Nottinghamshire Healthcare
NHS Foundation Trust

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Annual Report and Accounts 2020/21

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

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PERFORMANCE REPORT

OVERVIEW OF PERFORMANCE

This overview of performance provides a short summary of the organisation, its purpose, the key risks to achieving our objectives and performance throughout the year.

A statement from the Chair and Chief Executive

We are delighted to welcome you to the annual report for Nottinghamshire Healthcare NHS Foundation Trust covering the period 1 April 2020 to 31 March 2021. We take a look back over a 12 month period that has been an unprecedented year as we, along with many, have faced the COVID-19 pandemic. Throughout that time teams across the Trust have gone above and beyond in this most challenging of years. Our staff and volunteer colleagues have been resilient and innovative in adapting practices and services to ensure that our patients and service users have continued to get the very best care and treatment. The commitment and dedication of all colleagues to making a difference in these challenging times is truly inspiring.

This overview gives a summary which enables you to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year. We hope this report provides a balanced view of the Trust's performance during the year, as well as celebrating the dedication and commitment of our staff and volunteers to provide safe and caring services for our patients, service users, and carers.

As this annual report is being finalised, the NHS continues to deal with the most challenging period since its inception as the COVID-19 pandemic continues. Our staff and volunteers have continued to rise to the daily challenges to ensure we are able to provide our services.

There have been several changes to the leadership of the Trust during the year, with changes in the Executive Director of Finance, Information and Estates, Executive Medical Director, as well as a new Director of Community Health Services and Director of Corporate Affairs. We have also welcomed two new Non-Executive Directors and a new Lead Governor.

Throughout the COVID-19 pandemic we have worked in close partnership with other organisations across the Nottingham and Nottinghamshire integrated care system (ICS) to ensure that we were able to continue to provide care, albeit that many of those services have been provided in different ways. Whilst we were able to provide much of the care and treatment face to face, we also embraced digital technology where face to face contact was not possible. We had already begun to develop our partnership working, and the COVID-19 pandemic provided us with opportunities to take that partnership approach even further. Together with Amanda Sullivan, Accountable Officer of NHS Nottingham and Nottinghamshire CCG and Tracy Taylor, Chief Executive of Nottingham University Hospitals. John Brewin is joint lead for the Nottingham and Nottinghamshire vaccination programme, which has enabled

many thousands of citizens to receive their COVID-19 vaccination. Staff colleagues across Nottinghamshire Healthcare have been a key part of the vaccination programme, and all of the organisations within the system are committed to ensuring this collective way of working continues into the future.

A CQC inspection in early 2019 resulted in the Trust being rated as Requiring Improvement overall, retaining ratings of Good for effectiveness and Good for caring. Whilst this rating was not what we would want, it was broadly as we expected, and we accepted the overall opinion of the inspection team; that we need to improve across every domain. We are always keen to receive feedback about our services and use such feedback as an opportunity to improve. Over the past year we have focused as a Trust on those areas which we feel will have the most impact on improving patient care as well as the employment experience of our staff colleagues.

Whilst the overall rating was disappointing, the CQC inspectors found much to praise, including staff developing holistic, recovery-oriented care plans informed by a comprehensive risk assessment. Our staff, volunteers, patients and carers spoke with the inspectors and said that most staff treated patients and their carers with dignity and respect. We have been building on those positive findings to further improve the work we are doing. During the visit the CQC identified areas of great practice and we have every confidence that when the CQC inspects us again we will be able to demonstrate considerable improvement.

We also welcome feedback from our staff colleagues as evidence based research clearly shows that good staff experience is directly linked to better patient experience and outcomes. We were therefore pleased that our results in the NHS staff survey had improved for the first time in several years. Our response rate this year was 56% compared with 45% last year. It was particularly pleasing to see that colleagues would recommend the Trust as a place to work and as a place to receive treatment. Since publication of the results we have since learned that Nottinghamshire Healthcare was the most improved organisation of its type in its overall staff engagement score. Whilst these results are encouraging, we are not complacent and now need to spend time with our staff looking at the detail of what they have told us so that we can target our improvements. The safety of our staff is a priority for us and we are continuing to work to address the issue of violence and aggression towards our colleagues.

We remain committed to working to create the right environments to impact on our organisational culture and change it for the better. We want to ensure that we are creating the right environment for our staff, so that they in turn can give their patients the best care. A just and restorative culture means that we will manage any issues by acting with compassion, treating people fairly and justly; minimising negative impacts and maximising learning.

Though we have, rightly, reflected on some negative issues there have been many highlights also, including the launch of a new crisis line available 24 hours a day, seven days a week for people experiencing a mental health crisis. We also created a critical time intervention team at HMP Lincoln to ensure vulnerable people leaving prison receive continuity of care. As part of our commitment to improve inpatient mental health care, the Trust purchased the St Andrew's Hospital site in Mansfield

and named the unit Sherwood Oaks, which will provide a modern day environment for people to receive inpatient care.

The Trust and its staff also played their part in responding to the COVID-19 pandemic. We have already spoken of the role of our staff in helping to vaccinate thousands of people across Nottingham and Nottinghamshire. There has also been support from the Trust projects such as sponsoring Bar Iberico to continue to provide vulnerable people with much needed meals. In conjunction with Age UK Nottinghamshire, at a time when patients were not allowed to have visitors due to the pandemic restrictions, we also launched a scheme which saw patients receiving many cards and letters from members of the public.

Even though staff across the organisation were facing the most challenging of conditions due to the COVID-19 pandemic, they also took time to nominate their colleagues for awards. Several of our staff were shortlisted, and indeed winners, in national awards and this has been a great morale booster right across the Trust.

You are able to read more detail on these achievements and more over the next few pages.

Despite the year being one of the most challenging we have experienced for all the reasons above, we are pleased to report that, thanks to the concerted efforts of colleagues across the Trust, we ended the year having met all of our financial targets.

In summary, the Trust and its staff and volunteers have faced an unusual and challenging year, but our staff colleagues, volunteers and their services have also experienced many successes. As we come to an end of the financial year, we are confident that the foundations we have begun to lay over the past year will bring benefits to our patients, their carers and our staff and volunteers for many years to come.

Highlights of the year

Over the last 12 months our teams have gone above and beyond in this most unprecedented of years. Our staff have been resilient and innovative in adapting practices and services to ensure that our patients and service users have continued to get the very best care and treatment possible. The commitment and dedication of all staff to making a difference in these challenging times is truly inspiring. Here are just some of our highlights and achievements.

New services and initiatives

Trust launches Crisis line - in April 2020 we launched a mental health crisis line for local people in crisis. Launched as part of the NHS Long Term Plan's investment in Mental Health Services, it is the 'first port of call' for anyone experiencing a mental health crisis and removes the need for those people to seek help via hospital. Available 24 hours a day, seven-days a week, it's the number to call for people who are experiencing a mental health crisis and need immediate help.

New mental health line launched in Notts - at the start of Mental Health Awareness Week, May 2020, Nottinghamshire Healthcare and Turning Point Trust launched a new helpline for people with mental health issues living in Nottinghamshire. The service is available for anyone who needs emotional support or information about what help people struggling with their mental health can access in the local area.
The helpline website also includes useful information about a range of common mental health issues, such as anxiety and low mood, and how to promote feelings of wellbeing. It will also provide information and advice on mental health issues to people working in the NHS, local government, schools or the community and voluntary sector.

Critical Time Intervention Team – this new service was launched to help people successfully resettle into the community following their release from prison. The Critical Time Intervention (CTI) Team at HMP Lincoln was created to ensure vulnerable people receive a continuity of care on release from prison. The CTI team specifically works with individuals with any ongoing general health, mental health or social care needs; helping to build a person's resilience to regain inclusion back into the community.

New ADHD service launched - adults with attention deficit hyperactivity disorder (ADHD) in Nottingham and Nottinghamshire can now receive the targeted support they need thanks to a new service. Launched in September 2020, the service is the first of its kind in Nottinghamshire. It supports referrals for adults with (or suspected of having) ADHD for diagnostic assessment and the right treatment.

Making an IMPACT – East Midlands Provider Collaborative goes live – IMPACT, the partnership of the nine NHS and independent sector organisations that provide Adult Secure Care services in the East Midlands - went live in October 2020. The responsibility for the commissioning of Adult Secure Care services in the region transferred from NHSE Specialised Commissioning to the East Midlands Provider Collaborative – known as IMPACT.

New site to improve mental health care for adults - in November 2020 the Trust purchased the St Andrew's Hospital site in Mansfield. The site, now named Sherwood Oaks, will be the new adult inpatient mental health unit in Mansfield. The Trust's inpatient services for adults currently provided at its Millbrook Mental Health Unit will be moved here in 202 in a move which is part of ongoing work to improve inpatient mental health care in the local area. Sherwood Oaks will result in significant improvements to the physical care environment for patients, providing modern, single ensuite accommodation and increased outdoor space.

New early intervention eating disorders service in Nottinghamshire - adults aged 18-25 years-old with a first onset of an eating disorder can now benefit from support from a new early intervention service launched in January 2021. First Episode Rapid Early Intervention for Eating Disorders (known as FREED) is delivered through the Adult Nottinghamshire Eating Disorder Service, provided by Nottinghamshire Healthcare. FREED is an evidence-based early intervention model for eating disorders, tailored to young people's needs. Originally developed six years ago by South London and Maudsley NHS Foundation Trust and King's College

London, it provides rapid access high-quality care for people in the early stages of illness when treatment is most likely to be effective.

New Crisis Sanctuaries to provide mental health support across Notts – launched in March 2021, the Nottinghamshire Crisis Sanctuaries will provide mental health crisis support to local communities across the county. Provided in partnership between Nottinghamshire Mind, Turning Point, Framework and Harmless. The Crisis Sanctuaries are open to anyone over 18 who feels they are in, or near, a mental health crisis and need a safe space to talk. The Crisis Sanctuaries will be in: Worksop, Mansfield, Newark, Beeston, Sherwood, East Leake and Nottingham City. Each Sanctuary is open at each location twice a week.

Events and key dates

Black Lives Matter - a statement of support from NHS leaders – in June 2020 leaders from across the NHS in Nottingham and Nottinghamshire issued a statement supporting the aims of the Black Lives Matter movement and pledged to stand in solidarity with our BAME colleagues. The letter confirmed that the NHS has a significant role to play in both the public conversation about these issues and also in making the changes that we all want to see in our society.

Celebrating Virtual Pride 2021 – in July 2020 we celebrated our first Virtual Pride alongside our partners across the Nottinghamshire Integrated Care System. We hosted a number of Virtual Pride activities throughout July, culminating in an MS Teams Virtual Pride Extravaganza.

Black History Month – October saw the Trust celebrate Black History Month 2020 with our partners with a live event via MS Teams on 29 October 2020. The aim of the event was to educate, celebrate and recognise the challenges often faced daily by people of colour and the impact this has on their lives - as highlighted by the Black Lives Matter movement and beyond. Sessions included some fantastic local and national talent, music, dancing, comedy, speakers, live chats etc.- a very proud event.

OSCARS - staff awards 2020 – in December we held our OSCARS 2020 – Take Two virtual ceremony, rearranged after the original celebration was cancelled in March. It was fantastic to come together and celebrate some of the incredible achievements of our staff and volunteers from 2019. All the details of the inspirational winners can be found on our website.

COVID-19 Vaccinations - in December we began the important process of vaccinating our frontline staff with our partners across Nottingham and Nottinghamshire. We have been at the forefront of the county's vaccination roll out and our staff have been instrumental in the success of the community vaccination programme.

Mental Health and Wellbeing Seminar - in December 2020, the Trust hosted a Mental Health and Wellbeing Seminar in aid of Disability History Month in collaboration with our partners. Feedback from the event clearly illustrated how valued this session was, with over 150 attendees.

Street Triage Team filmed in Roman Kemp documentary about male suicide - radio host Roman Kemp showcased the joint work of Nottinghamshire Police and our mental health nurses who deal with potential suicide victims as part of a new BBC documentary. Roman filmed with the award winning street triage team – one of the first to be set up nationally to highlight the help that is out there for when people need it most. 'Roman Kemp: Our Silent Emergency' aired on Tuesday 16 March 2021.

COVID-19 pandemic response

Trust sponsored Bar Iberico to support the vulnerable in spring 2020, the Trust sponsored Bar Iberico to the sum of £10,000, allowing them to continue with the great work started at the beginning of the pandemic providing vulnerable people with much needed meals. The sponsorship supported the restaurant to cook over 10,000 meals for people in Nottingham facing a food crisis, including children, the elderly, the vulnerable, the homeless and NHS staff. As part of the sponsorship, the Bar Iberico team helped signpost vulnerable people to services that might be able to help them, including raising awareness of the Trust's mental health crisis line.

COVID-19 drives digital innovation in pulmonary rehabilitation - the pandemic forced many NHS services to look at different ways of working to continue to deliver safe, high quality care to patients**.** Our Community Respiratory Physiotherapy team, faced the challenge of continuing to provide services to patients needing pulmonary rehabilitation, a particularly vulnerable and high-risk group. The team quickly developed a virtual pulmonary rehab offer for patients living in Gedling, Hucknall and Rushcliffe using national guidance and benchmarking.

Rainbow garden honours the NHS in July 2020, patients and staff on Jade Ward in the National High Secure Women's Service (NHSWS) at Rampton Hospital, unveiled their rainbow garden. The garden promoted the sense of community and is inclusive to all who are on Jade Ward, staff and patients alike no matter what their ability.

Trust physio supports young patient unable to walk to run 8km – Michelle Snowden, Senior Paediatric Physiotherapist worked with Finlay, a 14 year old with cerebral palsy from Hoveringham. Finlay took "lockdown" as an opportunity to improve his strength and physical ability. He went from hardly walking to running an amazing 8.2km.

Supporting patient involvement at HMP Leicester - the HMP Leicester Healthcare Team wanted to find new ways of engaging with patients. At the beginning of the pandemic they hosted a poetry competition, encouraging people to write about their personal experiences of being locked-down within the prison estate and how this has impacted them and their families. The talent, empathy and hard-work of the patients who entered the competition was acknowledged with three winners chosen and given prize bundles. In collaboration with local charity SoftTouch Arts, all of the poems have been made into a booklet to be shared with the residents at HMP Leicester, showcasing the men's creative talents and sharing their personal experiences of the pandemic.

Letters from new friends ease the loneliness for Lings Bar patients - patients and staff at Lings Bar hospital had an amazing boost from well-wishers during the COVID-19 restrictions. Letters, cards and pictures were sent in by hundreds of local people as part of the Dear Friend project. Dear Friend was launched in conjunction with Age UK Notts after Castle Ward Manager Claire Smith discussed the issue of loneliness and isolation with her sister Maria, who works for the charity. The scheme, which was developed jointly, called for cards and letters to be sent to the hospital patients, who, because of social distancing or shielding restrictions, were unable to have visits from even their loved ones. The letters, cards and pictures were used to decorate the wards so that patients knew they hadn't been forgotten.

Supporting vulnerable young families safely during COVID-19 – our Family Nurse Partnership (FNP) is a home visiting parenting programme delivered across Nottinghamshire to first-time young mothers, their partners and families. It supports up to 375 young families at a time to have a healthy pregnancy, improve their child's physical and emotional health and development, plan their own futures and achieve their aspirations. The Family Nurses recognised that during lockdown the isolation and lack of resources, positive relationships and healthy family support were impacting negatively on many families and their babies. The team prioritised home visits for their most vulnerable clients who were experiencing poor mental health, domestic violence or where there were safeguarding concerns. Offering walks in the park or visits in the garden – following the rules on social distancing and protective equipment – enabled clients to be open and honest about their concerns for themselves and their babies. Alongside home visiting, the Family Nurses also used virtual consultations, email, telephone calls, text and posted information out to clients.

Teams and colleagues recognised with awards

End of Life Together shortlisted for the HSJ Safety Award - the End of Life Together programme, a joined-up service delivered by an alliance of Nottinghamshire Healthcare NHS Foundation Trust, Sherwood Forest Hospitals Foundation NHS Trust, Beaumond House Community Hospice, Nottinghamshire Hospice, Primary Integrated Community Services and Cruse Bereavement. Good end of life care where patients are involved in decisions about their care.

Gold award for baby friendly team – our Healthy Family Team Service celebrated achieving the Unicef Baby Friendly Initiative Gold Sustainability Award; a nationally recognised mark of quality care. This prestigious accolade recognises a service for demonstrating sustainable leadership, a positive culture, ongoing monitoring and continued progression. All of these provide a solid foundation to promote, protect and support breastfeeding and close loving relationships between parents and babies.

Winner and shortlisted for four Nursing Times Award - The Trust was shortlisted for five Nursing Times awards. The prestigious awards celebrate innovations that are improving nurse-led care. Sarah Atkinson, Learning Disabilities Primary Care Liaison Nurse won the Learning Disabilities Nursing Category for a wallet sized easy read card to highlight the issue of domestic violence. Sarah developed the card after she

discovered a client's history of domestic violence and abuse, and knew she had to find a way of helping her and others in a similar situation.
The others shortlisted were:

- Holly Atkinson and Fiona Lamb from the Community Forensic Intellectual Developmental Disability Team (CFIDD) in the Learning Disabilities Nursing category. They developed educational packages that were adapted to meet the needs of those with communication difficulties who have an Intellectual Development Disability and Autism Spectrum Disorder (IDD/ASD) diagnosis and are subject to restriction orders under the Mental Health Act.
- Sally Robbins-Cherry, Nurse Consultant in Transgender Healthcare, was a finalist in the Nurse Leader of the Year category. As the first nurse consultant in transgender healthcare, Sally is passionate about developing the role of the nurse in this field.
- CAMHS Mental Health Support Teams (MHST) were shortlisted in the Children's Services category. The teams operate across Nottinghamshire and were one of the first in the country to be operational. They offer early interventions to young people struggling with their mental health.
- Offender Health Team at the Immigration Removal Centre Morton Hall was shortlisted for the HRH Integrated Approaches to Care Award. The team has been recognised for its work in partnership with United Lincolnshire Hospitals Trust and Nottingham University Hospitals Trust to develop a test and treatment pathway to tackle Hepatitis C in the Immigration Removal Centre.

NDL Community Awards - Highly Commended within the Caring and Sharing category for our implementation of electronic observations in mental health settings and presenting this to other organisations who have since implemented eObs solutions. Within 18 months of the project being implemented at Rampton Hospital and Wathwood Hospital, 8 million electronic observations were recorded.

Trust shortlisted in national Oral Health Awards – Our Oral Health Promotion Team was named a Finalist in the Best Community Initiative category for their Brush, Book and Bed Campaign. The campaign was created as it was clear that some new parents with young children were not accessing local dental services and not aware of the key oral health messages.

Parliamentary Award nomination - our Children's Community Respiratory Physiotherapy (including Rapid Response) Team was announced as the Midlands Regional Champion for The Excellence in Health Care Award at this year's prestigious NHS Parliamentary Awards. The children they work with have life limiting conditions and are at risk of life-threatening chest infections. The team was recognised for their work to improve quality of life, reduce hospital admissions and emergency department attendances and reduce the lengths of stays in hospital.

Finalist in HSJ Awards for work with veterans - a project delivered by Nottinghamshire Healthcare in partnership with Care After Combat and Project Nova, was a finalist in the Military and Civilian Health Partnership Award. The award celebrates excellence in healthcare and health improvement for the Armed Forces community, as well as the importance of working in partnership with several stakeholders including the Defence Medical Services; the NHS; the Department of Health and Social Care; and the independent and voluntary sectors. Delivered

across Nottinghamshire and Lincolnshire, REGROUP supports veterans within the criminal justice system - an innovative service to provide care not custody, care in custody and care after custody.

Shortlisted for three HSJ Value Awards – these prestigious awards celebrate the work driving operational, financial, and clinical improvements across the healthcare system. Our Children's Community Respiratory Physiotherapy Team (including Rapid Response) was shortlisted in two categories - Paediatric Care Initiative of the Year and Respiratory Care Initiative of the Year. The team was recognised for their work to improve quality of life, reduce hospital admissions and emergency department attendances and reduce the lengths of stays in hospital. The healthcare team at Morton Hall Immigration Removal Centre (IRC) was also shortlisted, in the Public and Preventative Health Service Redesign Project category. The team was recognised for its work, in partnership with Nottingham University Hospitals Trust and United Lincolnshire Hospitals Trust, to develop a test and treatment pathway to tackle Hepatitis C in Morton Hall IRC. Winners will be announced in June 2021.

Psychologists win National Institute for Health Research Awards - two of our clinical psychologists won National Institute for Health Research (NIHR) Development and Skills Enhancement (DSE) awards. The awards aim to support both the development of specific skills and experience that are relevant to key research areas and hope to foster collaborations between clinicians, researchers and healthcare industries. Clinical Psychologists Dr Sam Malins and Dr Eirini Kontou were offered one-year funded awards for their work in cancer and stroke care respectively.

Paul Devlin
Chair

Dr John Brewin
Chief Executive

ABOUT US

Purpose and activities of Nottinghamshire Healthcare NHS Foundation Trust

Nottinghamshire Healthcare NHS Trust was formed on 1st April 2001 by bringing together the mental health and learning disability services previously provided by other NHS organisations.

In April 2011, the Trust secured contracts to deliver community physical healthcare services.

The Trust was authorised as a Foundation Trust (FT) in 2015.

We receive an annual income of circa £540m and staffing costs equate to around 72% of total expenditure (including PDC). We are one of the largest employers in Nottinghamshire, employing approximately 9,302 talented and dedicated staff members across a wide range of professions and disciplines.

As a Foundation Trust we are accountable to local people through our Council of Governors and are regulated by NHS Improvement.

The populations we serve

We provide a wide range of services, locally, regionally and nationally. We provide services across all age groups from infants to older adults and deliver services to support physical and mental health needs and we provide services for those with intellectual and development disabilities. The Trust also provides offender health services across several sites.

The core local area and population the Trust serves is Nottingham City and Nottinghamshire County with a combined population of c1.1m.

There are large variations in the levels of deprivation across our local area. For example, in 2019, Nottingham City was the 11th most deprived district in the country. Life expectancy in the City is below the England average.

In the county of Nottinghamshire, deprivation levels as a whole are comparable with England, however there are some communities with the highest levels of deprivation in England and some with the lowest levels. Areas with the highest levels of deprivation are concentrated in the districts of Ashfield, Mansfield and Newark & Sherwood.

The Trust operates within two Integrated Care Systems (ICS) footprints: i) Nottingham & Nottinghamshire and ii) South Yorkshire & Bassetlaw. Both footprints are accelerated ICS sites. The six Nottinghamshire and Nottingham City CCGs have now merged into one so that we now cover two main CCG footprints:

- Nottingham & Nottinghamshire CCG
- Bassetlaw CCG

Our services

We provide a wide range of services at different levels of specialism and intensity. Some are delivered by local teams and some by countywide or national teams.
Details of all our services are on our website:
http://www.nottinghamshirehealthcare.nhs.uk/our-services
We deliver services in a range of settings from people's own homes and from over 110 different sites e.g. from community clinics through to specialist hospitals such as our high secure hospital site at Rampton.

Our main hospital sites are:

Location	Services Offered
Highbury Hospital, Nottingham	Acute mental health inpatient beds and outpatient facilities
Millbrook Mental Health Unit, Mansfield	
Doncaster & Bassetlaw Hospital (Wards B1 & B2)	
Hopewood, Nottingham	Child and adolescent mental health services (CAMHS) - inpatient and outpatient Perinatal mental health services - inpatient and outpatient
Lings Bar Hospital, Nottingham	Physical rehabilitation for older people
John Eastwood Hospice, Mansfield **Bassetlaw Hospice**	End of life and palliative care
Wells Road Centre, Nottingham	Low secure mental health services
Arnold Lodge, Leicester	Medium secure mental health services
Wathwood Hospital, Rotherham	Medium secure mental health services
Rampton Hospital in Retford	High secure mental health services

Our clinical service model aims to deliver care and support in a way that moves from reactive, hospital-based treatment models to a proactive approach of prevention and early intervention, delivered in community locations where this is appropriate.

Our strategy vision and values

Our Strategy 2016-2021 set out our values and strategic objectives, framed around a vision "*Through partnerships, improve lives & the quality of care*".

During 2020, as part of our programme to develop our people and culture, we have developed a new set of values:

Trust, Honesty, Compassion, Respect, and Teamwork

For 2020/21, our strategic objectives remained as:

- Deliver safe sustainable services
- Make the Trust a great place to work
- Provide the best possible care and support
- Demonstrate best value

In 2020, we began work on an engaging programme to develop a new organisational strategy; one that recognises the integrated systems we operate in and that drives delivery of improved quality and enables the people we serve to live well in their communities. The strategy will be developed around four 'pillars' of:

- People
- Quality
- Performance
- Well-Led

In March 2020, the COVID-19 pandemic put this work on pause. Further work will be resumed in 2021/22.

Impact of the COVID-19 pandemic

Like colleagues across the health and care sector, our services entered the COVID-19 pandemic in March 2020, at a time of significant challenge. Demand for care, whether in the community or in our in-patient beds outstripped capacity largely due to a growing and ageing population and an increasing number of people are living longer with complex physical and mental health needs. This was exacerbated by funding constraints on the NHS and workforce pressures, including shortages in several key professions.

2020-21 was the most challenging year for the NHS and the Trust on record. Responding to several waves of the COVID-19 pandemic has been a tremendous collective effort by all Trust staff, working closely with partners in the most challenging of circumstances. Our Trust services have shown their value, been flexible and resilient in the face of these unprecedented challenges. Staff have adapted, transformed and delivered these essential services during this extremely demanding and difficult time.

The subsequent waves have seen many services face outbreaks, reduced staffing levels and three national lockdowns. Work is also underway to investigate the disproportional impact of changes to service provision through the pandemic on vulnerable disadvantaged groups.

All clinical divisions reported an initial impact of COVID-19 (March – June 2020) due to the related restrictions on their ability to deliver ongoing services to patients. In summary:

- The Forensic Division has been less impacted than other areas due to the mandating of ongoing receptions and essential services. Social visits and admissions processes were initially affected, but due to the nature of the work, staffing and clinical activity has been essentially maintained at pre-COVID levels.

- Most services within the Mental Health division were significantly changed or stopped completely during the first wave of the pandemic in-line with national guidance.
- Similar patterns were also seen in the Community Health Division with significant adaptions to services or the services ceased for a period of time.

National guidance on the Third Phase of the NHS's response to COVID-19' set out NHS priorities from August 2020 to the end of the financial year. These included a return to 'near normal' levels of non-COVID-19 health services, preparation for winter demands and taking account of lesson learned. The Trust's 3Rs (Restoration, Recovery and Reform) Working Group oversaw this work.

However, at the end of September 2020, cases of COVID-19 began to rise again. National guidance was not issued during this 'second wave' to stand down services. Cases remained high in Nottinghamshire and peaked in October 2020 and again in January 2021. Cases have decreased to end of March 2021.

Incident Management & Governance

At the beginning of the pandemic, the Trust was required to activate formal Command structures that operated seven days a week.

The COVID-19 Strategic (GOLD) Steering Group was convened on 12 February 2020 to provide strategic leadership, evaluate information and guidance being received, and take initial preparatory actions around planning, staffing requirements, provision of PPE, medicines.

Divisional and Corporate Business Continuity plans were reviewed to reflect the potential impact of COVID 19 to ensure services could be maintained along with business as usual.

On 11 March 2020 the WHO declared COVID-19 a pandemic, following which the Cabinet Office Briefing Room (COBR) moved the UK's response from Containment to Delay.

As a consequence, and in line with the nationally recognised NHS Command and Control Structure for responding to major incidents and emergencies, the Strategic (GOLD) Steering Group was developed into the Trust Incident Management Team (IMT), led by an Executive Director and reporting to the Executive Leadership Team (ELT). This GOLD Group recorded any decisions or derogations made in the Trust.

Furthermore, a Trust-wide Recovery, Restoration and Reform Group, chaired by the Executive Director of Partnerships was established in May 2020. The purpose of this group is to oversee the Trust's Restoration, Recovery and Reform following the COVID-19 Pandemic as follows:

a) Restoration - to support the restart of essential services with the strong focus on safe restart. From May until the end of July 2020.
b) Recovery - to support the re-establishment of routine business and consider what should be put in place to enable the Trust to resume 'business as usual' as quickly as possible. This element will also include the updating of the Trust

Influenza Pandemic Plan and the improvement of Directorate Influenza plans. This will be until the end of the year.

c) Reform – to plan for how the Trust reforms / resets services to maintain the transformational improvements already seen and further realise the opportunities offered. This will be delivering the New NHS from April 2021. All previous work will be used to assist with this element, i.e. Nottingham and Nottinghamshire's Long Term Plan.

