# Oxford Health

# NHS Foundation Trust

# Annual Report and Accounts

# 2020-2021

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

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# Foreword by the Chairman and Chief Executive

In March 2020 no-one could have quite envisioned just what the next year would bring: immense change, opportunity, fortitude, heartache and loss.

Staff across the Trust battled with the pandemic, finding new and imaginative ways to care for patients and service users, then playing a pivotal regional role in the NHS vaccination programme.

The Oxford Health Charity galvanised backing from business and the community, to underpin ongoing support for our teams. We thank them for their generous contributions.

We deployed new laptops and new technology, helping us work better together and care for patients. In just one week, we engineered a seamless transition from face-to-face to online appointments. A year later, we had conducted 180,000 online consultations, and have been shortlisted for a national award.

Even in the darkest times staff came together to deal with the infection - clinical teams on the frontline, in their facemasks and protective equipment; their colleagues adapting to working from home, some redeployed in different roles, flexible and resilient. We applaud all Trust staff and acknowledge the valuable contribution of every role.

But the virus claimed lives.

We sadly lost three members of our staff: Margaret Tapley, a veteran health care assistant on Linfoot Ward at Witney Community Hospital succumbed to COVID-19 in April 2020.

In January 2021, Eddie Chua, a staff nurse at Marlborough House in Milton Keynes, who had been shielding since the start of the pandemic, contracted the disease and died.

Then in February 2021 Elisha Olaomo lost his life to COVID-19. He had been a deputy ward manager of Amber Ward at the Whiteleaf Centre, Aylesbury for nearly six years. Their deaths affected us, widely and deeply.

The emergency forced the pace on working together with our neighbours, other NHS trusts and local authorities and pushed forward the formation of the new Buckinghamshire, Oxfordshire and Berkshire Integrated Care System (BOB ICS).

We were chosen to be the lead provider for large-scale vaccination centres in Oxford, Aylesbury and Reading. Hundreds of new staff were recruited, and on 25 January 2021, our teams administered their first jabs at the Kassam Stadium in Oxford. Our pride in delivering a life-saving vaccine to local residents in the city where it was created was huge. In just over 100 days, Oxford Health went on to administer 250,000 doses as our contribution to the biggest vaccination programme in the history of the NHS.

During a year of change, the leadership of the Trust passed into new hands.

A 38-year NHS career drew to a close in June 2020 when Stuart Bell CBE retired as chief executive. Staff came together in a socially distanced gathering at the Warneford Hospital on his last day to applaud and thank him for his leadership and dedicated service.

He is succeeded by Dr Nick Broughton, a consultant psychiatrist. Under his leadership, the CQC rating of Southern Health NHS FT had risen from 'Requires Improvement' to 'Good'. Our ambition is for Oxford Health to rise from 'Good' to 'Outstanding'.

With Nick, our priorities are to deliver the best possible patient care and improve the culture so that everyone feels engaged and empowered and that all aspects of an individual's identity, experience and skills are valued.

In June 2020 we said unequivocally that Black Lives Matter, and in various events sought to show our solidarity in the wake of the killing of George Floyd. During Black History Month in October, we took part in events and listened to and told personal stories. These events were an opportunity to acknowledge the impact of racial identity on individuals' experiences, to seek to better understand those experiences, and to challenge ourselves to achieve a culture which is, and feels, truly inclusive and celebrative of diversity.

During the year, the Board saw the departure of non-executive director Sir Jonathan Asbridge and Director of Human Resources, Tim Boylin. We also welcomed new arrivals. Ben Riley, an Oxford city GP, became Managing Director for Primary and Community Care Services, a new role signalling the importance of joining our work with primary care and further integrating the NHS.

Mohinder Sawhney, a senior adviser to international companies and non-profit organisations, joined the board as a non-executive director. Her appointment helps our ambition to diversify the board, better to represent the population we serve and the makeup of our staff.

We want Oxford Health to win renown for its excellence in research and innovation in our provision of mental health and community care. We have an excellent workforce, across a wide range of specialties and, with our centre in Oxford, facilitate world-class academic research, conducted in one of the UK's two mental health biomedical research centres.

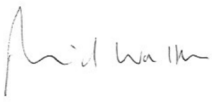
We aspire to offer patients and service users 'outstanding care by an outstanding team', built upon the pillars of Quality, People, Sustainability and Research & Education. The NHS Long Term Plan pledges further movement towards parity of funding for mental health services and we will push that commitment within the Buckinghamshire, Oxfordshire and Berkshire integrated care system.

To deliver quality care we need excellent facilities and to end decades of under-investment. Work is under way to re-think our community hospitals and mental health centres, based on our commitment to environmental sustainability and minimising carbon outputs. Oxfordshire's community hospitals are a tremendous resource and we are working with district and community nursing teams, GPs and our colleagues in Oxford University Hospitals to better serve patients closer to their homes.

The old headquarters of the trust is the Warneford Hospital, its ancient buildings in a wonderful green setting. We want to renew the site, building a modern mental health hospital fit for the

21st century, translating the old buildings into educational use in the midst of a world-leading brain sciences campus.

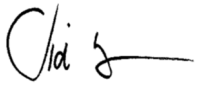
Redevelopment is a great opportunity to build an exceptional new hospital serving our area. Its design would help patients recover, tended by dedicated staff using state-of-the-art equipment.



**Signed:**

**David Walker**

**Chairman**



**Signed:**

**Dr Nick Broughton**

**Chief Executive**

# Year at a Glance

## April 2020

### "Join our fight, join our team and help us keep on caring!"

A plea from Oxford Health's chief nurse Marie Crofts for people to join the Oxford Health team resulted in more than 600 responses from people keen to work in a variety of roles, with full time, temporary, flexible and bank worker roles available for healthcare support workers, community support workers, housekeepers, driver receptionists, property maintenance operatives and pharmacy store assistants.

### A busy time for dental services

Our emergency community dental service had its busiest weekend yet as teams stepped in to help vulnerable and shielding people during the coronavirus pandemic. When the UK went into lockdown the service, which normally offers special care dentistry to children and adults who are not able to receive care from a general high street dentist, started providing urgent dental care to people who had been advised to shield during the outbreak plus emergency care for those who could temporarily no longer access any dental care.

### Help just a call away for young people

A 24-hour seven-day-a-week children and young people's mental health helpline was launched in Bath and North East Somerset, Swindon and Wiltshire offering advice, guidance and support to children, young people and carers.

### Trust issues advice for anyone suffering domestic abuse in lockdown

In April Oxford Health promoted Government advice to help anyone suffering domestic abuse. Advice on how to get help including helplines, websites and refuges were promoted on social media in a bid to help spread national messages as widely as possible.

### Colleagues pay respects

Oxford Health staff observed a national one minute's silence to mark International Workers' Memorial Day on 28 April 2020. Colleagues gathered outside the Warneford Hospital, Oxford – while keeping socially distant – to pay their respects to all key workers and their families who have lost their lives. Staff members across all areas of the Trust in Oxfordshire, Buckinghamshire, Wiltshire and beyond also paused for 60 seconds to join the commemoration.

### Success for Oxford Academic Health Partners

Oxford Academic Health Partners, in which Oxford Health plays a key role, was designated as an NIHR/NHSE/I Academic Health Science Centre from 1 April 2020 for an initial period of five years. The partnership includes Oxford University Hospitals NHS Foundation Trust, Oxford Brookes University and the University of Oxford. The partners work closely together to respond to major challenges facing healthcare such as healthy ageing, multi-morbidity and mental health, antimicrobial resistance and the best use of digital tools to improve care and patient self-management.

### COVID-19 and clinical management of mental health issues – evidence-based guidance published

Professor Andrea Cipriani and his team from the NIHR Oxford Health Biomedical Research Centre began creating summaries of the best available guidance about key COVID-19 issues faced by frontline mental health clinicians on a daily basis.

## May 2020

### New urgent care facility for mental health opens

A Mental Health Urgent Care Centre was launched in Buckinghamshire to support adults who need vital mental health care during the coronavirus outbreak. The urgent care centre, established at Peach Tree House in the grounds of Whiteleaf Mental Health Centre in Aylesbury, offers a round-the-clock alternative to A&E for people who require immediate in-person care when their safety, or the safety of other people is at risk, and do not need physical healthcare treatment.

### New recruit's heroic data quest helps Trust in time of need

Former RAF Corporal Leanne Cain-James joined Oxford Health to bolster the Trust's response to the evolving COVID-19 situation. Her efforts, which led to her working 18 days straight, 10 hours a day to gather data about staffing levels and patient numbers in the Trust's six community hospitals, ward by ward led to her being declared a hero by her manager.

### Mental health support and advice launched for awareness week

A new 24/7 helpline, a range of videos to help young people and a set of informative leaflets written by Oxford Health mental health experts was launched to coincide with Mental Health Awareness Week 2020. The range of help and advice was produced with a particular focus on those who may be experiencing problems relating to the pandemic and lockdown.

### New piece in the puzzle linking genes and mental illness

A study from the NIHR Oxford Health Biomedical Research Centre revealed a common pattern of connections in the brains of people whose genes predispose them to mental health problems. Dubbed a 'vulnerability network', this pattern of connections may help us to understand why different mental health conditions seem to run in the same families and explain what makes a patient with one psychiatric disorder more likely to be diagnosed with another.

### Social disconnection worsens mental health after a loss

Research funded by the NIHR Oxford Health Biomedical Research Centre showed that, after bereavement, the social disconnection caused by concealing feelings of loss can increase psychological distress. Specifically, the findings showed that individuals who report being socially disconnected are more psychologically distressed in the first 6 months of loss. Similarly, being more connected socially predicted better mental health.

### Guidance and resources published to help patients cope with trauma after intensive care

Responding to the COVID-19 pandemic Oxford researchers supported by the Wellcome Trust and the NIHR Oxford Health Biomedical Research Centre published new guidance on how to apply Cognitive Therapy for PTSD (CT-PTSD), a NICE recommended psychological treatment. Alongside this they developed a suite of free resources for clinicians providing PTSD therapy, including COVID-19 specific materials for delivering therapy remotely.

### Excessive mistrust linked to conspiracy beliefs reduces the following of government coronavirus guidance

A study, funded by Oxford Health Biomedical Research Centre and published in the journal *Psychological Medicine*, showed that a disconcertingly high number of adults in England do not agree with the scientific and governmental consensus on the coronavirus pandemic. The results indicated that half of the nation is excessively mistrustful and that this reduced following publication of government coronavirus guidance.

## June 2020

### Stuart says goodbye to Oxford Health after seven years at the helm

After seven years as Trust CEO and 38 years of NHS service, Stuart Bell CBE embarked on retirement following a special send off. Staff, wearing masks and observing social distancing, gathered on the front lawn at the Warneford Hospital in Oxford for a special ceremony led by Trust chair David Walker. In response, Stuart spoke of his pride of working in the NHS, calling it the best job in the world. He paid tribute to all those who make up the NHS family in whatever role they carry out, thanking all colleagues for their work and commitment.

### Trust says hello to new chief executive Nick

Dr Nick Broughton started as chief executive of Oxford Health promising to further strengthen trust values so that staff feel valued, engaged and empowered. He spent the first few weeks getting to know the organisation, meeting teams and being visible throughout the trust, with a range of visits including tour of the award-winning and state-of-the-art Highfield Unit. In one of his first acts as new CEO he also held an hour-long webinar for all staff with Trust Chair David Walker.

### Supporting mental health and resilience in first responders – operational training is most effective

Analysis by researchers from Oxford Health Biomedical Research Centre recommended that a combination of operational training for staff and mental health training for managers is most effective in supporting emergency workers, particularly in the face of a crisis such as the coronavirus pandemic.

### Study launched into how culture could help mental health

Researchers launched a pilot project using the Ashmolean Museum's digital collections and resources to investigate how non-clinical factors, like participation in culture, arts or sports, may benefit mental health. Engagement with digital culture, including museum collections,

has been at unprecedented levels during lockdown with, in April, visits to the museum's online collections having increased by 101% on the previous year.

### District Nurse moved into tent to carry on caring during pandemic

Oxford Health District Nurse Tina Wright left home to live in a tent during the pandemic so she could carry on caring. The devoted mum of two pitched up in her garden near Abingdon at the beginning of March in a selfless act to allow her to continue looking after the sick but also to protect her family including her 17-year-old son Josh who is registered blind and has a rare medical condition which could put his life at serious risk if he contracted COVID-19. Tina's commitment attracted the attention of local radio and TV.

### Former armed forces personnel invited to step into the health profession

Oxford Health reached out to ex-servicemen and women who are interested in putting their skills to use in the NHS through its 'Step into Health' programme - a partnership between the NHS, Walking with the Wounded and The Royal Foundation, and helps service leavers, veterans and military family members to find new a new worthwhile career in the NHS.

## July 2020

### New national study into the long-term health impacts of COVID-19

Oxford Health joined a major UK research study – PHOSP-COVID – which will investigate the long-term health impacts of COVID-19 on hospitalised patients. The new study was awarded £8.4 million jointly by UK Research and Innovation (UKRI) and the National Institute for Health Research (NIHR).

### Photographic exhibition showcasing NHS research opened in Newbury

A photography exhibition showcasing ground-breaking NHS research opened in Newbury. 'The Body Unlocked: How Research is Changing Lives', features life-sized photographs of people who have taken part in studies and includes panels focussed on research taking place at Oxford Health.

### Programme created to support frontline healthcare workers at risk from PTSD and depression

Researchers from Oxford Health Biomedical Research Centre developed a new mental health treatment programme to provide frontline workers with 1-to-1 support, including fast-track access to PTSD or depression treatment. This evidence-based programme, called SHAPE Recovery, built on an outreach programme shown to reduce rates of PTSD and depression.

## August 2020

### Innovative new Brain Health Centre is the first of its kind in UK

The Oxford Brain Health Centre (BHC) opened its doors to patients for the first time. Developed with the involvement of members of the public with lived experience of memory problems, the centre is a combined clinical and research service which has the potential to revolutionise NHS memory services. Located at the Warneford Hospital in Oxford, the centre began a six-month pilot involving 150 patients referred through local memory clinics.

### Life-enhancing service helps people to breathe more easily with pandemic-beating packs

The Oxford Health Pulmonary Rehabilitation Respiratory Service, which supports people in Oxfordshire coping with their breathlessness, continued to deliver courses to highly at-risk patients through COVID-19. The team provides free short-term courses to patients with chronic obstructive pulmonary disease (COPD) and other chronic respiratory conditions, helping them to manage their breathlessness, to feel fitter, stronger and have a better quality of life. Pre pandemic, courses were held in local gyms and leisure centres but now, following an initial phone call or digital consultation, the team sends out course packs to patients, consisting of a combination of exercises and education, tailored around their needs.

## September 2020

### Digital innovation wins national award nomination

The Trust was shortlisted for the Nursing Times Awards 2020 in two categories: Nursing in Mental Health and Technology and Data in Nursing. The Trust's entry, 'A better night's sleep: a novel approach to nursing observations at night' shines a light on the Digital Care Assistant (DCA), which enables staff to gather observations from mental health inpatients without waking them at night.

Developed in collaboration with Oxehealth, an Oxford University spin-out, the DCA observation technology was launched last summer on the acute inpatient Vaughan Thomas Ward at Warneford Hospital, Oxford. While supportive observations every hour, or in some cases every 15 minutes, are necessary for patient care and safety, they can be highly disruptive and distressing, especially when patients are trying to sleep. The DCA allows staff to carry out the observations without causing sleep disruption.

### Trust helps business to support employee mental health

Our mental health employment support services started teaching local business leaders how to support staff with their mental health during the coronavirus pandemic. The training was offered to employers and managers in the county in partnership with county business forum Buckinghamshire Business First (BBF).

## October 2020

### CBE for Oxford Health in Birthday Honours list

Oxford Health psychiatrist Professor Keith Hawton was awarded a CBE in the Queen's Birthday Honours List 2020 for services to Suicide Prevention. Prof. Hawton is a Consultant Psychiatrist at the Trust and Professor of Psychiatry at the University of Oxford. Among a lifetime of achievements Profession Hawton's work led to changes to the types and volumes of painkillers available to buy over-the-counter. He has written hundreds of papers, written key books and supported numerous PhD students who have themselves gone on to make important contributions to suicide prevention.

### Nursing research leader Cathy Henshall awarded Readership at Oxford Brookes University

Dr Cathy Henshall, Head of Research Delivery at Oxford Health and NIHR Associate Director of Nursing, was awarded a Readership within the Faculty of Health and Life Sciences at

Oxford Brookes University (OBU). Dr Henshall has been a fellow at OBU since 2016 and has collaborated with colleagues there on research projects in the fields of cancer survivorship, self-management, mental health and nursing workforce development.

## November 2020

### Digital consultations hit 100,000 milestone

Oxford Health hit 100,000 digital consultations by November. Throughout the pandemic digital consultations enabled important therapy to continue while safely distancing patients and staff, and there are benefits over and above infection control. Since the beginning of the first national lockdown in March, the trust averaged 605 digital consultations per day with the average length of a consultation being 56 minutes. At this time around half of consultations were being undertaken remotely.

### 20% of COVID-19 patients receive a psychiatric diagnosis within 90 days

Researchers from Oxford Health Biomedical Research Centre published a study suggesting that having COVID-19 increases a person's risk of developing psychiatric disorders, and that having a psychiatric disorder increases the chance of getting COVID-19. The paper, published in The Lancet Psychiatry, received international media attention and showed almost 1 in 5 people diagnosed with COVID-19 receive a psychiatric diagnosis within the next 3 months.

### Oxford Health researchers lead on new project exploring student nurses' educational experiences during the pandemic

Researchers from Oxford Health were among those leading on a new UK-wide study to investigate the experiences of student nurses on placement in the NHS during the pandemic. The research will highlight how students' educational experiences have prepared them for the challenges they have faced. The results will then be used to inform the way nursing education is delivered in future.

### New non-executive director will take up role in 2021

A senior adviser to international companies and non-profit organisations was announced as a new appointment to the Board of Oxford Health as a non-executive director for the New Year. Mohinder Sawhney is an economist who has extensive experience as an adviser to organisations large and small, including the World Bank, the Department for International Development, Diabetes UK, Hampshire County Council, and the Bank of England.

### Award for specialist mental health team

Oxford Health's specialist Buckinghamshire Perinatal Mental Health Service has been named regional South East winner of the NHS Parliamentary Awards Excellence in Mental Health Care category. And the team was also shortlisted for the national NHS Parliamentary Awards. It comes as the Trust's digital consultation programme was awarded a local NHS Parliamentary Award by Swindon MPs.

## December 2020

### Trusts team up to help Long COVID sufferers

Oxford Health began working with Oxford University Hospitals Foundation Trust to provide specialist help to patients suffering from Long COVID following an announcement from NHS

England. The Trusts set up an assessment service to take referrals from hospital consultants and GPs for people experiencing prolonged symptoms such as brain fog, anxiety, depression, breathlessness, fatigue and other debilitating symptoms. The physical clinics began in January.

The service brings together a multi-professional team of doctors, physiotherapists occupational therapists and psychologists to offer both physical and psychological assessments and refer patients to the right treatment and rehabilitation services.

### Opt-out approach to research benefits patients and staff

A study undertaken by an interdisciplinary team at Oxford Health and the Oxford Health Biomedical Research Centre, showed that an 'opt-out' approach to research recruitment could benefit both clinical research and patient care. The study, conducted in three phases across four UK NHS trusts, used focus groups, an appreciative inquiry and online surveys to compare two approaches to discussing research with patients.

### Oxford Brain Health Centre celebrated high levels of research participation and positive feedback from patients

More than three months after opening, the Oxford Brain Health Centre (BHC) continued to go from strength to strength, in spite of the challenges presented by opening and operating during the pandemic. Thanks to the BHC's dual clinical and research function, along with the remarkable efforts of its staff, the Centre was able to continue its essential public health research without interruption throughout repeated lockdowns. Impressively 97% of those attending BHC appointments agreed to take part in research, whether by joining the research database or completing additional assessments during their visit.

### Thousands of participants took part in Oxfordshire COVID-19 research

More than 4,000 participants took part in nationally prioritised research studies into COVID-19 in Oxfordshire during 2020, including more than 450 who participated in a study by vaccine development company Novavax at Oxford's Warneford Hospital.

### More mental health support teams for children

Even more pupils in the future across Bath and North East Somerset, Swindon and Wiltshire will have access to specially trained mental health practitioners thanks to further government funding for support teams in schools. New funding awarded to Oxford Health means that there will be more professionals supporting children and young people's mental health and wellbeing in BaNES and Wiltshire.

## January 2021

### First large vaccination centre for Oxfordshire opens its doors

History was made at Oxford Health on 25 January as the Trust's frontline NHS workers received their COVID-19 jabs on day one of the Kassam Stadium becoming operational as a large-scale vaccination centre. At just after 9am, trainee clinical psychologist Madeleine Irish, took her seat in Pod 1, rolled up her sleeve and received the first shot of the Oxford Astra Zeneca vaccine to be administered at the centre.

### Professor John Geddes appointed WA Handley Chair of Psychiatry

Professor John Geddes, Director of Research at Oxford Health and Director of the Oxford Health Biomedical Research Centre, was appointed to the WA Handley Professorship of Psychiatry. He will take up this post in November 2021 and will be a fellow of Merton College.

### Vaccine development leader gives jabs at Oxford centre

COVID-19 vaccinations on day 2 at the Kassam Stadium couldn't have been a more Oxford-centric celebration. Oxford Health's mass vaccination centre warmly welcomed Professor Andrew Pollard, the man behind the Oxford University team which developed the Oxford vaccine. He was on site to volunteer his time as a vaccinator as the organisation accelerated its inoculation programme for at-risk front-line staff who care for patients in hospital wards and in the community. Professor Pollard's first patient was the Trust's chief executive Dr Nick Broughton.

## February 2021

### Vaccination centre visited by NHS VIP

The head of the NHS visited Oxford Health's COVID-19 vaccination centre at the Kassam Stadium to witness first-hand the success of the delivery of the life-saving COVID-19 jab. Sir Simon Stevens' visit marked an NHS milestone in vaccinating 15 million people and a new phase of the vaccination programme, with people aged 65 and over together with an expanded group of clinically vulnerable people able to receive their first dose.

### Buckinghamshire's first large-scale COVID-19 vaccination site opens in Aylesbury

Buckinghamshire's first large scale COVID-19 vaccination site at Buckinghamshire New University's Aylesbury campus opened this month – the result of teamwork between the NHS, University and local authority. Oxford Health is operating the new site, which started delivering life-saving COVID-19 jabs as the NHS continued to accelerate the biggest immunisation programme in its history.

### New analysis challenges guidelines on treating anorexia nervosa

A new analysis, published in The Lancet Psychiatry, showed a lack of strong evidence to support current guidance on psychological therapies for treating anorexia nervosa over expert treatment as usual. The findings highlighted a need for further research and supported a call for individual trial data to be made available so the benefits of treatments in specific patient populations can be better understood.

## March 2021

### NIHR Senior Investigator – Professor Daniel Freeman

Consultant Clinical Psychologist Professor Daniel Freeman was named as one of 31 newly appointed NIHR Senior Investigators following a highly competitive selection process. NIHR Senior Investigators are among the most prominent and prestigious researchers funded by the NIHR. They take a critical role in contributing to NIHR's continued success, developing research capability to improve the future health of the nation.

## COVID-19: research suggests large number of infection survivors will experience cognitive complications

Psychologists at Oxford Brookes University and a psychiatrist from Oxford Health evaluated published research papers in order to understand more about the possible effects of the SARS-COV-2 infection on the brain, and the extent people can expect to experience short and long-term mental health issues. The review found a large proportion of COVID-19 survivors will be affected by neuropsychiatric and cognitive complications.

## New transatlantic partnership to transform research and clinical landscapes in mental health

An agreement between Oxford Health, the University of Oxford, the University of Toronto and the Centre for Addiction and Mental Health (CAMH) in Toronto, was formalised with the signing of a Memorandum of Understanding between the four organisations. This transatlantic partnership will enhance existing relationships between the universities and the two healthcare providers. It will enable the development of key structures to facilitate collaboration and help realise the benefits of the complimentary capabilities of the participating organisations.

## Seven in ten patients hospitalised with COVID-19 not fully recovered five months after discharge

The PHOSP-COVID study, which involves a number of Oxford researchers across a range of disciplines, found that one in five of the participant population, who had previously been hospitalised with COVID-19, reached the threshold for a new disability. A majority of survivors who left hospital following COVID-19 had not fully recovered five months after discharge and continued to experience negative impacts on their physical and mental health, as well as their ability to work.

## Oxford Health family marks COVID-19 National Day of Reflection 2021

Colleagues at Oxford Health united to reflect on an incredibly challenging year for the NHS and our communities. On 23 March 2021, as part of the National Day of Reflection led by the charity Marie Curie, Oxford Health observed a minute's silence at noon across the trust to remember those lost during the pandemic.

## NHS vaccine leader in visit to Reading vaccination centre

Oxford Health welcomed Dr Emily Lawson, the NHS senior responsible officer for the Vaccine Programme to its centre at the Madejski Stadium in Reading on March 19. She was there to see how the centre has been set up to play an important role in the vaccination programme and to meet some of the staff who are inoculating approximately one person every three minutes. Meeting her was Oxford Health's COVID Operations Director Tehmeena Ajmal, Chief Nurse Marie Crofts, and Clinical Operations Lead John Fletcher. She listened with interest to how the centre would have capacity to vaccinate 3,500 eligible people a day with the Oxford vaccine and saw how the public are booked in and have health checks before having their dose expertly administered.

## Our Tom shines at national awards

Community support worker Thomas Gregory-Smith from Oxford Health pocketed silver in the national Our Health Heroes Awards 2021 – set up to recognise the extraordinary people at the heart of the NHS and social care workforce. He was a finalist in the Clinical Support Worker of

the Year category. Being shortlisted already meant that Tom was in the running for medals and the final position was decided by a public vote.

## Mo Patel a finalist in National BAME Health & Care Awards

Oxford Health's Head of Inclusion Mohamed Patel has been shortlisted for the Compassionate and Inclusive Leader award in the National BAME Health & Care Awards. Mo, as he is known to everybody at Oxford Health, has been at the trust since December 2013. He, and the Equality, Diversity & Inclusion (EDI) Team support staff, patients and communities in many practical ways, from policy development and cultural change programmes to providing the interpreting services and delivering training, conferences staff network events, amongst many other areas. Both the NHS Long-Term Plan and the People Plan emphasise that developing a positive, inclusive and people-centred culture, where diversity is respected and valued, is an essential aspect of achieving the NHS ambitions over the next 10 years.

## Capturing moments of working life in a pandemic

Becca Collacott, and Oxford Health emergency nursing assistant, from the Abingdon Emergency Multidisciplinary Unit (EMU), used her passion for photography to document some evocative and historic moments. Her evocative black and white photos, published on the Oxford Health website in April 2021, tell the story of the last year since 23 March and the challenges that she and her colleagues have faced throughout the pandemic.

## Community testing scheme expands as some lockdown restrictions ease

On 29 March Oxford Health supported national messaging on changes to restrictions designed to help stop the spread of COVID-19. With the easing of restrictions, and the Easter holidays on the horizon, the Trust amplified messages urging people to both stick to the new rules and to take part in symptom-free testing to help stop the spread of the virus. The message achieved good reach on social media as part of a system-wide effort to encourage people to stay COVID-free.

# Performance Report

## Overview

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

## About Oxford Health NHS Foundation Trust

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

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

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

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

Oxford Health employs around 6,000 staff (whole time equivalent of approximately 5,250) which includes medical staff, therapists, registered nurses, health care workers, support staff and other professionals including psychologists, dental staff, social workers and paramedics deployed in hundreds of teams operating in around 150 sites.

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

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

Oxford Health also provides a range of specialised services that include forensic mental health, child and adolescent mental health, community dentistry, and eating disorder services across a wider geographic area including support for patients in Berkshire, the South East and Wales.

## Strategic Overview of the Trust

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

## Trust Vision

### '**Outstanding Care delivered by an Outstanding Team**'

The aim of the new vision over the next five years is to continue the theme of delivering outstanding care but to refocus the vision from people to teams.

Being a great place to work and focusing on culture and promoting 'one team' is vital to delivering great health care and achieving the Trust's strategic ambitions. Our vision statement is supplemented with a qualifying declaration to emphasise our aims:

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

## Trust Values

The Trust will work towards its vision through its values (which are a continuation from the previous strategy) of being:

**Caring**

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

**Safe**

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

**Excellent**

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

## Trust Strategy

In setting out its new strategy, the Trust has consolidated its key activities into a core set of objectives that focus on:

- Quality
- People
- Sustainability
- Research and education

These strategic objectives have been developed into a new integrated strategic assurance framework that allows activities to be aligned and managed using one approach. The four strategic objectives for the Trust that will guide future planning, activity and decision-making are:

- Quality – deliver the best possible clinical care and health outcomes;
- People - be a great place to work;
- Sustainability – make the best use of our resources and protect the environment;
- Research & Education - become a leader in healthcare research and education;

## Statement on Performance from the Chief Executive

As for all other NHS trusts, and indeed the rest of the world, the year 2020-2021 has been dominated by the impact of COVID-19 and the response to it. The operation of our physical health Community Services and our Mental Health Services has been significantly affected, however, thanks to the extraordinary courage, commitment and energy of our staff, the Trust has managed to maintain the high quality of service provision and continued to meet the high levels of control and integrity required in all areas of activity.

