shortages across England, with demand for services and demands on staff increasing. Given this national situation and to address our own local context we are working with our system partners through workforce groups to develop shared strategies and areas of focus.

Recruitment and retention is identified as an extreme risk on the Trust wide risk register and Board Assurance Framework. The key risks identified are; i) pressures on staff having an adverse effect on morale with the possible impact of increased stress related sickness/ difficulties in retaining; ii) unable to achieve required recruitment of staff to substantive posts which may result in increased usage of agency staff and inability to fill emergency shifts; iii) not sufficiently promoting and supporting the well-being of staff which may lead to a reduction in staff morale, increase sickness and loss of reputation.

Although a number of actions have been taken around recruitment retention this has not yet had an impact on reducing turnover and/or the number of vacancies. Both measures are closely monitored by the Trust's Board every month. The national staff survey results show the level of staff engagement is above national and has not changed from 2016 to 2017.

Achievements

- From July 2017 a fortnightly recruitment and retention working group was set up chaired by the Director of HR, and includes the Chief Executive, Chief Operating Officer, Heads of Nursing and Service Directors to maintain a focus and monitor the completion of actions.
- A workforce strategy has been agreed which focuses on:
 - Reward and recognition
 - Reducing stress
 - Bullying and harassment
 - Equality, diversity and inclusion
 - Improve quality of career conversations
 - Flexible working and increasing the Trust's internal bank

The initiatives completed around **retention** include:

- The Trust has an annual awards ceremony to recognise staff achievements; the last was held in December 2017. This is in addition to the monthly 'exceptional people' staff award.
- Improving the pay for staff employed through the Trust's internal bank.

- We have an existing one-year long preceptorship programme for newly qualified staff in all professions, to support and encourage staff towards development within the Trust.
- We are currently looking at a range of reward items to promote and implement to ensure we support both the attraction and retention of staff.
- The Trust is ending agency contracts for unregistered healthcare support workers from May 2018 and we will only use workers from our internal bank.
- In response to the staff survey, the directorates carried out a programme of listening events to hear more from frontline staff about their challenges, and explore solutions to both local and Trust-wide issues.
- A series of Trust-wide conferences were held in March 2018 with a specific emphasis on recruitment and retention. This was well attended by over 170 managers/ leaders. We were able to provide some cases studies from other departments around the Trust showing the innovative ways they have recruited and retained staff.
- NHS Improvement asked the Trust to participate in a programme with several other NHS Trusts aimed at sharing best practice and examining new strategies to retain staff. This commenced in October 2017.
- A resilience project has started in 2018 to support qualified mental health nursing staff to enhance their development and resilience, acknowledging they are working in a challenging environment.
- We are reviewing the following suggestions from staff
 - Championing regional pay
 - Living wage
 - Overtime pay through bank contracts
 - Preceptorship increment increases

The initiatives completed around **recruitment** include:

- Regular contact with the student qualifying in our area, this includes senior staff going in to the university to teach and talk to student about their career choices. We also run career days for students, offering sessions on interviewing techniques and interviews for our vacant posts.
- In November 2017, we commenced a new programme for third year students with Bedfordshire University, they have a senior Nurse (8a and above) assigned as their mentor for the year, who meets with them on a bi-monthly basis to discuss their experiences and career choices.
- We now run joint interviews with Oxford University Hospitals NHS Foundation Trust and Oxford Brookes students who want to work and gain experience in both acute and mental health, as the first cohort of dual qualified nurses graduates in 2018.
- We run permanent adverts on NHS jobs, and have set up a careers centre to encourage local people to come in and find out about opportunities.
- We did a trial with a recruitment agency for them to assist us with finding substantive

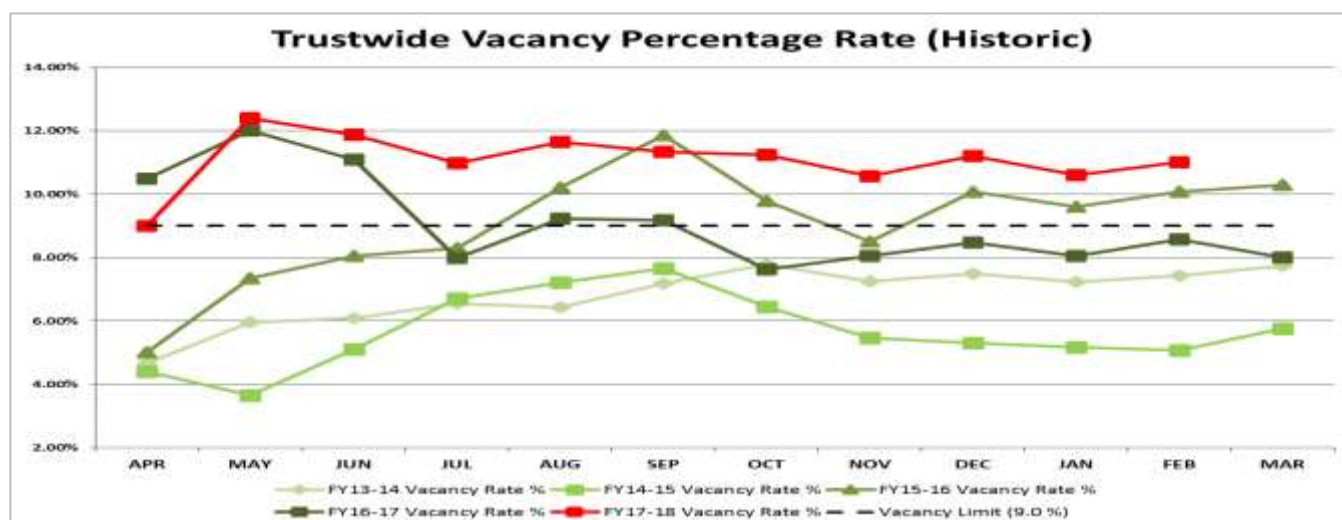
staff, but this was not successful.

- The Trust has implemented a new initiative offering a financial incentive for agency workers to move from the agency to our internal bank, providing us with more assurance around quality and consistency.
- We have implemented a bonus for 'refer a friend'.
- The recruitment process has been reviewed and there are continual efforts to streamline the process to make it easier for candidates and staff.
- We have recruited specific resource within the recruitment team for the hard to recruit to areas to troubleshoot and support the managers within those areas with campaigning and marketing.
- We will be using a recruitment resource with digital media skills to support our early adoption of media campaigns such as Facebook, Twitter etc..
- We have launched the 'Step into Health' programme to encourage people leaving military careers to join the NHS. We have been awarded the Bronze award and have been nominated for the Silver award for the Forces Covenant.
- We are operating our first generic nurses recruitment day hoping to attract nurses from acute, children's area etc. into mental health.
- We have refreshed and purchased new marketing materials for campaigns
- Increased the number of staff on the internal bank, this is currently 143 (pure flexible staff) and 354 (staff with substantive contracts also working on the bank).



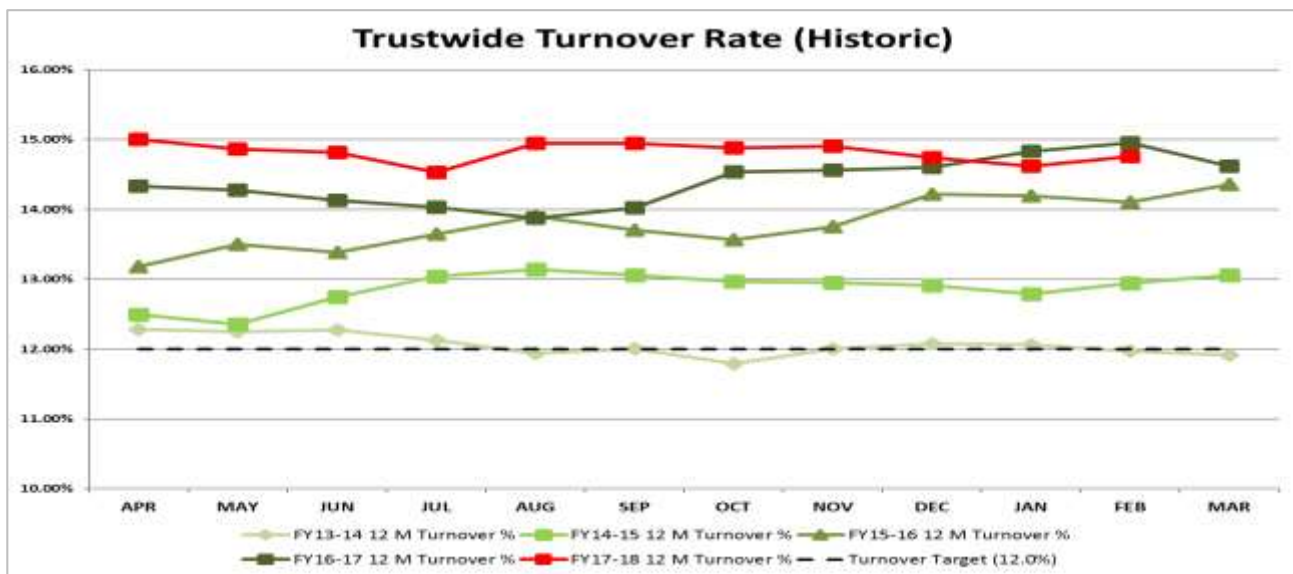
Measures

The Trust's target is less than 9% for **vacancies**, but for 2017/18, the average has been 11%. At the end of March 2018 the Trust had around 837 vacancies in the recruitment process, from advert to the member of staff waiting to start (in the context of around 5,700 employed staff). In the graph below, the red line represents the rate for 2017/18.



Data source: Finance

The Trust's target is less than 12% **turnover**, but for 2017/18 the average has been 14%. In 2017/18, around 1,850 new staff started with the Trust. In the graph below, the red line represents the rate for 2017/18.



Data source: Finance

Next Steps

- Implement the actions in the workforce strategy. This will continue to be an objective in 2018/19.
- Continue to listen and work with frontline staff to take forward suggestions.

b. Develop how we support staff to be able to manage stress

This objective is closely related to the above objective about the retention of staff to improve substantive staffing levels.

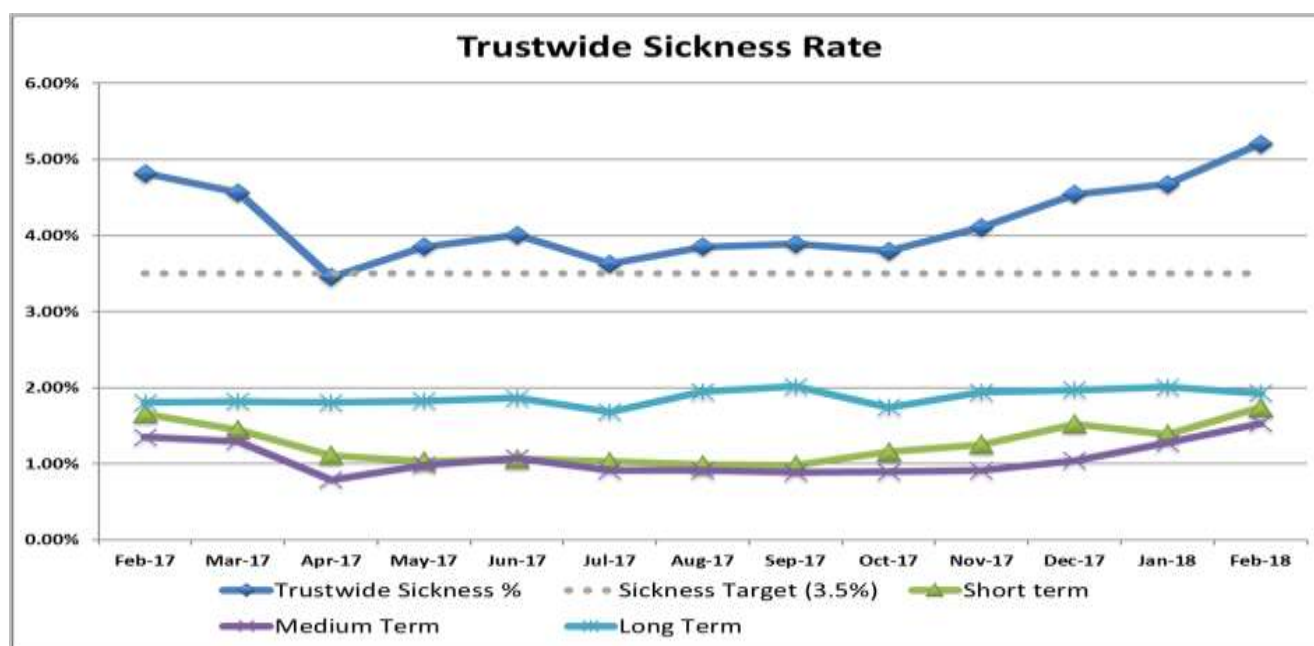
Achievements

- A new steering group was established with the support of our staff unions from September 2017, to develop how staff are supported to manage and prevent stress. The group is using the national Health and Safety Executive standards on stress management to identify actions to focus on prevention of stress and build staff resilience.
- Dedicated capacity from early 2018 has been identified to work on improving staff stress, health and wellbeing.
- The Trust's workplace stress prevention and response policy has been revised.
- A resilience project has started in 2018 to support qualified mental health nursing staff to enhance their development and resilience, acknowledging they are working in a challenging environment.

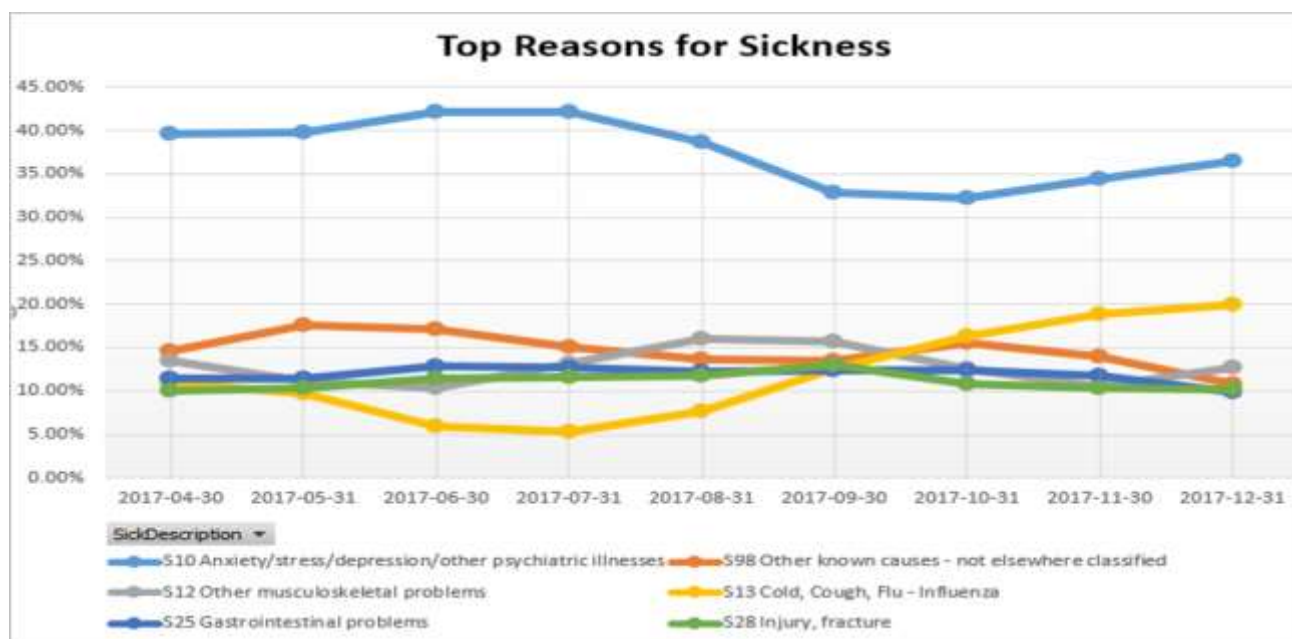
- A series of exercise classes, physical challenges such as the pedometer challenge, well-being events on healthy eating and cycling to work, and mindfulness sessions (3 courses each 8 weeks long) have been run by the Trust.
- Continued to develop the well-being champion role introduced in the Trust to support a healthy culture, there are currently around 90 staff who have volunteered.
- A resource area has been developed on the staff intranet called the Staff Support Hub.
- The Trust is developing a business case for funding to introduce an external employee assistance programme.
- Each clinical directorate is working with their services to review caseloads sizes and levels of demand to ensure services are safe and staff are being supported.

Measures

The Trust's target is a reduction in **sickness**: the overall sickness target is less than 3.5% but for 2017/18 the average has been around 4.5%. The main reason reported for sickness is related to stress.



Data source: Electronic Staff Record

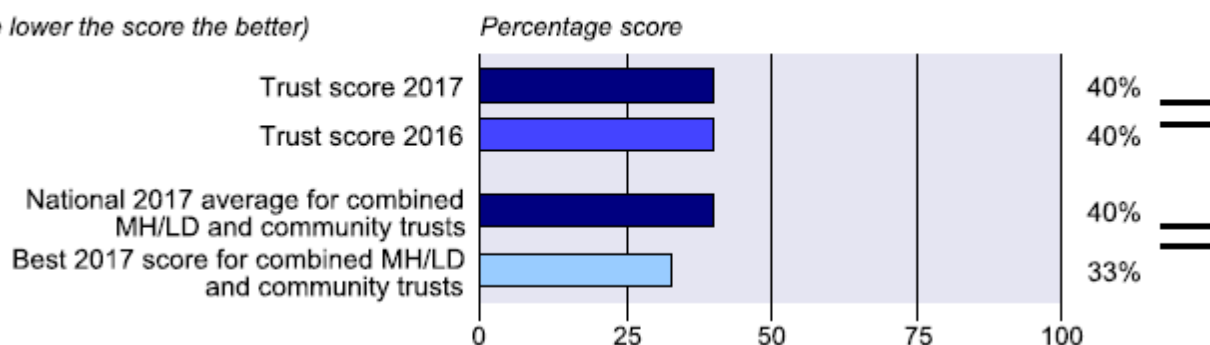


Data source: Electronic Staff Record

The below **national staff survey results** show the % of staff feeling unwell due to work related stress is the same for 2016 and 2017, and above the national average.