Situation Reports (SitReps) and Assurance Templates

Daily situation reports (SitReps) covering topics such as bed numbers, discharges, oxygen availability, staff absence, COVID positive patients, COVID-19 staff swabbing have been submitted seven days a week since the start of the pandemic. These are likely to be required at least until March 2021.

Risks and Board Assurance

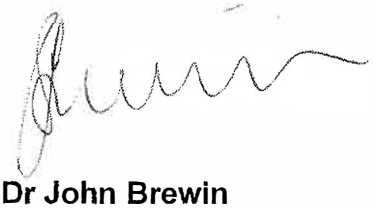
Risks and mitigations to the delivery of our strategic objectives are recorded in the Board Assurance Framework. The top risks are:

- Failure to implement People and Culture Strategy
- Inability to demonstrate compliance with and improvements to Standards and Safety of Care
- Failure to provide and maintain an effective infrastructure to meet the growing demands of our services
- Failure to identify and implement innovation and transformation
- Failure to achieve Trust Financial Targets
- Partnership working across the local Health Economy does not deliver the expected benefits for our Services, Service Users, Patients, Carers and Staff.

The Board Assurance Framework is reviewed regularly by the Board of Directors and appropriate Board committees. Further information is provided in the Annual Governance Statement in this report.

Going concern disclosure

After making enquiries, the directors have a reasonable expectation that the NHS foundation trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.



Dr John Brewin

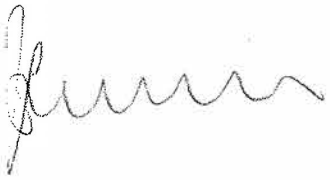
Chief Executive

08/06/2021

ACCOUNTABILITY REPORT

The Trust's directors take responsibility for preparing the Annual Report and Accounts. We consider the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

This accountability report is signed in my capacity as accounting officer.



Dr John Brewin

Chief Executive

08/06/2021

DIRECTORS REPORT

THE BOARD OF DIRECTORS

Role and function of the Board of Directors

The Board of Directors has overall responsibility for defining the Trust's strategy and strategic priorities, vision and values, for the overall management and performance of the Trust and for ensuring its obligations to regulators and stakeholders are met.

The decisions reserved for the Board of Directors and the delegated discharge of its responsibilities is set out under a formal Scheme of Delegation defining the allocated responsibilities for making and approving decisions relating to Trust business.

The Board of Directors meets 8 times per annum. Meetings of the Board of Directors are held in public with members of the public welcome to attend to observe proceedings. Due to the COVID-19 pandemic, all meetings have taken place as a live event via Microsoft Teams. This allowed members of the public to watch the meeting live. Due to the confidential nature (commercial or personal issues) of some matters of business, the Board of Directors does reserve the right to undertake such business in private session. The meeting agendas are circulated to Governors in advance of the meeting with a standing invitation to each meeting of the Board of Directors to observe the work of the Board of Directors. Papers and minutes of the public sessions of the meetings are available via the Trust's website.

The Board of Directors is a unitary board comprising Executive and Non-Executive Directors who make decisions as a single group and share the same responsibility to constructively challenge during Board discussions and support the development of proposals on priorities, risk tolerance, values, standards and strategy:
Executive Directors are employees of the NHS Foundation Trust, led by the Chief Executive, and are responsible for the day to day management of the Trust.
Non-Executive Directors are not employees and bring to the Board an independent perspective having a duty to challenge and to hold Executive Directors to account.

All members of the Board of Directors have the same general legal responsibilities to the Trust and have a collective responsibility to act with a view to promoting the success of the organisation to maximise the benefits for the members of the Trust and for the public.

The Directors of the Trust bring a broad range of skills and experience to their roles on the Board to ensure an appropriate balance with the capability and capacity to meet the requirements of the Trust. The Board of Directors' Nominations & Remuneration Committee maintains an overview of the Board's composition.

To support the Board of Directors in the undertaking of its responsibilities, the following committees have been formally established, all being chaired either by the Chair of the Trust or by a Non-Executive Director:

- Audit Committee
- People and Quality Committee
- Finance & Performance Committee

- Strategy Committee
- Nominations & Remuneration Committee
- Charitable Funds Committee

A programme of Board Development sessions have been held during 2020/21 focusing on a range of issues including CQC preparations, strategy development, staff and cultural engagement and risk management.

Board members in post during 2020/21

Director	Job Title	Start date	End Date
Dr John Brewin	Chief Executive	January 2019	N/A
Dr Julie Attfield	Executive Director of Local Mental Health Services	June 2016	N/A
Simon Crowther	Executive Director of Finance and Procurement	March 2015	September 2020
Dr Julie Hankin	Executive Medical Director	November 2014	April 2021
Clare Teeney	Executive Director of People and Culture	November 2015	N/A
Lisa Dinsdale	Interim Associate Director of Community Health Services	May 2019	September 2020
Itai Matumbike	Interim Medical Director	November 2019	May 2020
Anna-Maria Newham MBE	Executive Director of Nursing, AHPs and Quality	January 2020	N/A
Sarah Furley	Executive Director of Partnerships	March 2020	N/A
Alison Wyld	Interim Executive Director of Finance	September 2020	February 2021
Becky Sutton	Director of Community Health Service	October 2020	N/A
Dr Susan Elcock	Executive Director of Forensic Services Medical Director and Executive Director of Forensic Services	June 2020 April 2021	April 2021 N/A
Lorraine Hooper	Executive Director of Finance, Information and Estates	March 2021	N/A
Shirley Higginbotham	Director of Corporate Affairs	October 2020	N/A
Paul Devlin	Chair	January 2020	January 2023

Stephen Banks	Non-Executive Director Senior Independent Director	January 2016	January 2022
Stephen Jackson	Non-Executive Director Vice Chair	July 2016	July 2022
Trevor Orman	Non-Executive Director	January 2019	January 2022
Carolyn White	Non-Executive Director	March 2019	March 2022
Alison Rose-Quirie	Non-Executive Director	December 2019	December 2022
Sue Nixon	Non-Executive Director	December 2019	December 2022
Manjit Darby	Non-Executive Director	January 2021	January 2024
Umar Zamman	Non-Executive Director	January 2021	January 2024

All Non-Executive directors who served on the Board of Directors in 2020/21 are considered to be independent by virtue of the employment checks made on appointment, ongoing fit and proper person's reviews and the declaration of their actual and potential conflicts of interest. Further information can be found in the Annual Governance Statement.

The photographs and profiles of all Board members can found on our Trust website using this link https://www.nottinghamshirehealthcare.nhs.uk/board-of-directors-and-meetings

Board of Directors: attendance at Board meetings 2020/21
The Board of Directors met on 8 occasions during 2020/21

Name	Role	Meetings Attended 2020/21	% Attendance
NON-EXECUTIVE DIRECTORS			
Paul Devlin	Chair	8 of 8	100%
Steve Banks	Non-Executive Director	7 of 8	90%
Stephen Jackson	Non-Executive Director	8 of 8	100%
Trevor Orman	Non-Executive Director	8 of 8	100%
Carolyn White	Non-Executive Director	8 of 8	100%
Alison Rose-Quirie	Non-Executive Director	8 of 8	100%
Sue Nixon	Non-Executive Director	8 of 8	100%
Manjit Darby	Non-Executive Director	2 of 2	100%
Umar Zamman	Non-Executive Director	0 of 2	0%
EXECUTIVE DIRECTORS			
John Brewin	Chief Executive	8 of 8	100%

Simon Crowther	Executive Director of Finance, Information and Estates	4 of 4	100%
Lorraine Hooper	Executive Director of Finance, Information and Estates	1 of 1	100%
Alison Wyld	Interim Executive Director of Finance	4 of 4	100%
Itai Mutambike	Interim Medical Director	1 of 2	50%
Julie Hankin	Executive Medical Director	8 of 8	100%
Anne- Maria Newham	Executive Director of Nursing, AHP's and Quality	8 of 8	100%
Julie Attfield	Executive Director Local Mental Health Services	8 of 8	100%
Lisa Dinsdale	Interim Director of General health	3 of 3	100%
Sarah Furley	Director of Partnerships	7 of 8	90%
Clare Teeney	Executive Director of People and Culture	7 of 8	90%
Sue Elcock	Executive Director of Forensic Services	5 of 6	90%
Becky Sutton	Executive Director Community Health Services	5 of 5	100%
Shirley Higginbotham	Director of Corporate Affairs	5 of 5	100%

Performance evaluation
The Board of Directors recognise the importance of ensuring ongoing assessment of its performance, that of its committees and of its directors, including the Chair, to ensure all aspects remain fit for purpose and support the sustainability of the Trust and the delivery of its strategic vision.

All our Non-Executive Directors fulfil the same primary role and it is important for us to acknowledge the additional activities which are undertaken in order to support their understanding of the Trust, its challenges and best practice.
Activities include:

- Organisation Site Visits – visit teams/services Trustwide in accordance with a refined programme to ensure all teams/services are visited by Board members. Non-Executive Directors will routinely invite Governors to observe their site visit to enable accountability. In addition to this, visiting clinical areas allows Non-Executives to triangulate their understanding and provides an opportunity to challenge and scrutinise the governance and practice of the services and teams within the Trust. Due to COVID-19 pandemic this has not been possible to conduct physically. However, there have been virtual visits take place across different services during 2020/21
- External training and networking – Non-Executive Directors willingly participate in national training and networking events, some of which are

occasionally specific to elements of their enhanced duties (e.g. Audit Committee Chair, Senior Independent Director and Vice Chair)
- Stakeholder engagement – where needed Non-Executive Directors have actively engaged with key stakeholder organisations to support wider system development and engagement within the membership and general public.

The Chair uses performance assessments and evaluations as a basis for determining individual and collective professional development programmes for Non-Executive directors relevant to their duties as Board members.

The Council of Governors agreed the Chair's annual process in October 2020. The process was based upon the new standardised framework issued by NHSE/ and aligned with the Provider Chair Competency Framework and informed by multi-source feedback. The Chair's annual appraisal took place in December 2021 and was led by the Senior Independent Director with involvement from the Lead Governor. The outcome of the appraisal was shared at the January 2021 Council of Governors.

The Chair appraises the Chief Executive's performance twice yearly. Due to the nature of the closeness of their working relationship, a 360-degree appraisal tool is used to enable Non-Executive Directors and Executive Directors to provide feedback to the Chair on the Chief Executive's performance. The results are used by the Chair to bring a wider perspective to the review.

It is within the powers of the Council of Governors to remove or suspend any Non-Executive directors. The process is set out within the Trust Constitution. These powers have not been required in 2020/21.

Declaration of interests
Governors and Trust decision making staff are required to, and have signed to say that they will comply with their respective codes of conduct and declare any potential conflict of interest. Registers of interest are maintained. These registers can be accessed on the Trust's website, and copies can also be obtained by members of the public by writing to the Trust Secretary at Trust headquarters.

Audit

The Audit Committee met on 5 occasions during 2020/21

Name	Role	Meetings Attended 2020/21	% Attendance
NON-EXECUTIVE DIRECTORS			
Stephen Jackson	Chair of Audit	5 of 5	100%
Steve Banks	Non-Executive Director	1 of 1	100%
Sue Nixon	Non-Executive Director	2 of 2	100%

Alison Rose-Quirie	Non-Executive Director	1 of 1	100%
Trevor Orman	Non-Executive Director	3 of 5	60%
Carolyn White	Non-Executive Director	5 of 5	100%

The Audit Committee is required to review the establishment and maintenance of an effective system of internal governance, risk management and internal control. Key activities of the last year include the following:

- Consideration of the results of the External Audit for the year ended 31 March 2020 prior to approval of the financial statements.
- Consideration of the adverse conclusion for the prior year quality indicator on inappropriate out of area placements.
- Reviewed the Annual Governance Statement, together with the Head of Internal Audit and External Audit opinion.
- Provided ongoing oversight of the risk management strategy and processes.
- The Committee reviewed Compliance with the FT licence. A detailed review of the Code of Governance also took place which provided assurance over compliance with a few small actions to consider in the year end processes.
- A report on the revised statutory guidance on Conflicts of Interest was reviewed and the actions taken to ensure compliance were noted.
- The Committee has considered on a number of occasions, changes to accounting policies and emerging accounting issues, their implications for the Trust and how these are being addressed.
- Consideration of external audit planning matters for the year ended 31 March 2020 including asset valuation methodology (location factors and useful lives) and the external audit plan.

Internal audit

The Trust's internal audit service is provided under contract by 360 Assurance who provide one of the main independent sources of assurance to the Board of Directors. 360 Assurance undertake audit reviews in accordance with the Trust's internal audit plan as approved by the Audit Committee. The plan provides for core assurance provision and assurance against identified risks having potential to impact on the achievement of the Trust's strategic objectives (alignment with the Board Assurance Framework). It supports the Trust in the evaluation and continual improvement of the effectiveness of its risk management and internal control processes. The plan is flexible to ensure it meets the Trust's assurance needs in respect of the changing risk environment in which it operates and provides the basis for the provision of a robust annual Head of Internal Audit Opinion to support the Trust's Annual Governance Statement.

The Trust's Audit Committee monitors the delivery of the Internal Audit Plan at each of its meetings. 360 Assurance attend all meetings of the Committee presenting a progress update on new and follow-up reviews, the key findings of each audit review undertaken, agreed recommendations and the associated Audit Opinion.
The Committee continues to maintain oversight of implementation of agreed internal audit actions at each meeting, with detailed scrutiny of slippages occurring at the

relevant Board Committees. The Risk Committee have responsibility for reviewing and scrutinising the implementation of relevant internal audit recommendations which are standing formal agenda items at each meeting.

External audit
External audit services are provided by Mazars.

At each meeting, the Committee receives a report from Mazars, outlining progress and highlighting matters such as emergent national guidance and findings of national benchmarking reviews.

Counter fraud and security management
At each meeting, the Committee continues to receive and discuss a detailed report against plan, an overview of local fraud investigations, fraud warnings and intelligence bulletins.

Details of any political donations

Nottinghamshire Healthcare NHS Foundation Trust has made no political donations during 2020/21.

Better payment practice code
The better payment practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is the later.

The Trust's performance against the code in 2020/21 has been calculated as follows:-

Measure of compliance	Number	£000s
Non NHS Payables		
Total non NHS trade invoices paid in the year	64,260	235,770
Total non NHS trade invoices paid within target	52,667	210852
Percentage of non NHS trade invoices paid within target	82	89
NHS Payables		
Total NHS trade invoices paid in the year	1,462	33,213
Total NHS trade invoices paid within target	1,274	31,207
Percentage of NHS trade invoices paid within target	87	94

Where invoices are sent directly to the Accounts Payable department, the payment period is calculated from the date of the invoice, plus a buffer of 4 days to allow for the invoice to arrive at the Trust. Where invoices have been sent directly to off-site

locations, the payment period is calculated from the date the invoice is received within the Accounts Payable Department.

The Trust is signed up to the Prompt Payment Code and no interest was paid under the Late Payment of Commercial Debts (Interest) Act during the 2020/21 financial year, however the potential liability was £291k.

Income disclosures
The Trust's main source of income is received from local Clinical Commissioning Groups, NHS England and Local Authorities. The requirement that the Trust's income from the provision of goods and services for the purpose of the health service in England must be greater than income from the provision of goods and services for any other purposes has been met. The majority of the Trust income is received for the provision of healthcare. In relation to non-healthcare services the intention is to at least recover all costs ensuring there is no detrimental impact on the provision of goods and services for the purpose of the health services in England.

Compliance with cost allocation and charging guidance
The Trust has complied with the cost allocation and charging guidance issued by HM Treasury.

NHS Improvement's well-led framework
The Trust commissioned its 3 yearly external well-led review during 2020/21. Following a formal tendering process, the Trust awarded the external well-led review to Grant Thornton who undertook their review during June/July 2020. The independent review of the Trust governance and leadership functions helps inform the CQC well-led domain and overall preparedness. The review was structured around the 8 well-led CQC Key Lines of Enquiry (KLOE) and a total of 27 clinical visits took place alongside meetings with Governors, the Board of Directors, Executive Team and stakeholders. The outcome of the review overall was good and found many elements of good practice. However, there was one area, risk management, where the review highlighted "significant" omissions in quality governance. There were 21 recommendations made in total, 2 high risk, 8 medium risk and 11 low risk. The Trust responded immediately to the high risk recommendations relating to its processes around risk management. All recommendations were addressed and signed of by the Board of Directors in May 2021.

Entity Information
Nottingham Healthcare NHS Foundation Trust is a Public Benefit Corporation established in accordance with the National Health Service Act 2006 as amended by the Health and Social Care Act 2012. The entity is based in and wholly operates in England with its registered office being located at The Resource, Duncan Macmillan House, Porchester Road, Nottingham, NG3 6AA.

Disclosure to auditors
Each director of the Board of Directors has confirmed that:

- So far as they are aware, there is no relevant audit information of which the Trust's auditor is unaware and

- They have taken all the steps they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information

COUNCIL OF GOVERNORS

Composition of the Council of Governors

Constituency	Sub-Constituency	Elected / Appointed	Number of Governors	Number of Members*
Public, Patient, Service User & Carer	Nottingham City	Elected	6	2237
	Nottinghamshire County		11	4710
	South Yorkshire and the Rest of the East Midlands		2	1798
	Rest of England & Wales		2	749
		Sub Total	**(21)**	
Staff	Nursing	Elected	2	2564
	Allied Health Professionals		2	1027
	Clinical Support		2	2715
	Medical		1	335
	Non-Clinical Support		1	2230
		Sub Total	**(8)**	
Partners		Appointed	8	N/A
		Sub Total	**(8)**	
		TOTAL	**37**	

***Membership figures are subject to ongoing changes and are therefore indicative. Staff members are employees who have not opted out of Foundation Trust membership, are in employment which has no fixed term or has a fixed term of at least 12 months; or have been continuously employed by the Trust under a contract of employment for at least 12 months.

Duties and responsibilities of the Council of Governors

The Council of Governors forms an important and integral element of the Trust`s governance structure, having two main statutory duties, these being:

- 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 as a whole and the interests of the public.

Matters reserved for the Council`s decision and set out within the Trust`s Constitution are:

- the appointment and removal of the Trust`s Chair and Non-Executive Directors

- determination of the terms of service, remuneration and other allowances of the Trust`s Chair and Non-Executive Directors
- to approve the appointment of the Chief Executive (other than the initial Chief Executive of the NHS Foundation Trust)
- to approve amendments to the Trust`s NHS Foundation Trust Constitution
- the appointment and removal of the Trust`s external auditor
- to provide views to the Board of Directors on the strategic direction of the Trust and targets for the Trust`s performance and in monitoring the Trust`s performance in achieving those strategic aims and targets
- to hold the Board of Directors to account in relation to the Trust`s performance
- to give the views of the Council of Governors to the Directors for the purpose of the preparation of the Forward Plan
- to consider and give/withhold approval for applications for a merger, acquisition, merger, separation or dissolution
- to consider and give/withhold approval for the Trust to enter into a Significant Transaction (as defined within the Constitution)
- to be presented with the Trust`s annual accounts, any report of the Auditor on them and the Annual Report
- to consider resolutions to remove a governor
- to respond as appropriate when consulted by the Directors
- to exercise other functions at the request of the Directors

Governor Elections
In November 2020 an election process commenced to elect to 12 governor vacancies across the public and staff constituencies. This election was conducted on behalf of the Trust by Civica, the chosen external election provider, in accordance with the National Modern Election Rules (Annex 4 of the Trust's Constitution).

The vacancies tabled below were included in this election. Governors who were elected for a 3-year term in 2018 reached the end of their office term on 28 February 2021. This election included two additional vacancies (Nottinghamshire County and South Yorkshire and the rest of East Midlands constituencies) where governors had taken the decision to stand down from the Council of Governors, and one vacancy in the Nottingham City constituency where a governor moved out of area. Finally, an additional vacancy in the Allied Health Professionals constituency was added due to a current governor moving to a different Trust.

During November and December, public and staff members were invited to submit nominations, before the closing date of 18 December. The nominations received are listed in the table below:

Constituency	**Area**	**Vacancies**	**Nominations Received**	**Contested?**
Public	Nottingham City	2	0	n/a
	Nottinghamshire County	6	7	Contested

	South Yorkshire and the rest of East Midlands	1	2	Contested
	The rest of England and Wales	1	1	Uncontested
Staff	Non-Clinical Support	1	3	Contested
	Allied Health Professionals	1	4	Contested
		TOTAL 12	**TOTAL 18**	

10 of the 12 vacancies were filled, leaving two remaining vacancies in the Nottingham City constituency.

An induction programme was carried out via Microsoft Teams for the new governors in March 2021.

Activities of the Council of Governors 2020/21

Core activities
Governors are responsible for the recruitment of Non-Executive Directors and representatives were involved in the interview process of 2 Non-Executive Directors in 2020. The recommendations were subsequently approved by the Council of Governors at their meeting in October 2020.

One governor was on the stakeholder panel for interviews for the Director of Community Services (1 July 2020).

Governors took part in the independent well-led review with Grant Thornton via a virtual meeting on 24 June 2020.

The Chair appraisal took place in October 2020, with governors invited to provide their individual feedback in an anonymous online form.

Governors were consulted on the development of a new Trust strategy in an online workshop on 14 December 2020.

Informal meetings for governors to keep in touch with the Lead Governor took place on 26 November, 3 December, 17 December 2020 and 18 January 2021.

Governor Engagement and Representing the Public
The Council of Governors has a statutory duty to represent the views of the membership and the wider public on key issues relating to the Trust's forward plans, its objectives, priorities and strategy.

During 2020/21, governors have continued to hold the Trust to account on its priorities through the its formal Council meetings and joint Board and Council sessions. Governors have had the opportunity to join in focus sessions with the CQC as part of the well-led review and support the Great Place to Work programme and bringing our values and behaviours together. They have also been involved in selecting the Trusts quality indicators and provided commentary on the Quality Report.

Council of Governors meetings have been taking place virtually during 2020/21, face to face engagement has not been possible due to the pandemic. However, moving forward, governors will continue to engage with their constituents in the following ways:

- Attending consultation events
- Attending the Trust Annual Members' Meeting/Annual General Meeting
- Attending the Council of Governors meetings
- Engaging with members via the two Involvement Centres
- Membership of the Mid-Notts Better Together Board
- Contact from members via the Trust website

The Trust will continue to seek to further enhance the processes by which the Council of Governors is engaged and supports the development of the Trust's future plans, ensuring that all stakeholders have an opportunity to contribute. This includes quarterly joint Council and Board meetings, which will allow any proposals to be shared with governors at an early stage and allow governors to seek more detailed content on key developments within the Trust.

An ongoing log of all governor questions and issues/concerns is maintained. Actions and outcomes are recorded and are fed back to the Council of Governors where impact can be demonstrated.

Council of Governors Meetings and Supporting Structure

The Council of Governors performs its role and responsibilities through the formal meetings of the Council, informal joint meetings with the Board and development opportunities. Governors are encouraged to observe the Board of Directors and meetings. Participation in service area visits with Non-Executive Directors would usually take place but have been paused in 2020/21 due to the pandemic.

In 2020/21 the Council held 3 formal meetings in a virtual capacity, which took place in June and October 2020, and January 2021. The April 2020 meeting was suspended due to COVID-19. A question and answer session for governors with the Chair and Chief Executive was held on 29 May 2020 and a 'meet the Non-Executive Directors' informal session was held for governors on 14 July 2020.

In addition, the Trust`s Annual General Meeting/Annual Members Meeting was held in July 2020. Due to COVID-19 this meeting could not be held in person and therefore was held via a live Microsoft Teams event.

There were two joint Board and Council of Governors meeting in July and December 2020 and a further question and answer session with the Chair and Chief Executive was held in March 2021.

All of the above meetings took place virtually due to COVID-19 pandemic.

Lead Governor
The role of the Lead Governor is to:

- act as a point of contact for NHS Improvement should the regulator wish to contact the Council of Governors on an issue for which the normal channels of communication are not appropriate.
- be the conduit for raising with NHS Improvement any governor concerns that the Trust is at risk of significantly breaching the terms of its authorisation, having made every attempt to resolve any such concerns locally.
- Chair such parts of meetings of the Council of Governors which cannot be chaired by the Trust Chair/Vice Chair due to a conflict of interest in relation to the business being discussed.
- support the continued and progressive development, operation of and governance arrangements of the Council of Governors.
- be a key conduit for communication between the Council of Governors and the Board of Directors.

The Council of Governors agreed the process by which the Lead Governor was elected. The position held in 2020/21 was as follows:

Position	Post holder	Dates	
		From	To
Lead Governor	Jim Aleander	18/06/2020	30/4/2022

The Lead Governor role was vacant from March 2020 pending an internal election. This was postponed until the newly elected Governors had completed their induction programme allowing all Governors the opportunity to stand for Lead Governor should they wish to. It had since been postponed further due to COVID-19 and was concluded on 17 June 2020.

Council of Governors Effectiveness Survey
During the summer of 2020 the Trust commissioned NHS Providers to run a survey to gather the views of governors on the effectiveness of the Council of Governors. The survey was sent to all governors in the trust with 22 anonymous responses being received, a response rate of 63 percent. The responses formed the basis of an outcome report, and subsequent actions. All of which provided a basis for future training sessions, both in-house and by NHS Providers. These are listed below:

Council of Governors Development Programme
Question and answer session with Chair and Chief Executive 29 May 2020
Meet the Non-Executive Directors session 14 July 2020
Governor Effectiveness Survey July 2020
Council of Governors Development Workshop 2 September
Question and answer session with Chair and Chief Executive 4 March 2021

Governors also have access to regional and national development sessions and conferences hosted by NHS Providers.

The following NHS Providers virtual training courses were attended by governors:
Virtual Workshops with NHS Providers – June, July 2020
Member and Public Engagement – 23 September 2020
NHS Finance and Business – 30 September 2020
Accountability – 20 October 2020
Governor Focus Conference – 4 November 2020 – attended by the Lead Governor
Recruiting Non-Executive Directors – 2 February 2021
Core Skills Induction for newly elected and existing Governors 10 March 2021

Steering Group and Nomination & Remuneration Committee
The Council of Governors is supported by a Steering Group formed of the Lead Governor, Trust Chair, Vice Chair, Trust Secretary and Governor & Membership Officer. The Steering Group takes responsibility for setting and agreeing the agenda of the formal Council of Governors meetings and monitoring the progress of any issues in between the formal Council meetings.

The Council of Governors` Nomination & Remuneration Committee is responsible for reviewing and making recommendations to the Council of Governors with regard to Chair and Non-Executive Director terms of service, remuneration and appointments. The Committee is chaired by the Lead Governor and has a membership consisting of 5 additional governors with relevant skills and experience.