**Quality** – Despite the difficulties and additional tasks required to operate in the COVID-19 environment, all services maintained their standards of care and continued to meet the patient demand. This required considerable flexibility and additional work from our staff but also investment in equipment and facilities and new innovative approaches to working. Oxford Health took on the lead-provider role for establishing the vaccination centres within the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System ('BOB ICS') – based in Oxford, Aylesbury and Reading. From a standing start these were successfully established within 2 months providing an aggregate capacity for delivering 15,000 vaccinations per week.

**People** – In this difficult period of considerable uncertainty, pressure and enforced change, our staff have excelled themselves. Working in constrained workplaces, encumbered with additional requirements to wear PPE and facing the very real risks presented by COVID-19, they bravely rose to the challenge and put our patients first. A whole new industry of staff risk assessments and testing had to be developed to ensure the safety of our staff and additional welfare facilities and food and drink was provided to support them in their work. Staff from all areas of the Trust, from frontline clinical staff, domestic, IT and estates to finance and training, they cannot be thanked enough for what they have done.

**Sustainability** – The finance and funding regime established by NHSE to support trusts to remain financially viable during this pandemic year ensured that the baseline costs of

operating our services were met and that all costs incurred as a direct result of COVID-19 were reimbursed. This enabled Oxford Health to breakeven in the year and to prioritise efforts on healthcare delivery and coping with the pandemic. Financial controls, whilst amended to facilitate rapid decision-making, remained robust. Some major developments, however, continued whilst the pandemic was being dealt with.

Significant new investment for the Mental Health Investment Standard was made with good progress being made across all mental health services. Preparation for taking on the lead and full responsibility for three provider collaboratives - secure adult mental health, Children Adolescent Mental Health Services (CAMHS) inpatient, and adult eating disorders – continued successfully, with two out of the three now live.

Environmental matters continue to be important, reflected as a key focus of our strategy, and we now have detailed plans developed to enable us to progress at speed towards the NHS goal of being carbon neutral. The NHS strategy for the delivery of healthcare led by the newly created Integrated Care Systems (ICS) continued to progress throughout the year with draft legislation to reinforce the new structures being published. We are a part of the Buckinghamshire, Oxfordshire and Berkshire West ('BOB') ICS which now takes responsibility for the consolidated plan for all providers and commissioners within BOB and for reporting performance. Oxford Health has played an active part in the work done by the ICS and it is essential that this continues to an even greater extent this coming year.

The Trust's financial position is covered in detail in the statutory accounts section of this Annual Report.

**Research and Education** – Research funding and activities continued throughout the period with very little reduction evident. Oxford Health utilised its facilities to support the trials of the Oxford University/AstraZeneca vaccine in advance of it being approved for use. The future of the Trust's research activities looks bright with ever increasing opportunities being promoted by our staff in collaboration with the University of Oxford, work on an application to continue with and expand the Biomedical Research Centre, and progress with the collaborative venture with the University of Oxford for the development of the Warneford site into a world class health and research campus.

Training has continued apace after the initial COVID-19 impact – mandatory training was maintained throughout the period and staff development and the training of new healthcare professionals, essential for the future workforce, was sustained.

## Principal Risks, Issues and Opportunities

**COVID-19 pandemic** – the global pandemic has understandably been the most significant issue that the Trust has faced during 2020-2021, and it has had a profound effect on delivery of the Trust's objectives. It presented a number of risks and challenges, for example infection control, PPE, and risks to staff wellbeing as a result of the pressures presented by the pandemic.

Other sections of the report describe many of the actions taken to respond to the pandemic, and the Trust established effective operational and corporate governance arrangements to respond to the challenges associated with the virus. Throughout the year we have been continually adjusting to a 'new normal.' Our office-based staff have adapted to working from home, virtually and collaboratively across different channels, in line with our government's lockdown guidelines. Our frontline and clinical staff have donned Personal Protective

Equipment and have been working incredibly hard with increased demand during the national emergency, coping in concert with evolving national guidance and the ongoing need for risk assessments, testing and vaccination roll outs.

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

Programmes and initiatives which were essential during the year, but would not have been required but for COVID-19, such as testing programmes, making sites 'COVID safe', individual staff risk-assessments, and the vaccination programme, required significant strategic and operational input and the redeployment of staff, diverting resource from the ordinary business of the Trust and slowing progress of a number of our improvement projects.

The Trust is now working towards the safe restoration of services, via its multi-disciplinary Recovery & Surge Response Group.

Whilst the pandemic presented, and still presents, huge challenges for the Trust, it has also given rise to some opportunities. The pandemic required: new ways of working, for example working from home and flexible working, especially for many administrative, clerical and corporate staff; investment in technology (hardware and systems); increased use of digital systems for meetings between staff and information sharing; the delivery of digital consultations and group sessions for service users; an increased staff health and wellbeing offering to staff; and our charity's support to staff via generous public donations.

Developments in these areas advanced at pace to meet urgent needs, and now present opportunities for the Trust in the future, for example by:

- Reducing patient waits and delivering services in a more flexible way for the benefit of service users;
- Enhancing staff wellbeing;
- Improving efficiency and reducing costs;
- Reducing the Trust's impact on the environment.

The terms of reference of the Recovery & Surge Response Group include not only the restoration of 'business as usual', but the embedding of lessons learned and those new ways of working which confer possible benefits to the Trust, our service users and our staff in the future.

The following issues and areas of risk are captured in the Trust's current assurance frameworks:

**Workforce** – The high cost of living in Oxford combined with pressures associated with increased demand for services, resultant increased workloads, and rising acuity of service users' needs (all exacerbated this year by COVID-19) make it difficult to attract and retain substantive staff. Such factors also impact negatively on the health and wellbeing of our workforce, which may result in increased sickness absence and/or an adverse impact on performance.

The Trust considers this to be both an active issue which has, in some services, adversely affected service delivery and impeded quality improvement, and a risk to future performance.

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

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

**Demand and Activity** – Data collected by the Trust shows that demand for services is consistently rising yet funded operational and workforce capacity have been constrained at a level significantly below that required to meet it.

*Mitigation actions include:* The Trust, over the past year, has developed a new system to support operational managers plan and manage demand and activity, and the migration to digital consultations during the COVID-19 pandemic has seen a significant increase in appointments delivered. Work is now underway with our academic partners to understand the qualitative aspects of this transition and to identify the benefits/impact of operating in this new way. In terms of volumes, the Trust is now delivering around 15,000 appointments a month with the added benefit of increased clinical time to care through reduced travel.

**New care models** – Any failure of the Health and Social Care Place Based, Integrated Care Systems and Provider Collaboratives in which we now operate to act together to deliver integrated care, maintain financial equilibrium and share risk responsibly could impact adversely on the operations of the Trust (and the wider system) and compromise the quality of service delivery.

Mitigation actions include: Trust participation in system-wide oversight groups and delivery boards; clear Provider Collaborative governance arrangements; joint work and operational processes with CCGs, local authorities and other partners including Primary Care Networks; system-wide strategic, operational and financial planning; whole system working across each county to deliver Integrated Care. Work will continue in the coming year in collaboration with system partners to improve joint working in key areas such as data sharing, avoiding duplication and overlaps, and ensuring system-wide strategy and governance arrangements align with the NHS Long Term Plan.

**European Union Exit** - Throughout the year we continued to develop our contingency plans in the event of a no-deal Brexit. Our Brexit planning group, led by our Director of Corporate Affairs and Company Secretary, oversaw the work needed to ensure that our continuity plans were sufficiently developed and robust, with the flexibility needed to adapt to the outcome of negotiations and the departure from the EU in January 2021.

## Going Concern

The Board of Directors is clear about its responsibility for preparing the Annual Report and Accounts. The Board sees the Annual Report and Accounts considered as a whole, as fair, balanced and understandable, and as providing the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy. The Board also describes some of the principal risks and uncertainties facing the Trust in the Annual Governance Statement.

Oxford Health NHS Foundation Trust has prepared its 2020-2021 accounts on a going concern basis.

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

A fuller Going Concern Statement can be found under Note 1.2 of the Trust's Annual Accounts.

## Performance Overview

### Performance against Local and National Indicators

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

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

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

Progress in these areas is monitored by the receipt and scrutiny of reports at directorate, Executive, Committee, Board and Council of Governor levels.

Recognising that the Trust makes a considerable effort to collect, process and report on its performance, progress has been made throughout 2020-2021 on the development of the

Trust's Online Business Intelligence (TOBI) system. Following deployment in the early part of last year, the system now provides a rich information asset that has dramatically improved operational, planning and reporting capabilities. Further deployment of the TOBI system is a primary focus in 2021-2022 and this will build on the 600+ staff now regularly using the system.

Details of our performance highlights, progress against national quality objectives, our quality objectives, and our quality improvement plans for the coming year can also be found in the Trust's Annual Quality Account, which will be published on our website: https://www.oxfordhealth.nhs.uk/about-us/overview/our-performance/quality-account/.

## Sustainability

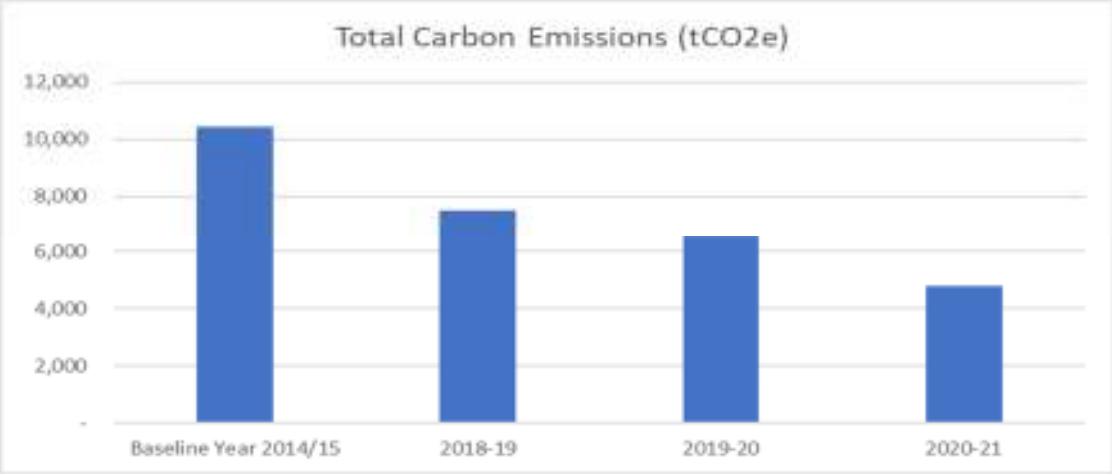
The Trust is committed to minimising its adverse impact on the environment, and to playing its part in the NHS' national sustainability ambitions, including to deliver a 'net zero' (carbon) NHS by 2040. Through the year a Green Strategy & Plan (and associated Travel Plan) has been developed for 2021 onwards, and sustainability is a key limb of our new Trust Strategy. Going forward the Board will be closely monitoring performance against the new Green Plan and local and national targets for CO2 reduction.

Our ambitions are supported by a dedicated Sustainability Manager and Sustainability Group, and progress has already been made in minimising our impact on our environment. Notably, we have:

- Reduced emissions by 54% (exceeding NHS target of 34% by 2020) against a baseline year of 2014-2015;
- Signed up to 'Zero Carbon Oxford' which is being co-ordinated by Oxford City Council. We have also developed partnerships with NHS regional stakeholders to share good practice and sustainable initiatives;
- Reduced business mileage by 60% when compared to the same period in 2019-2020;
- Switched our offsite electrical power to a green supplier, with our power now coming from renewable energy sources;
- Installed solar panels on newer buildings, such as the Highfield Unit in Oxford and are seeking funding for further developments;
- Continued our lighting replacement program to low energy, high efficiency LED lighting. The new Buckinghamshire Mental Health Community Hub in High Wycombe will be a 'green' building with LED lighting installed throughout;
- Acquired an electric car in our facilities fleet, with a business case being developed for electric charging points and additional electric vehicles;
- Completed a trial of a hybrid pool car vehicle with a community team in Oxford;
- Worked with the Department of Transport to review the Trust's baseline carbon emissions and impact on air pollution. A long-term plan is under development to transfer our vehicle fleet into electrical vehicles by 2028;
- Maintained and expanded our green spaces, including wildflower meadows at our Warneford and Littlemore sites; we have over 35 different species of trees among the

800 trees across our estate, absorbing over 16 tons of carbon annually, helping to offset the Trust's overall carbon footprint.

Our direct carbon emissions are measured in terms of travel and energy consumption. The direct carbon emissions for 2020-2021 were 4,793tCo2e, compared with 6,522 in 2019-2020. A significant part of that 27% reduction in overall carbon emissions can be attributed to the COVID-19 pandemic, when during lockdown periods both travel and building energy saw significant reduction in emissions.




## Equality and Human Rights

Our vision for equality is to go beyond mere compliance with the requirements of the Public Sector Equality Duty. We aim to use the legal duties as an instrument and means for inculcating a Trust-wide organisational culture that can house individual uniqueness and collective identity. As a starting point, this will entail taking a stringent look at how we consider the needs of all individuals across our policy development, delivery of services and employment practices.

In line with our duties as a provider of NHS services, we have a Strategy and Action Plan that provides a framework to ensure compliance with the Equality Act 2010 and Human Rights Act 1998. The Directors' Report, Remuneration Report, and Staff Report in this Annual Report cover our work on the Equality Delivery System (EDS2), the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES) and various other regulatory and accreditation frameworks. We continue to work with our staff networks and local community to improve staff and patient experience and outcomes for all.

The Trust undertakes activities, and has in place processes, systems and facilities to promote equality of service delivery. These include:

- A Disability Access Procedure, which includes a checklist aimed at ensuring that our services are accessible by people who have a disability. The checklist acts as a prompt for putting reasonable adjustments in place to ensure service delivery is fully accessible, and seeks to consider the needs of service users with little or no vision, or limited or no hearing; people who walk with difficulty (short distances or unsteadily), and those using walking aids (e.g. sticks, or crutches) or wheelchairs (self-propelled or powered); service users with limited strength or dexterity in one or both hands and/or arms; those with no access to

private transport; and people who may find it difficult to travel distances across parts of the city, or who may feel uncomfortable visiting unfamiliar parts of the city;

- Partnership work with AccessAble (formerly known as Disabled-Go) to produce 'Access Guides' for our sites (suspended during the pandemic, but will resume to complete the project);
- Contract with TextHelp (renewed during 2020-2021) for the provision of the online BrowseAloud facility, which is an accessibility tool on our external facing website to make our information accessible to visually impaired people;
- We have three contracted interpreting and translation service providers; all providers now offer video interpreting services which makes it easier for staff and service users to communicate in an accessible way;
- Employees are consistently asked to reflect on and declare in post-event evaluation forms how they will use the learning from staff engagement programmes (e.g. Black History Month; LGBT+ History Month; and Disability History Month) to improve service delivery and service user experience;
- We have developed new training programmes to raise awareness and consciousness of the particular needs of minority groups and communities from the protected characteristic groups:
    - Religion and Culture
    - Understanding Islam to meet the needs of Muslim Patients
    - Understanding Sexual Orientation and Gender Identity to meet the needs of LGBT+ Service Users;
- The following policies help to promote equality of service delivery:
    - Equal Opportunities Policy;
    - Procedural Guidance for Supporting Trans Patients and Services Users;
    - Procedural Guidance for Using Interpreting and Translation Services;
- Analysis of qualitative information obtained through the PALS and Complaints Team, and resulting actions from 'lessons learned' contribute to improved quality of service delivery;
- Advice, information and guidance on issues pertaining to service delivery and health inequalities is available to staff from the Head of Inclusion;
- Feedback gathered after receiving support is captured via an online evaluation form, with data analysed via the Equality, Diversity and Inclusion Steering Group;
- We follow the Accessible Information Standards which aims to make sure people who have a disability, impairment or sensory loss are provided with information they can easily read and understand with support;
- We are looking to develop an online portal to facilitate the capture of data and information in order to monitor how well, in the delivery of our services, we are meeting the obligations of the Public Sector Equality Duty.

When obtaining experience feedback from service users, the Trust invites patients and carers to declare their ethnicity, in order that we can identify any significant variation in quality of

experience across ethnic groups. An analysis of this data features in the workplan of the Equality, Diversity & Inclusion Steering Group.

The table below details experience feedback from service users for the period 1 April 2020 – 31 March 2021.

| Service user/carer ethnicity | Average experience score (0-5*) |
|---|---|
| Asian | 4.61 |
| Asian British | 4.77 |
| Asian other | 4.77 |
| Black | 4.42 |
| Black/African/Caribbean | 4.66 |
| Black British | 4.73 |
| White | 4.73 |
| White British | 4.78 |
| White other | 4.64 |
| Mixed/multiple ethnic groups | 4.54 |
| Other | 4.66 |
| Unknown | 4.54 |

## Forward look

Our response to COVID-19 will continue to be a key focus for the foreseeable future. The immediate health and care response to the pandemic has been exceptional across the health and care sector in the UK and the outbreak has changed the way we work, bringing in significant transformation despite the immense pressure.

We have now put in place the plans we need to lead us into the restoration, reset and redesign of services. We aim to continue to harness the enthusiasm and commitment of the staff who planned and worked through COVID-19 from the beginning so that they can also be involved in helping us to deliver our strategy. As we move forward to 2021-2022, it is with a sense of pride and optimism.

**Signed:** **Date: 28 June 2021**

**Dr Nick Broughton**

**Chief Executive and Accounting Officer**

# Accountability Report

## Directors' Report

The Board of Directors is focused on achieving long term success for the Trust through the pursuit of sound business strategies, whilst maintaining high standards of clinical and corporate governance and corporate responsibility. The Board of Directors brings a wide range of experience and expertise to its stewardship of the Trust and continues to demonstrate the vision, oversight and encouragement required to enable it to thrive.

The following accounts explain our governance policies and practices and provide insight into how the Board and management run the Trust for the benefit of the community and its members.

The Trust welcomed some new Board members during 2020 and the early part of 2021. Dr Ben Riley assumed his role as the Managing Director of Primary and Community Care Services on 1 April 2020. Dr Nick Broughton, Chief Executive, succeeded Stuart Bell, CBE on his retirement on 15 June 2020. Most recently, the Trust was joined by new Non-Executive Director, Mohinder Sawhney on 1 January 2021.

We said farewell to Board members Stuart Bell, CBE (Chief Executive) and Sir Jonathan Asbridge (non-executive director) in June 2020, and to Tim Boylin (Director of HR) who stood down from the Board in March 2021.

During more than seven years as Chief Executive with the Trust, Stuart was greatly admired and respected for his tireless work to develop and improve the Trust to benefit our service users and staff.

Sir Jonathan also left in June 2020 due to the pressures of his employment and the Trust was sorry to lose him after more than six years of dedicated service to the organisation and, in particular, his passion for quality improvement as the Chair of the Quality Committee.

Tim's role covered employee relations and engagement, recruitment, temporary staffing, and business partnering, but perhaps most notably he led the Trust's equality and inclusion agenda and staff wellbeing programme. Under his capable leadership, staff reported growing levels of engagement, wellbeing and satisfaction year-on-year; quite an achievement, especially through the COVID-19 crisis.

The Trust is grateful to these members of the Board for their support and dedication.

Chairman, David Walker, has throughout the year been responsible for the effective working of the Board, for the balance of its membership, subject to Board and Governor approval, and for ensuring that all directors are able to play their full part in the strategic direction of the Trust and its performance.

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

Dr Nick Broughton, as Chief Executive, is responsible for all aspects of the management of the Trust. This includes developing appropriate business strategies agreed by the Board, ensuring

appropriate objectives and policies are adopted throughout the Trust, appropriate budgets are set within available resources, and that performance is effectively monitored.

The Chairman, with the support of the Company Secretary, ensures that the Directors and Governors receive accurate, timely and clear information, making complex information easier to digest and understand.

Directors are encouraged to update their skills, knowledge and familiarity with the Trust's business through their induction; ongoing participation at Board and committee meetings; attendance and participation at development events and Board Seminars; Board member site visits (when not limited by COVID-19 restrictions) and through meetings with Governors. The Board is also regularly updated on governance and regulatory matters.

There is an understanding whereby any Non-Executive Director, wishing to do so in the furtherance of their duties, may take independent professional advice through the Director of Corporate Affairs and Company Secretary and at the Trust's expense.

The Non-Executive Directors provide a wide range of skills and experience. They bring an independent judgement on issues of strategy, performance and risk through their contribution at Board and committee meetings. The Board considers that throughout the year, each Non-Executive Director was independent in character and judgement; and met the independence criteria set out in NHSI's Code of Governance.

The Non-Executive Directors have ensured that they have sufficient time to carry out their duties. Any term beyond six years is subject to rigorous review by the Governors' Nominations and Remuneration Committee, to include the needs of the organisation in the context of the environment within which it operates.

The Non-Executive Directors, through the Nominations, Remuneration and Terms of Service Committee, are responsible for reviewing the performance appraisals conducted by the Chief Executive of Executive Directors and that of the Chief Executive conducted by the Chairman.

During the year, the time spent with the Governors has helped the Board to understand their views of the Trust and its strategies, and Board members attend the Council of Governors' meetings with Governors routinely attending the public Board meetings as observers.

Communication with members and service users supports our understanding of the things that matter to patients and the public, but we recognise more work needs to be done to make membership more meaningful for those who would wish to be involved. Progress against delivery of the Membership Strategy, approved in 2019, was monitored during the year by the Membership Involvement Group.

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

During the year covered by this Annual Report, the Board of Directors comprised the following individuals who served as Directors in 2020-2021:

## Executive Directors

*Voting Executive Director Members of the Board:*

Stuart Bell, CBE, Chief Executive to 14 June 2020

Dr Nick Broughton, Chief Executive from 15 June 2020

Mike McEnaney, Director of Finance

Dr Mark Hancock, Medical Director

Marie Crofts, Chief Nurse

Debbie Richards, Managing Director of Mental Health Services & Learning Disabilities Care

Dr Ben Riley, Managing Director of Primary and Community Care Services

*Non-voting Executive Director Members of the Board:*

Kerry Rogers, Director of Corporate Affairs and Company Secretary

Martyn Ward, Director of Strategy and Chief Information Officer

Tim Boylin, Director of Human Resources to 12 March 2021

## Non-Executive Directors

*Voting members of the Board:*

David Walker (Chairman)

Sir Jonathan Asbridge (Vice Chairman) to 30 June 2020

Professor Sue Dopson

Sir John Allison

Chris Hurst (Senior Independent Director and Vice Chairman from 1 July 2020)

Bernard Galton

Dr Aroop Mozumder

Lucy Weston

Mohinder Sawhney from 1 January 2021

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

| Name | Period of Office | Term since FT Status |
|---|---|---|
| David Walker | 01/04/2019 to 31/03/2022 | 1st |
| Professor Sue Dopson | 01/06/2018 to 31/05/2021 | 3rd |
| Sir Jonathan Asbridge | 01/07/2017 to 30/06/2020 | 2nd |
| Sir John Allison | 01/04/2021 to 31/03/2022 | 3rd |
| Chris Hurst | 01/04/2020 to 31/03/2023 | 2nd |
| Bernard Galton | 01/02/2021 to 31/01/2022 | 2nd |
| Dr Aroop Mozumder | 01/02/2021 to 31/01/2024 | 2nd |
| Lucy Weston | 01/03/2019 to 28/02/2022 | 1st |
| Mohinder Sawhney | 01/01/2021 to 31/12/2023 | 1st |

## Skills and Experience

The Trust considers that the composition of the Board is balanced, complete and appropriate to the requirements of the Trust.

We are required to describe in the Annual Report each Director's skills, expertise and experience and these have been outlined below along with their attendance at each of the Board of Directors' (BoD) meetings and Council of Governors' (CoG) general meetings that took place during the year:

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

David Walker was appointed Chairman of Oxford Health in April 2019. Prior to this, he served on the Board of Central and North West London NHS FT since 2011.

David has extensive NHS experience, including work on transformation plans for three Sustainability Transformation Plan areas and representing his previous Trust in forums with national NHS bodies. Previously, he has been a Trustee of the Nuffield Trust, the National Centre for Social Research, a Board member of social landlords, Places for People, and a council member of the Economic and Social Research Council. Until 2010 David was Managing Director responsible for Communications and Public Reporting at the Audit Commission.

As a journalist he was a Leader Writer for The Times, Chief Leader Writer for The Independent, Founding Editor of the Guardian's Public Magazine and he has worked as a local government and social policy correspondent. He is the author of several books, and is currently the Chair of the Understanding Society (the UK household longitudinal study) and a contributing editor of the Guardian's Public Leaders' Network.

**Professor Sue Dopson (Non-Executive Director), BoD 8/9 and CoG 2/4 meetings**

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

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

**Sir Jonathan Asbridge (Non-Executive Director), BoD 3/3 and CoG 0/1 meetings**

Sir Jonathan served as a Non-Executive Director from 1 July 2014 to 30 June 2020. He was the first President of the UK's Nursing and Midwifery Council. From early experiences as a St John Ambulance cadet in Cardiff, he went on to become a State Registered Nurse at St Thomas' Hospital, London. After a career in nursing at Singleton Hospital, he moved to Addenbrooke's Hospital, becoming General Manager, then Director of Clinical Care Services. He later became Chief Nurse at Barts and the Royal London Hospitals.

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

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

In December 2019, Sir Jonathan Asbridge was awarded an Honorary Doctorate in Science from the University of West London having dedicated his career to developing care for future generations.

During the period of this reportJonathan was employed as Clinical Director for Healthcare at Home, a UK-based clinical homecare provider, and was responsible for the 800 clinicians under its purview. He first joined Healthcare at Home in 2013, serving as Director of Quality and Governance.

**Sir John Allison (Non-Executive Director), BoD 9/9 and CoG 4/4 meetings**

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

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

**Chris Hurst (Non-Executive Director), BoD 8/9 and CoG 3/4 meetings**

Chris was appointed to the Board in April 2017 and is a Consultant and Executive Coach with 25 years' Board level experience, working in both executive and non-executive roles.

He is a Chartered Accountant and has worked in the banking and technology sectors, in local and national government, and as a Deputy Chief Executive Officer in the NHS.

He was previously a Board Trustee of the Healthcare Financial Management Association (HFMA) and was also previously a Non-Executive Director of a small digital development company and former independent adviser to an international healthcare technologies company.

**Bernard Galton (Non-Executive Director), BoD 9/9 and CoG 3/4 meetings**

Bernard had a long and successful Civil Service career and retired in 2014 from his role as Director General in the Welsh Government. He has 20 years' Executive Board experience and has also been a Non-Executive Director in NHS Foundation Trusts and a private sector joint venture company.

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

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

**Dr Aroop Mozumder (Non-Executive Director), BoD 9/9 and CoG 4/4 meetings**

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

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

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

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

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

**Mohinder Sawhney (Non-Executive Director from 1 January 2021), BoD 2/2 and CoG 1/1 meetings**

Mohinder Sawhney was appointed a Non-Executive Director in January 2021. A senior adviser to international companies and non-profit organisations, Mohinder is an economist who has extensive experience advising organisations large and small, including the World Bank, the Department for International Development, Diabetes UK, Hampshire County Council, and the Bank of England.

Mohinder completed her final third term as Chair of Revitalise, a charity providing respite breaks for disabled people and carers in 2020.

**Stuart Bell CBE (Chief Executive to 14 June 2020), BoD 2/2 and CoG 1/1 meetings**

Stuart was Chief Executive of the Trust from 1 October 2012 to 14 June 2020. Prior to that he was the Chief Executive Officer of South London and Maudsley NHS Foundation Trust for 13 years. He has more than 35 years' NHS experience and has also been Chief Executive of Thameslink NHS Trust and Lewisham and Guy's Mental Health NHS Trust. Earlier in his career he worked at Charing Cross and Whittington hospitals before moving to the South West Thames Regional Health Authority in 1990.

In 2008, Stuart was awarded a CBE for his services to the NHS. He is an Honorary Fellow of King's College London and the Royal College of Psychiatrists. He recently retired as Chairman of the Picker Institute Europe and is a Trustee of Help for Heroes.

**Dr Nick Broughton (Chief Executive from 15 June 2020), BoD 8/8 and CoG 4/4 meetings**

Nick was appointed Chief Executive Officer of Oxford Health NHS Foundation Trust on 15 June 2020.

He brings a wealth of experience to Oxford Health, having joined the Trust from Southern Health NHS Foundation Trust, where he led the organisation from a Care Quality Commission rating of 'Requires Improvement' in 2017 to 'Good' in January 2020.

Prior to that Nick was chief executive of Somerset Partnership NHS Foundation Trust, where he also led the trust from 'Requires Improvement' to 'Good'.

As a consultant psychiatrist for more than 20 years specialising in forensic psychiatry, he has held medical and clinical director roles, and a variety of other managerial positions, including as a director of Imperial College Healthcare Partners. He obtained his medical degree from Cambridge and completed his training at St. Thomas' Hospital, London.

**Mark Hancock (Medical Director), BoD 9/9 and CoG 3/4 meetings**

Mark was appointed Medical Director in April 2016 and has worked with Oxford Health in several roles since 1999. He had previously been the Deputy Medical Director, since May 2013. In recent years, he has been Psychiatric Lead for Medium Secure Services (2013-2014) and Associate Clinical Director for Forensic Services (2011-2013).