KEY FINDING 17. Percentage of staff feeling unwell due to work related stress in the last 12 months

(the lower the score the better)



Data source: national staff survey 2017

Next Steps

- This will continue to be an objective in 2018/19 incorporated into the implementation of the Workforce Strategy.

c. To review and enhance the channels of communication across the Trust

Achievements

- The current methods for disseminating messages and sharing learning have been mapped, alongside analysing which teams/professions read the weekly emails, attend the quarterly conferences and the staff survey results.

- In 2018/19, there will be a greater focus on matching the type of communication: for information, action or discussion and aiming communication at particularly staff groups.
- In 2017/18, pop-up messages on staff computers have been used, themed around key messages. Social media continues to be used by the Trust; for example, we have over 10,500 twitter followers. Face-to-face conferences continue to be held in each county every quarter, and there is a regular programme of board member visits to clinical teams.
- Microsoft Office 365 has been rolled out, including Skype being made available to all staff to improve communication.

d. Increase the number of apprenticeships, to upskill staff, particularly in pay bands 1-4 to enable career progression

Achievements

- The Trust has been appointed as an apprenticeship training provider.
- 41 apprentices over three programmes started with the Trust in September 2017 and more are due to start in September 2018. Out of the 41 apprentices; 23 are healthcare support workers and 18 are in management or business and admin apprenticeships. This compares to 19 apprentices in 2016/17.

e. Introduce nurse career pathways through piloting new roles

Achievements

- We have 24 nursing associate trainees who started from April 2017: the programme started with 25, as one trainee has dropped out. It is hoped this will lead to people becoming qualified nurses. We are starting a second cohort of 50 trainees in May 2018 and a further 50 trainees in September 2018. These will be offered by a university, in partnership with us as apprenticeship providers.
- We have also recruited three nurse consultants who are undertaking doctoral programmes: a Dialectical behaviour therapy lead consultant nurse in Buckinghamshire, a Trust-wide consultant nurse in suicide prevention, and a consultant nurse specialising in positive behaviour support for people with a learning disability.

f. Introduce and evaluate the new development leadership pathways for staff

Achievements

- The new development leadership programme is established: it incorporates taught days, coaching, undertaking a quality improvement project, 360 assessment and development plan. The programme will ensure that we can internally develop our staff and manage talent to provide further development through the National Leadership Academy Programmes.

- The first cohort commenced in January 2017 with 20 participants. A second cohort of 20 staff started in March 2018 and a third cohort is scheduled to commence in November 2018.
- Formal evaluation and iterations to the programme will take place once cohort one finishes.
- Another key development was the establishment of a trainee leadership board set up with 10 medical trainees who were paired with a board level member for a six month programme, exposing them to the senior leadership and decision making of the Trust. A second cohort is currently being recruited.

g. To refine and enhance existing functionality of the electronic patient record to support care delivery

Achievements

- Based on the developments we have made with technology; the Trust was one of seven mental health NHS Trusts named a global digital exemplar for innovative use of technology to care for people who use mental health services. This means for the next 3.5 years we will receive some additional funding to make developments and will be part of sharing best practice nationally.
- The majority of services in the Trust use electronic health records. In January 2018, the community hospital wards moved over to electronic health records, this required huge effort and work continues with clinical staff to improve the tools available and the system format.
- Developments have been made in how information is shared with GPs: for example, electronic versions of inpatient discharges from September 2017 were sent directly by Oxfordshire community mental health teams to GPs within the Trust's electronic health record (around 40-50 are sent a month). This is due to be rolled out for Buckinghamshire mental health teams and community hospitals in 2018/19.
- Trust staff (both in mental health and physical health services) can view basic patient information held by Oxfordshire and Buckinghamshire GPs from the Trust's electronic health record. 2000 views occurred in the first week by over 700 clinicians.
- The Trust has reviewed options to share our data with the wider records sharing solutions across Oxfordshire and Buckinghamshire initially. This work will be part of wider work streams that are taking place in each county: HIE and HealthIntent in Oxfordshire and the 'My Care Record' initiative in Buckinghamshire. In terms of Swindon, Wiltshire and Bath & North East Somerset, the Trust has been participating in exploratory sessions with partners in these areas to determine requirements and planned activities.

- In 2017/18 staff working in mental health services have been able to see and edit electronic health records on their iPad, as part of improving mobile working. The plan is to roll this out for physical health services in 2018/19.
- Microsoft Office 365 has been rolled out to all staff to improve mobile working with colleagues and patients as Skype and other functionality is developed in 2018/19.
- A number of apps have been developed for patients to help manage conditions. This includes Blueice, a prescribed evidence-based app to help young people manage their emotions and to reduce urges to self-harm, co-developed with young people with experience of self-harm. Also Sleepio, an app to treat insomnia by using online cognitive behavioural therapy (CBT) which could reduce mental health problems such as anxiety, depression, and paranoia.
- An example of how technology is being used to deliver patient care: the Trust's emergency department psychiatry service in Oxfordshire offers support to people who arrive at A&E departments in Oxford and Banbury. Technology Assisted Psychiatry (TAP) enables speedier consultation and support for patients thanks to video conferencing between the A&E and psychiatrists. The team won an award, see below.
- The Trust's website has been refreshed with prominent, patient-centred menus - 'Your Health', 'Your Services', 'Your Care', with clear signposting to find information

Next Steps

- Continued work to improve functionality of the electronic health record systems for staff. This is an objective for 2018/19.

Quality priority 2: Improve the experiences of patients and their families and carers (quality domain: patient experience)

In 2016/17 the Trust launched a new three-year patient experience and involvement strategy co-produced with patients. The strategy sets out our aims and commitment to patients and their families. A copy of the strategy is available on <https://www.oxfordhealth.nhs.uk/getting-involved-with-oxford-health/patient-involvement/our-strategy/>

The feedback we have received directly from patients and their families, as well as the feedback shared by the CQC and Healthwatch organisations, is overwhelmingly positive, with patients reporting feeling cared for by staff: as a result, they highly value the service provided. We have made improvements in 2017/18, but some people do not receive the positive experience we expect every person to have, and we therefore have more work to do. The themes highlighted from complaints mirror the key areas for further improvement identified from the feedback we receive, and are focused on communication and sharing information with patients and their families/carers to enable joint decision making and full involvement in care.

a. Implement the second year of the Trust-wide patient experience and involvement strategy

Achievements

- From early 2017 the Trust procured and rolled out one consistent approach to collecting and reporting on patient/ carer feedback. As a result, the amount of feedback received has more than doubled in 2017/18.
- Library of patient carer stories to support training for staff, and in addition a story is presented to Board every month.
- The Trust-wide 'Taking Action from Patient Feedback Group' is a group made up of patients and staff members: this group is responsible for overseeing the implementation of the strategy. To make the group more accessible to a range of patients the minutes are now also produced in a video format and posted on the Trust's internet.
- The majority of clinical teams have a patient experience lead or champion.
- From the patient experience and involvement strategy 3 actions have been fully completed, 25 actions are partially completed and 9 actions have not yet been started. Year one of the strategy (2016/17) was focused on identifying and recruiting capacity and resources, so many actions were not started until year two, 2017/18. The progress made with the strategy in 2017/18 has been significant, focusing on: improving how we collect and review feedback, developing guidance for patients/carers on being involved in staff interviews and peer review visits, developing a library of patient stories, and reviewing and developing the content and look of information on the Trust's website.
- The adult mental health wards took part in national research involving patients, with carers and staff being interviewed about their experiences with an aim to improve how we use patient feedback. We were the only Trust with 100% recruitment showing good engagement and commitment to improvement.
- We have commenced the recruitment and training of peer support workers (people with real-life experience of using mental health services who are employed to help and support others): these new roles will benefit those patients receiving the support, the peer-support workers themselves, and for the mental health system as a whole. Workers will be ready to start placements from July 2018.
- The 'I care, you care' strategy was launched in 2017/18 with the aim to improve family, friends and carers experiences. A new leadership role has been established and recruited to lead on the implementation of the strategy who started in March 2018. The carer awareness training has been refreshed. The Trust has maintained our external accreditation with the Carers Trust, working to national standards co-produced with carers.
- The Trust has been involved in an Oxfordshire system-wide initiative to develop a charter which defines our commitment to carers and sets out what support every carer can expect to receive. Carers, voluntary organisations, social care and NHS Trusts in

Oxfordshire have been involved in producing the charter. The charter was finalised in 2017/18 and will be launched in early 2018.

- 2017 national staff survey results, asking staff how effectively they use patient feedback. The Trust has maintained good performance in this area from 2015 and is still in the top 20% of Trusts nationally.
- The Oxfordshire and Buckinghamshire recovery colleges hosted by the Trust but run in conjunction with partners continue to run courses for patients, carers and professionals to learn together.

Measures

Patient feedback from the **annual national community mental health survey** 2017, sent to a random selection of 850 patients aged 18 and over, was positive and showed improvements in patients' experiences. Key positives with results above the national average include: patients said they had received a formal review of their care in the last year, felt involved in their care, were given enough time to discuss their needs and treatment, knew who and how to contact a member of staff if they have a concern about their care, felt they got the help they needed when making contact in a crisis, and patients said staff listened carefully to them. The areas identified for further improvement were around: helping patients to find support for physical health needs, financial advice/ benefits and finding work. Also supporting patients to take part in local community activities and getting support from people who have had similar experiences. The full report can be accessed at:

http://nhssurveys.org/Filestore/MH17_bmk_reports/MH17_RNU.pdf

National core question asked to all patients that complete a local survey, how likely are you to recommend our services to friends and family if they needed similar care or treatment? (also known as the friends and family test). In 2017/18 overall 97% of patients receiving physical health services would recommend the care, higher than the national average. In 2017/18 overall 91% of patients receiving mental health services would recommend the care, this improved from May 2017 and since this time has been higher than the national average.

We have received 15,718 responses to the Trust's **local survey** in 2017/18, which is more than double from last year. Below is a breakdown of feedback about physical health services and mental health services. Teams have real time access to this information so that it can always be used to make improvements.

Mental health and learning disability services all ages: the number of responses received in 2017/18 has gone from 170 per month to 460 per month (in the context of seeing about 11,000 patients a month). Patients on average rated the care they received 4.5 out of 5. The positive feedback is around feeling treated with dignity and respect, staff were kind and listened. Patients feeling involved in decisions about their care is overall rated by patients as 4.4 out of 5.

The word cloud below shows the most 100 commonly used words in the responses to open text questions. The colour of the word shows if it was used positively or negatively (the greener, the more positive) and the size of the word demonstrates how often it was used: for example, 'staff' was used 435 times and 'good' was used 505 times.

Data source: Iwantgreatcare system



Data source: Iwantgreatcare system

are videos on 'You Said, We Did'. The last quarterly report can be accessed at <https://www.oxfordhealth.nhs.uk/papers/31-january-2018/>. As of March 2018, 98/320 clinical teams were routinely displaying or sharing (through newsletters) the actions they were taking as a result of feedback from patients and their families. As the strategy matures, we are aiming for all teams to be regularly updating and demonstrating the actions they are taking.

Next Steps

- Delivery of the final year of the strategy continues to be an objective for 2018/19.

b. Transfer the provision of the Oxfordshire learning disability services

Achievements

- The transition of specialist health services for adults with a learning disability within Oxfordshire happened as planned on the 1st July 2017.
- The 'first hundred days' project plan has been completed, with weekly updates to the Executive Team. Further actions identified in the initial period have been carried into the Learning Disability Strategy.
- The service has completed a self-assessment against the national 'Healthcare for All' and the draft NHS Improvement Provider Standards for Learning Disability to identify actions to go forward. In addition, a self-assessment has been carried out against the recommendations from 'Verita 2's review of Southern Health's transfer of services from the Ridgeway Partnership. All self-assessments have been reported to Trust Board.
- The Learning Disability Steering Group reconvened in June 2017, with refreshed terms of reference and agreement on how best to provide oversight of the work programme from a clinical and patient experience perspective. The agreed main areas to focus on were:
 - Transition of specialist services
 - An all-age strategy for people with a learning disability across the Trust's geography, which will include progress against the 'Healthcare for All' national standards
- The service has joined a number of national initiatives including working with:
 - The Patient Safety Academy on a programme to improve patient safety for people with learning disabilities. This will include training on human factors and service improvement projects around dysphasia and learning from admissions.
 - NHS Improvement collaborative on a criteria-led discharge collaborative.
 - NHS Improvement on a project led by the University of West London to consider a tool developed to deliver safe sustainable staffing. We will use this tool to inform our workforce planning within the learning disability service.
 - Oxford Academic Health Science Network to help deliver the 'Leading Together programme', a regional programme which aims to develop partners in leadership

between those with lived experience (patients) and those with decision making power across the systems.

- The Learning Disabilities Mortality Review (LeDeR) Programme was established as a result of one of the key recommendations of the Confidential Inquiry into the premature deaths of people with learning disabilities (CIPOLD), to contribute to improvements in the quality of health and social care for people with learning disabilities in England. A number of staff have completed LeDeR review training to carry out multi-agency reviews. The Trust has embedded LeDer into its processes for learning from deaths, see p. 143 for more details.

c. Co-develop a new Trust-side dementia strategy

Achievements

- A regular patient and carer led meeting, the 'Leading Together Group' takes place to drive developments in dementia care. Patients and their families have been involved in peer reviews of the service. The feedback from patients and carers continues to inform the strategy- which is in draft version and will go through a final approval process in May 2018.
- A number of work streams address particular actions as part of the strategy and have started work ahead of the strategy being finalised, including:
 - Dementia Friendly webpages - a survey was conducted with patients, families/ carers and staff to help create web pages which provide information about memory difficulties, dementia and our services. A series of consultation meetings about the pages have been happening: we aim for the site to go live in April 2018.
 - Staff Training – 162 Trust staff have attended tier 2 dementia training. The training involves co-delivery by someone who has dementia, a carer in some sessions, and the use of a simulation suit to provide experiential learning for participants. The Trust has been successful in securing funding to host tier 3 dementia training for 75 people across the Thames Valley, and we have tendered for providers. The provider will be confirmed in April 2018. Staff are also able to contribute to and participate in the Academic Health Science Network webinars. The Trust has also supported training for GPs in Oxfordshire and Buckinghamshire.
 - Peer development: members of the Care Home Support Service regularly attend the external Care Home Best Practice Network, which was set up as a result of research co-led by the Trust, to share best practice initiative with colleagues across Thames Valley.
 - Physical care services for people with dementia: there are a number of projects in community hospitals and District Nursing services to promote dementia care. The District Nursing service is continuing to work to embed the dementia care

strategy in the end of life care project. The Care Home Support Services has undertaken a project on hydration/health promotion with a poster presentation at Health Education England's Partnership event in March 2018.

- Diversity and Inclusion: work is underway to engage with hard to reach groups. A virtual working group has been set up across the two counties to support and coordinate some individual projects: for example i) in September 2017 two of the central memory clinic team delivered an awareness talk at Chinese Community Centre in Oxford with trilingual translation and approximately 50 people attended ii) Some outreach work is being developed with a mosque in Banbury iii) the video 'Finding Patience' is available on the Trust's site.
- Memory Services Accreditation: North Buckinghamshire, Central Oxfordshire, South Oxfordshire memory services have achieved external accreditation with the Royal College of Psychiatry which involved patient and family/ care involvement.
- Wards: Two wards are developing projects to improve their outside environments and encourage the use of the garden. They will be consulting and involving patients and carers in the projects and are basing some of their ideas on the learning from work previously undertaken in community hospitals on best practice advice arising from this.
- Research: i) Collaboration with the NIHR Oxford Biomedical Research Centre to develop a Brain Health Centre, which aims to benefit both academic projects and clinical delivery of memory assessments and access to post diagnostic support is in its initial stages. A steering group has been formed and consultation with Consultant Psychiatrists and academic colleagues took place in February 2018. Further meetings with patients, carers and other staff members are planned. ii) We have submitted an expression of interest to participate in an evaluation of a 'Dementia Dogs' programme led by the charity Dogs for Good, which provides assistance dogs and a community engagement initiative to improve dementia friendly communities through the involvement of dogs in local settings.

d. Review, implement and evaluate a revised care plan for older people at the end of their life

The Trust delivers specialist palliative care and care at the end of a person's life for children, adults and older people. The Trust has a steering group to ensure a continued focus on improving care for these patients.

Achievements

- A new personalised end of life care plan was developed and piloted and a baseline audit completed. Patients' and carers' views were taken into account in the development process. People in Partnership Group and the National Council for Palliative Care (NCPC)

were also involved in the review process. Following the pilot, there was a staff feedback event in November 2017 to understand their experience of using the pilot tool and have conversations with patients about their wishes at the end of life. The final care plan was rolled out in December 2017.

- Training has been delivered to clinical development nurses in community hospitals to support the roll out of the care plan.
- An end of life link nurse network has been established in the Trust.
- Joint work across the system continues, particularly with the Oxfordshire Clinical Commissioning End of Life Clinical Reference Group, Oxfordshire Palliative Care Education Group and the Oxford University Hospital End of Life Care Working Party.
- Monthly local audits, to examine compliance with the national priorities, have started. We have also registered to participate in the new national audit of care at the end of life (NACEL) launched in 2018.