Governor Members 2020/21
The following Governors served on the Council of Governors in 2020/21:

Current Governors				
Governor	**Constituency**	**Start Date**	**End Date**	**Meetings Attended**
Lorna Marshall	Nottingham City	1 March 2018	28 February 2021	0 of 3
Jean-Rene Agbodjan	Nottingham City	1 March 2019	28 February 2022	0 of 3
Anthea Mutepfa	Nottingham City	1 March 2020	28 February 2023	1 of 3
Steve How	Nottingham City	1 March 2020	28 February 2023	3 of 3
Helen Drury	Nottingham City	1 March 2020	28 February 2023	2 of 3

Tad Jones	Nottinghamshire County	1 March 2018	28 February 2021	3 of 3
Susan Kernahan	Nottinghamshire County	1 March 2018	28 February 2021	1 of 3
*Teresita Martin-Browning	Nottinghamshire County	1 March 2018	28 February 2021	3 of 3
Derek Brown	Nottinghamshire County	1 January 2019	31 December 2021	3 of 3
Anita Astle	Nottinghamshire County	1 January 2019	31 December 2021	2 of 3
Dean Repper	Nottinghamshire County	1 May 2019	30 April 2022	3 of 3
Julie Walton	Nottinghamshire County	1 May 2019	30 April 2022	3 of 3
Jim Aleander Lead Governor	Nottinghamshire County	1 May 2019	30 April 2022	3 of 3
Paul Longhorn	South Yorkshire & rest of the East Midlands	1 Feb 2019	31 January 2022	3 of 3
George Allerton-Ross	The rest of England and Wales	12 June 2017	28 February 2023	2 of 3
*Gbenga Shadare	The rest of England and Wales	1 March 2018	28 February 2024	3 of 3
STAFF				
Stacey Treloar	Nursing	1 August 2019	30 April 2022	0 of 3
Graham Woodward	Nursing	1 May 2019	30 April 2022	2 of 3

Helen Caldwell	Allied Health Professionals	1 March 2019	28 February 2022	3 of 3
Linda Teague	Clinical Support	1 September 2020	28 February 2023	2 of 2
Malcolm Streets	Clinical Support	1 March 2020	28 February 2023	3 of 3
Pallab Majumder	Medical	1 March 2019	28 February 2022	2 of 3
Tony Bradstock	Non-Clinical	1 March 2018	28 February 2021	3 of 3
PARTNER				
Rob Gardiner	3rd Sector – Carers Federation	1 March 2019	28 February 2022	2 of 3
Kathy Thomas	3rd Sector Barnardos	1 March 2019	28 February 2022	3 of 3
Roshan Das Nair	Nottingham Trent University	1 March 2019	28 February 2022	3 of 3
Paddy Tipping	Police & Crime Commissioner	1 March 2019	28 February 2022	3 of 3
Lucy Robinson	Chamber of Commerce	1 March 2019	28 February 2022	2 of 3
Cllr Kevin Rostance	Nottingham County Council	1 November 2020	28 February 2022	1of 2

*re-elected in the 2020/21 governor election

Governors for part of 2020/21

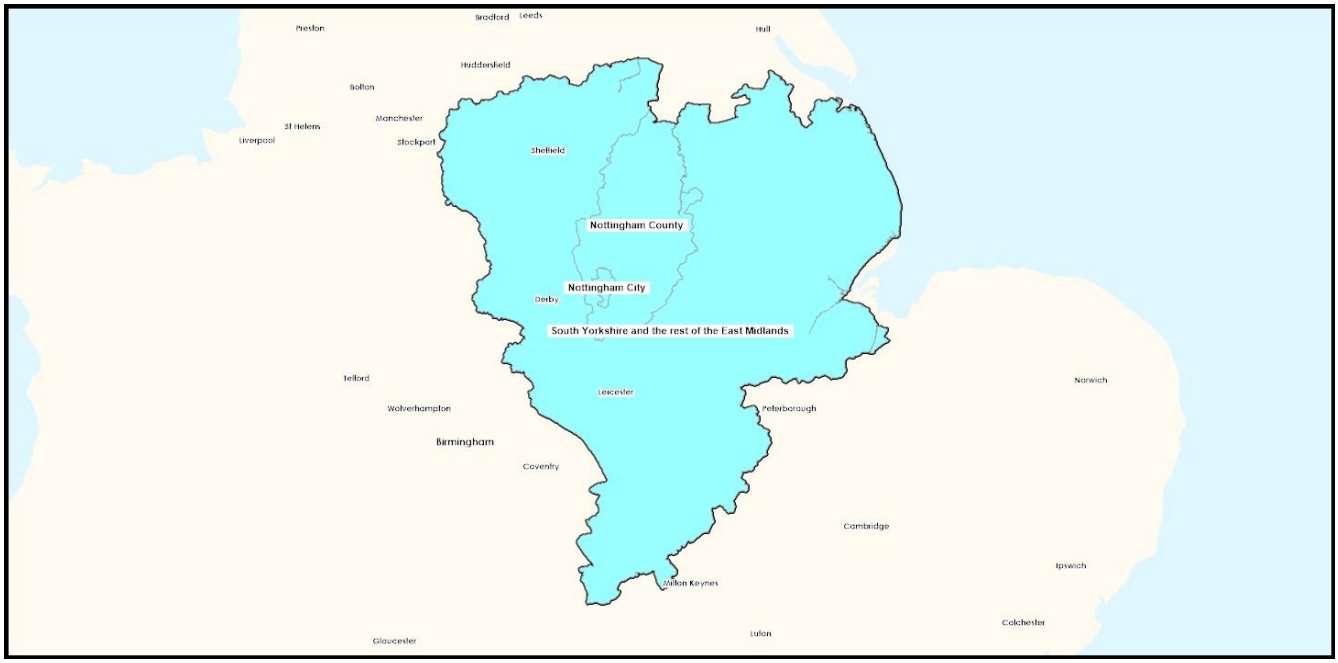
Governors	Constituency	Start Date	End Date	Meetings Attended
PUBLIC				
John Wood	Nottinghamshire County	1 May 2019	Left 30 June 2020	0 of 1
Pam Beech	South Yorkshire & rest of the East Midlands	1 March 2018	Left 30 June 2020	0 of 1
STAFF				
Alicyja Uczniak	Clinical Support	1 March 2020	Left 31 August 2020	1 of 2
Emma Dominey-Hill	Allied Health Professionals	1 March 2020	Left 31 January 2021	2 of 3
PARTNERS				
Angela Kandola	3rd Sector – AWAAZ	1 March 2019	Left 31 July 2020	1 of 1
Cllr Steve Vickers	Nottinghamshire County Council	1 October 2019	Left 31 October 2020	0 of 2

A register is maintained of the declared interest of governors and can be found on the Trust website by visiting www.nottinghamshirehealthcare.nhs.uk/meet-your-governors

Membership Eligibility Criteria and Constituencies:

Public, Patient, Service User & Carer Membership

Trust membership is open to any individual aged 12 or over who live in England or Wales. There are four public membership geographical constituencies: Nottingham City, Nottinghamshire County, South Yorkshire & the Rest of the East Midlands, and The Rest of England & Wales.



Criteria which prevent an individual becoming a member or retaining membership of the Trust are set out within the Trust`s Constitution. Any public member wishing to stand for election as a Governor must be aged 16 or over.

Trust staff membership

Staff who meet the criteria below* are automatically enrolled as members of the relevant staff constituency on appointment. All staff members have the right to opt-out of membership at any time and information about this can be found in the staff handbook on Connect, the Trust intranet site.

*A person who is employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months or has been continuously employed by the Trust under a contract of employment for at least 12 months. A staff member will be a member of the relevant staff constituency dependent on the role undertaken (Medical, Nursing, Allied Health Professional, Clinical Support and Non-clinical Support). A member of staff cannot be a member of more than one sub-constituency or be a member of a Public, Patient, Service User & Carer and Staff Constituency.

Membership Recruitment and Engagement

We seek to ensure a representative (reflecting geographies, services and demographic diversity) and appropriately engaged membership which adds value in terms of informing the development and provision of high-quality services.

A database is maintained and is used to analyse representativeness of the Trust's membership (although there are no set targets for membership recruitment, we aim to have a greater public membership base than staff and to focus on an engaged membership). Recruitment of new members, however, is still encouraged, particularly of those who have an interest in the Trust and its services. This recruitment can be via members of staff, governors, and volunteers across the Trust, with a particular focus on groups who are under-represented in our membership.

107 new public members joined the Trust in the year 2020-2021. We currently have 9494 public members and more than 9000 staff members.

A data cleanse of the membership database is undertaken on a monthly basis by Engage (the external database provider).

A monthly e-bulletin is produced for members, which includes Trust news and updates as well as opportunities for member involvement. This is sent to our online members and is uploaded to the Trust website and Involvement blog. This is linked to the membership page of Connect (the Trust's intranet) for staff members to access. As well as the monthly e-bulletin and emails to all members, we send targeted emails advertising involvement opportunities or events as they arise. Some of these are tailored to members where they have indicated services of interest or by geographical area.

We have two active Involvement Centres that engage service user, carer and volunteer members in a wide range of activities and services. The Involvement Centres play a key role in supporting people to work with the organisation and connecting volunteers, however, due to the pandemic, the centres have had to remain closed for 2020/21 and engagement moved online where possible. A virtual 'volunteer hub' had been set up which has grown over the year and volunteers have been able to access training online.

The Involvement, Experience and Volunteering Team continue to support people to get involved in services and provide staff across the Trust with space to work with service users, carers and volunteers on co-production and decision making**.** A patient experience co-production group has been set up to support the design, delivery and evaluation of new services and ways of working in relation to the community mental health Long Term Plan transformation programme. These regular meetings online will provide a chance for members to influence and shape this agenda which works across primary, secondary and social care in addition to services provided by the voluntary sector.

Due to COVID-19 and the restrictions around social distancing, the Trust has been working hard to ensure that our services and community are able to remain in contact with their care teams. This has mainly through video consultations and the Trust is analysing if this way of working is something that we could continue in the future and a team has been put together to gather feedback on how services feel it has worked. The Patient Information Group were asked to look at a questionnaire and give feedback. This was completed and it is hoped that further work with this group will take place to create guides for people to use within both inpatient and community settings. Involvement in staff recruitment across the Trust has continued online, including being involved in interviews for two new Non-Executives Directors in October 2020.

Recently, volunteers have contributed to the consultation on the development of better mental health for Bassetlaw and co-designing the space at Millbrook hospital for Mental Health Services for Older People. Members are also involved and accessing courses through the Nottingham Recovery College.

Contact and Useful Information
Trust Members can contact governors either via the Governor Support and Membership Office (membership@nottshc.nhs.uk There is also a dedicated email address for Governors (governors@nottshc.nhs.uk) and a membership free phone number: 0800 012 1623.

Staff members can make contact with their relevant Staff Governor via Connect, the Trust intranet site or the Trust website. The Trust intranet 'Connect' has a page about membership, particularly staff membership and what this means for staff, including details of how to opt out of staff membership.

Information about Trust Governors and the constituencies they represent can be found on the Trust website. Members can also follow the Trust and Governors on Social Media including Twitter @NottsHealthcare @InvolveNottsHC @NottsGovernors and Facebook @nottinghamshirehealthcare.

People wishing to join as a Trust member can do so via the online membership form.

Significant Partnerships

The Trust has a range of important partnerships and operates within complex local systems. This has required us to carefully respond in a way that maximises the opportunities through partnership working, whilst at the same time maintaining focus on internal performance and priorities, though recognising there is significant alignment between these.

In 2020/21, in response to the COVID-19 pandemic, the Trust has also participated in all local multi-agency incident management and response forums and continues to do so.

Integrated Care Systems
The Trust continues to operate within two ICS footprints:

- Nottingham & Nottinghamshire
- South Yorkshire & Bassetlaw.

In 2019/20, the footprints covered seven CCGs. From April 2020 the six Nottingham & Nottinghamshire CCGs have merged and thus the Trust now works with two main CCGs:

- Nottingham & Nottinghamshire CCG
- Bassetlaw CCG

The two ICS' cover four Integrated Care Partnerships (ICPs) and 23 Primary Care Networks (PCNs). The Trust is a key partner in all of these levels, and we are well-represented and engaged at each level.

Our Chief Executive and Chair are members of the Nottingham & Nottinghamshire ICS Board. And our Chief Executive is the 'Convenor' of the South Nottinghamshire ICP.

As the largest provider of community and mental health services locally we have continued to play a key role in implementing ICS clinical strategies, including the focus on managing demand for acute care.

Provider Collaboratives for Specialised Mental Health Services
In addition to the Trust led, IMPACT Adult Secure collaborative that went live in October 2020, both the Adult Eating Disorder and the CAMHS collaboratives for the East Midlands went live in April 2021. This will see the Trust working increasingly closely, and in new and different ways, with members of these Provider collaboratives moving forward.

The Trust is also a formal member of the South Yorkshire and Bassetlaw Adult Eating Disorder and Adult Secure Provider collaboratives and an involved stakeholder in the CAMHS collaborative. Divisional experts and corporate support departments continue to work with partners in the region with these contracts commencing in October 2021.

Development of service delivery through other provider partnerships
In addition to system wide partnership work, we also continue to deliver services in partnership with other providers where this improves service effectiveness and efficiency, and these partnerships can be across a range of sectors, including public, private and 3rd sector. The arrangements can also vary, with the Trust either working as a sub-contractor or having sub-contracts in place. The nature of the Trust's role in these arrangements is always defined by how a service can best be offered to provide integrated pathways in the most efficient manner. An example is the sub-contract the Trust has with the Priory Group to deliver inpatient adult mental health services.

Complaints handling

The Trust takes complaints seriously, investigating and responding to complaints within an agreed timeframe. Every effort is made to address the concerns raised and remedy failings. Complaints are regarded as an opportunity to learn and improve practice.

Wherever possible, complainants are consulted about how their complaint will be taken forward. Complaints and concerns that can be resolved through conversations at a ward or local service level, receive a swifter, less formal response. Those requiring a full investigation receive a comprehensive written reply from a director. In each case, complainants are informed about any measures taken as a result of their complaint. These often focus on improving communication between services, patients and families, as well as making changes to individual care plans.

A total of 761 complaints were received across the Trust in 2020/21. This is 5% higher than the number received the previous year – 727.

The table below provides the data for the different clinical divisions, with the previous year's figure in brackets.

Division	Number of Complaints	Number of Complaints which	Number of Complaints Referred

	Received in 2020/21 (2019/20)	were Upheld or Upheld in Part in 2020/21	to the Ombudsman in 2020/21
Mental Health	298 (216)	130	9
Community Health	49 (47)	20	0
Forensic	414 (464)	82	2
Trust-wide Total	**761 (727)**	**232**	**11**

The quality of the Trust's complaint's handling is monitored by governance meetings, the scrutiny of the CQC and PHSO, a survey sent to complainants and regular complaint files audits. The audits are primarily undertaken by service user volunteers and independent advocates.

The Trust operates a Patient Advice and Liaison Service offering patients and the public a single contact point for queries and immediate concerns. The Trust also encourages further comments on its services by subscribing to 'Care Opinion'. This is a publicly accessible website that allows patients, service users and carers to share their experiences of our services. Posts receive a response from senior staff within two working days.

Service improvements from feedback

We know that by listening to our patients and their families and carers, we will deliver better care. We listen in many ways – through groups, forums and meetings which involve people in decisions about how we change and improve services, and through surveys (online, on forms and by text) which capture people's experiences. We also subscribe to Care Opinion, the national NHS feedback website, with whom we are considered a flagship organisation in the way we respond.

All the feedback we receive from surveys and Care Opinion is visible online, linked from our Involvement, Experience and Volunteering website. Every survey comment and story on Care Opinion are read and analysed by our experience team so that the key issues and compliments can be understood for each service.

We respond honestly to people's feedback and use the information we receive intelligently to make changes that improve our services and most importantly, people's health.

The real value of feedback comes in how it is responded to and acted upon. Services report to us every six months on how they are using feedback to improve care, and routine reports are received at the highest levels of leadership within the Trust to provide assurance on how feedback is captured, heard, responded to and has an influence on the delivery of care.

Changes made in the last year as a result of feedback (including over 2746 responses to surveys with over 2500 comments offered, and 360 stories on Care Opinion), include:

- Patients at Wathwood Hospital have found the restrictions on accessing the gym and fitness equipment during lockdown very difficult. In response, staff developed individual room workouts and now escort patients to the central activities area for non-aerobic activities.
- Staff on Rowan 2 ward (Adult Mental Health) worked with patients on their feedback relating to ward information and admission packs, to create clearer, more accessible 'Welcome' information.
- As a result of feedback relating to bullying and racism at Rampton Hospital, there is now a robust programme of work to tackle this, including staff training, escalation of issues, specific surveys, a focussed event for family and carers and routine agenda items on patient and management meetings.
- In response to concerns raised by patients and families, staff working in Mental Health Services for Older People (along with the communications department) created a virtual tour of the ward to alleviate anxiety and apprehension caused by the current situation where relatives are unable to visit the ward and meet the team personally.
- Strong feedback from patients about the benefit of animal contact/care at Arnold Lodge Medium Secure Unit has led to increased visits from the therapy dog and a plan is forming for the hospital to care for its own animals.
- Lings Bar Hospital have employed an Activity Coordinator as a response to patient feedback relating to boredom during hospital stays. This person is creating a programme of needs-related activities at all levels of capability.

The Trust's overall figures from eleven years of working with Care Opinion

Information for patients

Our aim is to communicate with and engage service users, carers, members and the community in whatever ways best suit them – including via our website and social media.

We have continued to improve the information we share on the Trust website relating to opportunities for service users, carers and families to help us to improve our services. This includes volunteering opportunities, as well as opportunities to support

service redesign projects and to help us to collect feedback from service users and carers. We have continued to work with carers to improve and update the information we provide for carers on the Trust website as well as continuing to distribute our Guide to Carers and Confidentiality.

In addition, our Involve website (involve.nottshc.nhs.uk) provides specific information about how we are listening to and involving patient and carers, how people can get involved and share their views and about opportunities to volunteer. The @InvolveNottsHC Twitter and Instagram accounts, fortnightly Volunteer Newsletter and Carer Newsletter, and monthly e-bulletin to our Trust membership complement this.

We hold a weekly Patient Information Group, a collaborative group which formed in 2019 and went virtual in summer 2020, which involves service user and carer volunteers and staff reviewing and producing new information for patients. This year's work has included:

- offering guidance around wording and phrasing of the Trust Strategy to ensure that once published the wider community are able to digest and understand what the Trust is working towards.
- supporting Occupational Therapists in MHSOP to create an information leaflet to give to carers and service users explaining assessments for motor and process skills.
- working with the Department of Psychological Medicine (DPM) on information to give to carers about their service.
- helping to redesign crisis care plans, working alongside the QI team.

Patient and public involvement
We continue to work with service users, carers, members and our communities, to enable them to develop and shape our services in partnership, using both traditional and innovative approaches. A number of projects have been undertaken to bring about improvements to services.

Key activities include:

- **Bassetlaw Mental Health Collaborative** - we have facilitated a collaborative with partners and volunteers that aims to: 1) Work together to listen to the feedback and ideas of Bassetlaw communities around mental health services 2) Develop shared proposals and views to influence decisions and service provision. Currently working on engagement plans around changes to services at Bassetlaw Hospital and engagement around changes to Bassetlaw community mental health services.
- **Nottinghamshire Loneliness Collaborative** - working with local authority, Local Resilience Forum partners and volunteers. We are facilitating a collaborative project to address loneliness, particularly in the light of the current situation. We have been allocated £120 000 of COVID related funding and are looking to employ a loneliness lead.
- **Triangle of Care/Carers Connect Network** – the Trust Carers Connect has worked online during the pandemic with monthly meetings with carers, carer organisations, local authority carer leads and Trust staff to pick up challenges

carers are facing and respond collectively to these. All services completed simplified Triangle of Care self-assessments and we have peer reviewed these to see where we need to improve and to share good practice. We have recently developed, with carers, an e-learning package for staff around carer awareness.

- **Mental Health Ward moves** – we have supported involvement in the moves of Adult Mental Health wards to Sherwood Oaks and improving Mental Health Service wards at Millbrook. Two involvement groups have been looking at the environment, design and clinical care with service users, carers and staff. We have also worked with Bassetlaw Clinical Commissioning Group to ensure that service users, carers and local organisations are involved in the engagement Hospital.
- **Developing The Glade -** A number of service user and carer engagement events have taken place in order to gather the views from those with lived experience of MHSOP outpatients, Autism and ADHD services and AMH outpatients. A group is meeting to shape the design for the new facility.

- **Mental Health Sanctuaries** - Service user and carer volunteers have been involved from the outset in the development of Mental Health Sanctuaries, which began in October 2019. Building on the Mental Health Sanctuary Collaborative work these opened in 2020, with the group continuing to be updated of how they are progressing. The role of the collaborative group is now to act as a check and challenge across the system on the sanctuaries as we continue to involve service users and carers, Trust staff and our other partners in statutory and non-statuary organisations

- **Personality Disorder -** Over 100 service users, carers and staff responded to the questionnaire related to personality disorder and more than 16 focus groups were held to elicit views and gather feedback. A strong theme from all three groups was a keen desire to address the issues related to the stigma and discrimination experienced by those who have this diagnosis.

- **Crisis Care and Core Fidelity -** An online questionnaire went out to measure service user and carer views against some of the Core Fidelity standards for Crisis Care. The survey took place twice in 2020 in July and December. The feedback we received was collated with the National Mental Health Community Survey and has formed part of each Crisis Teams quality improvement plans. Some of the key themes around access to the service are currently being addressed.
- **Involvement in IMPACT (New Models of Care in Forensic services - regionally)** – working with other providers in the region to develop an approach to involving patients and carers in IMPACT's work. Supporting Arnold Lodge and Wells Road to engage with the programme.

- **Patient forums in the Forensic Division** have continued as best they can during the last year. They were reinstated virtually (via Microsoft Teams) as soon as was feasible and have continued in this way for the remainder of the

year. Being virtual has enabled a wider representation from wards and from service user volunteers, which has been a real advantage.

- **Divisional Patient Experience, Improvement and Involvement Group** Forensic Services instigated this group in early 2020, which is formal in structure but has established strong involvement from patients who are prepared and briefed in their roles representing their services. This group ensures, amongst many other things, that issues raised by patients within ward and community meetings are effectively responded to, and in good time.

- **Equality, Diversion and Inclusion at Rampton Hospital**, - patients and volunteers have worked collaboratively with staff to tackle issues related to racism and bullying, including making this the focus of a carers' event in March 2021. Patients and volunteers are now co-producing EDI training at the hospital's Recovery College campus.

New or significantly revised services

No major tenders were secured in 2020/21 although there was some growth in smaller collaborative working initiatives. Most notable was the Gender Service which has mirrored its recent expansion in Manchester to work alongside local agencies in Cambridgeshire. This service has also secured a small contract to deliver specialist gender dysphoria training to other professionals.

Community Health Services Division

Children's Services

- The Healthy Families Programme has delivered all universal and targeted elements of the service using a blended approach of face to face contacts, telephone and digital platforms (Video Consultation and MS Teams).
- Achievement of the Baby Friendly Sustainability (BFI) Award in June 20.
    - In Summary BFI state: *There are well established structures in place which enable effective leadership and accountability across all levels and across services. Senior managers interviewed verified that they had an in depth understanding of Baby Friendly and the Achieving Sustainability standards and were aware of the value of maintaining and further embedding this within their service. The Infant Feeding leads work very strategically but are also accessible to staff and provide an excellent specialist service. Responses to the staff culture audit demonstrate that this a service which values quality education and that staff feel supported to provide Baby Friendly care. Data quality, analysis and action planning is robust and has led to innovation and increased breastfeeding prevalence. In addition, the service has demonstrated responsiveness to the current coronavirus crisis by reviewing and ensuring provision of support for families via alternative means*.

- Development of Breastfeeding Live Facebook streams twice weekly whereby the Infant Feeding Leads were answering mothers' questions about breastfeeding issues/concerns during lockdowns with the discontinuation of groups.
- Joint development of Year 9 Questionnaires with Leicester Partnership Trust to enable young people to highlight concerns regarding their physical and emotional health
- Joint development of the Nottinghamshire 'Health 4 under-fives' webpages with Leicester Partnership Trust
- Year 7 Leaflet for young people introducing the Healthy Family Service offer
- Launch of the Single Advice Line number for the Healthy Families Programme
- Joint development of Voice of the contacts with our Children in Care Specialist Practitioners to enable children and young people to speak to health practitioners in between statutory health assessments
- Joint development of the Continence Team with Specialist Services to improve access, assessment and interventions for children and young people with level one continence issues
- Family Nurse Partnership QI project on Intimate Partner Violence (IPV) using the pathway with every client supporting them in recognising and responding to IPV, ultimately reducing the risk of harm. Referrals into the Multiagency Risk Assessment Conference increase by 31% as a result.
- School Aged Immunisation Service (SAIS)Health Promotion advisor role introduced to improve communication with schools
- SAIS - Implementation of Swiftqueue electronic clinic booking system. **2606** children were booked into **50** clinics in 21 locations. A **138%** increase compared to 2019.
- SAIS - Widespread use of SystmOne texting to boost consent compliance. Texts were sent to parents in schools with less than 80% consent returns.
- Development of quarterly data books to enable us to review performance, see the impact of interventions, pick up any trends and gaps.

Dr John Brewin
Chief Executive
08/06/2021

REMUNERATION REPORT

Annual Statement on Remuneration from the Chair of the Nominations and Remuneration Committee

Senior Managers' remuneration relates to voting and non-voting Directors of the Board.

The Trust has two Nomination and Remuneration Committees. One is established by the Board of Directors and comprises Non-Executive Directors that oversee the nomination and remuneration of executive appointments and the composition of the Board of Directors. The second, established by the Council of Governors and formed of Governors, oversees the nomination and remuneration of Non-Executive Director appointments.

The cost of living pay increase awarded to Directors of the Trust Board was paid for the year 2020/21 in accordance with the arrangements determined by Ministers and notified to the Trust by NHS Improvement. In determining this amount Ministers referred to the awards agreed for senior staff whose pay is determined by NHS Terms and Conditions of Service; medical and dental staff; and Department of Health and Social Care arm's length body for executive and senior managers.

Senior Managers' Remuneration Policy
Separate pay policies exist for a) the Chief Executive and employed Directors and b) the Chair and Non-Executive Directors.
The current components of the remuneration packages for Employed Directors, includes:

- their salary - determined by market conditions and capability requirements
- expenses (which are paid in accordance with NHS Terms and Conditions of Service)
- An entitlement to be part of the NHS pension scheme.

For Non-Executives Directors the remuneration package includes:

- their salary - determined by market conditions and capability requirements
- Expenses - claimed in accordance with NHS Terms and Conditions of Service or, where applicable, in accordance with the conditions set out by NHS Improvement (previously Trust Development Authority).

The table, below, summaries the component parts of the remuneration package:

	Employed Director	**Non-Executive Director**
Salary	Y	Y
Expenses	Y	Y

Pension	Y	N

The Medical Director and the Executive Director for Forensic Services received remuneration for a Clinical Excellence Award payment, as both are employed under National Terms and Conditions for Doctors and Dentists. This payment is detailed below.

Employed Directors of the Board
There are three component parts to the pay of employed Directors. These are; a salary payment, pension contribution and expenses.

The salary for each of the employed directors is determined by the Nominations and Remuneration Committee, and the decisions regarding pay rates are informed by national pay benchmarking data, personal performance and the performance of the Trust as a whole. Personal performance is considered by the Committee following annual appraisals. The content of any nationally determined pay awards (e.g. NHS Terms and Conditions of Service) are also considered.

The wider skills requirements of the Board are also considered as part of assessing remuneration, as it is important that there is sufficient capacity and capability in the short and long term to support the strategic objectives of the Trust. This is assessed alongside benchmarking data.

The maximum payable is determined by the market forces, the need of the business at that time and, where the proposed salary is over £150,000 per annum, the opinion of the Secretary of State for Health and Social Care.

Following the evaluation exercise referred to above, the current payments being made are consistent with those being paid to others in similar roles within the NHS.

The pension element is paid in accordance with the NHS pension scheme contributions whereby the employee contributes either 13.5% or 14.5% (depending on salary) and the employer makes a 14.38% contribution (including 0.08% service administration levy).

Expense claims are paid in accordance with the NHS terms and conditions of service. The maximum amounts that can be claimed are determined nationally and are set out in national terms and conditions.

The Medical Director and the Executive Director of Forensic Services, in accordance with National Terms and Conditions for Doctors and Dentists, can be awarded a payment via the Clinical Excellence Awards Scheme. The Medical Director is in receipt of an annual award of £24,128. The Executive Director of Forensic Services is in receipt of an annual award of £6,032.

Employed Directors of the Board are required to participate in the Trust's on-call arrangements; no additional remuneration is paid for this.

Where an Employed Director of the Trust is paid more than £150,000, the Trust has assured itself that this payment is reasonable and appropriate. Relevant benchmarking has been undertaken and labour market conditions have been reviewed and tested.

Increases in pay can be withheld where it is considered, through the annual appraisal process, that individual or Trust performance warrant this. These increases can also be withheld subject to affordability and the labour market conditions. There are no provisions for the recovery of sums paid to Directors.

Performance is considered as part of an annual appraisal cycle. Should a situation arise where performance is considered poor, then the principles of the Trust's Conduct and/or Capability Policy would be applied. In the case of the Medical Director or Executive Director for Forensic Services, the Trust policy on Maintaining High Professional Standards would apply.

In all cases of ill-health, the Trust's sickness absence policy would be applied. In all cases, alternative employment within the Trust and/or wider NHS would be considered, in accordance with the Trust's overall approach towards redeployment. There are no other or new components to the remuneration package.