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

**Mike McEnaney (Director of Finance), BoD 9/9 and CoG 3/4 meetings**

Mike commenced his financial management career in consumer goods with Hoover, adding multinational experience gained in the oil and consumer lubricants sector with Burmah Castrol. He has substantial experience at the executive level gained as Finance Director of Honda's UK manufacturing operations, Avis' UK car rental business and a private equity backed global business. Alongside the financial experience gained in manufacturing and commercial organisations, he also has experience of managing IT and HR. Mike joined the Trust as Director of Finance in September 2011.

**Tim Boylin (Director of Human Resources to 12 March 2021), BoD 8/9 and CoG 3/3 meetings**

Tim Boylin graduated in Law from Leeds University in 1983 before joining the Dowty Group of companies as a Personnel Officer. He spent 15 years in progressively more senior HR roles in the aerospace and defence sector with Dowty and TI Group, including a five-year period based in Toronto leading the HR function for Canadian subsidiaries. He moved into the utilities sector in 1998 and has held operational and corporate HR director roles in Thames Water and EDF Energy.

In addition to the full range of HR responsibilities, Tim has been Chairman of two large boards of pension trustees. He also has significant merger and acquisition experience, and has led on Health, Safety and Sustainability and is a champion of equality and diversity. Tim joined the NHS in November 2016. He joined the Board of Directors of Oxford Health as a non-voting Executive Director in January 2018 and left the Trust on 30 June 2021, resigning his position as a director on 12 March 2021.

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

Kerry joined the Board of Directors as a non-voting executive director and Company Secretary on 1 September 2015. Kerry has more than 20 years board level experience and held director roles in the NHS prior to coming to Oxford Health NHS Foundation Trust; most recently with Sherwood Forest Hospitals NHS Foundation Trust in the Midlands. Until 2010, Kerry was a lay member for the Nursing and Midwifery Council and on the Business Planning and Governance Committee. She is currently a trustee for Age UK Oxfordshire and Board member of The Hill, an organisation which works with NHS trusts, universities, digital developers, innovators and investors to promote and encourage commercial and impactful technological solutions to problems in health and care.

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

**Martyn Ward (Director of Strategy and Performance), BoD 9/9 and CoG 4/4 meetings**

Martyn joined the NHS in September 2016 and was appointed as a non-voting Executive Director to the Board of Directors as Director of Strategy and Performance in January 2018. He was appointed the Trust's Chief Information Officer in July 2018.

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

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

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

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

She has been Director of Nursing in a mental health and learning disability organisation – 2gether NHS Foundation Trust, and most recently was Director of Mental Health at Birmingham Women's and Children's NHS Foundation Trust. Marie joined Oxford Health as Chief Nurse on 3 June 2019.

**Debbie Richards (Managing Director of Mental Health Services & Learning Disabilities Care), BoD 9/9 and CoG 3/4 meetings**

Debbie was appointed to a newly created Board level role to lead Mental Health and Learning Disability services in July 2019, reflective of the approach to more joined up 'integrated' care across health and social care systems in Oxfordshire, Buckinghamshire, Bath & North East Somerset, Swindon and Wiltshire.

In this role Debbie supports the delivery of the NHS Long Term Plan, building on discussions with key partners, including Oxfordshire and Buckinghamshire Clinical Commissioning Groups (CCGs).

Originally a trained mental health social worker, Debbie has more than 20 years' senior level experience in clinical service delivery, commissioning and transformation across health and social care. She joined Oxford Health from Buckinghamshire Clinical Commissioning Group where she was Director of Commissioning and Delivery. She studied at Oxford's Wolfson College where she obtained her masters.

**Dr Ben Riley (Managing Director of Primary and Community Care Services), BoD 6/9 and CoG 1/4 meetings**

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

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

Medical Centre, caring for a diverse population of 42,000 patients in central and north Oxford, including the homeless population and significant numbers of students as well as a health-deprived older population.

As a GP at Oxford's 19 Beaumont Street Surgery, Ben has an interest in frailty and is the lead doctor for a nursing and care home that includes patients with complex healthcare needs and dementia. Now in his sixth year in Oxford, Ben previously worked for seven years as a GP in Faringdon.

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

## Non-Statutory Board Committees

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

**The Quality Committee**, chaired by Non-Executive Director Dr Aroop Mozumder, enables the Board to obtain assurance regarding standards of care provided by the Trust and that adequate and appropriate clinical governance structures, processes and controls are in place.

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

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

- provide assurance that we have in place and are implementing appropriate policies, procedures, systems, processes and structures to ensure our services are safe, effective and efficient;
- provide assurance that the organisation is compliant with regulatory frameworks and legislation;
- approve changes in clinical or working practices or the implementation of new clinical or working practices;
- approve new or amended policies and procedures;

- monitor the quality, effectiveness and efficiency of services and identify any associated risks; and
- approve and monitor strategies relating to quality.

**The Finance and Investment Committee**, chaired by Non-Executive Director Chris Hurst, has overseen the development and implementation of the Trust's strategic financial plan and overseen management of the principal risks to the achievement of that plan, including oversight of the Trust's reforecast in year and the associated recovery plan. It has also contributed to the development of early plans with regard to the Warneford site development ambitions.

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

**The Mental Health Act Committee**, chaired by Non-Executive Director Sir John Allison, is constituted to provide assurance to the Board that the Trust establishes, monitors and maintains appropriate integrated systems, processes and reporting arrangements to ensure continued compliance with the Mental Health Act and Mental Capacity Act, whilst protecting the human rights of service users.

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

## Board of Directors' Register of Interests

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

## Enhanced Quality Governance Reporting

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

The governance framework continues to evolve as the business adapts to changes and currently describes the governance and assurance arrangements for the Trust, supporting integration of clinical and corporate governance. Regular reviews of the Terms of Reference of each committee keep the framework relevant.

The committees of the Board have been supported by regular reporting against a range of agreed quality metrics including; safety, safeguarding, infection control, clinical effectiveness

including National Institute for Health and Care Excellence (NICE) implementation, clinical audit, patient involvement and experience within services, and the safety and suitability of the physical estate. Individual executives led on compliance with CQC standards with assurance drawn from the sub-committee of the Quality Committee.

The directorate and corporate operational and clinical management structures are accountable to the Board of Directors through the Executive Team. With a clear delineation between governance and management responsibilities, it enables a stronger focus for reporting into the Quality Committee.

Each executive has a clearly defined portfolio and is individually and collectively accountable for the quality and safety of services. The Chief Nurse submits reports to the Board on quality and safety and on patient experience matters on a regular frequency, which include assessments against CQC requirements, and clinical audit results form part of regular updates from the Medical Director.

Further, the Board reviews a range of reports throughout the year which provide an insight into the quality of the services provided and the experiences of patients and service users. The internal audit programme, which is reviewed by the Audit Committee, provides assurances on a range of key governance/control areas.

The Executive Team regularly reviews the quality of services through weekly consideration of Serious Incidents Requiring Investigation cases, inquests, claims and complaint trends and themes. The Trust holds performance reviews for each Service Directorate providing the opportunity for Executive Directors to review directorate performance against a range of metrics, hold management teams to account for performance and assist directorates in identifying resources to tackle problem areas. To prioritise the response to the pandemic, a lighter touch review programme was in place during the year.

The quality of care provided is also independently assessed by the CQC. In 2019 the CQC rated Oxford Health NHS Foundation Trust 'Good' in its Well-Led domain and gave an overall rating of 'Good'. The Trust has not been inspected by the CQC during 2020-2021, beyond the frequent Mental Health Act inspections.

Although we all have a lot to be proud of at the Trust, we know what we need to do to improve. National inquiries such as CQC reports into mental health and learning disability deaths and other NHS inquiries serve as an important reminder of our professional and personal responsibilities from which we look to learn.

We, like everyone in the NHS, need to continue to focus on ensuring quality care for all our patients. We will continue to ensure that we have learned from the messages in national reports as well as from inspections of our own services in order to maintain and improve the care we deliver to patients.

Concluding last in June 2017, and so being due in the year of this report, the Trust did not commission an external review of its governance, so that priority could be given to addressing the significant impact of the pandemic on service, staff and patients/service users.

The Board has however kept under constant review its Board Governance including capability and capacity and reviewed terms of reference in addition to the comparatively recent additions of two Board Committees (People Leadership and Culture and Mental Health Act committees); and commissioned external support into the performance of the Board and Executives via a number of development sessions which have led to improvement. The review in 2017 covered

the areas previously incorporated in the Quality Governance Framework issued by NHS Improvement (and aligned with CQC requirements) and now part of NHSI's broader Well-Led Framework. Depending on the ongoing impact of COVID-19, the Trust will review the benefit of an external review of Board Governance in 2021-2022 but will continue its own improvement and assessment activity.

## Equality, Diversity and Inclusion

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

This year, most of our efforts had to be deployed towards supporting staff, service users and communities in response to the global pandemic and the anti-racist movement. In an unprecedented year that exposed inequalities like never before, we saw the work of fairness, justice and equity in an entirely different way.

Our work to advance workplace equality and inclusion continued and includes some of these key achievements:

**Race Equality:**

- Special bi-weekly race equality staff network meetings were organised to support all our employees, but particularly BAME staff, through the coupled effects of the disproportionate impact of COVID-19 on minority ethnic communities and the global focus against racial discrimination.
- A Trust-wide statement from the Chair and CEO was released speaking out against racial inequality and speaking up for racial justice.
- Systems were put into place to take ethnic origin into consideration when completing COVID-19 risk assessments for BAME staff.
- The Chief Nurse and Community Services Director were appointed to lead the work on race equality for the Trust.
- A month-long programme of events for Black History Month (October 2020) was developed and delivered by the Chairs and members of the Race Equality Staff Network which saw:
    - 31 Days
    - 22 Live events
    - 11 Recommended activities
    - 1148 Attendees
    - Special edition of the Equality Express newsletter.

**LGBT+ Equality:**

- New Co-Chairs for the LGBT+ Equality Staff Network were installed.
- New 'Progress' LGBT+ flag, which is inclusive of Trans and BAME people, will be used in future to represent the network's inclusive vision and values.
- Staff took part in the virtual Oxford PRIDE event in June 2020.
- The LGBT+ History Month (February 2021) programme featured a series of three special events that reflected one of the 'Body. Mind. Spirit.' themes. There were also themed

weekly Rainbow Cuppa meetings exploring the intersectionality of sexual orientation with race, disability and faith identities.

- 28 Days
- 8 Live events (including the new Rainbow Cuppas)
- 311 Attendees
- Special edition of the Equality Express newsletter

**Disability Equality:**

- The pre-pandemic partnership work with Access Able (formerly known as Disabled-Go) to produce Access Guides of our sites will resume again to complete the project.
- Renewal of contract with TextHelp for the provision of the online BrowseAloud facility, which is an accessibility tool to support visually impaired people that features on our external facing website to make our information accessible to everyone, everywhere.
- A 'Good Practice Communications Guide for Deaf People' was developed by members of the Disability Equality Staff Network in response to the barriers to communication posed by PPE.

**Gender Equality:**

- New Gender Equality Staff Network launched on International Women's Day (March 2021).
- Managing Director of Mental Health Services & Learning Disabilities Care installed as Chair and Executive Lead for Gender Equality at the Trust.
- The network is inclusive of women, men, Trans and non-binary people.

**Achievements also include:**

- The development of dedicated COVID-19 resources on the Equality, Diversity and Inclusivity (EDI) intranet page which include a body of advice, information and guidance to support inclusion in the workplace and in service delivery.
- Submission of the Workforce Race Equality Standard (WRES) data to NHS England.
- Submission of the Workforce Disability Equality Standard (WDES) data to NHS England.
- Introduction of new contract for face-to-face interpreting services with Absolute Interpreting Ltd.
- Continued implementation of the Royal College of Nursing's 'Cultural Ambassadors' initiative.
- More than 30 training sessions, workshops and away-days delivered to teams across the Trust.
- Responding to more than 200 queries, ranging from requests for support and advocacy to offering advice, information and guidance.

# Disclosures

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

## Income Disclosures

These can be found in notes 3 and 4 on the Annual Accounts section. The income received by the Trust from the provision of goods and services for the purposes of the health service in

England is greater than the income from the provision of goods and services for any other purposes, which is in compliance with requirements.

## The Better Payment Practice Code

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

| Measure of Compliance | 2020/2021 | | 2019/2020 | |
|---|---|---|---|---|
| | Number | £000 | Number | £000 |
| Total Non-NHS trade invoices paid in the year | 72,301 | 207,065 | 68,538 | 179,361 |
| Total Non-NHS trade invoices paid within target | 66,956 | 190,431 | 64,147 | 162,198 |
| Percentage of Non-NHS trade invoices paid within target | 92.6% | 92.0% | 93.6% | 90.4% |
| Total NHS trade invoices paid in the year | 3,490 | 22,062 | 2,618 | 16,599 |
| Total NHS trade invoices paid within target | 2,783 | 15,348 | 2,193 | 13,716 |
| Percentage of NHS trade invoices paid within target | 79.7% | 69.6% | 83.8% | 82.6% |

**No liability to pay interest accrued** by virtue of failing to pay invoices within the 30-day period.

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

The Trust has complied with the **Cost Allocation and Charging Guidance** set out in HM Treasury and Office of Public Sector Information Guidance.

# Remuneration Report

## Scope of the Report

The Remuneration Report summarises the Trust's Remuneration Policy and particularly, its application in connection with the Executive and Non-Executive Directors.

The report also describes how the Trust applies the principles of good corporate governance in relation to Directors' remuneration as defined in the NHS FT Code of Governance, in Section 420 to 422 of the Companies Act 2006 in so far as they apply to Foundation Trusts; and the Directors' Remuneration Report Regulation 11 and Parts 3 and 5 of Schedule 8 of the Large and Medium sized Companies and Groups (Accounts and Reports) Regulations 2008 (SI 2008/410) ("the Regulations") as interpreted for the context of NHS Foundation Trusts; Parts 2 and 4 of Schedule 8 of the Regulations and elements of the NHS Foundation Trust Code of Governance.

Details of Executive Directors' remuneration and pension benefits; and Non-Executives' remuneration are set out in tables available later in this report. They have been subject to audit.

## Nominations, Remuneration and Terms of Service Committee

The Board appoints the committee that considers remuneration, which is the single committee considering both nominations and remuneration called the Nominations, Remuneration and Terms of Service Committee and its membership comprises only Non-Executive Directors.

The Committee meets to determine, on behalf of the Board, the remuneration strategy for the organisation including the framework of executive and senior manager remuneration.

Its remit currently includes determining the remuneration and terms and conditions of the executive and their direct reports, the terms and conditions of other senior managers and approving senior manager severance payments where relevant. Employer Based Clinical Excellence Awards are dealt with by the Board of Directors and allocations were approved during the year.

All Non-Executive Directors are members of the Committee. The Committee has met on 5 occasions during 2020-2021. During the year, the following Non-Executive Directors have served on the Committee as voting core members:

| Committee Member | Attendance |
|---|---|
| David Walker (Chair) | 5/5 |
| Chris Hurst (SID) | 4/5 |
| Jonathan Asbridge (Vice Chair) | 1/1 |
| John Allison | 4/5 |
| Sue Dopson | 2/5 |
| Aroop Mozumder | 5/5 |
| Bernard Galton | 5/5 |
| Lucy Weston | 4/5 |
| Mindy Sawhney | 1/1 |

The Committee also invited the assistance of the Chief Executive, Nick Broughton (and Stuart Bell whilst he was in post), the Director of Human Resources (Tim Boylin) and the Director of Corporate Affairs and Company Secretary (Kerry Rogers). None of these individuals or any other Executive or senior manager participated in any decision relating to their own remuneration.

## Gender Pay Gap

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

## Senior Managers' Remuneration Policy

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

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

During the year the Trust adhered to the principles of the agreed pay framework that remunerated the performance of the Executive Directors and their direct reports based on the delivery of objectives as defined within the Annual Plan.

There are no contractual provisions for performance related pay for executive and direct reports and as such no payments were made in 2020-2021. The approach to remuneration is intended to provide the rigour necessary to deliver assurance and the flexibility needed to adapt to the dynamics of an ever-changing NHS. It is fundamental to business success and is modelled upon the guidance in The NHS Foundation Trust; Code of Governance and the Pay

Framework for Very Senior Managers in the NHS (Department of Health). The key principles of the approach are that pay and reward are assessed relative to the performance of the whole Trust and in line with available benchmarks.

In light of the Trust's financial situation, the remuneration policy for 2020-2021 did not include any performance related pay elements, and all directors' performance will continue to be assessed against delivery of the Annual Plan and associated corporate objectives and kept in line with recognised benchmarks (e.g. NHS Providers and the wider pay policies of the NHS).

Executive Directors received an annual inflationary uplift to increase base pay rates by 1.03% in 2020-2021 reflecting the guidance received and published by regulators.

Executive appointments to the Board of Directors continue under permanent contracts and during 2020-2021, no substantive director held a fixed term employment contract with the exception of the Medical Director's Board position. The Chief Executive and all other executive directors (voting and non-voting) hold office under notice periods of 3 or 6 months. This information is detailed later in this report, except when related to conduct or capability.

There were no interim members of the Board of Directors during 2020-2021. The recruitment process for the appointment of the new Chief Executive who started on 15 June 2020 (to succeed Stuart Bell who retired on 14 June 2020) had concluded during the previous year.

The Director of Human Resources resigned from the Board on 12 March 2021 and left the Trust at the end of June 2021. The Medical Director left his position on the Board of Directors on 7 May 2021 (after conclusion of the financial year to which this Annual Report relates).

The process to appoint a new Chief Medical Officer (replacing the role of Medical Director) concluded during the year, with Dr Karl Marlowe approved as successor to Mark Hancock, and who took up his appointment on 10 May 2021. The process to appoint a new Chief People Officer (replacing the role of Director of Human Resources) commenced in April 2021 with an Interim HR Director taking up post in April 2021 pending the conclusion of that process.

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

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

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

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

## Annual Statement on Remuneration from the Chair of the Committee

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

The majority of staff employed by the Trust are contracted on Agenda for Change terms and conditions and the general policy on remuneration contained within these terms and conditions is applied to senior managers' remuneration (and all other staff employed on non-Agenda for Change contracts), with the exception of the Medical Director, to whom Medical and Dental terms and conditions apply.

The list of Board members who are each not on Agenda for Change contracts is available later in this report (their contracts are permanent, and there are no unexpired terms).

Remuneration for senior managers is set on appointment or following substantial change in responsibilities, with reference to the Incomes Data Services Report on NHS senior manager pay and NHS benchmarking data collected by organisations such as NHS Providers. The major consideration for annual pay increases for senior managers has been the inflationary uplift award made under Agenda for Change and the Very Senior Manager guidance from regulators.

The Code of Governance submits that the Board of Directors should not agree to a full-time Executive Director taking on more than one Non-Executive Directorship of an NHS Foundation Trust or another organisation of comparable size and complexity, nor the chairpersonship of such an organisation.

No Executive Directors of the Trust served as a Non-Executive Director on organisations of comparable size elsewhere throughout the year.

## Non-Executive Directors' Remuneration

The remuneration for Non-Executive Directors has been determined by the Council of Governors and is set at a level to recognise the significant responsibilities of Non-Executive Directors in Foundation Trusts, and to attract individuals with the necessary experience and ability to make an important contribution to the Trust's affairs.

They each have terms of no more than three years and are able to serve two consecutive terms dependent on formal assessment and confirmation of satisfactory on-going performance. A third term of three years may be served, subject to on-going positive appraisals and a broader review taking into account the needs of the Board and the Trust. The maximum period of office of any Non-Executive Director shall not exceed nine years from the time the Trust became a Foundation Trust.

The Non-Executive Directors' Remuneration Framework, as agreed previously by the Council of Governors, is consistent with best practice and external benchmarking, and remuneration during 2020-2021 has been consistent with that framework. The guidance issued during the previous year recommended that for Non-Executive Directors, a single uniform annual rate of

£13,000 should apply. The annual standard rate (excluding supplementary payments) of existing Non-Executive Directors does not exceed £13,000.

All trusts also have local discretion to award limited supplementary payments depending on the organisations' size in recognition of designated extra responsibilities. Foundation trusts are expected to explain their rationale for divergence from the recommended structure. The responsibility allowance (for chairing Board committees/onerous responsibility) will not be increased during the tenure of existing Non-Executive Directors whilst the guidance sets the responsibility allowance at £2000, given that currently the payment received is £3169.

The disparity between the current payment and that in the guidance (to be phased over several years) is to ensure that no Director receives a reduction in their remuneration. Current Non-Executive Directors' total remuneration (regarding the £2000 responsibility cap) will not reduce until their terms at the Trust expire, and on that basis their base remuneration will not exceed the cap. New appointments will be in accordance with the guidance (£13,000 and £2000 caps).

None of the Non-Executive Directors are employees of the Trust; they receive no benefits or entitlements other than fees and are not entitled to any termination payments. The entire Council of Governors determine the Terms and Conditions of the Non-Executive Directors. The Trust does not make any contribution to the pension arrangements of Non-Executive Directors. Fees reflect individual responsibilities including higher rates for chairing the main committees of the Board, with all Non-Executive Directors otherwise subject to the same terms and conditions.

There was one new Non-Executive Director appointment during the year following the unplanned resignation of Sir Jonathan Asbridge in June 2020 as a result of changing priorities due to COVID-19 and his employment priorities. Mohinder Sawhney joined the Trust on 1 January 2021 following a successful recruitment process led by the Council of Governors.

## Annual Report on Remuneration

### Termination Payments

Notice periods under senior managers' contracts are determined and agreed taking into consideration the need to protect the Trust from extended vacancies on the one hand and the needs of the employee and financial risks to the Trust on the other. The maximum notice period is six months.

Payments to senior managers for loss of office are governed by and compliant with the NHS standard conditions and regulations; where relevant, payments are submitted to NHSI for Treasury approval. All payments made in the period to any senior manager for loss of office are outlined in the tables detailing Staff Exit Packages below.

### Disclosures

The Trust is required to disclose the relationship between the remuneration of the highest paid Director in the organisation and the median remuneration of the organisation's workforce.

The remuneration of the highest paid director, subject to audit, in the Trust in the financial year 2020/21 was £207,500 (2019/20, £192,500). This was 6.77 times (2019/20, 6.39 times) the median remuneration of the workforce, which was £30,615 (2019/20, £30,112).

The calculation of the highest paid director is based on the full-time equivalent staff of the reporting entity at the reporting period end date on an annualised basis. Termination benefits are excluded from the calculation.

In 2020-2021, no employees (two in 2019-2020) received remuneration in excess of the highest paid director. Remuneration ranged from £18,005 to £207,405 (2019/20 £17,652 - £197,446). The Medical Director received a National Clinical Excellence Award, shown as 'other remuneration' in the Salaries and Allowances table available later in this report.

To achieve its goals, the Trust must attract and retain high calibre and experienced members of the Executive Team to ensure the Trust is best positioned to succeed. As referenced within this Remuneration Report, the Trust applies the principles of the Code of Governance and NHS guidance on remuneration, in addition to a regular review of available benchmark information, and consideration of pay and conditions across the wider Trust and the associated pay increases each year.

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

The Non-Executive Directors' Nominations, Remuneration and Terms of Service Committee is satisfied that it has taken appropriate steps to ensure where any senior manager is paid more than £150,000 that the level of remuneration is reasonable and proportionate, including benchmarking of job content, responsibility and salary across similar sized organisations. There are currently two senior managers who have been paid above this level for more than three years and there have been no additions to this group in 2020-2021.

## Expenses

There were 19 directors who served in office during the financial year 2020-2021 (2019/20, 18), of which, 8 (2019/20, 18) received expenses with a total value of £2,301 (2019/20, £12,487).

During 2020-2021, the Trust had 36 governor seats available (2019/20, 36). Full details of the governors in post through the year can be found in the Council of Governors report of this Annual Report. Whilst the role is voluntary, governors are entitled to claim reasonable expenses. In 2020-2021, 4 governors' (2019/20, 14) expenses were reimbursed with a total value of £137 (2019/20, £3,728).

## Salaries and Allowances

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

## Salaries and Allowances 2020/2021 – Subject to Audit

| 2020/2021 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Name** | **Title** | **Effective Dates if not in post full year** | **Salary (bands of £5,000)** | **Other Remuneration (bands of £5,000)** | **Benefits in Kind (rounded to nearest £00)** | **Total salary and other remuneration (bands of £5,000)*** | **Pension-related benefits (bands of £2,500)**** | **Total including pension-related benefits (bands of £5,000)** |
| | | | **£000** | **£000** | **£00** | **£000** | **£000** | **£000** |
| Stuart Bell | Chief Executive | 01 Apr 2020 to 14 June 2020 | 45-50 | 0 | 0 | 45-50 | 0 | 45-50 |
| Nick Broughton | Chief Executive | 15 Jun 2020 to 31 Mar 2021 | 180-185 | 0 | 0 | 180-185 | 0 | 180-185 |
| Mike McEnaney | Director of Finance | | 155-160 | 0 | 0 | 155-160 | 35.0-37.5 | 195-200 |
| Mark Hancock | Medical Director and Director of Strategy | | 130-135 | 10-15 | 0 | 140-145 | 52.5-55.0 | 195-200 |
| Kerry Rogers | Director of Corporate Affairs and Company Secretary | | 115-120 | 0 | 0 | 115-120 | 27.5-30.0 | 145-150 |
| Tim Boylin | Director of HR | 01 Apr 2020 to 12 Mar 2021 | 100-105 | 10-15 | 0 | 110-115 | 0 | 110-115 |
| Martyn Ward | Director of Strategy and Performance | | 95-100 | 0 | 0 | 95-100 | 25.0-27.5 | 125-130 |
| Marie Crofts | Chief Nurse | | 130-135 | 0 | 0 | 130-135 | 0 | 130-135 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Debbie Richards | Managing Director of Mental Health Services & Learning Disabilities Care | | 130-135 | 0 | 0 | 130-135 | 62.5-65.0 | 190-195 |
| Ben Riley | Managing Director of Community Services | 02 Apr 20 to 31 Mar 2021 | 105-110 | 0 | 0 | 105-110 | 50.0-52.5 | 160-165 |
| David Walker | Chairman | | 45-50 | 0 | 0 | 45-50 | 0 | 45-50 |
| Sue Dopson | Non-Executive Director | | 10-15 | 0 | 0 | 10-15 | 0 | 10-15 |
| Jonathan Asbridge | Non-Executive Director | 01 Apr 20 to 30 June 2021 | 0-5 | 0 | 0 | 0-5 | 0 | 0-5 |
| John Allison | Non-Executive Director | | 15-20 | 0 | 0 | 15-20 | 0 | 15-20 |
| Chris Hurst | Non-Executive Director | | 15-20 | 0 | 0 | 15-20 | 0 | 15-20 |
| Aroop Mozumder | Non-Executive Director | | 15-20 | 0 | 0 | 15-20 | 0 | 15-20 |
| Bernard Galton | Non-Executive Director | | 15-20 | 0 | 0 | 15-20 | 0 | 15-20 |
| Lucy Weston | Non-Executive Director | | 15-20 | 0 | 0 | 15-20 | 0 | 15-20 |
| Mohinder Sawhney | Non-Executive Director | 1 Jan 2021 to 31 Mar 2021 | 0-5 | 0 | 0 | 0-5 | 0 | 0-5 |

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

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

## Salaries and Allowances 2019/2020

| 2019/2020 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Name** | **Title** | **Effective Dates if not in post full year** | **Salary (bands of £5,000)** | **Other Remuneration (bands of £5,000)** | **Benefits in Kind (rounded to nearest £00)** | **Total salary and other remuneration (bands of £5,000)*** | **Pension-related benefits (bands of £2,500)**** | **Total including pension-related benefits (bands of £5,000)** |
| | | | **£000** | **£000** | **£00** | **£000** | **£000** | **£000** |
| Stuart Bell | Chief Executive | | 190-195 | 0 | 0 | 190-195 | 0.0-2.5 | 190-195 |
| Mike McEnaney | Director of Finance | | 155-160 | 0 | 0 | 155-160 | 40.0-42.5 | 195-200 |
| Dominic Hardisty | Chief Operating Officer | 01 Apr 2019 to 31 Jul 2019 | 45-50 | 0 | 0 | 45-50 | 35.0-37.5 | 80-85 |
| Mark Hancock | Medical Director and Director of Strategy | | 120-125 | 15-20 | 0 | 140-145 | 42.5-45.0 | 180-185 |
| Catherine Riddle | Director of Nursing and Clinical Standards | 01 Apr 2019 to 02 Jun 2019 | 15-20 | 0 | 0 | 15-20 | 0.0-2.5 | 15-20 |
| Kerry Rogers | Director of Corporate Affairs and Company Secretary | | 115-120 | 0 | 0 | 115-120 | 45.0-47.5 | 160-165 |
| Tim Boylin | Director of HR | | 95-100 | 10-15 | 0 | 105-110 | 0 | 105-110 |
| Martyn Ward | Director of Strategy and Performance | | 95-100 | 0 | 0 | 95-100 | 22.5-25.0 | 120-125 |
| Marie Crofts | Chief Nurse | 03 Jun 2019 to 31 Mar 2020 | 105-110 | 0 | 0 | 105-110 | 122.5-125.0 | 230-235 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Debbie Richards | Managing Director of Mental Health Services & Learning Disabilities Care | 22 Jul 2019 to 31 Mar 2020 | 90-95 | 0 | 0 | 90-95 | 80.0-82.5 | 170-175 |
| David Walker | Chairman | | 45-50 | 0 | 0 | 45-50 | 0 | 45-50 |
| Sue Dopson | Non-Executive Director | | 10-15 | 0 | 0 | 10-15 | 0 | 10-15 |
| Jonathan Asbridge | Non-Executive Director | | 15-20 | 0 | 0 | 15-20 | 0 | 15-20 |
| John Allison | Non-Executive Director | | 10-15 | 0 | 0 | 10-15 | 0 | 10-15 |
| Chris Hurst | Non-Executive Director | | 15-20 | 0 | 0 | 15-20 | 0 | 15-20 |
| Aroop Mozumder | Non-Executive Director | | 10-15 | 0 | 0 | 10-15 | 0 | 10-15 |
| Bernard Galton | Non-Executive Director | | 15-20 | 0 | 0 | 15-20 | 0 | 15-20 |
| Lucy Weston | Non-Executive Director | | 10-15 | 0 | 0 | 10-15 | 0 | 10-15 |