Measures

The results of a local random audit in February 2018 showed good assurance that care is being delivered according to the national priorities for end of life care. The one standard identified for improvement was around spiritual/religious needs being considered within the care plan. Staff reported difficulty in approaching the question and one of the community matrons has put together a training presentation which covers communication and strategies to support staff.

e. Develop palliative care provided to children and families

Achievements

- The Clinical Lead Nurse for palliative care completed the audit for end of life care in January 2018– the benchmark for this audit is the NICE standard: End of life care for infants, children and young people with life-limiting conditions. This has been carried out in conjunction with the Clinical Network Group Thames Valley Children's Palliative Care Network. All member areas of this network will be carrying out audits, the results of which will be considered as a whole. This will provide evidence against the NICE standards and identify any variations in service delivery across the Thames Valley region.
- The NICE standard is comprehensive and considers a large range of different aspects of end of life care delivery including:
 - Quality of Advance Care Plans (ACPs)
 - Parental and child involvement in decision making process
 - Sibling support
 - Communication including consistency of information given to family and child
 - Care planning
 - Emotional and psychological support
 - Pain and symptom management

- Practical support
- Bereavement support for family
- The Children and Young People Advanced Care Plan (CYPACP) has been identified as the tool of choice within the hospital and the community. There has been an increase in involvement with professionals to support the family with the CYPACP discussions. These are led by a named professional and ensure family wishes are respected and valued.
- The Children's Community Nursing Team has planned and costed an enhanced Palliative Care Service for children and young people. Funding from the commissioner has been identified for this area of service development and implementation. The plan is that this team will be led by a band 7 Palliative Care Clinical Lead, 2 band 6 nurses and a band 4 Health Care Assistant. This team will be able to provide an improved quality of care to children needing palliative care. The job descriptions are written and currently with the job evaluation panel. The plan is to advertise the new posts in April 2018.
- An improved referral process has been developed for neonates who are at end of life. This has involved increased speed of referrals from Oxford University Hospitals NHS Foundation Trust to the Children's Community Nursing Team and improved processes of liaison and documentation.

f. Improve transitions between care pathways across ages - children to adult services

Achievements

- The terms of reference for the transition development groups in Oxfordshire and Buckinghamshire have been widened to include clinical and managerial representatives from children and adult mental health services, adult social care and third party organisations. The group has developed an improvement plan based on the results of audits in 2016/17 and 2017/18. Quarterly audits are being continued to monitor the impact of the improvement plan.
- The transition development groups oversee the improvement plan but also reviews disputed cases escalated by clinicians, reviewing, analysing and learning to determine if appropriate decisions were made with regards to on-going needs of a young person.
- The Trust has been working voluntarily with the new national Healthcare Safety Investigation Branch (HSIB) around a theme on communication at points of transition during care, to ask for their expertise and learning from elsewhere in the country. The preliminary scoping exercise was completed in November 2017 and the HSIB considered there was a potential for national learning so a full investigation has started across the country with the results expected to be reported in 2018.
- In 2017/18 the Trust has completed a thematic review on how children and adult mental health services communicate and share information.

- Internally, the Trust has reviewed and started to make changes to the management structure of services; this is designed to align all-age services across geographies, improve cross system working, and to support achievement of the strategic themes for mental and physical health.
- The above work is supported by the appointment of a joint children and adult mental health services commissioner in Buckinghamshire.

Measures

In 2017/18 the Trust received 11 formal complaints where transition was mentioned in one of the concerns raised, these were spread throughout the year and from different teams. The complaint investigations have been completed for 9 of the 11 cases, and of these, 4 cases have elements that have been upheld and actions are being taken and learnt across services.

Of the serious incident investigations completed in 2017/18, seven have had a theme for learning around transition if this is between teams or with other organisations. These individual investigations were included in the thematic review mentioned above. The Healthcare Safety Investigation Branch has identified transitions as a key theme for national learning across the NHS.

18 young people transitioned in quarter 4, the audit results were very positive including all but one young person having a named transition coordinator, and all but one person (a different case) having a clear transition plan with goals developed with the young person and their parent or carer. Work continues to improve the quality of transitions.

Next Steps

- The transition from children to adult services is challenging, and we recognise that there is more work to be done to reduce the safety risks and improve patient and family experiences.

Quality priority 3: Increase harm-free care

(quality domain: safe)

The Trust is committed to making care safer and to reduce avoidable harm through continual improvement. Improvements are made by measuring the impact of changes, supporting staff to be open and honest when things go wrong, having a range of mechanisms and formats to share learning, and working jointly across organisations within the health and social care system.

a. Work towards the international nursing standards to achieve accreditation

Our Nursing Strategy developed in 2015 aims to celebrate and support the development of the broad spectrum of nursing practice happening every minute of every day in the Trust. The

international nursing standards, as applicable, are included within the Trust's Nursing Strategy. This strategy sets the local context and the well-established NHS England National Nursing Strategy Compassion in Practice known as the 6 C's. The priorities of the strategy are:

- Valuing nurses (pride in nursing) and staff well-being.
- Ensuring high professional standards, including self-assessing our position against the international nursing standards, revalidation & development of common competencies
- Recruitment and retention of nurses.
- Development of career pathways for nurses from band 2 through to Consultant Nurses.

Achievements

- See page 164 on work on retention and recruitment, including new approach to student nurse recruitment from October 2017.
- In 2017/18 the Trust has rolled out the Safe Care module within electronic rostering to help teams to more easily manage staffing levels and skill mix according to patient acuity and complexity.
- We are participating in the NHS Improvement programme focusing on improving efficiency and productivity of electronic rostering by ensuring the right staff are in the right place at the right time to align with patient needs.
- Nursing revalidation training and support is in place, as well as alerts to support nurses and line managers. A new revalidation policy was developed and approved in September 2017.
- An International Nurses Day event was held in 2017, which over 60 nurses attending.
- We have introduced new associate nurse roles (see page 170).
- The Trust achieved employer training provider status for apprenticeships (see page 170)).
- Three new Nurse Consultants roles have been created and recruited to: a Dialectical behaviour therapy lead consultant nurse in Buckinghamshire, a Trust-wide consultant nurse in suicide prevention and a consultant nurse specialising in positive behaviour support for people with a learning disability.
- We have been increasing the number of nurse prescribers, particularly in the district nursing service.
- Development of competency frameworks, those in place are across; Health visiting, School health nursing, District Nursing, Children's Community Nursing and Physical health skills for mental health staff.
- Clinical academic fellow roles have been created in partnership with both universities in Oxford.
- Launch of the Oxford School of Nursing & Midwifery with Oxford Brookes University, Oxford University Hospitals and Oxford Academic Health Science Network, with the aim

of having a more integrated system to reduce the boundaries between the services and education.

- Self-assessment completed against international nursing standards.
- Work has started on developing a new two-year foundation programme for newly qualified staff.

b. Continue to develop how we robustly review and learn from deaths, including improving how we work with families to identify all learning

See page 143 for details of the work around learning from deaths.

In 2017/18 we have worked on improving how we engage, involve and learn from the experiences of beavered families by implementing the following actions:

- Reviewing training for investigators, including a skills workshop on working with families
- Reviewing and introducing new investigation report templates which are more accessible and better demonstrate how families have been engaged
- Using photos on the front of reports and names in reports as the family wishes
- Introducing new central checks through the investigation process to ensure families are offered different opportunities to be involved
- Developing a new information leaflet handed out to families to explain the investigation process and how they can expect to be involved
- Testing using a family liaison role

A recent audit in March 2018 demonstrated the above actions are starting to have an impact to improve how often and the extent families are involved in investigation to maximise learning.

See page 179 for details about the work to improve care for patients on an end of life care pathway and for children receiving palliative care, and page 189 for details on the work we are doing to reduce suicides.

Next steps

- The Trust will continue to focus on learning from incidents and deaths in 2018/19.

c. Reduce patient violence and aggression across the adult acute mental health wards through rolling out the safer ward programme

Achievements

- 'Knowing Me' boards have been introduced across a number of the adult acute wards to improve relationships between staff and patients, so patients are less likely to be violent to staff.
- We are 1 of 19 NHS Trust's participating in the national 'observation and engagement collaborative' being led by NHS Improvement, looking at how observations are done, what patients understand and how staff feel about doing them. A key foundation of the work is to look at how to sustain quality initiatives.

- Work with staff to recognise early trigger points which can lead to violence.

Measures

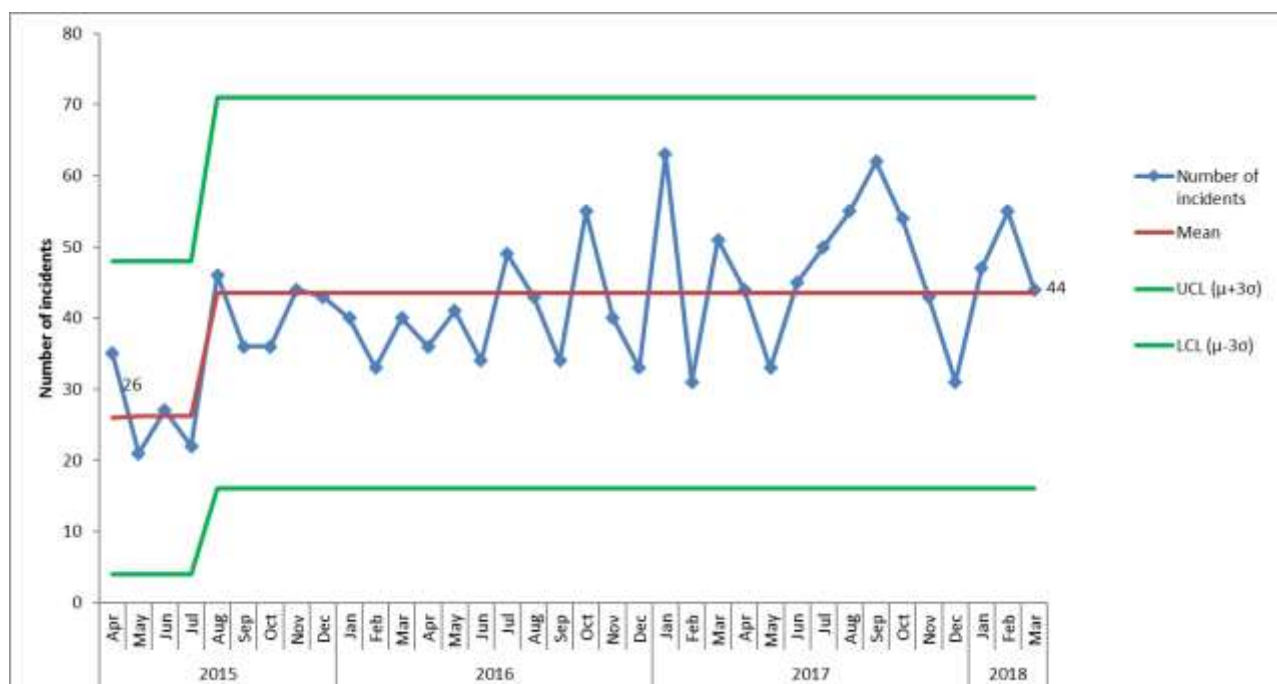
In 2017/18 the six adult acute mental health wards reported 563 incidents of violence and aggression (*data source Ulysses system*). The level has remained constant since August 2015 (shown in the chart below), although there have been fluctuations at ward level in particular months. Of the 563 incidents in 2017/18, 75% of these incidents were recorded as resulting in no injury or property damage, and 21% were reported as resulting in minor injury or property damage based on incident impact. Of the 563 incidents, 19 (3%) were reported as resulting in moderate injury or property damage over 12 months, and of these, 10 were in categories relating to violence with injury by patients towards staff. No incidents were reported as causing major harm.

From April 2017 there has been an increase in the number of incidents graded as resulting in moderate harm or damage, although the numbers are small ranging from 0-4 incidents a month across the six wards. No more than 2 incidents per month with moderate injury have been reported in the categories of violence towards staff with injury. In August 2017, a change was introduced to incorporate psychological impact into recording of incidents, which seems to have increased reporting levels. The collection of information around the type of harm, e.g. physical injury, psychological harm or property damage, is incomplete for some incidents and therefore we can only speculate this change has impacted on the numbers being reported.

The impact reported and described above is applied to the incident as a whole, but staff can report in a single incident the number and extent of physical injuries to a single staff member or multiple staff. In 2017/18 there were 60 incidents across the six wards reported in categories relating to violence with injury towards staff: 16 in quarter 1, 19 in quarter 2, 13 in quarter 3 and 12 in quarter 4. Within these incidents, physical injuries to staff were reported in 35 incidents, and in total, 53 injuries to staff were reported. In the majority of incidents (74%) 1 staff member was injured within a single incident and staff reported on average 1-2 injuries per incident, with the majority (66%) being minor.

All incidents are reported to the reporter's line manager and the manager of the clinical team to ensure appropriate support has been offered to the member of staff and team affected, to review the care for the patient involved, and to identify any learning from the incident. As appropriate support will also be offered by a senior manager and if the member of staff is off sick for consecutive days, the Trust's Health and Safety Officer will contact the person and report this to the Health and Safety Executive. In 2017/18, two injuries to staff have been reported to the Health and Safety Executive. The themes and learning from incidents is reviewed weekly, monthly and quarterly by senior clinicians.

All violence and aggression incidents reported by adult acute wards regardless of level of injury from April 2015 – March 2018



Data source: Ulysses system

Next Steps

We are carrying the objective over to 2018/19, with a continued aim to reduce the number of incidents of physical violence with harm on staff.

d. Continue to pilot, roll out and evaluate a consistent new early warning sign tool to identify patients who are physically deteriorating across community hospitals and older people mental health wards

Achievements

- Improvements in Community Hospitals following the introduction of the 'simulation' training in conjunction with OXStar (over 100 staff have completed the training), the use of the national early warning scoring system (NEWS, the national early warning scoring system, which can be used to identify patients whose condition is deteriorating) across all sites and the 'care and comfort' rounding bundle have been sustained with only one incident of failure to recognise the acutely ill and deteriorating patient since these measures were put in place.
- The older people mental health wards are also using the NEWS tool with performance audited quarterly.
- Funding has been secured for further delivery of clinical simulation training this will take place in April and May 2018. Work has also been undertaken with the Academic Health Science Network to develop a 'train the trainer' model in human factors (cognitive and interpersonal skills) to maintain sustainability in this area.

- New national guidance in relation to NEWS was published in December 2017 and we have started work to undertake a gap analysis of current practice against the new guidance.
- In the Urgent Care service, the following actions were taken:
 - The development of a process to enable proactive review of patients with suspicion of sepsis though no overt features requiring immediate referral
 - The development of bespoke targeted information leaflets for patients and families regarding sepsis risks and early warning signs.

The following areas of work have started and will be completed in 2018/19:

- Scoping the inclusion of sepsis awareness for all staff within the Trust's induction programme
- Standardisation of the sepsis processes across the emergency multi-disciplinary units and rapid access to care unit
- Undertaking to deliver sepsis recognition and awareness sessions across a variety of Trust sites to coincide with world sepsis day in September 2018
- Development of a bespoke package of training and processes to support the recognition of, and escalation of concerns in relation to sepsis for district nursing and care home support service teams
- Identification of local sepsis champions across the older adult mental health wards with links and resources to raise awareness of sepsis and necessity to escalate concern and take action to support patients in the event that this happens

Measures

The monthly audits of the use of the NEWS tool in community hospitals have demonstrated an improvement which has been sustained in the escalation of abnormal observations. Results in the table below.

From December 2015 to March 2018 there has been one incident across the community hospital wards of failure to recognise the acutely ill and deteriorating patient since these measures were put in place.

Table 15.

Audit standard	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
1. Has the chart got a patient label or full name and hospital number?	91%	93%	93%	95%	95%	98%
2. Is the correct date recorded for the last record? Year to be recorded at least once per chart	95%	95%	93%	100%	95%	94%
3. Was the temperature recorded in the last 24 hours?	100%	100%	100%	99%	98%	100%
4. Was the BP recorded in the last 24 hours?	100%	100%	99%	99%	97%	100%
5. Was the pulse recorded in the last 24 hours?	100%	99%	100%	99%	98%	100%
6. Were the respirations recorded in the last 24 hours?	100%	100%	100%	98%	98%	100%
7. Were the O2 SATs recorded in the last 24 hours?	100%	100%	100%	99%	98%	100%
8. Has the NEWS score been recorded with ALL sets of observations in the last 24 hours?	100%	99%	100%	99%	98%	98%
9. Has an AVPU score been recorded in the last 24 hours?	100%	98%	100%	99%	98%	100%
10. Were all 6 colour coded physical health parameters completed for the past 5 days?	96%	98%	98%	96%	99%	95%
11. Was a NEWS score recorded for the past 5 days?	95%	100%	95%	96%	99%	96%
12. Is there evidence that the identified activity has been taken for any score in the yellow zone in the past 7 days?	87%	93%	92%	100%	98%	94%
13. Is there evidence that the identified activity has been taken for any score in the orange zone in the past 7 days?	91%	94%	100%	100%	100%	81%
14. Is there evidence that the identified activity has been taken for any score in the red zone in the past 7 days?	88%	100%	100%	100%	100%	75%
OVERALL AUDIT RATING	GOOD	GOOD	GOOD	Ex	Ex	Good

Data source: Local audit results

e. Reduction in avoidable and acquired pressure damage

Pressure ulcers occur when an area of skin is placed under pressure and the skin and tissue breaks down. Suffering a pressure ulcer can cause great pain, discomfort and upset for patients. The Trust set up a pressure ulcer prevention steering group which includes commissioners to drive and oversee the improvement work.

Achievements

- In 2017/18, the Trust achieved a notable reduction in the number of significant acquired pressure ulcers with lapses in care. The measures below evidence the impact of the improvements made.
- There has also been an improvement in reporting acquired lower grade pressure damage (category 1 and 2) with a focus on learning from these to prevent more serious pressure damage. In 2017/18, a total of 686 category 2 acquired pressure ulcers were reported compared to 496 in 2016/17; reporting for category 1 pressure damage improved from 27 in 2016/17 to 80 in 2017/18.
- Training on pressure ulcer prevention and management and equipment awareness is available to complete electronically or in a classroom. Alongside this a competency framework has been launched across community nursing teams for all staff to complete.
- Additional training was provided to the district nursing teams regarding the identification of SCALE (Skin Changes at End of Life), the criteria for defining SCALE now appears as a prompt when reporting pressure damage.
- The following improvement initiatives were implemented:
 - Quick Time Learning process (QTL)

The QTL process is managed by the clinical development leads (CDL) for each team. The Clinical Development Lead will meet with the team as soon as possible after the reporting of a pressure damage. If the pressure damage occurs within the service (it is acquired) then the team analyse the case and see if the damage could have been prevented or if all actions were taken to reduce risk.

Actions from the QTL approach included:

- Promotion of low grade harm reporting - including category 1 pressure damage.
- The handover process was updated to include a requirement to discuss all identified pressure damage promptly at team meetings and ensure team appropriate interventions have been provided.
- A handover poster and flow chart outlining the requirements was developed by teams.
- Initial Review (short pressure damage analysis form) has been activated for all acquired category 2 pressure damage to identify learning.
- Learning from incidents with lapses in care is shared by Clinical Development Leads at team meetings and via the county wide meetings.