For Employed Directors pay is determined by the Nominations and Remunerations Committee in accordance with the Trust Policy and Procedure for Determining the Remuneration of Employed Directors. Other Trust employees are paid in accordance with NHS national terms and conditions, except where they have transferred into the Trust according to TUPE arrangements; retaining their former terms and conditions.

Wider Trust employees were not specifically consulted with in the development of the Policy and Procedure for Determining the Remuneration of Employed Directors. However, the policy was developed with full consideration of the terms and conditions of other staff groups in addition to national guidance.

The policy is aligned, in many ways, to the terms and conditions of other staff groups. In determining remuneration levels, benchmarking data from comparative organisations, was used to inform decisions taken by the Remuneration Committee. The policy is reviewed on a regular basis.

Components of remuneration packages

	Salary	Pension	Expenses	Clinical Excellence Award
Description	Determined by Nominations and Remuneration Committee. Benchmarking data is used to inform the decision along with the skills requirements for the board.	Employer contribution 14.3% in accordance with the NHS pension scheme.	Paid in accordance with NHS Terms and Conditions of Service.	Payment is only applicable to the Medical Director and Executive Director of Forensic Services, and is in accordance with the local and national scheme.
How the Component Supports the Short and Long Term Strategic Objectives of the Trust-	Ensuring recruitment and retention and board stability in the short and long term. Ability to attract and retain staff.	Ensuring recruitment and retention and Board stability in the short and long term. Ability to attract and retain staff.	Ensuring recruitment and retention and Board stability in the short and long term. Ability to attract and retain staff.	Ensuring recruitment and retention and Board stability in the short and long term. Ability to attract and retain staff.
Review Mechanism and Timeframe	Annually via annual appraisal and Nominations and Remuneration Committee.	Reviews are undertaken nationally as this is a nationally applicable scheme.	In line with any national change to terms and conditions.	In line with any national change to the clinical excellence award scheme.
Maximum and Minimum that can be paid	Reviewed annually according to performance of Trust, performance of individual, benchmarking data and skill requirements of the Board. The maximum and minimum amounts payable are reviewed annually. In circumstances where poor performance is identified, this is managed in accordance with the Trust's policies for conduct and capability. In the case of the Medical Director, and Executive Director of Forensic Services, it is the policy for Maintaining High Professional Standards.	N/A	N/A	Determined by local and national policy.

Non-Executive Directors
The pay for Non-Executive Directors is determined by representatives of the Council of Governors who make up the Nominations and Remunerations Committee. The remuneration is made up of their pay for their duties, with an additional responsibility payment being made to the Senior Independent Director, Vice Chair and the Chair of Audit Committee. As Non-Executive Directors are not employees they do not pay contributions or receive pension payments. They are entitled to claim expenses payments in accordance with Agenda for Change Terms and Conditions or where applicable in accordance with the conditions set out previously by the Trust Development Authority. No other fees are paid to Non- Executive Directors for their duties with the Foundation Trust.

Consideration as to the skills requirements of the Board are also made as part of assessing the remuneration and terms of office, as it is important that there is sufficient capacity and capability in the short and long term to support the strategic objectives of the Trust. This is assessed along with the benchmarking data. The maximum that would be payable would be determined by the market factors and the needs of the business at that time. The current payments being made are consistent with those being paid to others in similar roles.

Normally Non-Executive Directors would fulfil their current term of office, if however, this is not possible one month's notice is required.

Non-Executive Directors' appointments and terms of office
The initial term of office of Non-Executive Directors is 3 years with an option for a further 3 year term providing for a maximum term of office of 6 years. At the conclusion of the 6 year period, a Non-Executive Director may be reappointed for an additional 1 year term subject to exceptional circumstances being deemed by the Council of Governors to apply.

The Council of Governors has approved the process by which terms of office will be reviewed and appropriately extended going forward. Factors to be taken into account are:

- the Non-Executive Director wishing to continue in their role
- a good/outstanding appraisal outcome
- guidance in force at the time of the consideration
- the reappointment being considered to be in the Trust`s best interests

All Chair and Non-Executive Director appointments including re-appointments require Council of Governor approval. Non-Executive Director terms of office may be terminated by the Council of Governors in accordance with the provisions of the Trust's Constitution.

Non-Executive appointments
During 2020/21 the Council of Governors appointed two Non-Executive Directors to the Board of Directors in accordance with an agreed recruitment and appointments process established by the Council of Governors. These positions were the subject of open-advertising and a competitive recruitment process.

Service contract obligations

There is no obligation to pay any entitlements for loss of office under these contracts with the exception of statutory entitlements, (should they apply), for redundancy and notice periods.

Employed Directors of the Board are required to give and receive six months' notice of termination of employment. Redundancy payments are calculated in accordance with NHS Terms and Conditions of Service, and those for Medical and Dental staff in the case of the Medical Director and Executive Director of Forensic Services.

The notice period has been determined to allow for changes in senior managers to be managed and for vacant positions to be recruited to, ensuring the stability and continuity of the Board of Directors and the Trust.

Annual Report on Remuneration

This section of the remuneration report includes some elements that are subject to audit.

Information not subject to audit

Employed Directors are on permanent service contracts; the notice period, for termination, is 6 months.

Director	Job Title	Start date & end date where applicable
John Brewin	Chief Executive	January 2019
Anne-Maria Newham	Executive Director of Nursing	January 2020
Julie Attfield	Executive Director for Mental Health	April 2019
Simon Crowther	Executive Director of Finance	March 2015 – September 2020
Alison Wyld	Interim Executive Director of Finance	September 2020 – February 2021
Lorraine Hooper	Executive Director Finance, Information and Estates	March 2021
Itai Matumbike	Interim Executive Medical Director	December 2019 – 31 May 2020
Julie Hankin	Executive Medical Director Interim Executive Director Forensic Services	November 2014 – 16 April 2021 7 November 2019 - 31 May 2020)
Susan Elcock	Executive Director of Forensic Services Executive Medical Director and Director of Forensic Services	June 2020 – April 2021 April 2021
Clare Teeney	Executive Director of People and Culture	November 2015
Sarah Furley	Director of Partnerships - Non-voting	March 2020
Lisa Dinsdale	Interim Director of Community Health Services	13 May 2019 – September 2020
Becky Sutton	Director of Community Health Services	October 2020

Shirley Higginbotham	Director of Corporate Affairs – non-voting	Joint post with Sherwood Forest Hospitals NHS Foundation Trust 1 April 2021

Service terms and conditions for Non-Executive Directors are shown above. Notice period for Non-Executive Directors is 1 month

Name	Position	End Date of Current Term of Office
Paul Devlin	Chair	31 December 2022
Alison Rose-Quirie	Non-Executive Director	1 December 2022
Steve Banks	Non-Executive Director	31 January 2022
Stephen Jackson	Non-Executive Director	17 July 2022
Sue Nixon	Non-Executive Director	1 December 2022
Trevor Orman	Non-Executive Director	23 January 2022
Carolyn White	Non-Executive Director	03 March 2022
Manjit Darby	Non-Executive Director	01 January 2021
Umar Zamman	Non-Executive Director	01 January 2021

Nominations and Remuneration Committee

Name	Position	Meetings attended in report period	% Attendance
Paul Devlin	Chair	3 of 3	100%
Sue Nixon	Non-Executive Director	3 of 3	100%
Steve Banks	Non-Executive Director	3 of 3	100%
Alison Rose - Quirie	Non-Executive Director	3 of 3	100%
Stephen Jackson	Non-Executive Director	3 of 3	100%
Carolyn White	Non- Executive Director	2 of 3	66%
Trevor Orman	Non- Executive Director	1 of 3	33%
Umar Zamman	Non- Executive Director	0 of 1	0%
Manjit Darby	Non- Executive Director	1 of 1	100%

Governors' Expenses 2020/21

The Trust received no expense claims from governors for 2020/2021 due to all meetings and engagement taking place virtually.

Directors Expenses 2020/21 and 2019/20

	£00	£00
Employee Name	**20/21**	**19/20**
Attfield, Dr Julie	5	30
Banks, Mr. Stephen		1
Brewin, Dr John		11
Crowther, Mr. Simon		9
Devlin, Mr. Paul	4	8
Dinsdale, Mrs. Lisa		11
Hankin, Dr Julie		7
Jackson, Mr. John Stephen (Stephen)	2	12
Newham, Mrs. Anne-Maria	7	1
Orman, Mr. Trevor	4	25
Rose-Quirie, Dr Alison	1	6
Teeney, Mrs. Clare		5
White, Mrs. Carolyn		18
Elcock, Dr Susan	12	
Sutton, Mrs. Rebecca Mary (Becky)	2	
Wyld, Mrs. Alison	1	
Grand Total	38	256

Information subject to audit

Salary and Pension entitlements of senior managers

A) Remuneration

Name and Title 2020/21	Salary (Bands of £5000)	Expense payments (taxable) Total to nearest £100	Performance pay and bonuses (bands of £5000)	Long term performance pay and bonus (Bands of £5000)	All Pension related benefits (bands of £2500)	Total (Bands of £5000)
J BREWIN - Chief Executive	190 - 195	0	0	0	97.5 - 100	290 - 295
J ATTFIELD - Executive Director of Nursing	140 - 145	0	0	0	12.5 - 15	155 - 160
J HANKIN - Executive Medical Director	160 - 165	0	0	0	62.5 -65	225 - 230
S CROWTHER - Executive Director of Finance	70 - 75	0	0	0	17.5 - 20	90 - 95
C TEENEY - Non Voting Director of Human Resources/Director of People & Culture	155 - 160	6,500	0	0	90-92.5	250-255
S BANKS - Non Executive Director	15 - 20	0	0	0	0	15 -20
JS JACKSON - Non Executive Director	15 - 20	0	0	0	0	15 -20
T ORMAN - Non Executive Director	10 - 15	0	0	0	0	10 - 15
C WHITE - Non Executive Director	10 - 15	0	0	0	0	10 - 15
AJ ROSE-QUIRIE - Non Executive Director (started 01/12/19)	10 - 15	0	0	0	0	10 - 15
AS NIXON - Non Executive Director (Started 01/12/19)	10 - 15	0	0	0	0	10 - 15
PS DEVLIN - Chair (Started 01/12/19)	55 - 60	0	0	0	0	55 - 60
AM NEWHAM - Director of Nursing (Started 01/01/20)	135 - 140	6,900	0	0	85 -87.5	225-230
I MATUMBIKE - Interim Medical Director (Started 01/11/19)	25 - 30	0	0	0	2.5 - 5	30 - 35
S FURLEY - Director of Partnerships (Started 02/03/20)	120 - 125	0	0	0	345 - 350	465 - 470
L DINSDALE - Interim Director of General health (Started 01/02/20)	65 - 70	0	0	0	77.5 - 80	145 - 150
S ELCOCK - Executive Director of Forensic Services [X] (Started 01/06/2020)	140 - 145	0	0	0	245 - 247.5	385 - 390
A WYLD - Executive Director of Finance [X] (14/09/20 - 28/02/21)	50 - 55	0	0	0	27.5 - 30	75 - 80
R SUTTON - Director of Community Services (Started 01/10/2020) [X]	60 - 65	0	0	0	75 - 77.5	135 - 140
L HOOPER - Executive Director of Finance, Information and Estates (Started 01/03/2021)	10 - 15	0	0	0	47.5-50	60 - 65

S HIGGINBOTHAM - Director of Corporate Affairs (Started 01/10/2020)	50 - 55	0	0	0	5 - 7.5	60 - 65
U ZAMMAN - Non Executive Director (Started 01/11/20)	5 - 10	0	0	0	0	5 - 10
M DARBY - Non Executive Director (Started 03/11/20)	5 - 10	0	0	0	0	5 - 10
Total	1555 - 1560	13,400	0	0	1205 - 1207.5	2610 - 2615

Expenses payments are taken from P11'd information and are in respect of lease cars.

The Medical Director and the Executive Director of Forensic Services, in accordance with national terms and conditions for Doctors and Dentists, can be awarded a payment via the clinical excellence award scheme. The Medical Director and the Executive Director of Forensic Services are in receipt of an annual award of £24,128 and £54,044 respectively which is included in the figures above.

Name and Title 2019/20	Salary (Bands of £5000)	Expense payments (taxable) Total to nearest £100	Performance pay and bonuses (bands of £5000)	Long term performance pay and bonus (Bands of £5000)	All Pension related benefits (bands of £2500)	Total (Bands of £5000)
J BREWIN - Chief Executive	195 - 200	0	0	0	162.5 - 165	360 - 365
P SMEETON - Executive Director Local Partnerships [X] (left 01/05/19)	0 - 5	0	0	0	0	0 - 5
J ATTFIELD - Executive Director of Nursing	140 - 145	0	0	0	0	140 - 145
J HANKIN - Executive Medical Director	160 - 165	0	0	0	20 - 22.5	180 - 185
S CROWTHER - Executive Director of Finance	140 - 145	0	0	0	127.5 - 130	270 - 275
A POTTER - Non Voting Director of Business Development & Marketing [X] (left 01/09/19)	40 - 45	0	0	0	12.5 - 15	55 - 60
C TEENEY - Non Voting Director of Human Resources/Director of People & Culture	115 - 120	6,200	0	0	100 - 102.5	220 - 225
P WRIGHT - Executive Director Forensic Services	210 - 215	0	0	0	37.5 - 40	245 - 250
DH FATHERS - Chair (left 01/01/20)	35 - 40	0	0	0	0	35 - 40
S WRIGHT - Non Executive Director (left 01/12/19)	10 - 15	0	0	0	0	10 - 15
S BANKS - Non Executive Director	15 - 20	0	0	0	0	15 - 20
JS JACKSON - Non Executive Director	15 - 20	0	0	0	0	15 - 20
T ORMAN - Non Executive Director	10 - 15	0	0	0	0	10 - 15
C WHITE - Non Executive Director	10 - 15	0	0	0	0	10 - 15
D BAILEY - Non Executive Director	10 - 15	0	0	0	0	10 - 15

DJ WILDGOOSE - Director of Nursing (13/05/19 to 29/02/20)	85 - 90	0	0	0	242.5 - 245	330 - 335
AJ ROSE-QUIRIE - Non Executive Director (started 01/12/19)	0 - 5	0	0	0	0	0 - 5
AS NIXON - Non Executive Director (Started 01/12/19)	0 - 5	0	0	0	0	0 - 5
PS DEVLIN - Chair (Started 01/12/19)	15 - 20	0	0	0	0	15 - 20
AM NEWHAM - Director of Nursing (Started 01/01/20)	25 - 30	1,000	0	0	297.5 - 300	325 - 330
I MATUMBIKE - Interim Medical Director (Started 01/11/19)	20 - 25	0	0	0	177.5 - 180	200 - 205
S FURLEY - Director of Partnerships (Started 02/03/20)	5 - 10	0	0	0	62.5 - 65	70 - 75
L DINSDALE - Interim Director of General health (Started 01/02/20)	15 - 20	0	0	0	132.5 - 135	145 - 150
Total	1335 - 1140	7,200	0	0	1385 - 1400	2720 - 2725

Expense Payment are taken from P11' d information and are in respect of lease cars.

The medical director in accordance with national terms and conditions for Doctors and Dentists, can be awarded a payment via the clinical excellence aware scheme. The medical director is in receipt of an annual award of £24,128.00 which is included in the figures above.

B) Pension Benefits

Members of the 2015 NHS Pension Scheme (X)

Name and title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2021	Lump sum at pension age related to accrued pension at 31 March 2021	Cash Equivalent Transfer Value at 1 Apr 2020	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2021	Employers Contribution to Stakeholder Pension
	(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000	To nearest £100
J ATTFIELD - Executive Director of Nursing	0 - 2.5	0 - 2.5	65 - 70	195 - 200	1,343	37	1,422	0
J HANKIN - Executive Medical Director [X]	2.5 - 5	0 - 2.5	55 - 60	115 - 120	914	39	993	0
S CROWTHER - Executive Director of Finance [X]	0 - 2.5	0 - 2.5	55 - 60	125 - 130	894	16	963	0
C TEENEY - Non Voting Director of Human Resources/Director of People & Culture	5 - 7.5	0 - 2.5	60 - 65	0	711	69	812	0
J BREWIN - Chief Executive (X)	5 - 7.5	5 - 7.5	90 - 95	260 - 265	1,953	126	2,140	0
I MATUMBIKE - Interim Medical Director (X) (Started 01/11/19)	0 - 2.5	0 - 2.5	20 - 25	35 - 40	297	2	328	0
AM NEWHAM - Director of Nursing (Started 01/01/20)	5 - 7.5	(7.5 - 10)	55 - 60	150 - 155	1,185	65	1,289	0
L DINSDALE - Interim Director of General health (Started 01/02/20 - 30/09/2020)	7.5 - 10	10-12.5	45- 50	140 - 145	845	86	1,051	0
S FURLEY - Director of Partnerships (X) (Started 02/03/20)	15 - 17.5	37.5 - 40	50 - 55	125 - 130	694	318	1,041	0
S ELCOCK - Executive Director of Forensic Services [X] (Started 01/06/2020)	10 - 12.5	25 - 27.5	50 - 55	100 - 105	549	190	812	0
A WYLD - Executive Director of Finance [X] (14/09/20 - 28/02/21)	0 - 2.5	0 - 2.5	20 - 25	0	226	19	290	0
R SUTTON - Director of Community Services (Started 01/10/2020) [X]	2.5 - 5	7.5 - 10	30 - 35	70 - 75	417	60	562	0

L HOOPER - Executive Director of Finance, Information and Estates (Started 01/03/2021)	0 - 2.5	2.5 - 5	25 - 30	45 - 50	303	2	352	0
S HIGGINBOTHAM - Director of Corporate Affairs (Started 01/10/2020)	0 - 2.5	0	20 - 25	0	318	5	362	0

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2018-19 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period. The inflation rate used is 1.7%

2019/20 Comparator

Members of the 2015 NHS Pension Scheme (X)

Name and title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2020	Lump sum at pension age related to accrued pension at 31 March 2020	Cash Equivalent Transfer Value at 1 Apr 2019	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2020	Employers Contribution to Stakeholder Pension
	(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000	To nearest £100
P SMEETON - Executive Director Local Partnerships [X] (left 01/05/19)	(5 - 7.5)	(7.5 - 10)	0	0	955	0	0	0
J ATTFIELD - Executive Director of Nursing	(7.5 - 10)	(22.5 - 25)	60 - 65	190 - 195	1,437	0	1,343	0
J HANKIN - Executive Medical Director [X]	2 - 2.5	(2.5 - 5)	50 - 55	110 - 115	852	18	914	0
S CROWTHER - Executive Director of Finance [X]	5 - 7.5	10 - 12.5	50 - 55	120 - 125	751	105	894	0
A POTTER - Non Voting Director of Business Development & Marketing [X] (left 01/09/19)	0 - 2.5	(0 - 2.5)	45 - 50	115 - 120	901	17	963	0
C TEENEY - Non Voting Director of Human Resources/Director of People & Culture	5 - 7.5	0	50 - 55	0	608	73	711	0
P WRIGHT - Executive Director Forensic Services [X]	2.5 - 5	0	5 - 10	0	0	0	0	0
J BREWIN - Chief Executive (X)	7.5 - 10	15 - 17.5	85 - 90	245 - 250	1,697	188	1,953	0
DJ WILDGOOSE - Director of Nursing (13/05/19 to 29/02/20)	10 - 12.5	32.5 - 35	55 - 60	165 - 170	884	249	1,233	0
I MATUMBIKE - Interim Medical Director (X) (Started 01/11/19)	0 - 2.5	0 - 2.5	20 - 25	35 - 40	267	0	297	0
AM NEWHAM - Director of Nursing (Started 01/01/20)	0 - 2.5	37.5 - 40	50 - 55	155 - 160	934	53	1,185	0
L DINSDALE - Interim Director of General health (Started 01/02/20)	0 - 2.5	17.5 - 20	35 - 40	115 - 120	689	10	845	0

S FURLEY - Director of Partnerships (X) (Started 02/03/20)	0 - 2.5	5 - 7.5	35 - 40	85 - 90	656	0	694	0

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2018-19 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period. The inflation rate used is 2.4%

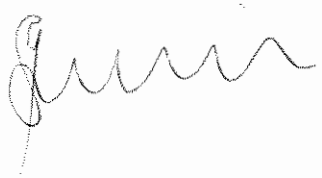
Fair pay multiple
Reporting bodies are required to disclose the relationship between the remuneration of the highest paid Director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid Director in Nottinghamshire Healthcare NHS Foundation Trust in the financial year 2020-21 was £190,000 to £195,000 (2019/20, £210,000 to £215,000). This was 6.56 times (2019/20,7.50) the median remuneration of the workforce, which was £29,626 (2019/20, £28,315).
In 2020/21, 6 (2019/20, 0) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £290,000 to £295,000 (2019/20 £210,000 to £215,000).

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

Payments for loss of office
There have been no payments to any senior manager for loss of office during this financial year.

Payments to past senior managers
No payments have been made to individuals that are not currently senior managers but who were previously.



Dr John Brewin
Chief Executive
08/06/2021

STAFF REPORT

Our workforce developments and changes

During 2020/21 an average number of 8,921 whole time equivalent (WTE) staff worked for the Trust**.** These staff are geographically dispersed across 140 properties, spread across 122 sites. Comparing this data to 2019/20 shows that our Trust WTE has risen by just over 300 (from 8570 WTE in 2019/20). The table below shows that the biggest increase has been in Healthcare Assistants and Support Staff. This was an intentional strategy to support in areas where it was proving difficult to recruit to other staff groups.

We are in the process of finalising our workforce plan for 2021/22 and this will support our clinical strategies, clinical direction and known commissioning intentions. Our plan takes account of known quality and innovation, productivity and prevention schemes and financial improvements, along with other transformation schemes and service developments reflected in the Trust's financial plan for 2022/22.

Average number of employees (WTE)

Average number of employees (WTEs) – subject to audit				
	2020/21			**For the Year ending 31 March 2020**
	Permanent	**Other**	**Total**	**Total**
	Number	**Number**	**Number**	**Number**
Medical and dental	265	24	289	300
Ambulance staff	6	0	6	5
Administration and estates	2,125	109	2,234	2,168
Healthcare assistants and other support staff	2,284	346	2,630	2,444
Nursing, midwifery and health visiting staff	2,447	139	2,586	2,517
Nursing, midwifery and health visiting learners			0	0
Scientific, therapeutic and technical staff	1,125	21	1,146	1,108
Healthcare science staff			0	0
Social care staff	31	0	31	28
Other			0	0
Total average numbers	**8,282**	**639**	**8,921**	**8,570**
Of which:				
Number of employees (WTE) engaged on capital projects	35		35	15

The Foundation Trust Annual Reporting Manual states the average number of employees is calculated as the whole time equivalent (WTE) number of employees under contract of service in each week in the financial year, divided by the number of weeks in the financial year. The "contracted hours" method of calculating whole time equivalent number should be used. That is, dividing the contracted hours of each

employee by the standard working hours. However, there are no means of reporting available to us on weekly hours contracted in our current financial or human resource solutions to facilitate this requirement. The method used is the monthly WTE, in total for each group of staff, divided by the number of months. This provides a sufficiently accurate approximation of this measure.

Analysis of staff costs – subject to audit

			2020/21	2019/20
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	276,594	27,706	304,300	276,155
Social security costs	28,561	0	28,561	26,174
Apprenticeship levy	1,449	0	1,449	1,340
Employer's contributions to NHS pension	35,723	0	35,723	33,371
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	15,547	0	15,547	14,576
Pension cost - other	150	0	150	119
Other post-employment benefits	0	0	0	0
Other employment benefits	0	0	0	0
Termination benefits	956	0	956	1296
Temporary staff		11,600	11,600	9,790
Total gross staff costs	**358,980**	**39,306**	**398,286**	**362,821**
Recoveries in respect of seconded staff	0	0		0
Total staff costs	**358,980**	**39,306**	**398,286**	**362,821**

Exit packages

During the period 1 April 2020 to 31 March 2021 the Trust had a total of 16 compulsory redundancies which occurred only after the Trust had explored all options of suitable alternative employment. The remaining 338 'other departures agreed' represent members of staff who either chose to leave the employment of the Trust or whose employment was terminated and to whom a payment was due in accordance with their contract of employment (e.g. an outstanding annual leave

entitlement, or a remaining period of contractual notice). Details are shown in the tables below.

Reporting of compensation schemes – subject to audit

Exit packages 2019/20

Exit packages 2020/21	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Exit package cost band (including any special payment element)			
<£10,000	1	337	338
£10,001 - £25,000	5	1	6
£25,001 - 50,000	6		6
£50,001 - £100,000	2		2
£100,001 - £150,000	1		1
£150,001 - £200,000	1		1
>£200,000			0
Total number of exit packages by type	**16**	**338**	**354**
Total resource cost (£)	**£739,000**	**£218,000**	**£957,000**

Negative values totalling £22,000 for 125 individuals (2019/20, £27,000 for 97 individuals) have been netted off total exit packages reported in the above table; on a gross basis exit packages arranged total £935,000 for 229 individuals (2019/20, £1,323,000 for 272 individuals).

Exit packages 2019/20	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Exit package cost band (including any special payment element)			
<£10,000	8	345	**353**
£10,001 - £25,000	3	4	**7**
£25,001 - 50,000			**0**
£50,001 - £100,000	4	1	**5**
£100,001 - £150,000	3		**3**
£150,001 - £200,000	1		**1**
>£200,000	8		**0**
Total number of exit packages by type	**19**	**350**	**369**
Total resource cost (£)	**£995,000**	**£301,000**	**£1,296,000**

Exit Packages Other (non-compulsory) Departure Payments		
	2020/21	**2019/20**

	Agreements	Total value of agreements	Agreements	Total value of agreements
	Number	**£000**	**Number**	**£000**
Voluntary redundancies including early retirement contractual costs			1	16
Mutually agreed resignations (MARS) contractual costs			2	77
Early retirements in the efficiency of the service contractual costs				
Contractual payments in lieu of notice	338	218	347	208
Exit payments following Employment Tribunals or court orders			-	-
Non-contractual payments requiring HMT approval			-	-
Total	338	218	**350**	**301**
Of which: Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary				

Breakdown by gender

Ethnic Group	Staff Grouping	Heads	Percent
White British	Directors	6	0.08%
	Senior Managers	40	0.53%
	Employees	7535	99.39%
White British Total		**7581**	**84.67%**
White EU	Directors	0	0.00%
	Senior Managers	0	0.00%
	Employees	180	100.00%
White EU Total		**180**	**2.01%**
BME	Directors	0	0.00%
	Senior Managers	1	0.10%
	Employees	982	99.90%
BME Total		**983**	**10.98%**
Grand Total		**8954**	

Staff by Gender (Source ESR – April 2021)

Breakdown by ethnicity

Ethnic Group	Staff Grouping	Heads	Percent
White British	Directors	6	0.08%
	Senior Managers	40	0.53%
	Employees	7535	99.39%
White British Total		**7581**	**84.67%**
White EU	Directors	0	0.00%
	Senior Managers	0	0.00%
	Employees	180	100.00%
White EU Total		**180**	**2.01%**
BME	Directors	0	0.00%
	Senior Managers	1	0.10%
	Employees	982	99.90%
BME Total		**983**	**10.98%**
Grand Total		**8954**	

Staff by Ethnicity (Source ESR – April 2021)

Sickness absence

The Trust's cumulative sickness absence rate during 2020/21 was 5.3% against a Trust target of 5%. During the winter months there was a peak of sickness with a rate of 6.5%. It should be noted that this was the year of the COVID-19 pandemic so much absence was related to that.

For 2020/21 the total staff years available was 8,046. The total WTE days lost due to sickness absence was 155,162 with the average absence being 19.2 days per WTE.

Gender Pay Gap

Nottinghamshire Healthcare has complied with the expectations associated with the gender pay regulations, our response for 2020/21 can be viewed at the following link - https://gender-pay-gap.service.gov.uk/employer/sHuqxtiM

Workforce policies

Recruiting and retaining a diverse workforce that is inclusive of, and reflects, the diverse communities we serve is one of the Trust's four key strategic priorities. Our Associate Director of Equality, Diversity and Inclusion provides strategic leadership in this area, with our EDI Divisional Leads and Staff Network Groups championing and leading positive change for our minority groups. We have a Board-level champion for each of the protected characteristics, who work with the relevant Staff Network and/or Steering Group to influence change. It is an area we are very passionate about.