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

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

## Pension Benefits – Subject to Audit

| Pension Benefits | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Name, Title** | **Real increase/ (decrease) in pension at pension age (bands of £2,500)** | **Real increase/ (decrease) in pension lump sum at pension age (bands of £2,500)** | **Total accrued pension at pension age at 31/03/2021 (bands of £5,000)** | **Lump sum at pension age related to accrued pension at 31/03/2021 (bands of £5,000)** | **Cash Equivalent Transfer Value at 01/04/2020** | **Real increase/ (decrease) in Cash Equivalent Transfer Value** | **Cash Equivalent Transfer Value at 31/03/2021** | **Employer's contribution to stakeholder pension** |
| | **£'000 a** | **£'000 b** | **£'000 c** | **£'000 d** | **£'000 e** | **£'000 f** | **£'000 g** | **£'000** |
| Stuart Bell, Chief Executive (leaver 14/06/2020) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Nick Broughton, Chief Executive (starter 15/06/2020) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Mike McEnaney, Director of Finance | 2.5-5.0 | n/a | 25-30 | n/a | 412 | 44 | 485 | n/a |
| Mark Hancock, Medical Director | 2.5-5.0 | 2.5-5.0 | 35-40 | 75-80 | 589 | 43 | 659 | n/a |
| Kerry Rogers, Director of Corporate Affairs and Company Secretary | 0.0-2.5 | 0.0-2.5 | 25-30 | 40-45 | 425 | 22 | 471 | n/a |
| Martyn Ward Director of Strategy and Performance | 0.0-2.5 | n/a | 5-10 | n/a | 72 | 11 | 98 | n/a |
| Marie Crofts, Chief Nurse | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Debbie Richards, Managing Director of Mental Health Services & Learning Disabilities Care | 2.5-5.0 | 10.0-12.5 | 40-45 | 120-125 | 855 | 89 | 977 | n/a |
| Ben Riley, Managing Director of Community Services (starter 02/04/2020) * | 2.5-5.0 | 2.5-5.0 | 5-10 | 10-15 | 50 | 22 | 86 | n/a |

*Notes:*

- *The benefits and related cash equivalent transfer values (CETVs) do not allow for a potential adjustment arising from the McCloud judgement.*
- *CETVs at 31/03/2020 and 31/03/2021 have been calculated using different methodologies to reflect changes in the Guaranteed Minimum Pension (GMP).*

** Prior year pension information is not available to establish year on year movements.*

## Contract Type and Notice Period

| Name | Start Date as Senior Manager | Contract Type | Notice Period by Employee | Notice Period by Employer |
|---|---|---|---|---|
| Stuart Bell | 01/10/2012 | Permanent | 6 months | 6 months |
| Nick Broughton | 15/06/2020 | Permanent | 3 months | 3 months |
| Mike McEnaney | 15/08/2011 | Permanent | 3 months | 6 months |
| Kerry Rogers | 01/09/2015 | Permanent | 3 months | 3 months |
| Mark Hancock | 01/04/2016 | Five years (as Medical Director) | 3 months | 3 months |
| Tim Boylin | 01/01/2018 | Permanent | 3 months | 3 months |
| Martyn Ward | 01/01/2018 | Permanent | 3 months | 3 months |
| Marie Crofts | 03/06/2019 | Permanent | 3 months | 3 months |
| Debbie Richards | 22/07/2019 | Permanent | 3 months | 3 months |
| Ben Riley | 02/04/2020 | Permanent | 3 months | 3 months |

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

## Analysis of Staff Costs – *Subject to Audit*

| | | | | | 2020/21 | | 2019/20 |
|---|---|---|---|---|---|---|---|
| | **Permanent** | | **Other** | | **Total** | | **Total** |
| | **£000** | | **£000** | | **£000** | | **£000** |
| Salaries and wages | 182,016 | | 24,470 | | **208,485** | | 188,835 |
| Social security costs | 18,068 | | 2,158 | | **20,226** | | 18,143 |
| Apprenticeship levy | 1,002 | | - | | **1,002** | | 906 |
| Employer's contributions to NHS pension scheme | 34,054 | | 546 | | **34,601** | | 32,208 |
| Pension cost – other | | | 248 | | **248** | | 176 |
| Termination benefits | | | | | | | - |
| Temporary staff | | | 34,795 | | **34,795** | | 24,332 |
| **Total gross staff costs** | **235,140** | | **64,218** | | **299,358** | | **264,599** |
| Recoveries in respect of seconded staff | (907) | | - | | **(907)** | | (914) |
| **Total staff costs** | **234,232** | | **64,218** | | **298,451** | | **263,685** |
| **Of which** | | | | | | | |
| Costs capitalised as part of assets | 435 | | - | | **435** | | 609 |

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

| | | | | | 2020/21 | | 2019/20 |
|---|---|---|---|---|---|---|---|
| | **Permanent** | | **Other** | | **Total** | | **Total** |
| | **Number** | | **Number** | | **Number** | | **Number** |
| Medical and dental | 246 | | 46 | | **292** | | 262 |
| Administration and estates | 1,193 | | 112 | | **1,305** | | 1,176 |
| Healthcare assistants and other support staff | 1,048 | | 248 | | **1,296** | | 1,189 |
| Nursing, midwifery and health visiting staff | 1,256 | | 449 | | **1,705** | | 1,551 |
| Nursing, midwifery and health visiting learners | 52 | | | | **52** | | 51 |
| Scientific, therapeutic and technical staff | 1,078 | | 5 | | **1,083** | | 1,008 |
| Social care staff | 129 | | 17 | | **146** | | 63 |
| Other | | | 42 | | **42** | | |
| **Total average numbers** | **5,002** | | **919** | | **5,921** | | **5,300** |

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

## Exit Packages – Subject to Audit

### Reporting of Compensation Schemes - Exit Packages 2020/21

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

**contractual compulsory redundancy*

### Reporting of Compensation Schemes - 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 | - | | 15 | | **15** |
| £10,000 - £25,000 | - | | - | | **-** |
| £25,001 - £50,000 | 1 | | 1 | | **2** |
| £50,001 - £100,000 | - | | 1 | | **1** |
| £100,001 - £150,000 | - | | - | | **-** |
| £150,001 - £200,000 * | - | | - | | **-** |
| >£200,000 | - | | - | | **-** |
| **Total number of exit packages by type** | **1** | | **17** | | **18** |
| Total cost (£) | £50,000 | | £199,000 | | **£249,000** |

**contractual compulsory redundancy*

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

This disclosure reports the number and value of exit packages taken by staff leaving in the year.

## Staff Exit Packages: Other (non-compulsory) Departure Payments

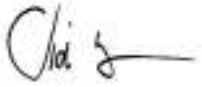
## Exit packages: other (non-compulsory) departure payments

| | 2020/21 | | 2019/20 | |
|---|---|---|---|---|
| | Payments agreed | Total value of agreements | Payments agreed | Total value of agreements |
| | Number | £000 | Number | £000 |
| Voluntary redundancies including early retirement contractual costs | - | - | - | - |
| Mutually agreed resignations (MARS) contractual costs | 1 | 45 | 2 | 119 |
| Early retirements in the efficiency of the service contractual costs | - | - | - | - |
| Contractual payments in lieu of notice | 10 | 30 | 15 | 80 |
| Exit payments following Employment Tribunals or court orders | - | - | - | - |
| Non-contractual payments requiring HMT approval | - | - | - | - |
| **Total** | **11** | **75** | **17** | **199** |
| **Of which:** | | | | |
| Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary | - | - | - | - |

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

## Service Contracts Obligations

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



**Signed:** **Date: 28 June 2021**

**Dr Nick Broughton**

**Chief Executive**

# Staff Report

Our vision is for "Outstanding Care Delivered by an Outstanding Team" and our staff are central to Oxford Health NHS Foundation Trust's success.

The development of the Trust's workforce to ensure the delivery of high quality and safe patient care has remained the central focus of our workforce, training and organisational development activities. We recognise the challenges faced by our teams due to increasing workloads, staff recruitment difficulties and this year, the COVID-19 Pandemic, and are working to tackle this and mitigate adverse impacts on stress, health and wellbeing.

## Workforce Profile

At 31 March 2021, the Trust employed 6,000 staff with a contracted WTE (whole time equivalent) of 5,258.81. At the end of the year the breakdown of staff by gender was:

- Board Directors (Executive and Non-Executive, voting and non-voting): 10 male and 6 female;
- Other senior managers: 73 male and 200 female;
- Employees (excluding the above): 1,045 male and 4,666 female.

### Permanent Staff

The Trust's permanent workforce is comprised of the following categories, applying the occupation codes in NHS Digital's Occupational Code Manual.

| Occupation Code | Occupation Code Name | Total |
|---|---|---|
| **G2D** | Clerical & administrative in Clinical Support | 663.51 |
| **G2A** | Clerical & administrative in Central functions | 340.68 |
| **N9E** | Nursing Assistant / Auxiliary in Other Mental Health | 317.29 |
| **N6D** | Other 1st Level Nurse in Community Mental Health | 281.54 |
| **N6E** | Other 1st Level Nurse in Other Mental Health | 243.44 |
| **S1C** | Therapist in Occupational Therapy | 179.41 |
| **H2R** | Support Worker in Hotel, property & estates | 170.29 |
| **N6A** | Other 1st Level Nurse in Acute, Elderly & General | 140.74 |
| **N9A** | Nursing Assistant / Auxiliary in Acute, Elderly & General | 135.38 |
| **N3H** | Health Visitor in Community Services | 127.55 |

| | | |
|---|---|---|
| **S5M** | Assistant Practitioner in Psychological Therapy | 126.09 |
| **N6H** | Other 1st Level Nurse in Community Services | 125.86 |
| **S2L** | Scientist in Applied Psychology | 125.10 |
| **52** | HCHS Doctors in General psychiatry | 113.99 |
| **S1U** | Therapist in Social Services | 107.37 |
| **S5L** | Assistant Practitioner in Applied Psychology | 107.21 |
| **N5H** | District Nurse - 2nd Level in Community Services | 97.13 |
| **S8L** | Trainee / Student in Applied Psychology | 79.67 |
| **S1E** | Therapist in Physiotherapy | 79.04 |
| **N4H** | District Nurse - 1st Level in Community Services | 74.07 |
| **G1A** | Manager in Central functions | 69.72 |
| **S1M** | Therapist in Psychological Therapy | 63.70 |
| **H1D** | Healthcare Assistant in Other Mental Health | 60.78 |
| **G1D** | Manager in Clinical support | 56.30 |
| **N9H** | Nursing Assistant / Auxiliary in Community Services | 51.97 |
| **S2M** | Scientist in Psychological Therapy | 51.45 |
| **S1J** | Therapist in Speech & language therapy | 42.88 |
| **NBK** | Qualified School Nurse in School Nursing | 40.90 |
| **N0H** | Nurse Manager in Community Services | 40.14 |
| **S1A** | Therapist in Chiropody / podiatry | 38.34 |
| **S5U** | Assistant Practitioner in Social Services | 36.05 |
| **53** | HCHS Doctors in Child and adolescent psychiatry | 33.53 |
| **H2D** | Support Worker in Other Mental Health | 33.53 |
| **S0U** | Other ST&T Manager in Social Services | 31.87 |

| | | |
|---|---|---|
| **N0D** | Nurse Manager in Community Mental Health | 29.70 |
| **S4P** | Technician in Pharmacy | 28.04 |
| **NFH** | Nursing Assistant Practitioner in Community Services | 28.00 |
| **S4R** | Technician in Dental | 26.93 |
| **N8H** | Nursery Nurse in Community Services | 25.41 |
| **S2P** | Scientist in Pharmacy | 25.28 |
| **N6B** | Other 1st Level Nurse in Paediatric Nursing | 24.25 |
| **NHE** | Trainee Nursing Associate in Other Mental Health | 23.76 |
| **NGE** | Nursing Associate in Other Mental Health | 22.58 |
| **A6A** | Specialist Practitioner in Emergency Care | 22.37 |
| **N9D** | Nursing Assistant / Auxiliary in Community Mental Health | 21.43 |
| **S8M** | Trainee / Student in Psychological Therapy | 21.40 |
| **G2C** | Clerical & administrative in Scientific, therapeutic & technical support | 20.79 |
| **S0C** | Manager in Occupational Therapy | 20.21 |
| **G3B** | Estates (maintenance & works) in Hotel, property & estates | 20.00 |
| **G0A** | Senior Manager in Central functions | 19.81 |
| **S9E** | Helper / Assistant in Physiotherapy | 19.08 |
| **NGH** | Nursing Associate in Community Services | 18.60 |
| **NHH** | Trainee Nursing Associate in Community Services | 18.60 |
| **56** | HCHS Doctors in Psychotherapy | 18.32 |
| **971** | HCHS Doctors in General Dental Practitioner | 18.21 |
| **G2B** | Clerical & administrative in Hotel, property & estates | 17.59 |
| **N9G** | Nursing Assistant / Auxiliary in Other Learning Disabilities | 16.87 |
| **S1B** | Therapist in Dietetics | 16.03 |
| **S5X** | Assistant Practitioner in Other ST&T | 16.00 |

| | | |
|---|---|---|
| **54** | HCHS Doctors in Forensic psychiatry | 15.95 |
| **S6C** | Instructor / Teacher in Occupational Therapy | 15.19 |
| **NCE** | Modern Matron in Other Mental Health | 14.00 |
| **SAL** | Consultant Therapist / Scientist in Applied Psychology | 13.50 |
| **NHD** | Trainee Nursing Associate in Community Mental Health | 13.29 |
| **N6F** | Other 1st Level Nurse in Community Learning Disabilities | 13.18 |
| **N0F** | Nurse Manager in Community Learning Disabilities | 12.99 |
| **S0M** | Other ST&T Manager in Psychological Therapy | 12.59 |
| **N0E** | Nurse Manager in Other Mental Health | 12.50 |
| **G0D** | Senior Manager in Clinical support | 12.40 |
| **N6G** | Other 1st Level Nurse in Other Learning Disabilities | 11.60 |
| **N6K** | Other 1st Level Nurse in School Nursing | 11.57 |
| **S6E** | Instructor / Teacher in Physiotherapy | 11.01 |
| **G1B** | Manager in Hotel, property & estates | 11.00 |
| **S1X** | Therapist in Other ST&T staff | 10.46 |
| **S9K** | Helper / Assistant in Multi-therapies | 10.00 |
| **S0J** | Manager in Speech & language therapy | 9.25 |
| **S5C** | Assistant Practitioner in Occupational Therapy | 9.06 |
| **Z2E** | Non-Executive Members | 9.00 |
| **H1F** | Healthcare Assistant in Community Services | 8.73 |
| **921** | HCHS Doctors in General Med Practitioner | 7.88 |
| **S0L** | Other ST&T Manager in Applied Psychology | 7.70 |
| **N6J** | Other 1st Level Nurse in Education Staff | 7.43 |
| **P2C** | Post 1st Level Registration Nurse in District nursing | 7.00 |
| **H2F** | Support Worker in Community Services | 6.78 |

| | | |
|---|---|---|
| **S9X** | Helper / Assistant in Other ST&T | 6.75 |
| **NCH** | Modern Matron in Community Services | 6.50 |
| **S0E** | Manager in Physiotherapy | 6.32 |
| **N0B** | Nurse Manager in Paediatric Nursing | 6.11 |
| **S0K** | Other ST&T Manager in Multi-therapies | 6.05 |
| **N9K** | Nursing Assistant / Auxiliary in School Nursing | 5.90 |
| **P2E** | Post 1st Level Registration Nurse in Other learners | 5.00 |
| **P2B** | Post 1st Level Registration Nurse in Health visiting | 5.00 |
| **G1C** | Manager in Scientific, therapeutic & technical support | 4.67 |
| **S6J** | Instructor / Teacher in Speech & language therapy | 4.50 |
| **S0P** | Other ST&T Manager in Pharmacy | 4.49 |
| **SAM** | Consultant Therapist / Scientist in Psychological Therapy | 4.40 |
| **S9U** | Helper / Assistant in Social Services | 4.19 |
| **N1H** | Children's Nurse in Community Services | 4.00 |
| **NAD** | Nurse Consultant in Community Mental Health | 4.00 |
| **S8P** | Trainee / Student in Pharmacy | 3.80 |
| **P1D** | Pre-Registration Nurse Learner in Diploma Nurse Training | 3.69 |
| **N9B** | Nursing Assistant / Auxiliary in Paediatric Nursing | 3.60 |
| **51** | HCHS Doctors in Psychiatry of learning disability | 3.60 |
| **S5E** | Assistant Practitioner in Physiotherapy | 3.56 |
| **S9P** | Helper / Assistant in Pharmacy | 3.40 |
| **NFE** | Nursing Assistant Practitioner in Other Mental Health | 3.30 |
| **N9F** | Nursing Assistant / Auxiliary in Community Learning Disabilities | 3.00 |
| **N0J** | Nurse Manager in Education Staff | 3.00 |
| **N0A** | Nurse Manager in Acute, Elderly & General | 3.00 |

| | | |
|---|---|---|
| **N0K** | Nurse Manager in School Nursing | 3.00 |
| **S9C** | Helper / Assistant in Occupational Therapy | 2.50 |
| **S5J** | Assistant Practitioner in Speech & language therapy | 2.41 |
| **S9A** | Helper / Assistant in Chiropody / podiatry | 2.29 |
| **55** | HCHS Doctors in Psychotherapy | 2.00 |
| **NHB** | Trainee Nursing Associate in Paediatric Nursing | 2.00 |
| **NGF** | Nursing Associate in Community Learning Disabilities | 2.00 |
| **S1L** | Therapist in Applied Psychology | 2.00 |
| **NEH** | Community Matron in Community Services | 2.00 |
| **S1H** | Therapist in Art / Music / Drama therapy | 1.93 |
| **NFF** | Nursing Assistant Practitioner in Community Learning Disabilities | 1.47 |
| **11** | HCHS Doctors in Geriatric medicine | 1.26 |
| **21** | HCHS Doctors in General surgery | 1.09 |
| **NCA** | Modern Matron in Acute, Elderly & General | 1.00 |
| **H1L** | Healthcare Assistant in Speech & language therapy | 1.00 |
| **99** | HCHS Doctors in Other Specialties | 1.00 |
| **S1K** | Therapist in Multi-therapies | 1.00 |
| **NGD** | Nursing Associate in Community Mental Health | 1.00 |
| **S7J** | Tutor in Speech & language therapy | 1.00 |
| **S0B** | Manager in Dietetics | 1.00 |
| **S7X** | Tutor in Other ST&T staff | 1.00 |
| **NAJ** | Nurse Consultant in Education Staff | 1.00 |
| **N0G** | Nurse Manager in Other Learning Disabilities | 1.00 |
| **NGB** | Nursing Associate in Paediatric Nursing | 1.00 |
| **NAE** | Nurse Consultant in Other Mental Health | 1.00 |

| | | |
|---|---|---|
| **NCD** | Modern Matron in Community Mental Health | 1.00 |
| **NAF** | Nurse Consultant in Community Learning Disabilities | 1.00 |
| **SAU** | Consultant Therapist / Scientist in Social Services | 1.00 |
| **S1R** | Therapist in Dental | 1.00 |
| **NAH** | Nurse Consultant in Community Services | 1.00 |
| **S8X** | Trainee / Student in Other ST&T | 1.00 |
| **N7A** | Other 2nd Level Nurse in Acute, Elderly & General | 0.71 |
| **SAX** | Consultant Therapist / Scientist in Other ST&T staff | 0.60 |
| **S7R** | Tutor in Dental | 0.60 |
| **G3D** | Estates (maintenance & works) in Clinical Support | 0.50 |
| **S9J** | Helper / Assistant in Speech & language therapy | 0.50 |
| **S9B** | Helper / Assistant in Dietetics | 0.30 |
| **Grand Total** | | **5,258.81** |

## Analysis of Average Staff Numbers and Analysis of Staff Costs

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

## Sickness Absence

The management of sickness absence serves to reduce costs and maintain the quality of our services. During the financial year the Trust implemented the FirstCare service to enhance absence reporting and support staff during periods of absence.

Systems and processes are in place to allow timely notifications and alerts to managers. This is supported by advice from the Occupational Health service. Managers are expected to make reasonable adjustments for staff to facilitate an early return to their work from long-term sickness. Our latest sickness data is as follows:

| | 2020/21 | 2019/20 |
|---|---|---|
| **Total days lost** | **54,569** | **45,289** |
| **Total staff (FY average WTE)** | **5,259** | **4,754** |
| **Average working days lost (per WTE)** | **10.38** | **9.53** |

## Staff Turnover

Staff turnover for the year 2020-2021 was 12.11%, against a target of 12% (11.70% for 2019-2020).

## Staff Policies and Actions Applied During the Financial Year

### Staff Wellbeing

The Board of Directors remain committed to supporting the health and wellbeing of staff, particularly given the significant impact of COVID-19 on all staff.

The negative impact on both physical and psychological wellbeing was evidenced in the staff survey and feedback from Board visits to services, staff representatives, our occupational health team, psychological "safe space" groups and other sources including regional and national evidence of the impact on staff health and wellbeing. March 2020 saw the commencement of the Psychosocial Response Group as part of the Trust's emergency planning in response to the COVID-19 pandemic. It was agreed that the current Health and Safety Executive (HSE) Management Standards stress work would be temporarily put on hold and replaced by this group as a mechanism of supporting staff during these challenging times.

As well as psychological and physical support, there was specific practical support offered in relation to accommodation, travel, NHS and local offers, support and guidance for staff who may have had children or elderly relatives staying with them, and bereavement support.

A preventative, proactive and practical approach to wellbeing offered teams and individuals support, and was achieved through a collaborative approach which included many clinical specialists, social care, spiritual and pastoral care and charitable funds who delivered food and treat packages to all areas, including remote wellbeing offers via Zoom.

The Employee Assistance Programme (EAP), which was implemented in March 2020, has proved invaluable both as a supportive tool but also as a preventative and proactive one. Feedback in relation to the service has been very positive.

### Working from home/remotely

Support for our colleagues to enable them to work remotely was enabled through significant work by our IT teams. Working from home support advice and guidance was issued, along with home risk assessments.

## Domestic Abuse Charter

The Trust signed a charter with Employers' Initiative Domestic Abuse (EIDA) in March 2021. In doing so, we aim to raise awareness of domestic abuse and work to keep staff safe.

## Restorative Just Culture Training

The first cohort of staff have been trained, with additional training planned throughout the coming year. One of the key aims of the programme is to enable participants to learn how to manage issues and incidents in a restorative way that minimises the negative impacts and maximises the learning, to develop an organisational culture where people feel safe and one they can trust.

We continue to strive to create a positive culture of civility and respect by supporting our staff in their wellbeing, increasing confidence in speaking up to raise concerns, developing our managers to have a supportive, inclusive and compassionate style, and encouraging good mental health of all our staff in an open organisational culture.

## Schwartz Rounds

Schwartz Rounds commenced in September 2019, recognising the traumatic nature of some of the situations faced by staff and the more limited time available due to caseload for structured reflective practice and learning. These were temporarily replaced by 'Teams Time' during COVID-19.

## Staff Retreats

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

## YouMatter Staff Mental Health and Wellbeing Hub

This new initiative, delivered in partnership by the Trust and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS), aims to strengthen mental health support for health and social care staff (scope is for NHS and social care staff and staff working in NHS and Local Authority commissioned services).

The three key deliverables of the hub are to deliver proactive outreach and engagement, to provide rapid assessment to staff in need of support, and to facilitate onward referral and fast access to existing mental health services and support where needed.

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

## Enhanced Occupational Health and Wellbeing Project

The scope of this project is to create a strong foundation for a preventative and proactive 'wellness culture' that is more equitable across the BOB ICS and empowers our NHS workforce to maintain and improve their health and wellbeing. This will include high-quality services with access to expert clinical and specialist information and support and triage to help staff that need to manage their health and wellbeing. Key to this will be a system-wide approach that includes musculo-skeletal, Allied Health Professional, Occupational Health and Wellbeing, and Equality, Diversity and Inclusion expertise and services. Health and Wellbeing and Occupational Health leads across the system have come together to look at organisational and BOB level culture and interventions.

## Equality, Diversity and Inclusion

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

The Trust is committed to inculcating a culture that respects equality and values diversity for our staff and the patients we care for.

The Trust's work is led by the Chief Executive with support from the Head of Inclusion, the Equality, Diversity and Inclusion Steering and Delivery Groups, and the staff equality network groups.

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

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

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

We have also directed our efforts to promoting a culture that freely values and respects diversity and inclusion. To this end, we have a range of staff engagement and development opportunities, namely: the staff networks for race, gender, disability, and LGBT+ equality; a

suite of EDI training programmes; celebrating diversity days/months such as Black History Month, LGBT+ History Month, International Women's Day, National Inclusion Week; courses and resources; and cultural change programmes.

The Equality, Diversity and Inclusion (EDI) Team also provide support and services to patients and community members, and work across the system to reduce barriers to access and health inequalities, more detail of which is included in the Performance Report of this Annual Report.

The Trust adheres to its procedural guidance for supporting disabled workers, which sets out the definition and process of requesting reasonable adjustments and contains information on making the employment cycle compliant with the provisions of equality legislation. This includes taking steps to ensure that there is fair consideration and selection of applicants with disabilities and to satisfy their training and career development needs. We have achieved the status of 'Disability Confident Employer' and have a Bronze Award in the Defence Employer Recognition Scheme.

We have a Freedom to Speak Up Guardian who provides independent and confidential support to staff who wish to raise concerns and to promote a culture of openness. Most of the concerns raised with the Guardian have been resolved locally and did not require an investigation.

We have been making progress over the past year with black and minority ethnic staff locally reporting more positive experiences and feeling more engaged. Engagement was a priority for the year, and we had particularly hoped to see improvements in feelings of engagement amongst our black and minority ethnic colleagues. Staff survey results for the year do reflect an increase in positive responses amongst black and minority ethnic staff to most of the survey questions relating to the indicator of 'engagement'. Scores were as follows[1]:

| Description | Comparator (Trust overall score) 2020 | 2019 BME (n=313) | 2020 BME (n = 420) |
|---|---|---|---|
| Often/always look forward to going to work | 63% | 69% | **70%** |
| Often/always enthusiastic about my job | 75% | 80% | **79%** |
| Time often/always passes quickly when I am working | 80% | 78% | **77%** |
| Opportunities to show initiative frequently in my role | 76% | 69% | **74%** |
| Able to make suggestions to improve the work of my team/dept | 78% | 72% | **76%** |
| Able to make improvements happen in my area of work | 59% | 61% | **64%** |

[1] Further staff survey results can be found in the Staff Survey section of this Staff Report, below.

We need to continue this work and build on what we have achieved to improve staff experience.

Further detail of the Trust's work and achievements in 2020-2021 to promote equality, diversity and inclusion can be found in the Directors' Report earlier in this Annual Report.

In addition, each year the Trust publishes an Equality Report. That report provides data relating to our workforce profile, including diversity trends, and measures progress against our equality and diversity priorities. Equality reports for the last three years can be found on the Trust's website:

https://www.oxfordhealth.nhs.uk/about-us/governance/equality-and-diversity/

It is expected that the next Equality Report will be published in December 2021. Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports can also be found on the same page of our website.

## Health and Safety

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

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

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

## Workforce Development

The development of the Trust's workforce is essential to offsetting the shortages we face in some parts of the workforce, most notably qualified mental health nurses, Improving Access to Psychological Therapies (IAPT) roles, mental health consultant posts, and chiropody where there are national shortages.

The Trust has invested in the development and delivery of apprenticeships in a bid to 'grow our own' staff. This is particularly the case with nursing staff. We are encouraging Healthcare Support Workers to undertake the Senior Healthcare Support Worker apprenticeship. This gives them the qualifications they need to access the Nursing Associate apprenticeship, which we deliver in partnership with Buckinghamshire New University.

From April 2021 we will be working in partnership with a university to deliver the Registered Nurse apprenticeship so that those who are already qualifying as Nursing Associates will be able to become Registered Nurses.

To enable staff to start their career journey, they need to be able to achieve level 2 in English and Maths (known as functional skills). We have been able to deliver functional skills training as part of our apprenticeships. However, this puts extra burdens on the apprentices. We now have a contract with Activate Learning to deliver functional skills courses in partnership with them to anybody that needs this support. This has meant we have been able open access to staff prior to undertaking their apprenticeship and to those who need help but do not wish to undertake apprenticeship learning.

