Oxford Health

NHS Foundation Trust

Annual Report and Accounts

2019-2020

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Foreword by the Chairman and Chief Executive

Welcome to Oxford Health NHS Foundation Trust's (OHFT) 2019/20 Annual Report which sets out our main achievements and some of the challenges we faced over the last year.

In March 2020, in common with the rest of the country, Oxford Health's normal rhythm and activities changed dramatically. As you read this, we are still dealing with the Coronavirus (COVID-19) pandemic, which will be with us, directly and indirectly, for a long time. This report is about the year that ended on 31st March 2020, but it can't be written without a brief mention of the way our staff mobilised to deal with the infection, their courage, resilience, imagination, and fortitude. Overnight, the DNA that runs through NHS people snapped into action. Their grit, energy and flexibility were daily on display; in collaboration with GPs, care homes, acute hospitals, the ambulance service and local councils; people in OHFT mounted a deeply impressive response to the national crisis. We applaud and thank all of them for that.

The story of that agility will be told in detail when we account for 2020/21. Suffice it here to record the dedication of our staff. One example among many; a young paediatric nurse voluntarily took on the care of adult patients, leaving behind her young child for weeks in order to avoid cross infection. Behind the scenes, estates staff and drivers, IT people along with those who manage rosters and organise supplies adapted and cooperated to ensure services functioned and staff were looked after. Our ability to serve benefited enormously from our area's rich tradition of volunteering; we offer thanks to all who gave their time and money. Health services in our area rely, to the public's benefit, on Oxfordshire and Buckinghamshire Mind, Age UK Oxfordshire, Restore, Response, Elmore, Connections and the other organisations in a diverse and thriving third sector.

Before the pandemic, we would have recorded that 2019/20 was ending positively. The Care Quality Commission reaffirmed its judgement that OHFT is 'Good' overall and, after long and arduous negotiation, we secured a funding settlement for mental health in Oxfordshire that begins to recognise and to some extent remedies the historical shortfall in provision in the county.

It is also gratifying to record progress in bringing together specialised services in regional 'New Care Model Provider Collaboratives'. Oxford Health has taken the lead in three; Forensic Mental Health Services, Inpatient Child and Adolescent Mental Health Services and Eating Disorders. The ingredients have been strong clinical leadership, devolved responsibility and decision making from commissioners and excellent collaboration between the NHS and third and private sector partners. They have led to better patient care, particularly through dramatic reductions in the need for people to be sent many miles away from their homes for admission. The 'new model' has also earned much better value for taxpayers' money. Savings are being reinvested in improving care. Further collaborations are in the pipeline, including specialist dentistry and learning disabilities. The 'new model' is a template for all of healthcare.

Our annual income in 2019/20 just matched our spending, tipping slightly into the black (by just over £1m). However, after adjusting for items excluded from measuring performance against the Trust's Control Total, we actually recorded a deficit of £4.1m. That shortfall resulted primarily from the long-term underinvestment in Mental Health Services in Oxfordshire and high levels of service that exceeded the amount the Clinical Commissioning Group had paid for. Now, the three-year plan agreed with the CCG should make mental health funding fairer.

We have again had difficulty recruiting the staff we need. We have had to rely on temporary staff from agencies, which costs more; agency spend amounted to £24.4m, which was nearly a tenth of total staff costs. We strove to make the best use of the resources we had; we are 7% more efficient than the England average for Trusts of our type. We again took measures to secure tighter performance; the 2019/20 cost improvement programme resulted in savings of £6.6m against a target of £7.7m. In feedback from patients 93.9% said they would recommend the service they received. Those are substantial achievements.

None make us complacent. The CQC found our staff to be kind, compassionate and respectful; those were pleasing adjectives to chalk up. And they supported patients' privacy and dignity. But the regulators found scope for improvement around the recording of seclusion of patients and the way we oversee the administration of the Mental Health Act; remedial work was immediately begun and continues.

On finances, our likely income now and years ahead, will still undershoot what objective analysis shows should be the baseline if we are properly to serve the mental health needs of our communities. While we welcome Oxfordshire CCG's recognition that the proportion of their budget that goes on mental health should increase, there is still a long way to go, both locally and nationally, to secure anything like 'parity of esteem' for mental health. The Mental Health Five Year Forward View for example sets targets for better access for children and young people; but even if they are achieved, they will only increase access from a quarter to just over a third of those who need our help. Reaching those targets will take a concerted effort to recruit staff and expand clinical services.

The NHS Long Term Plan was published in early 2019, setting as priorities better Mental Health Services, easier access to psychological therapies and counselling, support for heads and teachers in helping school children with problems, and dedicated teams to reach out to rough sleepers and problem gamblers.

Those are national aims; we have started turning them into local actions; for example, through our work in the Hosing First project and through the work of the Luther Street Medical Centre in Oxford with the homeless. We have been successful in bidding to establish Mental Health Support Teams for Schools across all the areas we serve. We are piloting the national 'Ageing Well' programme to respond swiftly to support older people in their own homes. We eagerly took on the national priority to improve services to people with learning disabilities and autism and are proud of the progress our teams have made in helping support people in their homes and avoid unnecessary admission to hospital. A highlight of the Chair's year was attending the 'Have a Go' day offering Oxfordshire's neurodiverse people a chance to take part in sports and competitions at the Horspath Athletics Ground in Oxford.

The national conversation about mental health has grown in volume, with welcome contributions by prominent personalities and members of the royal family. One result may be further expansion of demand. The public expects the NHS to provide more for children and young people, among whom eating disorders and self-harm are growing. Sadly, we have lacked the funding and therefore the staff and resources with which fully to respond, forcing people to wait longer for treatment.

We need more nurses, doctors, therapists and other clinical staff. But the cost of living is high in Oxfordshire and Buckinghamshire and the wider area we serve. Housing is expensive; affordable rental property is scarce; and the public sector across the Thames Valley area faces a common problem in recruiting and retaining staff. The NHS does not pay a local weighting

to reflect our higher costs, though we argue hard for it. One result, we mentioned above, is reliance on higher cost temporary staff. One bright spot in the COVID-19 pandemic has been the arrival of new recruits from sectors affected by the lockdown, who look to make new careers in the NHS. For example, our Learning and Development team has been able to offer a comprehensive package of apprenticeships, Nursing Associate and other professional training to support them on their way.

We closely monitor and try to respond to views expressed by our staff and patients. Though we do reasonably well in the league tables comparing different NHS bodies, we know there is more to be done to make staff feel the Trust is a good employer and that patients have the best possible experience in its services. Similarly, with the gap registered in pay between the genders; our figures bear comparison with others, but we could do better. The Trust's leadership team and Board are not as diverse as they should be; they do not reflect the composition of the staff at large. Too many of our ethnic minority staff have problems at work; too few, so far, move into higher management.

With the hospitals, GPs, ambulance service, and councils we are a partner in the Buckinghamshire, Oxfordshire and Berkshire West (BOB) 'Integrated Care System' (ICS), which in 2019 saw the appointment of David Clayton-Smith as its Independent Chair. Its aim is to collect data on the health and wellbeing of the area's population; then meet them more collaboratively, providing access to community services, hospitals, clinics and so on, regardless of administrative boundaries. We already work together; for example, our close alignment with Oxford University Hospitals in research and planning for the extra demands on the NHS in winter; but will do more. The BOB area is simultaneously ageing and rejuvenating, as its population expands, for example, in Didcot and Bicester. In planning and providing for that future, the ICS should 'mainstream' Mental Health Services, bringing together care for people's bodies and their minds as indissoluble components of whole person wellbeing.

During the year our local dialogue intensified around sustainability and climate change mitigation to include parking and public transport. The NHS, Oxford Health included, generates huge numbers of journeys and its carbon footprint can and must be reduced. That necessarily involves adaptations of buildings, resource consumption and travel; we are collecting better data and adopting energy saving solutions. The Covid-19 crisis offers permanent opportunities for more at-a-distance communication and consultation, cutting the need for patients and staff to travel.

Oxford Health has close connections with higher education; with the University of Bedfordshire, Oxford Brookes University and Buckinghamshire New University in the training of nurses and other clinical staff. Our association with the University of Oxford is intense; starting with training doctors and psychologists. The university's Medical Sciences Division is both our neighbour, at the Warneford site and Old Road Campus, and our partner, in research in psychiatry, psychology and primary care.

This year saw a renewal of the national recognition of the Oxford Academic Health Science Centre, in which we partner with the two Oxford universities and Oxford University Hospitals. The application and commercial exploitation of research is also part of the picture, under the auspices of the Oxford Academic Health Science Network, in which we are proud to take part.

On a blisteringly hot September day, we opened the Warneford site for HealthFest and were pleased to welcome friends and residents. On other occasions, we hosted John Campbell, the new Chief Constable of the Thames Valley police and Matthew Barber, the Deputy Police and

Crime Commissioner and former leader of Vale of White Horse District Council and we were especially pleased to show plans for a proposed new hospital and research facility at the Warneford to the Minister for Mental Health, Nadine Dorries MP.

Our Board saw new appointments. When Ros Alstead retired in December 2018, Catherine Riddle acted as Director of Nursing until Marie Crofts joined as Chief Nurse in June 2019. We would like to thank Catherine for her support to the Board and to welcome Marie. In July 2019 Dominic Hardisty, Chief Operating Officer, left to become Chief Executive of our neighbour, Avon and Wiltshire Partnership (AWP) NHS Trust. We thank him for his work for the Trust and wish him well at AWP.

In the light of the move towards more integrated care and system working set out in the NHS Long Term Plan, the Board decided to move to a model of Managing Directors for the major areas of healthcare, working more and more closely with local partners. Debbie Richards joined us in July 2019 as Managing Director of Mental Health Services and Learning Disabilities Care. Community Services in Oxfordshire reported directly to the Chief Executive as discussions took place to determine the best model to promote integrated primary and community care for the future.

In February 2020 the Trust made a second Managing Director appointment; Dr Ben Riley would join us in April 2020 as Managing Director, Primary and Community Care Services. Ben is a GP and a member of the Beaumont Street Practice in the City of Oxford. This role signals a new chapter both in our relationship with primary care and a step towards the (re)integration of the NHS. GPs have now come together in Primary Care Networks, which we expect will lead to more dialogue and collaboration both about mental health and about district nursing, health visiting, podiatry, stroke rehabilitation and the other community services we provide in Oxfordshire, in conjunction with Oxford University Hospitals. We welcome Debbie and Ben to the Board.

Finally, this is the first annual report to be signed by David Walker having taken up his appointment as Trust Chair in April 2019, taking over from Martin Howell. In contrast, this is the last annual report to be signed by Stuart Bell as Chief Executive. In June 2020, he retired after 38 years in the NHS and eight years at Oxford Health. We welcome his successor, Dr Nick Broughton, Chief Executive of Southern Health NHS Foundation Trust.

Signed:

David Walker

Chairman

Signed:

Stuart Bell, CBE

Chief Executive

Year at a Glance

April 2019

David Walker appointed new Chair of Oxford Health

Oxford Health welcomed David Walker as its new Chair effective from 1st April, succeeding Martin Howell, who served as Chair from 2010 and completed his third and final term of office at the end of March. David was previously the Deputy Chair of Central and North West London NHS Foundation Trust. He is also a member of the Centre for Mental Health's Commission for Equality in Mental Health. His professional career spans journalism, research, marketing and public affairs.

Planning for future health and care needs

The OX12 Stakeholder Reference Group was set up to bring together people, including patients and carers, from Wantage, Grove and surrounding villages with partners from the Oxfordshire Health and Wellbeing Board.

Craft for a cause: arts programme sought woolly donations

In preparation for Dementia Awareness Week in May, Community Hospital staff and patients worked with our Creating with Care programme to launch a 'knitathon' that saw our Community Hospitals 'yarn bombed'.

Autism Experience Group launched

The Autism Experience Group, comprising only autistic people, was set up to lead on the implementation of the Autism Strategy. Jorik Mol ran the group with support from the Trust's Patient Participation and Involvement Team.

Ultra-marathon man Dr Alex Langford was on a special mission

Consultant Psychiatrist Dr Alex Langford committed to run four marathons and three ultramarathons in a bid to raise £5,000 in aid of Suicide Prevention Charity Papyrus. He works on the Ruby Ward at the Whiteleaf Centre in Aylesbury.

Talking Space Plus launched new Employment Support Service

A new Employment Support Service was launched in Oxfordshire, specifically designed for people experiencing low mood, anxiety or depression, helping them to find paid employment.

Chief Operating Officer announced his departure

Chief Operating Officer Dominic Hardisty announced that he would be leaving Oxford Health to become the Chief Executive Officer of Avon & Wiltshire Partnership, a neighbouring Mental Health Trust.

May 2019

Oxford Health BRC launched SUSANA survey to increase understanding of antidepressant side effects in adults

Oxford Health Biomedical Research Centre (BRC) launched an international survey to gather information about the side effects of antidepressants. Aimed at both patients and prescribers, the results of the survey will be used to develop personalised treatment for depression in real-world clinical settings.

Mental Health and Dementia Research Open Day

As part of International Clinical Trials Day, experts from the Oxford Health Biomedical Research Centre (BRC) and Clinical Research Facility (CRF) came together to showcase their latest research at our annual Mental Health and Dementia Research Open Day.

Oxford NHS Trusts joined forces to improve training programme

Oxford Health and Oxford University Hospitals (OUH) hosted a joint training week. Nursing Associate trainees from both Trusts were assigned a 'buddy' to shadow one day each month; OUH trainees buddied at Oxford Health sites one day, and Oxford Health trainees buddied at OUH sites another. This allowed the trainees to gain experience in another organisation, familiarising themselves with the Nursing Associate role and getting a broader understanding of the position in different contexts.

Polls opened for 2019 Council of Governors' elections

Members of the Trust were invited to have their say in the future of services by voting for the Governor candidate of their choice in several areas. There were four contested constituencies and seven Governors took uncontested seats.

New service for pregnant women, mothers and families

Pregnant women, mothers and their families benefited from a new Specialist Perinatal Mental Health Service. The new service was set up to assess women and families' needs and support them through a treatment pathway developed by Oxford Health with Buckinghamshire Healthcare NHS Trust, Buckinghamshire Clinical Commissioning Group, Oxford University Hospitals NHS Foundation Trust and Oxfordshire Clinical Commissioning Group.

Eight young actors performed 'The Small Hours'

Eight young people, involved in Oxford Health Services, the Oxford Playhouse or Magdalen College School, performed at the North Wall in Oxford as part of National Theatre Connections Week.

Bake Off winner Nadiya Hussain was in BBC documentary at the Warneford

The Great British Bake Off winner Nadiya Hussain talked to Clinical Psychologist Paul Salkovskis during Cognitive Behavioural Therapy at the Warneford Hospital in Oxford. Her treatment was filmed for BBC documentary 'Nadiya: Anxiety and Me' and aired on 15th May as part of the BBC1's Mental Health season for Mental Health Awareness Week.

Neurodiversity Celebration Week

We marked Neurodiversity Celebration Week by showcasing the work of the Trust's Autism Experience Group. Videos and artwork provided useful information and insight into neurodiversity.

Mental Health Awareness Week: "Do not compare your inside to another person's outside"

For Mental Health Awareness Week, Consultant Clinical Psychologist Khadj Rouf shared her thoughts on the link between our physical and mental wellbeing, and why we should all aspire to 'body joy'.

Simply the best: OSCA became joint winners in National CYPMH Award 2019

Oxford Health's Outreach Service for Children and Adolescents, better known as OSCA, were joint winners in the Liaison and Intensive Support category in the 2019 National Children and Young People's Mental Health Awards. They shared the honour with East London NHS Foundation Trust.

Temporary closure of City Community Hospital

Oxford Health temporarily closed its City Community Hospital Ward at the end of May. The ward is a 12-bed unit at the Fulbrook Centre on the Churchill Hospital site in Oxford. The closure was implemented for patient safety, as there were insufficient registered nursing staff to ensure safe staffing of the unit across all shifts. Patients were individually assessed and transferred to other sites. The hospital reopened in November.

Upskilling the support workforce

Partners in the Buckinghamshire, Oxfordshire and Berkshire West Sustainability Transformation Partnership (BOB STP) launched a new Excellence Centre. This 'centre' is a virtual one: a partnership of organisations from the region's health and social care sector. Its aim is to improve access to high quality vocational training for the support workforce.

Meeting our new Governors

Nine newly elected Governors were presented on the Trust website as the election results came in. They were;

- Mike Hobbs and Hannah-Louise Toomey - Public Governors representing Oxfordshire
- Chelsea Urch - Public Governor representing Buckinghamshire
- Joy Hibbins - Public Governor representing Rest of England & Wales
- Benjamin Glass - Service User Governor representing Buckinghamshire and other Counties
- Louis Headley, Angela Conlan, Myrddin Roberts and Hasanen Al-Taiar - Staff Governors

The following Governors were re-elected for another term in the May elections;

- Madeleine Radburn - Public Governor representing Oxfordshire
- Gill Randall and Chris Roberts - Patient Carer Governors
- Reinhard Kowalski - Staff Governor representing Buckinghamshire Mental Health Services

June 2019

Marie Crofts joined the Trust as Chief Nurse

Marie Crofts joined the Trust as the new Chief Nurse. A nurse for over 30 years and a senior manager with provider and commissioning organisations, her experience covers both Mental Health and Community Physical Health Services. She has worked as the Director of Nursing in a Mental Health and Learning Disability organisation, 2gether NHS Foundation Trust and most recently as a Director of Mental Health at Birmingham Women's and Children's NHS Foundation Trust.

Cristal Health launched

Cristal Health, a new spinout company from the University of Oxford was launched. It was developed as a sustainable way to accelerate the UK-CRIS Programme. Oxford Health is one of 12 highly innovative Mental Health Trusts participating in the programme which seeks to accelerate research work in Dementia and Mental Health. UK-CRIS operates a managed service for secure access to one of the world's largest repositories of de-identified patient data relating to mental health and dementia conditions.

Analysis of antidepressant dosage highlighted need for new clinical guidelines

Analysis published in The Lancet Psychiatry showed that a lower dose of the most commonly used second-generation antidepressants achieves the best balance of effectiveness and tolerability in the acute treatment of adults with major depression. The study, led by Professor Andrea Cipriani, has important implications for clinical guidelines.

gameChange clinical trial began

A new clinical trial led by Professor Daniel Freeman began to test a virtual reality (VR) based psychological therapy for people with severe mental health difficulties. gameChange is the largest ever clinical trial of virtual reality for a mental health disorder.

Fabulous buzz at Oxford Pride

Staff and volunteers celebrated and showed their support for lesbian, gay, bi, trans, intersex and queer life in the county. Oxford Health had a stall in the city centre with our partners from Oxfordshire Mental Health Partnership.

'A great big week for legs & feet'

Every two hours in England someone loses their leg due to a non-healing wound. For the first national Legs Matter Awareness Week, we urged people to 'stand up' to one of the UK's biggest health challenges. Our Tissue Viability Clinical Lead Sarah Gardner organised a series of events for both the public and health professionals.

A week for healthy and sustainable eating

Community Dietitians from the Trust celebrated the Dietitian's Week from 3rd to 7th June by focusing on sustainable eating and telling people more about the Dietitian's role. The Campaign saw our Dietitians out and about at various Hospital and Clinic sites around Oxfordshire.

New van for Bicester Community Hospital

Bicester Community Hospital had a perfect beginning to Volunteers' Week, receiving a new patient transport vehicle from the League of Friends. The £14,000 Fiat Doblò is used by the Therapy Team to transport patients with restricted mobility to home assessment before they are discharged from the hospital.

Recruitment Day

The Trust held a Mental Health Recruitment Day at the Warneford Hospital, for all Registered Nurses, Occupational Therapists and Social Workers.

Making Governance accessible for people with Learning Disabilities

Expert by experience, Ben McCay joined the Council of Governors' meeting to see how we can make these meetings easier for everyone to understand. Ben works as a Consultant for Oxford Health and Oxfordshire County Council, helping both organisations plan and design services for people with learning disabilities. He is also Co-Chair of Trustees for My Life My Choice, a local self-advocacy charity.

Coffee, cake and getting connected

Carers' Week at Oxford Health ended with a Carers' Coffee Morning at the Community Hub at the Warneford Hospital. The week also featured the Annual Carers' Conference in Didcot.

Oxfordshire Mental Health Partnership and Patient Monitoring Project were regional winners in NHS Parliamentary Awards

Oxfordshire Mental Health Partnership, of which Oxford Health is a key partner, was named regional winner and was shortlisted for the National Excellence in Mental Health Care Award category. Meanwhile, a pioneering project developing a Digital Care Assistant (DCA), which enables staff to gather observations from Mental Health inpatients without waking them at night, was named regional winner in the Future NHS Award. It went on to reach the national finals.

Armed Forces Week: Boots on the ground

During Armed Forces Week, the Trust put out a call to all service leavers and veterans: 'you have just the skills we need – teamwork, discipline and commitment – for a new career with Oxford Health'. The Trust works with Step into Health, a dedicated pathway for the Armed Forces community to access NHS career opportunities.

July 2019

Debbie Richards appointed Managing Director of Mental Health & Learning Disabilities

Debbie Richards was appointed to a new Board level role to lead Mental Health and Learning Disability Services. The role provides more integrated care across Health and Social Care Systems in Oxfordshire, Buckinghamshire, Bath and North East Somerset, Swindon and Wiltshire. Her position was created to support local delivery of the NHS Long Term Plan, and builds on discussions with key partners, including Oxfordshire and Buckinghamshire Clinical Commissioning Groups.

Oxfordshire Mental Health Partnership won NHS Parliamentary Award

Oxfordshire Mental Health Partnership (OMHP) won the Excellence for Mental Health Care category in the 2019 NHS Parliamentary Awards. It was chosen from hundreds of nominations from up and down the country and received the unanimous backing of all of Oxfordshire's six MPs.

New technology changed the face of patient care at Oxford Health

Patients on an Adult Mental Health ward at Oxford Health will get a better night's sleep thanks to the development of a new observation protocol. In collaboration with Oxehealth, a company established out of the University of Oxford, the Vaughan Thomas Ward at the Warneford Hospital has introduced the Oxehealth Digital Care Assistant (DCA) to improve patient experience. The DCA uses sensors to monitor patients overnight to improve their quality of sleep, promote wellbeing and hasten recovery while still ensuring their safety.

Going Gung-Ho for Oxford Health Charity

Eight members of the team on Vaughan Thomas Ward took on the world's biggest 5k inflatable obstacle run to raise £4,000 for Oxford Health Charity (OHC), with the intention of supporting their patients by buying the 'little extras' that will make their stays more comfortable. The goodies included new seating, garden games and resources for a new polytunnel allotment, part of OHC's Access to Green Spaces project.

Summer Edition of Insight magazine

The 56-page summer edition was packed with stories and features that celebrated the work carried out by our teams every day of the year, and informed readers about some key developments. Amongst the features was a tribute to the retired Deputy Chief Operating Officer Pauline Scully after her 40-year career and the arrival of Trust Chair David Walker, who set out his vision for the Trust and identified the challenges ahead.

August 2019

‘Prescribed’ smartphone app offered hope to young people who self-harm

A new mental health app designed to help manage negative emotions and periods of extreme anxiety for young people could have a significant impact on reducing self-harm according to research. The ‘BlueICE’ app, developed by Oxford Health’s Professor Paul Stallard in conjunction with patient groups, has been included in the national NHS app library.

Trailblazing Mental Health Teams in Wiltshire and BaNES schools

In a second wave of funding announced by the NHS, Oxford Health received nearly £2m over three years to put new Mental Health Support Teams (MHSTs) into schools and colleges – two in Wiltshire and one in Bath and North East Somerset. It is anticipated that each team will support up to 8,000 children and young people and will be responsible for a cluster of around 20 schools and colleges each, depending on their size.

Fantastic Five: Oxford Health scooped wins in Brookes Placement of the Year Awards.

Health and Social Care students at Oxford Brookes singled out five of our teams for providing them with outstanding support, care and opportunities during their work experiences. Our Early Intervention Service (EIS) at the Warneford, the Witney-based Community Therapy Service, Donnington Health Visiting Service, and Glyme and Kingfisher Forensic Wards at Littlemore, each won their respective categories in the University’s Annual Placement of the Year Awards.

September 2019

World Suicide Prevention Day

The Trust marked World Suicide Prevention Day on 10th September by inviting people to light a candle at 8pm.

First Registered Nursing Associates celebrated graduation

Twenty-two Nursing Associate trainees graduated from Oxford Brookes University. The training pilot was set up by Oxford Health in partnership with Health Education England and Thames Valley in 2017. The two-year course combines paid work at the Trust with academic studies either at the Oxford Brookes University or University of Bedfordshire. The qualification, Registered Nursing Associate, is recognised by the Nursing and Midwifery Council and every graduate is guaranteed a permanent job at the Trust.

Community HealthFest in Witney and HealthFest at the Warneford Hospital

We celebrated two HealthFests in September. Working together to keep friends and loved ones fit and well was the key message at the first ever Community HealthFest at Witney Community Hospital. HealthFest at the Warneford had more than 80 stalls and attractions set out across the hospital site in Headington. Hundreds of people gathered on a scorching day to celebrate the theme of ‘Living Well Through Activity’.

WHELD dementia trial shortlisted for national award

A dementia trial undertaken by researchers at Oxford Health was shortlisted for the Times Higher Education award for science, technology, engineering and math (STEM) research project of the year. The Improving Wellbeing and Health for People with Dementia (WHELD) programme is a collaboration between the Trust, the University of Exeter and Kings College London. Involving more than 1,000 participants, it is the largest programme ever conducted on people in dementia care homes.

Oxford Health Staff recognised in Thames Valley Health Research Awards

Research staff were recognised in the Thames Valley Health Research Awards for their contribution to NHS, Public Health and Social Care Research. Samantha Sadler won the award for outstanding Principal Investigator while Claudia Hurducas and the Adult Mental Health Team were highly commended in their categories.