The Trust is committed to meeting and exceeding the requirements of being a Disability Confident Employer and the Mindful Employer Charter. We guarantee to interview all disabled applicants who meet the minimum criteria for any post advertised, providing the applicant has indicated on the application that they have a disability in accordance with the Equality Act 2010. The Diversability Steering Group champion the Disability equality strand. They provide support for disabled staff, and

also inform, champion and influence policy development within the organisation and beyond in meeting the diverse needs of disabled staff. These policies apply to disabled people wanting to work for the Trust as well as staff who become disabled during the course of their employment. A number of programmes are in place to support managers in effectively managing diverse teams and supporting the needs of all staff, including those with disabilities; both physical and mental. Mentoring, coaching, work shadowing and additional support e.g. extended development opportunities, work rotation and enhanced supervision are available.

We have a well-attended BME Staff Network, which meets monthly and has over 270 members. The forum aims to help BME staff share their experiences in a safe space; one in which they can be heard, but also act as critical friends and supporters of the organisation, all helping to make Nottinghamshire Healthcare a great place to work for all of our staff. The BME Staff Network has been instrumental in supporting our BME colleagues during the COVID-19 pandemic. In particular, they have supported staff on receiving the COVID-19 vaccination when they have had concerns about doing so. We also have a Race, Religion and Belief Equality Steering Group who champion these issues within the organisation for staff, service users, patients, carers and the wider community.

The Trust has an established Lesbian, Gay, Bisexual and Trans (LGBT+) Forum. The Forum meets bi-monthly to discuss issues of concern, highlight good practice, share information, offer support and is open to all staff; including those who identify as Lesbian, Gay, Bisexual, Straight (Allies), Trans and Cisgender (Allies). We are continuing to strengthen our links with other LGBT+ staff groups in the NHS and Local Authorities. The Trust's Gender Identity, Gender and Sexual Orientation Equality Steering Group (GIGSO) also works to promote positive attitudes and behaviors to sexual orientation, gender identity and gender equality within the Trust. The group's remit covers service users, staff, carers, volunteers and communities. The Trust strives to be a place where all LGBT+ service users, staff, carers and volunteers can be themselves. When LGBT+ staff feel able to be themselves at work this can have numerous benefits for the individual, the workplace and the organisation.

In order to ensure our managers are effective in identifying and supporting individual staff needs we have integrated equality-based competencies within our current management and leadership development programmes; middle management programme for bands 4-6 and for senior managers bands 7-8b. At a senior leadership level, similar competencies have been embedded within the Trust's leadership development programmes and conferences. The Trust appraisal system enables these skills to be measured as part of management and leadership competencies and to highlight areas for further development.

The Trust also actively promotes and supports the employment of people who use our services in order to better reflect the diversity of our patients/clients. As a matter of good practice, we have service user and carer representation in our recruitment processes

Staff are consulted on any formal employment changes in accordance with our organisational change policy and implementation manual. This involves engaging with our workforce at the earliest possible stage increasing staff engagement throughout

the process. We utilise our staff-side constitution as well as strong working relations with our staff-side colleagues to ensure we work in a partnership approach. Employees are actively engaged in the review of services and the Trust's performance; as individuals, teams and through our EDI steering groups and networks. The performance of the Trust is also reviewed by staff at all levels through the accountability structure and partnership forums as well as through individual appraisals.

For 2020/21, NHS Foundation Trusts continued to be required to comply with NHS Counter Fraud Authority guidance. These provisions include the requirement for a nominated Lead Counter Fraud Specialist (CFS) to be in place to undertake work across four generic areas of action. The Trust has a counter fraud, bribery and corruption policy in place which reinforces the commitment of the organisation to maintain an embedded counter fraud culture and to take robust action where allegations of fraud, bribery and corruption are proven.

Staff Engagement

Throughout 2020/21 we have focused on embedding our Trust Values (Trust, Honesty, Compassion, Respect and Teamwork), and have built our new Trust Branding around these and our Vision – 'Making a Difference'.

We have asked teams to focus upon what the values mean to them and work together to look at the behaviours that they would expect of themselves and each other linked to those values through our 'behaviours in practice' piece of work. We are then linking these behaviours to staff appraisals and other organisational workstreams in order to make our values 'how we do thing round here'.

There has been a significant shift over the last 12 months on how we are communicating and engaging with colleagues throughout the Trust; we have a new daily email sent from our Chief Executive, a weekly Question and Answer session with our Chief Executive and other Executive Directors, a monthly digital 'Connecting Notts' session, and a weekly Line Managers Update and Chat Pods.

Linked very much to our values, we are continuing to embed our Just and Restorative Culture (JRC). Within our organisation, a Just and Restorative Culture means acting with compassion, treating people fairly and justly and embracing a learning culture; where, if something goes wrong, we seek first to understand. It is an ethos by which we are all accountable for our actions, we act in line with and recruit to our Trust values and we assume positive intent during our interactions.

We are then focusing specifically upon JRC linked to; Staff Support, Responding to errors, psychological safety, Civility and Respect and EDI.

We are revising our Employment policies in line with JRC, ensuring we pause and reflect on circumstances and processes before taking any formal action. We are also promoting and sharing the importance of Civility and Respect from both a leadership lens and linking to the Closed Culture work within Operational areas. We are embedding through promotion, events, videos and linking to our leadership and management development and training sessions.

Recognition of our colleague sis important to us and we have recognised the significant efforts of colleagues throughout the last year in many ways. This has including continuing with our Positive Stars nominations and received 846 nominations throughout 2020/21. Whilst the Clap for Carers were happening weekly we recognised and encouraged colleagues to take time for this and showcased the work that our teams were doing at this time. We held a Recognition week in September 2020 to recognise the amazing efforts of our staff during COVID-19. This week was based upon the results of our 'Keep Improve, Stop and Start' survey in which we asked colleagues to let us know which things we should keep going and which we should stop post-pandemic. The week included calls from our Executive team to people who were nominated numerous times by colleagues. We held our Outstanding Service Contribution and Recognition Scheme (OSCARS) ceremony remotely in December 2020.

Owing to the additional pressures that staff have been under throughout 2020/21 due to the pandemic, we have also recognised colleagues by giving a £20 Shopping voucher at Christmas, a thank you letter directly to home addresses with support details included from our staff health and Wellbeing Services, and an extra day of annual leave for 2021/22 leave year for all those employed on the 31st March 2021.

Staff Health and Wellbeing

In April 2020 the Trust's new Staff Health and Wellbeing Lead joined the Trust. This post alongside the newly formed Health and Wellbeing Services provided the Trust with an opportunity to respond to the unrepresented challenges of the pandemic.

In addition to the pandemic response the team have also continued to implement the actions from the Health and Wellbeing review which was undertaken in 2019/20 and provide several health promotion events.

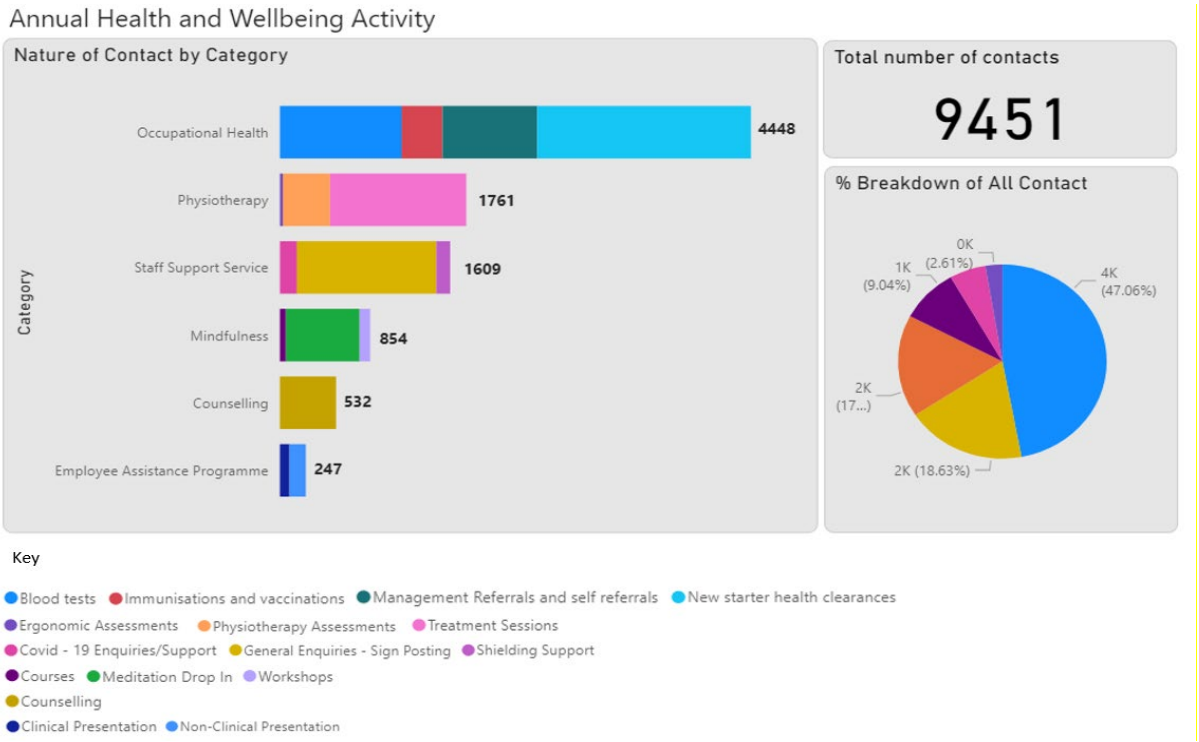
<u>Annual Health and Wellbeing Activity</u>

There has been a significant increase in uptake in the core services which support the Health, Safety and Wellbeing of our Workforce.

This is attributed to the services taking a pro-active approach to reaching out to specific staff groups, in addition to a robust communication and engagement plan.

Examples of this innovation include the Staff Support Team contacting all shielding staff, the Physiotherapy Team adapting to virtual assessment to support staff working from home and the newly form Counselling and Psychological Service offering a Trust wide service.

For the reporting period a total of 9451 contacts have been recorded, these figures do not include "hits" and "downloads" on the staff intranet page or the Captain Tom Care Packs which were distributed to over 50 sites within the Trust.



In addition to this the Health and Wellbeing Team have delivered several health promotion campaigns, including Menopause Awareness, Men's Health, Red January, Captain Tom Self-Care Packs and Mental Health Awareness.

A key focus for 2021/22 is to implement a full calendar of events and roadshows to support staff in accessing information and advice on Healthy Eating, Physical Activity, Stop Smoking Support and Emotional and Mental Health.

<u>COVID-19 Workforce Response</u>

The COVID Response team was established in April 2020, initially the primary focus was to support staff testing, however, the team have continued to respond and evolve to support a full range of initiatives including risk assessments, vaccination, outbreaks and antibody testing:

Activity	**Outcome**
Individual Risk Assessments	Supported the completion of approx. 4000 risk assessments
PCR Testing	Supported 4000 staff to access a test
Antibody Testing	Over 6500 antibody tests
Outbreak Management	Supporting staff swabbing and providing wellbeing support for approx. 4000 staff
Lateral flow management	Distribution of over 9000 lateral flow kits
Vaccination Support	Supporting 7718 staff receive the vaccine

In undertaking these tasks, the team have also played a crucial role supporting the Trusts overarching "Stepped Psychological Response"[1] by supporting, advising, and assuring thousands of staff through the uncertainty of the pandemic.

[1] Psychological needs of healthcare staff.pdf (bps.org.uk)

Outcomes

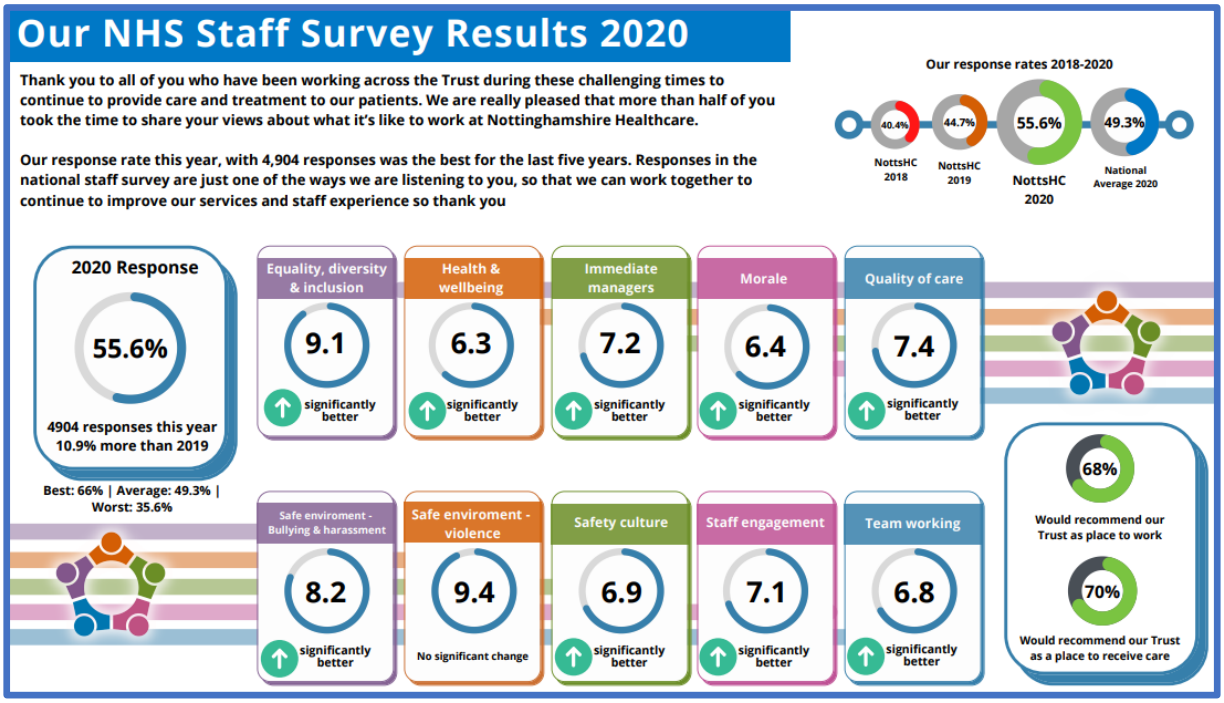
The Staff Wellbeing Service's use a range of methods to record outcomes and feedback. Overwhelmingly staff evaluate the services as having had a positive impact on their overall health and wellbeing. This is reflected in the Staff Survey results, which highlight a significant improvement on previous years.

A key objective for 2021/22 is to design a Health and Wellbeing Dashboard that triangulates individual outcomes, organisational effectiveness, and patient care.

Staff survey

We are proud that the results of the 2020 NHS staff survey for Notts Healthcare show a significant positive shift in how staff are feeling about working for the Trust. As can be seen in the infographic below, we have improved in 9 out of the 10 domains. We are extremely proud that our score for staff recommending us as a place to work increased by 14% compared to the 2019 survey.

Compared nationally to similar Trusts, we are close to average which is a significant shift from our position in 2019 and we are proud to have supported colleagues to improve their experience however recognise that we still have areas that we need to improve.



The National Staff Survey results were released nationally on the 11th March 2021. As a Trust, we have commenced a programme of work to analyse, review and co-produce our main areas for focus throughout 2021/22. We will then work to make improvements both within specific areas of trust wide focus as well as support leaders and teams locally.

Future priorities

During 2021/22 we will continue to embed our People and Culture priorities throughout the Trust. We will continue to focus on supporting staff health and wellbeing, equality and diversity and embedding our Trust values. We will also focus on our employment policies and practices as part of a programme of work to embed a Just and Restorative Culture.

Trade Union Facility Time disclosures

Information on Trade Union Facility Time for 2020/21 is shown in the following tables.

Table 1 Relevant union officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
67	**58.75***

Table 2 Percentage of time spent on facility time

Percentage of time	Number of employees
0%	**53***
1-50%	**10***
51%-99%	
100%	**4***

Table 3 Percentage of pay bill spent on facility time

	£
Provide the total cost of facility time	**£109,438,77***
Provide the total pay bill	**£362,165,00**
Provide the percentage of the total pay bill spent on facility time	**0.03%***

Table 4 Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours	**8.54%***

*Based on data received as at 31st July 2020

Expenditure on Consultancy

Expenditure of consultancy in 2020/21 was £753,000.

Off payroll engagements

Nottinghamshire Healthcare's approach to the use of off payroll engagements is set out in the Trust's Employment Policy. The policy includes a process to assist in determining a workers employment status. During the last financial year there have been no off payroll arrangements relating to senior manager positions.
Further information on off payroll engagements is shown in the following tables.

For all off-payroll engagements as of 31 March 2021, for more than £245 per day and that last for longer than six months.

Number of existing engagements as of 31 March 2021	14
Of which...	
No. that have existed for less than one year at time of reporting.	1
No. that have existed for between one and two years at time of reporting.	2
No. that have existed for between two and three years at time of reporting.	2
No. that have existed for between three and four years at time of reporting.	4
No. that have existed for four or more years at time of reporting.	5

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021, for more than £245 per day and that last for longer than six months.

Number of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	0
Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	0
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

NHS FOUNDATION TRUST CODE OF GOVERNANCE

Statement of compliance with the Code of Governance

Nottinghamshire Healthcare 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 Audit Committee has been charged by the Board of Directors to maintain ongoing oversight of the NHS Foundation Trust`s compliance with the Code of Governance and to identify to the Board of Directors any emergent areas of significant non-compliance.

A specific set of disclosures is required to meet the Code of Governance. The following table lists the disclosures and references to where the relevant information can be found in the annual report.

Ref	Criteria	Compliance	Evidence
LEADERSHIP			
A 1	**The role of the Board of Directors**		
A 1.1	The schedule of matters reserved for the Board of Directors should include a clear statement detailing the roles and responsibilities of the Council of Governors. This statement should also describe how any disagreements between the Council of Governors and the Board of Directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the Board of Directors and the Council of Governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the Board of Directors.	Compliant	○ Regular board meetings ○ Constitution details roles and responsibilities of the Council of Governors and process for addressing disagreements between Board and Council ○ Scheme of delegation in place. ○ Information included in the Directors report in this annual report.
A 1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors. Part of this requirement is also contained within paragraph 2.22 as part of the directors' report.	Compliant	○ Annual report details all Board and relevant committee memberships and attendance in the Directors report and the remuneration report.
A 5	**Governors**		

Ref	Criteria	Compliance	Evidence
A 5.3	The annual report should identify the members of the Council of Governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	Compliant	○ Compliance with NHS Foundation Trust Annual Reporting Manual ○ Record of attendance maintained
Additional	The annual report should include a statement about the number of meetings of the Council of Governors and individual attendance by governors and directors.	Compliant	○ This data is routinely recorded and reviewed and information is included in the Council of Governors section of this annual report.
EFFECTIVENESS			
B 1	**The composition of the board**		
B 1.1	The Board of Directors should identify in the annual report each Non-Executive Director it considers to be independent with reasons where necessary.	Compliant	○ This information is outlined in the Directors' report. ○ Requirements set out within the Constitution ○ Appointment processes ○ Fit and Proper Persons
B 1.4	The Board of Directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS Foundation Trust.	Compliant	○ Annual report contains Director profiles in the Directors report. ○ Annual review of Board composition by NED Nom Rem. Confirmed as remaining fit for purpose
Additional	The annual report should include a brief description of the length of appointments of the non-executive directors and how they may be terminated.	Compliant	○ Annual report contains this information in the Remuneration report.
B 2	**Appointments to the board**		
B 2.2	Directors on the Board of Directors and Governors on the Council of Governors should meet the "Fit and proper" persons test described in the provider licence.	Compliant	○ "fit and proper" persons declarations made by each Director annually. ○ Declaration by Governors when seeking election and ongoing reporting requirement ○ DBS, Bankruptcy etc. checks re Board members

Ref	Criteria	Compliance	Evidence
B 2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.	Compliant	○ Compliance with NHS Foundation Trust Annual Reporting Manual ○ Terms of reference available upon request. ○ Information included in the Remuneration report.
Additional	The disclosure in the annual report on the work of the nominations committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director.	Compliant	○ During 2020/21 open advertising was the method of NED recruitment.
B 3	**Commitment**		
B 3.1	A chairperson's other significant commitments should be disclosed to the Council of Governors before appointment and included in the annual report. Changes to such commitments should be reported to the Council of Governors as they arise, and included in the next annual report.	Compliant	○ Details of how to access declarations of Interest can be found in the Directors report ○ Declarations of Interest identified as part of recruitment process ○ Annual checks on Fit and Proper persons established.
B 5	**Information and support**		
B 5.6	Governors should canvass the opinion of the Trust's members and the public, and for appointed governors the body they represent, on the NHS Foundation Trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Compliant	○ Forward plans shared with and consulted on with Council of Governors ○ Consultation processes ○ Governors engaged with consultation processes ○ Strategy engagement

Ref	Criteria	Compliance	Evidence
Additional	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2) (aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012. *Power to require one or more of the Directors' to attend a Governors' meeting for the purpose of obtaining information about the Foundation Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the Foundation Trust's or Directors' performance). **As inserted by section 151 (6) of the Health and Social Care Act 2012)	Compliant	○ This power has not been formally exercised during 2020/21 as there has been open disclosure of the performance of the Trust reported at each Council of Governors meeting. ○ There have been no concerns regarding the performance of directors. ○ Executive Directors proactively attend the Council of Governors meetings to provide updates/reports on matters relating to their individual portfolios.
B 6	**Evaluation**		
B 6.1	The Board of Directors should state in the annual report how performance evaluation of the Board, its committees, and its directors, including the Chairperson, has been conducted.	Compliant	○ Ongoing review of committee structure and effectiveness thereof ○ Board and Committee self-assessments ○ Internal and external auditor perspectives ○ Ongoing Board Development Programme ○ Chair and Director appraisal processes ○ Information included in the Directors report of this annual report.
B 6.2	Where there has been external evaluation of the Board and/or governance of the Trust, the external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust.	Compliant	○ Outcome of external well-led review by Grant Thornton. Reported to Board in August 20
ACCOUNTABILITY			
C 1	**Financial, quality and operational reporting**		

Ref	Criteria	Compliance	Evidence
C 1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	Compliant	○ Accountability report of this annual report ○ Report of external auditors ○ Annual Governance Statement ○ Letter of representation
C 2	**Risk management and internal control**		
C 2.1	The annual report should contain a statement that the Board has conducted a review of the effectiveness of its system of internal controls.	Compliant	○ Annual Governance Statement. ○ Head of Internal Audit Opinion ○ Internal Audit reviews ○ Committee structures and reporting ○ Board development sessions on risk management
C 2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	Compliant	○ Directors report ○ 360 Assurance
C 3	**Audit Committee and auditors**		
C 3.5	If the Council of Governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the Board of Directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the Council of Governors has taken a different position.	Compliant	○ Not applicable

Ref	Criteria	Compliance	Evidence
C 3.9	A separate section of the annual report should describe the work of the committee in discharging its responsibilities. The report should include: a. the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; b. an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and c. if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	Compliant	○ Annual Report content – see section on the Audit Committee
REMUNERATION			
D.1	**The level and components of remuneration**		
D 1.3	Where an NHS Foundation Trust releases an Executive Director, for example to serve as a Non-Executive Director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the Director will retain such earnings.	Compliant	○ Not applicable
RELATIONS WITH STAKEHOLDERS			
E 1	**Dialogue with members, patients and the local community**		

Ref	Criteria	Compliance	Evidence
E 1.4	Contact procedures for members who wish to communicate with Governors and/or Directors should be made clearly available to members on the NHS Foundation Trust's website and in the annual report.	Compliant	○ Membership office ○ Log of all membership communications maintained ○ Regular membership e-bulletin issued to members ○ Membership Strategy ○ Involvement, Experience and Volunteering Strategy ○ Enhanced website ○ Further details contained in the Council of Governors section of this annual report
E 1.5	The Board of Directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the Non-Executive Directors, develop an understanding of the views of Governors and members about the NHS Foundation Trust, for example through attendance at meetings of the Council of Governors, direct face-to-face contact, surveys of members' opinions and consultations.	Compliant	○ Annual report content in section on Council of Governors ○ Member feedback ○ Involvement, Experience and Volunteering Strategy ○ Visits programme ○ NED attendance at Council of Governors ○ AGM /AMM
E 1.6	The Board of Directors should monitor how representative the NHS Foundation Trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	Compliant	○ Membership database ○ Membership Strategy ○ Involvement, Experience and Volunteering Strategy ○ Annual report ○ Annual Involvement Report
Additional	The annual report should include: A brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership; Information on the number of members and the number of members in each constituency; and A summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership, including progress towards any recruitment targets for members.	Compliant	○ See membership strategy in this annual report

Ref	Criteria	Compliance	Evidence
Additional	The annual report should disclose details of company directorships or other material interests in companies held by Governors and/or Directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS Foundation Trust. As each NHS Foundation Trust must have registers of Governors' and Directors' interests which are available to the public, an alternative disclosure is for the annual report to simply state how members of the public can gain access to the registers instead of listing all the interests in the annual report.	Compliant	○ See Directors report and remuneration report included in this annual report

NHS OVERSIGHT FRAMEWORK

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

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

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

Segmentation

The Trust is currently in segment 2. This segmentation information is the Trust's position as at 1 March 2021. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the ***NHS Oversight Framework***, the segmentation of the trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2019/20 score				2020/21 scores			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Financial sustainability	Capital service capacity	3	3	3	2	3	4	3	
	Liquidity	1	1	1	1	1	1	1	
Financial efficiency	I&E margin	3	2	3	2	2	4	3	
Financial controls	Distance from financial plan	1	1	1	1	1	3	1	
	Agency spend	1	1	1	1	2	1	2	
Overall Scoring		2	2	2	1	2	3	2	

Trust Performance against the NHS Oversight Framework	Standard (where applicable)	Monthly average 2019/20	Monthly average 2020/21
Formal complaints received per 1000 full time staff		7.9	7.9
Number of Never Events (year total given)		0	1
Staff % recommend as a place to work (quarterly)		59%	
Staff % recommend place of work as a care provider (quarterly)		66%	
Friends and Family Test - % Patients and carers recommend the Trust as a care provider **change of calculation during 20/21*		94%	87%*
Follow up within 7 days of Care Programme Approach (CPA) patients	95%	98.0%	98.2%
CPA patients % in settled accommodation		41.1%	42.4%
CPA patients % in employment **change of calculation - 20/21*		3.8%	9.3%
Early Intervention Psychosis % waiting times less than 2 weeks	53%	71.0%	85.3%
Data quality maturity index (DQMI)	95%	98.1%	96.4%
Improving Access to Psychological Therapies (IAPT) Recovery rate	50%	53.4%	54.7%
IAPT – Wait from referral to treatment < 6 weeks	75%	75.0%	90.0%
IAPT - Wait from referral to treatment < 18 weeks	95%	98.4%	98.9%
Inappropriate acute mental health out of area placements – Bed days spent out of area		464	173
Staff Sickness and absence	4%	5.6%	5.3%
Staff Turnover	9-11%	14.5%	14.8%
Under 18 admissions to adult beds	Zero	0.3	0.0

STATEMENT OF CHIEF EXECUTIVE'S RESPONSIBILITY AS THE ACCOUNTING OFFICER OF NOTTINGHAMSHIRE HEALTHCARE 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 Nottinghamshire Healthcare 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 Nottinghamshire Healthcare 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 and Social Care's Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy 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.

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

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

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

Dr John Brewin
Chief Executive
08/06/2021

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.*

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 Nottinghamshire Healthcare 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 Nottinghamshire Healthcare NHS Foundation Trust for the year ended 31 March 2021 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Risk management is recognised by the Trust as an integral part of good management practice. Risk management involves understanding, analysing and addressing risk to make sure organisations achieve their objectives.

Following the external Well-led review conducted by Grant Thornton in August 2020, 'areas for improvement' were highlighted in relation to the Board Assurance Framework (BAF) and the Trust's approach to risk management. In support of the review, a new Risk Committee chaired by the Chief Executive was established in October 2020. The Committee meets monthly and reports to the Executive Team. It also provides assurance to the Audit Committee.

The changes made have been transformational and set a solid foundation to embed the principles and processes identified in the redesigned BAF and the new risk management policy and risk management strategy. The external review was overseen by the Risk Committee and all recommendations have been completed.