We are also delivering the Psychological Wellbeing Practitioner apprenticeship, part of the IAPT service, so we can help expand this service in line with the requirements of the NHS Long Term Plan. This apprenticeship programme was the first of its type in the United Kingdom and is accredited by Buckinghamshire New University and the British Psychological Society.

To encourage professional staff to join and stay with the Trust, we have put into place a range of modules at Masters' level. This includes modules in Leadership, Coaching and Facilitating Learning, Dementia, Psychospiritual Care, Positive Behavioural Support, Minor Injuries, Minor Illness, Care of the Autistic Patient and the Comprehensive Assessment of the Older Adult. These have now been incorporated into a Masters' framework accredited by Oxford Brookes University which enables the full Masters' degree to be delivered in-house.

We are focussing on increasing workforce development activities and opportunities to meet the challenging workforce requirements of the NHS Long Term Plan.

### Staff Recognition Awards

Due to the COVID-19 pandemic, the staff awards ceremony was postponed until 2021. Teams throughout the Trust worked creatively to ensure their teams were thanked for their immense contributions throughout the year. This was echoed on numerous occasions by all Board members.

As recognition of staff commitment, the Board has made available an extra annual leave day to be taken in 2021-2022.

## Counter Fraud Policy

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

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

## Staff Engagement

The Trust's Staff Partnership, Negotiation & Consultation Committee (SPNCC) exists to promote understanding and co-operation between management and staff in the planning and operation of Trust services. It provides a regular forum for consultation and negotiation between management and staff on strategic decisions (principally those that may have staffing implications) and operational decisions, those likely to affect job prospects and security and to consult on employment policies. It is one of the formal channels of communication between management and staff on Trust issues. In addition to this, we get feedback from staff through the national staff survey and usually via a quarterly staff friends and family test. In 2020 the staff friends and family test was paused due to the impact of the COVID-19 pandemic.

There is also a twice monthly CEO Webinar where the CEO leads a themed conversation about matters affecting the Trust and invites various colleagues to join him in presenting information about changes, projects and programmes of work taking place across the Trust; the webinar also includes an opportunity for staff to ask questions 'live'.

### NHS Staff Survey

The national NHS staff survey is conducted annually. From 2018 onwards, the results from questions are grouped to give scores in ten indicators. The indicator scores are based on a score (out of 10) for certain questions, with the indicator score being the average of those. For 2020, 'Quality of Appraisals' was replaced with 'Team-work'.

In the 2020 survey, a total of 3,464 members of staff chose to complete the survey, equivalent to a response rate of 53%, which is a little higher than in 2019 when the response rate was 52%. Scores for each indicator, together with that of the survey benchmarking group (Combined Mental Health/Learning Disability and Community Trusts), are presented below.

### Summary of Results

| | 2020/2021 | | 2019/20 | | 2018/19 | |
|---|---|---|---|---|---|---|
| | Trust | Benchmarking Group | Trust | Benchmarking Group | Trust | Benchmarking Group |
| Equality, diversity and inclusion | 9.2 | 9.1 | 9.1 | 9.1 | 9.1 | 9.2 |
| Health and wellbeing | 6.4 | 6.4 | 6.0 | 6.1 | 6.0 | 6.1 |
| Immediate managers | 7.4 | 7.3 | 7.2 | 7.2 | 7.1 | 7.2 |
| Morale | 6.4 | 6.4 | 6.3 | 6.3 | 6.2 | 6.2 |
| Quality of appraisals | - | - | 5.3 | 5.7 | 5.2 | 5.5 |
| Quality of care | 7.3 | 7.5 | 7.3 | 7.4 | 7.1 | 7.4 |
| Safe environment – bullying and harassment | 8.3 | 8.3 | 8.2 | 8.2 | 8.1 | 8.2 |
| Safe environment – violence | 9.5 | 9.5 | 9.5 | 9.5 | 9.5 | 9.5 |
| Safety culture | 7.1 | 6.9 | 6.9 | 6.8 | 6.8 | 6.8 |
| Staff engagement | 7.2 | 7.2 | 7.1 | 7.1 | 7.0 | 7.0 |
| Team- Work | 6.9 | 7.0 | - | - | - | - |

Compared to the 2019 survey, 49 questions saw unchanged responses, 25 improved and only 1 got worse (which related to musculo-skeletal problems). This is encouraging, particularly in the context of the pressure staff were under in 2020 in responding to the COVID-19 pandemic. Of particular note was a 5% increase in positive responses to the "*would recommend as a good place to work*" question, a big improvement from 2019 and well ahead of the average for similar trusts.

### Future Priorities and Targets

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

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

## Trade Unions

For members of staff who are experiencing a problem at work, there are specialist advisers and certified trade union representatives on hand to help with a wide variety of issues.

The Trust currently has 12 trade union representatives in the organisation with 0.01% of time spent on facility time. The cost of facility time in the year was £42,698.22. Full disclosure details are given below:

**Relevant Union Officials**

| Number of employees who were relevant union officials during the relevant period | Full-time equivalent employee number |
|---|---|
| 12 | 9.0 |

***Percentage of Time Spent on Facility Time***

| Percentage of Time | Number of Employees |
|---|---|
| 0% | 5 |
| 1-50% | 6 |
| 51%-99% | 0 |
| 100% | 1 |

**Percentage of Pay Bill Spent on Facility Time**

| | Figures |
|---|---|
| Provide the total cost of facility time | £42,698.22 |
| Provide the total pay bill | £298,451,000.00 |
| Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100 | 0.01% |

**Paid Trade Union Activities**

| | |
|---|---|
| Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100 | 31.1% |

## Expenditure on Consultancy

We are required to report expenditure on consultancy in 2020-2021, which was £96,000 (2019-2020, £116,000).

## Off-Payroll Engagements

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

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

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

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

   One
3. **For any off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, between 1 April 2020 and 31 March 2021:**

| | |
|---|---|
| Number of off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, during the financial year. | 0 |
| Number of individuals that have been deemed 'Board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements. | 19 |

## Exit Packages

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

## Gender Pay Gap Review

Oxford Health NHS Foundation Trust is required by law to carry out Gender Pay Gap reporting under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.

The Gender Pay Gap reporting duty has been reinstated by the Government Equalities Office following the hiatus due to the pandemic last year. Employers have been given a six-month grace period of extension for submitting their reports by 5 October 2021.

Our Gender Pay Gap report will be published in due course on the Cabinet Office website at https://gender-pay-gap.service.gov.uk/ and the narrative and action plan will be available on Trust website at https://www.oxfordhealth.nhs.uk/.

# Corporate Governance and Code of Governance

Corporate Governance is an important part of the Board of Directors' responsibilities. Key decisions and matters are reserved for the Board's approval and are not delegated to management. The Board delegates certain responsibilities to its committees, to assist it in carrying out its functions of ensuring independent oversight. The Board of Directors has a formal schedule of matters reserved for its decision and has terms of reference for the Board's key committees. The performance of its committees is evaluated over time through a combination of annual reports, board development session appraisals of performance, as part of reviewing terms of reference, and at the end of meeting agendas in order to keep continuous improvement in mind.

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

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

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

The Constitution, standing orders, code of conduct, engagement policy and other governing documents outline the mechanisms by which the Council of Governors and Board of Directors will interact and communicate with each other to support ongoing interaction and engagement, ensure compliance with the regulatory framework and specifically provide for those circumstances where the Council of Governors has concerns about the performance of the Board of Directors, compliance with the Trust's Provider Licence, or other matters related to the overall wellbeing of the Trust. The most recent changes to the Constitution were approved by the Board of Directors and the Council of Governors and will be presented at the Annual Members' Meeting in September 2021 and thereafter formally adopted.

## Code of Governance

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

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

The Board of Directors is committed to high standards of corporate governance. For the year ended 31 March 2021, the Board considers that it was, throughout the year, fully compliant with the provisions of the NHS Foundation Trust Code of Governance with the following two exceptions where we have alternative arrangements in place:

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

As the Trust wishes to enter into a growing number of partnership and joint working arrangements within the wider health service economy, it was felt that it may become expedient for members of the Board to take on formal roles such as that of a governor in another NHS Foundation Trust or a Non-Executive Director holding more than one appointment with a NHS Trust. The effectiveness of the Board may be enhanced, and the success of the Trust promoted if the Trust collaborates more widely and formally within the wider health service economy, evidenced already where the Trust has collaborated with local stakeholders.

As a consequence, in September 2015 the Council of Governors agreed to a change to the Constitution to provide the flexibility for directors to be governors of other Foundation Trusts, and subsequently to allow the Chairman to become a governor of Oxford University Hospitals NHS Foundation Trust. The Trust has also reserved a place on its Council of Governors for a Non-Executive Director of Oxford University Hospitals NHS Foundation Trust.

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

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

Some of our Non-Executive Directors have been reappointed in previous and in recent years beyond six-year terms, to allow for a final third term of three years. The Council of Governors was clear that the performance of the Trust in a strategic climate of considerable future challenge and expected change, warranted a vital need for stability in the leadership of the Board of Directors.

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

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

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

The Trust is compliant with the remaining sections of the Code of Governance, with the appropriate disclosures made within this report or referenced accordingly, and the Board will continue to look to current and evolving best practice as a guide in meeting the governance expectations of its patients, members and wider stakeholder community.

The Trust last formally assessed the effectiveness and performance of the Board and its governance through an external Well-Led assessment undertaken by PriceWaterhouseCoopers (PWC) which concluded in June 2017 as part of the three-yearly assessment of the effectiveness of the Board's performance and governance arrangements. PWC had, at that time, no other connection with the Trust. A decision as to the timing of the next externally facilitated assessment will not be made until the impact of COVID-19 has been managed accordingly.

In common with the health service and public sector, the Trust is operating in a fast-changing and demanding external environment, particularly as it understands and responds to the changes through the NHS Long Term Plan and COVID-19.

The Trust recognises the need to significantly increase efficiency whilst maintaining high quality care at a time when budgets will become ever tighter, and it will continue to build on improvements through its exceptional staff to respond to these challenges.

During the year, the Trust ensured due regard was taken to its legal obligations. To support the Governors in fulfilling their own statutory obligations, we have continued the Governor Development Programme that accords with and ensures a detailed understanding of the requirements of the Health and Social Care Act 2012, including equipping the Governors with the requisite knowledge and skills to undertake their statutory responsibilities as part of induction activity following any election process. To allow prioritisation to the response to the pandemic, and as inductions were not necessary given an election did not take place in 2020, governors were encouraged at the Trust's expense to utilise NHS Providers' Govern Well programme which some chose to access during the year.

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

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

Members of the Board are invited to attend all meetings of the Council of Governors. Governors have been involved in several events during the year and were consulted by the Executive Team on matters such as the annual (forward) plan, quality priorities and the new Trust Strategy.

The Trust has an established role of a Senior Independent Director and also a formally approved role description to ensure full understanding of the roles of the Lead and Deputy Lead Governor as set out in an approved Governor Handbook produced with the Trust and led by the Lead Governor and other members of the Council of Governors.

In an NHS Foundation Trust, the authority for appointing and dismissing the Chairman rests with the Council of Governors. The appraisal of the Chairman is therefore carried out for and on behalf of the Council of Governors. For 2020-2021, this was undertaken by the Senior Independent Director, supported by the Lead Governor. The outcome of the appraisal will be reported to the Nominations and Remuneration Committee of the Council of Governors. The Committee in turn will report the outcome to the Council of Governors where associated with a reappointment process.

The Executive Directors of the Board are appraised by the Chief Executive who is in turn appraised by the Chairman. The Council of Governors does not routinely consult external professional advisors to market test the remuneration levels of the Chairman and other Non-Executive Directors. The recommendations made to the Council of Governors are based on independent advice and guidance as issued from time to time by appropriate bodies, such as NHS Appointments Commission in relation to NHS Trusts, benchmark data from NHS Providers and regulators, and the latest published guidance on remuneration.

## Standards of Business Conduct

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

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

### Audit Committee

The Audit Committee provides an independent and objective review of the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the Trust and plays a pivotal role in supporting the Board. The Committee is chaired by Non-Executive Director Lucy Weston, who has been Chair since January 2020; and its membership comprises wholly of Non-Executive Directors, with Executives and others in attendance. There were 5 meetings during the year. Attendance at meetings by members is detailed below:

| Committee Member | Attendance |
|---|---|
| Lucy Weston (Chair) | 5/5 |
| Aroop Mozumder<br>(Mohinder Sawney deputising for Aroop Mozumder in February 2021) | 4/5<br>(1/5) |
| Chris Hurst | 5/5 |

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

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

Its key areas of responsibility include corporate and clinical governance, internal control, risk management, internal and external audit and financial reporting. The Committee also has a role in relation to whistleblowing, freedom to speak up, and management of concerns arrangements to review the effectiveness of those arrangements through which staff may raise concerns in confidence and ensure measures are in place for proportionate and independent investigation and appropriate follow-up.

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

It has considered the effectiveness of the Board Assurance Framework, to gain on-going assurance of the effectiveness of the Trust's risk and internal control processes. The Committee also reviewed and approved the internal and external audit plans.

The internal audit plan for 2020/21 (which included key financial controls; IT; COVID-19; information governance; risk management – health & safety; and directorate reviews) was developed in line with the mandatory requirements of the NHS Internal Audit Standards. PriceWaterhouseCoopers ('PWC'), being appointed as our internal audit service provider, has worked with the Trust to ensure the plan was aligned to our risk environment. There has been a regular review by the Audit Committee of internal audit progress reports, as well as consideration of draft and final review reports completed by PWC during the year.

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

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

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

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

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

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

In assessing the quality of the Trust's control environment, the Committee received reports during the year from the external auditors, Grant Thornton, and the internal auditors, PWC, on the work they had undertaken in reviewing and auditing the control environment as well as briefing notes on key sector developments. The Non-Executives routinely hold meetings during the year with both internal and external audit without the Executives present.

Through the review of the 2020-2021 Annual Report and Financial Statements, the Committee reviewed and gained assurance from:

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

Grant Thornton were appointed as our external auditor in 2017, initially for three years and then extended for a further two years in 2020.

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

We incurred £58,200 (Net of VAT) in audit service fees from Grant Thornton in relation to the audit of our accounts for the twelve-month period ending 31 March 2021 and £2,500 for the charity accounts (£48,200 net of VAT for the period to 31 March 2020, of which £8,200 was incurred in 2020-2021, and £2,500 for the charity accounts).

No non-audit services were provided by the external auditors during 2020-2021 (none during 2019-2020).

## Finance and Investment Committee

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

The Committee was chaired by Chris Hurst, who has extensive commercial and financial expertise as a chartered accountant. The Committee is made up of both Non-Executive and Executive Directors with other senior managers in attendance. Attendance of core members at the 7 meetings (6 ordinary meetings plus one extraordinary meeting with the Audit Committee in January 2021) held in year is detailed below:

| Committee Member | Attendance |
|---|---|
| Chris Hurst (Chair) | 7/7 |
| John Allison | 7/7 |
| Stuart Bell (to June 2020) | 0/1 |
| Nick Broughton (from June 2020) | 4/6 |
| Mike McEnaney | 6/7 |
| David Walker | 6/7 |

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

## Nominations and Remuneration Committees

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

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

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

statutory requirements, and is responsible for succession planning and reviewing Board structure, size and composition.

The Committee was chaired by the Trust's Chairman David Walker, with membership comprising all Non-Executive Directors. At the invitation of the Committee, the Chief Executive, Director of HR, and Director of Corporate Affairs and Company Secretary attend meetings in an advisory capacity. The Remuneration Report of this Annual Report provides further details.

**Council of Governors' Nominations and Remunerations Committee**

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

## Quality Committee

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

| Committee Member | Attendance |
|---|---|
| Jonathan Asbridge (Chair to July 2020) | 1/1 |
| Aroop Mozumder (Chair from July 2020) | 5/5 |
| Stuart Bell (to June 2020) | 1/1 |
| Nick Broughton (from June 2020) | 3/4 |
| Tim Boylin | 1/5 |
| Marie Crofts | 5/5 |
| Sue Dopson | 2/5 |
| Bernard Galton | 4/5 |
| Mike McEnaney | 2/5 |
| Mark Hancock | 5/5 |
| Debbie Richards | 5/5 |
| Ben Riley | 1/5 |
| Kerry Rogers | 5/5 |
| David Walker | 5/5 |
| Martyn Ward | 5/5 |

## People, Leadership and Culture Committee (PLC)

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

| Committee Member | Attendance |
|---|---|
| Bernard Galton (Chair) | 4/4 |
| Nick Broughton | 3/3 |
| Stuart Bell | 1/1 |
| John Allison | 4/4 |
| Tim Boylin | 4/4 |
| Debbie Richards | 4/4 |
| Marie Crofts | 3/4 |
| Mike McEnaney | 3/4 |
| Mark Hancock | 3/4 |
| Sue Dopson | 4/4 |
| Martyn Ward | 3/4 |
| Kerry Rogers | 3/4 |

## Mental Health Act Committee (MHA)

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

| Committee Member | Attendance |
|---|---|
| Sir John Allison (Chair) | 4/4 |
| Mark Hancock | 4/4 |
| Kerry Rogers | 4/4 |
| Marie Crofts | 1/4 |
| Aroop Mozumder | 3/4 |

## Charity Committee

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

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

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

The Committee oversees all funds under OHC, including those donated by the ROSY fundraisers in support of 'Respite care for Oxfordshire's Sick Youngsters', totalling hundreds of thousands of pounds each year. In 2020-21, this has also included significant grants made possible through NHS Charities Together as a result of donations from the public to support NHS Staff during the pandemic.

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

The Committee was chaired during the year by Non-Executive Director, Lucy Weston, with membership comprising Non-Executive and Executive Directors, and other senior managers. Committee lay-member, Olga Senior, has contributed significantly to governance and fund reviews throughout the year.

| It met on 4 occasions during the year and attendance of core members is given below:**Committee Member** | **Attendance** |
|---|---|
| Lucy Weston (Chair, Non-Exec) | 3.5/4 |
| Bernard Galton (Non-Exec) | 3/4 |
| David Walker (Non-Exec) | 1/3 |
| Kerry Rogers (Exec) | 4/4 |
| Marie Crofts (Exec) | 2/4 |
| Debbie Richards (Exec) | 3/4 |
| Tim Boylin (Exec) | 0/4 |

# Council of Governors

As an NHS Foundation Trust, we are accountable to the Council of Governors, which represents the views of our members. The Council of Governors brings the views and interests of the public, service users, patients, carers, our staff and other stakeholders into the heart of our governance.

This group of committed individuals has an essential involvement with the Trust and contributes to its work and future developments to help improve the quality of services and care for all our service users and patients.

The Board of Directors sets the strategic direction of the Trust with participation from the Council of Governors. A principal role of the Council of Governors is to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and to represent the interests of the members of the Trust and of the public.

This includes scrutinising the effectiveness of the Board, overseeing that it has sufficient quality assurance in respect of the overall performance of the Trust, making decisions regarding the appointment or removal of the Chairman, the Non-Executive Directors and the Trust's auditors, and questioning Non-Executive Directors about the performance of the Board and of the Trust, to ensure that the interests of the Trust's members and public are represented.

## Composition of the Council of Governors

The composition of the Council of Governors comprises of 28 elected governors representing Public, Patient and Staff constituencies and 8 appointed governors from partner organisations. Changes to the Trust's Constitution, effecting changes to the distribution of elected governors between constituencies and classes, were made during the year to facilitate an increase in service user and carer governors.

| Elected Governors | | | |
|---|---|---|---|
| **Constituency** | **Class** | **No of Governors (2021)** | **No of Governors (previously)** |
| Public | Buckinghamshire | 3 | 4 |
| | Oxfordshire | 4 | 7 |
| | Rest of England & Wales | 1 | 1 |
| Patient | Service Users: Buckinghamshire and other Counties | 4 | 2 |
| | Service Users: Oxfordshire | 4 | 2 |
| | Carers | 3 | 3 |
| Staff | Buckinghamshire Mental Health Services | 2 | 2 |
| | Oxfordshire, BaNES, Swindon & Wiltshire Mental Health Services | 2 | 2 |
| | Community Services | 2 | 2 |
| | Corporate Services | 1 | 1 |
| | Specialised Services | 2 | 2 |

| Appointed Governors | |
|---|---|
| **Partner Organisation** | **No of Governors** |
| Age UK Oxfordshire | 1 |
| Buckinghamshire County Council | 1 |
| Buckinghamshire Healthcare NHS Trust | 1 |
| Buckinghamshire Mind | 1 |
| Oxford Brookes University | 1 |
| Oxfordshire Clinical Commissioning Group | 1 |
| Oxfordshire County Council | 1 |
| Oxford University Hospital NHS Foundation Trust | 1 |

The Council met in general meetings four times during the year. The meetings were well attended with wide ranging debate across several areas of interest. An additional session was held in February 2021 to discuss the Trust Strategy and engage the governors in the development of the key focus areas of the Strategy and in the Trust's forward plan.

Governor Elections were not held in 2020 due to the COVID-19 pandemic. As such, six governors whose tenure would otherwise have ended on 31 May 2020 remained as non-voting members of the Council of Governors.

The list of governors who were in post during the period 01 April 2020 to 31 March 2021 and their participation in the four general meetings are shown below. The current list of governors can also be found on our website at https://www.oxfordhealth.nhs.uk/about-us/governance/members-council/governors/.

| Elected Governors | | | | |
|---|---|---|---|---|
| **Name** | **Constituency and Class** | **Tenure** | **Term** | **Meeting Attendance** |
| Hasanen Al-Taiar (Dr) | Staff: Specialised Services | 01/06/2019-31/05/2022 | 1 | 3/4 |
| Geoff Braham* | Public: Oxfordshire | 01/06/2017-31/05/2020 | 1 | 0/0 |
| Angela Conlan | Staff: Community Services | 01/06/2019-31/05/2022 | 1 | 3/4 |
| Maureen Cundell | Staff: Older People**** | 01/06/2018-31/05/2021 | 3 | 3/4 |
| Gordon Davenport | Staff: Children and Young People**** | 01/06/2018-31/05/2021 | 1 | 3/4 |
| Victoria Drew | Staff: Corporate Services | 01/06/2018-31/05/2021 | 1 | 2/4 |
| Gillian Evans | Patient: Service Users Oxfordshire | 01/06/2018-31/05/2021 | 2 | 4/4 |
| Benjamin Glass | Patient: Service Users Buckinghamshire and other Counties | 01/06/2019-31/05/2022 | 1 | 3/4 |
| Tom Hayes** | Patient: Service Users Oxfordshire | 01/06/2018-15/12/2020 | 1 | 0/3 |
| Louis Headley | Staff: Oxfordshire, BaNES, Swindon & Wiltshire Mental Health Services | 01/06/2019-31/05/2022 | 1 | 2/4 |
| Mike Hobbs (Dr) | Public: Oxfordshire | 01/06/2019-31/05/2022 | 1 | 4/4 |
| Allan Johnson*** | Public: Oxfordshire | 01/06/2017-31/05/2020 | 1 | 4/4 |
| Alan Jones | Patient: Carers | 01/06/2018-31/05/2021 | 2 | 4/4 |
| Reinhard Kowalski | Staff: Buckinghamshire Mental Health Services | 01/06/2019-31/05/2022 | 3 | 2/4 |
| Richard Mandunya*** | Public: Oxfordshire | 01/06/2017-31/05/2020 | 1 | 2/4 |
| Jacqueline-Anne McKenna | Patient: Service Users Buckinghamshire and other Counties | 01/06/2018-31/05/2021 | 1 | 0/4 |
| Paul Miller*** | Public: Buckinghamshire | 26/02/2019-31/05/2020 | 1 | 0/4 |
| Neil Oastler*** | Staff: Children and Young People**** | 01/06/2017-31/05/2020 | 3 | 4/4 |
| Abdul Okoro*** | Public: Oxfordshire | 01/06/2017-31/05/2020 | 1 | 1/4 |
| Madeleine Radburn | Public: Oxfordshire | 01/06/2019-31/05/2022 | 2 | 3/4 |
| Chris Roberts | Patient: Carers | 01/06/2019-31/05/2022 | 3 | 4/4 |
| Myrddin Roberts | Staff: Community Services | 01/06/2019-31/05/2022 | 1 | 3/4 |
| Hannah-Louise Toomey | Public: Oxfordshire | 11/06/2019-31/05/2022 | 1 | 3/4 |
| Chelsea Urch** | Public: Buckinghamshire | 01/06/2019-19/11/2020 | 1 | 0/3 |
| Soo Yeo*** | Staff: Older People**** | 01/06/2017-31/05/2020 | 3 | 3/4 |
| Vacancy | Public: Buckinghamshire | Since 01/06/2019 | | |
| Vacancy | Patient: Carers | Since 14/09/2019 | | |
| Vacancy | Public: Rest of England & Wales | Since 24/09/2019 | | |

| Appointed Governors | | | | |
|---|---|---|---|---|
| **Name** | **Constituency and Class** | **Tenure** | **Term** | **Meeting Attendance** |
| Lin Hazell (Cllr)** | Buckinghamshire County Council | 01/08/2017-17/06/2020 | 1 | 0/1 |
| Tina Kenny (Dr) | Buckinghamshire Healthcare NHS Trust | 01/11/2017-31/10/2023 | 2 | 2/4 |
| Davina Logan | Age UK Oxfordshire | 01/05/2019-31/05/2022 | 2 | 4/4 |
| Angela MacPherson (Cllr) | Buckinghamshire County Council | 17/06/2020-16/06/2023 | 1 | 1/3 |
| Mary Malone (Dr) | Oxford Brookes University | 01/03/2019-28/02/2022 | 1 | 3/4 |
| Andrea McCubbin | Buckinghamshire Mind | 01/01/2018-31/12/2023 | 2 | 3/4 |
| Lawrie Stratford (Cllr) | Oxfordshire County Council | 01/07/2017-30/06/2023 | 2 | 1/4 |
| Sula Wiltshire* | Oxfordshire Clinical Commissioning Group | 01/01/2018-31/12/2020 | 2 | 3/3 |
| Vacancy | Oxford University Hospital Trust | Since 01/01/2018 | | |

Key: * *stood down at end of term*
** *ceased to be a Governor mid-way through tenure*
*** *Non-voting Governor - continued beyond expiry of term*
**** *'Staff: Older People' and 'Staff: Children and Young People' classes were aligned to the former directorate structure of the Trust. As of May 2021, no governors will represent these former groups, and the Staff constituency will consist only of the classes: Buckinghamshire Mental Health Services; Oxfordshire, BaNES, Swindon & Wiltshire Mental Health Services; Community Services; Corporate Services; and Specialised Services.*

## Lead Governor

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

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

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

## Keeping Informed of Governors' and Members' Views

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

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

The Council of Governors has the following sub-groups:

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

The sub-groups were replaced by an Integrated sub-group meeting during the year in response to the pandemic and to allow Trust officers to focus on the response.

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

In addition, the Chairman and Director of Corporate Affairs and Company Secretary meet regularly with the Lead Governor and the Deputy Lead Governor. There is an engagement policy which further expands upon how the Board and the Council wish to work together.

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

## Contacting the Governors

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

The inbox is managed by the Corporate Governance Officer who will forward communications onto the relevant governor. Members can also contact their governor by writing to the Corporate Governance Officer or Director of Corporate Affairs and Company Secretary at Oxford Health NHS Foundation Trust, Trust Headquarters, Littlemore Mental Health Centre, Sandford Road, Littlemore, Oxford OX4 4XN. General council meetings are open to the public and details are published on the website together with the papers and minutes of the meetings.

## Council of Governors' Register of Interests

All governors are asked to declare any interest on the Register of Governors' interests at the time of their appointment or election and it is reviewed annually thereafter. This register is maintained in the Office of the Director of Corporate Affairs and Company Secretary.

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

## Council of Governors' Nominations and Remuneration Committee

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

The Committee is chaired by the Trust's Chair with membership comprising the Lead Governor and elected and appointed governors. When considering the terms and conditions of the Chairman, or if on any occasion the Chairman is unavailable to chair, the Vice Chairman or one of the other Non-Executive Directors (who is not standing for re-appointment) would take the Chair. The Lead Governor would chair the meeting if all Non-Executive Directors were conflicted. The Senior Independent Director presents to the Committee the outcome of the annual performance review given their role with the Lead Governor in determining the Chairman's appraisal outcome.

The Committee undertook a Non-Executive Director appointment process and recommended to the Council of Governors the appointment of Mohinder Sawhney for three years from 1 January 2021 to 31 December 2023. The Committee met to review the Chairman's and Non-Executive Directors' remuneration for 2020-2021 following publication of guidance for agenda for change staff and very senior managers.

## Trust's Membership

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

### Membership Constituencies

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

### Public Constituency

All people of at least 12 years of age and living in the counties of Oxfordshire, Buckinghamshire or the rest of England and Wales, are eligible to join the Trust.

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

## Staff Constituency

The staff constituency is divided into five classes: Buckinghamshire Mental Health Services, Oxfordshire, BaNES, Swindon & Wiltshire Mental Health Services, Community Services, Corporate Services and Specialised Services.

Trust employees are registered as members automatically and can opt out if they choose to. The number of employees who opt out remains extremely low. The staff membership ensures that staff can offer their views on the developments at the Trust and gain broader insights into the work of the Trust than solely through their own role.