Green Spaces Framework launched

The Trust's Green Spaces Framework was launched at a celebratory event at the POWIC Centre, in Warneford Hospital, setting out how patients and staff will continue to develop outdoor spaces and enjoy the therapeutic benefits of nature. The Trust's Green Spaces projects included a peace and tranquillity garden at Abingdon Community Hospital, a garden and walking project at Sandford Ward in the Fulbrook Centre at the Churchill Hospital, a wildflower meadow, nature walks and bee borders at the Warneford Meadow and combining wildlife and recovery at Oxford Recovery College (part of Oxfordshire Mental Health Partnership). The Oxford Health Charity section of this Annual Report provides more detail of our exciting schemes.

October 2019

National Mental Health Award success for OSCA and BlueICE

Outreach Service for Children and Adolescents (OSCA) and BlueICE, a prescribed smartphone app designed to help young people manage negative emotions, won in two categories in the 2019 National Mental Health Awards. OSCA won the Children and Young People's Mental Health category and BlueICE received top honours for Innovation in Digital Mental Health.

Severe reactions to grief can be predicted and treated

An Oxford Health Biomedical Research Centre funded study showed that memory, coping strategies and resilience immediately following a loss can predict the path of a bereaved person's grief. The study also suggested that clinical intervention in the first months following a loss may help individuals to better adapt to their grief.

Team OH4OH smashed the Oxford Half Marathon and their fundraising target

An Oxford Health team were among the nearly 8,000 runners competing in the Oxford Half Marathon. Our athletes – some half marathon first timers – were determined to finish the event to raise as much cash as possible for the Oxford Health Charity. They raised more than £3,000 to create an outdoor gym for mental health patients and staff in the meadow area at Littlemore Mental Health Centre.

Working together to tackle mental and physical health in winter

Health and Social Care professionals from across the Oxfordshire system launched a Winter Campaign on the theme Helping Us Help You. Hospitals, GPs, Social Services, Ambulance Services, Mental Health Services and Charities worked together over the winter to deliver responsive and joined-up services throughout the season.

Sarah Amani was the Digital Champion of the Year

Sarah Amani was named the Digital Champion of the Year at the first ever Black and Asian Minority Ethnic (BAME) Health and Care Awards. Sarah works as a Senior Programme Manager for the Early Intervention in Psychosis Programme. She received the award for her achievements on two fronts: setting up the Shuri Network for women of colour and developing numerous digital tools to improve patient outcomes in her specialist area.

Mandy McKendry won 2019 Helpforce Champion for Volunteers Award

Mandy McKendry, Matron for Urgent and Ambulatory Care across Oxfordshire, won the Outstanding Staff Champion for Volunteers category in the 2019 Helpforce Champions Awards. In one year alone Mandy recruited more than 61 volunteers who help support the Trust's Emergency Multi-disciplinary Units, Minor Injury Units and the Out of Hours Services at Community Hospitals in Witney, Abingdon, Henley, Bicester and Wallingford.

November 2019

CQC rated Out of Hours Service 'Good' in all areas

Oxfordshire's GP Out of Hours Service was rated 'Good' in all five key areas by the Care Quality Commission. Inspectors judged the service as 'Good Quality' – safe, effective, caring, responsive and well-led. The GP Out of Hours (OOH) Service serves a population of 774,368 patients and operates 365 days a year at six bases throughout Oxfordshire at:

- East Oxford Health Centre
- Witney Community Hospital
- Abingdon Community Hospital
- Townlands Memorial Hospital, Henley
- Bicester Community Hospital
- Horton General Hospital

Ofsted inspected Oxford Health's career-forging Apprenticeship Programme

The Trust's Apprenticeship Programme was commended by Ofsted. The programme includes routes into working in healthcare for local people, as well as opportunities for staff to advance their practice and careers. Inspectors found apprentices were benefiting from new knowledge and skills and praised the integrity of tutors.

Our team was on a mission to protect 56,000 children from flu

Nurses at Oxford Health were on a mission to vaccinate 56,000 primary school children in Oxfordshire to protect them from the flu. Between November and January, every youngster from Reception up to and including Year 6 in 270 schools were to get protection via a nasal spray, all delivered by the Trust's Immunisation Team in conjunction with the School Nursing Service.

City Community Hospital reopened and admitted first patients

The City Community Hospital reopened with the admission of its first patients following a successful nurse recruitment campaign. It welcomed the first three patients to the unit at the Fulbrook Centre, Headington, on Monday, 11th November. Although the City Community Hospital was shut for five months, many of the team who were redeployed to the Trust's other Community Hospitals stayed in touch throughout, keeping the strong team spirit alive.

Huge thanks: David retired after a 58-year NHS career

Community Nurse David Warburton worked in the Trust for 44 years and retired on New Year's Eve after a 58-year career at the NHS. He said: "The happiest years of my career both as a manager and in my present role as part time Community Nurse has been my work at the Elms Centre in Banbury."

December 2019

A strong patient focus, caring and compassionate: CQC rated us 'Good'

Oxford Health's 2019 inspection by the Care Quality Commission (CQC) resulted in an overall rating of 'Good', with improvements across most of our services. The CQC found that the Trust had a strong patient focus, a learning culture, and that staff showed caring, compassionate attitudes, they were involved in development and improvements, and were passionate and proud to work with us. They also found that our teams are well-led. In summary, the report found that since the last inspection in 2018, the Trust had continued to make improvements despite facing challenging funding issues.

Staff Recognition Awards 2019

More than 200 attendees from across the Trust's geographical spread gathered at the Kassam Stadium in Oxford to celebrate the Staff Recognition Awards. Chief Executive Stuart Bell said: "Our vision for Oxford Health is outstanding care provided by outstanding people. This evening proves that this vision is not just talk, it's realising it. The reason you are all here tonight is because of the outstanding things you are doing, day in and day out, and you are all outstanding people". Full report on the celebrations can be found at: https://www.oxfordhealth.nhs.uk/news-events/staff-awards/.

Oxford Mental Health Partnership service won national award

Safe Haven won the Innovation in Mental Health Award at this year's Health Business Awards. The Oxfordshire Recovery College was also shortlisted for the Community Co-created Services with Patients Award at the NHS Elect Awards.

Antipsychotic drugs ranked according to metabolic side effects for the first time

Oxford Health Biomedical Research Centre analysis published in The Lancet Psychiatry showed a significant difference in the way antipsychotic drugs affect body weight and levels of sugar, cholesterol and other fats in the blood. The results have significant implications for treatment guidelines used by doctors and patients.

Link between calcium abnormality and bipolar disorder

Oxford Health Biomedical Research Centre researchers performed a systematic review of the role calcium ions play in how brain cells work. It showed clearly that there is a higher concentration of calcium ions in cells from patients with bipolar disorder than in cells from healthy subjects. The result supports the possibility that drugs which target calcium ions might be of value in treating bipolar disorder.

New clinic for hard-to-treat depression opened

A new clinic at Oxford Health opened to help test innovative treatments for depression. The Treatment Resistant Depression clinic is for people who continue to experience symptoms of depression even though they are being treated with antidepressant medication.

January 2020

Dr Nick Broughton named new Chief Executive for Oxford Health

Dr Nick Broughton was announced as the successor to Trust Chief Executive Stuart Bell, CBE who planned to retire after turning 60, having completed 38 years' NHS service. Dr Broughton is the current Chief Executive of Southern Health NHS Foundation Trust and a Consultant Psychiatrist, 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.

Creating with Care: Celebrated a year of arts in Community Hospitals

Stays in Community Hospitals have been less stressful, more relaxing and sometimes even fun for more than 1,100 of our patients. That is thanks to Creating with Care, a special arts programme funded by Oxford Health Charity. It brings creative projects to patients and staff in Oxford Health's Community Hospitals to foster friendship, warmth and encouragement.

February 2020

Photography exhibition showcased ground-breaking research

'The Body Unlocked: How Research is Changing Lives' was on show at the Covered Market in Oxford. It featured life-sized photographs of people who have taken part in studies, researchers at work, and microscopic images of cells and bacteria.

Oxford Health sounded Green Alert

Oxford Health launched its action plan to tackle climate change by becoming a more sustainable and environmentally conscious organisation. The Trust aims to cut 1,000,000 business miles, encouraging more cycling, a car share scheme and work on a new bus network from the park and ride carparks.

24-hour Mental Health Crisis Team launched in Bucks

A round-the-clock NHS Mental Health Crisis Team was launched to support people in Buckinghamshire. The move was the first step in the establishment of a crisis response and home treatment team which will offer people support as they move between Hospital and Community Care.

New Managing Director for Oxford Health Community Services

Oxford Health announced the appointment of local GP Dr Ben Riley as Managing Director of Community Services. Community Services is the Trust's largest Directorate, with 2,000 staff across Oxfordshire. Dr Riley's role will enable closer working across Community, Primary, Social Care, and third sector partners.

Inspiring the next generation

As we celebrated the Year of the Nurse 2020, Thames Valley Nurse Cadet Programme opened the doors to 16-19 year-olds. The nurse cadet role allows us to engage young people, offering an entry route to nursing, while utilising the apprenticeship programmes to create clear routes for progression and in turn support and shape our future NHS workforce.

March 2020

Response to the Coronavirus (COVID-19) pandemic, the first two weeks

From the second week of the month, the Trust's efforts concentrated on the response to the emerging COVID-19 emergency. In a 14-day period, many changes were initiated in response which included cancellation of all non-essential activities; introduction of a 'no visitor' policy at all sites and redeployment of staff to areas of most need.

Professor Andrea Cipriani appointed as Oxford Cognitive Health CRF Director

Professor Andrea Cipriani was appointed as Director of the Oxford Cognitive Health Clinical Research Facility (CRF). He took over from Professor John Geddes who stood down after 10 years in the role.

Performance Report

Overview

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

About Oxford Health NHS Foundation Trust

On 1st 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 1st April 2008.

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

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

In Oxfordshire, we are the main provider of Community Health Services and deliver these in a range of community and inpatient settings, including eight community hospitals. Our mental health teams provide a variety of specialist healthcare in the community and from inpatient settings across the geographic areas of Milton Keynes, Buckinghamshire, Oxfordshire, Wiltshire, Swindon and BaNES.

We also provide a range of specialised health services that include forensic mental health, child and adolescent mental health and eating disorder services across a wider geographic area including support for patients in Berkshire and Wales.

The Trust has historically been organised into three distinct Directorates, Children & Young People, Adults of Working Age, and Older People, with each Directorate being led by a Service Director and a Clinical Director. However, further to the restructure completed in 2018/19, the Operational Directorate Structures have been realigned to reflect the delivery of all-age services within our regional areas.

We employ around 6,000 staff at any one time with a Whole Time Equivalent (WTE) circa 4,900 which includes medical staff, therapists, registered nurses, health care workers, support staff and other professionals including psychology, dental staff, social workers and paramedics.

We have in excess of 190 clinical teams and operate services across more than 150 sites. Although we provide mostly community focused services, we have a capacity of nearly 400 inpatient mental health beds and circa 130 community hospital beds, with our services treating more than 187,000 people a year.

The Trust is registered with the Care Quality Commission without conditions and is licenced to provide regulated activities by NHS Improvement (NHSI) (previously Monitor) without conditions.

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

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

Strategic Overview of the Trust

Trust Vision

'Outstanding Care delivered by Outstanding People'

Outstanding care

- Focused on patient outcomes, safety and experience
- Continuous improvement culture – Oxford Healthcare Improvement Centre as our centre of excellence
- 'Ward to board' governance to quickly address issues
- Digital to enhance patient care and access
- Building on our 'Good' CQC rating (November 2018) to achieve 'Outstanding'

Outstanding people

- Staff are passionate about the wellbeing of patients
- Career development – training and accreditation
- Supported staff – understanding the stress and impact of challenging care workloads
- Focus on retention e.g. career advancement, family-friendly employer, rewards and benefits
- Equality and inclusion initiatives

Trust Values

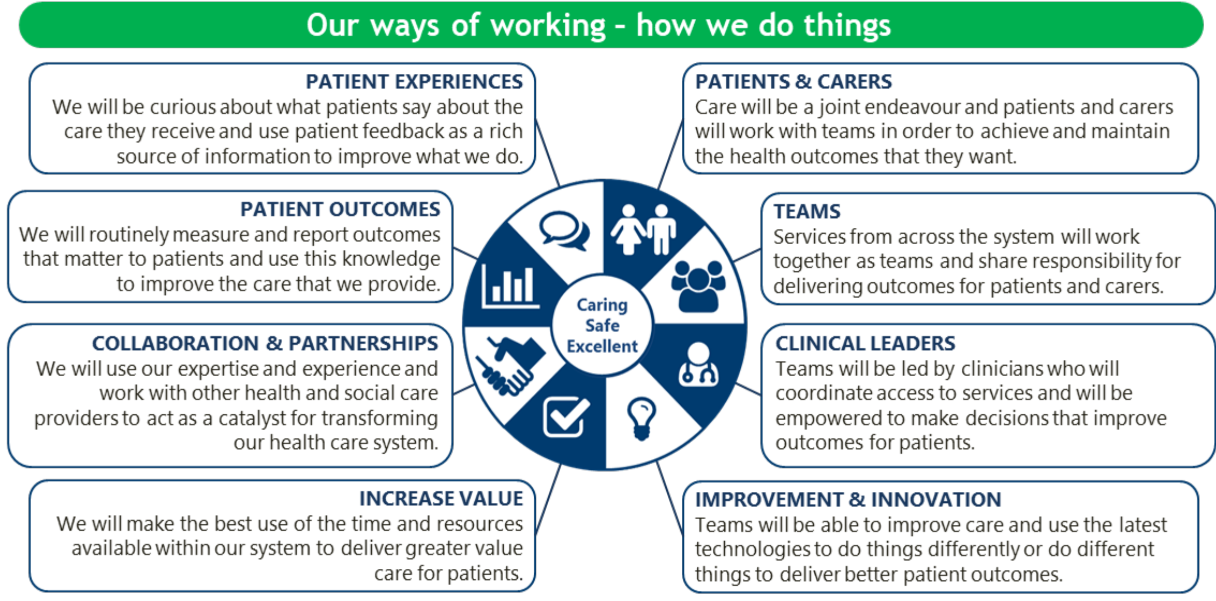
At Oxford Heath NHS Foundation Trust, we have three core values which support everything we do:

Safe – Our services will be delivered to the highest standards of safety; all services will be provided within a safe environment for patients and staff; and we will support our patients and staff with effective systems and processes.

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

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

Trust Strategy



The Trust has been working throughout the year to the following strategic priorities that direct activities and planning:

- To improve the quality, safety and efficiency of care by transforming services;
- To make care a joint endeavour between staff, patients, families and carers;
- To support our leaders and develop our culture of continuous innovation and improvement;
- To ensure the Trust is high performing, financially viable and a great place to work;
- To lead research and adopt evidence that improves the quality and outcomes for patients; and
- To maximise the value of digital and technology advancements that enhance the digital health record and improve our efficiency.

The Trust has the following clinical strategies/priorities:

Mental Health Transformation

The Mental Health Transformation programme in 2019/20 continued to deliver improvements via six workstreams, each making progress; and in some cases, fully achieving local and national ambitions.

The number of children and young people accessing Mental Health Services is on the rise and our Children and Adult Mental Health Services (CAMHS) teams across Buckinghamshire, Oxfordshire and BaNES, Swindon and Wiltshire have had to transform to meet the new needs of the populations that they serve. OHFT were previously awarded Trailblazer status for the Children and Young People Green Paper and have continued to roll out Mental Health Support

teams in schools across the counties, delivered in partnership with local authorities and third sector providers. There are now 9 teams covering 140 schools.

The specialist Perinatal Mental Health services launched in Oxfordshire and Buckinghamshire are fully operational. Referral numbers throughout the year have roughly been in line with those anticipated (approx. 5% birth rate). An online peer moderated forum, SHaRON, has been launched for Perinatal service users across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS). Clinicians have commenced training for Video Interactive Guidance (VIG) which will enable them to offer an effective, flexible and strengths-based intervention.

Improving Access to Psychological Therapies (IAPT) services have continued to increase access and recovery rates for those with more common mental health disorders such as anxiety and depression, whilst maintaining waiting time standards.

Adult Mental Health Teams are adjusting to the Primary Care Networks (PCN) landscape to best meet the needs of local patients and primary care. There has been a lot of engagement work to identify short term adjustments to improve care and access for patients and professionals. Alongside this, representatives in both counties have been working with wider system partners to scope opportunities relating to the roll out of the Community Mental Health Framework. Early Intervention in Psychosis (EIP) Services have consistently met the waiting time standard. The Buckinghamshire EIP Service is graded at Level 3 (Good) and has some of the best performance measures in the country. The Oxfordshire EIP Service was recently graded Level 2 (requires improvement); improvements have been identified and will be considered alongside other priorities for funding in the coming year. OHFT was successful in bidding for Specialist Individual Placement and Support to bring those with Severe Mental Illness (SMI) into paid employment. This service is now in place and recently participated in a fidelity review. The review confirmed positive practice in Buckinghamshire and Oxfordshire, both in terms of quality and activity.

We have led on and participated in many multi agency developments to improve care and support for those with the most complex presentations, and several Safe Haven pilots, staffed by our third sector partners, have taken place throughout Buckinghamshire and Oxfordshire.

Significant progress has been made to reduce the number of both appropriate and inappropriate out of area placements. OHFT are now graded at Level 3 (area of least concern) by NHS England (NHSE) in this area. Opal Rehabilitation Ward have completed an improvement project that has seen the average length of stay greatly reduced. Additional Safe Havens are now operating in Buckinghamshire and Oxfordshire. These are delivered alongside local Mind organisations and offer an alternative approach to mental health crisis response for those who may inappropriately present elsewhere in the urgent care pathway. The development of crisis resolution and home treatment teams has been a key focus in both Oxfordshire and Buckinghamshire. Although recruitment has been challenging, posts are filling up and service delivery has commenced; and this will continue to grow over the coming years.

The Dementia Strategy has been developed and was approved by the Board. This gives us an opportunity to complete a stock take of Older Adult Community Mental Health Teams (CMHTs). OHFT contributed towards multi-agency suicide prevention strategies and plans; and led on a Sustainability and Transformation Partnership (STP) bid to develop a standardised psychosocial assessment for those at risk of suicide and/or repeated self-harm.

New Care Models

The Trust has three New Care Models (NCMs) with a combined commissioning value of £100m. Following the New Care Model pilots within the Trust, the Trust has been confirmed by NHSE/I as Lead Provider of emerging Provider Collaboratives (PCs) in Adult Secure Mental Health, CAMHS Tier 4 and Adult Eating Disorder Services. This means the Trust and partners are working towards becoming full PCs with delegated responsibility for managing the care budgets, care pathways, and quality of the care provided in the geography by provider services, in those service lines, and for their designated populations. All three PCs are continuing in shadow form, whilst working towards being fully operational and going live during FY21.

The transfer of identified staff (under TUPE processes) from NHSE/I to OHFT, as Lead Provider of the Adult Secure Provider Collaborative, was completed on 1st April 2020.

The Adult Secure Provider Collaborative was scheduled to go live from Q1, FY21, with the CAMHS Tier 4 and Adult Eating Disorder Provider Collaboratives networks aiming for live status from Q3 FY21, subject to ongoing due diligence and discussion with NHSE/I. In March 2020, NHSE/I announced that all Fast Track Provider Collaborative sites across England due to go live on 1st April 2020 would be delayed until 1st October 2020, at the earliest, to support the national focus on the management of the Coronavirus (COVID-19) pandemic within the NHS.

NHSE/I noted the work in progressing Provider Collaboratives to date and notwithstanding changes in timescales remain fully committed to transforming mental health services and delivering the ambition in the NHS Long Term Plan to establish Provider Collaboratives across the country. The revised timescales for the three OHFT Provider Collaboratives are that the Adult Secure and Child and Adolescent Mental Health Services (CAMHS) Tier 4 Provider Collaboratives are aiming to go live on 1st October 2020, and the Adult Eating Disorder Provider Collaborative is aiming to go live as of 1st April 2021.

The following points set out work delivered across the CAMHS Tier 4 and Adult Secure New Care Models:

- Budget information received December 2019 - based on FY19 outturn validation is ongoing, awaiting the Provider Collaborative Price and Activity Matrices for FY21;
- The adjustments to the proposed budgets required for Adult Secure (£5.2m) and Adult Eating Disorders (£0.9m) in respect of FY20 full investment have been agreed;
- Awaiting NHSE/I decision on non-recurrent items, outstanding as of March 2020 is the FIND service within Adult Secure (£0.5m);
- Planned additional commissioning activity for CAMHS and Adult Eating Disorders;
- Budgets include 1.3% growth. For CAMHS and Adult Eating Disorders, growth exceeds this value;
- Confirm methodology of Extra Packages of Care - further information is required to both understand and validate CAMHS Tier 4 and Adult Secure packages related to the learning disability and autism patient cohort;
- Occupied bed days in the acute sector requires quantification and validation (Adult Eating Disorder);

- Challenge 0.5% contingency included in the proposed budgets for CAMHS Tier 4 and Adult Eating Disorders;
- Adjustment for infrastructure and governance costs (including TUPE) has been quantified and agreed for Adult Secure, remains outstanding for CAMHS Tier 4 and Adult Eating Disorders;
- Cashflow and payment arrangements in the context of contractual arrangements to be agreed;
- Single Action Tender Waiver produced and on hold to be finalised; and
- NHSE/I Direct Agreements for Provider Collaborative use shared with Provider Collaborative partners for comment.

The following points set out work delivered in individual projects over 2019/20:

- *Eating Disorders*

  Eating Disorders (ED) Single Point of Access (SPA) went live in July 2018. All ED referrals that require inpatient admission are sent to a centralised inbox. Referrals are reviewed, and patients placed weekly by the clinical activity panel, which is made up of Clinical Leads from the various partners within the network.

  - The network consists of two providers with three inpatient units covering seven Clinical Commissioning Groups (CCGs);
  - Network Manager and other back office functions still to be recruited in order to support with the running of the Network; and
  - Collaborative working and learning have taken place as well as sharing of best practice.
- *Child and Adolescent Mental Health services*
  - SPA went live in April 2019 and clinical partners are engaged;
  - The network consists of four providers with five inpatient units covering eight CCGs; and
  - Network Manager and other back office functions still to be recruited to in order to support the running of the Network.
- *Thames Valley Wessex Forensic Network (TVWFN) – Adult Secure Provider Collaborative*

  The TVWFN's New Care Model (NCM) has been operational for 3 years; 2 years as a NCM pilot, and in FY20 in shadow form during the transitional year aiming to progress to live Provider Collaborative status in FY21.

  Through FY20 the TVWFN has continued to progress the network aims and clinical model, repatriating a further 18 patients (67 patients as a 3-year total) within network beds, facilitating people being cared for closer to home and has continued to demonstrate reductions in lengths of stay. In addition, the network has ensured robust gatekeeping processes, trialling and implementing the use of the DUNDRUM tool to support network-wide standardisation of access to services and agreed network wide use of CORE-OM, a tool to measure patient related outcomes.

  During the FY20 transition year, the TVWFN has progressed robust contractual, quality and financial due diligence processes, underpinning the final business case and transactional

review process to provide OHFT and partner Boards with the necessary assurance to inform the decision to progress to full Provider Collaborative status; and take delegated responsibility for the commissioning and specialised mental health adult secure care budgets from 1st October 2020, at the earliest, following the national delay in the progression of the Provider Collaborative NHSE/I programme.

Actions completed in FY20 to inform the final business case and 4-year Adult Secure Care Provider Collaborative strategy include;

- An agreed clinically led and co-produced clinical model for the Provider Collaborative;
- Revised Provider Collaborative governance structure, including the delineation of commissioning responsibilities and oversight as part of good organisational governance;
- Baseline needs analysis for adult secure mental health, to inform strategic bed planning within FY21. For the learning disability and autism patient cohort, the strategic bed commissioning plan is under review in collaboration with the NHSE/I SE regional team;
- Investment strategy and commissioning approach agreed for FY21;
- Risk and gain share approach agreed with partners, which will be captured within the revised Provider Collaborative Partnership Agreement;
- Infrastructure and costs agreed, funded through recurrent investment (financial efficiencies), with all posts now substantively recruited to;
- Progression of the Quality Maturity Framework, working with NHSE/I on a phased approach to transition quality assurance and monitoring responsibilities to the Provider Collaborative during FY21;
- Aligning the learning disability and autism clinical pathways to the Provider Collaborative effective from 1st April FY20; and
- Completion of transfer of identified staff from NHSE/I to OHFT as Lead Provider, under TUPE arrangements, effective from 1st April 2020.

Care Closer to Home

The Care Closer to Home programme has realigned priorities to ensure consistency with the development of Integrated Care System (ICS) strategies, and to work towards delivery of the NHS Long Term Plan ambitions, while at the same time, developing service change approaches to improve internal capacity. Across Oxfordshire and Buckinghamshire, the Trust was successful in its bid to become an accelerator site for delivering an Urgent Community Response Service by April 2021; and as the lead for Oxfordshire, will be working closely with the Trust's system partners, including the third sector.

The Care Closer to Home Programme is progressing well against a backdrop of significant change in the Primary and Urgent Care environments. Closer working with Federations towards an Oxfordshire Care Alliance continues, supporting a range of system and locality led activities required to enable the development of the Primary Care Networks. For example, joint co-ordination of enhanced care in care homes and End of Life Care planning have been agreed as priorities for 2020/21. The federations are working with us to support delivery of the Ageing Well national priorities, and work continues to integrate Primary and Community Care in conjunction with emerging Primary Care Networks and the Oxfordshire Care Alliance.