○ React to Red

The React to Red initiative encourages the use of the initial SSKIN bundle assessment on first district nursing visit to allow early care planning; education with patients and their carers; and promoting better communications between nursing teams and care agencies. The initiative was piloted in April 2017, but it was delayed due to recruitment challenges and was relaunched in December 2017. In November 2017, the Trust also introduced the initiative jointly with the Oxford University Hospital NHS Foundation Trust in relation to the Home Assessment Reablement Team.

○ Motivational Interviewing Project

A pilot was started with a district nursing team in the north: psychology support was provided via Talking Space Plus to build up skills in managing patients with long-term conditions, anxiety or depression. Evidence from the pilot in long-term conditions demonstrated that patients who received psychological support had better outcomes in managing their long-term conditions.

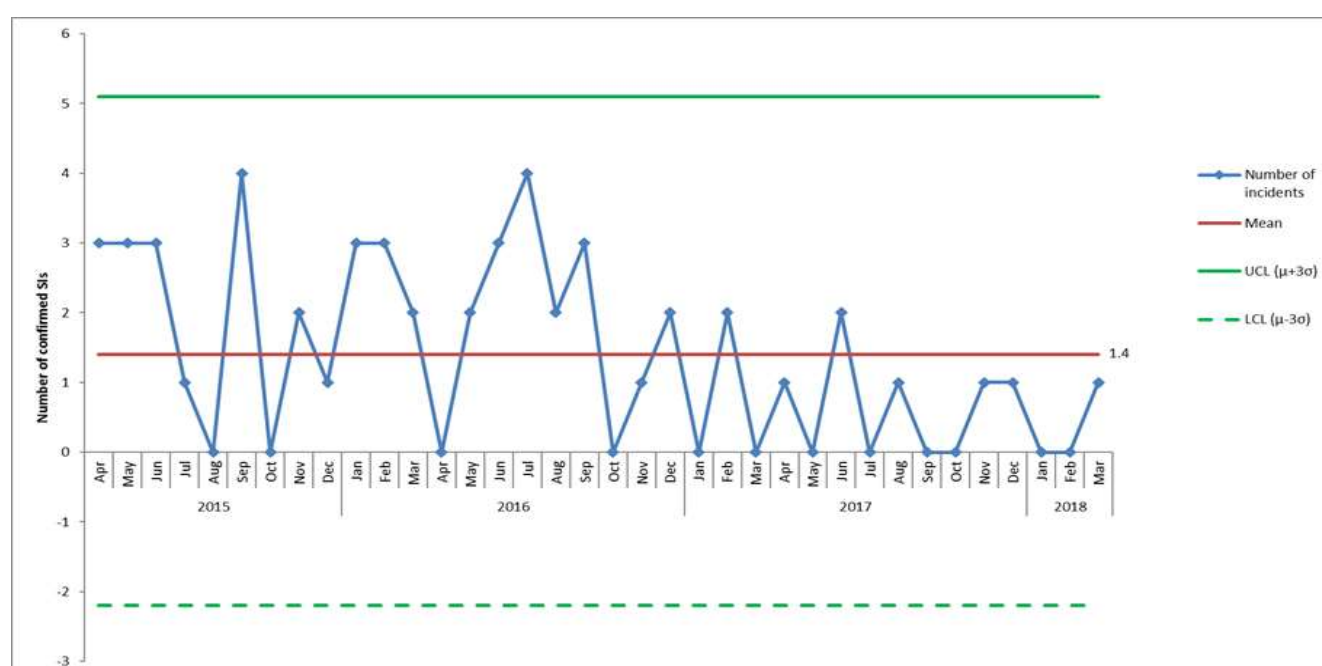
Motivational interviewing helps nursing staff improve patient concordance with care plans including pressure damage prevention care plans. Talking Space Plus provided teaching and supervision to the district nursing team for a period of 3-6 months to evaluate the project outcomes with the team. The sessions primarily provided teaching on understanding anxiety and depression, motivational interviewing

and how to refer to other services. Then over time the sessions became more focused on supervision for staff. Further sessions in 2018/19 are planned.

Measures

In 2017/18, the Trust achieved a notable reduction in the number of serious acquired pressure ulcers with lapses in care. There were 7 acquired category 3 or 4 pressure ulcers with lapses in care in 2017/18 compared 21 in 2016/17 and 28 in 2015/16. (*Data source: Ulysses system*)

The graph below shows the number of acquired category 3 or 4 pressure ulcers with lapses identified in care.



Data source: Ulysses system

f. Finalise the suicide prevention strategy and start to implement the objectives

Suicide is a major public health issue and can affect people from all walks of life. The highest suicide rates are in men in their 40s and 50s and the leading cause of death in people aged 15-24. The suicide rate in women has risen over the last 2-3 years, although the male rate is still three times higher, and suicide is now one of the leading causes of death in pregnant women and new mothers. A third of people who take their lives are under the care of mental health services or have been in the year prior to their death.

Office of National Statistics figures for 2016 indicate a 6% fall in the suicide rate in England in 2016 to 9.5 deaths per 100,000 population, the largest single year fall for many years.

Between 2013 and 2015 there were 113 suicides registered in Buckinghamshire. The suicide rate in Buckinghamshire is 8.5 per 100,000 population. Between 2013 and 2015 there were 164 suicides registered in Oxfordshire. The suicide rate in Oxfordshire is 9.4 per 100,000 population. (These rates are taken from the Public Health England suicide prevention atlas).

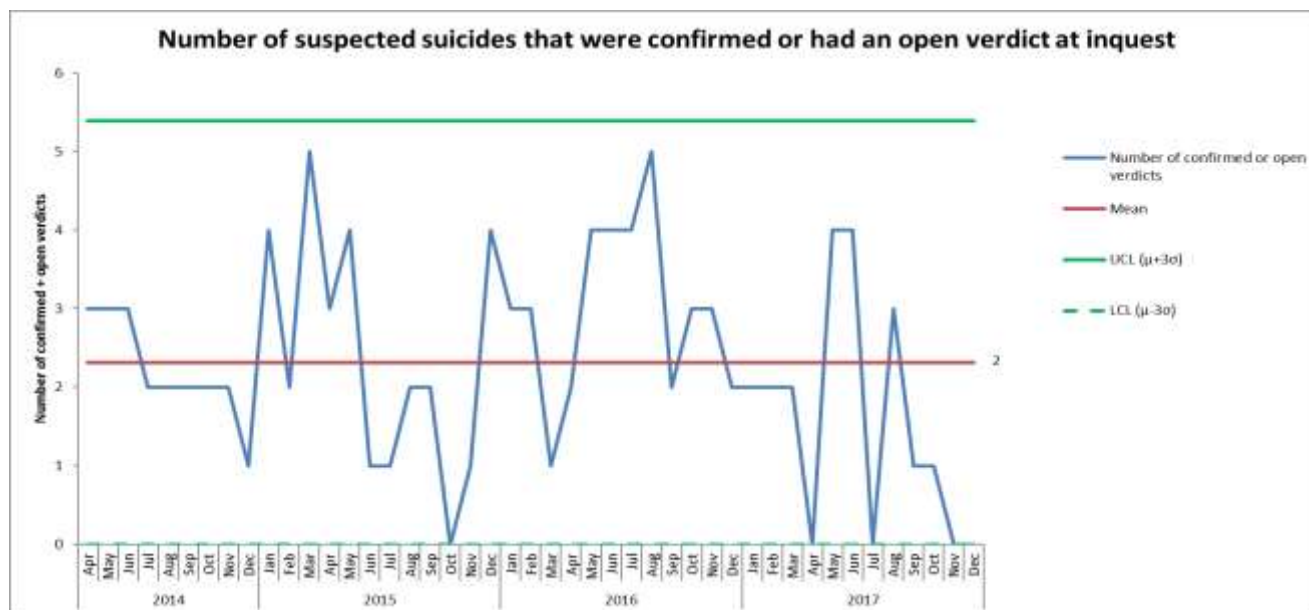
While it is positive that the counties the Trust provides services to have a lower than national average population suicide rate. We recognise there is always work needed to further reduce suicides for the people in our care.

Achievements

- The Trust has developed and approved a self-harm and suicide prevention strategy which reflects the local system and national objectives. The Trust is also a partner in the public health led suicide prevention programme. The primary drivers of the Trust's strategy are:
 - leadership and partnership working
 - Continuous learning
 - Safe and effective care and treatment
 - Competent and confident workforce e.g. training and coaching
 - Collaboration with patients and their families e.g. shared safety planning
- The Trust started a mapping exercise in January 2018 against the strategy primary and secondary drivers and once complete this will identify where we are now to help develop an action plan on how to achieve the strategy.
- The Trust investigates all known suspected and confirmed suicides to ensure we improve practice; we also carry out an annual review which takes account of the national report published by the National Confidential Inquiry into Suicides and Homicides (NCISH). The reviews ensure we understand national and local factors as well as practice improvements necessary to further reduce suicides.
- Suicide awareness and prevention training continues to be provided to mental health, community staff, emergency practitioners, pre-registration mental health nurse students, GPs and partner organisations.
- Staff training on collaborative risk assessment and management of suicide has started in the adult mental health services. The staff who attend will go on to coach, support and supervise other staff in their team.
- The staff psychological debriefing service is well established and the practice of offering psychological debriefs to teams (and partner organisations) after serious incidents including suicides is embedded.
- The Trust has carried out significant work on raising awareness and taking actions for patients at risk of 'contagion' particularly through social media. We are involved in a national group reviewing guidance for identifying and responding to suicide clusters.

Measures

In 2017/18 there have been 13 confirmed or open suicides for current or discharged patients known to the Trust as reported by the coroner (this figure will change as some coroner inquests have not been held for all suspected suicides in 2017/18). Over previous years the number of confirmed and open suicides are 2014/15 = 31, 2015/16 = 25 and 2016/17 = 35. We recognise the actual figure is likely to be higher where the coroner is unable to be substantive without doubt that the person took their own life. The graph below shows the number by month. (*Data source: Ulysses system*)



Data source: Ulysses system

Quality priority 4: Promote health and wellbeing of patients

(quality domain: effectiveness)

The Trust has had a successful year for carrying out research and expanding our research capacity (see page 140): it is essential we innovate and use research in practice to get the best possible outcomes for patients. We actively implement NICE guidance and other evidence-based practice to ensure we are delivering the right care that will have positive benefits for patients. The Trust has achieved and maintained accreditations for 19 different service types, a full list is in Appendix A, demonstrating our commitment to raising the standard of care we provide and encouraging external reviews of services. However, we are only able to improve the quality of care and transform services through working as a system with our partners. There are many examples throughout this report of the partnerships developed.

a. **Improve the physical health care for patients receiving treatment for their mental health condition**

There is substantial research evidence that shows people with a serious mental illness die prematurely from physical health causes. The Trust-wide physical healthcare group leads on work to improve the physical healthcare for our patients.

Achievements

- A self-assessment against national best practice on physical healthcare in mental health has been completed and informed the actions being taken.
- A Physical Health Lead Nurse has been recruited to support the Buckinghamshire inpatient wards
- A new Trust-wide Physical Healthcare Strategy was developed and approved. This was launched at the Improving Physical Health for People with Severe Mental Illness Conference held in January 2018. For a copy of the strategy go to <https://www.oxfordhealth.nhs.uk/papers/29-march-2018/>
- Developments in how information is shared with GPs, for example, electronic versions of inpatient discharges can now be sent directly by Oxfordshire teams to GPs within the Trust's electronic health record, and all staff can view basic GP information for their patients from the Trust's electronic health record.
- Training plan is in place for staff on physical healthcare (four days for registered staff and one day for unregistered staff). Both courses are supported by refresher sessions.
- The Trust has been using the approach of 'making every contact count'(an approach to behaviour change that uses the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing) for a number of years to support promotion of healthy living. Recently on-line training has also been rolled out to all staff, which has received positive feedback.
- Physical health leads have been identified in each community mental health team and ward. Their role is to be a point of expertise for the team, to share information/ resources, raise awareness and support the physical health clinics. The leads across the teams meet every 6 weeks.
- New equipment has been purchased for the community teams to carry out annual physical health checks for all patients on the caseload.
- A new patient information handbook was developed and rolled out.
- A 'my physical health assessment and plan' has been introduced for community teams to use.

- Physical health clinics are in place for each community mental health team. The clinics provide advice on diet, exercise, smoking, health and fitness as well as monitoring physical health checks. The model for these clinics is being standardised.
- The recording of physical healthcare information on the Trust's electronic health record has been reviewed and amended; there is now one central form for the review of Physical Health which is found in the physical health tab in the patient's record.

Measures

- Due to the small numbers, it is difficult to demonstrate a reduction in serious incidents where physical health is identified as an area of omission in care. Of the serious incident investigations completed in 2017/18, two have had learning around the management and monitoring of a person's physical health needs, although this was not the cause of their death.
- In the 2017/18 national audit on screening, advice and signposting for inpatients around smoking and alcohol consumptions, the Trust demonstrated 100% of standards were met for patients on adult and older people mental health wards (sample size 55).
- The national POMH-UK (the national Prescribing Observatory for Mental Health UK) audit completed in 2017 showed that physical health monitoring was good in the Trust for inpatients prescribed regular high-dose antipsychotic medication.

b. Develop diabetes care

Achievements

- In 2017/18, a Diabetes Taskforce Group was formed led by the Deputy Medical Director. The group oversees a number of initiatives to improve diabetes care as follows:
 - Supporting a system-wide review of the diabetes pathway working alongside other health partners in Oxfordshire. The commissioners plan to implement one new contract to deliver diabetes care across primary, acute and community services in 2018/19.
 - A blood glucose monitoring trigger chart has been developed and implemented in community hospitals as part of the national early warning signs system to improve responsiveness to any abnormal blood glucose readings.
 - A re-audit of diabetes care was completed across community hospitals in January 2018; the results demonstrated an improvement compared to previous audits but further work is needed to meet all standards including access to a diabetes specialist nurse and specialist secondary care advice. The access to a diabetes nurse specialist is being addressed via adding more resource to the community diabetes team. The service level agreement with Oxford University Hospitals NHS

Foundation Trust is being reviewed - this provides the required access to secondary care specialist input.

- The Clinical Leads in Community Hospitals and District Nursing Service developed a diabetes competency framework, with assessment module and aligned training.
- A diabetes care plan will also be introduced to the electronic health record system by the end of September 2018.
- The Oxfordshire Community Diabetes Service was awarded the Quality Institute for Self-Management Education and Training certification in January 2018. This is a national accreditation for structured education courses. The Community Diabetes Service was audited and it was found to be operating a quality system fully in compliance with all the requirements. The courses delivered are:
 - Diabetes2gether is a 3-hour course for those who are newly diagnosed with type 2 diabetes or those who have not previously attended a diabetes education course. 88 courses are provided per year across Oxfordshire using up to 9 different locations.
 - Diabetes4ward is a 3 hour follow on session but may also be suitable for those who have not previously attended a course, but have had type 2 diabetes for longer and are on more complex diabetes medications, including insulin. 46 courses are provided per year across Oxfordshire using up to 9 different locations and are available during the week and at the weekend.

c. Implement a psychological therapy service for people with long term physical health problems

TalkingSpace Plus in Oxfordshire and Healthy Minds in Buckinghamshire were early implementer sites for the integration of improving access to psychological therapies (IAPT) services with physical health treatments in primary care settings. As part of the Five Year Forward View for Mental Health, two years' funding for 2016-18 has been provided through NHS England (NHSE) to develop and expand co-located, integrated services within physical healthcare settings.

It is known that people with long term physical health conditions or unexplained medical symptoms are up to three times more likely to experience comorbid anxiety and/or depression. Patients with these conditions are high users of health services, and are often in the older age group.

Achievements

- The new Oxfordshire and Buckinghamshire IAPT teams for long term physical health conditions were established in 2017/18, focussing on adults with mild to moderate anxiety and/or depression and living with one (or more) main co-morbid condition(s):

- Diabetes
- Cardiac Disease
- Chronic Obstructive Pulmonary Disease (COPD)
- Medically unexplained conditions
- Psychological therapists with additional training provide evidence based treatments to patients and provide support and training to colleagues working in physical health setting. Patients can self-refer to the service or be referred by their GP, nurse or other health care worker.
- In Buckinghamshire the following has been achieved:
 - Cardiac - continued relationship building with cardiac rehab and heart failure teams in Buckinghamshire Healthcare NHS Trust. Re-development of screening programme for both teams, and development of cardiac leaflet for patients with screening measures. Staff trained in use of cardiac-specific materials/manual. Liaison with cardiac teams to increase referrals. Preparing wellbeing modules and training/consultation which will be offered to cardiac staff.
 - Diabetes - work streams related to 'hard to engage' patients and those with type 1 diabetes 'lost to care'. Pilot study in progress for 'lost to care' involving completion of semi-structured interviews with patients. Expansion of diabetes prevention and structured education programmes. Joint working with community teams to increase referrals. Wellbeing modules and training/consultation offered to diabetes staff.
 - The team is embedded in two community hubs, where clinics are established at Buckinghamshire Healthcare NHS Trust and consultation/ training offered to staff.
 - Alongside the community hubs, Buckinghamshire Integrated Teams (BITs) linked to GP clusters are being developed. 'BITs' is the developing model for integrated teams in Buckinghamshire, comprising practitioners in both physical and mental health working together in the community. The service is represented in two BITS steering groups, contributing to the planning of service delivery. The intention remains to have a Healthy Minds practitioner in each of the 13 BITs in Buckinghamshire. Discussions have taken place at a senior level and supervision has been offered to those clinicians working in a related initiative focusing on improving care for high users of both physical and mental health services.
 - Successful recruitment of lead clinician for Weigh Forward Bucks (multidisciplinary tier 3 weight management programme) and Band 7 clinician for

respiratory. Further recruitment of Band 7s for musculoskeletal disorders and cardiac underway.

