

Annual Report and Accounts 2017 – 2018



Camden and Islington
NHS Foundation Trust

Annual Report and Accounts 2017/18

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National Health Service Act 2006.

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An Insight into Mental Health from a Service User

Matt Barrell's booklet offers a graphic view of mental health conditions

C&I service user Matt Barrell has drawn on his experiences and perspectives to depict what he views as the "nightmare scenarios" of mental health.

Over 24 colour pages, Matt, a former magazine sub-editor, has produced a graphic novel-style booklet illustrating a range of different mental health conditions. Each page offers stark portrayals of issues including Obsessive Compulsive Disorder, depression, schizophrenia, suicidal thoughts, psychosis, dementia, drugs abuse, alcoholism and gender identity.

The collection of drawings, entitled "Nightmare Scenarios", took about nine months to compile and was intended as a personal perspective, as well as an outlet for Matt's developing interest in art and design.

Matt, who has completed a foundation course in art and design, became unwell in the mid-90s, resulting in three separate

psychiatric admissions. In more recent years, as part of the support he has received from C&I, he has attended art therapy courses and counselling offered by the Trust at Isledon Road Resource Centre, Holloway.

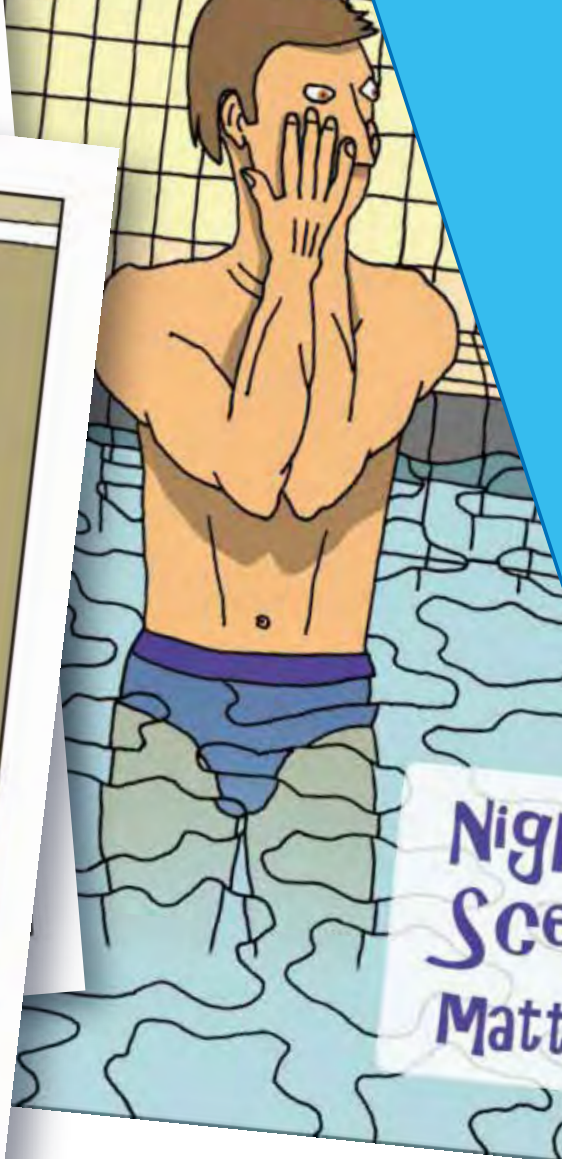
As his collection developed, Matt decided to self-finance production of 50 copies of the booklet. He says: "I don't think I've solved anything but I do feel a sense of achievement. Other service users who've seen it have liked it, but some have found it a bit serious."

Matt says:

■ **This has been a personal project to motivate me to keep drawing and as someone with mental health issues it seemed logical to draw what I know about. When my psychosis was at its worst, I felt some of the issues depicted in the book would come back to revisit me. I often felt I was on the edge of a 'nightmare scenario' – and felt I could tip out of control at any moment."**

Matt Barrell





Matt Barrell's graphic artwork style helping to counter stigma to mental health.

His counsellor, Diane Frazer, feels the experience has been cathartic for Matt, and also helps dispel myths around mental health issues.

Diane said:

■ ■ These drawings are so special and valuable in that they convey an absolutely accurate picture of the experiences of millions of people who are suffering mental health difficulties every day."

Further examples of Matt's work can also be viewed at

www.mattbarrell.co.uk

Performance Overview

Chair and Chief Executive's statement

There have been so many success stories over the last twelve months that it is almost impossible to decide which to tell you about first. You can read more about them all in this Annual Report, but below is a flavour!

A main headline has to be the phenomenal Trust-wide effort that led to us being rated as 'Good' following the Care Quality Commission's inspection last December. We came close to 'Outstanding' overall, with some areas already achieving that rating. We will be working hard over the coming months to reach 'Outstanding' across the board by the time of the CQC's next visit.

Key to our new, improved rating is the Trust's Clinical Strategy which clearly directs the services we deliver, identifying the needs of local people and how best, in partnership with them, we can deliver health care, both mental and physical.

Redeveloping our estate, Trust-wide, will enable us to fulfil our Clinical Strategy. We've been talking to you for some time now about plans to provide the very best, brand new facilities for both inpatients and outpatients.