Neighbourhood teams have been established and OHFT is supporting the Clinical Commissioning Group led Frailty Pathway trial with OxFed. Patient management through Virtual Wards was successfully piloted over the winter period and an integrated Single Point of Access was established in July 2018, which is working well.

The Single Point of Access (SPA) for Community Therapy Services, District Nursing and the Out of Hours service is now in place in South West Oxfordshire and the Trust is developing plans to roll out further and extend hours, linked to the Ageing Well national priorities for a 2 hour urgent response.

Community Services winter planning ensured business continuity and escalation procedures for whole system pressures in Oxfordshire and worked to maximise available capacity and reduced risk to delivery of patient services effectively.

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 2019/20 accounts on a going concern basis. After making enquiries, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

A fuller Going Concern statement can be found under Note 1.2 of the Annual Accounts section of this report.

Statement on Performance from the Chief Executive

The Trust's financial position is covered in the statutory accounts section of this Annual Report. We continue to be one of the most efficient NHS Foundation Trusts in the country and benchmarking the most recent 'Good' CQC rating is a testament to the high value care that the Trust delivers. In terms of service delivery, we met most of the national and locally contracted work and we have 'Good' satisfaction ratings from our service users.

This is a significant achievement given the financial and workforce pressures that the Trust and the broader system has experienced throughout the year. Availability of staff continues to be an issue; we are experiencing a significant and sustained increase in the number of referrals; and we are also facing more complex cases and increased acuity.

Furthermore, it is recognised that there has been underinvestment in Mental Health Services for several years; with 70% of our revenue derived from Mental Health Services, the impact of underinvestment is material.

Improving efficiency and productivity continues to be a priority for OHFT, but the combination of the historically low revenue allocation, the escalating activity, and the increasing complexity of conditions, at a time when it is difficult to fully staff all teams due to regional and national

shortages for some specialist roles, makes achievement of a breakeven position ever harder for the years ahead.

Specifically, following a joint independent review with the CCG in the year previous to this Annual Report, we have identified the extent of the shortfall in funding for Mental Health Services in Oxfordshire by comparison with other similar areas in the order of £18-28m. The review also verified that the Trust makes good use of the resources we have (6% more efficiently than the average overall) which offsets the impact of the shortfall to some extent, but this situation has also meant that in recent years our services are in many cases delivering significantly more than they are being funded to do with consequent pressures on teams.

Having established the case and the extent of the issue, we are obviously working to finalise a plan which will get us back on a sustainable footing in the short term and correct the historic underfunding over a two to three-year period. COVID-19 has effectively suspended progress on closing out the 2019/20 commissioning contracts and completion of the 2020/21 contracts. Following mediation, we reached agreement in early March with Oxfordshire CCG to the increased level of investment in Mental Health Services; although the contractual details have yet to be finalised, which we hope will not have any material impact. It is important that we proceed with completion of the contract as soon as the COVID-19 situation allows. For Buckinghamshire and Swindon, Wiltshire and Bath and North East Somerset, the main contractual details have been agreed, but progress to complete the contracts has been suspended.

The difficulty in recruiting staff across the Trust, which covers a number of geographical areas with a high cost of living, has been an ongoing contributing issue to our financial challenges, with agency spend continuing to be challenging to reduce, adding pressure to costs.

I am particularly proud of the individuals and teams working and volunteering at the Trust for delivering the great care they have in such challenging circumstances.

The Trust ended the year with a surplus of £1.1m, which was £1.2m better than the financial plan. After adjusting for items excluded from measuring performance against the Trust's Control Total (mainly excluding Provider Sustainability Funding and Financial Recovery Funding, gains on asset disposal and impairments) the underlying performance is a deficit of £4.1m, which is £0.7m favourable to the Trust's Control Total.

It is important to note that the year-end position improved significantly from the re-forecast we submitted during Quarter 3 due to an £8.5m benefit from savings from the New Care Models – investments had already been made, but the income from NHS England was not confirmed until April. Excluding the additional income from NHS England in relation to the New Care Models, the Trust remains in a substantial operating deficit position due to service pressures created by high levels of demand and activity in Adult Mental Health Services.

The COVID-19 crisis has had no material impact on the 2019/20 financial results due to the related activities not intensifying until the second half of March 2020 and the ability to recover from NHSE any COVID-19 related costs. Arrangements for the early part of 2020/21 should also mean that such costs can also be recovered, and that income is protected thus minimising any specific financial risk to OHFT.

Preparation for, and management of the impact of COVID-19 has of course dominated the work of the Trust at the very end of the financial year covered by this Annual Report and throughout April, and I must pay tribute to the extraordinary efforts and resourcefulness of

our colleagues and partners to achieve significant change as part of the response. I am even more proud of the courage, compassion, sheer hard work and dedication of people across all of the Trust's services – on all parts of the clinical front line and behind the scenes, where the responses of IT, supplies and PPE, estates, recruitment, communications and learning and development have all been a vital part of our response.

We have reached an agreement with NHSE Specialised Commissioning regarding the savings achieved on the Forensic New Care Models (NCM) for FY19 and the outstanding £7.5m has now been received. For 2019/20, the savings and investment from Forensic, Eating Disorders and CAMHS NCMs were agreed in early April 2020 enabling us to recognise an additional £8.5m income in the FY20 financial position.

As the initial pressure of coping with the COVID-19 situation abates, it is essential we finalise our contractual position with all commissioners and reconfirm our FY21 plan and the FY21-24 Long Term Plan. The detailed budgets for FY21 will be finalised after some four weeks' delay. Managing the financial transition from an emergency regime to a, 'business as usual' situation will require some rigour and focused attention.

Key Issues, Opportunities and Risks

The following areas are captured in the Trust's current Operational Plan and in assurance frameworks:

Workforce – The high cost of living in Oxford combined with significant increases in workload and caseload make it difficult to attract and retain substantive staff.

These factors, combined with demographics, mean that significant numbers of experienced people are retiring each year, creating risks that patient care and other quality measures will be impacted with increasing severity.

Any lack of concerted workforce planning in recruitment and retention, and impacts on staff wellbeing, will result in rising turnover and agency rates, 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; increased use of bank; benefits and rewards initiatives; new roles and skill mix implementation; proactive recruitment initiatives (e.g. with universities); and retention initiatives (e.g. stay conversations, collaborative work to reduce workplace stress and improve wellbeing and learning from exit interviews).

Demand and Activity – Across the board, 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.

In the most challenging services areas, in the absence of progress in resolving historic underfunding, the Trust forecast that it would need to reduce mental health activity by approximately 25% across Oxfordshire.

As this reduction may not be practical in some Mental Health Service areas, reductions may need to be greater in other Mental Health Services where reductions are possible. To scale back services, the Trust would align activity with levels of investment received using capacity and demand models consistent with those promoted nationally by NHS England (NHSE). Work

to establish by service area, available capacity vs demand has been a key priority for the Trust during 2019/20 and the aim over the next 12 months will be to build on the progress already made. The principal aim of this work is to maintain quality for patients whilst managing the considerable pressure on our staff that the additional unmet demands bring, and we are anticipating significant increases in demand and acuity as a result of the impact of COVID-19.

Patient Flow – Failure to care for patients in an appropriate inpatient placement or environment, due to bed pressures or absence of community or social care support, could lead to compromising patient and carer outcomes and experience.

Mitigation actions include: releasing senior matron capacity to work on patient flow; joining system winter calls to raise system awareness of mental health pressures; calls to review every patient in an out of area placement (OAP) and plans in place; review of staffing pressures; and planning with commissioners on funding for a Crisis Resolution Home Treatment Team (CRHTT) to enable provision of additional intensive home care support.

Financial Sustainability – Continued underinvestment places the Trust under significant financial pressure compromising financial stability and its ability to adapt to change.

Risks include; not securing additional revenue contribution from commissioners; limited contingency reserve to cover for unplanned events; and non-delivery of Cost Improvement Plans (CIPs).

Mitigation actions include; developing demand and capacity insight to inform demand management and service planning; focus on revenue; and robust delivery (governance) of cost efficiency and productivity work (Cost Improvement Programme schemes).

Performance Analysis

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 2019/20 on the development of the Trust's Online Business Intelligence (TOBI) system. Once deployed, this system will provide a rich information asset that will dramatically improve operational, planning and reporting capabilities. Deployment of the TOBI system is a primary focus in 2020/21.

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 an employer and 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 this Annual Report cover our work on the Equality Delivery System (EDS2), the Workforce Race Equality Standard (WRES) and the Workplace Equality Index (WEI). We continue to work with our staff networks and local community to improve staff and patient experience and outcomes for all.

Signed: **Date: 10th June 2020**

Stuart Bell, CBE

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 many new Board members during 2019. David Walker was appointed as the Chairman on 1st April 2019, after the retirement of his predecessor Martin Howell. The new Chief Nurse, Marie Crofts was appointed on 3rd June 2019. Catherine Riddle was the Acting Director of Nursing for an interim period until Marie commenced. Following the resignation of Dominic Hardisty, Chief Operating Officer, in July 2019, who left the Trust to become Chief Executive in another NHS Trust, a new Board level role was created. The role is to lead Mental Health and Learning Disability services through the transition to providing more joined up 'integrated' care across health and social care systems in Oxfordshire, Buckinghamshire, Bath & North East Somerset, Swindon and Wiltshire. Debbie Richards assumed duties in this role as the Managing Director of Mental Health Services & Learning Disabilities Care on 22nd July 2019. Finally, Chief Executive, Stuart Bell, CBE announced his retirement and the process to appoint his successor concluded in the year. Dr Nick Broughton was appointed and is due to start in June 2020. The Trust is extremely grateful for Stuart's tireless commitment to the Trust and to the NHS, and his decision to stay for an extended period beyond his planned retirement date, in order to provide continuity with regard to the Trust's Coronavirus (COVID-19) pandemic response, and to allow Nick to provide that same continuity in his Trust.

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 in 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.

Stuart Bell, 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, 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 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 all 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, but we recognise more work needs to be done to make membership more meaningful for those who would wish to be more involved. Progress against delivery of the Membership Strategy approved at the March 2019 Council of Governors' meeting was monitored during the year by the Membership Involvement Group.

We also strive to improve and help patients be more involved in their own care and in-service developments. Our membership and patient involvement strategies continue to make a difference and were each revised and enhanced during the previous year.

During the year covered by this Annual Report, the Board of Directors comprised the following individuals who served as Directors in 2019/20:

Executive Directors

Voting Executive Director Members of the Board:

Stuart Bell, CBE, Chief Executive

Mike McEnaney, Director of Finance

Dr Mark Hancock, Medical Director from 1st April 2016 for 5 years

Catherine Riddle, Acting Director of Nursing from 8th December 2018 to 2nd June 2019

Marie Crofts, Chief Nurse from 3rd June 2019

Dominic Hardisty, Chief Operating Officer and Deputy Chief Executive to 31st July 2019

Debbie Richards, Managing Director of Mental Health Services & Learning Disabilities Care from 22nd July 2019

Non-voting Executive Director Members of the Board:

Kerry Rogers, Director of Corporate Affairs and Company Secretary

Tim Boylin, Director of Human Resources

Martyn Ward, Director of Strategy and Chief Information Officer

Non-Executive Directors

Voting members of the Board:

David Walker (Chairman) from 1st April 2019

Sir Jonathan Asbridge (Vice Chairman)

Professor Sue Dopson

Sir John Allison

Chris Hurst (Senior Independent Director)

Bernard Galton

Dr Aroop Mozumder

Lucy Weston

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	01/04/2018 to 31/03/2021	2nd
Chris Hurst**	01/04/2017 to 31/03/2020	1st
Bernard Galton	01/02/2018 to 31/01/2021	1st
Dr Aroop Mozumder	01/02/2018 to 31/01/2021	1st
Lucy Weston	01/03/2019 to 28/02/2022	1st

** Reappointment process to conclude in June 2020.*

*** Due to COVID-19 impact, tenure extended to 30th September 2020, pending formal process for reappointment to conclude in June 2020.*

Skills and Experience

We are required to describe in the Annual Report each Director's skills, expertise and experience and these have been outlined below along with their attendance at 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 10/10 and CoG 3/3 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 recent 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 7/10 and CoG 1/3 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 7/10 and CoG 1/3 meetings

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

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

Jonathan is currently employed as Clinical Director for Healthcare at Home, a UK-based clinical homecare provider, and is 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 10/10 and CoG 2/3 meetings

Sir John was appointed to the Board on 1st April 2015, having previously been appointed Associate Non-Executive Director from 1st 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 10/10 and CoG 1/3 meetings

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

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

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

Bernard Galton (Non-Executive Director), BoD 8/10 and CoG 2/3 meetings

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

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

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

challenges faced by clinical leaders. He is currently a Director of a property management and management consultancy. Bernard is a Non-Executive Director of University Hospitals Bristol and Weston NHS Foundation Trust.

Dr Aroop Mozumder (Non-Executive Director), BoD 9/10 and CoG 2/3

Aroop was appointed a Non-Executive Director on 1st 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 8/10 and CoG 3/3 meetings

Lucy was appointed as a non-voting Associate Non-Executive Director in September 2017 and subsequently as voting Non-Executive Director on 1st 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.

Stuart Bell CBE (Chief Executive), BoD 8/10 and CoG 3/3 meetings

Stuart was appointed Chief Executive Officer of the Trust on 1st October 2012. 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 was also Chairman of the Picker Institute Europe and is a Trustee of Help for Heroes.

Mark Hancock (Medical Director), BoD 10/10 and CoG 2/3 meetings

Mark was appointed Medical Director in April 2016 and has worked with Oxford Health in several roles since 1999. He has previously been the Deputy Medical Director, since May 2013. In recent years, he has been Psychiatric Lead for Medium Secure Services (2013-14) and Associate Clinical Director for Forensic Services (2011-2013).

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

Dominic Hardisty (Chief Operating Officer), BoD 3/3 and CoG 1/1 meetings

Dominic was appointed Chief Operating Officer and Deputy Chief Executive on 22nd February 2016. Dominic was previously the Deputy Chief Executive of Northamptonshire Healthcare NHS Foundation Trust.

His background included 20 years as a leader and entrepreneur in the private sector as well as, since 2009, at several NHS Acute and Community Trusts. These roles included leading teams to transform services across acute, community, mental health and children's/young people's pathways, as well as leading on responses to CQC inspections and formation of partnerships across primary, acute, community and social care. He holds a degree from Oxford University and an MBA from Harvard Business School. He is also Parish Councillor for East Hendred. Dominic left the Trust in July 2019 to become Chief Executive at another NHS Trust.

Mike McEnaney (Director of Finance), BoD 10/10 and CoG 2/3 meetings

Mike commenced his financial management career in consumer goods with Hoover, adding multinational experience gained in the oil and consumer lubricants sector with Burmah Castrol. He has substantial experience at the executive level gained as Finance Director of Honda's UK manufacturing operations, Avis's UK car rental business and a private equity backed global business. 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), BoD10 /10 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 and joined the Board of Directors of Oxford Health as a non-voting Executive Director in January 2018.

Kerry Rogers (Director of Corporate Affairs and Company Secretary), BoD 10/10 and CoG 3/3 meetings

Kerry joined the Board of Directors as a non-voting Executive Director and Company Secretary on 1st September 2015. Kerry has held Director level 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 and is a Trustee for Age UK Oxfordshire.

With over 20 years' experience in business and finance in both public and private sectors, Kerry champions good governance, and in her Company Secretary role provides the essential interface between our Board and all 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 9/10 and CoG 2/3 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. 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 7/8 and CoG 3/3 meetings

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

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

Debbie Richards (Managing Director of Mental Health Services & Learning Disabilities Care), BoD 7/7 and CoG 2/2 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.

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 regarding the work of the Audit, Nominations, Remuneration and Terms of Service Committee, Quality, Finance and Investment; and Charity Committees can be found in the Corporate Governance and Code of Governance report of this Annual Report; and are referenced within the Annual Governance Statement and Remuneration Report where relevant. Two new Board committees were constituted and approved during the year, starting in earnest in the 2020/21 financial year, namely the People, Leadership and Culture Committee and the Mental Health Act Committee chaired by Non-Executive Directors Bernard Galton and Sir John Allison respectively.

The Quality Committee, which is chaired by Non-Executive Director Sir Jonathan Asbridge, enables the Board to obtain assurance regarding standards of care provided by the Trust and that adequate and appropriate clinical governance structures, processes and controls are in place.

The 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-committees is to:

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

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.

People Leadership and Culture Committee, chaired by Non-Executive Director Bernard Galton, ensures an appropriate focus on workforce performance 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.

Mental Health Act Committee, chaired by Non-Executive Director Sir John Allison, which will meet for the first time in 2020/21, is constituted to provide assurance to the Trust Board that the Trust establishes, monitors and maintains appropriate integrated systems, processes and reporting arrangements to ensure continued compliance with the Mental Health Act whilst protecting the human rights of service users.

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, Warneford Hospital, Warneford Lane, Headington, Oxford, OX3 7JX. 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 developments is the ongoing improvement of the quality of services we provide. Improving patient experience and ensuring our services are safe, caring, responsive, effective and well-led, drive the decisions taken by the Board of Directors and the systems established in the Trust. The role of the Quality Committee in enhancing quality governance is set out 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-committees of the Quality Committee.

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

For most of the year there were four quality sub-committees that reported to the Quality Committee. The sub-committees reflect the five CQC key standards and are composed of: Safe; Caring and Responsive (split into 2 committees mid-year); Effective; and Well-led which was replaced by the Board committee - People Leadership and Culture Committee towards the end of the year. Each of these is responsible for providing assurance to the Quality Committee

that we are compliant with the key lines of enquiry which sit under their key questions and any other areas which fall within their responsibility.

Each executive has a clearly defined portfolio and is individually and collectively accountable for the quality and safety of services. The 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.

The quality of care provided was independently assessed during the year, and clarity with respect to the focus for improvement since the last inspection has enabled the CQC to assess the subsequent progress. The CQC has rated Oxford Health NHS Foundation Trust ‘Good’, and the later Well-Led inspection maintained that position. In the Trust’s 2019 inspection we received an overall rating of ‘Good’.

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, the Board has in the last 3 years undertaken a periodic review of Board Governance including capability and capacity; and commissioned an external review into the performance of the Board. This 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 2020/21.

Through utilisation of NHS Improvement's Well-Led framework, we were able to arrive at an overall evaluation of the organisation’s performance, internal control and Board Assurance Framework and subsequent actions were monitored to completion by the Well-Led sub-committee.

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, we have focused our attention and efforts on Gender Equality as part of our wider inclusion agenda to improve the service user provision and the employment experience of our staff.

Some of the key highlights and achievements include:

- Three Linking Leaders Conferences focusing on Gender Equality held in Oxford, Aylesbury and Swindon which featured a range of guest speakers, specialists and experts;
- The Estates and Facilities Team working in partnership with Access Able (formerly known as Disabled Go) to produce Access Guides of our sites which will be published online;
- Working in partnership with Oxfordshire Employment on the Supported Internship Programme for our first young person to secure a placement within the Estates Team;
- Delivery of the first ever in-house Deaf Awareness Training by a member of staff with expert lived experience of deafness during Deaf Awareness Week;
- Renewal of contract with TextHelp for the provision of the online BrowseAloud facility;
- Our first submission of the Workforce Disability Equality Standard (WDES) to NHS England;
- Introduction of the new contract for British Sign Language (BSL) interpreting services with Sign Solution Ltd;
- Development and implementation of the 'Guide to Equality Monitoring' and 'Religion and Belief Code of Practice Guide (dress code)';
- Implementation of the new Royal College of Nursing's 'Cultural Ambassadors' initiative;
- Submission of the Workplace Equality Index (WEI) to Stonewall;
- A staff group took part in the parade and hosted a stall at Oxford Pride;
- 15 team away-days delivered on various subjects across all the counties;
- More than 200 queries, ranging from requests for support and advice to information and guidance, were responded to;
- More than 4,000 rainbow lanyards have been given out to staff since their launch in February 2019; and
- Publication of the 'Equality Express', the Equality, Diversity and Inclusion newsletter.

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	2019/2020		2018/2019	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	68,538	179,361	68,051	167,895
Total Non-NHS trade invoices paid within target	64,147	162,198	63,872	158,269
Percentage of Non-NHS trade invoices paid within target	93.6%	90.4%	93.9%	94.3%
Total NHS trade invoices paid in the year	2,618	16,599	2,587	14,898
Total NHS trade invoices paid within target	2,193	13,716	2,303	12,229
Percentage of NHS trade invoices paid within target	83.8%	82.6%	89.0%	82.1%

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. 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 6 occasions during 2019/20. During the year, the following Non-Executive Directors have served on the Committee as voting core members:

Committee Member	Attendance
David Walker (Chair)	6/6
Chris Hurst (SID)	6/6
Jonathan Asbridge (Vice Chair)	4/6
John Allison	6/6
Sue Dopson	4/6
Aroop Mozumder	5/6
Bernard Galton	4/6
Lucy Weston	5/6

The Committee also invited the assistance of the Chief Executive (Stuart Bell), 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 2019/20. 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 2019/20 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).

Senior managers' received an annual inflationary uplift to increase base pay rates by 1.32% and to apply a non-consolidated (lump sum) payment of 0.77% in 2019/20 reflecting the guidance received and published by regulators.

Executive appointments to the Board of Directors continue under permanent contracts and during 2019/20, no substantive Director held a fixed term employment contract. The Chief Executive and all other Executive Directors (voting and non-voting) hold office under notice periods of 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 2019/20. The Deputy Director of Nursing continued to be Acting Director of Nursing until the commencement of the successor Chief Nurse who started in post on 03rd of June 2019. The Chief Operating Officer left the Trust on 31st July 2019 to become Chief Executive of a local Trust. The creation of a new role, meant the successor was appointed as Managing Director of Mental Health and Learning Disability Services, commencing on 22nd of July 2019.

The process to appoint a new Chief Executive concluded during the year with Dr Nick Broughton approved as successor to Stuart Bell, who retires in quarter one of 2020/21.

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.

Annual Statement on Remuneration from the Chair of the Committee

There are no elements that constitute any senior managers' remuneration, including Executive and Non-Executive Directors, in addition to those specified in the table of salaries and allowances. The amounts that are designated salary in the table represent a single contracted annual salary and there are no particular remuneration arrangements which are specific to any senior manager. There were no changes made in the period to existing components of the remuneration package and no components 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. The Chief Executive served during the year as an unremunerated Non-Executive Director Chair of the Picker Institute for which limited time was required across the year.

Non-Executive Directors' Remuneration

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

They each have terms of no more than three years and are able to serve two 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.

Non-Executive Directors' remuneration framework as agreed previously by the Council of Governors is consistent with best practice and external benchmarking, and remuneration during 2019/20 has been consistent with that framework. There was a 1.32% cost of living increase applied for Non-Executive Directors during 2019/20 in accordance with the latest guidance. The guidance issued during the year recommended that for Non-Executive Directors, a single uniform annual rate of £13,000 should apply. The annual rate 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 were no new Non-Executive Director appointments during the year. The nomination process for the appointment of the new Chairman who started on 01st April 2019 (to succeed Martin Howell who retired in March 2019) concluded during the previous year.

Annual Report on Remuneration

Termination Payments

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

Payments to senior managers for loss of office are governed by and compliant with the NHS standard conditions and regulations; and all payments are submitted to NHSI for Treasury approval. There were no payments made in the period to any senior manager for loss of office or any payments made to any individual who was not a senior manager in the period but had been a senior manager prior to this financial year.

Disclosures

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

The remuneration of the highest paid Director, subject to audit, in the Trust in the financial year 2019/20 was £192,500 (2018/19, £192,500). This was 6.39 times (2018/19, 6.55 times) the median remuneration of the workforce, which was £30,112 (2018/19, £29,177).

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 2019/20, two employees (two in 2018/19) received remuneration in excess of the highest paid Director. Remuneration ranged from £17,652 to £197,446 (2018/19 £17,460 - £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 2019/20.

Expenses

There were 18 Directors who served in office during the financial year 2019/20 (2018/19, 18), of which, 18 (2018/19, 12) received expenses with a total value of £12,487 (2018/19, £14,473).

During 2019/20, the Trust had 36 Governor seats available (2018/19, 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 2019/20, 14 Governors' (2018/19, 13) expenses were reimbursed with a total value of £3,728 (2018/19, £3,107).