- In Oxfordshire the following has been achieved:
 - Delivered mental health champion training events to GPs and Practice Nurses across Oxfordshire
 - Developed links with Practice Nurses (who have frequent contact with patients presenting with long term conditions)
 - Participation in the Diabetes Multidisciplinary Team (MDT) project and Cardiology GP training programme.
 - Links established with community based integrated locality teams working with patients with comorbid physical health problems (often older people)
 - Developed links with the emergency department provided by Oxford University Hospitals NHS Foundation Trust, receiving referrals for frequent attenders with long term conditions
 - Delivered training/supervision for district nurses to help identify anxiety and depression for their patients with a long term condition
 - Attended cardiac and pulmonary rehabilitation sessions to increase service awareness and referrals into service
 - Delivered clinical supervision and support to diabetes specialist nurses and cardiac specialist nurses.

Measures

A total of 2,821 patients have entered treatment in 2017/18 and 1,250 patients have completed treatment. (*Data source: IAPT dataset*)

Patient feedback examples

- 29-year-old woman patient living with Diabetes (and peri-natal priority) supported in service with step 3 cognitive behavioural therapy treatment for health anxiety and low mood – “was very pleased with my sessions”
- Joy aged 67 years with a heart problem and COPD said: “This has helped me have confidence to go out again, I didn’t realise how much my anxiety had stopped me doing things. I was getting so out of condition which was making my breathlessness worse. I had a graded programme that helped me to face the things that make me anxious. I am so pleased I did it (CBT) as I am going out again and my breathing is not as bad as I am not panicking about it anymore like I was.”
- Michael aged 35 years said “I was rather sceptical and embarrassed about seeing someone because I thought it meant I was weak. CBT has been a great help to me

overcoming my depression and managing my Diabetes so much better. I can't recommend it enough".

d. Develop multi-disciplinary teams at a neighbourhood level working across organizational boundaries

Achievements

- The GP Federations in Oxfordshire and the Trust explored in 2017/18 how we can work even closer together to:
 - maximise the impact of primary care and community health services towards improving the health of the population of Oxfordshire
 - contribute to developing sustainable health services, and,
 - proactively address workforce challenges
- A series of clinical workshops were held in September and October 2017 with GP representatives and clinicians from the Trust. The workshops looked at how Primary Care and Community Pathways would develop over the next three financial years. There was a focus on recruiting, developing and retaining staff.
- A plan was agreed for Oxfordshire to be organised into 18-19 'neighbourhoods' to support GP Practices to work together and move forward issues raised in the recently published Primary Care Framework. In order to work effectively with the new neighbourhoods, the community services will be reorganised. A framework of expectations is being developed between the organisations setting out what needs to be achieved across all of the neighbourhoods.
- The operational and clinical governance frameworks were developed but will require consultation and testing. The contracting, legal and regulatory requirements are also being worked through. A Joint Board of the four GP Federations and the Trust meets monthly to address key issues and drive forward the joint work.
- A number of staff engagement workshops were held across the county, which over 260 staff attended. At the workshops, the rationale for developing the Joint Enterprise was communicated alongside what this would mean for staff in community services. Staff feedback was collated to inform the project plan.
- A business case has been developed and will be presented to the GP Federations and the Trust Boards in April 2018. The new partnership is likely to be called the Oxfordshire Care Alliance.

Next Steps

- The work in 2017/18 was preparatory for the change in joint working from April 2018, therefore this will continue to be an objective for 2018/19.

Appendix A. External Accreditations, Peer Reviews and Quality Network Membership

Accreditation	Body	Service
Accreditation for inpatient mental health services (AIMS)	The Royal College of Psychiatrists	Adult mental health wards (all 7 wards)
Accreditation for inpatient mental health services (AIMS) Older People	The Royal College of Psychiatrists	Older People mental health wards (all 3 wards)
Accreditation for inpatient mental health services (AIMS-PICU)	The Royal College of Psychiatrists	Psychiatric Intensive Care Unit (1 of 1)
Accreditation for inpatient mental health services (AIMS-Rehab)	The Royal College of Psychiatrists	Rehab ward (1 of 1)
Community of Communities	The Royal College of Psychiatrists	Oxfordshire and Buckinghamshire Complex Needs Service
Electroconvulsive therapy (ECT)	The Royal College of Psychiatrists	Both ECT suites
Low Secure Quality Network for Forensic Mental Health Services	The Royal College of Psychiatrists	All 4 wards in Oxfordshire and Buckinghamshire
Medium Secure Quality Network for Forensic Mental Health Services	The Royal College of Psychiatrists	All 4 wards in Oxfordshire and Milton Keynes
Memory Services National Accreditation programme (MSNAP)	The Royal College of Psychiatrists	All memory service clinics across older people services in Oxfordshire and Buckinghamshire
Psychiatric liaison accreditation network (PLAN)	The Royal College of Psychiatrists	Oxfordshire Emergency Department Psychiatric Service (1 of 2 services)
Quality in Dental Service Award	British Dental Association	Salaried dentist service
Quality Network for Community CAMHS	The Royal College of Psychiatrists	Buckinghamshire outreach service for children and adolescents
Quality Network for Eating Disorders (QED)	Royal College of Psychiatrists Centre for Quality Improvement	Both wards.

Accreditation	Body	Service
Quality Network for Inpatient CAMHS	The Royal College of Psychiatrists	Both CAMHS wards
Safe Effective Quality Occupational Health Service (SEQOHS)	SEQOHS	Occupational health team at Oxford Health NHS Foundation Trust
Stonewall's Diversity Champions accreditation scheme	Stonewall	Trust-wide
Triangle of Care member (carers)	Carers Trust	Trust-wide
UKMi (UK Medicines Information)	UK Medicines Information	Trust-wide Medicines Information Department
Baby friendly initiative – to improve standards of care for breastfeeding	UNICEF and WHO	Health visitors service

Appendix B. National Clinical Audit: actions to improve quality

The reports of one national clinical audits were reviewed by the provider in 2017/18 and OHFT intends to take the following key actions to improve the quality of care provided.

POMH 17 Use of depot/LA antipsychotic injections

Areas of Improvement:

- In 76% (28/37) of cases a medication review was documented and a therapeutic response had been considered.
- In 60% (45/65) of cases the care plan contained a plan for response if there was a default from treatment, i.e. if the patient fails to attend an appointment for administration of their depot injection or declines their depot injection.
- In 56% (45/80) a clinical plan included a response to defaulting treatment.

Action Taken:

- The Trust has made progress towards piloting electronic prescribing in mental health with the start of roll out planned for 2018/19.
- The Trust has developed draft templates to be included in Carenotes to prompt and record relevant information.
- The Trust's net formulary site is being continually updated, and includes all relevant information on the prescribing and monitoring of antipsychotic LAs, including NICE guidance, local prescribing guidelines and physical health monitoring.

Appendix C. Local Clinical Audit: actions to improve quality

The reports of 48 local clinical audits were reviewed by OHFT in 2017/18 and listed below are some examples of the actions taken.

Care Programme Approach (CPA) quarterly audit

Revision of the audit tool to focus on the quality of risk assessments and care plan to enable us to provide further assurance in key areas such as personalised care plans, involvement of service user and family/carers where appropriate.

Essential Standards

A review of the audit tool is currently underway, after liaising with matrons to discuss how we can update the tool to provide better assurance and to ensure current standards are up to date and relevant.

CQUIN audit of Communication with GPs

Developments have been made in how information is shared with GPs for example electronic versions of inpatient discharges from September 2017 were sent directly by Oxfordshire community mental health teams to GPs within the Trust's electronic health record (around 40-50 are sent a month). This is due to be rolled out for Buckinghamshire mental health teams and community hospitals in 2018/19.

Trust staff can view basic patient information held by Oxfordshire and Buckinghamshire GPs from the Trust's electronic health record. 2000 views occurred in the first week by over 700 clinicians

CQUIN audit Smoking and Alcohol monitoring and advice

The recording of physical healthcare information on the Trust's electronic health record has been reviewed and amended; there is now 1 central form for the review of Physical Health which is found in the physical health tab in the patient's record. The new form captures where interventions are offered and/ or declined, this has greatly improved our assurance as this information is now easily accessible.

Annex 1. Statements from our partners on the quality report and account

Oxford Health NHS Foundation Trust Council of Governors

The Chair of the Governor's Quality and Safety sub-Group has written the following statement following the receipt of comments from the Group.

The Council of Governors consists of active and interested patients, service users and members of the public, as well as representatives from associated agencies, such as the County Council, Universities and Age UK.

The Trust has six Governor sub-Groups of the Council including the Quality and Safety sub-Group which has met four times during 2017-18 in a variety of locations across the Trust. Issues relating to safety and clinical effectiveness are discussed here. In addition, the Patient Experience sub-Group has been up-dated on all aspects of patient feedback. The Governors have been keen to be fully informed about the relevant issues and have read the Quality Account with interest.

In the opinion of the Quality and Safety sub-Group, the account is comprehensive, concise and clear. However, they would have appreciated more information relating to outcomes rather than a focus on the structures and processes in place. Concern was expressed at the predominance of information relating to the mental health aspects of the Trust's work; important work is also undertaken in the Community but does not appear to feature proportionately. The report highlights not only the areas of success, but also clearly identifies some areas where additional measures are required. The Governors have noted these with concern – specifically the on-going challenge of recruitment and retention of staff, which is not unique to this Trust. We are intending to follow progress made on all these issues closely in the months ahead. Some re-structuring of the Sub-Groups is taking place to allow this to happen with greater focus.

The Quality and Safety sub-Group has appreciated the honesty and openness of the information provided. The demands which are being placed on service delivery are enormous. The resources with which to meet these demands are less than adequate. This situation is not unique to our Foundation Trust which is clearly working very hard to achieve on all fronts. The sub-Group therefore endorses the quality account and quality report and will continue to support and work closely with the Trust in order to maintain and improve services across all the five counties which it serves.

Madeleine Radburn

Chair of the Governors' Quality and Safety sub-Group

11th May 2018

Buckinghamshire and Oxfordshire Clinical Commissioning Groups

NHS Aylesbury CCG, NHS Chiltern CCG, (in new organisational form as of the 1st April 2018 Buckinghamshire CCG) and NHS Oxfordshire CCGs' response to Oxford Health NHS Foundation Trust Quality Account 2017/2018

Chiltern, Aylesbury Vale Clinical Commissioning Group and Oxfordshire Clinical Commissioning Group have reviewed the Oxford Health Foundation Trust Quality Account against the quality priorities for 2017/2018. There is evidence that the Trust has relied on both internal and external assurance mechanisms, including Care Quality Commission reports to provide a comprehensive Quality Account review.

The Quality Account demonstrates the Trust has made good progress in the quality priorities identified for the year under review. A Care Quality Commission (CQC) focussed inspection occurred during the reporting period, 2017/18, this was following the sad death of two patients. The CQC made an unannounced visit to one of the Trust's mental health wards in July 2017. The CQC gave positive feedback and identified the recruitment as an area for improvement. Recruitment challenges meant that there was a high use of agency nurses and lack of consistency in the senior leadership of the ward. The CQC recognised the Trust was taking actions to improve the recruitment and retention of nursing staff and were advertising for a modern matron for the ward.

Furthermore we recognise the Trust worked collaboratively and transparently with the CCGs during the improvement activities following these two sad deaths and was open and transparent during oversight arrangements led by the CCGs.

Detailed commentary feedback was included within the relevant Quality Account sections as part of the feedback process for the Quality Account review by the CCGs. This included narrative related to improvements made and next steps. The CCGs have also provided high level commentary below to recognise achievements and areas in which the CCGs would like to see improvements.

Quality priority 1: Improve staff retention and engagement

The CCGs recognise that the Trust has achieved target on four out of the seven improvement measures for this priority area and has achieved close to target on two areas. The CCGs have suggested an improvement area for focus; retention of existing staff. It is our hope that initiatives being considered or applied by the Trust will be successful in improving retention which remains a challenge for the Trust.

The 2017 staff survey identified an increase in the number of staff recommending OHFT as a place to work or receive treatment. This is encouraging as high staff satisfaction and engagement is directly linked to better patient care. However, staff appraisal was below the

national average. Appraisal also supports staff retention as well as satisfaction therefore the CCGs would request focussed attention to improve the appraisal rate during 2018/19.

Quality priority 2: Improve the experience of patients and their families and carers

The CCGs recognise that the Trust has achieved four out of the six improvement measures for this priority area and has achieved close to target on the remaining two areas. The CCGs have suggested improvement areas for focus; continue with the implementation of focus on the Trust's patient experience and involvement strategy and improve transitions between care pathways across children's to adult services.

The CCGs recognise the investment in new Patient Experience roles has resulted in roll out of the "I care, you care" strategy with evidence the Trust is implementing survey findings. The new Trust-wide carer's role will improve staff carer awareness; an area the Trust has identified that can be improved.

Quality priority 3: Increase harm free care

The CCGs recognise that the Trust has achieved five out of the six improvement measures for this priority and has not achieved the one remaining area which we note has been carried over to the 2018/19 improvement priorities.

The CCGs note the improvements in the review of deaths process including improved engagement with families. Other notable initiatives include the pilot and roll out of a new early warning monitoring tool to identify a physically deteriorating patient and the actions taken which have contributed to the significant reduction in the number of acquired pressure ulcers.

The CCGs have suggested an improvement area detailed below where the CCG will support the Trust to progress these:

- The reduction in patient violence and aggression across the acute mental health wards through the implementation of the safer ward programme.

The launch of the Oxford School of Nursing & Midwifery with Oxford Brookes University, Oxford University Hospitals and the Oxford Academic Health Science Network is an excellent partnership approach aiming to provide a more integrated system to reduce the boundaries between services and education.

Quality priority 4: Promote health and wellbeing of patients

The CCGs recognise that the Trust has achieved all four of the improvement measures for this priority area and has achieved close to target on the remaining four areas for improvement.

Oxfordshire CCG welcomes the preparatory work completed in 2017/18 to develop multi-disciplinary teams at neighbourhood level to support working across organisational boundaries and would hope to see this approach continued in 2018/19.

The CCGs would like to see the continued and sustained improvement around physical health care for patients receiving treatments for their mental health condition.

The Quality Account provides a balanced overview of the Trust's performance over the last 12 months and clearly identifies the achievements within the period reported, but also areas within their service delivery where improvements could be made. The Clinical Commissioning Groups welcome the openness and transparency of this approach and continue to be committed to supporting the Trust in achieving improvement in the areas identified within the Quality Account.

This review of the Quality Account includes comments from Chiltern, Aylesbury Vale and Oxfordshire (CCGs) on the Mental Health Services commissioned by all CCGs. The comments relating to Community Health services are made on behalf of Oxfordshire CCG only.

We are grateful to the Trust for working in such an open and transparent way with Commissioners and wider stakeholders. The Trust has demonstrated a commitment to working collaboratively with commissioners and we will continue to work together to support the Trust on its improvement journey.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'Lou Patten'.

Lou Patten

Chief Executive,

Oxfordshire and Buckinghamshire Clinical Commissioning Groups

11th May 2018

Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC)

Thank you for sharing the Oxford Health NHS Foundation Trust's (OHFT) draft Quality Account with the Joint Health Overview and Scrutiny Committee (HOSC) for comment. This document is a valuable tool in helping the public to understand the Trust's performance and priorities for improving the quality of local community-based services.

The Committee is pleased to note improvements made in a number of services. We are particularly pleased to see the focus the Trust has on staff wellbeing, equality and apprenticeship opportunities. The staff employed by Oxford Health are vital to providing services to our county's residents so we welcome the Trust's efforts to retain staff and improve their experience at work.

The Committee welcomed the recent attendance of Oxford Health's Chief Executive at its meeting on the 19th of April 2018 where it scrutinised the CQC Local System Review. It was clear how Oxford Health are committed to working in partnership with others; an approach welcomed by the Committee. Despite this joint approach, and whilst recognising the complexities of the system-wide challenges in reducing delayed transfers of care, I would like to urge the Trust to consider giving this a priority in its quality improvements.

Whilst not directly related to your Quality Report, in 2017 the Committee heard a number of reports of disappointing patient experiences during the transfer of Muscular Skeletal Services to a new provider. As such HOSC is establishing a Task and Finish Group to examine the issues and facilitate learning from this experience. We would encourage Oxford Health to ensure such learning informs the process when shaping its future priorities.

The Committee would welcome further discussion at a future HOSC meeting about the progress being made against the Trust's 2018-19 priorities.

Yours Sincerely



Cllr Arash Fatemian

Chairman Oxfordshire Joint Health Overview & Scrutiny Committee

15th May 2018

Annex 2. Statement of directors' responsibilities in respect of the quality report

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

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


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

- the content of the quality report meets the requirements set out in the NHS foundation Trust annual reporting manual 2017/18 and supporting guidance
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period 1st April 2017 to 24th May 2018
 - papers relating to quality reported to the board over the period April 2017 to 24th May 2018
 - feedback from the commissioners dated 11th May 2018
 - feedback from the governors dated 11th May 2018
 - feedback from Overview and Scrutiny Committed dated 15th May 2018
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 24 May 2018
 - the 2017 national patient survey
 - the 2017 national staff survey
 - the Head of Internal Audit's annual opinion over the Trust's control environment dated 24th May, 2018
 - CQC inspection report dated 24/08/2016
- the quality report presents a balanced picture of the NHS foundation Trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and

- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the quality report

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board.



Martin Howell
Chairman

Date: 24th May 2018



Stuart Bell CBE
Chief Executive and Accounting Officer

Date: 24th May 2018

Independent Practitioner's Limited Assurance Report to the Council of Governors of Oxford Health NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Oxford Health NHS Foundation Trust to perform an independent limited assurance engagement in respect of Oxford Health NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and additional supporting guidance in the 'Detailed requirements for quality reports 2017/18' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with NICE-approved care within 2 weeks of referral; and
- Inappropriate out-of-area placements for adult mental health services.

We refer to these national priority indicators collectively as the 'Indicators'.

Respective responsibilities of the directors and Practitioner

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance and the six dimensions of data quality set out in the "Detailed requirements for external assurance for quality reports 2017/18".