## Patient Constituency

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

## Membership Figures at 1 April 2020

Public: 2,686

Patient: 525

Staff: 6,298

## Membership Figures at 1 April 2021

Public: 2,865

Patient: 547

Staff: 6,392

| Category | | Public Members | Eligible Base Population |
|---|---|---|---|
| **Age** | 0-16yrs | 4 | 258,095 |
| | 17-21yrs | 78 | 71,547 |
| | 22+yrs | 2,117 | 797,956 |
| | Not stated | 657 | 0 |
| **Gender** | Male | 1,031 | 614,400 |
| | Female | 1,510 | 626,952 |
| | Prefer not to say | 7 | 0 |
| | Unspecified/not stated | 308 | 0 |
| **Ethnicity** | White | 1,943 | 1,030,674 |
| | Asian | 88 | 74,926 |
| | Black | 59 | 21,914 |
| | Mixed | 35 | 25,593 |
| | Not stated/other | 750 | 5,974 |

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

## Governor Elections

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

Governor elections 2020 were postponed until Spring 2021 due to COVID-19. Governors whose terms were ending on 31 May 2020 were invited to stay on the Council of Governors with no voting rights until the 2021 elections.

Much of the Membership Team's activity in the first quarter of 2021 was focused on promoting the 2021 elections, where the Trust had 18 vacancies, and on supporting the increase in representation for service users. Our promotional work included a rolling, paid social media

campaign for membership and the elections; attending patient and carer experience groups and producing tailored leaflets for different constituencies, geographical regions and partner organisations. We also organised two online events where aspiring candidates could hear from current Trust governors led by the Director of Corporate Affairs and Company Secretary. The events were well attended by candidates across all constituencies and regions.

## Engagement and Member Recruitment

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

• regular emails from our membership team;

• the news and member pages on our website;

• using Trust social media channels - Facebook, Twitter, Instagram, LinkedIn and YouTube;

• our annual general and members' meeting which provides opportunities to hear how the Trust performed during the year, the work of the Council of Governors, and meet the Board of Directors and Council of Governors;

• attending public meetings of the Board of Directors and Council of Governors;

• strategy session of the Board of Directors and Council of Governors to consider forward plans;

• Membership Team and governors representing the Trust in local events; and

• Health Matters events lead by clinicians, governors and Trust staff.

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

**The Membership Involvement Group (MIG)** includes governors, members and Trust staff from the membership, volunteering, patient experience and involvement and research involvement teams. The MIG normally meets quarterly but 2020-2021 the group only had two meetings, due to the pandemic.

**The Annual Members' and General Meeting** was organised virtually and was attended by a record 270 people. In addition to statutory items, the event included presentations on talking therapies, community services and research and lively Q&A sessions with speakers.

### Health Matters

As the Trust and members, as well as potential members, embraced hosting and attending events online, we held three virtual Health Matters events:

1. **October: Student experience and wellbeing in the pandemic,** chaired by Kerry Rogers, Director of Corporate Affairs and Company Secretary with governors Hannah-Louise Toomey, Dr Mary Malone and Dr Hasanen Al-Taiar speaking.

2. **November: Patient experience of digital consultations,** chaired by Chief Nurse Marie Crofts with speakers Global Digital Exemplar lead and programme manager Oliver Shipp and Cognitive Behavioural Therapy (CBT) therapist Natasha Browne. The event also featured recorded interviews from service users talking about their experience of digital consultations. Thank you to patient & carer experience coordinator, Nicole Robinson, for producing the videos and speakers Mrs Kay Perkins, Lisa Parker-Smith, Peter and Cheryl for sharing their experience. This event coincided with the Trust achieving 100,000 digital consultations as the first NHS trust in the country.

3. **December: Four years of Creating with Care**, chaired by service director Emma Leaver with arts co-ordinator Angela Conlan and dementia nurse Paul Har talking about the creative art programme run in the Trust's community hospitals. The event coincided with Creating with Care winning a national award in the Community Hospitals Association's (CHA) Innovations and Best Practice Awards 2020.

The three events were attended by 227 people and the resulting videos have been watched over 300 times.

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

**Networking and Collaboration.** Much of the collaboration planned with local organisations in early 2020 was put on hold because of the pandemic. Wishing to learn from other organisations and initiated by the Membership Involvement Group, we held a meeting with the membership officer Carol Stevenson from South London and Maudsley NHS Foundation Trust.

Oxfordshire Mental Health Partnership and Buckinghamshire Council generously shared the Trust communications promoting membership and governor elections.

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

## Charity and Community Involvement

The Charity and Involvement programme seeks to develop and coordinate volunteering, the Oxford Health Charity (OHC) and community group engagement for the Trust. The Oxford Health Arts Partnership leads for Creating with Care and Artscape also joined the team in early 2021 following increased collaboration in all areas of the programme during 2020.

These strands of work provide a positive opportunity for increasing resources, diversifying engagement and enhancing support to the Trust. In 2020-2021, they have also provided specific focus for those seeking to support the Trust during the COVID-19 pandemic.

## Oxford Health Charity

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

As highlighted in the Charity Committee section in the Corporate Governance and Code of Governance report of this Annual Report, the OHC has agreed a three-year strategy and progress against this strategy will form part of the annual report filed separately under the requirements of the Charity Commission.

In brief, the key focus of 2020-2021 for OHC has been support for patients, carers and staff during the pandemic, with spending and fundraising specifically linked to providing support for activities and wellbeing impacted by the pandemic. The main appeal for the year was launched just prior to the first lockdown in late March 2020, Oxford Health Cares. This appeal focuses on staff wellbeing and throughout the year has provided care packs for teams across the Trust geography, passed on donations of food, crafts, books, personal care items and has delivered a programme of virtual wellbeing sessions. A review of the year's activities can be found on the charity website - https://www.oxfordhealth.charity/Blog/reflecting-on-a-year-of-oxford-health-cares alongside other blogs covering all the activities and news of the year.

In addition to the Oxford Health Cares programme, OHC was fortunate to be part of the NHS Charities Together family of NHS Charities and has received grants of over £130,000 over the year as well as the ability to apply for further funding alongside BOB region NHS Charities and as part of the Recovery Grants. This funding has allowed OHC to support patients, carers and staff with a much larger number of projects than usual with an approximate 70% increase in requests for funding. The majority of the NHS Charities Together funds have been spent on small projects that have a big impact – like the provision of arts activities for inpatient wards where visiting was heavily restricted and the creation of a carers support line. Larger projects for supporting team wellbeing and patient exercise facilities were also undertaken.

One of the largest projects in 2020 was the development of the Abingdon Peace and Tranquility Garden in collaboration with the Abingdon League of Friends and Chiltern Rangers. The garden and associated artwork and seating areas leading visitors across the site have made a huge difference to patients, carers, visitors and staff. The garden was worked on during late summer 2020 when restrictions were slightly reduced, and further work will be undertaken by the volunteers and staff in Spring 2021.

## Oxford Health Charity Fundraising

As previously mentioned, OHC has received grants from NHS Charities Together throughout 2020-2021 as result of the amazing donations and fundraising of individuals, communities and organisations during the pandemic.

In addition to these, OHC has seen an increase in local fundraisers with individuals and community groups with supporters undertaking challenges as different as sponsored haircuts, to staying silent, to long distance virtual walking and cycling. OHC was even supported by a Disney queen, raising funds by making socially distanced appearances in Witney to cheer up

children during the first lockdown. Fundraisers were able to promote their challenges and the cause through the OHC website as well as Just Giving - https://www.justgiving.com/obmhcf.

In support of the Oxford Health Cares appeal, OHC received a large number of donations in kind with organisations and community groups donating a wide variety of foodstuffs, personal care items, books and handcrafted gifts for staff. These contributions were recognised through regular social media and news articles, as well as in the OHC video launched at the 2020 HealthFest.

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

## Volunteering

The numbers of volunteers supporting the Trust at the beginning of 2020-2021 had risen to approximately 200. This equalled triple the number of volunteers identified in a baseline survey in 2017 and demonstrated an expansion in support to teams across the Trust. However, the impact of the COVID-19 pandemic meant that activity during this year has been very different to that expected.

The focus for volunteering this year has been threefold:

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

## Identifying and Facilitating Support

The majority of pre-existing volunteer roles were put on hold at the beginning of lockdown 1 in late March 2020, either due to restricted access to sites or cessation of the activity volunteers were supporting. At the same time, due to the demographic make-up of the volunteers, a large number confirmed that they would be shielding due to their own health requirements or that of those they care for. This 'hold' has continued for most of the year, with a few exceptions, as community clinics have not restarted, space within sites is limited due to social distancing or teams not having capacity to welcome back non-essential activities.

However, there have been some notable new roles created and innovative ways of utilising volunteer support put into action:

- PPE packing and delivery (the City Community Nursing team and their volunteer PPE packing team pictured)
- Crafting – for patients and staff (volunteer creating laundry bags for staff scrubs pictured)

- Care Pack creation and delivery – Oxford Health Cares
- Remote Support – volunteers undertaking administrative or peer support roles via MS Teams (access to devices supported in part by funding through NHS E/I)

As we emerge from lockdown 3 and vaccinations are spreading among our volunteer cohort, there is renewed interest in bringing volunteers back to their roles as well as creating new spaces for them to support services.

## Risk Assessments

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

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

## Support and Engagement

It has been a difficult year for all but especially those who have been left isolated and unable to continue usual activities. Ongoing support and engagement was especially important for these individuals and regular emails, letters and newsletters have been sent out throughout the year. These have contained news on risk assessments, opportunities to support the Trust and community partners, case studies from current active and inactive volunteers, messages of support and thanks, and details of charity activities.

Recognition of volunteer contribution has also been impacted by the pandemic with the usual Trust and national awards programmes being cancelled or changed. However, Megan Rendall (Creating with Care volunteer at Witney Community Hospital), the PPE Packing Team (volunteers supporting the City Community Nursing PPE) and Janet Poole (the PPE Packing role supervisor) were all nominated and recognised through the national HelpForce volunteer 'Wall of Fame' in late 2020 alongside other NHS volunteers from across the country who have supported in this extraordinary time. All Trust volunteers also received a pin at the end of the year to recognise their ongoing support for the Trust.

## Community Involvement

Despite the restrictions in place for in-person events throughout the year, the level of community involvement activity did not reduce significantly. We were proud to host the first Virtual HealthFest (https://www.oxfordhealth.nhs.uk/healthfest/) in September 2020 in collaboration with Oxford Preservation Trust's Oxford Open Doors for the third year running. This event brought together a host of local organisations and Oxford Health teams to promote 'Thriving through Nature'. The event featured activities, advice, wellbeing guidance and ways to get involved in supporting the local NHS, with over 4.8 thousand page views between the launch on 12 September 2020 and 31 March 2021.

Ongoing support for green spaces and sustainability has been a key focus of the team's work and this culminated in the planting of four trees sponsored by OHC on NHS Sustainability Day in March 2021.

In addition to the already mentioned fundraising for OHC, further community links have been forged through the year with community groups, the local branch of the Freemasons, through their Teddies for Loving Care project and Active Oxfordshire.

Involvement with pandemic focused local infrastructure groups has also been key with signposting and engagement with the Oxford Hub, Oxfordshire All In, Community Impact Bucks, HelpForce, Good Sam and existing partnerships for Oxford Mental Health and CAMHS across the Trust. Good Sam specifically offered support to individuals struggling with the impact of the pandemic and those who approached the Trust wishing to volunteer for shopping, reducing isolation and delivering prescriptions were passed to Good Sam to ensure a consistent national approach was undertaken.

## Stakeholder Engagement

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

The stakeholder group for Oxford Health Cares has been the most prevalent through the year, meeting on at least a monthly basis. This was made up of the Charity and Involvement team, Estates and Facilities, Health and Wellbeing, and Communications staff.

# 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

NHS Improvement has placed the Trust in segment 2 (2019/20: 2) which is for providers who are offered targeted support: there are concerns in relation to one or more of the themes. NHS Improvement have identified targeted support that the Trust can access to address these concerns, but which we are not obliged to take up. For some providers in segment 2, more evidence may need to be gathered to identify appropriate support.

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

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

This segmentation information is the Trust's position as at 7 May 2021. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website. No formal or informal regulatory action was taken by NHSI during the year.

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

## Capital Expenditure

During FY21, the Trust has maintained its internal capital funding investment level in its property and infrastructure, reflecting the continuation of a low number of major projects and limited capital funding available. Capital spend in FY21 was £9.6m, compared to £6.0m in the previous year. Public Dividend Capital (PDC) funding of £1.3m was received, relating to the Psychiatric Intensive Care Unit (PICU), Health System Led Investment (HSLI), E-Rostering and CAMHS.

Investment in FY21 focused on addressing estate rationalisation, condition and compliance issues to ensure that properties from which patient services are provided were fit for purpose. The Trust's main capital investment areas during FY21 were:

Estates: operational and risk management (£5.1m) – including rationalisation, backlog maintenance and other works to address compliance requirements, such as seclusion suites and various patient area transformational projects.

IT: Global Digital Exemplar (GDE), infrastructure and development (£2.8m) – including hardware and software upgrades, GDE infrastructure upgrades, HSLI Investments and E-Rostering.

## Cash Flow and Net Debt

The Trust ended the year with £55.7m of cash, an increase of £32.9m over the year. This was largely due to a net decrease in outstanding debt, an increase in deferred income and a further increase in trade payables.

The Trust generated £46.4m of cash from operations which was up by £34.5m on the previous year.

The Trust's gearing ratio (the percentage of capital employed that is financed by debt and long-term financing) decreased to 15.3% (16.1% in 2019/21) because of loan repayments reducing the debt balance. Year-end net debt decreased by £1.9m to £19.6m (£21.5m in 2019/20).

## Total Assets Employed

Total assets employed decreased by £5.6m (0.4%) to £128.1m (£133.7m in 2019/20). This reflects a decrease in the value of land and buildings offset by increases in PDC receipts.

# Statement of Accounting Officer's Responsibilities

***The Statement of the Chief Executive's Responsibilities as the Accounting Officer of Oxford Health NHS Foundation Trust.***

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

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

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

- observe the Accounts Direction issued by NHS 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 and disclose any material uncertainties over going concern.

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

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

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

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

**Signed:** **Date: 28 June 2021**

**Dr Nick Broughton**

**Chief Executive and Accounting Officer**

# Annual Governance Statement

## Scope of Responsibility

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

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

The Audit Committee reviews the Trust's internal control and risk management systems and monitors the work of Internal Auditors. During 2020-2021, the Audit Committee has continued to oversee the direction of the Trust's assurance work carried out by Internal Audit and assured itself and the Council of Governors of the continuing independence of the external auditors which included ensuring that independence of judgment was not compromised. There was no commissioning of non-audit work from the external auditors during the year.

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

## The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; and it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Oxford Health NHS Foundation Trust; to evaluate the likelihood of those risks being realised and the impact should they be realised; and to manage them efficiently, effectively and economically. The system of internal control has been in place in Oxford Health NHS Foundation Trust for the year ended 31 March 2021 and up to the date of approval of the Annual Report and Accounts.

## Capacity to Handle Risk

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

The Risk Management Strategy and Policy, which is being reviewed during 2021-2022 provides a framework for managing risk across the organisation which is consistent with best practice and Department of Health guidance. The strategy provides a clear, systematic approach to the management of risk to ensure that risk assessment is an integral part of clinical, managerial and financial processes.

Directorate governance arrangements, whilst understandably impacted by the COVID-19 pandemic, have maintained effective risk management processes across all directorates, to include maintenance of directorate risk registers and report routinely through various Board committees, executive and performance meetings. These continue to improve following development of the current directorate structures as a result of a more age inclusive service delivery model. The Audit Committee comprising independent non-executive directors, and excluding the Chairman, oversees and through the focus of its agendas has reviewed throughout the year the effectiveness of the system of internal control and overall assurance process associated with managing risk.

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

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

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

The Quality Committee, a formal committee of the Board, supports the Board in relation to meeting quality standards and the management of risk, and in turn is supported by the Quality & Clinical Governance Sub-Committee (known, until March 2021, as the Quality Sub-Committee). The Trust has an embedded process for assuring the Board on matters of risk, which enhances the organisation's overall capacity to handle risk. The Board Assurance Framework forms the key document for the Board in ensuring all principal risks are controlled, that the effectiveness of the key controls is assured, and that there is sufficient evidence to support the declarations set out in the Annual Governance Statement.

The Chief Nurse takes executive responsibility for clinical risk management in the organisation reporting to the Accounting Officer. The Risk Management Strategy and Policy clearly sets out the roles and responsibilities of executive directors, managers and staff for risk and clinical risk management across the organisation.

Staff are alerted to both the Risk Management Strategy and Policy, and supporting policies, such as the Policy for Reporting and Learning from Incidents and Deaths and Clinical Risk Assessment and Management Policy, throughout the year but most notably as part of the Trust's improvement activity across the year. In addition to regular updates at relevant Board committee meetings, a formal Board Assurance Framework report is presented to the Board which provides a view of the strategic risk profile and a regular opportunity for all directors to review progress against mitigating risks and consider new or emerging risks.

The corporate induction programme, local induction organised by line managers and mandatory training reflects essential training needs and includes risk items such as fire safety, health and safety, incident reporting, manual handling, resuscitation, infection control, safeguarding patients and information governance. Root-cause analysis training is provided to staff members who have direct responsibility for risk and incident management within their area of work. As a result of the impact of COVID-19 on the operations of the Trust, additional focus was given to the management of risk in areas such as infection control, personal protective equipment (PPE), and staff risk assessment and their health and wellbeing.

All Trust staff are able to access the incident reporting system and the Policy for Reporting and Learning from Incidents and Deaths requires, and staff training and the Trust's culture promotes, the reporting of all incidents which occur. Lessons learned, in the unfortunate event that things do go wrong, are shared through directorate and corporate governance systems. Training and guidance are provided in various media formats to staff including e-learning, classroom environment, webinars, information bulletins and seminars to ensure learning from good practice and experience is disseminated quickly and effectively. Work is commencing in 2021-2022 to improve further how the organisation spreads learning organisation wide to effect quality improvement.

Staff and teams are also supported to learn from good practice and to mitigate risks through knowledge sharing workshops that highlight risks identified, such as Serious Incidents Requiring Investigation and actions taken to address these. The Board receives the full investigation report for the most serious of incidents. A 2019 external audit of the quality governance arrangements in the Trust, including the management of Serious Incidents and national patient safety alerts, gave good assurance of the robustness of processes. A further review will commence in the 2021-2022 financial year.

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

## The Risk and Control Framework

Risk management requires participation, collaboration and commitment from all staff. The process starts with the systematic identification of risk via structured risk assessments documented on risk registers. These risks are then analysed to determine their relative importance using a risk scoring matrix. Low scoring risks are typically managed by the area in which they are identified, whilst higher scoring risks, risks which cannot be managed locally, or risks with directorate or Trust wide implications are managed at progressively higher levels within the organisation. Risk control measures are identified and implemented to support mitigation.

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

The Board Assurance Framework (BAF) forms the key document for the Board to capture risks to the attainment of the Trust's strategic objectives and ensuring those principle strategic risks

are controlled. The Trust Risk Register (TRR) sets out the significant operational risks to the Trust.

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

Named lead executive directors are responsible for specific BAF and TRR risks and the completeness and reliability of related controls, assurances and the data upon which assurances are based. In 2020-2021 bi-monthly meetings between executive leads and risk managers to review risks registers have been introduced.

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

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

In 2020-2021 the TRR was migrated to a risk management system. This has allowed for enhanced capture and tracking of progress of actions; provided better oversight of review dates and completion of reviews; improved tracking of movement of risk; eased escalation/de-escalation between risk levels (i.e. between Trust, directorate or team risk registers); facilitated flexible and customised reporting; and enabled linking of related risks.

The Trust's appetite for risk is defined by the Board of Directors, with dialogue as to that appetite and new and future risks forming part of discussions at Board Committees (specifically Audit Committee) and Board seminar sessions. The Trust does not accept risks that could result in compromise to safety. Awareness of residual risk and operating within a risk tolerance provides the Board with greater assurance that the Trust remains within a suitable risk appetite which supports decision making. Work commenced during the year to test if it is able to codify the amount and type of risk the Board is prepared to pursue, retain or take such that it can define its risk appetite in a way that is aimed at improving Trust performance and that is aligned with the newly defined strategic goals.

During the year, the Board ensured ongoing assessment of significant risks to the attainment of objectives and maintained oversight of a range of specific risks, which included: non-delivery of financial plans; workforce planning risks to mitigate the inability to fill vacancies and reduce reliance upon agencies; protecting the information we hold (data security and information governance); and new models of care including the local Integrated Care System

and Provider Collaboratives. There was also considerable focus on risks presented by the COVID-19 pandemic, for example infection control, PPE, and risks to staff wellbeing because of the pressures presented by the pandemic.

Oversight of other risks included: compliance with the Mental Health Act; waiting times; demand and capacity; working effectively with our partners; staff compliance with training requirements; physical health monitoring of service users with severe and enduring mental illness; and the Trust's impact on the environment and ability to meet its climate change/environmental obligations.

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

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

The high cost of agency staff has continued to drive a national focus on reducing reliance on such staff and negotiating nationally to improve procurement frameworks should other staffing options be exhausted. The Trust continues to experience significant challenges in reducing its reliance on agency workers but has recruited a senior leader during the year to ensure a dedicated focus to resolving this.

Collaborations and partnerships are increasingly the cornerstone of effective integrated health and care delivery and our Board has paid close attention to the developing Integrated Care Systems (ICS) in Buckinghamshire, Oxfordshire and Berkshire West (BOB) and the priorities nationally and locally underscored within the NHS Long Term Plan. We will continue to understand the emerging implications and opportunities and adjust our risk profile and response accordingly in order to meet both Trust and system strategic priorities.

The future continues to pose increasing risks and challenges for delivering levels of efficiency increases and cost reductions within an extremely challenging financial plan following cessation of the COVID-19 funding arrangements.

Growth in demand and acuity across the system will no doubt continue to put pressure on our financial plan, as it has in 2020-2021, and on the BOB system.

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

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

The Quality Committee monitors information governance and data security risks, via escalations from the Information Management Group (with cyber security arrangements also having been reviewed by the Audit Committee through the year). The Information governance sub-section, later in this report, covers the management and control of risks to data security in more detail.

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

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

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

The Trust's focus on its performance and risk supports continual assessment of compliance with the NHS Foundation Trust Licence Condition 4 (FT Governance). The Board last formally reviewed its assessment of compliance in detail in May 2019 as part of the Corporate Governance Statement to NHSI and confirmed no material risks had been identified with regard to compliance with its Licence. Due to the impact of COVID-19, regulators supported Trust's to prioritise the response to the pandemic and so we were not required to conduct a formal self-assessment in May 2020, but the Board remains confident in its compliance with the conditions of its Licence.

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

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

Some of these conditions are detailed within the Trust's 2019 Corporate Governance Statement, the validity of which was assured by the Board at the time, and prior to submission to NHSI. In order to assure itself of the validity of its statement, required under NHS Foundation Trust condition 4(8)(b), the extent with which it complies with the Code of Governance is detailed in the Corporate Governance and Code of Governance report of this Annual Report.

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

- In 2020-2021, we recruited 1,106 new substantive staff members (1,011 full time equivalent, 'FTE'), compared with 945 (854 FTE) in 2019-2020.
- We utilised TRAC, a recruitment management system, to improve our ability to control, manage and report on recruitment activity.
- We are investing in skill mix work to make sure that the blend of skills in our services is safe, appropriate and affordable.
- We have now had over 100 Nursing Associate trainees qualify with a further 83 in training. The number in training is lower than anticipated owing to the COVID-19 situation with some trainees not coming forward as expected. We will continue to have two cohorts a year, one in September and one in the new year.
- Our staff turnover figure for the year was 12.11% (against the Trust target of 12%).
- We have a series of initiatives in place to improve retention further and we are part of NHSI's Retention programme.
- The Board monitors recruitment, staff turnover, sickness levels, staff engagement data and agency spend every month.
- The 'Weekly Review' meeting led by the Medical Director or Chief Nurse every Monday monitors safe staffing and safety and quality issues arising in our services, issues of concern are then escalated to the Executive Team, usually on the same day.
- We are working collaboratively with our staff side partners to address stress, which is the Trust's greatest cause of sickness absence, a major factor in retention and a significant issue in our staff engagement scores.
- Short-term staffing gaps are filled by the use of agency staff.
- We continue to grow our in-house staff Bank, now with 1,426 pure bank workers registered (compared with 1,100 as at March 2020) and a further 2,739 substantive staff registered to the bank (1,685 in March 2020). We are also actively working on skill mix issues including and beyond the introduction of Nursing Associate roles and other new roles.
- Longer term, our workforce strategy is to further improve retention, to constantly review skill mix and pipelines and to make Oxford Health an employer of choice for all staff groups and all types of worker (full time, part time, bank, clinical, non-clinical, admin etc).
- We have continued some active recruitment campaigns started towards the end of the 2019-2020 year, to capitalise on the goodwill towards the NHS in relation to the COVID-19 emergency.

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

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

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 Trust's obligations under equality, diversity and human rights legislation are complied with.

The Foundation 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.

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

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

We have invested resource in developing the Trust's online business intelligence platform, to enable smarter, interactive data interpretations in relation to a range of economy, efficiency and effectiveness metrics (including in relation to quality, workforce, finance, activity and demand) via a series of applications.

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

The Trust's Internal Audit Plan, which is agreed by the Audit Committee, sets out the full range of audits across the Trust, to include reviews the economy, efficiency and effectiveness of the use of resources. The Audit Committee routinely reviews the outcomes and recommendations of the Internal Audit reports and the management response and progress against action plans.

Internal auditors, in their Internal Audit Annual Report for 2020-2021, gave the opinion that governance, risk management and control in relation to business critical areas in the Trust is generally satisfactory, but with some improvements required to enhance the effectiveness of the framework of internal control.

Internal auditors issued a 'high risk' rated report following an IT review; that high risk rating being due to recommended improvements to systems relating to employee data. There is no single, one source of employee data, and an over reliance upon line managers to provide and update information across multiple systems. This creates risks to the timeliness of updates and the completeness, accuracy, and consistency of employee data. A standardised starters and leavers process is being developed, with a target date of Autumn 2021, and plans are currently being progressed for a project to link systems which hold employee data and to create a portal through which a single employment record can be viewed, and any changes are automatically updated across all relevant systems.

Internal auditors also recently issued a draft 'high risk' rated report relating to Health & Safety Risk Management. The Trust is currently working with our internal auditors to finalise the report, understand the areas of risk identified and formulate an action plan to address these.

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

Cross system working has progressed through our Transformation Board which is looking at how all our health and social care systems can work better together in the longer term and in accordance with our Integrated Care Systems (ICS) as part of the Berkshire, Oxfordshire and Buckinghamshire (BOB) footprint.

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

## Information Governance

The Trust's Integrated Information Governance Policy outlines the management and assurance framework, including key roles and committees that are responsible for managing and monitoring confidentiality and data security.

The Information Management Group, chaired by the Senior Information Risk Owner (SIRO) is responsible for fidelity to the policy and provides management focus and analysis of data security threats and delivers improved data security through the review of incidents, policy development, education of users, highlighting risks and developing risk mitigation action plans.

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

The Data Security and Protection Toolkit (DSPT) is an annual online national self-assessment process overseen by NHS Digital, which enables the Trust to measure its compliance against the National Data Guardian security standards and information governance management, confidentiality and data protection, information security, clinical information, secondary uses and corporate information.

The Trust provides evidence to demonstrate compliance with each of the assertions in the Toolkit, elements of which are independently audited by Internal Audit. Following the independent audit and sign off by the Trust's Caldicott Guardian, and subsequently by the Board of Directors, due to the national emergency the DSPT assessment this year has been put back and will be submitted by 30 June 2021.

The Trust met all standards and assertions in the DSPT in 2019-2020 and is on track to do so for the 2020-2021 submission. The baseline submission was completed as required by 28 February 2021. An internal audit review of information governance within the Trust made no critical or high risk findings and identified no areas of significant weaknesses in internal control in this area.

The Trust requires all information incidents to be reported. Each incident is recorded on the Trust Incident Reporting System and all incidents of Level 1 or less are summarised, reported, analysed and considered by the Information Management Group quarterly. There were 4 serious confidentiality incidents (Level 2) during 2020-2021. One incident met the criteria for escalation to the Information Commissioner (ICO), but no further action was required by the ICO.

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

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

## Data Quality and Governance

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

The Trust initiated improvements in the quality of data on which it relies to assess performance, and key programmes of work have progressed significantly during the year.

Aligned to the Trust's Data Quality strategy the Trust is prioritising the improvement of data quality in relation to the following 3 key areas;

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

Provision of the national Mental Health Services Data Set (MHSDS) submission is now via an in-house solution providing the Trust with improved opportunities for data reporting and management. Work is underway to develop local reports against the national dataset with a view to improving performance.

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

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

The Data Quality Improvement Group, comprising of senior managers from operational and corporate teams, provides oversight on data quality within the Trust. Data quality indicators are reviewed by the Board, including data completeness and outcome indicators.

Data quality information is provided to our commissioners to demonstrate compliance against national benchmarks.