The objectives of the Risk Committee are:

(i) foster an open, anticipatory, adaptive and proactive risk-aware culture in which people are actively engaged;

(ii) ensure risk is kept under prudent control on behalf of the Board and in accordance with the Board's risk appetite - maintaining an effective control system and minimising over-exposure to harm;

(iii) horizon scanning, challenging and keeping material risk under review at all times; and
(iv) improving organisational resilience

The Risk Committee approved the new Risk Management policy and the updated Risk Management Strategy (RMS) 2021 - 2026 in February 2021.

The RMS:

- sets out the Trust's **objectives** for the management of risk at a strategic and operational level
- provides an overview of the risk management policy and **framework** that defines the systematic approach to how risk will be managed across the Trust and
- ensures that associated thinking and practice is **embedded** in everyday processes, policies and activity.

The delivery of the objectives is managed through an implementation plan and are monitored and reviewed by the Risk Committee on an annual basis in March (Annual Report).

The identification and appropriate management of risk forms an integral part of the Trust's overall approach to integrated governance and one which is explicit in every activity the Trust and its employees are engaged.

Whilst recognising the essential requirement to identify, assess and appropriately manage risk, the Trust recognises the importance of proportionate risk mitigation and control acknowledging that not all risks can be wholly eliminated and to do so may indeed be detrimental to the provision of quality recovery-based services.

The Trust's approach to risk is discharged through clearly focusing executive responsibility for clinical governance and risk management with the respective Executive Directors. These Directors have responsibility for all Trust care services and supporting corporate functions working closely with the Chief Executive Officer in this context. The principle management lead for risk management during 2020/21 was the Director of Corporate affairs on behalf of the Chief Executive.

The aim of risk management is to support the Trust's vision and values by promoting a consistent and integrated approach across all parts of the organisation to ensure we are aware of our risks and are responsive, but not risk averse. The Trust aims to do this through a robust governance structure, sound processes and systems of working, and an open and fair culture that is focused on patient and staff safety.

Practical implementation and integration of risk management requires an appropriate level of knowledge and awareness of requirements that is commensurate with individual roles and responsibilities. To support the implementation and embedding of the risk management policy, introductory and refresher training is provided.
The Trust has an extensive range of organisation-wide policies and service/division specific procedures which support and align with the Trust's approach to risk management.

The risk and control framework

The RM policy sets out the Trust's approach to risk and risk appetite/tolerance and sets out the leadership, responsibility, monitoring and accountability arrangements for risk management.

The Trust follows the 4-step risk management process below:

1. **Identify and evaluate risks:** what could stop you achieving your objectives/cause harm? What could help you achieve your objectives?
2. **Assess and score risks:** assessing the risk to determine and prioritise how the risks should be managed
3. **Control and manage risks:** the selection, design and implementation of risk treatment options that support achievement of intended outcomes and manage risks to an acceptable level
4. **Monitor and review risks**: the design and operation of integrated, insightful and informative **risk monitoring** and timely, accurate and useful **risk reporting** to enhance the quality of decision-making and to support management and oversight bodies in meeting their responsibilities.

The Audit Committee has the primary responsibility to provide assurance to the Board regarding the continued effectiveness of the Trust's system of integrated governance, risk management and internal control. Each of the Trust's three Committees (Finance and Performance, People and Quality, Strategy Committee) have responsibility for the oversight of specific risks associated to their respective remit.

Board Assurance Framework

Assurance is at the heart of the work of any organisation. Board members must be confident that regardless of context, the organisation is delivering on its strategic objectives and managing risk while maintaining quality and safety across its services.

A new stand-alone, redesigned BAF is in place with 6 Strategic Risks identified, all mapping work from the previous BAF document has been completed.

The purpose of the BAF is to:

- Provide timely and reliable information on the effectiveness of the management of major strategic risks and significant control issues
- Facilitate escalation of risk and control issues requiring visibility and attention by senior management, by providing a cohesive and comprehensive view of assurance across the risk environment
- Provide an opportunity to identify gaps in assurance needs that are vital to the organisation, and to address them
- Provide critical supporting evidence for the production of the Annual Governance Statement (AGS).

The Board uses the BAF as a planned and systematic approach to the identification, assessment and mitigation of the risks that could help or hinder the Trust achieving its strategic goals. The BAF document contains information regarding internal and external assurances that organisational goals are being met. Where risks are identified, mitigations and subsequent action plans are mapped against them. Each risk captured on the BAF has an Executive Director/Director 'owner' and a Lead Committee responsible for review, oversight and agreement of assurance levels.

Executive responsibility for the BAF process is held by the Director of Corporate Affairs.

Risk Registers
Beneath the BAF sits a risk register structure detailing identified operational and trust wide risks at corporate, divisional and directorate levels. Risks are monitored and reviewed according to their score and type. It is the responsibility of individual risk owners to ensure each risk is captured on the relevant Risk Register which is reviewed in an appropriate group or committee.

The Trust is committed to continually improving the suitability, adequacy and effectiveness of the risk management framework and the way the risk management process is integrated.

As relevant gaps or improvement opportunities are identified, the Trust will develop plans and tasks and assign them to those accountable for implementation. Once implemented, these improvements should contribute to the enhancement of risk management. A risk maturity assessment model will be used to enable continuous improvement of the BAF and risk management processes.

All strategies, policies and work programmes are subject to comprehensive but proportionate evaluation, where practicable to do so. Learning from experience helps to avoid repeating the same mistakes and helps spread improved practices to benefit current and future work, outputs and outcomes.

Relevant lessons from previous experience will be applied when planning interventions and the design and implementation of services and activities. Learning the Lessons is a concept that is built into the culture of the Trust and is shared via Bulletins and in relevant management and operational meetings. The Trust uses established meetings and structures to highlight lessons learned and to identify risk patterns.

Risk Appetite
Risk appetite is determined through Board discussion, primarily through the Board of Director Development Programme.

The RM policy sets out the Trust's General Statement regarding risk appetite and the BAF states the risk appetite level for each strategic objective and the risk treatment strategy. The risk appetite baseline was agreed in Spring 2020 and is based on the Good Governance Institute matrix.

Risks to data security

Responsibility for Information Assurance in the Trust rests with the Executive Director of Finance Director of Finance, Information and Estates who undertakes the designated role of Senior Information Risk Owner. Policies are in place and are compliant with NHS guidelines, and incident reporting procedures are in place and utilised by staff.

Due to COVID 19 the NHS Digital Data Security and Protection Toolkit submission date has nationally been amended to 30th June 2021. However, the Trust Data

Security and Protection (DSP) Toolkit was audited by 360 Assurance during February 2021. They have reviewed 13 out of a possible 42 assertions across the 10 National Data Guardian Standards in the DSP Toolkit. The Audit Report of the Trust's Toolkit evidence confirmed that the Trust had achieved a level of 'substantial assurance'.

	Overall risk assessment across all 10 Standards	Confidence level in the veracity of the self-assessment *
Independent auditor assessment	**Substantial**	**High**

Data Security and Protection improvements over the year have included

- Annual Penetration Test scheduled for April 2021.
- Penetration Test of the Trust's Office 365 environment carried out in March 2021. No high severity findings. Four medium findings that are being/have been addressed.
- New Privileged Access Management (PAM) Solution reduces the need for ICT staff to have access to elevated admin accounts, limiting the impact of a compromised account. Also records access sessions to the Trust's servers, allowing improved responses in the event of an incident.
- Phishing Exercise tool with associated online training is now in place. Initial campaign planned for April 2021.
- New next generation Firewalls installed in March 2021. Once configuration is complete these will enable better visibility of network traffic and Intrusion Detection and Intrusion Prevention.
- New Security Incident and Event Monitoring (SIEM) solution being implemented. This will allow automated alerts and responses to potential cyber incidents.
- The IT Security & Compliance Manager is currently undertaking a degree level course in Digital and Technology Solutions with a Cyber Security specialism.

Trust risk profile

The Trust has a unique risk profile given the diversity of services provided ranging from community based physical health care services through to high secure forensic services and prison-based offender health services.

During 2020/21 the Trust maintained a close and robust review of its key strategic risks and put in place robust mitigating actions to ensure the potential operational, financial and reputational impact was mitigated as far as possible.

The risks described below have been assessed for inclusion on the Board Assurance Framework and are the most significant risks for the organisation now and going into the future. Risks have been assessed with regard to the impact of COVID-19.

Strategic Risks (as of 31 March 2021)

Risk Reference Number	Risk Description	Monitoring Committee/ Risk Owner	Current Risk score	Current Controls (to manage/mitigate the risk)	New Risk identified in 2020/21? Current or emerging risk?
SR2	Inability to demonstrate compliance with and improvements to Standards and Safety of Care	People and Quality Committee Director of Nursing, AHP and Quality	**16**	• Maintaining a strong emphasis and focus on safety, clinical outcomes and patient experience as part of the Trust's governance and performance management framework; striving for excellence and challenging unsatisfactory performance regarding organisational control; delivery of training, compliance with safety policies and procedures, and learning from adverse events • Progress and outcomes are monitored through the People and Quality Committee, supported by the Quality Operational Group (QOG), Mental Health Legislation Operational Group and other sub-groups. This includes safety and quality indicators, incident investigations and key performance indicators.	No Current
SR1	Failure to implement People and Culture Strategy	People and Quality Committee Director of People & Culture	**12**	• There are policies, workplans and programmes that support the mitigation of this risk. Health and well-being of the workforce has been a particular focus in respect of the COVID19 pandemic. There has also been specific focus on mitigating risks relating to the diversity of our workforce through action plans, training and performance indicators. • Progress and outcomes are monitored through the People and Quality Committee, supported by sub-groups including the new People and Inclusion Cabinet.	No Current
SR3	Failure to provide and maintain an effective infrastructure to meet the growing demands of our services	Finance & Performance Committee Director of Finance	**12**	• We ensure our estate environment and digital infrastructure is safe, suitable and is able to enable our services to operate effectively through the implementation of policies, procedures and processes. Risk assessments, alerts and reporting contribute to the control framework for estates. Delivery of the Digital Strategy and other policies/procedures and testing/audits provide mitigation for digital services and systems. • Progress and outcomes are monitored through the Finance and Performance Committee, supported by sub-groups including programme boards and the data security and protection toolkit.	No Current
SR5	Failure to achieve Trust Financial Targets	Finance & Performance Committee Director of Finance	**12**	• A long terms plan and Trust Annual Plan is specifically designed to address the financial challenge and deliver financial outturn in accordance with agreed control totals. • Frequent assessment of performance and forecast trajectories is monitored through the Finance & Performance Committee. The Integrated Performance Report is reported to Board (monthly) and there is a Contract update (monthly) to F&P Committee.	No Current
SR6	Partnership working across the local Health Economy does not deliver the expected benefits for our	Strategy Committee Director of Partnerships	**12**	• Active participation and engagement with all ICS and ICP stakeholders to ensure effective planning, implementation and governance at a system level. Continue to play a leading role in the Integrated Care System.	Yes Emerging

Risk Reference Number	Risk Description	Monitoring Committee/ Risk Owner	Current Risk score	Current Controls (to manage/mitigate the risk)	New Risk identified in 2020/21? Current or emerging risk?
	Services, Service Users, Patients, Carers and Staff.			• Progress and outcomes are monitored through frequent review of progress through ICS and ICP engagement to monitor the effectiveness of system planning and project implementation	
SR4	Failure to identify and implement innovation and transformation	Strategy Committee Medical Director	**8**	• The Quality Improvement (QI) programme was initiated in 2018 and continues to embed with projects and training in place. Research, innovation and transformation infrastructures are in development. • QI progress and outcomes are monitored through QOG into the P&Q Committee. Strategy Committee maintains oversight of innovation and transformation.	No Current

Current and future (new and emerging) risks are considered in line with the Trust's RM policy and RM Strategy and the current governance structure. The Board of Directors reviewed the risks captured on the BAF at all scheduled meetings.

This Annual Governance Statement provides an outline of the various structures and mechanisms that the Trust has in place to maintain a sound system of governance and internal control, amongst other things, to meet the requirement of the Foundation Trust License Condition 4 (FT Governance). It takes assurance from these structures and its various committees as well as feedback from internal and external audit and other internal and external stakeholders regarding the robustness of these governance structures. The Trust monitors compliance with the Provider License through a range of mechanisms, including:

- The consistent review of the Board Assurance Framework and consideration of strategic risks at the Board of Directors, its committees and deep dives in Board development sessions and the Audit committee.
- Internal audit reports to the audit committee on matters relating to governance, financial control and risk management.
- Continuous reporting in accordance with the NHS Oversight Framework to the Board of Directors – Integrated Performance Report – and the Trust's regulators e.g. NHSE/I, CQC.

Embedding risk management as a core activity within the organisation is achieved through multiple systems and processes. At the point of writing this report, there were no risks reported that related to the Trust's ability to comply with Foundation Trust Licence Condition 4 (FT Governance).

Quality of Performance Information and Care Quality Commission (CQC) Assurance

Each month the Board of Directors receives an integrated performance report (IPR) which provides assurance on performance against regulatory standards and internal targets. The IPR includes exception reporting across a balanced scorecard of Operational Delivery, Quality of Care and Workforce & Finance sections. These exceptions are identified and included when they are:

- Positive Improvements

- Areas where the Trust has failed to meet a local or national standard (Assurance)
- Areas which are either higher or lower than 'normal', as identified through Statistical Process Control (SPC) (Variation)

Performance against key performance indicators is provided at Trust and Division level. Exception reports are received providing an explanation of areas of underperformance identified as significantly at variance against target.

The Trust has a Performance Indicator Assessment Process to verify and ensure the quality of reported data. Each indicator is assessed against five data quality domains to provide an overall data quality assurance rating which is included in the Quality and Performance Report. Data quality has remained an on-going area of focus during 2020/21.

Care Quality Commission (CQC) Registration

The Trust is not fully compliant with the fundamental standards regulated by the CQC.

The Trust registered with the CQC and does not have any non-routine conditions. The Trust monitors its compliance with the Health and Social Care Act (Registration) Regulations 2014 through its governance structures. Actions arising from the recent CQC inspection at the Trust have been identified and form the basis of an improvement plan which is monitored by the Quality Committee with regular updates submitted to the CQC.

CQC Inspections and reports received during 2020/21

An inspection of the national learning disability services at Rampton Hospital took place on 10 March 2020 therefore the outcome was not reported in the 2019/20 annual report he CQC found the Trust was compliant with the standards inspected.

The CQC's annual core and well-led inspection of the Trust was scheduled to take place in July 2020 however, the regulator paused routine inspections to reduce the pressure on health and social care services during the COVID-19 pandemic therefore the inspection did not take place. The CQC did however continue to closely monitor all providers and received feedback from people about their experience of using Trust services, from staff, Commissioners, and other stakeholders. They have regularly met with the Chief Executive and the Executive Director of Nursing AHPs and Quality and have received open invitations to attend internally led improvement boards and quality review meetings which are parts of the Trust internal improvement structure.

This means the Trusts CQC rating has not been reviewed and remains requires improvement:

Table 1: CQC's aggregated ratings of Nottinghamshire Healthcare NHS Foundation Trust as at 29 April 2021:

SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED	OVERALL
Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

During the pandemic, the CQC focussed on the immediate risks presented by the pandemic and subsequently developed its new Transitional Monitoring Approach (TMA) which involves a discussion with key staff in core services covering specific key lines of enquiry linked to safety, access to services and leadership. The outcome of TMA will be used to prioritise the inspection of services.

The CQC confirmed they would re-inspect at any time if it was necessary for example if they had concerns. During 2020/21, the CQC inspected in response to concerns on three occasions and carried out an additional review of our Infection Prevention and Control arrangements as follows:

July 2020: The CQC inspected the Trust's Adult Mental Health inpatient wards to check pr and found the services were compliant with the fundamental standards. The report highlighted many areas of good practice and improvements. The services were found to be safe, well led and caring and compassionate and patients were treated with care, compassion, and dignity. They also noted how staff worked to address issues and incidents and learn from them.

July 2020: The CQC carried out a summary assessment of the Trusts approach to infection, prevention and control and found the Trust had submitted the required evidence to provide assurances that the key compliance questions had been answered.

January 2021: The HM Inspectorate of Prisons (HMIP) carried out an inspection of HMP Lowdham Grange and made the following recommendations to the health partnership board to improve practice in respect of the delivery of healthcare:

- They found waiting times for all health services had been affected by the pandemic, but the wait for a routine GP appointment was too long, with some prisoners waiting up to 14 weeks.
- They also found that the wait for patients requiring assessment and treatment in mental health facilities under the Mental Health Act was too long with four patients waiting between 76 and 230 days for transfer.

January 2021: This focused inspection was completed because the CQC received concerning information about the safety and quality of the care within one of the wards at the Wells Road Centre. A warning notice was issued, and the Trust took actions within the timescales given to bring about improvements in relation to

- The protection of patients from improper treatment
- Undertaking risk assessments of patients and ensuring risks are controlled.
- Ensuring processes were in place to ensure the dignity of patients in particular to their privacy.
- Ensuring staff were appropriately supervised when carrying out their role.
- Providing care and treatment in a safe way in particular regards to infection control and physical health care.

The Trust has submitted to the CQC an evidence-based improvement plan and expect to be re-inspected within six months.

The Trust does not provide services which are regulated by OFSTED.

Other CQC Activity

CQC Mental Health Act (MHA) reviewers undertake visits to services where patients are detained to ensure their rights under the Mental Health Act 1983 are protected. During 2020/21, CQC MHA Reviewers made 24 remote assessments of services due to the limitations imposed on visits to services during the Coronavirus pandemic. The CQC made a total of 37 recommendations to improve practice. The key themes arising from the reviews were:

Table 3: Summary of MHA Code of Practice Breaches

Issues arising from MHA monitoring visits	Number against each issue
Staffing	12
Communication with carers	4
Staff attitude	2
Visits by children	1
Access to smoking areas	1
Access to psychological interventions	3
Recording mental capacity act assessments	1
Patient awareness of their rights	1
Involvement of advocates	2
Delays in discharge pathways	1
Infection prevention and control issues	1
Provision of home cooked food	2
Blanket restriction	2
Access to activities	2
Involvement in care planning	1
Racist comments by patients toward staff	1

The Trust has responded to the CQC describing the actions to be taken to address these shortfalls in practice.

Public reports which detail the full findings of inspections made to Nottinghamshire Healthcare NHS Foundation Trust can be accessed via the CQC website. https://www.cqc.org.uk/provider/RHA

HMIP inspection reports can be found at: https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/

Management of Incidents

We have well developed, and robust systems are in place for the reporting, management and learn from incidents. The Board of Directors recognises the importance of ensuring an organisational culture which is just and restorative and encourages and supports the reporting of incidents and near misses, by thorough and proportionate investigation thereof and the identification and dissemination of learning across the organisation.

The Board of Director's Integrated Performance Report continues to incorporate information on harm caused by incidents and detailed information on high risk

incidents such as violence, using Statistical Process Control (SPC) which is based on plotting data over time.

The Trust reports and manages serious incidents in accordance with the NHS England Serious Incident Framework. The Trust responds quickly to incidents ensuring that lessons learned from them are implemented swiftly across the organisation. Sharing the learning through risk related issues, incidents, complaints and claims is an essential component to maintaining the risk management culture within the Trust. Learning is shared through divisional governance structures and Trust wide forums including the People and Quality Committee, the Health, Safety, Security and Emergency Preparedness Sub Committee Trust and the Quality Operational Group. Learning is acquired from a variety of sources which include:

- Analysis of incidents, complaints, claims and acting on the findings of investigations.
- External Inspections.
- Internal and external audit reports.
- Clinical audits.
- Outcome of investigations and inspections relating to other organisations.

The Quality Operational Group maintains oversight of the Trust-wide reporting, investigation and monitoring of serious incidents, ensuring that appropriate learning is gained and reflected into practice. This is supported by a trust-wide Serious Incident/Significant Issues group which reviews serious incidents received in the preceding week; raises any queries and receives assurance that immediate risks are being managed. It ensures that the Duty of Candour is applied appropriately, and staff are supported, agrees what level of investigation is required and identifies incidents which could result in a difficult inquest or claim.

In addition, in line with NHS England Learning from Deaths guidance, the Trust has an established Learning from Deaths Group to provide corporate oversight of Trust systems to report, review, analyse and learn from deaths of service users. It also provides a framework for determining what level of review/investigation should be conducted following deaths of service users that meets national reporting requirements. In addition the Trust has also established a Trust wide Learning Forum to support the People and Quality Committee deliver the Trust's Strategy and the quality objective 'we strive towards continuous improvement in everything we do, giving every person the best treatment every time'. The Forum will support the ongoing development and implementation of the Trust's approach to Continuous Quality Improvement to identify and implement sustainable solutions to the identified problems, using established Quality Improvement methodology where appropriate.

The Trust continues to work through a review of all policies including understanding how robustly these are embedded in the culture and working practices.

Compliance Statements

In accordance with the Modern Slavery Act 2015, the Trust ensures that Modern Slavery i.e. slavery and human trafficking, is not taking place in any part of its own business or any of its supply chains. This is achieved through ensuring that services are procured through approved providers only or tendered through robust procurement processes.

As part of the delivery of the Trust's People and Culture strategy and as mandated within the Developing Workforce Safeguarding recommendations, the Trust has an overarching strategic workforce plan which was developed in 2019/20. During 2020/21, we have focussed on working up Divisional level workforce plans, which aim to secure the staffing required for each clinical area over the next 5 years. The National Quality Board (2016) guidance has been embedded within the safer staffing governance frameworks and the implementation of evidence-based staffing tools (where they exist) has begun to support both medium and long term planning. Short term safer staffing assurance and escalation processes are in place and reviewed monthly to ensure that staffing remains safe and sustainable. The Divisional People, Culture and Inclusion Groups have oversight of these plans

The trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

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

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

The trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Response to COVID-19 and Incident Management Governance Arrangements

The global spread of a novel coronavirus, *SARS*-CoV-2, later named COVID-19, in early 2020 led NHS England to declare a Level 4 National Incident – the highest level of emergency preparedness planning with national command and control structures. The COVID-19 pandemic has subsequently presented an unprecedented impact on the NHS and the Trust.

As part of its immediate response to *the virus,* the Trust enhanced governance processes with the implementation of a weekly *2019-nCoV (Pandemic) Strategic Steering Group* (in February 2020 to evaluate information and guidance being received and take initial preparatory actions around business continuity, surge planning, staffing requirements, Personal Protective Equipment (PPE) and communications.

In March 2020, COVID-19 was declared a pandemic by the World Health Organisation and a Level 4 Incident by the NHS. In line with nationally recognised NHS command and control structures for responding to major incidents and emergencies, the role of the Steering Group was restructured into the *Trust COVID-19 Incident Management Team* (IMT). This did not form part of the Trust command and control structure convened in response to a major incident.

As a senior level, multi-disciplinary team, chaired by an Executive Director, the IMT provided strategic leadership, direction, overarching co-ordination of the Trust's planning, response and resilience from an organisational, local, system, regional and national perspective.

Dealing with oversights and exceptions, it also evaluated information and guidance, appraising the Executive Leadership Team of the rapidly emerging situation through a weekly Situation Report (SitRep). This allowed for increased scrutiny and a greater degree of oversight. It also provided more opportunity for discussion and the ability to ensure a consistent and more 'real time' awareness of the response to the Pandemic.

In November 2020, the IMT became the senior decision-making forum for receiving, reviewing, agreeing and approving recommendations for actions, decisions and derogations from the Divisions and COVID-19 sub-groups e.g. the temporary closure of services, redirection of clinical and non-clinical resources to other parts of the Trust. It also oversaw and advised on the content of communications to staff which has ensured accurate and consistent information.

To reflect the additional challenges of the autumn and winter months (winter pressures, seasonal illnesses, EX Exit End of Transition Period), the meeting was renamed the *Incident Control Team: COVID-19 and All Hazards* (ICT). An Incident Control room was established in Duncan Macmillan House, further bolstering the single point of management and oversight capabilities.

The National Incident Level for the NHS COVID-19 response was reduced from Level 4 to Level 3, effective from 25 March 2021. This supported the transition from a national to a regional command, control and co-ordination structure, albeit with national oversight as COVID-19 remains an incident of international concern.

In line with this, leadership of the *Incident Control Team: COVID-19 and All Hazards* has transferred to the Emergency Preparedness Resilience and Response (EPRR) Team to ensure continued, consistent resilient support and response to the management of the COVID-19 incident. This will remain in place, with the ability to be stood up and down as necessary, until the end of the pandemic is declared or advised to cease operating by NHS England.

The Trust established COVID-19 Sub-Groups, decisions, derogations and assurance processes. Ad hoc, time sensitive COVID-19 sub-groups were established to provide support, advice and ensure specific targets are achieved as well as reporting issues and exceptions to the IMT/ICT. These included Swabbing and Testing, Workforce, Personal Protective Equipment (PPE), Vaccination.

A Trust wide COVID-19 Clinical Reference Group (CRG) is the senior Clinical and Professional Advisory Committee. It considers and provides expert advice on clinical queries including medical, nursing and pharmacy derogations to inform decision making. It also escalates issues and make recommendations for IMT/ICT agreement.

A Trust Ethics Group was established at the start of the pandemic to review derogations but not to be part of the decision making to avoid delay. Members of the

group include service users, carers and volunteers to think through the impacts and comment back to the Divisions.

Decisions and derogations from corporate or clinical team areas recommended to, and approved by the IMT, are recorded in a Decisions and Derogations Log. Any new, revised, reversed or closed derogations are presented weekly to the Executive Leadership Team for oversight and assurance.

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

The Board takes responsibility for oversight and risk management assurance throughout the trust and receives the Board assurance framework regularly at its formal meetings.

The trust's strategic objectives form the basis of the Board assurance framework. The strategic objectives are linked to key risks, internal controls and assurance sources. Mitigating controls and assurances are recorded and monitored to deliver reasonable assurance for prevention of risks, deterrent to risks arising and management of current risks. The control mechanisms in place are designed to minimise or eliminate the risk of failure to deliver objectives, including robust corporate and performance management frameworks, service level agreements and contract monitoring, policies and procedures.

The Board delegated detailed oversight of the Board assurance framework to the Audit committee. This committee assesses the effectiveness of risk management by: managing and monitoring the implementation of the Risk Management Strategy; considering findings from internal and external audit reviews; calling Executive Directors to account for their risk portfolios and monitoring the Board assurance framework at each of its meetings. The Board assurance framework is received and scrutinised at the formal Board committees for the risks they cover in their remit. The chairs of each committee form the core membership of the Audit committee, it is the responsibility of the chairs to triangulate the performance against the risks through the Audit committee. From November 2020 the Trust established a Risk committee which is chaired by the Chief Executive. This committee takes an operational lens on the management of risks across the Trust and provides assurance to the Audit committee on the robust processes in place to manage and mitigate risks. The chair of the Audit committee attends this committee in an observatory capacity. The end of year review of the Board Assurance Framework by the Head of Internal Audit has resulted in an opinion of significant assurance

Overall performance is monitored at meetings of the Board of Directors and the Finance and Performance Committee. Performance reports provide data in respect of financial, clinical and workforce together with national targets and objectives. Any areas of concern are highlighted, and mitigating actions taken where deemed necessary. The Finance and Performance Committee is also responsible for the consideration of investment risk.

Achievement of efficiency, effectiveness and value for money is central to the Trust's organisational strategy and is one of four key objectives that underpin the Trusts approach to governance.

During the current COVID-19 pandemic, the planning process has been more complex and has taken place as a Nottinghamshire Integrated Care System (ICS) ,

planning timescales have been delayed and the requirement to deliver financial improvement plans has been paused nationally. The financial plan setting process also incorporates plans for additional spend related to COVID-19 and vaccinations, and assumptions on returning to business as usual and recovery. This has continued to be a rigorous process where we plan how each directorate will use its resources in the coming year. To do this we use the previous 2 years outturn, made assumptions on recovery and reinstating business as usual, in addition to the usual review of recruitment and investments, disinvestment and local knowledge from the directorates.

The Finance and Performance (F&P) committee receives reports at each of its meetings on performance year to date and forecast outturn against this plan. This information is also received at Trust board. This performance reporting against the Trust plan is fed into each Finance report produced which is then seen at each divisional meeting and directorate meeting throughout the Trust. Planning has begun to reinstate a financial improvement programme in line with national guidance.