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period 1 April 2017 to 24 May 2018;
- papers relating to quality reported to the Board over the period 1 April 2017 to 24 May 2018;
- feedback from commissioners dated 11 May 2018;
- feedback from governors dated 11 May 2018;
- feedback from the Overview and Scrutiny Committee dated 15 May 2018;

- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, dated 24 May 2018;
- the 2017 national patient survey;
- the 2017 national staff survey;
- the Care Quality Commission inspection report dated 24 August 2016; and
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 24 May 2018.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

The firm applies International Standard on Quality Control 1 (Revised) and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Oxford Health NHS Foundation Trust as a body, to assist the Council of Governors in reporting Oxford Health NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body, and Oxford Health NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- making enquiries of management
- limited testing, on a selective basis, of the data used to calculate the indicators tested against supporting documentation
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable, measurement techniques that can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

The scope of our limited assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Oxford Health NHS Foundation Trust.

Our audit work on the financial statements of Oxford Health NHS Foundation Trust is carried out in accordance with our statutory obligations. This engagement will not be treated as having any effect on our separate duties and responsibilities as Oxford Health NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to Oxford Health NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to Oxford Health NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of Oxford Health NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Oxford Health NHS Foundation Trust and Oxford Health NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'; and
- the indicators in the Quality Report identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

Grant Thornton UK LLP

Grant Thornton UK LLP
Chartered Accountants

30 Finsbury Square
London
EC2A 1AG

24 May 2018

Independent Auditor's Report

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

Report on the Audit of the Financial Statements

Opinion

Our opinion on the financial statements is unmodified

We have audited the financial statements of Oxford Health NHS Foundation Trust (the 'Trust') for the year ended 31 March 2018 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and the NHS foundation trust annual reporting manual 2017/18.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2018 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2017/2018; and
- have been prepared in accordance with the requirements of 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 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 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.


Who we are reporting to

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accounting Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

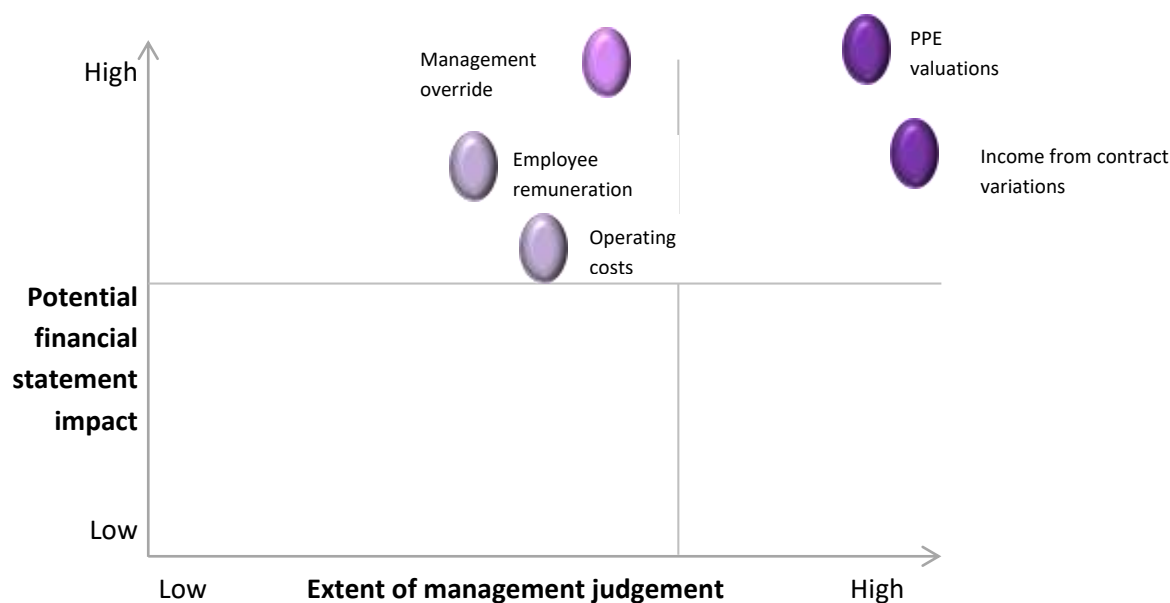


Overview of our audit approach

- Overall materiality: £5,484,000 which represents 1.8% of the Trust's total expenditure;
- Key audit matters identified:
 - Income from contract variations; and
 - Revaluation and impairment of land and buildings
- This was our first year as auditor of the Trust.
- We have tested all of the Trust's material income streams covering over 99% of the Trust's income, 99% of the Trust's expenditure and 99% of the Trust's net assets

Key audit matters

The graph below depicts the audit risks identified and their relative significance based on the extent of the financial statement impact and the extent of management judgement.



Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of

material misstatement (whether or not due to fraud) that we identified. These matters included those that had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

<i>Key Audit Matter</i>	<i>How the matter was addressed in the audit</i>
<p>Income from contract variations</p> <p>73.6% of the Trust's income from patient care activities is derived from contracts with NHS commissioners.</p> <p>These contracts include the rates for, and level of, patient care activity to be undertaken by the Trust. Any patient care activities provided that are additional to those incorporated in these contracts (contract variations) are subject to verification and agreement by the Trust's commissioners.</p> <p>We therefore identified the occurrence and accuracy of income from contract variations as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> evaluating the accounting policy for recognition of income from patient care activities for appropriateness and consistency with the prior year; gaining an understanding of the Trust's system for accounting for income from patient care activities and evaluating the design of the associated controls; and agreeing, on a sample basis, income from additional activity to any signed contract variations, invoices, and other supporting evidence such as correspondence from the Trust's commissioners which confirms their agreement to pay for the additional activity and the value of the income. <p>The Trust's accounting policy on recognising income from patient care activities is shown in note 1.4 to the financial statements and related disclosures are included in note 3.</p> <p>Key observations</p> <p>We obtained sufficient audit evidence to conclude that:</p> <ul style="list-style-type: none"> the Trust's accounting policy for recognition of income from patient care activities complies with the DHSC Group Accounting Manual 2017/18 and has been properly applied; and income from contract variations is not materially misstated.
<p>Revaluation and impairment of land and buildings</p> <p>The Trust is revaluing key properties in 2017/18 to ensure that carrying value is not materially different from fair value. This represents a significant estimate by management in the financial statements.</p> <p>We therefore identified revaluation and impairment of land and buildings as a significant risk, which was one of the</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> evaluating management's processes and assumptions for calculation of the estimate, including the instructions issued to valuation expert and the scope of their work; assessing the competence, capabilities and objectivity of the valuation experts used by the Trust; enquiring with the valuer about the basis on which the valuations were carried out, and challenging key assumptions used by the valuer; testing the information used by the valuer to ensure it was complete, robust and consistent with our understanding;

<i>Key Audit Matter</i>	<i>How the matter was addressed in the audit</i>
most significant assessed risks of material misstatement.	<ul style="list-style-type: none"> • testing, on a sample basis, revaluations made during the year to ensure they were input correctly to the Trust's asset register; • assessing the overall reasonableness of the valuation movement; and • evaluating the assumptions made by management for those assets not revalued during the year, and assessing how management has satisfied themselves that the values of those assets are not materially different to current value. <p>The Trust's accounting policy on plant, property and equipment is shown in note 1.7 to the financial statements and related disclosures are included in note 14.</p> <p>Key observations</p> <p>We obtained sufficient audit evidence to conclude that:</p> <ul style="list-style-type: none"> • the Trust's accounting policy for valuation of land and buildings complies with the DHSC Group Accounting Manual 2017/18 and has been properly applied; and • the valuation of land and buildings is not materially misstated.

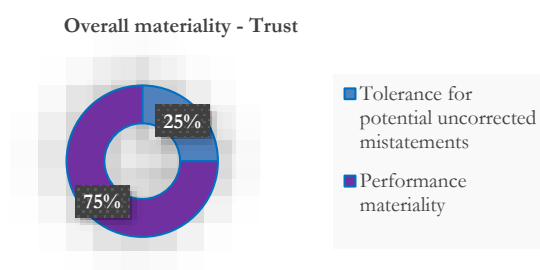
Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

Materiality was determined as follows:

Materiality Measure	Trust
Financial statements as a whole	£5,484,000 which is 1.8% of the Trust's total expenditure. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how it has expended its revenue and other funding.
Performance materiality used to drive the extent of our testing	75% of financial statement materiality.
Specific materiality	The senior officer remuneration disclosure in the Remuneration Report has been identified as an area requiring specific materiality of £10,000 based on the disclosure bandings, due to its sensitive nature.
Communication of misstatements to the Audit Committee	£274,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

The graph below illustrates how performance materiality interacts with our overall materiality and the tolerance for potential uncorrected misstatements.



An overview of the scope of our audit

Our audit approach was a risk-based approach founded on a thorough understanding of the Trust's business, its environment and risk profile and in particular included:

- Gaining an understanding of and evaluating the Trust's internal control environment including its IT systems and controls over key financial systems; and
- Testing, on a sample basis of:
 - all of the Trust's material income streams, covering over 99% of the Trust's income;
 - operating expenses, covering over 99% of the Trust's expenditure; and

- plant, property and equipment and the Trust's other assets and liabilities, covering over 99% of the Trust's net assets.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report set out on pages 1 to 125, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, 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 of the Trust obtained in the course of our work including that gained through work in relation to the Trust's arrangements for securing value for money through economy, efficiency and effectiveness in the use of its resources 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 or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

In this context, we also have nothing to report in regard to our responsibility to specifically address the following items in the other information and to report as uncorrected material misstatements of the other information where we conclude that those items meet the following conditions:

- Fair, balanced and understandable (set out on page 19) in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance – the statement given by the directors that they consider the Annual Report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the group and Trust's performance, business model and strategy, is materially inconsistent with our knowledge of the Trust obtained in the audit; or
- Audit Committee reporting (set out on pages 79 to 84) in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance – the section describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting

manual 2017/18. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Our opinion on other matters required by the Code of Audit Practice is unmodified

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2017/18 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice we are required to report to you if:

- we have reported a matter in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we have referred a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of Accounting Officer's responsibilities set out on pages 107 to 108, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2017/18, 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 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 Trust lacks funding for its continued existence or when policy decisions have been made that affect the services provided by the Trust.

The Audit Committee is Those Charged with Governance.

Auditor's responsibilities 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.

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

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

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

Under the Code of Audit Practice we are required to report to you if, in our opinion we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018.

We have nothing to report in respect of the above matter.

Responsibilities of the Accounting Officer

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

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

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

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed

decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018, and to report by exception where we are not satisfied.

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 be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements - Certificate

We certify that we have completed the audit of the financial statements of Oxford Health NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Iain Murray

Iain Murray
Director
for and on behalf of Grant Thornton UK LLP

Grant Thornton UK LLP
30 Finsbury Square
London
EC2A 1AG

24 May 2018

Oxford Health NHS Foundation Trust

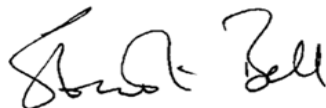
Annual accounts for the year ended 31 March 2018

Foreword to the accounts

Oxford Health NHS Foundation Trust

These accounts, for the year ended 31 March 2018, 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

A handwritten signature in black ink, appearing to read 'Stuart Bell', is written over a dotted line.

Name	Stuart Bell
Job title	Chief Executive
Date	24 May 2018

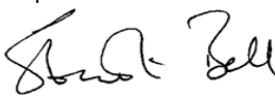
Statement of Comprehensive Income

		2017/18	2016/17
	Note	£000	£000
Operating income from patient care activities	3	267,141	256,420
Other operating income	4	50,697	52,676
Operating expenses	5, 7	(317,187)	(298,765)
Operating surplus/(deficit) from continuing operations		651	10,331
Finance income	10	145	178
Finance expenses	11	(1,975)	(2,050)
PDC dividends payable		(3,717)	(3,851)
Net finance costs		(5,547)	(5,723)
Other gains / (losses)		(14)	(76)
Gains / (losses) arising from transfers by absorption	26	3,697	-
Surplus / (deficit) for the year from continuing operations		(1,213)	4,532
Surplus / (deficit) for the year		(1,213)	4,532
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(7,939)	(3,807)
Revaluations	6	4,161	5,777
Remeasurements of the net defined benefit pension scheme liability / asset	8	203	(380)
Total comprehensive income / (expense) for the period		(4,788)	6,122

Statement of Financial Position

		31 March 2018 £000	31 March 2017 £000
	Note		
Non-current assets			
Intangible assets	12	3,133	1,374
Property, plant and equipment	13	150,278	157,374
Trade and other receivables	15	30	30
Total non-current assets		153,441	158,778
Current assets			
Inventories	14	2,533	2,449
Trade and other receivables	15	23,036	18,648
Non-current assets held for sale / assets in disposal groups		9	-
Cash and cash equivalents	16	19,618	13,984
Total current assets		45,196	35,081
Current liabilities			
Trade and other payables	17	(31,353)	(22,719)
Borrowings	19	(2,224)	(1,590)
Other financial liabilities		(243)	(392)
Provisions	20	(1,245)	(1,500)
Other liabilities	18	(3,073)	(3,036)
Total current liabilities		(38,138)	(29,237)
Total assets less current liabilities		160,499	164,622
Non-current liabilities			
Trade and other payables	17	(801)	-
Borrowings	19	(23,810)	(25,452)
Provisions	20	(2,863)	(2,606)
Other liabilities	18	(546)	(892)
Total non-current liabilities		(28,020)	(28,950)
Total assets employed		132,479	135,672
Financed by			
Public dividend capital		92,749	91,154
Revaluation reserve		22,706	24,753
Income and expenditure reserve		17,024	19,765
Total taxpayers' equity		132,479	135,672

The notes on pages 229 to 268 form part of these accounts.


 Name Stuart Bell
 Position Chief Executive
 Date 24 May 2018

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2017 - brought forward	91,154	24,753	19,765	135,672
At start of period for new FTs	-	-	-	-
Surplus/(deficit) for the year	-	-	(1,213)	(1,213)
Transfers by absorption: transfers between reserves	-	1,716	(1,716)	-
Other transfers between reserves	-	(510)	510	-
Impairments	-	(7,939)	-	(7,939)
Revaluations	-	4,161	-	4,161
Transfer to retained earnings on disposal of assets	-	(31)	31	-
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	203	203
Public dividend capital received	1,595	-	-	1,595
Other reserve movements	-	556	(556)	-
Taxpayers' equity at 31 March 2018	92,749	22,706	17,024	132,479

Statement of Changes in Equity for the year ended 31 March 2017

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2016 - brought forward	90,869	23,318	15,078	129,265
Prior period adjustment	-	-	-	-
Taxpayers' equity at 1 April 2016 - restated	90,869	23,318	15,078	129,265
At start of period for new FTs	-	-	-	-
Surplus/(deficit) for the year	-	-	4,532	4,532
Other transfers between reserves	-	(535)	535	-
Impairments	-	(3,807)	-	(3,807)
Revaluations	-	5,777	-	5,777
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	(380)	(380)
Public dividend capital received	285	-	-	285
Taxpayers' equity at 31 March 2017	91,154	24,753	19,765	135,672

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

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

Income and expenditure reserve

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

Statement of Cash Flows

		2017/18	2016/17
	Note	£000	£000
Cash flows from operating activities			
Operating surplus / (deficit)		651	10,331
Non-cash income and expense:			
Depreciation and amortisation	5.1	7,030	6,388
Net impairments	6	5,097	858
Non-cash movements in on-SoFP pension liability		(142)	40
(Increase) / decrease in receivables and other assets		(5,426)	(4,731)
(Increase) / decrease in inventories		(84)	(377)
Increase / (decrease) in payables and other liabilities		6,710	(1,908)
Increase / (decrease) in provisions		(2)	(52)
Net cash generated from / (used in) operating activities		13,834	10,549
Cash flows from investing activities			
Interest received		145	178
Purchase of intangible assets		(738)	(160)
Purchase of property, plant, equipment and investment property		(3,544)	(5,300)
Sales of property, plant, equipment and investment property		1,546	1,494
Net cash generated from / (used in) investing activities		(2,591)	(3,788)
Cash flows from financing activities			
Public dividend capital received		1,595	285
Movement on loans from the Department of Health and Social Care		(1,338)	(1,338)
Movement on other loans		582	-
Capital element of PFI, LIFT and other service concession payments	22.3	(265)	(209)
Interest paid on PFI, LIFT and other service concession obligations	22.3	(1,079)	(1,054)
Other interest paid		(904)	(959)
PDC dividend (paid) / refunded		(4,200)	(3,890)
Net cash generated from / (used in) financing activities		(5,609)	(7,165)
Increase / (decrease) in cash and cash equivalents		5,634	(404)
Cash and cash equivalents at 1 April - brought forward		13,984	14,388
Cash and cash equivalents at 31 March	16	19,618	13,984

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 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 accounts.

Note 1.1.1 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 1.1.2 Going concern

After conducting a detailed review which included consideration of forecasts covering the next twelve months (and projections for 2019/20), the directors have a reasonable expectation that Oxford Health NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, the Audit Committee, on behalf of the Board of Directors, resolves to approve the preparation of the accounts on a going concern basis.

Note 1.2 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 PFI scheme has been assessed as an on Statement of Financial Position PFI under IFRIC 12 because the Trust has judged that it controls the services and the residual interest at the end of the service arrangement.
- The carrying values of property, plant and equipment are reviewed for impairment when there is an indication that the values of the assets might be impaired.
- The Trust determines whether a substantial transfer of risks and rewards has occurred in relation to leased assets, if this is deemed to be the case the lease is treated as a finance lease, all other leases are classified as operating leases.

Note 1.2.1 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 valuations**

Property plant and equipment assets were valued by District Valuer Services as at 31 January 2018. These valuations are based on Royal Institution of Chartered Surveyors valuation standards insofar as these are consistent with the requirements of HM Treasury, the National Health Service and the Department of Health.

- **Estimation of payments for the PFI asset, including finance costs.**

The assets and liabilities relating to the PFI scheme have been brought onto the Statement of Financial Position based on estimations from the Department of Health's financial model as required by Department of Health guidance. These estimations were reviewed by external audit as part of the 2008/09 IFRS accounts restatement exercise.

- **Estimation of asset lives as the basis for depreciation calculations.**

Depreciation of equipment is based on asset lives, which have been estimated upon recognition of the assets.