## COVID-19 and Governance

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

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

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

The last 12 months have empowered leadership teams across the Trust to make dramatic changes to the way they operate. This has sharpened and accelerated decision-making and altered working cultures. The Trust's ambition now is for leaner and lighter governance structures, with fewer committees, shorter and simpler Board reporting, which look forward and plan for the future, and spend less time assuring and looking backwards. We hope to develop a culture in which staff at all levels can play a part in achieving 'enabling' governance systems and are confident to question organisational habits or local rules which increase bureaucracy, hinder effective decision-making, or take resource away from delivering care.

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

## Review of Effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Quality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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

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

Executive directors, who have responsibility for the development and maintenance of the system of internal control, provide me with assurance in a variety of ways, including through reports on the implementation of audit action plans and reports of the work of the Board Committees, and their respective sub-committees and groups.

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

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

The Board has monitored progress against the key risks facing the Trust and assured itself that the strategic intent of the Trust appropriately addresses opportunities and the risks facing the Trust and the continual improvement of its business.

The Audit Committee has sought assurance from the Trust's internal and external auditors from the agreed audit programmes which have been developed through consideration of the gross risks, key controls and gaps in assurance as identified by the Board Assurance Framework.

The Quality Committee, the People Leadership and Culture Committee, the Mental Health Act Committee and the Finance and Investment Committee and their sub-committees have ensured that programmes of work, and the developments of policy and strategy, address identified risk areas. The committees have also considered the sources of assurance and incorporated the findings of these assurances in future work programmes. The Audit Committee has sought assurance on the design, implementation and review of the Trust's clinical audit programme.

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

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

## Annual Governance Statement Conclusion

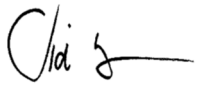
While I recognise that we can always improve on our systems, the Board has extensive and effective governance assurance systems in operation. These systems enable the identification and control of risks. Internal and external reviews, audits and inspections provide sufficient evidence to state that no significant internal control issues have been identified during 2020-2021.

There remain risks facing the Trust in 2021-2022 and beyond with regard to delivery of our plans and the associated cost reduction due to the Trust's already strong efficiency performance, increasing acuity of service users and demand, in particular as a result of the pandemic and workforce challenges, not least the need for staff to recover post the impact of the COVID-19.

The Trust will continue to carry the risk of an unsustainable financial position in light of the ongoing underfunding of its mental health services albeit this being potentially mitigated in light of the continuance of COVID-19 funding arrangements until September 2021. Delivering our current services to meet the population needs in our area sustainably remains dependent upon continuing to improve the revenue the Trust receives for its services and its ability to deal with the anticipated pent up demand.

We understand that the best service improvements are those where patients, the wider public and key stakeholders (including local authorities, the voluntary sector, our governors and our social care partners) work together to co-design services based upon the health and care

needs of the local population and as we work to break down organisational barriers and work in a much more integrated way to improve care for residents and patients, the developments in, and effectiveness of, strong integrated governance arrangements will be paramount.



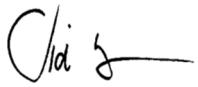
**Signed:** **Date: 28 June 2021**

**Dr Nick Broughton**

**Chief Executive**

## Accountability Report Conclusion

This concludes the Accountability Report of Oxford Health NHS Foundation Trust for the year ending 31 March 2021.



**Signed:** **Date: 28 June 2021**

**Dr Nick Broughton**

**Chief Executive and Accounting Officer**

# Independent Auditor's Report

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

### Report on the Audit of the Financial Statements

#### Opinion on financial statements

We have audited the financial statements of Oxford Health 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 Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021.

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 its expenditure and income for the year then ended; and

have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and

have been prepared in accordance with the requirements of the National Health Service Act 2006.

#### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accounting Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

In our evaluation of the Accounting Officer's' conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2020 to 2021 that the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2020) on the application of ISA (UK) 570 Going Concern to

public sector entities. We assessed the reasonableness of the basis of preparation used by the Trust and the Trust's disclosures over the going concern period.

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.

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.

The responsibilities of the Accounting Officer with respect to going concern are described in the 'Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements' section of this report.

### Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the annual report, 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 the other information, we are required to report that fact.

We have nothing to report in this regard.

### Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS foundation trust annual reporting manual 2020/21 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

### Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit:

the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006; and

based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or

we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

### Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer, set out on pages 99 to 100, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2020/21, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the Trust's financial reporting process.

### Auditor's responsibilities for the audit of the financial statements

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

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

### Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

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. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021).

We enquired of management and the Audit Committee, concerning the Trust's policies and procedures relating to:
the identification, evaluation and compliance with laws and regulations;

the detection and response to the risks of fraud; and

the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.

- We enquired of management and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.

We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur, by evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls. We determined that the principal risks were in relation to:

journal entries that altered the Trust's financial performance for the year;

potential management bias in determining accounting estimates, especially in relation to:

the calculation of the valuation of the Trust's land and buildings; and

accruals of income and expenditure at the end of the financial year.

Our audit procedures involved:

evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;

journal entry testing, with a particular focus on significant journals at the end of the financial year which impacted on the Trust's financial performance;

testing of how management made the significant accounting estimates in respect of land and building valuations and challenging assumptions and judgements made by management in making the estimate**;**

substantive procedures to confirm the completeness of income and operating expenditure with a particular emphasis on payables and transactions recorded close to and after 31 March 2021;

challenging assumptions and judgements made by management in making year end income and expenditure accruals; and

assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.

These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. However, detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as those irregularities that result from fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.

The team communications in respect of potential non-compliance with relevant laws and regulations and fraud included the potential for fraud in revenue and expenditure recognition, and the significant accounting estimates related to the valuations of the Trust's land and buildings.

Assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:

understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation

knowledge of the health sector and economy in which the Trust operates

understanding of the legal and regulatory requirements specific to the Trust including:

the provisions of the applicable legislation

NHS Improvement's rules and related guidance

the applicable statutory provisions.

In assessing the potential risks of material misstatement, we obtained an understanding of:

the Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.

the Trust's control environment, including the policies and procedures implemented by the Trust to ensure compliance with the requirements of the financial reporting framework.

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

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

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

Our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the Trust's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, these will be reported by exception in our Audit Completion Certificate. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the year ended 31 March 2021.

### Responsibilities of the Accounting Officer

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

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

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

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

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and

commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

## Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for Oxford Health NHS Foundation Trust for the year ended 31 March 2021 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice until we have completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

### Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

*Iain Murray*

Iain Murray, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

London

29 June 2021

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

In our auditor's report issued on 29 June 2021, we explained that we could not formally conclude the audit and issue an audit certificate for the Trust for the year ended 31 March 2021, in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice, until we had:

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

## Opinion on the financial statements

In our auditor's report for the year ended 31 March 2021 issued on 29 June 2021 we reported that, in our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2021 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave this opinion.

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

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

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have nothing to report in respect of the above matter.

### Responsibilities of the Accounting Officer

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

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

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

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

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

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

## Report on other legal and regulatory requirements – Audit certificate

We certify that we have completed the audit of Oxford Health NHS Foundation Trust for the year ended 31 March 2021 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

### Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

*Iain Murray*

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

London

15 September 2021

# Oxford Health

# NHS Foundation Trust

## Annual Accounts

### for the year ended 31st March 2021

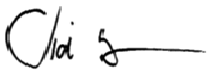
Oxford Health NHS Foundation Trust

Annual accounts for the year ended 31 March 2021

**Foreword to the accounts**

**Oxford Health NHS Foundation Trust**

These accounts, for the year ended 31 March 2021, have been prepared by Oxford Health NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

**Signed** 

**Name** **Nick Broughton**
**Job title** **Chief Executive**
**Date** **28 June 2021**

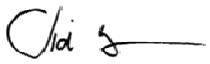
## Statement of Comprehensive Income

| | Note | 2020/21 £000 | 2019/20 £000 |
|---|---|---|---|
| Operating income from patient care activities | 3 | 341,459 | 316,476 |
| Other operating income | 4 | 85,333 | 65,388 |
| Operating expenses | 6, 8 | (426,648) | (375,793) |
| **Operating surplus/(deficit) from continuing operations** | | **144** | **6,071** |
| Finance income | 11 | 37 | 203 |
| Finance expenses | 12 | (1,865) | (2,048) |
| PDC dividends payable | | (2,262) | (3,571) |
| **Net finance costs** | | **(4,090)** | **(5,415)** |
| Other gains / (losses) | 13 | - | 477 |
| **Surplus / (deficit) for the year from continuing operations** | | **(3,946)** | **1,133** |
| **Surplus / (deficit) for the year** | | **(3,946)** | **1,133** |
| **Other comprehensive income** | | | |
| **Will not be reclassified to income and expenditure:** | | | |
| Impairments | 7 | (3,084) | (5,030) |
| Revaluations | 16 | 725 | 53 |
| **Total comprehensive income / (expense) for the period** | | **(6,305)** | **(3,844)** |

## Statement of Financial Position

| | Note | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|---|
| **Non-current assets** | | | |
| Intangible assets | 14 | 4,359 | 2,220 |
| Property, plant and equipment | 15 | 145,308 | 149,952 |
| Receivables | 19 | 187 | 167 |
| **Total non-current assets** | | **149,854** | **152,339** |
| **Current assets** | | | |
| Inventories | 18 | 1,609 | 2,229 |
| Receivables | 19 | 12,981 | 38,081 |
| Cash and cash equivalents | 21 | 55,696 | 22,742 |
| **Total current assets** | | **70,286** | **63,052** |
| **Current liabilities** | | | |
| Trade and other payables | 22 | (55,580) | (48,018) |
| Borrowings | 24 | (1,919) | (1,873) |
| Other financial liabilities | 25 | (989) | (555) |
| Provisions | 26 | (1,741) | (2,069) |
| Other liabilities | 23 | (8,844) | (5,212) |
| **Total current liabilities** | | **(69,073)** | **(57,727)** |
| **Total assets less current liabilities** | | **151,067** | **157,664** |
| **Non-current liabilities** | | | |
| Borrowings | 24 | (17,723) | (19,611) |
| Provisions | 26 | (3,868) | (3,566) |
| Other liabilities | 23 | (1,351) | (751) |
| **Total non-current liabilities** | | **(22,942)** | **(23,929)** |
| **Total assets employed** | | **128,125** | **133,735** |
| **Financed by** | | | |
| Public dividend capital | | 99,120 | 98,425 |
| Revaluation reserve | | 19,180 | 21,902 |
| Income and expenditure reserve | | 9,826 | 13,409 |
| **Total taxpayers' equity** | | **128,125** | **133,735** |

The notes on pages 8 to 55 form part of these accounts.



Name Nick Broughton
Position Chief Executive
Date 28 June 2021

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

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

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

| | Public dividend capital | Revaluation reserve | Income and expenditure reserve | Total |
|---|---|---|---|---|
| | £000 | £000 | £000 | £000 |
| **Taxpayers' and others' equity at 1 April 2019 - brought forward** | **95,226** | **27,372** | **11,783** | **134,380** |
| Surplus/(deficit) for the year | - | - | 1,133 | **1,133** |
| Other transfers between reserves | - | (493) | 493 | **-** |
| Impairments | - | (5,030) | - | **(5,030)** |
| Revaluations | - | 53 | - | **53** |
| Public dividend capital received | 3,291 | - | - | **3,291** |
| Public dividend capital repaid | (92) | - | - | **(92)** |
| **Taxpayers' and others' equity at 31 March 2020** | **98,425** | **21,902** | **13,409** | **133,735** |

**Information on reserves**

**Public dividend capital**
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

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

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

## Statement of Cash Flows

| | Note | 2020/21 £000 | 2019/20 £000 |
|---|---|---|---|
| **Cash flows from operating activities** | | | |
| Operating surplus / (deficit) | | 144 | 6,071 |
| **Non-cash income and expense:** | | | |
| Depreciation and amortisation | 6.1 | 6,158 | 7,066 |
| Net impairments | 7 | 3,605 | 573 |
| Non-cash movements in on-SoFP pension liability | | 43 | 114 |
| (Increase) / decrease in receivables and other assets | | 25,184 | (14,392) |
| (Increase) / decrease in inventories | | 620 | 1,042 |
| Increase / (decrease) in payables and other liabilities | | 10,690 | 10,029 |
| Increase / (decrease) in provisions | | (27) | 1,389 |
| **Net cash flows from / (used in) operating activities** | | **46,418** | **11,893** |
| **Cash flows from investing activities** | | | |
| Interest received | | 37 | 203 |
| Purchase of intangible assets | | (3,325) | (904) |
| Purchase of PPE and investment property | | (4,766) | (5,130) |
| Sales of PPE and investment property | | - | 517 |
| **Net cash flows from / (used in) investing activities** | | **(8,054)** | **(5,313)** |
| **Cash flows from financing activities** | | | |
| Public dividend capital received | | 1,329 | 3,291 |
| Public dividend capital repaid | | (634) | (92) |
| Movement on loans from DHSC | | (1,338) | (1,338) |
| Movement on other loans | | - | (2) |
| Capital element of PFI, LIFT and other service concession payments | | (505) | (463) |
| Interest on loans | | (718) | (778) |
| Other interest | | (72) | (20) |
| Interest paid on PFI, LIFT and other service concession obligations | | (1,072) | (1,105) |
| PDC dividend (paid) / refunded | | (2,400) | (3,369) |
| **Net cash flows from / (used in) financing activities** | | **(5,409)** | **(3,876)** |
| **Increase / (decrease) in cash and cash equivalents** | | **32,955** | **2,704** |
| **Cash and cash equivalents at 1 April - brought forward** | | **22,742** | **20,038** |
| **Cash and cash equivalents at 31 March** | 21.1 | **55,696** | **22,742** |

## Notes to the Accounts

### Note 1 Accounting policies and other information

### Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 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. Non-trading entities such as Foundation Trust's in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

**Note 1.3 Revenue from contracts with customers**

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

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

Consideration should be received within the Trust's credit terms once performance obligations have been satisfied. Contract receivable balances are recognised when consideration has not been received.

**Note 1.4 Other forms of income**

**Grants and donations**

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

**Apprenticeship service income**

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

**Pharmacy sales**

Income from pharmacy sales is recognised at the point of sale

**Note 1.5 Expenditure on employee benefits**

**Short-term employee benefits**

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

**Pension costs**

*NHS Pension Scheme*

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 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 to 20.6% of pensionable pay
Some employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.
The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

**Local Government Pension Scheme**

Some employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

**Note 1.6 Expenditure on other goods and services**

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

**Note 1.7 Property, plant and equipment**

**Recognition**

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

*Subsequent expenditure*

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

**Measurement**

*Valuation*

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

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

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

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

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. 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 Institution of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust’s Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.

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

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

*Depreciation*

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

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

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

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

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

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

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

**De-recognition**
Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.
Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

**Donated and grant funded assets**

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.
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) transactions**

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

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

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

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

| | **Min life Years** | **Max life Years** |
|---|---|---|
| Buildings, excluding dwellings | 1 | 90 |
| Plant & machinery | 1 | 15 |
| Transport equipment | 7 | 7 |
| Information technology | 1 | 8 |
| Furniture & fittings | 4 | 10 |

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

**Note 1.8 Intangible assets**

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

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.
*Software*

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

**Measurement**
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and

prepare the asset to the point that it is capable of operating in the manner intended by management.

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

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

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

**Useful lives of intangible assets**

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

| | **Min life Years** | **Max life Years** |
|---|---|---|
| Software licences | 1 | 5 |

**Note 1.9 Inventories**

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the weighted average cost method.
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.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

**Note 1.11 Financial assets and financial liabilities**

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

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

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

Financial assets are categorised as 'fair value through income and expenditure' or loans and receivables.

Financial liabilities categorised are classified as 'fair value through income and expenditure or as 'other financial liabilities'.

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

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

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

**Financial assets measured at fair value through other comprehensive income**

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

**Financial assets and financial liabilities at fair value through income and expenditure**
Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

**Impairment of financial assets**

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

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

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

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

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

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

**Note 1.12 Leases**

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

**The trust as a lessee**

*Finance leases*

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

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

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

*Operating leases*

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

*Leases of land and buildings*

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

**The trust as a lessor**

*Finance leases*

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

*Operating leases*

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

**Note 1.13 Provisions**

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2021:

| | | **Nominal rate** |
|---|---|---|
| Short-term | Up to 5 years | 0.51% |
| Medium-term | After 5 years up to 10 years | 0.55% |
| Long-term | Exceeding 10 years | 1.99% |

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2021:

| | **Inflation rate** |
|---|---|
| Year 1 | 1.20% |
| Year 2 | 1.60% |
| Into perpetuity | 2.00% |

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% in real terms.

**Clinical negligence costs**

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 25.1 but is not recognised in the Trust's accounts.

**Non-clinical risk pooling**

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

**Note 1.14 Contingencies**

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 27 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 27, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

**Note 1.15 Public dividend capital**

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

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

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.
This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.
In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

**Note 1.16 Value added tax**

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

**Note 1.17 Losses and special payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

**Note 1.18 Early adoption of standards, amendments and interpretations**

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

**Note 1.19 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.

From 1 April 2022, the principles of IFRS 16 will also be applied to the Trust's PFI liabilities where future payments are linked to a price index representing the rate of inflation. The PFI imputed lease liability will be remeasured when a change in the index causes a change in future imputed lease payments and that change has taken effect in the cash flow. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred. This is expected to increase the PFI liability on the statement of financial position upon transition to IFRS 16. The effect of this has not yet been quantified.

**Other standards, amendments and interpretations**

**Note 1.20 Critical judgements in applying accounting policies**

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

- The carrying values of property, plant and equipment are reviewed for impairment when there is an indication that the values of the assets might be impaired.

**Note 1.21 Sources of estimation uncertainty**

There are no estimates that are deemed to be material.

**Note 2 Operating Segments**

All of the Trust's activities relate to the provision of healthcare, which is an aggregate of all the individual specialty components included therein. Similarly, the majority of the Trust's income originates with UK Whole-of-Government Accounting (WGA) bodies. The majority of expenses incurred are payroll expenditure on staff involved in the provision or support of healthcare activities generally across the Trust together with the related supplies and overheads necessary. The business activities which earn revenue and incur expenses are therefore of one broad combined nature.

The operating results of the Trust are reviewed monthly or more frequently by the Trust's chief operating decision maker which is the overall foundation Trust Board, which includes non-executive directors. The finance report considered by the Board contains only total balance sheet positions and cash flow forecasts for the Trust as a whole. The Board as chief operating decision maker therefore only considers one segment of healthcare in its decision making process.

The single segment of 'healthcare' has therefore been identified consistent with the core principle of IFRS 8 which is to enable users of the financial statements to evaluate the nature and financial effects of business activities in which the Trust engages and economic environments in which it operates.

| **Note 2.1 Adjusted Financial Performance (control total basis)** | **2020/21 £000** | **2019/20 £000** |
|---|---|---|
| Surplus / (deficit) for the period | (3,946) | 1,133 |
| Remove net impairments not scoring to the Departmental expenditure limit | 3,605 | 573 |
| Remove I&E impact of capital grants and donations | 77 | 76 |
| Remove non-cash element of on-SoFP pension costs | 43 | 114 |
| Remove 2018/19 post audit PSF reallocation (2019/20 only) | | (114) |
| **Adjusted financial performance surplus / (deficit)** | **(221)** | **1,782** |

**Note 3 Operating income from patient care activities**

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3

| Note 3.1 Income from patient care activities (by nature) | 2020/21 £000 | 2019/20 £000 |
|---|---|---|
| **Mental health services** | | |
| Block contract / system envelope income* | 223,237 | 200,657 |
| Clinical partnerships providing mandatory services (including S75 agreements) | - | - |
| Clinical income for the secondary commissioning of mandatory services | 5,401 | 5,254 |
| Other clinical income from mandatory services | 1,524 | 1,490 |
| **Community services** | | |
| Block contract / system envelope income* | 88,447 | 85,773 |
| Income from other sources (e.g. local authorities) | 12,225 | 12,044 |
| **All services** | | |
| Private patient income | 118 | 134 |
| Additional pension contribution central funding** | 10,507 | 9,757 |
| Other clinical income | - | 1,368 |
| **Total income from activities** | **341,459** | **316,476** |

*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 | 67,528 | 72,951 |
| Clinical commissioning groups | 250,293 | 219,457 |
| Department of Health and Social Care | 31 | - |
| Other NHS providers | 511 | 495 |
| NHS other | 12 | 45 |
| Local authorities | 21,416 | 21,013 |
| Non-NHS: private patients | 172 | - |
| Injury cost recovery scheme | 115 | - |
| Non NHS: other | 1,381 | 2,515 |
| **Total income from activities** | **341,459** | **316,476** |
| **Of which:** | | |
| Related to continuing operations | 341,459 | 316,476 |

**Note 3.3 Overseas visitors (relating to patients charged directly by the provider)**

| | 2020/21 | 2019/20 |
|---|---|---|
| | £000 | £000 |
| Cash payments received in-year | - | 2 |

**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 | 13,390 | - | **13,390** | 12,798 | - | **12,798** |
| Education and training | 15,637 | - | **15,637** | 12,958 | - | **12,958** |
| Non-patient care services to other bodies | 1,494 | | **1,494** | 2,461 | | **2,461** |
| Provider sustainability fund (2019/20 only) | | | **-** | 3,010 | | **3,010** |
| Financial recovery fund (2019/20 only) | | | **-** | 1,859 | | **1,859** |
| Reimbursement and top up funding | 27,102 | | **27,102** | | | **-** |
| Charitable income | | 284 | **284** | | 239 | **239** |
| Contributions to expenditure - consumables (PPE) donated from DHSC | | 4,285 | **4,285** | | | |
| Other income * | 23,141 | - | **23,141** | 32,063 | - | **32,063** |
| **Total other operating income** | **80,764** | **4,569** | **85,333** | **65,149** | **239** | **65,388** |
| **Of which:** | | | | | | |
| Related to continuing operations | | | 85,333 | | | 65,388 |

* Other income largely relates to income generated by the Oxford Pharmacy Store for drug sales to other NHS and Non-NHS organisations. The turnover for the year 2020/21 was £20,020k (2019/20 £28,731k)

**Note 4.1 Covid 19 income**

During the course of 2020/21 the Trust received received the following Department of Health funding to support its response to the covid pandemic:

| | 2020/21 |
|---|---|
| | £000 |
| Covid 19 Response Funding | 22,853 |
| Vaccination Centres | 4,012 |
| Personal Protective Equipment (PPE) | 4,285 |
| **Total Covid 19 income *** | **31,150** |

* This income is included within income from patient care activities (note 3.1) and other operating income (note 4.)

**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 | 4,689 | 2,830 |

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

**Note 5.2 Income from activities arising from commissioner requested services**

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

| | 2020/21 | 2019/20 |
|---|---|---|
| | £000 | £000 |
| Income from services designated as commissioner requested services | 317,821 | 292,408 |
| Income from services not designated as commissioner requested services | 23,638 | 24,068 |
| **Total** | **341,459** | **316,476** |

**Note 6.1 Operating expenses**

| | 2020/21 | 2019/20 |
|---|---|---|
| | £000 | £000 |
| Purchase of healthcare from NHS and DHSC bodies | 1,843 | 1,747 |
| Purchase of healthcare from non-NHS and non-DHSC bodies | 12,237 | 7,401 |
| Staff and executive directors costs ** | 297,818 | 262,945 |
| Remuneration of non-executive directors | 160 | 154 |
| Supplies and services - clinical (excluding drugs costs) | 26,098 | 24,165 |
| Supplies and services - general | 3,842 | 2,214 |
| Drug costs (drugs inventory consumed and purchase of non-inventory drugs) | 22,801 | 30,999 |
| Inventories written down | 178 | 30 |
| Consultancy costs | 96 | 116 |
| Establishment | 11,551 | 7,730 |
| Premises | 11,886 | 8,380 |
| Transport (including patient travel) | 2,539 | 3,814 |
| Depreciation on property, plant and equipment | 4,972 | 5,742 |
| Amortisation on intangible assets | 1,186 | 1,324 |
| Net impairments | 3,605 | 573 |
| Movement in credit loss allowance: contract receivables / contract assets | (31) | 326 |
| Increase/(decrease) in other provisions | 184 | 537 |
| Change in provisions discount rate(s) | 16 | 111 |
| Audit fees payable to the external auditor | | |
| audit services- statutory audit | 58 | 40 |
| audit Services – prior year additional fee | 8 | - |
| Internal audit costs | 108 | 108 |
| Clinical negligence | 592 | 423 |
| Legal fees | 361 | 213 |
| Insurance | 468 | 190 |
| Education and training | 1,765 | 1,470 |
| Rentals under operating leases | 7,289 | 6,603 |
| Redundancy | 197 | 131 |
| Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI) | 763 | 569 |
| Car parking & security | 130 | 148 |
| Losses, ex gratia & special payments | 46 | 34 |
| Other services, eg external payroll | 583 | 529 |
| Other * | 13,299 | 7,026 |
| **Total** | **426,648** | **375,793** |
| **Of which:** | | |
| Related to continuing operations | 426,648 | 375,793 |
| Related to discontinued operations | - | - |

* Includes R&D project costs and payments to University of Oxford of £6,222k

** The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2020/21, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

**Note 6.2 Limitation on auditor's liability**

The limitation on auditor's liability for external audit work is £2 million (2019/20: £2 million).

**Note 7 Impairment of assets**

| | 2020/21 | 2019/20 |
|---|---|---|
| | £000 | £000 |
| **Net impairments charged to operating surplus / deficit resulting from:** | | |
| Changes in market price | 3,605 | 573 |
| **Total net impairments charged to operating surplus / deficit** | **3,605** | **573** |
| Impairments charged to the revaluation reserve | 3,084 | 5,030 |
| **Total net impairments** | **6,689** | **5,603** |

An impairment of £6,689k (£5,603k in 2019/20) arose due to changes in market price of the estate. Of the net decrease in market price, £3,084k was charged to the revaluation reserve (£5,030k in 2019/20) and £3,605k was charged to the comprehensive income statement (£573k in 2019/20).

**Note 8 Employee benefits**

| | 2020/21 Total £000 | 2019/20 Total £000 |
|---|---|---|
| Salaries and wages | 208,485 | 188,835 |
| Social security costs | 20,226 | 18,143 |
| Apprenticeship levy | 1,002 | 906 |
| Employer's contributions to NHS pensions | 34,601 | 32,208 |
| Pension cost - other | 249 | 176 |
| Temporary staff (including agency) | 34,795 | 24,332 |
| **Total gross staff costs** | **299,358** | **264,599** |
| Recoveries in respect of seconded staff | (907) | (914) |
| **Total staff costs** | **298,451** | **263,685** |
| **Of which** | | |
| Costs capitalised as part of assets | 435 | 609 |

**Note 8.1 Retirements due to ill-health**

During 2020/21 there were 6 early retirements from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £398k (£146k 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 assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

**a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 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 to 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.

**Local government superannuation scheme**

**Buckinghamshire County Council pension scheme**

The Trust's obligation in respect of the Buckinghamshire County Council Pension Scheme assets and liabilities is with effect from 1 April 2009, when the staff transferred, and not the period before this date. The net liability applicable is not material to the Trust so the full valuation is not disclosed in these accounts; however the net liability is included in the Statement of Financial Position.

## Note 10 Operating leases

### Note 10.1 Oxford Health NHS Foundation Trust as a lessee

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

| | 2020/21 | 2019/20 |
|---|---|---|
| | £000 | £000 |
| **Operating lease expense** | | |
| Minimum lease payments | 7,289 | 6,603 |
| **Total** | **7,289** | **6,603** |

| | 31 March 2021 | 31 March 2020 |
|---|---|---|
| | £000 | £000 |
| **Future minimum lease payments due:** | | |
| - not later than one year; | 6,141 | 6,078 |
| - later than one year and not later than five years; | 6,026 | 7,967 |
| - later than five years. | 2 | 477 |
| **Total *** | **12,169** | **14,523** |

* includes major leases coming to their end dates - Townlands, Savernake, East Oxford HC, Raglan House and the Leys Health Centre.
New leases at Samuelson House, Knights Court and Abbey House.