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 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 the report.*

Salaries and Allowances 2018/2019

2018/2019								
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	17.5-20.0	170-175
Dominic Hardisty	Chief Operating Officer		130-135	0	0	130-135	25.0-27.5	155-160
Mark Hancock	Medical Director and Director of Strategy		110-115	15-20	0	125-130	12.5-15.0	135-140
Ros Alstead	Director of Nursing and Clinical Standards	01 Apr 2018 to 07 Dec 2018	85-90	0	0	85-90	0.0	85-90
Catherine Riddle	Director of Nursing and Clinical Standards	08 Dec 2018 to 31 Mar 2019	30-35	0	0	30-35	25.0-27.5	55-60
Kerry Rogers	Director of Corporate Affairs and Company Secretary		110-115	0	0	110-115	15.0-17.5	130-135
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	45.0-47.5	140-145
Martin Howell	Chairman		45-50	0	0	45-50	0	45-50

Sue Dopson	Non-Executive Director		10-15	0	0	10-15	0	10-15
Alyson Coates	Non-Executive Director	01 Apr 2018 to 30 Sep 2018	5-10	0	0	5-10	0	5-10
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	01 Mar 2019 to 31 Mar 2019	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 this report.*

Pension Benefits

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 31/03/2020 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31/03/2020 (bands of £5,000)	Cash Equivalent Transfer Value at 01/04/2019	Real increase/ (decrease) in Cash Equivalen t Transfer Value	Cash Equivalent Transfer Value at 31/03/202 0	Employer 's contribut ion to stakehol der pension
	£'000 a	£'000 b	£'000 c	£'000 d	£'000 e	£'000 f	£'000 g	£'000
Stuart Bell, Chief Executive	0.0-2.5	0.0-2.5	85-90	265-270	2,261	0	0	0
Mike McEnaney, Director of Finance	2.5-5.0	n/a	20-25	n/a	337	44	412	0
Dominic Hardisty, COO (leaver 31/07/2019)	0.0-2.5	n/a	20-25	n/a	250	26	336	0
Mark Hancock, Medical Director	2.5-5.0	0.0-2.5	35-40	75-80	527	34	589	0
Kerry Rogers, Director of Corporate Affairs and Company Secretary	2.5-5.0	0.0-2.5	20-25	40-45	363	37	425	0
Martyn Ward Director of Strategy and Performance	0.0-2.5	n/a	5-10	n/a	48	10	72	0
Catherine Riddle Acting Director of Nursing & Clinical Standards (to 02/06/2019)	0.0-2.5	0.0-2.5	25-30	85-90	645	6	683	0
Marie Crofts, Chief Nurse (from 03/06/2019)	5.0-7.5	15.0-17.5	60-65	190-195	1,180	141	1,389	0
Debbie Richards, Managing Director of Mental Health Services & Learning Disabilities Care (from 22/07/2019)	2.5-5.0	10.0-12.5	35-40	105-110	688	96	855	0

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 31/03/2020 have been calculated using different methodologies to reflect changes in the Guaranteed Minimum Pension (GMP).*

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
Mike McEnaney	15/08/2011	Permanent	3 months	3 months
Kerry Rogers	01/09/2015	Permanent	3 months	3 months
Dominic Hardisty	22/02/2016 to 31/07/2019	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
Catherine Riddle	Acting up from 08/12/2018 to 02/06/2019	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

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

	Permanent	Other	2019/20 Total	2018/19 Total
	£000	£000	£000	£000
Salaries and wages	167,913	20,921	**188,835**	179,836
Social security costs	16,588	1,554	**18,143**	17,047
Apprenticeship levy	906	-	**906**	855
Employer's contributions to NHS pension scheme	31,672	536	**32,208**	21,302
Pension cost - other	-	176	**176**	77
Termination benefits	-	-	**-**	40
Temporary staff	-	24,332	**24,332**	24,476
Total gross staff costs	**217,079**	**47,521**	**264,599**	**243,633**
Recoveries in respect of seconded staff	(914)	-	**(914)**	(1,128)
Total staff costs	**216,165**	**47,521**	**263,685**	**242,506**
Of which				
Costs capitalised as part of assets	609	-	**609**	411

Analysis of Average Staff Numbers (WTE Basis)

	Permanent	Other	2019/20 Total	2018/19 Total
	Number	Number	Number	Number
Medical and dental	217	45	**262**	246
Administration and estates	1,102	74	**1,176**	1,104
Healthcare assistants and other support staff	970	219	**1,189**	1,087
Nursing, midwifery and health visiting staff	1,239	312	**1,551**	1,530
Nursing, midwifery and health visiting learners	51	-	**51**	70
Scientific, therapeutic and technical staff	973	35	**1,008**	1,049
Social care staff	63	-	**63**	70
Total average numbers	**4,615**	**685**	**5,300**	**5,156**

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

Exit Packages

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*

Reporting of Compensation Schemes - Exit Packages 2018/19

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Exit package cost band (including any special payment element)			
<£10,000	-	8	**8**
£10,000 - £25,000	1	1	**2**
£25,001 - £50,000	-	1	**1**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000 *	1	-	**1**
>£200,000	-	-	**-**
Total number of exit packages by type	**2**	**10**	**12**
Total cost (£)	£182,000	£80,000	**£262,000**

**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

	2019/20		2018/19	
	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	2	119	2	57
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	15	80	7	16
Exit payments following Employment Tribunals or court orders	-	-	1	7
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**17**	**199**	**10**	**80**
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: 10th June 2020**

Stuart Bell, CBE

Chief Executive

Staff Report

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

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

Workforce Profile

At 31st March 2020, the Trust employed:

- Board Directors (Executive & Non-Executive, voting and non-voting): 11 male and 5 female;
- Other senior managers: 72 male and 196 female; and
- Employees (excluding the above): 984 male and 4,461 female.

At 31st March 2020, the Trust employed 5,729 staff with a contracted WTE (whole time equivalent) of 4,909. This number includes:

- 265 medical staff
- 523 therapists
- 1,531 qualified nurses
- 1,157 health care workers
- 262 other support staff including ancillaries and care workers
- 680 other professionals including psychology, dental staff and social workers
- 491 admin and clerical

(Data source: ESR – using 'Staff Group')

Permanent Staff

Occupation Code	Description	WTE
011	HCHS Doctors in Geriatric Medicine	2.3
021	HCHS Doctors in General Surgery	1.1
051	HCHS Doctors in Psychiatry of Learning Disability	3.6
052	HCHS Doctors in General Psychiatry	118
053	HCHS Doctors in Child and Adolescent Psychiatry	35.5
054	HCHS Doctors in Forensic Psychiatry	14.6
055	HCHS Doctors in Psychotherapy	2.6
056	HCHS Doctors in Psychotherapy	17.4
093	HCHS Doctors in Occupational Medicine	0

Occupation Code	Description	WTE
099	HCHS Doctors in Other Specialties	0.8
921	HCHS Doctors in General Med Practitioner	6.9
971	HCHS Doctors in General Dental Practitioner	18.3
A6A	Specialist Practitioner in Emergency Care	23.5
AAA	Emergency Care Practitioner in Ambulance Service	0
G0A	Senior Manager in Central Functions	17.8
G0D	Senior Manager in Clinical Support	10.8
G1A	Manager in Central Functions	64.4
G1B	Manager in Hotel, Property & Estates	9
G1C	Manager in Scientific, Therapeutic & Technical Support	3.7
G1D	Manager in Clinical Support	52.7
G2A	Clerical & Administrative in Central Functions	333.3
G2B	Clerical & Administrative in Hotel, Property & Estates	19.6
G2C	Clerical & Administrative in Scientific, Therapeutic & Technical Support	21.4
G2D	Clerical & Administrative in Clinical Support	627.5
G3B	Estates (maintenance & works) in Hotel, Property & Estates	19
H1D	Healthcare Assistant in Other Mental Health	13.5
H1F	Healthcare Assistant in Community Services	6.8
H1L	Healthcare Assistant in Speech & Language Therapy	1
H2D	Support Worker in Other Mental Health	24.3
H2F	Support Worker in Community Services	5.6
H2R	Support Worker in Hotel, Property & Estates	168.4
N0A	Nurse Manager in Acute, Elderly & General	4
N0B	Nurse Manager in Paediatric Nursing	5.5
N0D	Nurse Manager in Community Mental Health	26.5
N0E	Nurse Manager in Other Mental Health	8
N0F	Nurse Manager in Community Learning Disabilities	12.5
N0G	Nurse Manager in Other Learning Disabilities	1
N0H	Nurse Manager in Community Services	39.1
N0J	Nurse Manager in Education Staff	2.3
N0K	Nurse Manager in School Nursing	2
N1H	Children's Nurse in Community Services	3
N3H	Health Visitor in Community Services	125.5
N4D	Community Mental Health Nurse - 1st Level in Community Mental Health	2
N4H	District Nurse - 1st Level in Community Services	84

Occupation Code	Description	WTE
N5H	District Nurse - 2nd Level in Community Services	101.5
N6A	Other 1st Level Nurse in Acute, Elderly & General	123.7
N6B	Other 1st Level Nurse in Paediatric Nursing	24.7
N6D	Other 1st Level Nurse in Community Mental Health	254.3
N6E	Other 1st Level Nurse in Other Mental Health	253.4
N6F	Other 1st Level Nurse in Community Learning Disabilities	13.3
N6G	Other 1st Level Nurse in Other Learning Disabilities	9.9
N6H	Other 1st Level Nurse in Community Services	120.4
N6J	Other 1st Level Nurse in Education Staff	7.7
N6K	Other 1st Level Nurse in School Nursing	14.8
N8H	Nursery Nurse in Community Services	25.7
N9A	Nursing Assistant / Auxiliary in Acute, Elderly & General	124.3
N9B	Nursing Assistant / Auxiliary in Paediatric Nursing	0.6
N9D	Nursing Assistant / Auxiliary in Community Mental Health	16
N9E	Nursing Assistant / Auxiliary in Other Mental Health	278.8
N9F	Nursing Assistant / Auxiliary in Community Learning Disabilities	3
N9G	Nursing Assistant / Auxiliary in Other Learning Disabilities	11.5
N9H	Nursing Assistant / Auxiliary in Community Services	31.8
N9K	Nursing Assistant / Auxiliary in School Nursing	5.4
NAD	Nurse Consultant in Community Mental Health	2.8
NAE	Nurse Consultant in Other Mental Health	1
NAF	Nurse Consultant in Community Learning Disabilities	1
NAH	Nurse Consultant in Community Services	1
NAJ	Nurse Consultant in Education Staff	1
NBK	Qualified School Nurse in School Nursing	38.3
NCA	Modern Matron in Acute, Elderly & General	1
NCD	Modern Matron in Community Mental Health	2
NCE	Modern Matron in Other Mental Health	14
NCH	Modern Matron in Community Services	6.5
NEH	Community Matron in Community Services	4
NFA	Nursing Assistant Practitioner in Acute, Elderly & General	0.8
NFE	Nursing Assistant Practitioner in Other Mental Health	1
NFH	Nursing Assistant Practitioner in Community Services	27.1
NGE	Nursing Associate in Other Mental Health	11.6
NGH	Nursing Associate in Community Services	5
NHB	Trainee Nursing Associate in Paediatric Nursing	5

Occupation Code	Description	WTE
NHD	Trainee Nursing Associate in Community Mental Health	14.8
NHE	Trainee Nursing Associate in Other Mental Health	48.1
NHF	Trainee Nursing Associate in Community Learning Disabilities	7
NHH	Trainee Nursing Associate in Community Services	36.5
P1D	Pre-Registration Nurse Learner in Diploma Nurse Training	6.1
P2B	Post 1st Level Registration Nurse in Health Visiting	7
P2C	Post 1st Level Registration Nurse in District Nursing	11
P2E	Post 1st Level Registration Nurse in Other Learners	5.5
S0B	Manager in Dietetics	1.4
S0C	Manager in Occupational Therapy	19.3
S0E	Manager in Physiotherapy	9.1
S0J	Manager in Speech & Language Therapy	8.5
S0K	Other ST&T Manager in Multi-therapies	3.2
S0L	Other ST&T Manager in Applied Psychology	6.4
S0M	Other ST&T Manager in Psychological Therapy	7
S0P	Other ST&T Manager in Pharmacy	5.5
S0U	Other ST&T Manager in Social Services	21.1
S1A	Therapist in Chiropody / Podiatry	36.5
S1B	Therapist in Dietetics	13.2
S1C	Therapist in Occupational Therapy	193.7
S1E	Therapist in Physiotherapy	64.4
S1H	Therapist in Art / Music / Drama Therapy	1.9
S1J	Therapist in Speech & Language Therapy	44.4
S1K	Therapist in Multi-therapies	1.4
S1L	Therapist in Applied Psychology	4.9
S1M	Therapist in Psychological Therapy	61.2
S1R	Therapist in Dental	1.8
S1U	Therapist in Social Services	90.3
S1X	Therapist in Other ST&T Staff	9.3
S2L	Scientist in Applied Psychology	136.4
S2M	Scientist in Psychological Therapy	52.9
S2P	Scientist in Pharmacy	24.1
S4P	Technician in Pharmacy	24.3
S4R	Technician in Dental	24.1
S5C	Assistant Practitioner in Occupational Therapy	8.1
S5E	Assistant Practitioner in Physiotherapy	3.9

Occupation Code	Description	WTE
S5J	Assistant Practitioner in Speech & Language Therapy	2.5
S5L	Assistant Practitioner in Applied Psychology	99.4
S5M	Assistant Practitioner in Psychological Therapy	58.3
S5U	Assistant Practitioner in Social Services	25.9
S5X	Assistant Practitioner in Other ST&T	10
S6C	Instructor / Teacher in Occupational Therapy	13.5
S6E	Instructor / Teacher in Physiotherapy	7.1
S6J	Instructor / Teacher in Speech & Language Therapy	3.5
S6K	Instructor / Teacher in Multi-therapies	0.5
S6X	Instructor / Teacher in Other ST&T Staff	8
S7J	Tutor in Speech & Language Therapy	1
S7R	Tutor in Dental	0.6
S7X	Tutor in Other ST&T Staff	1
S8L	Trainee / Student in Applied Psychology	69.3
S8M	Trainee / Student in Psychological Therapy	10.4
S8P	Trainee / Student in Pharmacy	7
S8X	Trainee / Student in Other ST&T	5
S9A	Helper / Assistant in Chiropody / Podiatry	2.3
S9B	Helper / Assistant in Dietetics	0.6
S9C	Helper / Assistant in Occupational Therapy	3.1
S9E	Helper / Assistant in Physiotherapy	21.9
S9J	Helper / Assistant in Speech & Language Therapy	1.5
S9K	Helper / Assistant in Multi-therapies	9
S9P	Helper / Assistant in Pharmacy	3.1
S9U	Helper / Assistant in Social Services	2.8
S9X	Helper / Assistant in Other ST&T	5.9
SAL	Consultant Therapist / Scientist in Applied Psychology	14.1
SAM	Consultant Therapist / Scientist in Psychological Therapy	4.4

Analysis of Average Staff Numbers and Analysis of Staff Costs

The above are 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. The Trust is maintaining its focus on managing short-term sickness absence through collaborative working by the directorates and Human Resource (HR) Department and reviewing sickness absence trends to continually improve sickness rates.

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

	2019/20	2018/19
Total days lost	**45,289**	42,615
Total staff years	**4,754**	4,643
Average working days lost (per WTE)	**9.53**	9.18

Staff Policies and Actions Applied During the Financial Year

Staff Retention

The central aim of HR's strategy is to promote retention of staff by improving recognition and reward, improving leadership capability, improving career paths and development opportunities, reducing bullying and harassment, reducing stress, violence and aggression (including from patients and carers), and by building on our equality, diversity and inclusion work. We aspire to be a truly modern employer in our policies and in our support to staff by being flexible and supportive, so our workforce thrives and continues to give dedicated and compassionate care to our patients and service users.

Some of the other initiatives undertaken in 2019/20 to improve staff retention are as follows:

- Continued participation in the NHSI Retention Programme, cohort 2;
- Continuation of the Preceptorship 'Flyer' programme. Our Preceptorship programme was awarded the 'Quality Mark' by Capital Nurse in 2019/20. The success of the 'Flyer' programme has resulted in rolling out a modified programme for other professions such as Psychiatry;
- More exit interviews were conducted by HR staff to get to the root cause of resignations;
- An Employee Assistance Programme (EAP) was launched on 30th March 2020;
- A review of flexible working practices across the Trust and the implementation of team-based rostering pilots that enhance flexibility;
- Enhanced induction programmes were piloted in Bucks Mental Health services;
- Continued promotion of our internal Staff Bank as an opportunity for people to work additional shifts and hours, which in turn reduces agency spend;
- Focussing efforts on involving employees in the Trust's performance through the regular use of directorate newsletters, team briefings, listening into action events and an increased physical presence of Senior Executives amongst services.

Staff Wellbeing

Stress

The Board of Directors remains concerned at levels of work-related stress in the organisation. This was evidenced in the staff survey and feedback from Board visits to services, staff representatives, our occupational health team, the annual stress staff survey and other sources.

With strong support from our staff representatives, the Trust continues to address stress and improve organisational culture using the Health and Safety Executive's Management Standards Framework. Both national and local drivers are followed to create a positive culture of dignity and respect by supporting our staff in their wellbeing; and ability and confidence in speaking up to raise concerns, as well as developing our managers to have a supportive, inclusive and compassionate style, and by encouraging and promoting good mental health of all our staff in an open organisational culture.

A steering group was set up in 2019/20, with executive support, to implement the Mental Health Core Standards as recommended in Stevenson/Farmer, 2017.

Royal College of Nursing (RCN) Cultural Ambassadors programme

A number of staff volunteers have been trained to participate in the Royal College of Nursing's Cultural Ambassadors Programme. Cultural ambassadors are trained to identify and challenge discrimination and cultural bias. They use these skills in their role as a neutral observer within disciplinary processes, formal investigations and hearings involving staff from black, Asian and minority ethnic (BAME) backgrounds. The programme is being piloted across the Trust and it will be evaluated after an initial period of 12 months.

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 are currently being rolled out across the Trust having engaged the Point of Care Foundation to ensure deployment was effective.

Staff Retreats

The Trust continues to hold staff retreats following excellent results in 2018, 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.

Employee Assistance Programme

The Trust implemented an Employee Assistance Programme, having agreed that this is a proactive investment in staff wellbeing and support. The Trust continues to offer resilience and mindfulness training to individuals and teams where the case is made that this will add value. The Trust aims to increase access to such support, recognising that workload and caseloads have increased for both clinical and non-clinical staff.

Equality, Diversity and Inclusion

The Trust is committed to inculcating a culture that respects equality and values diversity for our staff and the patients we care for. The programme for staff includes a session on inclusion at the staff induction, Equality, Diversity and Inclusion modules in the Care Certificate, apprenticeships and leadership development pathways; and various other workshops, away days, conferences and training.

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:

- 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.

Each of these work streams has associated action plans to address the findings.

The Workforce Race Equality Standard (WRES) requires organisations to demonstrate progress against nine indicators around the experience, opportunities and treatment of black and minority ethnic staff compared to white staff in the workplace. Although we have made good progress across all the WRES indicators over the past year, there is still much to do to achieve our aim of total inclusion for everyone.

The Trust closely 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 the 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 staff locally reporting more positive experiences and feeling more engaged. We need to continue this work and build on what we have achieved to improve patient outcomes and staff experience.

Health and Safety

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

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

- is committed to enabling a planned, supportive approach to providing a safe and healthy working environment which supports and empowers staff to maintain and enhance their personal health and wellbeing at work;
- advises the Trust, employees and managers on the assessment and management of risks, where employees' fitness for work and their health may be of concern in line with current UK and European legislation and best practice; 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 & 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 Autumn 2020, 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.

We are also delivering the Psychological Wellbeing Practitioner apprenticeship, part of the IAPT service, so we can support apprentices to be able to deliver this service in line with the requirements of the NHS Long Term Plan. This apprenticeship programme is thought to be the first of its type in the United Kingdom and will be 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 and the Comprehensive Assessment of the Older Adult.

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

Staff Recognition Awards

In 2019, the 5th year of Staff Awards, there were 372 nominations from staff and the public (380 in 2018 and 170 in 2017). The award event was held at the Kassam Stadium, Oxford, and was attended by 220 staff and guests (same as previous year). Executive Directors and Leads each introduced an award and welcomed the highly commended teams/individuals and winners to the stage to receive their certificates.

Trophies and prizes for the winners, consisting of £100 vouchers for individuals and £200 vouchers for teams, were presented while photos were taken, and the event was reported in the local daily newspaper.

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 Survey

The 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.

In the 2019 survey, a total of 2,711 members of staff chose to complete the survey, equivalent to a response rate of 52%, the same as in 2018. 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

	2019/20		2018/19		2017/18	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, diversity and inclusion	9.1	9.1	9.1	9.2	9.2	9.2
Health and wellbeing	6.0	6.1	6.0	6.1	6.0	6.1
Immediate managers	7.2	7.2	7.1	7.2	7.2	7.1
Morale	6.3	6.3	6.2	6.2	-	-
Quality of appraisals	5.3	5.7	5.2	5.5	5.7	5.4
Quality of care	7.3	7.4	7.1	7.4	7.1	7.4
Safe environment – bullying and harassment	8.2	8.2	8.1	8.2	8.2	8.3
Safe environment – violence	9.5	9.5	9.5	9.5	9.5	9.5
Safety culture	6.9	6.8	6.8	6.8	6.8	6.7
Staff engagement	7.1	7.1	7.0	7.0	7.0	7.0

Future Priorities and Targets

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 and captured within our retention programme.

The programme includes making improvement in the following key areas:

- Health, wellbeing and safety of our employees
- Career opportunities
- Leadership capability and staff development
- Equal Opportunities and fostering good relations
- Reward and recognition

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 £34,654.78. 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	10.9

Percentage of Time Spent on Facility Time

Percentage of Time	Number of Employees
0%	0
1-50%	12
51%-99%	0
100%	0

Percentage of Pay Bill Spent on Facility Time

	Figures
Provide the total cost of facility time	£34,654.78
Provide the total pay bill	£268.05m
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	82.8%

Expenditure on Consultancy

We are required to report expenditure on consultancy in 2019/20 which was £116,000 (2018/19, £114,000).

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 2020, 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 2019 and 31 March 2020, for more than £245 per day and that last for longer than six months:***
   Zero
3. ***For any off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020:***

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.	18

Exit Packages

The above is covered in the Remuneration Report of this Annual Report.

Gender Pay Gap Review

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

Due to the Coronavirus outbreak, the Government Equalities Office suspended the Gender Pay Gap reporting deadlines for the year 2019/20. Our previous Gender Pay Gap reports have been published on the Cabinet Office website at https://gender-pay-gap.service.gov.uk/ and on Trust website at https://www.oxfordhealth.nhs.uk/news/gender-pay-gap-report-2020/.

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 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.

With the Chief Executive Stuart Bell, CBE, and Chairman David Walker, the Board comprised of a Vice Chairman position held by Sir Johnathan Asbridge and a Senior Independent Director position held by Chris Hurst throughout the year. 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 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 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 latest changes to the Constitution were approved by the Board of Directors and the Council of Governors and were presented at the Annual Members Meeting in September 2019 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 2020, the Board considers that it was, throughout the year, fully compliant with the provisions of the NHS Foundation Trust Code of Governance with the following two exceptions where we have alternative arrangements in place:

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

As the Trust enters into a growing number of partnership and joint working arrangements within the wider health service economy, it may become expedient for members of the Board to take on formal roles such as that of a Governor in another NHS Foundation Trust. The effectiveness of the Board may be enhanced, and the success of the Trust promoted if the Trust collaborates more widely and formally within the wider health service economy, evidenced already where the Trust has collaborated with local stakeholders.

As a consequence, in September 2015 the Council of Governors agreed to a change to the Constitution to provide the flexibility for Directors to be Governors of other Foundation Trusts, and subsequently to allow the Chairman to become a Governor of Oxford University Hospitals NHS 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 2019/20, again in the spirit of joint and system working, the Council of Governors and Board of Directors agreed to set aside the specific disqualification for Directors and Governors to allow each to be able to become Directors and Governors of other Foundation Trusts pending formal changes to the Constitution to remove such disqualifications.

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.

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 has assessed the effectiveness and performance of the Board and its governance through an external Well-Led assessment by PriceWaterhouseCoopers which concluded in June 2017 as part of the three-yearly assessment of the effectiveness of the Board's performance and governance arrangements. PriceWaterhouseCoopers (PWC) had at that time no other connection with the Trust. A decision as to the timing of the next assessment will not be made until the impact of the Coronavirus (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 the potential implications of an EU Exit 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.

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 delegation and reservation of powers which explicitly set out those decisions which are reserved for the Board, those which may be determined by standing committees and those which are delegated to managers.

Members of the Board are invited to attend all meetings of the Council of Governors. Governors have been involved in several events during the year and were consulted by the Executive Team on matters such as the annual plan, quality priorities and other relevant strategies and reports.

The Trust has an established role of a Senior Independent Director and also a formally approved role description to ensure full understanding of the role of the Lead and Deputy Lead Governor as set out in an approved Governor Handbook produced with the Trust and led by the Lead Governor and other members of the Council 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 2019/20, this was undertaken by the Senior Independent Director, supported by the Lead Governor, considering this was the Chairman's first year of tenure. 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.

The Executive Directors of the Board are appraised by the Chief Executive who is in turn appraised by the Chairman. The Council of Governors does not routinely consult external professional advisors to market test the remuneration levels of the Chairman and other Non-Executive Directors. The recommendations made to the Council of Governors are however based on independent advice and guidance as issued from time to time by appropriate bodies such as NHS Appointments Commission in relation to NHS Trusts or benchmark data from NHS Providers 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 was chaired by Bernard Galton until December 2019 and Lucy Weston took over the role of Chair in 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 from January 2020)	5/5
Bernard Galton (Chair to end of December 2019, Aroop Mozumder deputised for part meeting in April 2019)	3/5
John Allison (took the Chair of the meeting in April 2019)	4/5
Chris Hurst	5/5

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

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

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

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

It has considered the effectiveness of the Board Assurance Framework to include consideration of the internal auditor's report on the corporate governance and risk management arrangements, 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 2019/20 was developed in line with the mandatory requirements of the NHS Internal Audit Standards. PriceWaterhouseCoopers, being appointed from the beginning of the previous financial year as our internal audit service provider, has worked with the Trust to ensure the plan was aligned to our risk environment.

In line with the internal audit work plan, full scope audits of the adequacy and effectiveness of the control framework in place are complete at the time of this Annual Report.

There has been a regular review of internal audit progress reports; including performance indicators and consideration of the effectiveness of internal audit to ensure a systematic review of the systems of internal control. These included IT environment; information governance; key financial systems, and directorate reviews. Additionally, there has been a regular review of Single Action Tender Waivers; and losses and special payments.

The Committee approves and monitors the work-plan of the counter fraud service 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 we do everything in our power to protect the public funds with which we have been entrusted.

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

The Committee is informed by assurance work undertaken by other Board committees, through joint chair membership. The minutes of the Quality Committee are also circulated for scrutiny by the Audit Committee.