Clinical risk and patient safety are overseen by the People and Quality Committee, the director of nursing, the medical director and the operational directors. The Board receives regular reports at its meetings encompassing the quality and patient safety aspects for the trust. The People and Quality Committee has focused on assurance that the trust is embedding the lessons learned from inspections. This assurance is reported to the Board.

The Audit Committee received regular reports from the local counter fraud specialist which identified specific fraud risks and investigated whether there was evidence of those being exploited. No significant risks, classes of transactions or account balances were identified. The committee has focused some attention on the relationship between committees, ensuring triangulation of risk and performance data to ensure assurances are considered and robustly tested.

All the above arrangements are subject to and supported by Internal Audit reviews. Any findings and recommended actions are implemented, monitored and reported through to the Risk committee and through the Audit Committee via internal audit progress reporting. External Auditors are also required to satisfy themselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in how it uses its resources.

Information Governance

There were 15 incidents concerning data loss of breaches in confidentiality reported in 2020/2021. The details of those incidents are outlined in the table below, including those which were reported to the Information Commissioner's Office (ICO) and any actions the ICO may have taken. The ICO is a body that upholds information rights in the public interest, promoting openness by public bodies and data privacy for individuals. The ICO has the enforcement powers to take steps against organisations that breach information governance and data privacy policy and legislation.

	Date	Summary of Incident	Reported to ICO	Outcome (ICO Action)
1	May 2020	A member of staff is alleged to have inappropriately accessed the medical records of a family member on two occasions.	Not required to report	N/A
2	July 2020	A diary containing confidential information pertaining to 104 patients was left in a Nursing Home following a visit by a Community Team member of staff. The diary was retrieved by the service and is secure.	Not required to report	N/A
3	July 2020	During a conduct investigation it was found that a member of staff accessed patient records with no legitimate reason to do so. The same member of staff found to have information stored within personal H Drive relating to previous role within Trust that should be stored within departmental Share.	Not required to report	N/A
4	September 2020	Member of the Access to Information Team undertaking subject access requests failed to follow process. This has resulted in a number of requests for information not being completed in accordance with the data protection legislation timescales.	ICO Reportable	No Action Taken

5	November 2020	A staff member working for an LMHT handed two medication cards to an onsite building contractor in order for the cards to be taken to the pharmacy at the Wells Road Centre.	Not required to report	N/A
6	November 2020	A member of staff whilst developing a help guide emailed a word document from their Trust email account to their personal email account that contained confidential patient information.	Not required to report	N/A
7	November 2020	A Clinical Admin Support worker admitted to taking work home with them and asking their spouse to help them type three patient appointment letters. The staff member's spouse is not thought to have had access to a clinical system. The letters contained date and time details of each patient's upcoming appointment with the Trust.	Not required to report	N/A
8	November 2020	A member of staff accessed the 'RiO' medical record of a patient on three separate occasions within a two year period. The staff member does not have a working relationship with the patient. The staff member viewed progress notes relating to the patient and made an entry into the patient's record on each occasion that they viewed the record (three entries in total). The staff member is believed to have explained that they have no clinical relationship with the patient but explained they were the patient's neighbour and had concerns about the patient's health.	ICO	No Action Taken
9	November 2020	An Excel spreadsheet was emailed by a manager within the HR team to an Associate Director within Nottinghamshire Healthcare NHS Foundation Trust. The spreadsheet contained the personal information of Trust staff members as extracted from ESR. The spreadsheet did not leave the organisation.	ICO	No Action Taken
10	November 2020	When clearing out the contents of several properties on one of the Trust sites, contractors found 32 bags of paperwork, some of which contains confidential	Not required to report	N/A

		information. The properties were locked and had not been occupied for a number of years.		
11	December 2020	It has been alleged that a member of staff has inappropriately shared information about a patient's recent admission to hospital with a member of their family. The staff member and the patient are believed to be related, albeit estranged.	Not required to report	N/A
12	December 2020	A member of staff contacted a patient to complete an assessment. During the assessment, the patient disclosed confidential information. However, the assessment should have been completed with a different patient. A report completed by the staff member contained information about the first patient, with some demographic details of the second patient.	Not required to report	N/A
13	December 2020	A member of staff working with colleagues from another Trust is alleged to have inappropriately accessed patient records. The employee reported that a doctor employed by the other Trust had asked them to obtain information from the patient's record.	Not required to report	N/A
14	January 2021	A member of admin staff incorrectly sent an email containing confidential information about another member of staff to 72 Trust recipients. The same member of staff also incorrectly sent a letter to the home address of another member of staff.	Not required to report	N/A
15	February 2021	Unable to get on to patient electronic record system due to IT outage a Trust service distributed details of 53 patients booked for appointments to team colleagues via WhatsApp.	ICO Reportable	Ongoing

Data quality and governance

The Trust's Information Assurance Framework sets out a strategy and range of controls designed to help us ensure a high level of assurance around the quality of our information. The SIRO has overall responsibility for data quality of information held within our systems. Roles and responsibilities are defined for various levels of types of role, including senior management right down to frontline staff who input data directly into systems.

The data quality of our national submissions is monitored every month and a report summarising the results and raising awareness of other significant data quality issues is regularly reviewed within the Trust's governance structures by the Information Security Forum and Clinical Systems and Records Management Group. We monitor the Data Quality Maturity Index externally, and each relevant nationally submitted data set individually, benchmarking our performance against national performance, as well as flagging issues and monitoring progress where improvements have been required on specific indicators.

The Performance Indicator Assurance Process is embedded in the Trust Information Assurance Framework and is being used to review the data quality of the most important Trust KPIs in the Integrated Performance Report provided to the Trust Board, which cover a range of metrics including key national targets, integrated Care System ones as well as local and internal ones. Data sources, methodology and quality of data are monitored and each indicator is rated against a number of data quality dimensions. Alongside our own monitoring, some of these indicators are also audited by our Internal Auditors and by External Auditors.

Self-service data quality reports are widely available to users of our systems, and services apply resources to deal with and resolve data quality issues as they arise across our many information systems.

Review of effectiveness

As Accountable 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 trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and People and Quality committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

A total of 13 report were received during the financial year, 1 which was a non-opinion review, 1 was a split opinion (significant/limited) nine significant and two limited assurance. Due to the COVID-19 pandemic the level of internal audit activity has reduced due to pressure on services to fight the pandemic. All internal audit final reports are received by the committee with the closest remit to the audit.

There is a clear, dynamic process for monitoring progress against audit recommendations with oversight by the Risk committee and Audit committee. Recommendations from any reports providing limited assurance, or those with high risk recommendations, are prioritised.

Director statements from executive directors and senior managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Board 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 and addressed.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, supported by the Audit and People and Quality committees' regular reports to the Board.

Processes are in place to maintain and review the effectiveness of the system of internal control by:

- the Board providing overall leadership for the management of risk against the achievement of organisational objectives
- the Board's receipt of the Board assurance framework at its meetings
- the Audit committee assurance on the effective operation of the risk management system
- the People and Quality committee has oversight of clinical audit
- each level of management being responsible for the risks in their areas, regularly reviewing them and the controls in place to mitigate them
- the internal assurance process used to monitor compliance with the Care Quality Commission essential standards.
- processes and structures to ensure our approach is systematic and rigorous.

The Head of Internal Audit provided an opinion of 'significant' assurance which means there is generally a sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently. The opinion stated:

In providing our opinion we consider three main areas:

- *Board Assurance Framework (BAF) and strategic risk management*
- *Internal audit plan out-turn*
- *Follow-up of internal audit actions*

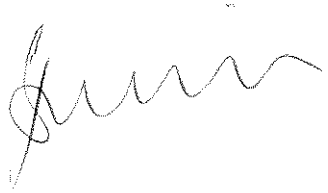
A significant assurance has been provided for the BAF and strategic risk management. Development work has been undertaken during the year in respect of the BAF and risk registers.

A significant assurance has also been provided in relation to the plan outturn. Although there are a couple of reports issued with a limited assurance opinion, actions have been agreed with the Trust to take forward. We also note the progressive way in which the Trust engages internal audit to assist in areas of concern.

In relation to the follow up of agreed actions I am providing significant assurance – there has been a considerable amount of work within the latter part of the year to improve the follow up implementation rate, and at year end the rate is 76%; this is an improvement on last year which was 68%.

Conclusion

The Trust continues to develop and improve its internal governance systems, processes and structures to ensure our approach is systematic and rigorous. There have been no significant internal control issues in the Trust in 2020/21.



Dr John Brewin

Chief Executive

08/06/2021

Independent auditor's report to the Council of Governors of Nottinghamshire Healthcare NHS Foundation Trust

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of Nottinghamshire Healthcare NHS Foundation Trust ('the Trust') for the year ended 31 March 2021 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 the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2020/21 as contained in the Department of Health and Social Care Group Accounting Manual 2020/21, and the Accounts Direction issued under the National Health Service Act 2006.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2021 and of the Trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2020/21; and
- have been properly 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 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.

Conclusions relating to going concern

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report and Accounts, 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 obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements 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 are also required to consider whether we have identified any inconsistencies between our knowledge acquired during the audit and the Directors' statement that they consider the Annual Report and Accounts is fair, balanced and understandable and whether the Annual Report and Accounts appropriately discloses those matters that we communicated to the Audit Committee which we consider should have been disclosed.

We have nothing to report in these regards.

Responsibilities of the Accounting Officer for the financial statements

As explained more fully in the Statement Of Chief Executive's Responsibility As The Accounting Officer Of Nottinghamshire Healthcare NHS Foundation Trust, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Accounting Officer is required to comply with the Department of Health and Social Care Group Accounting Manual 2020/21 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. The Accounting Officer is responsible for assessing each year whether or not it is appropriate for the Trust to prepare financial statements on the going concern basis and disclosing, as applicable, matters related to going concern.

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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the Trust, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non-compliance might have a material effect on the financial statements.

We evaluated the Accounting Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, and any significant one-off or unusual transactions.

Our audit procedures were designed to respond to those identified risks, including non-compliance with laws and regulations (irregularities) and fraud that are material to the financial statements. Our audit procedures included but were not limited to:

- discussing with management and the Audit Committee the policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of

financial statement and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the NAO in April 2021.

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

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have not completed our work on the Trust's arrangements. On the basis of our work to date, having regard to the guidance issued by the Comptroller and Auditor General in April 2021, we have not identified any significant weaknesses in arrangements for the year ended 31 March 2021.

We will report the outcome of our work on the Trust's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any matters which we are required to report by exception.

Responsibilities of the Accounting Officer

The Chief Executive as Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure it is well-led and governed, and to review regularly the adequacy and effectiveness of these arrangements.

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

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

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2020/21; and

- the other information published together with the audited financial statements in the Annual Report and Accounts 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:

- in our opinion the Annual Governance Statement does not comply with the NHS Foundation Trust Annual Reporting Manual 2020/21; or

- the Annual Governance Statement is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements; or

- we refer a matter to the regulator under Schedule 10(6) of the National Health Service Act 2006; or

- we issue a report in the public interest under Schedule 10(3) of the National Health Service Act 2006.

We have nothing to report in respect of these matters.

Use of the audit report

This report is made solely to the Council of Governors of Nottinghamshire Healthcare NHS Foundation Trust as a body in accordance with Schedule 10(4) of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust 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 Council of Governors of the Trust as a body for our audit work, for this report, or for the opinions we have formed.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed the work necessary to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness is its use of resources.

Mark Surridge, Key Audit Partner
For and on behalf of Mazars LLP

2 Chamberlain Square, Birmingham, UK

11 June 2021

Audit Completion Certificate issued to the Council of Governors of Nottinghamshire Healthcare NHS Foundation Trust for the year ended 31 March 2021

In our auditor's report dated 11 June 2021 we explained that the audit could not be formally concluded until we had completed the work necessary to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness is its use of resources.

This work has now been completed.

No matters have come to our attention since 11 June 2021 that would have a material impact on the financial statements on which we gave our unqualified opinion.

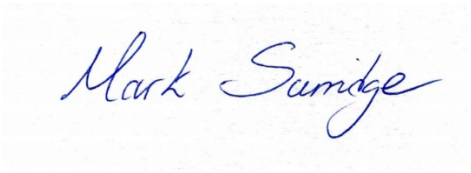
The Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have nothing to report in this respect.

Certificate

We certify that we have completed the audit of Nottinghamshire Healthcare 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.



Mark Surridge, Key Audit Partner
For and on behalf of Mazars LLP

2 Chamberlain Square, Birmingham, B3 3AX

26 August 2021

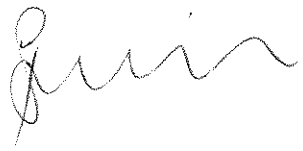
Nottinghamshire Healthcare NHS Foundation Trust

Annual accounts for the year ended 31 March 2021

Foreword to the accounts

Nottinghamshire Healthcare NHS Foundation Trust

These accounts, for the year ended 31 March 2021, have been prepared by Nottinghamshire Healthcare NHS Foundation Trust in accordance with paragraph 24 & 25 od Schedule 7 within the National Health Service Act 2006

Signed 

Name **Dr John Brewin**

Job Title **Chief Executive**

Date 08/06/2021

Nottinghamshire Healthcare NHS Foundation Trust

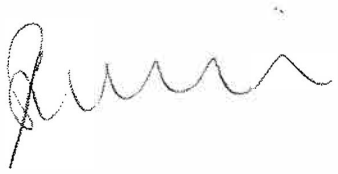
Statement of Comprehensive Income for the year ending 31 March 2021

	Note	2020/21 £000	2019/20 £000
Operating income from patient care activities	3	491,482	445,680
Other operating income	4	64,977	49,282
Operating expenses	6,8	(546,266)	(480,175)
Operating surplus from continuing operations		**10,193**	**14,787**
Finance income	11	8	417
Finance expenses	12	(2,161)	(2,169)
PDC dividends payable		(12,043)	(12,744)
Net finance costs		**(14,196)**	**(14,496)**
Other gains / (losses)		88	64
Surplus/(deficit) for the year from continuing operations		**(3,915)**	**355**
Surplus/(deficit) for the year		**(3,915)**	**355**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(6,939)	7,098
Total comprehensive income for the period		**(10,854)**	**7,453**

Statement of Financial Position as at 31 March 2021

	Note	31 March 2021 £000	31 March 2020 £000
Non-current assets			
Intangible assets	13	3,763	3,000
Property, plant and equipment	14	434,628	419,858
Receivables	17	20	-
Total non-current assets		**438,411**	**422,858**
Current assets			
Inventories	16	994	463
Receivables	17	18,463	28,317
Cash and cash equivalents	18	77,108	42,759
Total current assets		**96,565**	**71,539**
Current liabilities			
Trade and other payables	19	(64,176)	(40,645)
Borrowings	21	(938)	(897)
Provisions	23	(657)	(640)
Other liabilities	20	(478)	(633)
Total current liabilities		**(66,249)**	**(42,815)**
Total assets less current liabilities		**468,727**	**451,582**
Non-current liabilities			
Trade and other payables	19	(137)	(150)
Borrowings	21	(16,639)	(17,558)
Provisions	23	(5,015)	(5,397)
Total non-current liabilities		**(21,791)**	**(23,105)**
Total assets employed		**446,936**	**428,477**
Financed by			
Public Dividend Capital		270,227	240,914
Revaluation Reserve		176,488	183,946
Income and Expenditure Reserve		221	3,617
Total Taxpayers' Equity		**446,936**	**428,477**

The notes on pages 116 to 150 form part of these accounts.



Name Dr John Brewin
Position Chief Executive
Date 8 June 2021

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

	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2020 - brought forward	**240,914**	**183,946**	**3,617**	**428,477**
Deficit for the year	-	-	(3,915)	**(3,915)**
Impairments	-	(6,939)	-	**(6,939)**
Transfer to Retained Earnings on disposal of assets	-	(519)	519	**-**
Public Dividend Capital received	29,313	-	-	**29,313**
Taxpayers' equity at 31 March 2021	**270,227**	**176,488**	**221**	**446,936**

Statement of Changes in Taxpayers Equity for the year ended 31 March 2020

	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2019 - brought forward	**240,914**	**177,582**	**2,528**	**421,024**
Surplus for the year	-	-	355	**355**
Impairments	-	7,098	-	**7,098**
Transfer to Retained Earnings on disposal of assets	-	(734)	734	**-**
Taxpayers' equity at 31 March 2020	**240,914**	**183,946**	**3,617**	**428,477**

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 Trust. Nottinghamshire Healthcare NHS Trust was approved as a Foundation Trust effective from 1 March 2015. Additional PDC may also be issued to NHS foundation trusts by the Department of Health. A charge, reflecting the cost of capital utilised by Nottinghamshire Healthcare NHS Foundation 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 credited to operating expenses. 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 Nottinghamshire Healthcare NHS Foundation Trust.

Statement of Cash Flows for the year ended 31 March 2021

	Note	2020/21 £000	2019/20 £000
Cash flows from operating activities			
Operating surplus		10,193	14,787
Non-cash income and expense:			
Depreciation and amortisation	6.1	10,709	9,346
Net impairments	7	6,857	5,820
(Increase) / decrease in receivables and other assets		10,295	1,744
(Increase) / decrease in inventories		(531)	48
Increase / (decrease) in payables and other liabilities		19,208	(1,585)
Increase / (decrease) in provisions		(337)	336
Net cash flows from operating activities		**56,394**	**30,496**
Cash flows from investing activities			
Interest received		8	417
Purchase of intangible assets		(1,241)	(1,212)
Purchase of PPE and investment property		(34,895)	(17,807)
Sales of PPE and investment property		583	921
Net cash flows used in investing activities		**(35,545)**	**(17,681)**
Cash flows from financing activities			
Public dividend capital received		29,313	-
Capital element of finance lease rental payments		(9)	(7)
Capital element of PFI, LIFT and other service concession payments		(869)	(853)
Interest paid on finance lease liabilities		(21)	(22)
Interest paid on PFI, LIFT and other service concession obligations		(2,168)	(2,143)
PDC dividend (paid) / refunded		(12,746)	(12,706)
Net cash flows from / (used in) financing activities		**13,500**	**(15,731)**
Increase / (decrease) in cash and cash equivalents		**34,349**	**(2,916)**
Cash and cash equivalents at 1 April - brought forward		**42,759**	**45,675**
Cash and cash equivalents at 31 March	18	**77,108**	**42,759**

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 financial statements have been prepared in accordance with the GAM 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Interests in other entities

The Trust is the corporate trustee to the Nottinghamshire Healthcare NHS Charitable Trust Fund (registration number 1111895), it effectively has the power to exercise control so as to obtain economic benefits.

Under the provisions of IAS 27 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common controls with NHS Bodies are consolidated within the entities' returns, where those funds are determined to be material.
The Trust has reviewed its NHS charitable funds and concluded that they are not material and so are not consolidated within these accounts. Details of the transactions with the charity are included in the related parties' note 29.

The Charities draft accounts for 2020/21 show a net movement in funds for the year of £339,000 and total funds at 31 March 2021 of £1,343,000.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

The majority of performance obligations relate to NHS income for provision of healthcare services, where they do not they are generally satisfied upon delivery as services are rendered with payment terms of 30 days typically applying.

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Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the Trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a Integrated Care System level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration

Comparative period (2019/20)

In the comparative period (2019/20), the Trust's contracts with NHS commissioners included those where the Trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time

The Trust received income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments were not considered distinct performance obligations in their own right; instead they formed part of the transaction price for performance obligations under the contract.

In 2019/20, the Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Note 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Property, plant and equipment

Recognition
Property, plant and equipment is capitalised where:
• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control. PCs and laptops attached to networks are considered interdependent, and where the remaining criteria for grouped assets apply, are capitalised. Also, assets which are capital in nature acquired as part of the initial setting-up of new buildings but which are valued individually at less than £5,000 but more than £250 may be capitalised as collective or grouped assets.

Subsequent expenditure

Expenditure incurred after items of property, plant and equipment have been put into operation, such as repairs and day to day maintenance, is normally charged to the Statement of Comprehensive Income in the period in which it is incurred. In situations where it can be clearly demonstrated that the expenditure has resulted in an increase in the future economic benefits or service potential expected to be obtained from the use of an item of property, plant and equipment, and where the cost of the item can be measured reliably, the expenditure is capitalised as an additional cost of that asset or as a replacement. The impact of such capitalised expenditure on the current value of assets is captured in the annual Revaluation exercise.

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 current value.

Land and buildings are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. current values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the Trust.

Land, specialised and non-specialised buildings are valued on an annual basis as at 31 March by an independent professional valuer. In 2020/21 this was undertaken by the District Valuer (Valuation Office Agency).

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the Revaluation Reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the Revaluation Reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. A transfer from the Revaluation Reserve to Retained Earnings is made for the lower of the impairment charged and the balance in the Revaluation Reserve for the asset. Gains and losses recognised in the Revaluation Reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the Revaluation Reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the Revaluation Reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the Revaluation Reserve to the Income and Expenditure Reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the Revaluation Reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the Revaluation Reserve. Where, at the time of the original impairment, a transfer was made from the Revaluation Reserve to the Income and Expenditure Reserve, an amount is transferred back to the Revaluation Reserve when the impairment reversal is recognised.
Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their current 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.

In 2020/21 this includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Lifecycle replacement

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the current value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the current value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

There are no assets contributed by the Trust to the operator for use other than in the scheme.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	4	90
Dwellings	16	30
Plant & machinery	5	15
Transport equipment	7	7
Information technology	5	8
Furniture & fittings	5	10

Note 1.8 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Software
Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation
Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Software licences	5	10

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the weighted average cost method. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

Cash and bank balances are recorded at current values.

Note 1.11 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

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

Financial assets and liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.12 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as a lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income. 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 in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates published and mandated by HM Treasury. Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% in real terms.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.14 Public Dividend Capital

Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as Public Dividend Capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.15 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 1.16 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.17 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

Note 1.18 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the Income and Expenditure Reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the Income and Expenditure Reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The implementation date for IFRS 16 in the NHS was revised to 1 April 2022 in November 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity in from April 2022 and beyond, a quantification of the expected impact of applying the standard in 2022/23 is currently impracticable. However, the Trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The implementation date for IFRS 16 in the NHS was revised to 1 April 2022 in November 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity in from April 2022 and beyond, a quantification of the expected impact of applying the standard in 2022/23 is currently impracticable. However, the Trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

Note 1.19 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations 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 has made an assessment of the amount payable in relation to employee holiday pay based on the information contained within the Employee Service Record (ESR) Human Resources and payroll system and the Trusts E rostering system adjusted for known variables which for 2020/2021 relates to a Covid 19 allowable maximum carry forward assessment.

The Trust has three PFI schemes which have been adjudged to meet the definition in IFRIC 12 and have been accounted for in line with the Department of Health guidance. The Trust has made an assessment of which elements of the unitary payment relate to repayment of the liability, finance and service charges and lifecycle costs.

Location is a critical factor in the likely cost of building the modern equivalent assets for specialised properties. Location factors reflecting the likely cost impact of construction in different locations are published by BCIS and combined with BCIS tender price indices are used by the Valuation Office Agency during the annual re-estimation of property values.

As stated in note 1.7 to the accounts, the Trusts specialised buildings are valued on a modern equivalent asset basis. In view of the specialty, super-regional and national nature of the services provided from a range of premises, the Trust has considered it appropriate to conduct its valuation based on an 'alternative site' basis. For 2020/21 the impact of this approach resulted in a valuation of circa £28,979,000 lower than it would have been if the valuation was based on an alternative site in the same locality as where the properties are currently situated. The impact on the SoCI (PDC dividends) during 2020/21 of this valuation approach is £507,000.

The most significant impact of the Trust's use of the alternative site methodology relates to the choice of location for the specialised properties at Rampton Hospital. After taking account of service and other considerations on their possible location and reviewing the impact of the location factors on the cost to re-provide the service potential of the premises on a modern equivalent asset basis, the Trust has assumed that for valuation purposes the facilities will be located in North East Lincolnshire. This has resulted in a £24,639,000 reduction in reported value when compared to their value if based on an alternative site in its actual Bassetlaw locality. The impact on the SoCI (PDC dividends) during 2020/21 of this location choice is £431,000.

Nottinghamshire Healthcare NHS Foundation Trust

Note 2 Operating Segments

Nottinghamshire Healthcare NHS Foundation Trust has determined that in the context of IFRS 8, the Chief Operating Decision Maker (CODM) for the Trust is the Trust Board as the Board receives and reviews the Finance Board Report on a regular basis. The Finance Board Report contains information regarding expenditure divided across different service areas. The Trust considers it has one segment for reporting purposes. Further detail is provided below:

The healthcare services provided by Nottinghamshire Healthcare NHS Foundation Trust are delivered by the Mental Health, Community Services and Forensic Divisions and are supported by Trust Corporate Services.

Mental Health services comprise of the following:

Adult Mental Health Services

Child and Adolescent Mental Health Services

Mental Health Services for Older People

Intellectual and Developmental Disabilities Service

Substance Misuse Service

Psychological Therapies Service

Community Services encompasses the following:

Adult services - including community nursing, intermediate care, therapy services, inpatient and outpatient services, specialist palliative care.

Dental services

The Trust's Forensic Services break down into the following areas:

High secure services (Rampton Hospital)

Medium secure services (Wathwood Hospital and Arnold Lodge)

Low secure in patient service

Community forensic service

Prison healthcare

From 1 October 2020, the responsibility for the commissioning of Adult Secure Care services in the region transferred from NHS England Specialised Commissioning to the East Midlands Provider Collaborative known as IMPACT for which the Trust is the lead provider.

Nine NHS and independent sector organisations provide the commissioned specialised health services the Trust commissions in the region.

	2020/21	2019/20
	£000	£000
Income	556,459	494,962
Retained Surplus/(Deficit)	(3,915)	355
Net Current assets	30,316	28,724

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	2020/21 £000	2019/20 £000
Mental health services		
Income under National arrangements*	326,305	289,734
Clinical partnerships providing mandatory services (including S75 agreements)	30,713	26,633
Clinical income for the secondary commissioning of mandatory services	8,460	8,630
Other clinical income from mandatory services	1,452	1,911
Community services		
Block contract / system envelope income*	89,506	88,232
Income from other sources (e.g. local authorities)	15,302	15,421
All services		
Additional pension contribution central funding**	15,547	14,576
Other clinical income	4,197	543
Total income from activities	**491,482**	**445,680**

*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2020/21 £000	2019/20 £000
NHS England	232,343	199,359
Clinical commissioning groups	242,256	228,970
Other NHS providers	159	49
Local authorities	14,621	15,076
Injury cost recovery scheme	44	1
Non NHS: other	2,059	2,225
Total income from activities	**491,482**	**445,680**
Of which:		
Related to continuing operations	491,482	445,680
Related to discontinued operations	-	-

Note 4 Other operating income

	2020/21			2019/20		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	7,820	-	**7,820**	8,321	-	**8,321**
Education and training	11,601	1,439	**13,040**	10,369	1,077	**11,446**
Non-patient care services to other bodies	19,209		**19,209**	18,441		**18,441**
Provider sustainability fund (2019/20 only)	-		**-**	3,890		**3,890**
Reimbursement and top up funding	14,500		**14,500**	-		**-**
Income in respect of employee benefits accounted on a gross basis	2,409		**2,409**	3,013		**3,013**
Charitable and other contributions to expenditure	-	4,350	**4,350**	-	-	**-**
Other income	3,649	-	**3,649**	4,171	-	**4,171**
Total other operating income	**59,188**	**5,789**	**64,977**	**48,205**	**1,077**	**49,282**
Of which:						
Related to continuing operations			64,977			49,282
Related to discontinued operations			-			-

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

	2020/21	2019/20
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	633	328

Note 5.2 Transaction price allocated to remaining performance obligations

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	31 March 2021	31 March 2020
	£000	£000
within one year	478	633
after one year, not later than five years		-
after five years		-
Total revenue allocated to remaining performance obligations	**478**	**633**

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 5.3 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2020/21	2019/20
	£000	£000
services	146,614	142,886
services	344,868	302,794
Total	**491,482**	**445,680**

Note 6.1 Operating expenses

	2020/21	2019/20
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	5,447	575
Purchase of healthcare from non-NHS and non-DHSC bodies	38,446	25,136
Staff and executive directors costs	396,730	361,154
Remuneration of non-executive directors	165	166
Supplies and services - clinical (excluding drugs costs)	9,236	5,398
Supplies and services - general	8,758	7,476
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	6,365	6,044
Inventories written down	280	-
Consultancy costs	753	712
Establishment	6,615	6,873
Premises	24,244	20,150
Transport (including patient travel)	1,141	1,144
Depreciation on property, plant and equipment	10,231	8,949
Amortisation on intangible assets	478	397
Net impairments	6,857	5,820
Movement in credit loss allowance: contract receivables / contract assets	(64)	(5)
Change in provisions discount rate(s)	(235)	(121)
Audit fees payable to the external auditor*		
audit services- statutory audit	74	44
other auditor remuneration (external auditor only)	-	1
Internal audit costs	154	152
Clinical negligence	1,121	801
Legal fees	1,032	1,084
Insurance	544	432
Research and development	2,941	3,097
Education and training	3,682	3,470
Rentals under operating leases	12,922	11,762
Redundancy	739	1,011
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	4,819	4,512
Hospitality	13	29
Other	2,778	3,912
Total	**546,266**	**480,175**
Of which:		
Related to continuing operations	546,266	480,175
Related to discontinued operations	-	-

*auditor remuneration for the statutory audit net of VAT is £70k inclusive of £3k relating to 2019/20 (2019/20: £44k), other auditor remuneration relates to audit related assurance services.