- **Impairing of receivables.**

The majority of the Trust's income comes from contracts with other public sector bodies, hence the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2018 are as disclosed in the trade and other receivables note

Note 1.3 Consolidation

Oxford Health NHS Foundation Trust is the corporate trustee to the Oxford Health Charity. Oxford Health NHS Foundation Trust has assessed its relationship to the charity and determined it to be a subsidiary because the Foundation Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charity and has the ability to affect those returns and other benefits through its power over the fund.

However, the size of the Oxford Health Charity is not considered material to the accounts of Oxford Health NHS Foundation Trust. On this basis, Oxford Health Charity is not consolidated within the Oxford Health NHS Foundation Trust accounts.

Note 1.4 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of health care services. At the year end, the Trust accrues income relating to activity delivered in that year.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they are defined contribution schemes. Employer's pension cost contributions are charged to operating expenses as and when they become due. Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Local Government Pension Scheme

Some employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the Trust's accounts, arising from the date of transfer to the Trust. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

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 or current assets such as inventory.

Note 1.7 Property, plant and equipment

Note 1.7.1 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 a cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, have 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 economic lives.

Note 1.7.2 Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at valuation.

They are restated to current value each year. The carrying values of property, plant and equipment are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable. Costs arising from financing the construction of the fixed assets are not capitalised but are charged to the Statement of Comprehensive Income in the year to which they relate.

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. The last asset valuations were undertaken as at the valuation date of 31 January 2018. Consideration is given to the movement in the valuation between 31 January and 31 March but no adjustments are made where this is not material.

The Treasury has decided that the NHS should value its property assets in line with the RICS Red Book standards. This means that specialised property, for which market value cannot be readily determined, should be valued at depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the service being provided.

Assets in the course of construction are valued at cost and are valued by professional valuers when they are brought into use.

Operational equipment is valued at depreciated replacement cost. An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the 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.

Note 1.7.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable ie:
 - management are committed to a plan to sell the asset
 - an active programme has begun to find a buyer and complete the sale
 - the asset is being actively marketed at a reasonable price
 - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
 - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1.7.4 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.

Note 1.7.5 Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income. Lifecycle replacement costs are capitalised in line with the charges incurred by the Trust.

Note 1.7.6 Useful economic lives of property, plant and equipment

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Buildings, excluding dwellings	1	45
Plant & machinery	5	15
Transport equipment	3	7
Information technology	5	8
Furniture & fittings	5	10

Finance-leased assets (including land) are depreciated over the shorter of the useful economic life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.8 Intangible assets

Note 1.8.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the Trust intends to complete the asset and sell or use it
- the Trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware, 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.

Note 1.8.2 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 under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or “fair value less costs to sell”.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.8.3 Useful economic lives of intangible assets

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Software licences	3	5

Note 1.9 Revenue government and other grants

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.

Note 1.10 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.

Note 1.11 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.

Note 1.12 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

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

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets are categorised as "fair value through income and expenditure" or loans and receivables.

Financial liabilities are classified as "fair value through income and expenditure" or as "other financial liabilities".

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current and non-current assets.

The Trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and "other receivables".

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Determination of fair value

For financial assets and financial liabilities carried at fair value, the carrying amounts are determined from quoted market prices, independent appraisals and discounted cash flow analysis.

Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at “fair value through income and expenditure” are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset’s carrying amount and the present value of the revised future cash flows discounted at the asset’s original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly or through the use of a bad debt provision.

Note 1.13 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.13.1 The Trust as lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.14 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 the discount rates published and mandated by HM Treasury.

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 20.1 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 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed, 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 1.16 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.

At any time, 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, except for

- (i) donated assets (including lottery funded assets),
- (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
- (iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

Note 1.17 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 1.18 Corporation tax

The Trust's activities relate to the provision of goods and services relating to healthcare authorised under Section 14(1) of the HSCA. On this basis the Trust is not liable for corporation tax.

Note 1.19 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.21 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.22 Transfers of functions from other NHS bodies

For functions that have been transferred to the Trust from another NHS or local government body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain or loss corresponding to the net assets or liabilities transferred is recognised within income/expenses, but not within operating activities.

For property plant and equipment assets and intangible assets, the cost and accumulated depreciation or amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

For functions that the Trust has transferred to another NHS or local government body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss or gain corresponding to the net assets or liabilities transferred is recognised within expenses/income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve.

Note 1.23 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following Standards and Interpretations to be applied in 2017-18. These standards are still subject to HM Treasury FReM adoption, with IFRS 9 and IFRS 15 being for implementation in 2018-19, and the government implementation date for IFRS 16 and IFRS 17 still subject to HM Treasury consideration. The implementation of IFRS 16 will require a detailed analysis of all lease agreements and is expected to result in a material increase in the value of leases accounted for on the Statement of Financial Position. Aside from IFRS 16, the application of the Standards as revised would not have a material impact on the accounts for 2017/18 were they applied in that year.

- IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 15 Revenue from Contracts with Customers – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 22 Foreign Currency Transactions and Advance Consideration – Application required for accounting periods beginning on or after 1 January 2018.
- IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

Note 2 Operating Segments

All of the Trust's activities relate to the provision of healthcare, which is an aggregate of all the individual specialty components included therein. Similarly, the majority of the Trust's income originates with UK Whole-of-Government Accounting (WGA) bodies. The majority of expenses incurred are payroll expenditure on staff involved in the provision or support of healthcare activities generally across the Trust together with the related supplies and overheads necessary. The business activities which earn revenue and incur expenses are therefore of one broad combined nature.

The operating results of the Trust are reviewed monthly or more frequently by the Trust's chief operating decision maker which is the overall foundation Trust Board, which includes non-executive directors. The finance report considered by the Board contains only total balance sheet positions and cash flow forecasts for the Trust as a whole. The Board as chief operating decision maker therefore only considers one segment of healthcare in its decision making process.

The single segment of 'healthcare' has therefore been identified consistent with the core principle of IFRS 8 which is to enable users of the financial statements to evaluate the nature and financial effects of business activities in which the Trust engages and economic environments in which it operates.

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)	2017/18	2016/17
	£000	£000
Mental health services		
Cost and volume contract income	4,440	4,823
Block contract income	160,704	148,045
Clinical income for the secondary commissioning of mandatory services	3,475	3,361
Other clinical income from mandatory services	1,795	976
Community services		
Community services income from CCGs and NHS England	81,934	84,002
Income from other sources (e.g. local authorities)	14,666	15,146
Other services		
Private patient income	127	67
Total income from activities	267,141	256,420

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2017/18	2016/17
	£000	£000
NHS England	45,499	40,939
Clinical commissioning groups	196,704	188,894
Other NHS providers	3,566	3,297
NHS other	1,015	95
Local authorities	19,936	22,295
Non-NHS: private patients	112	67
Non-NHS: overseas patients (chargeable to patient)	15	-
Non NHS: other	294	833
Total income from activities	267,141	256,420
Of which:		
Related to continuing operations	267,141	256,420

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2017/18	2016/17
	£000	£000
Income recognised this year	15	-
Cash payments received in-year	15	-

Note 4 Other operating income

	2017/18	2016/17
	£000	£000
Pharmacy sales	21,851	21,853
Research and development	8,788	7,134
Education and training	12,157	11,436
Charitable and other contributions to expenditure	256	237
Non-patient care services to other bodies	2,518	2,955
Sustainability and transformation fund income	2,274	6,297
Other income	2,853	2,764
Total other operating income	50,697	52,676
Of which:		
Related to continuing operations	50,697	52,676

Sustainability and transformation fund income is based on achieving a target surplus/deficit set by NHSI. In 2017/18 the Trust did not achieve this target for the full year, whereas in 2016/17 the target was exceeded. £419k of the 2017/18 STF funding relates to 2016/17.

Note 4.1 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 license 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:

	2017/18	2016/17
	£000	£000
Income from services designated as commissioner requested services	242,203	229,833
Income from services not designated as commissioner requested services	24,938	26,587
Total	267,141	256,420

Note 5.1 Operating expenses

	2017/18	2016/17
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	2,178	1,647
Purchase of healthcare from non-NHS and non-DHSC bodies	7,135	6,994
Staff and executive directors costs	225,013	212,542
Remuneration of non-executive directors	168	137
Supplies and services - clinical (excluding drugs costs)	14,999	13,734
Supplies and services - general	2,339	2,638
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	23,385	23,330
Inventories written down	183	18
Consultancy costs	96	248
Establishment	5,776	5,640
Premises	7,772	8,236
Transport (including patient travel)	3,548	3,763
Depreciation on property, plant and equipment	6,356	6,124
Amortisation on intangible assets	674	264
Net impairments	5,097	858
Increase/(decrease) in provision for impairment of receivables	-	14
Increase/(decrease) in other provisions	273	40
Change in provisions discount rate(s)	28	205
Audit fees payable to the external auditor		
audit services- statutory audit	40	53
other auditor remuneration (external auditor only)	7	15
Internal audit costs	95	95
Clinical negligence	430	340
Legal fees	428	423
Insurance	258	308
Education and training	1,309	1,426
Rentals under operating leases	6,375	6,547
Redundancy	383	6
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)		
on IFRS basis	598	534
Car parking & security	103	146
Losses, ex gratia & special payments	42	42
Other services, eg external payroll	562	545
Other	1,538	1,853
Total	317,187	298,765
Of which:		
Related to continuing operations	317,187	298,765

Note 5.2 Other auditor remuneration

	2017/18	2016/17
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit-related assurance services	7	15
Total	7	15

Note 5.3 Limitation on auditor's liability

There is limitation of £2m on auditor's liability for external audit work carried out for the financial year 2017/18. There is no limitation for the financial year 2016/17.

Note 6 Impairment of assets

	2017/18	2016/17
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	5,097	858
Total net impairments charged to operating surplus / deficit	5,097	858
Impairments charged to the revaluation reserve	7,939	3,807
Total net impairments	13,036	4,665

In 2017/18 the £13,036k (2016/17: £4,665k) impairment due to changes in market price was offset by a £4,161k (2016/17: £5,777k) upward revaluation due to changes in market price, resulting in a net impairment of £8,875k (2016/17: £1,112k revaluation).

The revaluation included within other comprehensive income of £3,788k (2016/17: £1,970k) is calculated as the net of the £7,939k (2016/17: £3,807k) impairment loss to revaluation reserve and the £4,161k (2016/17: £5,777k) upward revaluation credited to revaluation reserve.

Note 7 Employee benefits

	2017/18	2016/17
	Total	Total
	£000	£000
Salaries and wages	166,883	161,653
Social security costs	15,770	15,039
Apprenticeship levy	789	-
Employer's contributions to NHS pensions	20,305	19,874
Pension cost - other	25	21
Termination benefits	383	6
Temporary staff (including agency)	22,483	17,559
Total gross staff costs	226,638	214,152
Recoveries in respect of seconded staff	(1,036)	(1,394)
Total staff costs	225,602	212,758
Of which		
Costs capitalised as part of assets	206	210

Note 7.1 Retirements due to ill-health

During 2017/18 there were 4 early retirements from the Trust agreed on the grounds of ill-health (6 in the year ended 31 March 2017). The estimated additional pension liabilities of these ill-health retirements is £212k (£478k in 2016/17).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 8 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 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 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 last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

Local government superannuation scheme

Buckinghamshire County Council pension scheme

The Trust's obligation in respect of the Buckinghamshire County Council Pension Scheme assets and liabilities is with effect from 1 April 2009, when the staff transferred, and not the period before this date. The net liability applicable is not material to the Trust so the full valuation is not disclosed in these accounts; however the net liability is included in the Statement of Financial Position.

Note 9 Operating leases

Note 9.1 Oxford Health NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Oxford Health NHS Foundation Trust is the lessee.

Operating leases held are simple in nature and relate primarily to land and buildings.

	2017/18 £000	2016/17 £000
Operating lease expense		
Minimum lease payments	6,375	6,547
Total	6,375	6,547
	31 March 2018 £000	31 March 2017 £000
Future minimum lease payments due:		
- not later than one year;	5,582	5,579
- later than one year and not later than five years;	4,163	3,192
- later than five years.	1,130	1,514
Total	10,875	10,285

Note 10 Finance income

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

	2017/18 £000	2016/17 £000
Interest on bank accounts	54	39
Interest on other investments / financial assets	54	107
Other finance income	37	32
Total	145	178

Note 11 Finance expenditure

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

	2017/18 £000	2016/17 £000
Interest expense:		
Loans from the Department of Health and Social Care	879	931
Other loans	25	28
Main finance costs on PFI and LIFT schemes obligations	608	648
Contingent finance costs on PFI and LIFT scheme obligations	458	412
Total interest expense	1,970	2,019
Unwinding of discount on provisions	5	31
Other finance costs	-	-
Total finance costs	1,975	2,050

Note 12 Intangible assets - 2017/18

	Software licences £000	Total £000
Valuation / gross cost at 1 April 2017 - brought forward	2,203	2,203
Additions	2,433	2,433
Disposals / derecognition	(230)	(230)
Gross cost at 31 March 2018	4,406	4,406
Amortisation at 1 April 2017 - brought forward	829	829
Provided during the year	674	674
Disposals / derecognition	(230)	(230)
Amortisation at 31 March 2018	1,273	1,273
Net book value at 31 March 2018	3,133	3,133
Net book value at 1 April 2017	1,374	1,374

Note 12.1 Intangible assets - 2016/17

	Software licences £000	Total £000
Valuation / gross cost at 1 April 2016 - as previously stated	2,246	2,246
Additions	160	160
Disposals / derecognition	(203)	(203)
Valuation / gross cost at 31 March 2017	2,203	2,203
Amortisation at 1 April 2016 - as previously stated	694	694
Provided during the year	264	264
Disposals / derecognition	(129)	(129)
Amortisation at 31 March 2017	829	829
Net book value at 31 March 2017	1,374	1,374
Net book value at 1 April 2016	1,552	1,552

Note 13.1 Property, plant and equipment - 2017/18

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2017 - brought forward	29,978	118,672	4,150	6,675	184	7,664	10,297	177,620
Transfers by absorption	1,760	1,916	-	23	-	-	-	3,699
Additions	-	1,196	3,124	28	-	3	110	4,461
Impairments	(6,194)	(4,967)	-	-	-	-	-	(11,161)
Revaluations	416	660	-	-	-	-	-	1,076
Reclassifications	-	2,786	(3,679)	516	-	332	45	-
Transfers to/ from assets held for sale	(9)	-	-	-	-	-	-	(9)
Disposals / derecognition	-	(19)	-	(346)	-	(2,674)	(1,929)	(4,968)
Valuation/gross cost at 31 March 2018	25,951	120,244	3,595	6,896	184	5,325	8,523	170,718
Accumulated depreciation at 1 April 2017 - brought forward	-	5,249	-	2,698	111	5,202	6,986	20,246
Transfers by absorption	-	-	-	2	-	-	-	2
Provided during the year	-	3,764	-	581	19	1,146	846	6,356
Impairments	-	3,011	-	-	-	-	-	3,011
Reversals of impairments	-	(1,136)	-	-	-	-	-	(1,136)
Revaluations	-	(3,085)	-	-	-	-	-	(3,085)
Disposals / derecognition	-	(12)	-	(346)	-	(2,674)	(1,922)	(4,954)
Accumulated depreciation at 31 March 2018	-	7,791	-	2,935	130	3,674	5,910	20,440
Net book value at 31 March 2018	25,951	112,453	3,595	3,961	54	1,651	2,613	150,278
Net book value at 1 April 2017	29,978	113,423	4,150	3,977	73	2,462	3,311	157,374

Note 13.2 Property, plant and equipment - 2016/17

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2016 - as previously stated	44,718	114,372	2,961	5,874	177	7,559	10,047	185,708
Prior period adjustments	(8,709)	-	-	-	-	-	-	(8,709)
Valuation / gross cost at 1 April 2016 - restated	36,009	114,372	2,961	5,874	177	7,559	10,047	176,999
Additions	-	1,406	2,891	267	-	42	45	4,651
Impairments	(2,245)	(1,562)	-	-	-	-	-	(3,807)
Revaluations	(3,786)	3,128	-	360	7	47	21	(223)
Reclassifications	-	1,328	(1,702)	174	-	16	184	0
Valuation/gross cost at 31 March 2017	29,978	118,672	4,150	6,675	184	7,664	10,297	177,620
Accumulated depreciation at 1 April 2016 - as previously stated	11,935	4,198	-	1,772	87	3,944	6,037	27,973
Prior period adjustments	(8,709)	-	-	-	-	-	-	(8,709)
Accumulated depreciation at 1 April 2016 - restated	3,226	4,198	-	1,772	87	3,944	6,037	19,264
Provided during the year	-	3,402	-	566	17	1,211	928	6,124
Impairments	1,325	1,514	-	-	-	-	-	2,839
Reversals of impairments	(656)	(1,325)	-	-	-	-	-	(1,981)
Revaluations	(3,895)	(2,540)	-	360	7	47	21	(6,000)
Accumulated depreciation at 31 March 2017	-	5,249	-	2,698	111	5,202	6,986	20,246
Net book value at 31 March 2017	29,978	113,423	4,150	3,977	73	2,462	3,311	157,374
Net book value at 1 April 2016	32,783	110,174	2,961	4,102	92	3,615	4,008	157,736

This disclosure has been restated to correct historic errors. The restatement is for classification purposes only and does not impact on the overall net book value of assets.

Note 13.3 Property, plant and equipment financing - 2017/18

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2018								
Owned - purchased	25,952	103,249	3,594	3,961	11	1,651	2,613	141,031
On-SoFP PFI contracts and other service concession arrangements	-	7,761	-	-	-	-	-	7,761
Owned - government granted	-	68	-	-	-	-	-	68
Owned - donated	-	1,375	-	-	43	-	-	1,418
NBV total at 31 March 2018	25,952	112,453	3,594	3,961	54	1,651	2,613	150,278

Note 13.4 Property, plant and equipment financing - 2016/17

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2017								
Owned - purchased	29,978	104,184	4,150	3,977	14	2,462	3,311	148,076
On-SoFP PFI contracts and other service concession arrangements	-	7,760	-	-	-	-	-	7,760
Owned - government granted	-	100	-	-	-	-	-	100
Owned - donated	-	1,379	-	-	59	-	-	1,438
NBV total at 31 March 2017	29,978	113,423	4,150	3,977	73	2,462	3,311	157,374

Note 14 Inventories

	31 March 2018 £000	31 March 2017 £000
Drugs	2,488	2,418
Energy	28	14
Other	17	17
Total inventories	2,533	2,449
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £23,175k (2016/17: £23,082k). Write-down of inventories recognised as expenses for the year were £185k (2016/17: £27k).