The minutes of the meetings of the Finance and Investment, Charity and Quality 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 2019/20 Annual Report and Financial Statements, the Committee reviewed and gained assurance from:

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

Grant Thornton are appointed under a three-year contract which runs until October 2020, with them taking up the role of external auditor in October 2017.

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 £40,000 (Net of VAT) in audit service fees from Grant Thornton in relation to the audit of our accounts for the twelve-month period ending 31st March 2020 and £2,500 for the charity accounts (£47,000 net of VAT for the period to 31 March 2019 including the quality report and also £2,500 for the charity accounts).

No non-audit services were provided by the external auditors during 2019/20 (none during 2018/19).

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 6 meetings held in year is detailed below:

Committee Member	Attendance
Chris Hurst (Chair)	6/6
John Allison	6/6
Stuart Bell	6/6
Mike McEnaney	5/6
David Walker	6/6

Some of the key areas of focus included monitoring of the Estates Strategy and its review in light of the need for account of recent developments such as Sustainability Transformation Partnership/Integrated Care System strategies, public estates strategy, and efficiency programmes. Also, the annual budget process, the Oxford Pharmacy Store, the inquests and claims annual report, the strategic procurement work plan and key tenders; and options in relation to core IT infrastructure were all matters considered during the year. 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, treasury management and the financial plan, and recovery plan developed in year as a result of the declining position against plan. Also, the effectiveness of cost improvement planning and the capital programme.

Nominations and Remuneration Committees

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

Board of Directors' Nominations, 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 is as follows:

Committee Member	Attendance
Jonathan Asbridge (Chair)	4/5
Stuart Bell	4/5
Tim Boylin	0/5
Marie Crofts	4/4
Sue Dopson	0/5
Bernard Galton	5/5
Aroop Mozumder	3/5
Mike McEnaney	1/5
Mark Hancock (took the Chair of the meeting in September 2019)	5/5
Dominic Hardisty	2/2
Debbie Richards	2/3
Kerry Rogers	4/5
David Walker	3/5
Martyn Ward	5/5
Catherine Riddle (deputised for, Debbie Richards, the Managing Director of Mental Health & Learning Disabilities, in her capacity as Chair of the Responsive quality sub-committee in November 2019)	1/2

Charity Committee

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

Key areas of focus in this year included the introduction of the Oxford Health Charity (OHC) Strategy (2019-2022), oversight of slow-moving funds and the appropriate development of funds and projects. The four areas of priority for the OHC Strategy have been agreed as:

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

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.

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

The Committee was chaired during the year by Non-Executive Director, Lucy Weston, with membership comprising Non-Executive and Executive Directors, and other senior managers. It met on 3 occasions during the year and attendance of core members is given below:

Committee Member	Attendance
Lucy Weston (Chair, Non-Exec)	3/3
Chris Hurst (now stepped down) (Non-Exec)	0/3
Sue Dopson (Non-Exec)	0/3
Kerry Rogers (Exec)	3/3
Marie Crofts (Exec)	2/3
Debbie Richards (Exec)	1/3

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

Council of Governors

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

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

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

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

Composition of the Council of Governors

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

<table>
<tr><th colspan="3">Elected Governors</th></tr>
<tr><th>Constituency</th><th>Class</th><th>No of Governors</th></tr>
<tr><td rowspan="3">Public</td><td>Buckinghamshire</td><td>4</td></tr>
<tr><td>Oxfordshire</td><td>7</td></tr>
<tr><td>Rest of England & Wales</td><td>1</td></tr>
<tr><td rowspan="3">Patient</td><td>Service Users: Buckinghamshire and other Counties</td><td>2</td></tr>
<tr><td>Service Users: Oxfordshire</td><td>2</td></tr>
<tr><td>Carers</td><td>3</td></tr>
<tr><td rowspan="12">Staff</td><td colspan="2">Before Directorate restructure:</td></tr>
<tr><td>Adult Services</td><td>2</td></tr>
<tr><td>Older People Services</td><td>4</td></tr>
<tr><td>Children & Young People Services</td><td>2</td></tr>
<tr><td>Corporate Services</td><td>1</td></tr>
<tr><td colspan="2">After Directorate restructure:</td></tr>
<tr><td>Buckinghamshire Mental Health Services</td><td>2</td></tr>
<tr><td>Oxfordshire, BaNES, Swindon & Wiltshire Mental Health Services</td><td>2</td></tr>
<tr><td>Community Services</td><td>2</td></tr>
<tr><td>Corporate Services</td><td>1</td></tr>
<tr><td>Specialised Services</td><td>2</td></tr>
</table>

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 three times during the year and the fourth meeting scheduled for March 2020 was cancelled following Government instruction for the Coronavirus (COVID-19) pandemic. The meetings were well attended with wide ranging debate across several areas of interest. A strategically focussed meeting was held in February 2020 to engage the Governors in the development of forward plans.

The list of Governors who were in post during the period 01/04/2019 to 31/03/2020 and their participation in the above meetings are shown below. The current list of Governors can 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
Adeel Arif*	Public: Oxfordshire	01/06/2016-31/05/2019	1	0/0
Kelly Bark*	Staff: Adults Services	01/07/2016-31/05/2019	1	0/0
Mark Bhagwandin*	Public: Oxfordshire	25/01/2018-31/05/2019	1	0/0
Caroline Birch*	Public: Buckinghamshire	01/06/2016-31/05/2019	1	0/0
Geoff Braham	Public: Oxfordshire	01/06/2017-31/05/2020	1	2/4
Angela Conlan	Staff: Community Services	01/06/2019-31/05/2022	1	4/4
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	2/4
Victoria Drew	Staff: Corporate Services	01/06/2018-31/05/2021	1	1/4
Gillian Evans	Patient: Service Users Oxfordshire	01/06/2018-31/05/2021	2	2/4
Laurence Gardiner**	Public: Oxfordshire	01/06/2019-10/06/2019	1	0/0
Benjamin Glass	Patient: Service Users Buckinghamshire and other Counties	01/06/2019-31/05/2022	1	3/4
Tom Hayes	Patient: Service Users Oxfordshire	01/06/2018-31/05/2021	1	0/4

Name	Constituency and Class	Tenure	Term	Meeting Attendance
Louis Headley	Staff: Oxfordshire, BaNES, Swindon & Wiltshire Mental Health Services	01/06/2019-31/05/2022	1	1/4
Joy Hibbins**	Public: Rest of England & Wales	01/06/2019-23/09/2019	1	2/2
Mike Hobbs (Dr)	Public: Oxfordshire	01/06/2019-31/05/2022	1	4/4
Karen Holmes*	Staff: Older People	01/06/2016-31/05/2019	1	0/0
Allan Johnson	Public: Oxfordshire	01/06/2017-31/05/2020	1	3/4
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	1/4
Paul Miller***	Public: Buckinghamshire	26/02/2019-31/05/2020	1	3/4
Neil Oastler	Staff: Children and Young People	01/06/2017-31/05/2020	3	3/4
Abdul Okoro	Public: Oxfordshire	01/06/2017-31/05/2020	1	2/4
Madeleine Radburn	Public: Oxfordshire	01/06/2019-31/05/2022	2	3/4
Gillian Randall**	Patient: Carers	01/06/2019-13/09/2019	2	2/2
Chris Roberts	Patient: Carers	01/06/2019-31/05/2022	3	3/4
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	2/4
Chelsea Urch	Public: Buckinghamshire	01/06/2019-31/05/2022	1	1/4
Soo Yeo	Staff: Older People	01/06/2017-31/05/2020	3	0/4
Vacancy	Public: Buckinghamshire	Since 01/06/2019		
Vacancy	Public: Buckinghamshire	Since 01/06/2019		
Vacancy	Patient: Carers	Since 13/09/2019		
Vacancy	Public: Rest of England & Wales	Since 23/09/2019		
Appointed Governors				
Name	**Constituency and Class**	**Tenure**	**Term**	**Meeting Attendance**
Lin Hazell (Cllr)	Buckinghamshire County Council	01/08/2017-31/07/2020	1	1/4
Tina Kenny (Dr)	Buckinghamshire Healthcare NHS Trust	01/11/2017-31/10/2020	1	1/4
Davina Logan	Age UK Oxfordshire	01/05/2019-31/05/2022	2	2/4
Mary Malone (Dr)	Oxford Brookes University	01/03/2019-28/02/2022	1	2/4
Andrea McCubbin	Buckinghamshire Mind	01/01/2018-31/12/2020	1	2/4
Debbie Richards**	Buckinghamshire Clinical Commissioning Group	31/08/2017-19/07/2019	2	0/1
Lawrie Stratford (Cllr)	Oxfordshire County Council	01/07/2017-30/06/2020	1	1/4

Name	Constituency and Class	Tenure	Term	Meeting Attendance
Sula Wiltshire	Oxfordshire Clinical Commissioning Group	01/01/2018-31/12/2020	2	3/4
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*
*** *unexpired term of previous Governor (next past post)*

Lead Governor

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

In June 2019, Chris Roberts, a Patient Carer Governor, was re-elected as Lead Governor for the year 2019/20, and Geoff Braham, Public Oxfordshire Governor, was elected as Deputy Lead Governor. Their terms in these positions are for one year.

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

Keeping Informed of Governors' and Members' Views

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

- attendance and/or presentations at Council of Governor meetings by Board of Directors;
- attendance by Non-Executive Directors at Council of Governors' forums;
- attendance by Governors at public Board of Directors' meetings;
- joint attendance at a Governor Strategic session to consider the forward plans;
- joint attendance by Governors and Non-Executive Directors at Governor Sub-Groups (covering finance, quality and patient & staff experience); and
- consultation on the selection of the indicator for auditing regarding the Quality Report.

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. There is an engagement policy which further expands upon how the Board and the Council wish to work together.

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

Contacting the Governors

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

The inbox is managed by the Corporate Governance Officer who will forward communication onto the relevant Governor. Members can also contact their Governor by writing to the Corporate Governance Officer or Director of Corporate Affairs and Company Secretary at Oxford Health NHS Foundation Trust, Trust Headquarters, Warneford Hospital, Warneford Lane, Headington, Oxford, OX3 7JX.

General council meetings are open to the public and details are published on the website together with the papers and minutes of the meetings. The Council of Governors has the following sub-groups and regular updates were received from each of them including at each Governor Forum meeting:

- Patient and Staff Experience (now split into two committees)
- Quality, Safety & Clinical Effectiveness
- Finance - to 05th September 2019
- Membership Involvement
- Nominations and Remuneration
- Governance

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 by the Corporate Governance Officer.

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, Warneford Hospital, Warneford Lane, Headington, Oxford, OX3 7JX.

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, with the support of an external search consultancy, undertook a Non-Executive Chairman appointment process and recommended to the Council of Governors the appointment of David Walker for three years from 1st April 2019 to 31st March 2022 after the retirement of former Chairman Martin Howell on 31st March 2019. Following the announcement of Chief Executive Stuart Bell's retirement plan in early 2020, the Committee approved the recruitment panel's recommendation to appoint Dr Nick Broughton as the successor and the range of remuneration proposed. In February 2020, the Committee met to review the Chairman's and Non-Executive Directors' remuneration for 2019/20 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 county 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

Until October 2018, the staff constituency was divided into four classes; Adult Directorate, Older People Directorate, Children and Young People Directorate and Corporate Directorate. In October 2018, the classes were amended to Buckinghamshire Mental Health Services, Oxfordshire, BaNES, Swindon & Wiltshire Mental Health Services, Community Services, Corporate Services and Specialised Services to reflect a change that took place to Staff Directorates. Staff Governors with terms beyond May 2019 are completing their elected term in the old classes with vacancies transferring to the new classes as terms come to an end. The first Staff Governors to the new classes were elected in May 2019. The changes and transitional arrangements are reflected in the Trust's constitution.

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 1st April 2019

Public: 2,424

Patient: 503

Staff: 6,730

Membership Figures at 1st April 2020

Public: 2,686

Patient: 525

Staff: 6,298

Analysis of Public Member Demographics at 1st April 2020

		Public Members	Eligible Base Population
Age	0-16yrs	7	256,996
	17-21yrs	40	71,666
	22+yrs	1,931	904,479
	Not stated	708	0
Gender	Male	1,012	610,393
	Female	1,456	622,747
	Unspecified/not stated	218	0
Ethnicity	White	1,748	956,594
	Asian	76	74,926
	Black	52	21,914
	Mixed	27	25,593
	Not stated/other	673	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 making a real contribution towards improving local services and 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 Council of Governors' election 2019 began with nominations running from 18th March 2019 to 16th April 2019. Candidates' statements were published from 17th April 2019 and polls were open from 9th to 30th May 2019, with results posted on 31st May 2019.

There were 15 vacancies, and 8 new Governors were elected, and 4 Governors were re-elected for another term. Seven seats were filled uncontested and six on a contested poll. Two seats in the public constituency in Buckinghamshire remained vacant. The Electoral Reform Services ran the election independently from the Trust. The Trust's Communications and Engagement team promoted the elections, available seats and reasons to take part on multiple channels; through the Trust website, social media, press, posters and communications with Trust stakeholders and partners.

Much of the Communications and Engagement Team's work in the last quarter of FY2019/20 was focused on promoting elections for the year 2020. Eight prospective candidates confirming their wish to stand even before the nominations opened on 27th March 2020. However, due to the COVID-19 public health emergency, it was decided to postpone the Governor elections until Spring 2021. Governors whose terms were ending on 31st of May 2020 were invited to stay on the Council of Governors with no voting rights until the 2021 elections.

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;
- the bi-annual Trust magazine Insight, which is distributed Trust-wide and available online;
- 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 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 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 reviewed by Membership Involvement Group in the quarterly meetings.

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 has been working to create a more meaningful membership offer which provides members of our Foundation Trust with genuine opportunities to play a part in the Trust, support patient care, improve patient experience and have a say in how services are planned and delivered.

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 - we have started collaborating with local organisations and other Foundation Trusts in the area, attending the Healthy Abingdon events and Wallingford Patient Participation Group. The first joint Health Matters event with Oxford University Hospitals NHS Foundation Trust and South-Central Ambulance Service NHS Foundation Trust was planned for 26th March 2020 but was postponed due to guidance on the COVID-19 situation. The Membership Team was to take part in Wallingford Health Morning, but this event was similarly postponed.

The Trust Membership and Engagement Manager is participating in Buckinghamshire Integrated Care System meetings for developing ways to collaborate on engagement in Buckinghamshire.

Events - in order to maximise resources, the membership function joined forces with local events and attended:

- Oxford Pride
- Community HealthFest in Witney
- HealthFest at Warneford
- International Women’s Day at the Asian Cultural Centre in Cowley, Oxford
- International Women’s Day in Banbury
- Wallingford PPG meetings
- Healthy Abingdon meetings

Insight, the Trust’s biannual magazine featured all our new Governors in its summer 2019 issue and promoted membership, governorship and elections in each 2019 issue.

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

Gimme five! Campaign was launched in January 2020. It invites members to recruit five new members and be entered into a prize draw to win a £50 high street voucher. The campaign was intended to boost the spring’s Governor elections as well as membership recruitment.

Community Involvement

The Community Involvement programme seeks to develop and coordinate volunteering, Oxford Health Charity (OHC) and community group engagement for the Trust.

These strands of work provide a positive opportunity for increasing resources and support to the Trust moving forward. This year, two additional posts have been created to support the Community Involvement programme, one part time Administrator (primarily focussed on the recruitment of volunteers) and one full time Development Coordinator (funded for by the OHC and focussed on OHC fundraising and promotion).

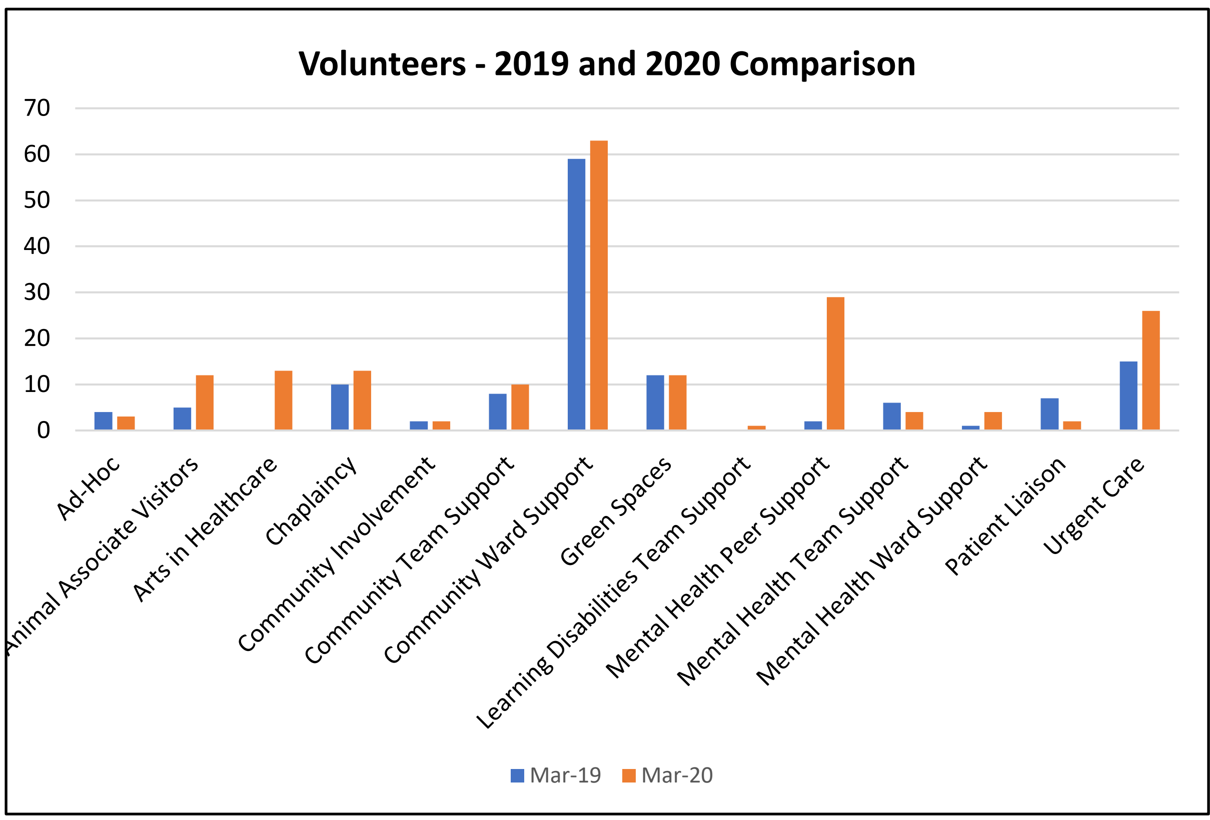
Volunteering and Community Engagement

Activity in 2019/20 has primarily focussed on increasing awareness of opportunities to involve the community in the work of the Trust, with the following areas of work of particular importance;

- Circulation and implementation of Volunteer Policy and Volunteer and Supervisor Toolkit
  - Sent to all existing volunteers in May 2019
  - Part of clearance process for all new volunteers since May 2019
- Increased promotion of volunteering – internally and externally
  - Ongoing promotion of volunteers through Volunteers' Week and website/social media updates
  - Mandy McKendry, Matron for Urgent and Ambulatory Care, was awarded the first national Helpforce Hero Staff Champion for Volunteering, recognising her enthusiasm and dedication to developing the Urgent Care volunteering role across Oxfordshire
  - Volunteer of the Year – Valarie Sullivan, long standing Bicester Community Hospital Ward Volunteer (pictured, receiving her award)

- Development of new roles, including
  - Arts in Healthcare
  - Urgent Care Support
  - Intensive Interaction Support
  - Well-Baby Clinic Support
  - Children's Integrated Therapy Support

- Increased recruitment of new volunteers, including peer support programmes
  - Approximately 60 new volunteers in 2019/20
  - Two peer support programme recruitment drives
  - Part of the Helpforce network for NHS Volunteering with over 200 expressions of interest through their #bethehelpforce programme
  - The graph below demonstrates the breadth of volunteer roles and increasing numbers of volunteers over the year:



- Engagement with community groups and partners including;
  - Community Hospital League of Friends
  - Oxford Mental Health Partnership
  - Barnardos, supporting Buckinghamshire CAMHS services
  - Local colleges and schools
  - Healthy Communities teams across Oxfordshire
  - Team Oxford
  - Buckinghamshire Cultural Strategy Group
  - Co-production meetings relating to the Volunteer and Charity Sector Support Contract managed by Oxfordshire County Council

- The Green Spaces Framework
  - launched in September 2019 to express the Trust’s commitment to working with staff, patients, carers and community groups to enhance access to green spaces and green therapies.
  - building on links with Restore, Bridewell Gardens, the Royal Horticultural Society, National Trust and local Wildlife Trusts (BBOWT – Berkshire, Buckinghamshire and Oxfordshire Wildlife Trust and WWT – Wiltshire Wildlife Trust).

Healthy Green Spaces

- Hosting and engaging community groups in HealthFest events
  - The second Warneford HealthFest event attracted over 80 different community groups and teams, highlighting the importance of wellbeing and activity. Attendance doubled from the previous year with approximately 500 people attending (pictured, stands on the front lawn at the Warneford Hospital).

  - The first Community HealthFest event at Witney Community Hospital showcased 25 different teams and community groups celebrating involvement in health. Attendance at the event was approximately 250 people.
  - Planning for 2020 events is already underway with the Warneford event being themed as ‘Thrive with Nature’ to further develop the green spaces work which are on-going in the Trust, and Community HealthFest events planned for Witney Carnival and Faringdon Health Day. All of course are subject to decisions regarding COVID-19 lockdown and social distancing.

Stakeholder Engagement and Communications

Stakeholder groups are in place for volunteering development and HealthFest planning.

The Volunteering Stakeholder Group meets on an ad-hoc basis and in 2019/20 the key areas of discussion have been;

- implementation of the new Volunteer Policy and Volunteer Toolkit
- plans to introduce a volunteer specific training matrix

The HealthFest meetings provide an opportunity for staff, Trust Governors and community groups to influence the development of these community engagement events. Particular support for increasing engagement with these has come from locally based Governors, local and County Council teams and groups like Age UK Oxfordshire. Feedback on the impact of the events was also gathered from those groups who attended to help inform future planning.

The volunteer newsletter, launched in early 2019, continues to be sent out quarterly with the aim of keeping volunteers up to date with Trust activities, opportunities to get involved and

events to assist them in their volunteering. An annual engagement survey is also undertaken during Volunteers' Week, providing a vital opportunity for volunteers to feedback on their experiences and areas of growth for the programme.

The 'Getting Involved' pages of the Trust website have been improved through the year and have continued to be the primary source of information on volunteering opportunities, links to membership and Governors as well as details on events like HealthFest. The Oxford Health Charity website has also enabled a wider promotion of involvement activities, highlighting ways in which the community can make a difference through volunteering, donating time or gifts and fundraising.

In addition, promotion of ways to be more involved has taken place at a variety of community events, the Trust's Annual Members Meeting and General Meeting, HealthFest events, and in print, through Insight magazine and the monthly Membership newsletter.

Oxford Health Charity

The Oxford Health Charity (Charity Number 1057285) aims to enhance and support the experience of patients, service users, families and carers accessing services through Oxford Health NHS Foundation Trust and support the staff delivering those services. Funds must be spent on items or experiences which provide a benefit to those groups and are not covered through the normal funding streams of the NHS. For example, in 2019/20 these have included;

- Funding the Creating with Care Coordinator – working on participatory arts and music projects across Community Hospitals;
- A peace and wellbeing garden at Abingdon Community Hospital;
- Gym equipment for wards;
- The development of the Lucy's Room facility – a music room space for adult mental health service users at the Warneford; and
- Support for the My LifeFest event, created with service users from the Oxford Mental Health Partnership.

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.

Branding and Communications

Work has continued on raising the profile of the OHC and this has primarily been through the website – www.oxfordhealth.charity and Trust social media/press coverage. Traffic to the site has been increased positively through the year with peaks in line with the social media and press releases. Particularly of note have been the interest levels in stories related to Lucy's Room (https://www.oxfordhealth.charity/news/lucys-legacy-a-music-therapy-room), ROSY's Great Walk annual fundraiser, the Oxford Half for Oxford Health fundraising and the delivery of hand-knitted socks from a Yorkshire charity to the Highfield Unit in time for Christmas (https://www.oxfordhealth.charity/news/did-you-get-socks-for-christmas).

Fundraising

There has been a steady increase in the number of people seeking to fundraise for OHC throughout the year with activities ranging from cake and smoothie sales to an ultra-marathon.

The focus of the fundraisers has been just as varied as the list of highlights given below;

- Outdoor Gym for Littlemore Wildflower Meadow – fundraising by Lynda Dix (Ultra Marathon) and the Oxford Half for Oxford Health team (Oxford Half Marathon)
- Gym Equipment for Fulbrook Centre – fundraising by the physiotherapy leads, Martin Butler and Sarah-Jane Strawson (Static Bike Ride)
- Lucy's Room for the Warneford – fundraising by Lucy's family and friends (Masked Ball and charity collections at Tesco)
- Learning Disabilities Social Activity funds – fundraising by the IST Team (tied together country walk)
- ROSY (Respite for Oxfordshire's Sick Youngsters) – fundraising by the ROSY team and community members (Great Estates Walk)
- Creating with Care projects, Community Hospitals – grants provided by South and Vale, and City and West Oxon councils

Support for fundraisers will increase in 2020/21 with the addition of the new Development Coordinator post. Work is already underway with double the number of runners registered for the Oxford Half Marathon 2020 and a new sponsored walk being developed in partnership with Oxford Preservation Trust.

In addition to fundraising, the charity continues to gratefully receive donations and legacies from patients and families.

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 (2018/19: 4) which is for Providers who are offered targeted support: there are concerns in relation to one or more of the themes. NHS Improvement have identified targeted support that the Trust can access to address these concerns, but which we are not obliged to take up. For some providers in segment 2, more evidence may need to be gathered to identify appropriate support.