Note 6.2 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2020/21 or 2019/20.

Note 7 Impairment of assets

	2020/21 £000	2019/20 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	6,857	5,820
Total net impairments charged to operating surplus / deficit	**6,857**	**5,820**
Impairments charged to the revaluation reserve	6,939	(7,098)
Total net impairments	**13,796**	**(1,278)**

The revaluation exercise has resulted in a reversal of impairments charged to the Statement of Comprehensive Income (SOCI) in previous years for buildings of £2,208,000. There has been an increase in SOCI impairments arising from the revaluation exercise relating to buildings of £9,008,000. The impairment arising from market changes in relation to premises and chargeable to SOCI is £6,857,000.

There have been no other transactions giving rise to impairments and reversals charged to the SOCI during the course of the year.

Note 8 Employee benefits

	2020/21 Total £000	2019/20 Total £000
Salaries and wages	304,300	276,155
Social security costs	28,561	26,174
Apprenticeship levy	1,449	1,340
Employer's contributions to NHS pensions	51,270	47,947
Pension cost - other	150	119
Termination benefits	956	1,296
Temporary staff (including agency)	11,600	9,790
Total gross staff costs	**398,286**	**362,821**
Recoveries in respect of seconded staff	-	-
Total staff costs	**398,286**	**362,821**
Of which		
Costs capitalised as part of assets	817	656

Note 8.1 Retirements due to ill-health

During 2020/21 there were 10 early retirements from the Trust agreed on the grounds of ill-health (6 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £356k (£321k in 2019/20).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme 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 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 at 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

Those employees who are not eligible for the NHS Pensions scheme who wish to make pension contributions are covered by the National Employment Savings Trust (NEST) pensions scheme which is a defined contribution scheme.

Note 10 Operating leases

Note 10.1 Nottinghamshire Healthcare NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Nottinghamshire Healthcare NHS Foundation Trust is the lessee.

	2020/21 £000	2019/20 £000
Operating lease expense		
Minimum lease payments	12,922	11,762
Total	**12,922**	**11,762**

	31 March 2021 £000	31 March 2020 £000
Future minimum lease payments due:		
- not later than one year;	8,192	14,359
- later than one year and not later than five years;	10,456	21,625
- later than five years.	143	13,334
Total	**18,791**	**49,318**

Note 11 Finance income

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

	2020/21 £000	2019/20 £000
Interest on bank accounts	8	417
Total finance income	**8**	**417**

Note 12 Finance expenditure

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

	2020/21 £000	2019/20 £000
Interest expense:		
Finance leases	21	22
Main finance costs on PFI and LIFT schemes obligations	1,161	1,209
Contingent finance costs on PFI and LIFT scheme obligations	1,007	933
Total interest expense	**2,189**	**2,164**
Unwinding of discount on provisions	(28)	5
Total finance costs	**2,161**	**2,169**

Note 13 Intangible assets - 2020/21

	Software licences £000
Valuation / gross cost at 1 April 2020 - brought forward	**6,051**
Additions	1,241
Valuation / gross cost at 31 March 2021	**7,292**
Amortisation at 1 April 2020 - brought forward	**3,051**
Provided during the year	478
Amortisation at 31 March 2021	**3,529**
Net book value at 31 March 2021	**3,763**
Net book value at 1 April 2020	**3,000**

Note 13.1 Intangible assets - 2019/20

	Software licences £000
Valuation / gross cost at 1 April 2019 - brought forward	**4,839**
Additions	1,212
Valuation / gross cost at 31 March 2020	**6,051**
Amortisation at 1 April 2019 - brought forward	**2,654**
Provided during the year	397
Amortisation at 31 March 2020	**3,051**
Net book value at 31 March 2020	**3,000**
Net book value at 1 April 2019	**2,185**

Nottinghamshire Healthcare NHS Foundation Trust

Note 14.1 Property, plant and equipment - 2020/21

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2020 - brought forward	**34,661**	**385,731**	**2,344**	**11,258**	**4,169**	**1,961**	**19,099**	**358**	**459,581**
Additions	-	-	-	34,267	351	-	4,673	-	**39,291**
Impairments	(1,190)	(9,579)	(8)	-	-	-	-	-	**(10,777)**
Reversals of impairments	241	3,491	106	-	-	-	-	-	**3,838**
Reclassifications	1,078	32,727	19	(33,824)	-	-	-	-	**-**
Disposals / derecognition	(200)	(15)	(285)	-	-	-	-	-	**(500)**
Valuation/gross cost at 31 March 2021	**34,590**	**412,355**	**2,176**	**11,701**	**4,520**	**1,961**	**23,772**	**358**	**491,433**
Accumulated depreciation at 1 April 2020 - brought forward	**10**	**18,672**	**204**	**7,563**	**2,236**	**1,414**	**9,278**	**346**	**39,723**
Provided during the year	-	7,136	102	-	377	146	2,466	4	**10,231**
Impairments	57	9,008	-	-	-	-	-	-	**9,065**
Reversals of impairments	-	(2,208)	-	-	-	-	-	-	**(2,208)**
Disposals / derecognition	-	-	(6)	-	-	-	-	-	**(6)**
Accumulated depreciation at 31 March 2021	**67**	**32,608**	**300**	**7,563**	**2,613**	**1,560**	**11,744**	**350**	**56,805**
Net book value at 31 March 2021	**34,523**	**379,747**	**1,876**	**4,138**	**1,907**	**401**	**12,028**	**8**	**434,628**
Net book value at 1 April 2020	**34,651**	**367,059**	**2,140**	**3,695**	**1,933**	**547**	**9,821**	**12**	**419,858**

Nottinghamshire Healthcare NHS Foundation Trust

Note 14.2 Property, plant and equipment - 2019/20

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - brought forward	**34,746**	**368,460**	**2,414**	**9,780**	**3,690**	**1,873**	**12,908**	**350**	**434,221**
Additions	-	-	-	11,878	479	88	6,191	8	**18,644**
Impairments	(20)	(5,575)	-	-	-	-	-	-	**(5,595)**
Reversals of impairments	80	12,514	99	-	-	-	-	-	**12,693**
Reclassifications	-	10,400	-	(10,400)	-	-	-	-	**-**
Disposals / derecognition	(145)	(68)	(169)	-	-	-	-	-	**(382)**
Valuation/gross cost at 31 March 2020	**34,661**	**385,731**	**2,344**	**11,258**	**4,169**	**1,961**	**19,099**	**358**	**459,581**
Accumulated depreciation at 1 April 2019 - brought forward	**-**	**6,009**	**99**	**7,563**	**1,892**	**1,262**	**7,787**	**342**	**24,954**
Provided during the year	-	6,853	105	-	344	152	1,491	4	**8,949**
Impairments	10	7,112	-	-	-	-	-	-	**7,122**
Reversals of impairments	-	(1,302)	-	-	-	-	-	-	**(1,302)**
Accumulated depreciation at 31 March 2020	**10**	**18,672**	**204**	**7,563**	**2,236**	**1,414**	**9,278**	**346**	**39,723**
Net book value at 31 March 2020	**34,651**	**367,059**	**2,140**	**3,695**	**1,933**	**547**	**9,821**	**12**	**419,858**
Net book value at 1 April 2019	**34,746**	**362,451**	**2,315**	**2,217**	**1,798**	**611**	**5,121**	**8**	**409,267**

Note 14.3 Property, plant and equipment financing - 2020/21

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021									
Owned - purchased	34,523	351,123	1,876	4,138	1,907	401	12,028	8	**406,004**
Finance leased	-	125	-	-	-	-	-	-	**125**
On-SoFP PFI contracts and other service concession arrangements	-	28,499	-	-	-	-	-	-	**28,499**
NBV total at 31 March 2021	**34,523**	**379,747**	**1,876**	**4,138**	**1,907**	**401**	**12,028**	**8**	**434,628**

Note 14.4 Property, plant and equipment financing - 2019/20

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020									
Owned - purchased	34,651	337,706	2,140	3,695	1,933	547	9,821	12	**390,505**
Finance leased	-	130	-	-	-	-	-	-	**130**
On-SoFP PFI contracts and other service concession arrangements	-	29,223	-	-	-	-	-	-	**29,223**
NBV total at 31 March 2020	**34,651**	**367,059**	**2,140**	**3,695**	**1,933**	**547**	**9,821**	**12**	**419,858**

Note 15 Revaluations of property, plant and equipment

The Trusts land and building property including dwellings (but excluding Assets under Construction) is held at revalued amounts for the 31st March 2021 as assessed by the District Valuer, who is independent to the Trust.

Land and non-specialised buildings are assessed at market value for existing use at an overall value of £44,467,000 (2019/20: £44,701,000).

Specialised buildings are valued at depreciated replacement cost on a modern equivalent asset basis, alternative sites being used where appropriate. The overall assessed value of specialised properties is £371,679,000 (2019/20: £359,149,000).

Note 16 Inventories

	31 March 2021	31 March 2020
	£000	£000
Drugs	289	228
Consumables	652	-
Energy	53	235
Total inventories	**994**	**463**

Inventories recognised in expenses for the year were £7,229k (2019/20: £3,357k). Write-down of inventories recognised as expenses for the year were £280k (2019/20: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020/21 the Trust received £4,348k of items purchased by DHSC.

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 17.1 Receivables

	31 March 2021	31 March 2020
	£000	£000
Current		
Contract receivables	13,610	24,797
Allowance for impaired contract receivables / assets	(121)	(190)
Prepayments (non-PFI)	3,727	2,776
PDC dividend receivable	461	-
VAT receivable	643	504
Other receivables	143	430
Total current receivables	**18,463**	**28,317**
Non-current		
Other receivables	20	-
Total non-current receivables	**20**	**-**
Of which receivable from NHS and DHSC group bodies:		
Current	8,185	20,173
Non-current	20	-

Note 17.2 Allowances for credit losses

	2020/21		2019/20	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	**190**	**-**	**196**	**-**
Changes in existing allowances	-	-	(5)	-
Reversals of allowances	(64)	-	-	-
Utilisation of allowances (write offs)	(5)	-	(1)	-
Allowances as at 31 Mar 2021	**121**	**-**	**190**	**-**

Note 17.3 Exposure to credit risk

The majority of the Trust's trade is with Clinical Commissioning Groups and NHS England, as commissioners for NHS patient care services. As Clinical Commissioning Groups and NHS England are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary.

	Current	1-30 days overdue	31 - 60 days overdue	61 - 90 days overdue	91+ overdue
	£'000	£'000	£'000	£'000	£'000
Ageing of impaired financial assets	2,189	200	159	65	94
Ageing of non impaired financial assets	2,723	792	44	3	129

Note 18 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.

	2020/21	2019/20
	£000	£000
At 1 April	**42,759**	**45,675**
Net change in year	34,349	(2,916)
At 31 March	**77,108**	**42,759**
Broken down into:		
Cash at commercial banks and in hand	99	96
Cash with the Government Banking Service	77,009	42,663
Total cash and cash equivalents as in SoFP	**77,108**	**42,759**
Total cash and cash equivalents as in SoCF	**77,108**	**42,759**

Note 18.1 Third party assets held by the Trust

Nottinghamshire Healthcare NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the Trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	2021	2020
	£000	£000
Bank balances	2,023	1,919
Total third party assets	**2,023**	**1,919**

Note 19 Trade and other payables

	31 March 2021 £000	31 March 2020 £000
Current		
Trade payables	1,809	1,144
Capital payables	8,198	3,802
Accruals	41,524	24,151
Social security costs	4,199	3,624
Other taxes payable	3,116	2,829
PDC dividend payable	-	242
Other payables	5,330	4,853
Total current trade and other payables	**64,176**	**40,645**
Non-current		
Other payables	137	150
Total non-current trade and other payables	**137**	**150**
Of which payables from NHS and DHSC group bodies:		
Current	14,129	6,637
Non-current	-	-

Note 20 Other liabilities

	2021 £000	2020 £000
Current		
Deferred income: contract liabilities	478	633
Total other current liabilities	**478**	**633**

Note 21 Borrowings

	2021 £000	2020 £000
Current		
Obligations under finance leases	10	9
concession contracts	928	888
Total current borrowings	**938**	**897**
Non-current		
Obligations under finance leases	143	153
concession contracts	16,496	17,405
Total non-current borrowings	**16,639**	**17,558**

Note 21.1 Reconciliation of liabilities arising from financing activities - 2020/21

	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2020	**162**	**18,293**	**18,455**
Cash movements:			
Financing cash flows - payments and receipts of principal	(9)	(869)	**(878)**
Financing cash flows - payments of interest	(21)	(1,161)	**(1,182)**
Non-cash movements:			
Application of effective interest rate	21	1,161	**1,182**
Carrying value at 31 March 2021	**153**	**17,424**	**17,577**

Note 21.2 Reconciliation of liabilities arising from financing activities - 2019/20

	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2019	**169**	**19,146**	**19,315**
Cash movements:			
Financing cash flows - payments and receipts of principal	(7)	(853)	**(860)**
Financing cash flows - payments of interest	(22)	(1,209)	**(1,231)**
Non-cash movements:			
Application of effective interest rate	22	1,209	**1,231**
Carrying value at 31 March 2020	**162**	**18,293**	**18,455**

Note 22 Nottinghamshire Healthcare NHS Foundation Trust as a lessee

Obligations under finance leases where the Trust is the lessee.

	31 March 2021	31 March 2020
	£000	£000
Gross lease liabilities	**255**	**285**
of which liabilities are due:		
- not later than one year;	30	30
- later than one year and not later than five years;	120	120
- later than five years.	105	135
Finance charges allocated to future periods	(102)	(123)
Net lease liabilities	**153**	**162**
of which payable:		
- not later than one year;	10	9
- later than one year and not later than five years;	58	51
- later than five years.	85	102
	153	162

Note 23 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2020	**1,269**	**4,496**	**272**	**-**	**6,037**
Change in the discount rate	(22)	(213)	-	-	**(235)**
Arising during the year	105	184	230	20	**539**
Utilised during the year	(137)	(226)	(59)	-	**(422)**
Reversed unused	(72)	-	(147)	-	**(219)**
Unwinding of discount	(6)	(22)	-	-	**(28)**
At 31 March 2021	**1,137**	**4,219**	**296**	**20**	**5,672**
Expected timing of cash flows:					
- not later than one year;	135	226	296	**-**	**657**
- later than one year and not later than five years;	538	904	-	**-**	**1,442**
- later than five years.	464	3,089	-	**20**	**3,573**
Total	**1,137**	**4,219**	**296**	**20**	**5,672**

Due to the inherent nature of provisions, the timing and value of cash flows are uncertain.

Note 23.1 Clinical negligence liabilities

At 31 March 2021, £4,835k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Nottinghamshire Healthcare NHS Foundation Trust (31 March 2020: £3,683k).

Note 24 On-SoFP PFI, LIFT or other service concession arrangements

Note 24.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2021 £000	31 March 2020 £000
Gross PFI, LIFT or other service concession liabilities	**28,679**	**30,711**
Of which liabilities are due		
- not later than one year;	2,043	2,051
- later than one year and not later than five years;	7,932	7,962
- later than five years.	18,704	20,698
Finance charges allocated to future periods	(11,255)	(12,418)
Net PFI, LIFT or other service concession arrangement obligation	**17,424**	**18,293**
- not later than one year;	928	888
- later than one year and not later than five years;	3,988	3,807
- later than five years.	12,508	13,598

Note 24.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2021 £000	31 March 2020 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**133,355**	**132,340**
Of which payments are due:		
- not later than one year;	8,028	7,799
- later than one year and not later than five years;	32,114	31,196
- later than five years.	93,213	93,345

Note 24.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2020/21 £000	2019/20 £000
Unitary payment payable to service concession operator	**7,913**	**7,546**
Consisting of:		
- Interest charge	1,161	1,209
- Repayment of balance sheet obligation	869	852
- Service element and other charges to operating expenditure	4,819	4,512
- Capital lifecycle maintenance	57	40
- Contingent rent	1,007	933
Total amount paid to service concession operator	**7,913**	**7,546**

Note 24.4 On-SoFP PFI, LIFT and other service concession arrangements - details

Newark PFI

The Newark PFI scheme involves an arrangement for the design, build, finance and operation (non-clinical services), through a private sector operator, of a facility for 25 years, providing a mental health and learning disability resource centre and mental health day care centre and was developed on Trust-owned land.

At the expiration of the arrangement, the underlying asset will remain with the private sector operator and the Trust will have the following three options.

1) Enter into a new project agreement with the operator for a further 25 years;
2) Take an under lease for a term of 25 years;
3) Take vacant possession on payment of the 'Break Sum' (presumed to be 'market value').

The infrastructure asset associated with the scheme will, under IFRS, fall to be recognised on the Statement of Financial Position, based on the application of IFRIC 12 (*Service concession arrangements*), which requires the Trust to:

a. control or regulate what services the operator must provide with the infrastructure, to whom it must provide them and at what price; and to

b. control – through beneficial entitlement or otherwise – any significant residual interest in the infrastructure at the end of the term of the arrangement.

It is considered that the requirements of above are complied with. In particular, the availability of the options, listed 3 above, indicate potential control of a significant residual interest in the infrastructure asset at the end of the term of the arrangement. IFRIC 12 therefore applies and this scheme should be recognised on the Statement of Financial Position.

Highbury PFI

The payment mechanism for the contract allows for charging for services from inception, with incremental charges for new or altered buildings as they become available at each phase completion. The Unitary Charge is calculated to ensure that the Trust owns the PFI facilities at no further cost at the end of the contract.

The facilities provided under the scheme include those for in-patient and day patient activities, as well as ancillary facilities including canteen, kitchen and laundry. In addition, certain Soft and Hard facilities management services are provided to a number of other Trust properties on the site.

The project commenced in December 2004 and comprises 3 phases. Services commenced at the inception of the contract in December 2004, and at the opening Statement of Financial Position date (1 April 2009), phases 1 and 2 were complete and in use.

Certain Trust-owned buildings (to be demolished) were transferred to the private sector operator at no cost. Certain other Trust-owned buildings (“alteration buildings”) were transferred for development by the private sector operator.

Non-property non-current assets, such as IT equipment and software and telecommunications equipment have been and will be acquired separately and are not part of the scheme.

As part of the arrangement, the Trust has entered into certain guarantees with the Royal Bank of Scotland concerning the private sector operator’s financial performance. These guarantees are underwritten by The Secretary of State for Health by a Deed of Safeguard, dated 6 December 2004. No financial guarantee is recognised at the opening Statement of Financial Position date.

The scheme’s cash flows change in line with the UK Retail Prices Index (RPI). The embedded derivative is considered to be closely related to the host contract and is therefore not separately accounted for.

Benchmarking, market testing, and variable charging arrangements are in line with Standard Form applicable at commencement. Benchmarking opportunities are scheduled at year 2, 5 and each 5th year subsequently.

Changes to Trust accommodation requirements in the final phase are completed and were handed over to the Trust in April 2011. The leased element was handed over in August 2010, and capitalised at £5,925,000, with the subsequent part funded by capital injection. Incremental construction costs arising from the Trust requirement changes were funded through capital injection, and the contract will still complete at the original planned completion date of 31st January 2039.

Rampton Boiler Replacement and Effluent Treatment Plant scheme

The Rampton Boiler Replacement and Effluent Treatment Plant scheme is a Public Private Partnership venture facilitated by the Carbon Energy Fund through their framework arrangements. It involves the development by a Private Sector Partner (PSP) using private finance it has secured and on land licenced to it by the Trust for the purpose, of installations comprising Energy Facilities including a Combined Heat and Power Unit (CHP), a Biomass Boiler, two dual fuel boilers, and a new Effluent Treatment Plant (ETP), followed by provision of services therefrom by the PSP for a 15 year operational term to commence on the later of the Actual Completion Date in relation to the Energy Facilities Works and the Actual Completion Date in relation to the ETP Works.

The PSP will provide Energy Services utilising the Energy Facilities provided, managed and procured by it. The PSP will be responsible for the provision of electricity and heat to the Hospital and the operation, maintenance and replacement of the Energy Facilities in accordance with the terms of the Project Agreement for the 15 years of the operational term.

PSP staff will operate and manage the energy plant to output specifications agreed by and solely for the benefit of the Trust incentivised by a payment mechanism based on a guaranteed savings model that punishes poor savings performance and shares the rewards of savings performance greater than the contract specification. This is stiffened by a Service Failure and Availability Deductions mechanism.

The PSP will provide Effluent Treatment Services under the terms of the agreement being a comprehensive service for the processing and treatment of effluent leaving the hospital utilising the ETP provided, managed and procured by it. The PSP will be responsible for the monitoring, management, operation, maintenance and replacement of the ETP facilities for the 15 years of the operational term.

Under the terms of the Project Agreement no payment would be made to the company for the facilities until the facilities were complete and handed over (Actual Completion) in accordance with the project agreement. Payment for the facilities and services will be made to the PSP by the Trust through a Unitary Payment which will comprise an element each for property (lease rental) and service charge. The first Unitary Payment covering the first quarters composite charge fell due at commencement of the operational term, and Unitary payments will continue to be paid quarterly in advance for remainder of the 15 year operational term.

The facilities and associated finance costs will have been paid for in their entirety through the Unitary Payment at expiry of the agreement, at which point the company will cease to have in interest in facilities and plant and ownership will lie with the Trust.

The capital cost of purchase and installation of the facilities agreed at commencement of the Project Agreement is £5,049,000 and the annual unitary charge £841,000, both figures exclusive of VAT.

The Trust entered into the Project Agreement with the PSP on the 13th December 2013, and works to prepare the site for the new developments commenced shortly thereafter. All construction works and delivery of plant on site took place in 2014/15, with Practical Completion and handover of both the Energy Facilities works and ETP works, and Actual Completion under the terms of the contract and commencement of the operational term being achieved on the 4th February 2015. The first quarters Unitary Payment fell due at that point, being a quarter of the annual Unitary Payment as agreed at commencement of the project agreement adjusted for contractually agreed inflation, equating to £863,505 pa exclusive of VAT.

Nottinghamshire Healthcare NHS Foundation Trust

Note 25 Financial instruments

Note 25.1 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 Nottinghamshire Healthcare NHS Foundation Trust (the Trust) has with Clinical Commissioning Groups and the way those Clinical Commissioning Groups 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 some 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 its 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 has no loan borrowings, the Trust therefore has no current exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's income comes from other NHS and non-NHS public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2021 are in receivables from customers, as disclosed in the receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups, which are financed from resources voted annually by Parliament . The Trust funds its capital expenditure from its own self-generated funds. The Trust is not, therefore, exposed to significant liquidity risks.

Note 25.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2021	Held at amortised cost
	£000
Trade and other receivables excluding non financial assets	13,650
Cash and cash equivalents	77,108
Total at 31 March 2021	**90,758**

Carrying values of financial assets as at 31 March 2020	Held at amortised cost
	£000
Trade and other receivables excluding non financial assets	25,037
Cash and cash equivalents	42,759
Total at 31 March 2020	**67,796**

Note 25.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost
	£000
Obligations under finance leases	153
Obligations under PFI, LIFT and other service concession contracts	17,424
Trade and other payables excluding non financial liabilities	43,432
Total at 31 March 2021	**61,009**

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost
	£000
Obligations under finance leases	162
Obligations under PFI, LIFT and other service concession contracts	18,293
Trade and other payables excluding non financial liabilities	29,172
Total at 31 March 2020	**47,627**

Note 25.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2021	31 March 2020 restated*
	£000	£000
In one year or less	45,505	31,253
In more than one year but not more than five years	8,052	8,082
In more than five years	18,809	20,833
Total	**72,366**	**60,168**

* This disclosure has previously been prepared using discounted cash flows. The comparatives have therefore been restated on an undiscounted basis.

Note 25.5 Fair values of financial assets and liabilities

In all cases, the carrying values of financial assets and liabilities represent a reasonable approximation of their fair value.

Note 26 Related parties

The Trust is part of the National Health Service within the UK government; its parent department is the Department of Health and Social Care. The main entities within the public sector with whom the Trust has dealings are:

NHS England
Nottingham City CCG
Lincolnshire CCG
Derby & Derbyshire CCG
Bassetlaw CCG
Nottingham & Nottinghhamshire CCG
Rushcliffe CCG
Health Education England
Department of Health & Social Care
Nottingham University Hospitals NHS Trust
Leicester City CCG
West Leicestershire CCG
East Leicestershire & Rutland CCG
Sherwood Forest Hospitals NHS Foundation Trust
Lincolnshire Healthcare NHS Foundation Trust
Norfolk & Suffolk NHS Foundation Trust
NHS Property Services Ltd
University Hospitals of Derby and Burton NHS Foundation Trust
Derbyshire Healthcare NHS Foundation Trust
East Midlands Ambulance Sevice NHS Trust
Leicestershire Partnership NHS Trust
Community Health Partnerships
Doncaster and Bassetlaw NHS Foundation Trust
NHS Resolution
Care Quality Commission
University Hospitals of Leicester NHS Trust
NHS Business Services Authority
Sheffield Health and Social Care NHS Foundation Trust
St Helens and Knowsley Hospital Services NHS Trust
Northamptonshire Healthcare NHS Foundation Trust
Greater Manchester Mental Health NHS Foundation Trust

The Trust has also received revenue and capital payments from Nottinghamshire Healthcare Charitable Trust Funds, the trustee of which is the Trust. This amounted to £92,000 (2019/20: £148,000) towards staff and patient welfare and amenities. An administration charge of £12,000 (2019/20: £12,000) was made by the Trust to Nottinghamshire Healthcare Charitable Trust Fund.

Additional information on compensation and expenses paid to senior management can be found in the staff and remuneration section of the Trust's annual report.

During the year none of the Department of Health and Social Care ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with the Trust.

During the year, the Trust's departed Executive Director of Finance acted as a National Board member of the Healthcare Financial Management Association (HFMA),which provides training courses, guidance and publications to its members. . Purchases from the HFMA during 2020/21 amounted to £6,000 (2019/20: £8,000).

One of the Trust's non Executive Director's of the Trust is a governor for Portland College to which the Trust provides Speech and Language services in respect of this income of £134,000 was received (2019/20: £186,000) during the year.

The Trust's Chair as also the Chair of Lincolnshire Partnership NHS Foundation Trust

The Trust's Director of People and Culture also performs the same joint role for Sherwood Forest Hospitals NHS Foundation Trust.

The Trust's Director of Corporate Affairs also performs the same joint role for Sherwood Forest Hospitals NHS Foundation Trust.

The Trust's substantive Medical director is also a Board member of the NHS Confederation Mental Health Network. The Trust received no income (2019/20: £nil) during the year from NHS Confederation.

One of the Trust's Non-Executive Directors (NEDs) is Interim Director of Nursing for Northamptonshire Healthcare Partnership NHS Foundation Trust.

One of the Trust's Non-Executive Directors is also a NED at Derbyshire Health United Limited. The Trust spent £126,000 (2019/20: £197,000) during the year with Derbyshire Health United Limited.

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. These material transactions have been with the University of Nottingham, Nottinghamshire County Council, Nottingham City Council and Leicester City Council. A number of directors of the Trust have held positions with various universities during the year, but transactions with these universities have been on an 'arms length' basis during the normal course of business.

Note 27 Events after the reporting date

There have been no events after the reporting date having a material impact on the financial statements.