**Note 11 Finance income**

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

| | 2020/21 | 2019/20 |
|---|---|---|
| | £000 | £000 |
| Interest on bank accounts | 9 | 171 |
| Other finance income | 28 | 33 |
| **Total finance income** | **37** | **203** |

**Note 12.1 Finance expenditure**

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

| | 2020/21 | 2019/20 |
|---|---|---|
| | £000 | £000 |
| **Interest expense:** | | |
| Loans from the Department of Health and Social Care | 719 | 774 |
| Main finance costs on PFI and LIFT schemes obligations | 249 | 291 |
| Contingent finance costs on PFI and LIFT scheme obligations | 825 | 814 |
| **Total interest expense** | **1,793** | **1,879** |
| Unwinding of discount on provisions | - | 148 |
| Other finance costs | 72 | 20 |
| **Total finance costs** | **1,865** | **2,048** |

**Note 13 Other gains / (losses)**

| | 2020/21 | 2019/20 |
|---|---|---|
| | £000 | £000 |
| Gains on disposal of assets * | - | 477 |
| **Total gains / (losses) on disposal of assets** | **-** | **477** |

* Profit on sale of Hilltop Road

**Note 14 Intangible assets - 2020/21**

| | Software licences | Total |
|---|---|---|
| | £000 | £000 |
| **Valuation / gross cost at 1 April 2020 - brought forward** | **5,900** | **5,900** |
| Additions | 3,325 | **3,325** |
| **Valuation / gross cost at 31 March 2021** | **9,225** | **9,225** |
| **Amortisation at 1 April 2020 - brought forward** | **3,680** | **3,680** |
| Provided during the year | 1,186 | **1,186** |
| **Amortisation at 31 March 2021** | **4,866** | **4,866** |
| **Net book value at 31 March 2021** | **4,359** | **4,359** |
| **Net book value at 1 April 2020** | **2,220** | **2,220** |

**Note 14.1 Intangible assets - 2019/20**

| | Software licences | Total |
|---|---|---|
| | £000 | £000 |
| **Valuation / gross cost at 1 April 2019 - as previously stated** | **4,996** | **4,996** |
| Additions | 904 | **904** |
| **Valuation / gross cost at 31 March 2020** | **5,900** | **5,900** |
| **Amortisation at 1 April 2019 - as previously stated** | **2,356** | **2,356** |
| Prior period adjustments | - | **-** |
| **Amortisation at 1 April 2019 - restated** | **2,356** | **2,356** |
| Provided during the year | 1,324 | **1,324** |
| **Amortisation at 31 March 2020** | **3,680** | **3,680** |
| **Net book value at 31 March 2020** | **2,220** | **2,220** |
| **Net book value at 1 April 2019** | **2,640** | **2,640** |

**Note 15.1 Property, plant and equipment - 2020/21**

| | Land | Buildings excluding dwellings | Assets under construction | Plant & machinery | Transport equipment | Information technology | Furniture & fittings | Total |
|---|---|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| **Valuation/gross cost at 1 April 2020 - brought forward** | **26,130** | **121,109** | **282** | **7,132** | **140** | **8,046** | **9,582** | **172,421** |
| Additions | - | 924 | 5,293 | 2 | - | 13 | 60 | **6,292** |
| Impairments | - | (8,917) | - | - | - | - | - | **(8,917)** |
| Revaluations | 64 | (1,485) | - | - | - | - | - | **(1,421)** |
| Reclassifications | - | - | (130) | - | - | 130 | - | **-** |
| **Valuation/gross cost at 31 March 2021** | **26,194** | **111,632** | **5,445** | **7,134** | **140** | **8,189** | **9,641** | **168,374** |
| **Accumulated depreciation at 1 April 2020 - brought forward** | **0** | **5,301** | **0** | **3,710** | **118** | **5,887** | **7,452** | **22,468** |
| Provided during the year | - | 3,216 | - | 506 | 14 | 745 | 491 | **4,972** |
| Impairments | - | (2,228) | - | - | - | - | - | **(2,228)** |
| Revaluations | - | (2,147) | - | - | - | - | - | **(2,147)** |
| **Accumulated depreciation at 31 March 2021** | **0** | **4,141** | **0** | **4,216** | **132** | **6,632** | **7,944** | **23,065** |
| **Net book value at 31 March 2021** | **26,194** | **107,490** | **5,445** | **2,918** | **8** | **1,556** | **1,698** | **145,309** |
| **Net book value at 1 April 2020** | **26,130** | **115,809** | **282** | **3,422** | **22** | **2,159** | **2,129** | **149,952** |

**Note 15.2 Property, plant and equipment - 2019/20**

| | Land | Buildings excluding dwellings | Assets under construction | Plant & machinery | Transport equipment | Information technology | Furniture & fittings | Total |
|---|---|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| **Valuation / gross cost at 1 April 2019 - as previously stated** | **26,130** | **124,227** | **1,914** | **6,912** | **140** | **6,849** | **9,138** | **175,311** |
| Transfers by absorption | - | - | - | - | - | - | - | **-** |
| Additions | 24 | 3,502 | 283 | 182 | - | 679 | 426 | **5,094** |
| Impairments | - | (8,014) | - | - | - | - | - | **(8,014)** |
| Reversals of impairments | - | - | - | - | - | - | - | **-** |
| Revaluations | - | 53 | - | - | - | - | - | **53** |
| Reclassifications | - | 1,341 | (1,914) | 38 | - | 517 | 18 | **(0)** |
| Transfers to / from assets held for sale | - | - | - | - | - | - | - | **-** |
| Disposals / derecognition | (24) | - | - | - | - | - | - | **(24)** |
| **Valuation/gross cost at 31 March 2020** | **26,130** | **121,109** | **282** | **7,132** | **140** | **8,046** | **9,582** | **172,421** |
| **Accumulated depreciation at 1 April 2019 - as previously stated** | **0** | **4,134** | **0** | **3,213** | **104** | **4,914** | **6,772** | **19,138** |
| Provided during the year | - | 3,578 | - | 497 | 14 | 973 | 680 | **5,742** |
| Impairments | - | (2,411) | - | - | - | - | - | **(2,411)** |
| **Accumulated depreciation at 31 March 2020** | **0** | **5,301** | **0** | **3,710** | **118** | **5,887** | **7,452** | **22,468** |
| **Net book value at 31 March 2020** | **26,130** | **115,809** | **282** | **3,422** | **22** | **2,159** | **2,129** | **149,952** |
| **Net book value at 1 April 2019** | **26,130** | **120,094** | **1,914** | **3,699** | **35** | **1,935** | **2,365** | **156,173** |

**Note 15.3 Property, plant and equipment financing - 2020/21**

| | Land | Buildings excluding dwellings | Assets under construction | Plant & machinery | Transport equipment | Information technology | Furniture & fittings | Total |
|---|---|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| **Net book value at 31 March 2021** | | | | | | | | |
| Owned - purchased | 26,194 | 98,691 | 5,445 | 2,918 | 8 | 1,556 | 1,698 | **136,510** |
| On-SoFP PFI contracts and other service concession arrangements | - | 7,582 | - | - | - | - | - | **7,582** |
| Owned - donated/granted | - | 1,216 | - | - | - | - | - | **1,216** |
| **NBV total at 31 March 2021** | **26,194** | **107,489** | **5,445** | **2,918** | **8** | **1,556** | **1,698** | **145,308** |

**Note 15.4 Property, plant and equipment financing - 2019/20**

| | Land | Buildings excluding dwellings | Assets under construction | Plant & machinery | Transport equipment | Information technology | Furniture & fittings | Total |
|---|---|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| **Net book value at 31 March 2020** | | | | | | | | |
| Owned - purchased | 26,130 | 106,761 | 282 | 3,422 | 22 | 2,159 | 2,129 | **140,905** |
| On-SoFP PFI contracts and other service concession arrangements | - | 7,702 | - | - | - | - | - | **7,702** |
| Owned - donated/granted | - | 1,345 | - | - | - | - | - | **1,345** |
| **NBV total at 31 March 2020** | **26,130** | **115,809** | **282** | **3,422** | **22** | **2,159** | **2,129** | **149,952** |

**Note 16 Revaluations of property, plant and equipment**

Valuations are carried out by the District Valuer (part of the Valuation Office Agency). All work is completed by professionally qualified valuers in accordance with the Royal Institution of Chartered Surveyors (RICS) Appraisal and Valuation Manual. The Trust's estate valuation exercise was carried out between December 2020 and January 2021 with a valuation date of 31 January 2021. The January valuation forms the basis of the Trust's valuation at 31 March 2021.

The outbreak of COVID-19, declared by the World Health Organidsation as a "Global Pandemic" has and continues to affect economies and real estate markets globally. Nevertheless, as at the valuation date some property markets have started to function again, with transaction volumes and other relevant evidence returning to levels where an adequate quantum of market evidence exists upon which to base opinions of value. Accordingly, and for the avoidance of doubt, our valuation is not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards.

In recognition of the potential for market conditions to move rapidly in response to changes in the control or future spread of COVID-19, the Trust will keep the valuation of its estate under frequent review.

**Valuation methodology**

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

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

**Note 17 Disclosure of interests in other entities**

The Trust has a 10% shareholding in Cristal Health Ltd, a research development software company.

**Note 18 Inventories**

| | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|
| Drugs | 1,573 | 2,191 |
| Consumables | (0) | - |
| Energy | 30 | 31 |
| Other | 6 | 8 |
| **Total inventories** | **1,609** | **2,229** |
| **of which:** | | |
| Held at fair value less costs to sell. | - | - |

Inventories recognised in expenses for the year were £27,944k (2019/20: £30,934k). Write-down of inventories recognised as expenses for the year were £179k (2019/20: £32k).

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 £4,285k of items purchased by DHSC.
The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

**Note 19.1 Receivables**

| | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|
| **Current** | | |
| Contract receivables | 8,071 | 34,225 |
| Allowance for impaired contract receivables / assets | (456) | (487) |
| Prepayments (non-PFI) | 2,495 | 2,410 |
| PFI lifecycle prepayments | 592 | 576 |
| PDC dividend receivable | 221 | 83 |
| VAT receivable | 1,568 | 668 |
| Corporation and other taxes receivable | 276 | 246 |
| Other receivables | 214 | 360 |
| **Total current receivables** | **12,981** | **38,081** |
| **Non-current** | | |
| Other receivables | 187 | 167 |
| **Total non-current receivables** | **187** | **167** |
| **Of which receivable from NHS and DHSC group bodies:** | | |
| Current | 5,868 | 33,516 |
| Non-current | 157 | 137 |

**Note 19.2 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** | **487** | **-** | **161** | **-** |
| New allowances arising | 338 | - | 393 | - |
| Reversals of allowances | (369) | - | (67) | - |
| **Allowances as at 31 Mar 2021** | **456** | **-** | **487** | **-** |

**Note 20 Non-current assets held for sale and assets in disposal groups**

| | 2020/21<br>£000 | 2019/20<br>£000 |
|---|---|---|
| **NBV of non-current assets for sale and assets in disposal groups at 1 April** | **-** | **9** |
| Assets sold in year | - | (9) |
| **NBV of non-current assets for sale and assets in disposal groups at 31 March** | **-** | **-** |

**Note 21.1 Cash and cash equivalents movements**

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

| | 2020/21 | 2019/20 |
|---|---|---|
| | £000 | £000 |
| **At 1 April** | **22,742** | **20,038** |
| Net change in year | 32,954 | 2,704 |
| **At 31 March** | **55,696** | **22,742** |
| **Broken down into:** | | |
| Cash at commercial banks and in hand | 263 | 282 |
| Cash with the Government Banking Service | 55,433 | 22,460 |
| **Total cash and cash equivalents as in SoFP** | **55,696** | **22,742** |
| **Total cash and cash equivalents as in SoCF** | **55,696** | **22,742** |

**Note 21.2 Third party assets held by the trust**

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

| | 31 March 2021 | 31 March 2020 |
|---|---|---|
| | £000 | £000 |
| Bank balances | 374 | 326 |
| **Total third party assets** | **374** | **326** |

**Note 22.1 Trade and other payables**

| | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|
| **Current** | | |
| Trade payables | 8,302 | 8,596 |
| Capital payables | 4,025 | 2,533 |
| Accruals | 37,692 | 31,863 |
| Social security costs | 3,106 | 2,877 |
| Other taxes payable | 2,182 | 1,926 |
| Other payables | 273 | 223 |
| **Total current trade and other payables** | **55,580** | **48,018** |
| | | |
| **Of which payables from NHS and DHSC group bodies:** | | |
| Current | 10,218 | 13,250 |
| Non-current | - | - |

**Note 23 Other liabilities**

| | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|
| **Current** | | |
| Deferred income: contract liabilities | 8,844 | 5,212 |
| **Total other current liabilities** | **8,844** | **5,212** |
| | | |
| **Non-current** | | |
| Net pension scheme liability | 1,351 | 751 |
| **Total other non-current liabilities** | **1,351** | **751** |

**Note 24.1 Borrowings**

| | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|
| **Current** | | |
| Loans from DHSC | 1,368 | 1,368 |
| Obligations under PFI, LIFT or other service concession contracts | 551 | 505 |
| **Total current borrowings** | **1,919** | **1,873** |
| | | |
| **Non-current** | | |
| Loans from DHSC | 16,062 | 17,399 |
| Obligations under PFI, LIFT or other service concession contracts | 1,661 | 2,212 |
| **Total non-current borrowings** | **17,723** | **19,611** |

**Note 24.2 Reconciliation of liabilities arising from financing activities - 2020/21**

| | Loans from DHSC | Other loans | PFI and LIFT schemes | Total |
|---|---|---|---|---|
| | £000 | £000 | £000 | £000 |
| **Carrying value at 1 April 2020** | **18,767** | **-** | **2,717** | **21,484** |
| **Cash movements:** | | | | |
| Financing cash flows - payments and receipts of principal | (1,338) | - | (505) | **(1,843)** |
| Financing cash flows - payments of interest | (718) | - | (249) | **(967)** |
| **Non-cash movements:** | | | | |
| Application of effective interest rate | 719 | - | 249 | **968** |
| **Carrying value at 31 March 2021** | **17,430** | **-** | **2,212** | **19,642** |

**Note 24.3 Reconciliation of liabilities arising from financing activities - 2019/20**

| | Loans from DHSC | Other loans | PFI and LIFT schemes | Total |
|---|---|---|---|---|
| | £000 | £000 | £000 | £000 |
| **Carrying value at 1 April 2019** | **20,109** | **2** | **3,180** | **23,291** |
| **Cash movements:** | | | | |
| Financing cash flows - payments and receipts of principal | (1,338) | (2) | (463) | **(1,803)** |
| Financing cash flows - payments of interest | (778) | - | (291) | **(1,069)** |
| **Non-cash movements:** | | | | |
| Application of effective interest rate | 774 | - | 291 | **1,065** |
| **Carrying value at 31 March 2020** | **18,767** | **-** | **2,717** | **21,484** |

**Note 25 Other financial liabilities**

| | 31 March 2021 | 31 March 2020 |
|---|---|---|
| | £000 | £000 |
| **Current** | | |
| Other financial liabilities | 989 | 555 |
| **Total current other financial liabilities** | **989** | **555** |

**Note 26 Provisions for liabilities and charges analysis**

| | Pensions: early departure costs | Pensions: injury benefits | Legal claims | Redundancy | Other | Total |
|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 |
| **At 1 April 2020** | **1,204** | **1,985** | **128** | **1** | **2,317** | **5,635** |
| Transfers by absorption | - | - | - | - | - | **-** |
| Change in the discount rate | 6 | 10 | - | - | - | **16** |
| Arising during the year | 67 | 211 | 211 | - | 1,032 | **1,521** |
| Utilised during the year | (83) | (109) | (55) | - | - | **(247)** |
| Reclassified to liabilities held in disposal groups | - | - | - | - | - | **-** |
| Reversed unused | (152) | - | (68) | (1) | (1,095) | **(1,316)** |
| Unwinding of discount | - | - | - | - | - | **-** |
| **At 31 March 2021** | **1,042** | **2,097** | **216** | **0** | **2,254** | **5,609** |
| **Expected timing of cash flows:** | | | | | | |
| - not later than one year; | 109 | 87 | 216 | - | **1,329** | **1,741** |
| - later than one year and not later than five years; | 446 | 359 | - | - | **920** | **1,725** |
| - later than five years. | 487 | 1,651 | 0 | 0 | **5** | **2,143** |
| **Total** | **1,042** | **2,097** | **216** | **0** | **2,254** | **5,609** |

Pension provisions relate to early staff retirements where the Trust is liable. The timing and value of the cash flows are based on known costs and individual demographics.

Injury benefit provisions relate to injury benefit awards where the Trust is liable. The timing and value of the cash flows are based on current costs and individual demographics.

Legal claims relate to outstanding public and employer liability cases. These cases are managed by NHS Resolution on behalf of the Trust.

Other includes dilapidations provisions for the Trust's leasehold premises.

There are no material uncertainties around the timing of these cash flows.

**Note 26.1 Clinical negligence liabilities**

At 31 March 2021, £7,435k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Oxford Health NHS Foundation Trust (31 March 2020: £1,774k).

**Note 27 Contingent assets and liabilities**

| | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|
| **Value of contingent liabilities** | | |
| NHS Resolution legal claims | - | - |
| Employment tribunal and other employee related litigation | - | - |
| Redundancy | - | - |
| Other | (688) | - |
| **Gross value of contingent liabilities** | **(688)** | **-** |
| Amounts recoverable against liabilities | - | - |
| **Net value of contingent liabilities** | **(688)** | **-** |
| **Net value of contingent assets** | **-** | **-** |

In the event of the Trust not proceeding with the Warneford Redevelopment project once planning permission has been achieved, the Trust will have to reimburse in full the costs that have been jointly incurred through Warneford Park LLP in relation to the planning application and the preparatory work done for this. At the 31st March this figure stood at £688k.

**Note 28 Contractual capital commitments**

| | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|
| Property, plant and equipment | 449 | 379 |
| Intangible assets | 652 | 181 |
| **Total** | **1,101** | **560** |

**Note 29 Changes in the defined benefit obligation and fair value of plan assets during the year**

| | 2020/21 | 2019/20 |
|---|---|---|
| | £000 | £000 |
| **Present value of the defined benefit obligation at 1 April** | **(1,708)** | **(1,991)** |
| Current service cost | (50) | (92) |
| Interest cost | (72) | (80) |
| Contribution by plan participants | (10) | (10) |
| Remeasurement of the net defined benefit (liability) / asset: | | |
| - Actuarial (gains) / losses | (2,336) | 426 |
| Benefits paid | 45 | 64 |
| Past service costs | - | (25) |
| **Present value of the defined benefit obligation at 31 March** | **(4,131)** | **(1,708)** |
| | | |
| **Plan assets at fair value at 1 April** | **957** | **1,354** |
| Interest income | 53 | 60 |
| Remeasurement of the net defined benefit (liability) / asset: | | |
| - Actuarial gain / (losses) | 1,779 | (426) |
| Contributions by the employer | 26 | 23 |
| Contributions by the plan participants | 10 | 10 |
| Benefits paid | (45) | (64) |
| **Plan assets at fair value at 31 March** | **2,780** | **957** |
| | | |
| **Plan surplus/(deficit) at 31 March** | **(1,351)** | **(751)** |

**Note 29.1 Reconciliation of the present value of the defined benefit obligation and the present value of the plan assets to the assets and liabilities recognised in the balance sheet**

| | 31 March 2021 | 31 March 2020 |
|---|---|---|
| | £000 | £000 |
| Present value of the defined benefit obligation | (4,131) | (1,708) |
| Plan assets at fair value | 2,780 | 957 |
| **Net defined benefit (obligation) / asset recognised in the SoFP** | **(1,351)** | **(751)** |
| Fair value of any reimbursement right | - | - |
| **Net (liability) / asset after the impact of reimbursement rights** | **(1,351)** | **(751)** |

**Note 29.2 Amounts recognised in the SoCI**

| | 2020/21 | 2019/20 |
|---|---|---|
| | £000 | £000 |
| Current service cost | (50) | (92) |
| Interest expense / income | (19) | (20) |
| Past service cost | - | (25) |
| **Total net (charge) / gain recognised in SOCI** | **(69)** | **(137)** |

**Note 30 On-SoFP PFI**

**Description of the scheme**

The Oxford Health PFI scheme provides a centre in Oxford for the secure care of 30 clients with mental health problems and 10 clients with learning disabilities. Many of the clients are offenders who have been referred for treatment through the Courts. The scheme also provides a staff accommodation block.

Community Health Facilities (Oxford) Limited have designed, built, financed, maintained and operated the new facility. They are a special purpose company established through three main sponsors:

The Miller Group Limited

Interserve (Facilities Management) Ltd (formerly Building and Property Group Limited)

British Linen Investments Limited

Contract Start Date: 06 September 1999

Contract End Date: 05 September 2049*

* Contract break possible after 25 years, at 05 September 2024. In 2024, the Trust has legal ownership of the asset.

The inflation of the PFI scheme is linked directly to RPI.

The contract involved the lease of Trust land to the operator for nil consideration. The substance of this transaction was that it would result in lower annual payments over the life of the contract, i.e. an implicit reduction in the unitary charge since the operator has not had to lease the land on the open market. Consequently the value of the land is recorded within the Trust's total land value.

**Note 30.1 On-SoFP PFI**

The following obligations in respect of the PFI are recognised in the statement of financial position:

| | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|
| **Gross PFI liabilities** | **2,701** | **3,455** |
| **Of which liabilities are due** | | |
| - not later than one year; | 754 | 754 |
| - later than one year and not later than five years; | 1,947 | 2,701 |
| - later than five years. | - | - |
| Finance charges allocated to future periods | (489) | (737) |
| **Net PFI obligation** | **2,212** | **2,717** |
| - not later than one year; | 551 | 505 |
| - later than one year and not later than five years; | 1,661 | 2,212 |
| - later than five years. | - | - |

**Note 30.2 Total on-SoFP PFI 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 arrangements** | **8,595** | **12,420** |
| **Of which payments are due:** | | |
| - not later than one year; | 2,325 | 2,363 |
| - later than one year and not later than five years; | 6,270 | 10,058 |
| - later than five years. | - | - |

**Note 30.3 Analysis of amounts payable to service concession operator**

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

| | 2020/21 | 2019/20 |
|---|---|---|
| | £000 | £000 |
| **Unitary payment payable to service concession operator** | **2,366** | **2,292** |
| **Consisting of:** | | |
| - Interest charge | 249 | 291 |
| - Repayment of balance sheet obligation | 505 | 463 |
| - Service element and other charges to operating expenditure | 763 | 569 |
| - Capital lifecycle maintenance | 24 | 155 |
| - Contingent rent | 825 | 814 |
| **Total amount paid to service concession operator** | **2,366** | **2,292** |

## Note 31 Financial instruments

### Note 31.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups and the way those organisations are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors

**Currency risk**
The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

**Interest rate risk**
The Trust borrows from government for capital expenditure, subject to affordability as confirmed by regulator review. The borrowings are for 1 – 20 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

**Credit Risk**
Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2020 are in receivables from customers, as disclosed in the trade and other receivables note.

**Liquidity risk**
The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups and NHS England, which are financed from resources voted annually by Parliament. The Trust is not, therefore, exposed to significant liquidity risks.

**Note 31.2 Carrying values of financial assets**

| Carrying values of financial assets as at 31 March 2021 | Held at amortised cost £000 | Held at fair value through I&E £000 | Total book value £000 |
|---|---|---|---|
| Trade and other receivables excluding non financial assets | 8,016 | - | **8,016** |
| Cash and cash equivalents | 55,696 | - | **55,696** |
| **Total at 31 March 2021** | **63,712** | **-** | **63,712** |

| Carrying values of financial assets as at 31 March 2020 | Held at amortised cost £000 | Held at fair value through I&E £000 | Total book value £000 |
|---|---|---|---|
| Trade and other receivables excluding non financial assets | 34,127 | - | **34,127** |
| Cash and cash equivalents | 22,742 | - | **22,742** |
| **Total at 31 March 2020** | **56,869** | **-** | **56,869** |

**Note 31.3 Carrying values of financial liabilities**

| Carrying values of financial liabilities as at 31 March 2021 | Held at amortised cost £000 | Total book value £000 |
|---|---|---|
| Loans from the Department of Health and Social Care | 17,430 | **17,430** |
| Obligations under PFI, LIFT and other service concession contracts | 2,212 | **2,212** |
| Trade and other payables excluding non financial liabilities | 46,037 | **46,037** |
| **Total at 31 March 2021** | **65,679** | **65,679** |

| Carrying values of financial liabilities as at 31 March 2020 | Held at amortised cost £000 | Total book value £000 |
|---|---|---|
| Loans from the Department of Health and Social Care | 18,767 | **18,767** |
| Obligations under PFI, LIFT and other service concession contracts | 2,717 | **2,717** |
| Trade and other payables excluding non financial liabilities | 40,097 | **40,097** |
| Other financial liabilities | 555 | **555** |
| Provisions under contract | - | **-** |
| **Total at 31 March 2020** | **62,136** | **62,136** |

**Note 31.4 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 £000 | 31 March 2020 restated* £000 |
|---|---|---|
| In one year or less | 48,813 | 42,952 |
| In more than one year but not more than five years | 9,552 | 10,507 |
| In more than five years | 12,646 | 14,466 |
| **Total** | **71,011** | **67,925** |

* This disclosure has previously been prepared using discounted cash flows. The comparatives have therefore been restated on an undiscounted basis.

**Note 31.5 Fair values of financial assets and liabilities**

The book value (carrying value) is a reasonable approximation of the fair value

**Note 32 Losses and special payments**

| | 2020/21 | | 2019/20 | |
|---|---|---|---|---|
| | Total number of cases Number | Total value of cases £000 | Total number of cases Number | Total value of cases £000 |
| **Losses** | | | | |
| Cash losses | 1 | 0 | 6 | 0 |
| Fruitless payments and constructive losses | - | - | 228 | 23 |
| Stores losses and damage to property | 3 | 180 | 3 | 33 |
| **Total losses** | **4** | **180** | **237** | **56** |
| **Special payments** | | | | |
| Ex-gratia payments | 20 | 46 | 43 | 33 |
| **Total special payments** | **20** | **46** | **43** | **33** |
| **Total losses and special payments** | **24** | **226** | **280** | **89** |
| Compensation payments received | | - | | - |

**Note 33 Related parties**

Oxford Health NHS Foundation Trust is a body corporately established by order of the Secretary of State for Health. The Department of Health and Social Care is regarded as a related party. During the year the Trust had a number of material transactions with the department, and with other entities for which the department is regarded as the parent department. These entities are listed below in order of significance. Oxfordshire CCG, Buckinghamshire CCG and NHS England account for 75% of the Trusts total income.

NHS Oxfordshire CCG
NHS England
NHS Buckinghamshire CCG
Health Education England
NHS Bath and North East Somerset, Swindon and Wiltshire CCG
Department of Health and Social Care
Oxford University Hospitals NHS Foundation Trust
NHS Northamptonshire CCG

Government bodies outside the Department of Health and Social Care that the Trust has had material transactions with are:
NHS Pension Scheme
HM Revenue and Customs
Oxfordshire County Council
NHS Property Services
Community Health Partnerships
Buckinghamshire Council
NHS Resolution
Welsh Health Bodies - Cardiff and Vale University Local Health Board

The Trust has also received payments from the Oxfordshire Health Charity, the trustees for which are also members of the Oxford Health NHS Foundation Trust Board. Further details are included in note 35.

The Trust manages the Oxford Pharmacy Store, a short line pharmaceutical supplier to other NHS organisations.

The turnover for the year 2020/21 was £20,020k (2019/20 £28,731k)

**Note 34 Events after the reporting date**
There are no events to report after the reporting date.

**Note 35 NHS Charity**

Oxford Health Charity, registered in the UK, is not consolidated within the Oxford Health NHS Foundation Trust accounts. The summary results and financial position for Oxford Health Charity (Charity Registration Number 1057285) are as follows:

**Statement of Financial Activities**

| | 2020/21 | 2019/20 |
|---|---|---|
| | £000 | £000 |
| Total Incoming Resources | 759 | 407 |
| Resources Expended with Oxford Health NHS Foundation Trust | (413) | (278) |
| Donations of physical assets (non-cash) to Oxford Health NHS Foundation Trust | (333) | (3) |
| Other Resources Expended | (194) | (128) |
| Total Resources Expended | (940) | (410) |
| **Net (outgoing) resources** | (181) | (3) |
| Gains/ (Losses) on revaluation and disposal | 171 | (38) |
| **Net movement in funds** | **(10)** | **(41)** |

**Balance Sheet**

| | 31 March 2021 | 31 March 2020 |
|---|---|---|
| | £000 | £000 |
| Investments | 1,055 | 872 |
| Cash | 294 | 472 |
| Other Current Assets | 2 | 9 |
| Current Liabilities | (61) | (53) |
| **Net assets** | **1,290** | **1,300** |
| Restricted / Endowment funds | 386 | 444 |
| Unrestricted funds | 904 | 856 |
| **Total Charitable Funds** | **1,290** | **1,300** |

The 2020/21 Statement of Financial Activities and Balance Sheet are based on unaudited accounts of the Charity.

**Note 36 Buckinghamshire and Oxfordshire Pooled Budgets**

Oxford Health NHS FoundationTrust host two pooled budgets with Buckinghamshire Council and one pooled budget with Oxfordshire County Council.

These are treated as agency transactions and only Oxford Health's proportion is recognised in the Trust's accounts.

**1st April 2020 to 31st March 2021**

| **Buckinghamshire** | | | |
|---|---|---|---|
| **Adults of Working Age** | £000's | £000's | £000's |
| Delegated Budgets | **Total** | **Oxford Health Contribution** | **Buckinghamshire Council** |
| Expenditure | | | |
| Pay | 232 | 154 | 78 |
| Non-pay | 0 | 0 | 0 |
| | 232 | 154 | 78 |
| Income | 8,187 | 5,329 | 2,858 |
| **Total Delegated Budgets** | 8,419 | 5,483 | 2,936 |
| Overhead Contribution | 8,285 | 0 | 8,285 |
| **Contribution to the Pool** | **16,704** | **5,483** | **11,221** |
| | | | |

| **Buckinghamshire** | | | |
|---|---|---|---|
| **Older Adults** | £000's | £000's | £000's |
| Delegated Budgets | **Total** | **Oxford Health Contribution** | **Buckinghamshire Council** |
| Expenditure | | | |
| Pay | 42 | 31 | 11 |
| Non-pay | 0 | 0 | 0 |
| | 42 | 31 | 11 |
| Income | 3,312 | 2,436 | 876 |
| **Total Delegated Budgets** | 3,354 | 2,467 | 887 |
| Overhead Contribution | 3,352 | 0 | 3,352 |
| **Contribution to the Pool** | **6,706** | **2,467** | **4,239** |
| | | | |