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

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

This segmentation information is the Trust's position as at 6th May 2020. 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.

Finance and Use of Resources

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

Area	Matric	2019/20 Scores				2018/19 Scores			
		Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
Financial Sustainability	Capital Service Capacity	2	4	4	4	4	4	4	3
	Liquidity	1	2	2	2	2	2	1	1
Financial Efficiency	I&E Margin	2	3	4	4	4	4	4	4
Financial Control	Distance from Financial Plan	1	1	1	1	4	4	4	1
	Agency Spend	4	4	4	3	4	4	4	4
Overall Scoring		**2**	**3**	**3**	**3**	**4**	**4**	**3**	**3**

Capital Expenditure

During FY20, 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 FY20 was £6.0m, compared to £6.7m in the previous year. PDC funding of £3.3m was received, relating to the Global Digital Exemplar (GDE) Programme, LED Lighting, E-Rostering and Health System Led Investment.

Investment in FY20 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 FY20 were:

Estates: operational and risk management (£4.3m) – including rationalisation, backlog maintenance and other works to address compliance requirements, such as Improving Access to Psychological Therapies (IAPT) and various patient area transformational projects.

IT: Global Digital Exemplar (GDE), infrastructure and development (£1.7m) – including hardware and software upgrades, GDE infrastructure upgrades and E-Rostering.

Cash Flow and Net Debt

The Trust's cash balance increased by £2.7m during the year and remains strong with a year-end balance of £22.7m. Cash increased during the year due to the operating surplus, lower capital expenditure than planned (deferred into FY21) and the proceeds from the sale of property. This was offset by a net decrease in working capital, public dividend capital (PDC) payments and loan repayments.

The Trust generated £11.9m of cash from operations which was down by £0.5m 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 16.1% (17.4% in FY19) because of loan repayments reducing the debt balance. Year-end net debt decreased by £1.8m to £21.5m (£23.3m in FY19).

The Trust's liquidity ratio (ability to meet short term obligations on time) is 3.0 per NHSI's definition. This equates to a liquidity risk rating of '1' within NHSI's Use of Resources ratings, which represents a low level of risk.

Total Assets Employed

Total assets employed decreased by £0.7m (0.5%) to £133.7m (£134.4m in FY19). This reflects a decrease in the valuation of land and buildings offset by increases in PDC receipts and the reported surplus.

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: 10th June 2020**

Stuart Bell, CBE

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 2019/20, 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 31st March 2020 and up to the date of approval of the Annual Report and Accounts.

Capacity to Handle Risk

I am responsible for risk management across organisational, clinical and financial activities. I am the Chair of the weekly Executive and monthly Extended Executive management meetings and the Quality sub-committee, Well-Led until the beginning of 2020 when this committee was replaced with a new Board committee – People, Culture and Leadership Committee. The Risk Management strategy continues to provide a framework for managing risk across the organisation which is consistent with best practice and Department of Health guidance. The

strategy provides a clear, systematic approach to the management of risk to ensure that risk assessment is an integral part of clinical, managerial and financial processes.

We have considered across the year the risks inherent in being part of an integrated local healthcare system, especially with regard to workforce and demand and activity challenges.

Directorate governance arrangements maintain effective risk management processes across all Directorates, maintain Directorate Risk Registers and report routinely through various Board committees, executive and performance meetings. These continue to improve following development of the 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 has reviewed throughout the year the effectiveness of the system of internal control and overall assurance process associated with managing risk.

The corporate induction programme ensures that all new staff are provided with details of the Trust's risk management policies and processes and is augmented by local induction organised by line managers as appropriate. Mandatory training reflects essential training needs and includes risk management processes such as fire safety, health and safety, manual handling, resuscitation, infection control, safeguarding patients and information governance. Root-cause analysis training is provided to staff members who have direct responsibility for risk and incident management within their area of work. As a result of the impact of the Coronavirus (COVID-19) on the operations of the Trust, additional focus was given to the management of risk in areas such as Personal Protective Equipment (PPE), segregation and lone/home working.

Lessons learned in the unfortunate event when things 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.

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 corporate risk and in turn is supported by four Quality sub-committees; Well-Led (to the end of 2019); Caring and Responsive; Safe; and Effective. 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 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 strategy and supporting policies, including such as the Incident Reporting 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 and sub-committee meetings, a formal Board Assurance Framework report is presented to the Board which provides a universal view of the strategic risk profile and a regular opportunity for all Directors to review progress against mitigating risks and consider new or emerging risks.

Staff and teams are also supported to learn from good practice to mitigate risks through knowledge sharing workshops that highlight risks identified, through such as Serious Incidents Requiring Investigation and actions taken to address these. An external audit, only last year 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. The Board receives the full investigation report for the most serious of incidents.

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 managed by the area in which they are identified whilst higher scoring risks are managed at progressively higher levels within the organisation. Risk control measures are identified and implemented to support mitigation.

A unified approach to risk management is contained within the Trust's Risk Management strategy and the risk appetite of the various stakeholders has been part of our consideration. The Trust's own appetite for risk is articulated through the boundaries within the risk evaluation matrix that have been defined by the Board of Directors in the Risk Management strategy. Risks assessed as significant are monitored to ensure mitigating actions are undertaken to reduce risks to an acceptable level. The process for the management and monitoring of risk assessments is defined within the Risk Management strategy and supporting procedures.

In order to monitor the Trust's risk profile, local risk registers are in place at corporate (Trust-wide), directorate and department level which contain a summary of risk information. The risk registers enable all risks identified within the Trust to be categorised and recorded and

assessed against each other, and on a Trust-wide and service basis, to facilitate decision-making regarding resource allocation and risk reduction. The risk registers inform the Board Assurance Framework where risks to the attainment of the Trust's strategic objectives are identified.

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.

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

- In the FY2019/20, we recruited over 1400 staff (over 850 FTE) including sessional staff.
- We implemented TRAC, a recruitment management system, in April 2019 to improve our ability to control, manage and report on recruitment activity.
- We are investing considerable time and energy in skill mix work to make sure that the blend of skills in our services is safe, appropriate and affordable.
- We had 41 Nursing Associate trainees in May 2019. March 2020's intake has been delayed until October 2020 due to COVID-19. Two cohorts per year are planned. Our staff turnover figure has reached the Trust target of 12%, having come down consistently from over 14% at the start of the year.
- 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 gaps are filled by the use of agency staff.
- We continue to grow significantly our in-house staff Bank (now over 1100 pure bank workers registered and a further 1685 substantive staff registered) by such methods as cutting out agency use on non-registered Health Care Assistant (HCA) roles. 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).
- Towards the end of the 2019/20 year, we started some active recruitment campaigns 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) are working jointly to improve their workforce planning capabilities and expect to move towards compliance with the safeguards and standards in the NHSI publication 'Developing Workforce Safeguards', in the year 2020/21. 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 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.

I can confirm that the Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission and sections of the Annual Report explain our systems of assurance in that regard.

The 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/.

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 related to mitigating non-delivery of financial plans; workforce planning risks to mitigate the inability to fill vacancies/retain staff and reduce reliance upon agencies; improvements in performance frameworks to address risks of variable quality of data and of records; attention on cost control and on the Oxfordshire mental health investment funding gap to support financial sustainability; and ongoing oversight of the implementation of our Electronic Health Record system and its impact on staff and patients. The focus towards the end of the financial year and the beginning of the next, understandably shifted to address the risks presented by the COVID-19 pandemic.

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.

It was helpful that this issue was recognised to be fundamental in putting the Trust on a sustainable footing and identified as a national and local priority. Nevertheless, ongoing work will continue to be necessary to support the right care in the right place and to maintain focus

on the need for mental health investment to support our staff who deal with the pressures of caseload and acuity levels day to day.

Oversight of other risks included attention on the elimination of variability in the quality of care and progress on our improvement plan; integration of care pathways internally and between organisations in the system; quality improvement and innovation/adoption; and organisation and leadership development.

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

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.

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 and Oxfordshire and the priorities nationally and locally underscored within the NHS Long Term Plan.

The future continues to pose increasing risks and challenges for delivering the level of efficiency increases and cost reduction within an extremely challenging financial plan.

Commissioner affordability with regard to parity of esteem and meeting the required mental health investment, including the additional growth in patient demand and acuity across the system, will no doubt continue to put additional pressure on our financial plan as it has in 2019/20, and on the Oxfordshire 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 Trust continually assesses compliance with the NHS Foundation Trust Licence Condition 4 (FT Governance). The Board last formally reviewed its assessment in detail in May 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.

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

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

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

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

The Executive Team and the Quality Committee regularly review assessments against the CQC registration requirements 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. Information governance, discussed later in this report, covers the management and control of risks to data security.

It is worth highlighting that in response to the international emergency created by COVID-19, which hit towards the end of 2019/20, a number of rapid changes were necessary in order to manage the impact. Our community services faced the challenge of having to care for and support a higher number of patients, given the volumes needed to be discharged from hospital at pace. The transformation of community services, in response, was impressive as was that in Mental Health Services where there was a rapid move to methods such as telephone and video consultations, where appropriate, particularly for vulnerable groups. It was necessary to identify which services could be de-prioritised with staff re-deployed, with appropriate training, to more urgent tasks. Our mental health teams also provided new services such as the new 24/7 emergency Mental Health Service.

There are some important underlying themes to highlight. The sheer scale of transformation and how it has touched every part of the NHS, the speed at which this has been achieved, and the way the entire NHS workforce in Trusts – estates, procurement, administrative staff, therapists, paramedics, doctors, nurses, healthcare assistants, midwives, allied health professionals, managers and leaders – pulled together, has been remarkable.

There was significant support from beyond the NHS – from suppliers to partners across the health and care system, the voluntary sector, volunteers and local business – all working hand in glove with us, as a single team for which we are immensely grateful. What has moved us is the help provided from those outside the NHS to support staff.

Furthermore, another important piece of preparation work key to effective running of the Trust is in connection with the best possible prediction of future demand and the COVID-19 impact. Although the NHS has not, so far, had to trigger the full entirety of its regional surge capacity plans, the existence of these plans and the extra spare capacity and integrated working has been hugely helpful. It is also important to remember that modelling suggests a number of peaks of demand and much will depend on national decisions regarding social distancing. The early months of 2020/21 is the time we will start thinking about the mid to long-term support that will be required. It is anticipated that there will be considerable need for psychological and mental health support and a recognition of increasing demand post COVID-19. It seems increasingly likely that demand on the NHS will be spread over a much longer period of time than initially expected. But this will still require staff to work at a very high levels

of intensity and pressure. If that is the case, the NHS is going to have to think very carefully and deeply about how it can support its staff over that period.

Obvious factors to consider include the need, if at all possible, to avoid a spike of COVID-19 demand coinciding with the traditional NHS winter peak (January to March) and how to get the best match between demand shape and maintaining the resilience of staff. There will be new pressures for us to manage that will require rapid decisions and reconfiguration to meet these new demands.

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

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

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

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.

The Trust ended the year with a surplus of £1.1m, which was £1.2m better than the financial plan. After adjusting for items excluded from measuring performance against the Trust's Control Total (mainly excluding Provider Sustainability Funding and Financial Recovery Funding, gains on asset disposal and impairments) the underlying performance is a deficit of £4.1m, which is £0.7m favourable to the Trust's Control Total.

It is important to note that the year-end position improved significantly from the re-forecast at quarter 3 due to a £8.5m benefit from savings from the New Care Models – investments had already been made, but the income from NHS England was not confirmed until April. Excluding the additional income from NHS England in relation to the New Care Models, the Trust remains in a substantial operating deficit position due to service pressures created by high levels of demand and activity in Adult Mental Health Services. The largest adverse variance is in the Oxfordshire and BaNES, Swindon & Wiltshire Mental Health Directorate which is driven by adverse variances in Residential Care, Out of Area Transfers, Oxfordshire Children and Adult Mental Health Services (CAMHS), Inpatient services and Adult Community Mental Health teams largely due to the substantial underinvestment in Mental Health Services in

Oxfordshire. In addition, there are pressures in the Buckinghamshire Mental Health, Specialised Mental Health and some Corporate Directorates.

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.

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.

We have continued the phased roll out of our new electronic record systems during the year, which will ultimately help us to improve care and involvement in care for everyone, as well as supporting research and audit to understand conditions and develop the best treatments and services. The electronic health record programme is setting a firm foundation that our Trust can build on in the coming years.

Despite significant challenges to delivery, we have achieved 86% of our cost improvement plan this year (excluding the New Care Models savings) but anticipate significant challenge in continuing efficiencies going forward without appropriate ongoing investment in Mental Health Services.

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, the DSPT assessment is submitted on 31st March each year.

The Trust met all standards and assertions in the DSPT in 2019/20. Internal Audit reviewed the key requirements of the DSPT, found no risk and gave reasonable assurance that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently.

The Trust requires all information incidents to be reported. Each incident is recorded on the Trust Incident Reporting System and all incidents of Level 1 or less are summarised, reported, analysed and considered by the Information Management Group quarterly. There were no serious confidentiality incidents (Level 2) during 2019/20.

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 General Data Protection Regulation (GDPR) and Data Protection Act (2018), and integrated the new legal framework into policy, procedures and mandatory information governance training.

Data Quality and Quality Governance

As a result of the COVID-19 pandemic and the impact most acutely felt at the end of the financial year, guidance was issued by NHS Improvement clarifying that in support of Trust's prioritising operational responses to the emergency, no Quality Report was required for 2019/20. Consequently, the next few paragraphs are required to refer to the controls in place to assure the quality of data.

The Trust has an identified quality and safety department with relevantly qualified and experienced staff to support the execution of quality improvement across the Trust, which was also supported by our dedicated improvement and innovation team, Oxford Healthcare Improvement, during the year.

The Trust is proud of its 'Good' rating from the CQC for the Well-Led domain and for the Trust overall, and the Board will continue its own focus on improvement through a dedicated development programme and the 'Good' outcome of its 2019 CQC Well-Led Inspection was most welcomed and supported determination of additional areas on which to focus improvement activity.

The Chief Executive has ultimate responsibility for the quality of care across the Trust and the organisation is making quality improvement a part of every manager's and leader's role.

The Trust takes a multi-faceted approach to improving quality and data quality, including;

- The establishment of a Healthcare Improvement Centre, which is essential to the Trust building capacity and capability to deliver quality improvements;
- A programme of team-to-team peer reviews;
- Achieving external accreditations and network memberships;

- Taking a lead nationally on clinical research with the support of the Oxford Academic Health Science Centre in mental health and dementia;
- Regularly involving patients and service users in the development of services;
- Taking part in national and system collaboratives;
- Establishing formal partnership arrangements with other providers to improve the integration of services and coordination of care; and
- Development of the Trust's Data Quality strategy.

Furthermore, the Trust has robust arrangements in place for patients, staff and the public to raise concerns with respect to the quality of care to include a dedicated Speak Up Guardian. The Speak Up Guardian has reported to both the Audit Committee and the Board of Directors and the former has also scrutinised the effectiveness of the Trust's whistleblowing and speak up arrangements to understand any areas of assurance or for development focus.

Assurance is obtained on compliance with CQC registration requirements through; regular review by the Executive Team and the Quality Committee of progress against improvement plans to ensure the CQC outcomes are met; through a combination of internal peer reviews across the Trust against the CQC framework; and assurance reports to Quality sub-committees assessing CQC compliance.

The Trust is fully compliant with the registration requirements of the Care Quality Commission. At its last inspection in 2019/20, no enforcement notices were issued, and our current rating is 'Good'.

We have continued our work to enhance safety to ensure that across all Trust services the same high standards are observed. The CQC has also previously noted that some of our older estate, especially inpatient mental health settings at the Warneford Hospital, was outdated for the delivery of modern mental health care.

The Trust has long been aware of the challenge of operating from Victorian buildings and in recent years has developed the Whiteleaf Centre in Buckinghamshire and the Highfield Adolescent Unit in Oxford as exemplars of purpose built 21st century mental health care.

A working group has continued to progress options for future development of the Warneford Hospital to better address modern health care needs.

Data quality risks are managed and controlled via the risk management system. Risks to data quality are continually assessed and added to the IM&T risk register.

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

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 Trust is implementing a revised framework to enhance accountability and oversight of data quality. A Data Quality Improvement Group has been established to provide 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.

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 quality and 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 of the effectiveness of controls that manage the risks to the organisation achieving its principal objectives 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 Quality sub-committees.

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 the totality of its business.

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

The Quality Committee and the Finance and Investment Committee and their sub-committees have ensured that programmes of work, and the developments of policy and strategy, address identified risk areas. A new Board committee named the People, Culture and Leadership Committee was constituted towards the end of the financial year. 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 the report outlines compliance with the Corporate Governance Code and explanations of any departures.

By the end of the year, and despite the impact of the COVID-19 emergency, 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. I and the Board of Directors are very proud of our staff in ensuring delivery against these targets during another very challenging year.

Annual Governance Statement Conclusion

While I recognise that we can always improve on our systems, the Board has extensive and effective governance assurance systems in operation. These systems enable the identification and control of risks reported through the Board Assurance Framework and Trust Risk Register. Internal and external reviews, audits and inspections provide sufficient evidence to state that no significant internal control issues have been identified during 2019/20.

There remain potentially significant risks facing the Trust in 2020/21 and beyond with regard to delivery of our plans and the associated cost reduction due to the Trust's already strong efficiency performance, increasing demand and workforce challenges.

The Trust continues the risk of being in an unsustainable financial position in light of the ongoing underfunding of its Mental Health Services. 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.

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: 10th June 2020**

Stuart Bell, CBE

Chief Executive

Accountability Report Conclusion

This concludes the Accountability Report of Oxford Health NHS Foundation Trust for the year ending 31st March 2020.

Signed: **Date: 10th June 2020**

Stuart Bell, CBE

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

Our opinion on the financial statements is unmodified

We have audited the financial statements of Oxford Health NHS Foundation Trust (the 'Trust') for the year ended 31 March 2020 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Accounts Directions issued under the National Service Act 2006, the NHS foundation trust annual reporting manual 2019/20 and the Department of Health and Social Care Group Accounting Manual 2019 to 2020.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2020 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

The impact of macro-economic uncertainties on our audit

Our audit of the financial statements requires us to obtain an understanding of all relevant uncertainties, including those arising as a consequence of the effects of macro-economic uncertainties such as Covid-19 and Brexit. All audits assess and challenge the reasonableness of estimates made by the Accounting Officer and the related disclosures and the appropriateness of the going concern basis of preparation of the financial statements. All of these depend on assessments of the future economic environment and the Trust's future operational arrangements.

Covid-19 and Brexit are amongst the most significant economic events currently faced by the UK, and at the date of this report their effects are subject to unprecedented levels of uncertainty, with the full range of possible outcomes and their impacts unknown. We applied a standardised firm-wide approach in response to these uncertainties when assessing the Trust's future operational arrangements. However, no audit should be expected to predict the unknowable factors or all possible future implications for an entity associated with these particular events.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accounting Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

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 2019 to 2020 that the Trust's financial statements shall be prepared on a going concern basis, we considered the risks associated with the Trust's operating activities, including effects arising from macro-economic uncertainties such as Covid-19 and Brexit. We analysed how those risks might affect the Trust's financial resources or ability to continue operations over the period of at least twelve months from the date when the financial statements are authorised for issue. In accordance with the above, we have nothing to report in these respects.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

Overview of our audit approach

Financial statements audit

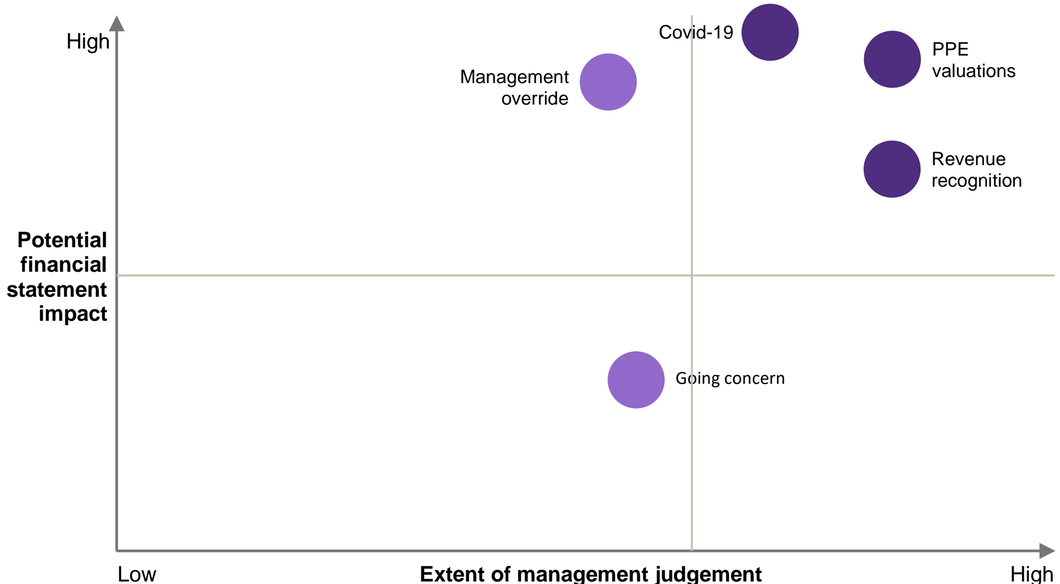
- Overall materiality: £6,000,000, which represents 1.6% of the Trust's operating expenses;
- Key audit matters were identified as:
  - Valuation of land and buildings;
  - Recognition of non-block revenues; and
  - Covid-19.
- We have tested all of the Trust's material income streams covering over 99% of the Trust's income, 99% of the Trust's expenditure and the Trust's material assets and liabilities;
- There have been no significant changes in the scope of our audit from the prior year.

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

- We identified one significant risk in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (see Report on other legal and regulatory requirements section).

Key audit matters

The graph below depicts the audit risks identified and their relative significance based on the extent of the financial statement impact and the extent of management judgement.



Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those that had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Key Audit Matter	How the matter was addressed in the audit
Risk 1 – Valuation of land and buildings The Trust commissioned a desktop valuation of its land and buildings in 2019/20 from an external valuer to ensure that carrying value is not materially different from current value in existing use. This represents a significant accounting estimate by management in the financial statements, which is sensitive to changes in assumptions and market conditions. In valuing the Trust's estate, management have made the assumption that the Trust's sites, if they needed to be replaced, would be rebuilt to modern conditions on an alternative site. Management engage the services of a qualified valuer, who is a Regulated Member of the Royal Institute of Chartered Surveyors (RICS), to estimate the current value of its land and buildings. The valuation was as at 31 January 2020. Management have confirmed with the valuer that had the valuation been performed at 31 March 2020 the valuation provided would not have changed. The effects of the COVID-19 virus will affect the work carried out by the Trust's valuer in a variety of ways. Inspecting properties could prove difficult and access to evidential data, such as values of comparable assets may be less freely available. RICS Regulated Members have therefore been considering whether a material uncertainty declaration is now appropriate in their reports. Its purpose is to ensure that any client relying upon the valuation report understands that it has been prepared under extraordinary circumstances. In their 2019/20 valuation report the Trust's valuer did not include a material uncertainty declaration. Management have confirmed with the valuer that had the valuation been performed at 31 March 2020, the valuation report would have included a material uncertainty declaration, therefore this was disclosed in note 1.26 to the financial statements. We therefore identified valuation of land and buildings as a significant risk, which was one of the most significant assessed risks of material misstatement.	Our audit work included, but was not restricted to: • Evaluating management's processes and assumptions for calculation of the estimate, including the instructions issued to the valuation expert and the scope of their work; • Critically assessing how key assumptions are recognised by the Trust; • Evaluating the competence, capabilities and objectivity of the valuation expert used by the Trust; • Enquiring with the valuer about the basis on which the valuations were carried out, challenging key assumptions used by the valuer; • Challenging the information used by the valuer, including assumptions relating to the Modern Equivalent Asset approach, to assess completeness and consistency with our understanding; • Evaluating the assumptions made by management for any assets not revalued at 31 March 2020, including how the impact of market volatility had been considered, and how management had satisfied themselves that the existing valuations were not materially different to current value at 31 March 2020; • Testing, on a sample basis, revaluations made during the year to ensure they were recorded accurately in the Trust's asset register; and • Assessing the overall reasonableness of the valuation movement by reference to general market trends. The Trust's accounting policy on the revaluations of land and buildings is shown in note 1.7 to the financial statements and related disclosures are included in note 15. **Key observations** As, disclosed in note 16 to the financial statements, the outbreak of the Novel Coronavirus (Covid-19), declared by the World Health Organisation as a "Global Pandemic" on 11 March 2020, has impacted on market activity in many sectors. Given the timing of the Trust's valuation prior to the Covid-19 outbreak, management consider that they can attach less weight to previous market evidence for comparison purposes, to inform opinions of value. As a result, although the Trust's valuer has not declared a 'material valuation uncertainty' in their valuation report which was carried out in January 2020 with a valuation date of 31 January 2020, the valuer has declared material valuation uncertainty to 31 March 2020 valuations. The values in the valuation report have been used to inform the measurement of property assets at valuation in the financial statements. The Trust has disclosed a material estimation uncertainty related to the year-end valuations of land and buildings in note 16 to the financial statements and is planning to keep the valuation of the property under frequent review in 2020/21. The Trust's valuer prepared their valuations in accordance with the RICS Valuation – Global Standards using the information that was available to them at the valuation date in deriving their estimates. We obtained sufficient audit evidence to conclude that: • The basis of the valuation of land and buildings was appropriate; • The assumptions and processes used by management in determining the estimate of valuation of property were reasonable; and • The valuation of land and buildings disclosed in the financial statements is reasonable.