Inventories are held at the lower of cost and net realisable value. The majority of the drugs inventory relates to the Oxford Pharmacy Store.

Note 15.1 Trade receivables and other receivables

	2018 £000	2017 £000
Current		
Trade receivables	14,246	7,262
Capital receivables (including accrued capital related income)	-	1,546
Accrued income	4,870	6,077
Provision for impaired receivables	(121)	(128)
Prepayments (non-PFI)	1,971	1,274
PFI prepayments - capital contributions	447	447
PFI lifecycle prepayments	81	81
PDC dividend receivable	492	10
VAT receivable	362	492
Corporation and other taxes receivable	22	-
Other receivables	666	1,587
Total current trade and other receivables	23,036	18,648
Non-current		
Other receivables	30	30
Total non-current trade and other receivables	30	30
Of which receivables from NHS and DHSC group bodies:		
Current	15,199	12,232

Note 15.2 Provision for impairment of receivables

	2017/18	2016/17
	£000	£000
At 1 April as previously stated	128	121
Prior period adjustments	-	-
At 1 April - restated	128	121
Increase in provision	(56)	66
Amounts utilised	(7)	(7)
Unused amounts reversed	56	(52)
At 31 March	121	128

All individual receivables due have been reviewed to reflect fair value.

Note 15.3 Credit quality of financial assets

	31 March 2018		31 March 2017	
	Trade and other receivables	Investments & Other financial assets	Trade and other receivables	Investments & Other financial assets
	£000	£000	£000	£000
Ageing of impaired financial assets				
0 - 30 days	5	-	20	-
30-60 Days	5	-	5	-
60-90 days	17	-	6	-
90- 180 days	19	-	14	-
Over 180 days	71	-	105	-
Total	117	-	150	-
Ageing of non-impaired financial assets past their due date				
0 - 30 days	2,942	-	1,208	-
30-60 Days	92	-	370	-
60-90 days	357	-	447	-
90- 180 days	416	-	209	-
Over 180 days	466	-	208	-
Total	4,273	-	2,442	-

The majority of activity is with Clinical Commissioning Groups, as commissioners for NHS patient care services. As Clinical Commissioning Groups are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary.

Note 16 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.

	2017/18 £000	2016/17 £000
At 1 April	13,984	14,388
Prior period adjustments	-	-
At 1 April (restated)	13,984	14,388
At start of period for new FTs	-	-
Net change in year	5,634	(404)
At 31 March	19,618	13,984
Broken down into:		
Cash at commercial banks and in hand	283	284
Cash with the Government Banking Service	19,335	13,700
Total cash and cash equivalents as in SoFP	19,618	13,984
Total cash and cash equivalents as in SoCF	19,618	13,984

Note 16.1 Third party assets held by the Trust

The Trust held cash and cash equivalents which relate to monies held on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	2018 £000	2017 £000
Bank balances	344	344
Total third party assets	344	344

Note 17 Trade and other payables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade payables	7,534	5,652
Capital payables	2,292	480
Accruals	17,208	12,694
Social security costs	2,430	2,194
Other taxes payable	1,716	1,541
Accrued interest on loans	43	43
Other payables	130	115
Total current trade and other payables	31,353	22,719
Non-current		
Capital payables	801	-
Total non-current trade and other payables	801	-
Of which payables from NHS and DHSC group bodies:		
Current	3,575	1,762

Note 18 Other liabilities

	31 March 2018 £000	31 March 2017 £000
Current		
Deferred income	3,073	3,036
Total other current liabilities	3,073	3,036
Non-current		
Net pension scheme liability	546	892
Total other non-current liabilities	546	892

Note 19 Borrowings

	31 March 2018 £000	31 March 2017 £000
Current		
Loans from the Department of Health and Social Care	1,338	1,338
Other loans	582	-
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	304	252
Total current borrowings	2,224	1,590
Non-current		
Loans from the Department of Health and Social Care	20,074	21,412
Obligations under PFI, LIFT or other service concession contracts	3,736	4,040
Total non-current borrowings	23,810	25,452

Note 20 Provisions for liabilities and charges analysis

	Pensions - early departure costs	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2017	1,008	187	74	2,837	4,106
Change in the discount rate	8	-	-	20	28
Arising during the year	69	116	186	392	763
Utilised during the year	(93)	(19)	(55)	(110)	(277)
Reversed unused	-	(121)	-	(396)	(517)
Unwinding of discount	2	-	-	3	5
At 31 March 2018	994	163	205	2,746	4,108
Expected timing of cash flows:					
- not later than one year;	92	163	205	785	1,245
- later than one year and not later than five years;	371	-	-	982	1,353
- later than five years.	531	-	-	979	1,510
Total	994	163	205	2,746	4,108

Pensions relating to other staff result from early retirements for which the Trust is liable. Other provisions includes injury benefits to former staff for which the Trust is liable. Also included in other provisions are dilapidations provisions for the Trust's leasehold premises. There are no material uncertainties around the timing of these cash flows.

Note 20.1 Clinical negligence liabilities

At 31 March 2018, £1,287k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Oxford Health NHS Foundation Trust (31 March 2017: £1,651k).

Note 21 Contractual capital commitments

	31 March 2018	31 March 2017
	£000	£000
Property, plant and equipment	2,493	1,403
Intangible assets	217	-
Total	2,710	1,403

Note 22 On-SoFP PFI, LIFT or other service concession arrangements

Description of the scheme

The scheme provides a centre in Oxford for the secure care of 30 clients with mental health problems and 10 clients with learning disabilities. Many of the clients are offenders who have been referred for treatment through the Courts. The scheme also provides a staff accommodation block.

Community Health Facilities (Oxford) Limited have designed, built, financed, maintained and operated the new facility. They are a special purpose company established through three main sponsors:

The Miller Group Limited

Interserve (Facilities Management) Ltd (formerly Building and Property Group Limited)

British Linen Investments Limited

Contract Start Date: 06 September 1999

Contract End Date: 05 September 2049*

* Contract break possible after 25 years, at 05 September 2024. In 2024, the Trust has legal ownership of the asset.

The inflation of the PFI scheme is linked directly to RPI.

The contract involved the lease of Trust land to the operator for nil consideration. The substance of this transaction was that it would result in lower annual payments over the life of the contract, i.e. an implicit reduction in the unitary charge since the operator has not had to lease the land on the open market. Consequently the value of the land is recorded within the Trust's total land value.

Note 22.1 Imputed finance lease obligations

Oxford Health NHS Foundation Trust has the following obligations in respect of the finance lease element of on-Statement of Financial Position PFI and LIFT schemes:

	31 March 2018 £000	31 March 2017 £000
Gross PFI, LIFT or other service concession liabilities	6,705	7,499
Of which liabilities are due		
- not later than one year;	899	872
- later than one year and not later than five years;	4,167	3,958
- later than five years.	1,639	2,668
Finance charges allocated to future periods	(2,665)	(3,206)
Net PFI, LIFT or other service concession arrangement obligation	4,040	4,292
- not later than one year;	304	252
- later than one year and not later than five years;	2,401	1,958
- later than five years.	1,335	2,082

Note 22.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future obligations under these on-SoFP schemes are as follows:

	31 March 2018 £000	31 March 2017 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	15,901	18,694
Of which liabilities are due:		
- not later than one year;	2,232	2,154
- later than one year and not later than five years;	9,499	9,219
- later than five years.	4,170	7,321

Note 22.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the Trust's payments in 2017/18:

	2017/18	2016/17
	£000	£000
Unitary payment payable to service concession operator	2,148	2,111
Consisting of:		
- Interest charge	608	648
- Repayment of finance lease liability	252	195
- Service element and other charges to operating expenditure	543	533
- Capital lifecycle maintenance	287	323
- Contingent rent	458	412
Other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment	55	-
Total amount paid to service concession operator	2,203	2,111

Note 23 Financial instruments

Note 23.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups and the way those organisations are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by regulator review. The borrowings are for 1 – 20 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit Risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2017 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups and NHS England, which are financed from resources voted annually by Parliament. The Trust is not, therefore, exposed to significant liquidity risks.

Note 23.2 Carrying values of financial assets

	Loans and receivables	Total book value
	£000	£000
Assets as per SoFP as at 31 March 2018		
Trade and other receivables excluding non financial assets	20,206	20,206
Cash and cash equivalents at bank and in hand	19,618	19,618
Total at 31 March 2018	39,824	39,824

	Loans and receivables	Total book value
	£000	£000
Assets as per SoFP as at 31 March 2017		
Trade and other receivables excluding non financial assets	16,253	16,253
Cash and cash equivalents at bank and in hand	13,984	13,984
Total at 31 March 2017	30,237	30,237

Note 23.3 Carrying value of financial liabilities

	Other financial liabilities £000	Total book value £000
Liabilities as per SoFP as at 31 March 2018		
Borrowings excluding finance lease and PFI liabilities	21,995	21,995
Obligations under PFI, LIFT and other service concession contracts	4,040	4,040
Trade and other payables excluding non financial liabilities	25,133	25,133
Other financial liabilities	243	243
Total at 31 March 2018	51,411	51,411

	Other financial liabilities £000	Total book value £000
Liabilities as per SoFP as at 31 March 2017		
Borrowings excluding finance lease and PFI liabilities	22,750	22,750
Obligations under PFI, LIFT and other service concession contracts	4,292	4,292
Trade and other payables excluding non financial liabilities	16,230	16,230
Other financial liabilities	392	392
Total at 31 March 2017	43,664	43,664

Note 23.4 Fair values of financial assets and liabilities

The book value (carrying value) is a reasonable approximation of the fair value.

Note 23.5 Maturity of financial liabilities

	31 March 2018 £000	31 March 2017 £000
In one year or less	27,601	18,212
In more than one year but not more than two years	1,770	1,642
In more than two years but not more than five years	5,983	5,668
In more than five years	16,057	18,142
Total	51,411	43,664

Note 24 Losses and special payments

	2017/18		2016/17	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	3	-	7	-
Fruitless payments and constructive losses	69	13	-	-
Stores losses and damage to property	1	-	-	-
Total losses	73	13	7	-
Special payments				
Ex-gratia payments	35	29	31	42
Total special payments	35	29	31	42
Total losses and special payments	108	42	38	42
Compensation payments received		-		-

Note 25 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 has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below in order of significance. Oxfordshire CCG, NHS England, Chiltern CCG and Aylesbury Vale CCG together account for 88% of the Trust's clinical income.

NHS Oxfordshire CCG
NHS England
NHS Chiltern CCG
NHS Aylesbury Vale CCG
Health Education England
Oxford University Hospitals NHS Foundation Trust
NHS Wiltshire CCG
Department of Health
NHS Swindon CCG
NHS Bath and North East Somerset CCG
Calderdale and Huddersfield NHS Foundation Trust
East Sussex Healthcare NHS Trust
Burton Hospitals NHS Foundation Trust
Great Western Hospitals NHS Foundation Trust
NHS Nene CCG
South Central Ambulance Service NHS Foundation Trust
Ipswich Hospital NHS Trust
Buckinghamshire Healthcare NHS Trust
Frimley Health NHS Foundation Trust
University Hospital Southampton 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 & Customs
Oxfordshire County Council
Buckinghamshire County Council
NHS Property Services
Community Health Partnerships
Welsh Health Bodies - Cardiff and Vale University Local Health Board
NHS Resolution

The Trust has also received payments from the Oxford Health Charity, the Trustees for which are also members of the Oxford Health NHS Foundation Trust Board. Further details are included in note 28

The Trust manages the Oxfordshire Pharmacy Store, a shortline pharmaceutical supplier to other NHS organisations. The turnover for the year 2017/18 was £21,848k (2016/17: £21,813k).

Stuart Bell, who is the Chief Executive, is Chair of the Picker Institute Ltd. Martin Howell, who is the Chairman, is a Governor of Oxford Brookes University. Ros Alstead, who is Director of Nursing and Clinical Standards, is a Trustee of Young Dementia Homes UK. Alyson Coates, who is a Non-Executive Director, is a Governor of Oxford Brookes University. Mike Bellamy, who was a Non-Executive Director for part of the year, is a non-executive board member of the University of West London. Jonathan Asbridge, who is a Non-Executive Director, is Clinical Director of Health Care at Home Ltd. Chris Hurst, who is a Non-Executive Director, is a Trustee of the Healthcare Financial Management Association.

The transactions with bodies outside of Government and the Department of Health, which are considered related parties by virtue of shared director relationships are disclosed below:

	2017/18 £000 Income	2017/18 £000 Expenditure	2016/17 £000 Income	2016/17 £000 Expenditure
Organisation				
Oxford Brookes University	33	183	67	98
University of West London	-	16	-	5
Picker Institute Ltd	-	7	-	7
Health Care at Home Ltd	98	-	63	-
HFMA Ltd	-	35	-	-
Young Dementia UK	-	-	-	-
Total	131	241	130	110

	2017/18 £000 Receivables	2017/18 £000 Payables	2016/17 £000 Receivables	2016/17 £000 Payables
Organisation				
Oxford Brookes University	-	-	21	-
Health Care at Home Ltd	5	-	-	-
Total	5	-	21	-

Note 26 Transfers by absorption

On 1 July 2017 the Learning Disabilities service in Oxfordshire transferred from Southern Health NHS Foundation Trust to Oxford Health NHS Foundation Trust. Within the Trust's accounts for 2017/18 total income from the Learning Disabilities services which transferred is £5,692k. Subsequently, on the 4 October 2017 the Trust received land and building assets from Southern Health NHS Foundation Trust as part of a transfer. The assets total £3,697k as detailed below.

	£000
PPE	
Cost / valuation: Land	1,760
Cost / valuation: Building (excl dwellings)	1,916
Cost / valuation: Plant & Machinery	23
Accumulated depreciation: Plant & Machinery	(2)
Net book value of PPE transferring	3,697
Net gain/(loss) on absorption transfers	3,697

	£000
Transfers between reserves	
Revaluation reserve	1,716
Income and expenditure reserve (balancing figure)	(1,716)

Note 27 Events after the reporting date

No significant events after the reporting period.

Note 28 NHS Charity

Oxford Health Charity, registered in the UK, is not consolidated within the Oxford Health NHS Foundation Trust accounts. The summary results and financial position for Oxford Health Charity (Charity Registration Number 1057285) are as follows:

Statement of Financial Activities

	2017/18	2016/17
	£000	£000
Total Incoming Resources	301	363
Resources Expended with Oxford Health NHS Foundation Trust	(265)	(308)
Other Resources Expended	(137)	(53)
Total Resources Expended	(402)	(361)
Net (outgoing) resources	(101)	2
Gains on revaluation and disposal	15	92
Net movement in funds	(86)	94

Balance Sheet

	31 March 2018	31 March 2017
	£000	£000
Investments	1,077	1,045
Cash	364	146
Other Current Assets	-	378
Current Liabilities	(114)	(156)
Net assets	1,327	1,413
Restricted / Endowment funds	376	387
Unrestricted funds	951	1,026
Total Charitable Funds	1,327	1,413

The Charity's 2017/18 Statement of Financial Activities and Balance Sheet are based on unaudited accounts of the Charity.

Note 29 Pooled Budgets

Note 29.1 Oxfordshire County Council Pooled Budgets

Oxford Health NHS Foundation Trust has a pooled budget arrangement with Oxfordshire County Council. Oxford Health NHS Foundation Trust is the host. These are treated as agency transactions and only Oxford Health's proportion is recognised in the Trust's accounts.

Oxfordshire Adults of Working Age and Older Adults Pooled Budget Performance 2017/18

	Plan	Actual	Adjustment to Contribution
	£000	£000	£000
Oxford Health NHS FT	8,613	8,909	296
OCC	2,307	2,389	82
OCC contribution to Trust overheads	83	83	-
Total Pooled Budget	11,003	11,381	378

Analysis of Income and Expenditure within the Pooled Budget

	Total	Trust Contribution	OCC Contribution
	£000	£000	£000
Pay Expenditure	11,022	8,687	2,335
Non-Pay Expenditure	405	323	82
Income	(129)	(101)	(28)
Contribution to Overheads	83	-	83
	11,381	8,909	2,472

Note 29.2 Buckinghamshire County Council Pooled Budgets

Oxford Health NHS Foundation Trust has two pooled budget arrangements with Buckinghamshire County Council. Oxford Health NHS Foundation Trust is the host. These are treated as agency transactions and only Oxford Health's proportion is recognised in the Trust's accounts.

Buckinghamshire Adults of Working Age Pooled Budget Performance 2017/18

	Plan	Actual	Adjustment to Contribution
	£000	£000	£000
Oxford Health NHS FT	5,464	5,458	(6)
BCC	2,628	2,626	(2)
Total Delegated Budget	8,092	8,084	(8)
BCC contribution to Trust overheads	99	99	-
Total Pooled Budget	8,191	8,183	(8)

Analysis of Income and Expenditure within the Pooled Budget

	Total	Trust Contribution	BCC Contribution
	£000	£000	£000
Pay Expenditure	7,390	5,029	2,361
Non-Pay Expenditure	703	435	268
Income	(9)	(6)	(3)
Contribution to Overheads	99	-	99
	8,183	5,458	2,725

Buckinghamshire Older Adults Pooled Budget Performance 2017/18

	Plan	Actual	Adjustment to Contribution
	£000	£000	£000
Oxford Health NHS FT	2,269	2,056	(213)
BCC	852	773	(79)
Total Delegated Budget	3,121	2,829	(292)
BCC contribution to Trust overheads	41	41	-
Total Pooled Budget	3,162	2,870	(292)

Analysis of Income and Expenditure within the Pooled Budget

	Total	Trust Contribution	BCC Contribution
	£000	£000	£000
Pay Expenditure	2,654	1,956	698
Non-Pay Expenditure	174	100	74
Income	-	-	-
Contribution to Overheads	41	-	41
	2,869	2,056	813