Key Audit Matter	How the matter was addressed in the audit
Risk 2 – Revenue recognition Trusts are facing significant external pressure to restrain budget overspends and meet externally set financial targets, coupled with increasing patient demand and cost pressures. In this environment, we have considered the rebuttable presumed risk under ISA (UK) 240 that revenue may be misstated due to the improper recognition of revenue. We rebutted this presumed risk for the revenue streams of the Trust that are principally derived from contracts that are agreed in advance at a fixed price. We have determined these to be income from the block contract element of patient care revenues. We did not deem it appropriate to rebut this presumed risk for all other material streams of patient care income and other operating revenue. We therefore identified the occurrence and accuracy of these income streams of the Trust as a significant risk, which was one of the most significant assessed risks of material misstatement.	Our audit work included, but was not restricted to: • Evaluating the Trust's accounting policies for recognition of income for appropriateness and compliance with the Department of Health and Social Care (DHSC) group accounting manual 2019/20; and • Obtaining an understanding of the Trust's system for accounting for income and evaluating the design of the associated controls. In respect of patient care income: • Using the DHSC mismatch report that details differences in reported income and expenditure and receivables and payables between NHS bodies, investigating unmatched income and receivable balances over £300,000, corroborating the unmatched balances to supporting information; • Gaining assurance over income relating to New Care Models via direct confirmation from NHSE; and • Agreeing, on a sample basis, income from contract variations and year end receivables to signed contract variations, invoices or other supporting evidence such as correspondence from commissioners. In respect of other operating income: • Agreeing, on a sample basis, income and year end receivables to invoices and cash receipts, or other supporting evidence The Trust's accounting policy on revenue recognition is shown in notes 1.3 and 1.4 to the financial statements and related disclosures are included in notes 3, 4 and 5. **Key observations** We obtained sufficient audit evidence to conclude that: • The Trust's accounting policy for recognition of income complies with the DHSC Group Accounting Manual 2019/20 and has been properly applied; and • Patient care income, other operating income and associated receivables are not materially misstated.
Risk 3 – Covid-19 The global outbreak of the Covid-19 virus pandemic has led to unprecedented uncertainty for all organisations, requiring urgent business continuity arrangements to be implemented. We expected current circumstances would have an impact on the production and audit of the financial statements for the year ended 31 March 2020. We therefore identified the global outbreak of the Covid-19 virus as a significant risk, which was one of the most significant assessed risks of material misstatement.	Our audit work included, but was not restricted to: • Working with management to understand the implications the response to the Covid-19 pandemic has had on the organisation's ability to prepare the financial statements and update financial forecasts, and assessed the implications for our materiality calculations; • Liaising with other audit suppliers, regulators and government departments to co-ordinate practical cross sector responses to issues as and when they arose; • Evaluating the adequacy of the disclosures in the financial statements that arose in light of the Covid-19 pandemic; • Evaluating whether sufficient audit evidence could be obtained in the absence of physical verification of assets through remote technology; • Evaluating whether sufficient audit evidence could be obtained to corroborate significant management estimates such as asset valuations and recovery of receivable balances; and

Key Audit Matter	How the matter was addressed in the audit
	• Evaluated management's assumptions that underpin the revised financial forecasts and the impact on management's going concern assessment. **Key observations** We obtained sufficient audit evidence to conclude that: • The Covid-19 pandemic has had limited impact on the Trust's ability to prepare the financial statements; • Sufficient audit evidence could be obtained for the purposes of our testing; • The Trust's Going Concern assessment had appropriately considered the potential impact of the Covid-19 pandemic; and • Material uncertainties relating to estimates in the financial statements were appropriately disclosed.

Our application of materiality

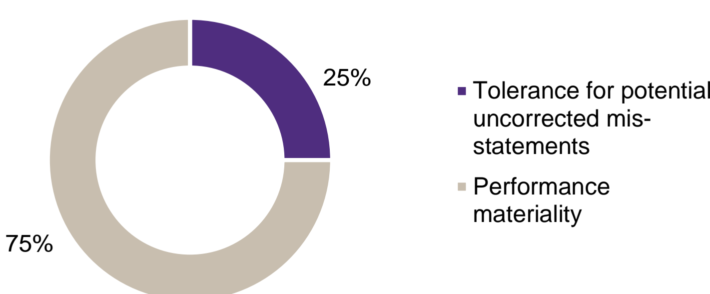
We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

Materiality was determined as follows:

Materiality Measure	Trust
Financial statements as a whole	£6,000,000 which is 1.6% of the Trust's operating expenses. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the Trust has expended its revenue and other funding. Materiality for the current year is at a lower percentage of operating expenses than the level we determined for the year ended 31 March 2019 due to the increase in the Trust's expenditure levels after we determined our threshold. We did not identify any significant changes in the Trust or the environment in which it operates.
Performance materiality used to drive the extent of our testing	**75**% of financial statement materiality
Specific materiality	The senior officer remuneration disclosure in the Remuneration Report has been identified as an area requiring specific materiality of £100,000, due to its sensitive nature.
Communication of misstatements to the Audit Committee	£300,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

The graph below illustrates how performance materiality interacts with our overall materiality and the tolerance for potential uncorrected misstatements.

Overall materiality – Trust



An overview of the scope of our audit

Our audit approach was a risk-based approach founded on a thorough understanding of the Trust's business, its environment and risk profile and in particular included:

- an evaluation of the Trust's internal control environment including relevant IT systems and controls over key financial systems;
- obtaining supporting evidence, on a sample basis, for:
  - all of the Trust's material income streams, covering over 99% of the Trust's income;
  - operating expenses, covering over 99% of the Trust's expenditure; and
  - plant, property and equipment and the Trust's other material assets and liabilities.
- there were no changes in the scope of our audit from the prior year.

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.

In this context, we also have nothing to report in regard to our responsibility to specifically address the following items in the other information and to report as uncorrected material misstatements of the other information where we conclude that those items meet the following conditions:

- Fair, balanced and understandable set out on page 24 in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance **–** the statement given by the directors that they consider the Annual Report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy, is materially inconsistent with our knowledge of the Trust obtained in the audit; or
- Audit Committee reporting set out on page 72 in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance **–** the section describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2019/20 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.

Our opinion on other matters required by the Code of Audit Practice is unmodified

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2019/20 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we 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 a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure that was unlawful, 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 95 to 96, 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 2019/20, 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 the Trust's 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.

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

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

Under the Code of Audit Practice, we are required to report to you if, in our opinion we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

We have nothing to report in respect of the above matter.

Significant risks

Under the Code of Audit Practice, we are required to report on how our work addressed the significant risks we identified in forming our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Significant risks are those risks that in our view had the potential to cause us to reach an inappropriate conclusion on the audited body's arrangements. The table below sets out the significant risks we have identified. These significant risks were addressed in the context of our conclusion on the Trust's arrangements as a whole, and in forming our conclusion thereon, and we do not provide a separate opinion on these risks.

Significant risks	How the matter was addressed in the audit
Risk 1 – Financial position and sustainable resource deployment The Trust's original financial plan for 2019/20 was challenging. The planned break-even position included £4.8m of PSF and FRF income, which was dependent on the delivery of £7.6m of savings. At month 6, projected savings for the year were £3.5m below target. The Trust reforecast at Q3, with the revised forecast resulting in a deficit of £6.5m, including the loss of Q4 PSF and FRF totalling £1.5m. The Trust has fundamentally changed the approach to CIPs for 2019/20, however £6.8m of the planned £7.6m of savings were planned for the latter half of the year and were not supported by detailed delivery plans at the beginning of the 2019/20 financial year. This back-loading of the CIPs plans increased the risk that these would not be achievable and put at risk the PSF and FRF payments due in the final part of the year. The Trust has taken a number of steps to identify the underlying causes of this worsening position and what actions it can take to improve its position and avoid any potential slide. Based on a number of established benchmarks the Trust would appear to already be delivering efficient and effective services and this increases the risk that the Trust is not able to identify further efficiencies and savings without having an impact on the level of service it is able to deliver.	Our audit work included, but was not restricted to: • Considering the Trust's performance for the 2019/20 financial year; • Reviewing the arrangements in place at the trust for developing annual savings plans including the appropriateness of the underlying assumptions and operational plans; • Considering the Trust's arrangements for the management and delivery of CIPs, and the impact of this on their in-year financial performance and financial sustainability; • Considering the actions taken by the Trust following the outbreak of the Covid-19 pandemic, and the impact that this has had on financial planning for 2020/21 and beyond. Key findings Based on the work we performed to address the significant risk, we are satisfied that the Trust had proper arrangements in all significant respects to ensure it delivered value for money in its use of resources.

Responsibilities of the Accounting Officer

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

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

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

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in April 2020, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements - Certificate

We certify that we have completed the audit of the financial statements of Oxford Health NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

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
22 June 2020

Oxford Health

NHS Foundation Trust

Annual Accounts

for the year ended 31st March 2020

Foreword to the accounts

Oxford Health NHS Foundation Trust

These accounts, for the year ended 31 March 2020, 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 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

Signed

Name	**Stuart Bell**
Job title	**Chief Executive**
Date	**10 June 2020**

Statement of Comprehensive Income

	Note	2019/20	2018/19
		£000	£000
Operating income from patient care activities	3	316,476	282,434
Other operating income	4	65,388	55,473
Operating expenses	6, 8	(375,793)	(338,419)
Operating surplus/(deficit) from continuing operations		**6,071**	**(513)**
Finance income	11	203	154
Finance expenses	12	(2,048)	(1,583)
PDC dividends payable		(3,571)	(3,722)
Net finance costs		**(5,415)**	**(5,151)**
Other gains / (losses)	13	477	-
Surplus / (deficit) for the year from continuing operations		**1,133**	**(5,663)**
Surplus / (deficit) for the year		**1,133**	**(5,663)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(5,030)	(900)
Revaluations	15	53	6,036
Total comprehensive income / (expense) for the period		**(3,844)**	**(527)**

Statement of Financial Position

	Note	31 March 2020 £000	31 March 2019 £000
Non-current assets			
Intangible assets	14	2,220	2,640
Property, plant and equipment	15	149,952	156,173
Receivables	19	167	30
Total non-current assets		**152,339**	**158,843**
Current assets			
Inventories	18	2,229	3,271
Receivables	19	38,081	24,056
Non-current assets for sale and assets in disposal groups	20	-	9
Cash and cash equivalents	21	22,742	20,038
Total current assets		**63,052**	**47,374**
Current liabilities			
Trade and other payables	22	(48,018)	(39,186)
Borrowings	24	(1,873)	(1,836)
Other financial liabilities	25	(555)	(254)
Provisions	26	(2,069)	(1,303)
Other liabilities	23	(5,212)	(4,371)
Total current liabilities		**(57,727)**	**(46,950)**
Total assets less current liabilities		**157,664**	**159,267**
Non-current liabilities			
Borrowings	24	(19,611)	(21,455)
Provisions	26	(3,566)	(2,795)
Other liabilities	23	(751)	(637)
Total non-current liabilities		**(23,929)**	**(24,887)**
Total assets employed		**133,735**	**134,380**
Financed by			
Public dividend capital		98,425	95,226
Revaluation reserve		21,902	27,372
Income and expenditure reserve		13,409	11,783
Total taxpayers' equity		**133,735**	**134,380**

The notes on pages 128 to 181 form part of these accounts.

Name	Stuart Bell
Position	Chief Executive
Date	10 June 2020

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**

Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**92,749**	**22,706**	**17,024**	**132,479**
Prior period adjustment	-	-	-	**-**
Taxpayers' and others' equity at 1 April 2018 - restated	**92,749**	**22,706**	**17,024**	**132,479**
Impact of implementing IFRS 9 on 1 April 2018	-	-	(49)	**(49)**
Surplus/(deficit) for the year	-	-	(5,663)	**(5,663)**
Other transfers between reserves	-	(433)	433	**-**
Impairments	-	(900)	-	**(900)**
Revaluations	-	6,036	-	**6,036**
Transfer to retained earnings on disposal of assets	-	(38)	38	**-**
Public dividend capital received	2,477	-	-	**2,477**
Taxpayers' and others' equity at 31 March 2019	**95,226**	**27,372**	**11,783**	**134,380**

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	2019/20 £000	2018/19 £000
Cash flows from operating activities			
Operating surplus / (deficit)		6,071	(513)
Non-cash income and expense:			
Depreciation and amortisation	6	7,066	7,575
Net impairments	7	573	(1,172)
Non-cash movements in on-SoFP pension liability		114	91
(Increase) / decrease in receivables and other assets		(14,392)	(1,737)
(Increase) / decrease in inventories		1,042	(738)
Increase / (decrease) in payables and other liabilities		10,029	8,873
Increase / (decrease) in provisions		1,389	(11)
Net cash flows from / (used in) operating activities		**11,893**	**12,369**
Cash flows from investing activities			
Interest received		203	154
Purchase of intangible assets		(904)	(2,363)
Purchase of PPE and investment property		(5,130)	(4,798)
Sales of PPE and investment property		517	-
Net cash flows from / (used in) investing activities		**(5,313)**	**(7,008)**
Cash flows from financing activities			
Public dividend capital received		3,291	2,477
Public dividend capital repaid		(92)	-
Movement on loans from DHSC		(1,338)	(1,338)
Movement on other loans		(2)	(580)
Capital element of PFI, LIFT and other service concession payments		(463)	(424)
Interest on loans		(778)	(827)
Other interest		(20)	-
Interest paid on PFI, LIFT and other service concession obligations		(1,105)	(735)
PDC dividend (paid) / refunded		(3,369)	(3,514)
Net cash flows from / (used in) financing activities		**(3,876)**	**(4,942)**
Increase / (decrease) in cash and cash equivalents		**2,704**	**420**
Cash and cash equivalents at 1 April - brought forward		**20,038**	**19,618**
Prior period adjustments			-
Cash and cash equivalents at 1 April - restated		**20,038**	**19,618**
Cash and cash equivalents transferred under absorption accounting		-	-
Unrealised gains / (losses) on foreign exchange		-	-
Cash and cash equivalents at 31 March	21	**22,742**	**20,038**

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 2019/20 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.

After conducting a detailed review which included consideration of forecasts covering the next twelve months, the Directors have a reasonable expectation that Oxford Health NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, the Audit Committee, on behalf of the Board of Directors, resolves to approve the preparation of the accounts on a going concern basis.

The Audit Committee has taken into account all information about future events that is available. This information is drawn from:

- FY20 unaudited Statutory Accounts;
- FY21 Financial Plan, which includes the forecast Income Statement, Cost Improvement Programme target, Statement of Financial Position and Cash-flow Statement;
- FY21-24 STP Long Term Plan;
- Other information made available to the Board on a regular and ad hoc basis.

Note 1.3 Revenue from contracts with customers

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

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.
Consideration should be received within the Trust's credit terms once performance obligations have been satisfied. Contract receivable balances are recognised when consideration has not been received.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time.

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

Revenue from research contracts

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

Provider sustainability fund (PSF) and Financial recovery fund (FRF)
The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

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

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

Local Government Pension Scheme

Some employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.]

Note 1.6 Expenditure on other goods and services

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

Note 1.7 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 Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.

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

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

Depreciation

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

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

Revaluation gains and losses

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

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

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

Impairments

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

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

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria 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. 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.

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. Lifecycle replacement costs are capitalised and accounted for as property, plant and equipment as appropriate.

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	**Max life**
	Years	**Years**
Land	-	-
Buildings, excluding dwellings	1	35
Dwellings	-	-
Plant & machinery	5	15
Transport equipment	3	7
Information technology	5	5
Furniture & fittings	5	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	3	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.

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 2020:

		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 2020:

	Inflation rate
Year 1	1.90%
Year 2	2.00%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.5% 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 27 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 28 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 28 unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 Public dividend capital

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

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

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for
(i) donated and grant funded assets,
(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
(iii) any PDC dividend balance receivable or payable.

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

Note 1.16 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.17 Corporation tax

The Trust's activities relate to the provision of goods and services relating to healthcare authorised under Section 14 (1) of the HSCA. On this basis the Trust is not liable to corporation tax.

Note 1.18 Foreign exchange

The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.19 Third party assets

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

Note 1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.21 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.22 Transfers of functions to and from other NHS bodies or local government bodies

For functions that have been transferred to the trust from another NHS or local government body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. [The net gain or loss corresponding to the net assets or liabilities transferred is recognised within income / expenses, but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

For functions that the trust has transferred to another NHS / local government body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss or gain corresponding to the net assets / liabilities transferred is recognised within expenses / income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve. Adjustments to align the acquired function to the trust's accounting policies are applied after initial recognition and are adjusted directly in taxpayers' equity.

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019/20.

Note 1.24 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 2021. 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 2021, 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 a rate defined by HM Treasury. Currently this rate is 1.27% 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 2021 for existing finance leases.

For leases commencing in 2021/22, 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.

HM Treasury revised the implementation date for IFRS 16 in the UK public sector to 1 April 2021 on 19 March 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity in from April 2021 and beyond, a quantification of the expected impact of applying the standard in 2021/22 is currently impracticable. However, the trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

Note 1.25 Critical judgements in applying accounting policies

- The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

- The Trust's PFI scheme has been assessed as an on Statement of Financial Position PFI under IFRIC 12 because the Trust has judged that it controls the services and the residual interest at the end of the service arrangement.

- The carrying values of property, plant and equipment are reviewed for impairment when there is an indication that the values of the assets might be impaired.

The trust determines whether a substancial transfer of risks and rewards has occurred in relation to leased assets, if this is deemed to be the case the lease is treated as a finance lease, all other leases are classified as operating leases.

Note 1.26 Sources of estimation uncertainty

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

- Property valuations

Property, plant and equipment assets were valued by the District Valuer Services as at 31 January 2020. These valuations are based on Royal Institution of Chartered Surveyors valuation standards insofar as these are consistent with the requirements of HM Treasury, the Nationals Health Service and the Department of Health. Due to the impact of Covid 19 there is a material estimation uncertainty in the property valuation - See Note 16 for more detail.

- Estimation of payments for the PFI asset, including finance costs

The assets and liabilities relating to the PFI scheme have been brought onto the Statement of Financial Position based on estimations from the Department of Health's financila model as required by Department of Health guidance.

- Estimation of asset lives as the basis for depreciation calculations

Depreciation of equipment is based on asset lives, which have been estimated upon recognition of the assets.

- Impairing of receivables

The majority of the Trust's income comes from contracts with other public sector bodies, hence the Trust has low exposure to credit risk. Following the adoption of IFRS 9 the Trust's exposure as at 31 March 2020 are as disclosed in the trade and other receivables note.

Note 2 Operating Segments

All of the Trust's activities relate to the provision of healthcare, which is an aggregate of all the individual specialty components included therein. Similarly, the majority of the Trust's income originates with UK Whole-of-Government Accounting (WGA) bodies. The majority of expenses incurred are payroll expenditure on staff involved in the provision or support of healthcare activities generally across the Trust together with the related supplies and overheads necessary. The business activities which earn revenue and incur expenses are therefore of one broad combined nature.

The operating results of the Trust are reviewed monthly or more frequently by the Trust's chief operating decision maker which is the overall foundation Trust Board, which includes non-executive directors. The finance report considered by the Board contains only total balance sheet positions and cash flow forecasts for the Trust as a whole. The Board as chief operating decision maker therefore only considers one segment of healthcare in its decision making process.

The single segment of 'healthcare' has therefore been identified consistent with the core principle of IFRS 8 which is to enable users of the financial statements to evaluate the nature and financial effects of business activities in which the Trust engages and economic environments in which it operates.

Note 3 Operating income from patient care activities

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)	**2019/20**	**2018/19**
	£000	**£000**
Mental health services		
Cost and volume contract income	5,046	3,995
Block contract income	195,611	170,348
Clinical income for the secondary commissioning of mandatory services	5,254	5,059
Other clinical income from mandatory services	1,490	1,460
Community services		
Community services income from CCGs and NHS England	85,773	83,318
Income from other sources (e.g. local authorities)	12,044	14,956
All services		
Private patient income	134	96
Agenda for Change pay award central funding*	-	3,202
Additional pension contribution central funding**	9,757	-
Other clinical income	1,368	-
Total income from activities	**316,476**	**282,434**

*Additional costs of the Agenda for Change pay reform in 2018/19 received central funding. From 2019/20 this funding is incorporated into tariff for individual services.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, 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 3.2 Income from patient care activities (by source)

	2019/20	**2018/19**
Income from patient care activities received from:	**£000**	**£000**
NHS England	72,951	51,254
Clinical commissioning groups	219,457	203,720
Department of Health and Social Care	-	3,202
Other NHS providers	495	3,329
NHS other	45	1,072
Local authorities	21,013	19,766
Non-NHS: private patients	-	91
Non-NHS: overseas patients (chargeable to patient)	-	-
Injury cost recovery scheme	-	-
Non NHS: other	2,515	-
Total income from activities	**316,476**	**282,434**
Of which:		
Related to continuing operations	316,476	282,434

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2019/20	2018/19
	£000	£000
Income recognised this year	-	-
Cash payments received in-year	2	-

Note 4 Other operating income

	2019/20			2018/19		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	12,798	-	**12,798**	11,064	-	**11,064**
Education and training	12,958	-	**12,958**	12,828	-	**12,828**
Non-patient care services to other bodies	2,461		**2,461**	3,835		**3,835**
Provider sustainability fund (PSF)	3,010		**3,010**	1,519		**1,519**
Financial recovery fund (FRF)	1,859		**1,859**			
Charitable and other contributions to expenditure		239	**239**		221	**221**
Other income *	32,063	-	**32,063**	26,005	-	**26,005**
Total other operating income	**65,149**	**239**	**65,388**	**55,252**	**221**	**55,473**
Of which:						
Related to continuing operations			**65,388**			**55,473**

* Other income relates largely to income generated by the Oxford Pharmacy Store for drug sales to other NHS and Non-NHS organisations.

Note 5 Additional information on contract revenue (IFRS 15) recognised in the period

	2019/20	2018/19
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	2,830	3,072

Note 5.1 Transaction price allocated to remaining performance obligations

	31 March 2020	31 March 2019
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	£000	£000
within one year	-	-
after one year, not later than five years	-	-
after five years	-	-
Total revenue allocated to remaining performance obligations	**-**	**-**

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

Note 5.2 Income from activities arising from commissioner requested services

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

	2019/20	2018/19
	£000	£000
Income from services designated as commissioner requested services	292,408	254,974
Income from services not designated as commissioner requested services	24,068	27,460
Total	**316,476**	**282,434**

Note 6 Operating expenses

	2019/20	2018/19
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	1,747	1,495
Purchase of healthcare from non-NHS and non-DHSC bodies	7,401	8,563
Staff and executive directors costs **	262,945	242,053
Remuneration of non-executive directors	154	156
Supplies and services - clinical (excluding drugs costs)	24,165	17,838
Supplies and services - general	2,214	2,265
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	30,999	25,238
Inventories written down	30	80
Consultancy costs	116	114
Establishment	7,730	6,845
Premises	8,380	8,665
Transport (including patient travel)	3,814	3,891
Depreciation on property, plant and equipment	5,742	6,414
Amortisation on intangible assets	1,324	1,161
Net impairments	573	(1,172)
Movement in credit loss allowance: contract receivables / contract assets	326	(7)
Increase/(decrease) in other provisions	537	359
Change in provisions discount rate(s)	111	-
Audit fees payable to the external auditor		
audit services- statutory audit	40	40
other auditor remuneration (external auditor only)	-	7
Internal audit costs	108	102
Clinical negligence	423	493
Legal fees	213	619
Insurance	190	302
Research and development	-	-
Education and training	1,470	1,919
Rentals under operating leases	6,603	7,311
Redundancy	131	40
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	569	727
Car parking & security	148	141
Losses, ex gratia & special payments	34	26
Other services, eg external payroll	529	584
Other *	7,026	2,152
Total	**375,793**	**338,419**
Of which:		
Related to continuing operations	375,793	338,419
Related to discontinued operations	-	-

* Includes R&D project costs and payments to University of Oxford of £4,147k and an injury benefit provision of £785k

** The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, 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 6.1 Other auditor remuneration

	2019/20	2018/19
	£000	£000
Other auditor remuneration paid to the external auditor:		
2. Audit-related assurance services	-	7
Total	**-**	**7**

Note 6.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2m (2018/19: £2m).

Note 7 Impairment of assets

	2019/20	2018/19
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	573	(1,172)
Total net impairments charged to operating surplus / deficit	**573**	**(1,172)**
Impairments charged to the revaluation reserve	5,030	900
Total net impairments	**5,603**	**(272)**

An impairment of £5,603k (£272k in 2018/19) arose due to changes in market price of the estate. Of the net decrease in market price, £5,030k was charged to the revaluation reserve (£900k in 2018/19) and £573k was charged to the comprehensive income statement (£1,172k benefit in 2018/19).

Note 8 Employee benefits

	2019/20	2018/19
	Total	Total
	£000	£000
Salaries and wages	188,835	179,836
Social security costs	18,143	17,047
Apprenticeship levy	906	855
Employer's contributions to NHS pensions	32,208	21,302
Pension cost - other	176	77
Termination benefits	-	40
Temporary staff (including agency)	24,332	24,476
Total gross staff costs	**264,599**	**243,633**
Recoveries in respect of seconded staff	(914)	(1,128)
Total staff costs	**263,685**	**242,505**
Of which		
Costs capitalised as part of assets	609	411

Note 8.1 Retirements due to ill-health

During 2019/20 there were 2 early retirements from the trust agreed on the grounds of ill-health (none in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £146k (0k in 2018/19).

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

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 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%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

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.

	2019/20	2018/19
	£000	£000
Operating lease expense		
Minimum lease payments	6,603	7,311
Total	**6,603**	**7,311**

	31 March 2020	31 March 2019
	£000	£000
Future minimum lease payments due:		
- not later than one year;	6,078	6,286
- later than one year and not later than five years;	7,967	3,929
- later than five years.	477	883
Total *	**14,523**	**11,098**
Future minimum sublease payments to be received	-	-

* Includes lease extensions to East Oxford HC, The Leys HC, Savernake / Cotswold House and various pharmacy properties.

Note 11 Finance income

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

	2019/20	2018/19
	£000	£000
Interest on bank accounts	171	130
Other finance income	33	23
Total finance income	**203**	**154**

Note 12.1 Finance expenditure

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

	2019/20	2018/19
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	774	824
Main finance costs on PFI and LIFT schemes obligations	291	330
Contingent finance costs on PFI and LIFT scheme obligations	814	409
Total interest expense	**1,879**	**1,563**
Unwinding of discount on provisions	148	-
Other finance costs	20	20
Total finance costs	**2,048**	**1,583**

Note 13 Other gains / (losses)

	2019/20	2018/19
	£000	£000
Gains on disposal of assets *	477	-
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	**477**	**-**

* Profit on sale of Hilltop Road

Note 14.1 Intangible assets - 2019/20

	Software licences £000	Total £000
Valuation / gross cost at 1 April 2019 - brought forward	**4,996**	**4,996**
Additions	904	**904**
Valuation / gross cost at 31 March 2020	**5,900**	**5,900**
Amortisation at 1 April 2019 - brought forward	**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 14.2 Intangible assets - 2018/19

	Software licences £000	Total £000
Valuation / gross cost at 1 April 2018 - as previously stated	**4,406**	**4,406**
Valuation / gross cost at 1 April 2018 - restated	**4,406**	**4,406**
Transfers by absorption	-	**-**
Additions	668	**668**
Disposals / derecognition	(78)	**(78)**
Valuation / gross cost at 31 March 2019	**4,996**	**4,996**
Amortisation at 1 April 2018 - as previously stated	**1,273**	**1,273**
Amortisation at 1 April 2018 - restated	**1,273**	**1,273**
Provided during the year	1,161	**1,161**
Disposals / derecognition	(78)	**(78)**
Amortisation at 31 March 2019	**2,356**	**2,356**
Net book value at 31 March 2019	**2,640**	**2,640**
Net book value at 1 April 2018	**3,133**	**3,133**

Note 15.1 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 - brought forward	**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**	**121,110**	**282**	**7,132**	**140**	**8,046**	**9,582**	**172,421**
Accumulated depreciation at 1 April 2019 - brought forward	**0**	**4,134**	**0**	**3,213**	**104**	**4,914**	**6,772**	**19,138**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Provided during the year	-	3,578	-	497	14	973	680	**5,742**
Impairments	-	(2,411)	-	-	-	-	-	**(2,411)**
Reversals of impairments	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	-	**-**
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**	**2,158**	**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 15.2 Property, plant and equipment - 2018/19

	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 2018 - as previously stated	**25,952**	**120,243**	**3,594**	**6,896**	**185**	**5,325**	**8,523**	**170,718**
Prior period adjustments	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2018 - restated	**25,952**	**120,243**	**3,594**	**6,896**	**185**	**5,325**	**8,523**	**170,718**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Additions	-	3,391	1,911	12	-	557	130	**6,001**
Impairments	(300)	(700)	-	-	-	-	-	**(1,000)**
Reversals of impairments	-	-	-	-	-	-	-	**-**
Revaluations	478	1,036	-	-	-	-	-	**1,514**
Reclassifications	-	257	(3,591)	268	-	967	485	**(1,613)**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(265)	(45)	-	-	**(310)**
Valuation/gross cost at 31 March 2019	**26,130**	**124,227**	**1,914**	**6,912**	**140**	**6,849**	**9,138**	**175,311**
Accumulated depreciation at 1 April 2018 - as previously stated	**0**	**7,790**	**0**	**2,935**	**131**	**3,674**	**5,910**	**20,440**
Prior period adjustments	-	-	-	-	-	-	-	**-**
restated	**0**	**7,790**	**0**	**2,935**	**131**	**3,674**	**5,910**	**20,440**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Provided during the year	-	3,750	-	543	19	1,240	862	**6,414**
Impairments	-	571	-	-	-	-	-	**571**
Reversals of impairments	-	(1,843)	-	-	-	-	-	**(1,843)**
Revaluations	-	(4,522)	-	-	-	-	-	**(4,522)**
Reclassifications	-	(1,613)	-	-	-	-	-	**(1,613)**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(265)	(45)	-	-	**(310)**
Accumulated depreciation at 31 March 2019	**0**	**4,134**	**0**	**3,213**	**104**	**4,914**	**6,772**	**19,138**
Net book value at 31 March 2019	**26,130**	**120,094**	**1,914**	**3,699**	**35**	**1,935**	**2,365**	**156,173**
Net book value at 1 April 2018	**25,952**	**112,453**	**3,594**	**3,961**	**54**	**1,651**	**2,613**	**150,278**

Note 15.3 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	106,762	282	3,422	22	2,158	2,129	**140,905**
On-SoFP PFI contracts and other service concession arrangements	-	7,702	-	-	-	-	-	**7,702**
Owned - government granted	-	65	-	-	-	-	-	**65**
Owned - donated	-	1,281	-	-	-	-	-	**1,281**
NBV total at 31 March 2020	**26,130**	**115,809**	**282**	**3,422**	**22**	**2,158**	**2,129**	**149,952**

Note 15.4 Property, plant and equipment financing - 2018/19

	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 2019								
Owned - purchased	26,130	110,609	1,914	3,699	35	1,935	2,365	**146,688**
On-SoFP PFI contracts and other service concession arrangements	-	8,111	-	-	-	-	-	**8,111**
Owned - government granted	-	64	-	-	-	-	-	**64**
Owned - donated	-	1,310	-	-	-	-	-	**1,310**
NBV total at 31 March 2019	**26,130**	**120,094**	**1,914**	**3,699**	**35**	**1,935**	**2,365**	**156,173**

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 Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. The Trust's estate valuation exercise was carried out between December 2020 and January 2020 with a valuation date of 31 January 2020. The January valuation forms the basis of the Trust's valuation at 31 March 2020. Since the valuation, the outbreak of the Novel Coronavirus (COVID-19), declared by the World Health Organisation as a "Global Pandemic" on 11 March 2020, has impacted on market activity in many sectors. Given the timing of the Trust's valuation prior to the COVID 19 outbreak, we consider that we can attach less weight to previous market evidence for comparison purposes, to inform opinions of value. The current response to COVID-19 means that we are faced with an unprecedented set of circumstances on which to base a judgement. While the valuer has declared material valuation uncertainty to March valuations due to the impact of COVID 19 , the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

The valuation is therefore reported on the basis of 'material valuation uncertainty' as per VPS 3 and VPGA 10 of the RICS Red Book Global. Consequently, less certainty and a higher degree of caution is attached to the valuation than would normally be the case, though there has been no diminution identified in the public sector's ongoing requirement for these operational assets, nor reduction in their ongoing remaining economic service potential as a result of the incidence of Covid-19. Given the unknown future impact that COVID-19 might have on the real estate market, 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 2020	31 March 2019
	£000	£000
Drugs	2,191	3,241
Energy	31	20
Other	8	9
Total inventories	**2,229**	**3,271**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £30,934k (2018/19: £25,042k). Write-down of inventories recognised as expenses for the year were £32k (2018/19: £82k).

Note 19 Receivables

	31 March 2020 £000	31 March 2019 £000
Current		
Contract receivables *	34,225	20,300
Allowance for impaired contract receivables / assets	(487)	(161)
Prepayments (non-PFI)	2,410	1,771
PFI lifecycle prepayments	576	563
PDC dividend receivable	83	285
VAT receivable	668	778
Corporation and other taxes receivable	246	153
Other receivables	360	367
Total current receivables	**38,081**	**24,056**
Non-current		
Other receivables	167	30
Total non-current receivables	**167**	**30**
Of which receivable from NHS and DHSC group bodies:		
Current	33,516	20,552
Non-current	137	-

* includes £16m New Care Model income from NHSE

Note 19.1 Allowances for credit losses

	2019/20		2018/19	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
forward	**161**	**-**	**-**	**121**
Prior period adjustments			-	-
Allowances as at 1 April - restated	**161**	**-**	**-**	**121**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018			170	(121)
Transfers by absorption	-	-	-	-
New allowances arising	393	-	90	-
Changes in existing allowances	-	-	(21)	-
Reversals of allowances	(67)	-	(76)	-
Utilisation of allowances (write offs)	-	-	(2)	-
Allowances as at 31 Mar 2020	**487**	**-**	**161**	**-**

Note 20 Non-current assets held for sale and assets in disposal groups

	2019/20	2018/19
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**9**	**9**
Prior period adjustment		**-**
NBV of non-current assets for sale and assets in disposal groups at 1 April - restated	**9**	**9**
Assets sold in year	(9)	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	**-**	**9**

Note 21 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.

	2019/20	2018/19
	£000	£000
At 1 April	**20,038**	**19,618**
Prior period adjustments		-
At 1 April (restated)	**20,038**	**19,618**
Net change in year	2,704	420
At 31 March	**22,742**	**20,038**
Broken down into:		
Cash at commercial banks and in hand	282	283
Cash with the Government Banking Service	22,460	19,755
Total cash and cash equivalents as in SoFP	**22,742**	**20,038**
Bank overdrafts (GBS and commercial banks)	-	-
Total cash and cash equivalents as in SoCF	**22,742**	**20,038**

Note 21.1 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 2020	31 March 2019
	£000	£000
Bank balances	326	264
Monies on deposit	-	-
Total third party assets	**326**	**264**

Note 22 Trade and other payables

	31 March 2020 £000	31 March 2019 £000
Current		
Trade payables	8,596	6,722
Capital payables	2,533	2,587
Accruals *	31,863	25,316
Social security costs	2,877	2,642
Other taxes payable	1,926	1,751
Other payables	223	168
Total current trade and other payables	**48,018**	**39,186**
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	13,250	7,187
Non-current	-	-

* includes £4m New Care Model accrual with Collaborative Partners

Note 23 Other liabilities

	31 March 2020 £000	31 March 2019 £000
Current		
Deferred income: contract liabilities	5,212	4,371
Total other current liabilities	**5,212**	**4,371**
Non-current		
Net pension scheme liability	751	637
Total other non-current liabilities	**751**	**637**

Note 24 Borrowings

	31 March 2020 £000	31 March 2019 £000
Current		
Bank overdrafts	-	-
Drawdown in committed facility	-	-
Loans from DHSC	1,368	1,372
Other loans	-	2
Obligations under PFI, LIFT or other service concession contracts	505	462
Total current borrowings	**1,873**	**1,836**
Non-current		
Loans from DHSC	17,399	18,737
Obligations under PFI, LIFT or other service concession contracts	2,212	2,718
Total non-current borrowings	**19,611**	**21,455**

Note 24.1 Reconciliation of liabilities arising from financing activities - 2019/20

	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£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:					
Transfers by absorption	-	-	-	-	**-**
Additions	-	-	-	-	**-**
Application of effective interest rate	774	-	-	291	**1,065**
Other changes	-	-	-	-	**-**
Carrying value at 31 March 2020	**18,767**	**-**	**-**	**2,717**	**21,484**

Note 24.2 Reconciliation of liabilities arising from financing activities - 2018/19

	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2018	**21,413**	**582**	**-**	**4,040**	**26,034**
Prior period adjustment	**-**	**-**	**-**	**-**	**-**
Carrying value at 1 April 2018 - restated	**21,413**	**582**	**-**	**4,040**	**26,034**
Cash movements:					
Financing cash flows - payments and receipts of principal	(1,338)	(580)	-	(424)	**(2,342)**
Financing cash flows - payments of interest	(827)	-	-	(739)	**(1,566)**
Non-cash movements:					
Impact of implementing IFRS 9 on 1 April 2018	37	-	-	0	**37**
Application of effective interest rate	824	-	-	330	**1,154**
Other changes	-	-	-	(27)	**(27)**
Carrying value at 31 March 2019	**20,109**	**2**	**-**	**3,180**	**23,291**

Note 25 Other financial liabilities

	31 March 2020	31 March 2019
	£000	£000
Current		
Derivatives held at fair value through income and expenditure	-	-
Other financial liabilities	555	254
Total current other financial liabilities	**555**	**254**

Note 26 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Equal Pay (including Agenda for Change)	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2019	**1,081**	**1,086**	**138**	**-**	**-**	**38**	**1,753**	**4,097**
Change in the discount rate	**36**	**74**	**-**	**-**	**-**	**-**	**-**	**111**
Arising during the year	**149**	**785**	**162**	**-**	**-**	**0**	**1,598**	**2,695**
Utilised during the year	(95)	(75)	(23)	-	-	(38)	-	**(232)**
Reversed unused	**-**	**-**	**(149)**	**-**	**-**	**-**	**(1,034)**	**(1,184)**
Unwinding of discount	**33**	**115**	**-**	**-**	**-**	**-**	**-**	**148**
At 31 March 2020	**1,204**	**1,986**	**128**	**-**	**-**	**1**	**2,317**	**5,635**
Expected timing of cash flows:								
- not later than one year;	111	86	128	-	-	1	**1,745**	**2,069**
- later than one year and not later than five years;	449	346	-	-	-	-	**193**	**988**
- later than five years.	645	1,554	-	-	-	-	**380**	**2,578**
Total	**1,204**	**1,986**	**128**	**-**	**-**	**1**	**2,317**	**5,635**

Pension provisions relate to early staff retirements where the Trust is liable. The timing and value of the cash flows are based on known costs and individual demographics.

Injury benefit provisions relate to injury benefit awards where the Trust is liable. The timing and value of the cash flows are based on current costs and individual demographics.

Legal claims relate to outstanding public and employer liability cases. These cases are managed by NHS Resolution on behalf of the Trust.

Other includes dilapidations provisions for the Trust's leasehold premises.

There are no material uncertainties around the timing of these cash flows.

Note 27 Clinical negligence liabilities

At 31 March 2020, £1,774k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Oxford Health NHS Foundation Trust (31 March 2019: £1,890k).

Note 28 Contingent assets and liabilities

The Trust is carrying a contingent liability in relation to possible new Injury Benefit claim. The outcome of this claim is still uncertain and the amount is unknown as well.

Note 29 Contractual capital commitments

	31 March 2020	31 March 2019
	£000	£000
Property, plant and equipment	379	286
Intangible assets	181	-
Total	**560**	**286**

Note 30 Changes in the defined benefit obligation and fair value of plan assets during the year

	2019/20	2018/19
	£000	£000
Present value of the defined benefit obligation at 1 April	**(1,991)**	**(1,769)**
Prior period adjustment		-
Present value of the defined benefit obligation at 1 April - restated	**(1,991)**	**(1,769)**
Transfers by absorption	-	-
Current service cost	(92)	(93)
Interest cost	(80)	(82)
Contribution by plan participants	(10)	(9)
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial (gains) / losses	426	(64)
Benefits paid	64	26
Past service costs	(25)	-
Business combinations	-	-
Curtailments and settlements	-	-
Present value of the defined benefit obligation at 31 March	**(1,708)**	**(1,991)**
Plan assets at fair value at 1 April	**1,354**	**1,223**
Prior period adjustment		-
Plan assets at fair value at 1 April -restated	**1,354**	**1,223**
Transfers by normal absorption	-	-
Interest income	60	62
Remeasurement of the net defined benefit (liability) / asset:		
- Return on plan assets	-	65
- Actuarial gain / (losses)	(426)	(1)
- Changes in the effect of limiting a net defined benefit asset to the asset ceiling	-	-
Contributions by the employer	23	22
Contributions by the plan participants	10	9
Benefits paid	(64)	(26)
Business combinations	-	-
Settlements	-	-
Plan assets at fair value at 31 March	**957**	**1,354**
Plan surplus/(deficit) at 31 March	**(751)**	**(637)**

Note 30.1 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 2020	31 March 2019
	£000	£000
Present value of the defined benefit obligation	(1,708)	(1,991)
Plan assets at fair value	957	1,354
Net defined benefit (obligation) / asset recognised in the SoFP	**(751)**	**(637)**
Fair value of any reimbursement right	-	-
Net (liability) / asset after the impact of reimbursement rights	**(751)**	**(637)**

Note 30.2 Amounts recognised in the SoCI

	2019/20	2018/19
	£000	£000
Current service cost	(92)	(93)
Interest expense / income	(20)	(20)

Past service cost	(25)	-
Gains/(losses) on curtailment and settlement	-	-
Total net (charge) / gain recognised in SOCI	**(137)**	**(113)**

The above pension statement relates to the Local government superannuation

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 31 On-SoFP PFI, LIFT or other service concession arrangements

Description of the scheme
The Oxford Health PFI scheme provides a centre in Oxford for the secure care of 30 clients with mental health problems and 10 clients with learning disabilities. Many of the clients are offenders who have been referred for treatment through the Courts. The scheme also provides a staff accommodation block.
Community Health Facilities (Oxford) Limited have designed, built, financed, maintained and operated the new facility. They are a special purpose company established through three main sponsors:
The Miller Group Limited
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 31.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

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

	31 March 2020	31 March 2019
	£000	£000
Gross PFI, LIFT or other service concession liabilities	**3,455**	**4,208**
Of which liabilities are due		
- not later than one year;	754	753
- later than one year and not later than five years;	2,701	3,015
- later than five years.	-	440
Finance charges allocated to future periods	(737)	(1,028)
Net PFI, LIFT or other service concession arrangement obligation	**2,717**	**3,180**
- not later than one year;	505	462
- later than one year and not later than five years;	2,212	2,315
- later than five years.	-	403

Note 31.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments
Total future commitments under these on-SoFP schemes are as follows:

	31 March 2020	31 March 2019
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**12,420**	**13,075**
Of which payments are due:		
- not later than one year;	2,363	2,213
- later than one year and not later than five years;	10,058	9,417
- later than five years.	-	1,445

Note 31.3 Analysis of amounts payable to service concession operator

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

	2019/20	2018/19
	£000	£000
Unitary payment payable to service concession operator	**2,292**	**2,159**
Consisting of:		
- Interest charge	291	330
- Repayment of balance sheet obligation	463	424
- Service element and other charges to operating expenditure	569	727
- Capital lifecycle maintenance	155	269
- Revenue lifecycle maintenance	-	-
- Contingent rent	814	409
Total amount paid to service concession operator	**2,292**	**2,159**

Note 32 Financial instruments

Note 32.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups and the way those organisations are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. 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 32.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	34,127	-	-	**34,127**
Cash and cash equivalents	22,742	-	-	**22,742**
Total at 31 March 2020	**56,869**	**-**	**-**	**56,869**

Carrying values of financial assets as at 31 March 2019	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	20,535	-	-	**20,535**
Cash and cash equivalents	20,038	-	-	**20,038**
Total at 31 March 2019	**40,573**	**-**	**-**	**40,573**

Note 32.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	18,767	-	**18,767**
Obligations under finance leases	-	-	**-**
Obligations under PFI, LIFT and other service concession contracts	2,717	-	**2,717**
Other borrowings	-	-	**-**
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**

Carrying values of financial liabilities as at 31 March 2019	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	20,109	-	**20,109**
Obligations under finance leases	-	-	**-**
Obligations under PFI, LIFT and other service concession contracts	3,180	-	**3,180**
Other borrowings	2	-	**2**
Trade and other payables excluding non financial liabilities	31,622	-	**31,622**
Other financial liabilities	254	-	**254**
Provisions under contract	-	-	**-**
Total at 31 March 2019	**55,167**	**-**	**55,167**

Note 32.4 Maturity of financial liabilities

	31 March 2020 £000	31 March 2019 £000
In one year or less	42,525	33,712
In more than one year but not more than two years	2,092	1,843
In more than two years but not more than five years	5,472	5,824
In more than five years	12,047	13,788
Total	**62,136**	**55,167**

Note 32.5 Fair values of financial assets and liabilities

The book value (carrying value) is a reasonable approximation of the fair value

Note 33 Losses and special payments

	2019/20		2018/19	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	6	0	3	0
Fruitless payments	228	23	229	148
Bad debts and claims abandoned	-	-	1	5
Stores losses and damage to property	3	33	1	0
Total losses	**237**	**56**	**234**	**153**
Special payments				
Ex-gratia payments	43	33	39	27
Extra-statutory and extra-regulatory payments	-	-	1	7
Total special payments	**43**	**33**	**40**	**34**
Total losses and special payments	**280**	**89**	**274**	**188**
Compensation payments received		-		-

Note 34 Related parties

Oxford Health NHS Foundation Trust is a body corporately established by order of the Secretary of State for Health. The Department of Health and Social Care is regarded as a related party. During the year the Trust had a number of material transactions with the department, and with other entities for which the department is regarded as the parent department. These entities are listed below in order of significance. Oxfordshire CCG, Buckinghamshire CCG and NHS England - Wessex Specialised Commissioning Hub account for 83% of the Trusts clinical income.

NHS Oxfordshire CCG

NHS England - Wessex Specialised Commissioning Hub

NHS Buckinghamshire CCG

Health Education England

Department of Health and Social Care

NHS England - South East Regional Office

NHS England - Core

NHS Wiltshire CCG

Oxford University Hospitals NHS Foundation Trust

NHS Swindon CCG

NHS Bath and North East Somerset CCG

NHS Nene CCG

University Hospital Southampton NHS Foundation Trust

University Hospitals Birmingham NHS Foundation Trust

NHS Engalnd - South West Regional Office

Royal Berkshire NHS Foundation Trust

Frimley Health NHS Foundation Trust

Hampshire Hospitals NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust

Leeds Teaching Hospitals NHS Trust

Government bodies outside the Department of Health and Social Care that the Trust has had material transactions with are:

NHS Pension Scheme

HM Revenue and Customs

Oxfordshire County Council

Buckinghamshire County Council

NHS Property Services

Community Health Partnerships

Welsh Health Boards - Cardiff and Vale University Local Health Board

NHS Resolution

Wiltshire County Council

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 36

The Trust manages the Oxford Pharmacy Store, a short line pharmaceutical supplier to other NHS organisations.

The turnover for the year 2019/20 was £28,731k (2018/19 £23,681k)

Note 35 Events after the reporting date

There are no events to report after the reporting date.

Note 36 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

	2019/20	2018/19
	£000	£000
Total Incoming Resources	407	324
Resources Expended with Oxford Health NHS Foundation Trust	(278)	(277)
Donations of physical assets (non-cash) to Oxford Health NHS Foundation Trust	(3)	-
Other Resources Expended	(128)	(70)
Total Resources Expended	(410)	(347)
Net (outgoing) resources	(3)	(23)
Gains/ (Losses) on revaluation and disposal	(38)	31
Net movement in funds	**(41)**	**8**

Balance Sheet

	31 March 2020	31 March 2019
	£000	£000
Investments	872	979
Cash	472	529
Other Current Assets	2	13
Current Liabilities	(37)	(172)
Net assets	**1,308**	**1,349**
Restricted / Endowment funds	439	383
Unrestricted funds	869	966
Total Charitable Funds	**1,308**	**1,349**

The 2019/20 Statement of Financial Activities and Balance Sheet are based on unaudited accounts of the Charity.

Note 37 Pooled Budgets

Note 37.1 Oxfordshire County Council Pooled Budgets

Oxford Health NHS Foundation Trust has a pooled budget arrangement with Oxfordshire County Council

Oxford Health NHS Foundation Trust is the host. These are treated as agency transactions, and only Oxford Health's proportion is recognised in the Trust's accounts.

Oxfordshire Adults of Working Age and Older Adults Pooled Budget Performance 2019/20

	Plan	Actual	Adjustment to Contribution
	£000	£000	£000
Oxford Health NHS FT	6,795	7,352	-557
OCC	1,802	1,950	-148
OCC contribution to Trust overheads	0	0	0
Total Pooled Budget	**8,597**	**9,302**	**-705**

Analysis of Income and Expenditure within the Pooled Budget

	Total	Trust Contribution	OCC Contribution
	£000	£000	£000
Pay Expenditure	9,092	7,205	1,887
Non-Pay Expenditure	358	274	84
Income	-148	-127	-21
Contribution to Overheads	0	0	0
	9,302	**7,352**	**1,950**

Note 37.2 Buckinghamshire County Council Pooled Budgets

Oxford Health NHS Foundation Trust has two pooled budget arrangements with Buckinghamshire County Council. Oxford Health NHS Foundation Trust is the host. These are treated as agency transactions and only Oxford Health's proportion is recognised in the Trust's accounts.

Buckinghamshire Adults of Working Age Pooled Budget Performance 2019/20

	Plan	Actual	Adjustment to Contribution
	£000	£000	£000
Oxford Health NHS FT	5,263	5,816	554
BCC	2,628	2,713	85
Total Delegated Budget	7,891	8,530	639
BCC contribution to Trust overheads	99	99	-
Total Pooled Budget	**7,990**	**8,629**	**639**

	Total	Trust Contribution	BCC Contribution
	£000	£000	£000
Pay Expenditure	8,069	5,635	2,433
Non-Pay Expenditure	467	185	282
Income	(6)	(4)	(2)
Contribution to Overheads	99		99
	8,629	**5,816**	**2,812**

Buckinghamshire Older Adults Pooled Budget Performance 2019/20

	Plan	Actual	Adjustment to Contribution
	£000	£000	£000
Oxford Health NHS FT	2,269	2,269	(0)
BCC	852	852	(0)
Total Delegated Budget	**3,121**	**3,121**	**(0)**
BCC contribution to Trust overheads	41	41	-
Total Pooled Budget	**3,163**	**3,163**	**(0)**

Analysis of Income and Expenditure within the Pooled Budget

	Total	Trust Contribution	BCC Contribution
	£000	£000	£000
Pay Expenditure	3,006	2,212	794
Non-Pay Expenditure	115	57	58
Income	-	-	-
Contribution to Overheads	41	-	41
	3,163	**2,269**	**894**