A full, formal public consultation is scheduled for early summer 2018, when you will have the chance to have your say on what we are proposing. What is vital to this whole process and, indeed to the success of everything we do, is the commitment and collaboration of our local authorities, clinical commissioners and other partners, for which we are truly grateful.

Another key element of delivering our Clinical Strategy is the development of our Quality Improvement (QI) programme. This aims to develop a culture of continuous progress and strong frontline service user and carer involvement in improvement work at the Trust. We have made huge strides this year, with

the project delivering demonstrable results in areas such as reducing length of stay. Our QI programme's focus is on patient experience, staff satisfaction, and avoidable harm, and over the coming months, we will continue to raise the profile of this work and support its huge potential for effective improvement.

Our research continues to drive the very best practice, with high-impact studies being delivered across all services – something that the CQC commented upon very favourably. One standout example was Professor Gill Livingston's research into the nine steps we can take to avoid dementia which attracted international media interest last summer. You can read about the many other exciting research projects involving our patients elsewhere in this report.

Another success was the opening in November of Ruby Ward, our Psychiatric Intensive Care Unit for women – the only one in north central London – which will offer 24 hour care and support to women with the most severe mental health conditions. It aims to prevent women having to go out-of-area to get the specialist care they need, keeping them close to local support networks.

This is part of a much wider strategy to ensure we work as effectively as possible, with enough beds at all times to treat every patient 'in-house', rather than having to send them out-of-borough. Not only is this much better for our service users, who stay closer to friends and family, but avoiding out-of-area placements results in significant savings that we can re-invest in care.

Avoiding hospital admission altogether, by getting people the help they need as early as possible, continues to be the driving force behind our practice-based mental health teams who work in GP practices. A milestone was getting teams into surgeries

across the whole of Islington; we will be rolling out this hugely successful project across Camden in the coming year.

Like most other NHS trusts, finances remain a serious concern with projected savings for the year, below what we had hoped, and we have spent £1m more than we earned in income from our normal activities. Plans to address this include reviewing all our buildings as part of our site redevelopment plans to ensure we are getting the best possible value for money, and to reduce the number of patients we send to private providers.

Radically reducing what we spend on temporary staff is also pivotal and involves keeping our permanent staff motivated and fulfilled so that they are more likely to stay with us. The 'Our Staff First' programme actively seeks to promote staff internally, providing additional support such as training and coaching, to enable individuals to achieve more senior positions within the Trust, rather than seeking promotion elsewhere. It is starting to show results already with an increase in the number of BME staff promoted into more senior roles. In the coming year, we will be introducing ambitious new targets aimed at retaining good staff which can only be beneficial for our service use.

Having a workforce that represents our local population is so important and we're delighted to say that we held our first-ever Diversity Conference in October – the culmination of a week of events celebrating and raising the profile of our wonderfully multi-cultural and diverse family of staff. A heartfelt thanks to each and every one of you for all you have done over the past, particularly busy, year.

Art continues to be essential both as therapy and as a way of de-stigmatising mental health; from the stunning Arts Project exhibitions that have delighted visitors to our St Pancras site over the last 12 months, to the internationally-acclaimed art works installed over the winter on one of our elderly care wards

at Highgate, thanks to the mental health arts charity Hospital Rooms.

In a further development, we are reviving the Trust's own dormant charity, harnessing the huge passion, energy and expertise of our staff, service users and local community, to fund-raise for projects that will enhance our patient experience. We are really excited about this and will be telling you how you can get involved over the coming months.

So, we're sure you will agree there is a lot to celebrate whilst still addressing the many challenges we face and we hope you will take the time to read about both in this report. A big thank-you, once again, to all our staff, service users, carers and wider partners. You have been crucial to the progress we have made over the last 12 months - something we never take for granted.



Angela McNab
Chief Executive
25 May 2018



Leisha Fullick
Trust Chair
25 May 2018



Chair Leisha Fullick



Chief Executive Angela McNab

Overview

Further to the performance overview, this section of the report provides a short summary of the Trust, our purpose, the key risks to the achievement of our objectives and how we have performed during the year.

1.1 Brief history of Camden and Islington NHS Foundation Trust and our statutory background

Camden and Islington NHS Foundation Trust (C&I) is the largest provider of mental health and substance misuse services to people living within the London boroughs of Camden and Islington. We also offer substance misuse and psychological therapies services to residents in Kingston.

We have two inpatient facilities, at St Pancras Hospital and at Highgate Mental Health Centre, as well as community-based services throughout our three boroughs. We have around 30 sites across our boroughs at which we provide services.

Our main St Pancras site was the location of a former workhouse, originally dating back to the 18th century, with the first hospital being the current site's south wing built in 1885 for "chronic, infirm and bed-ridden patients".

The site was taken over by the then London County Council in 1930 and it

developed "mental wards" and maternity wards and it was eventually run as one unit. In 1939 the Hospital for Tropical Diseases was built, now the Trust's Huntley Centre.

St Pancras Hospital, with the exception of the Hospital for Tropical Diseases, which closed in 1998, was handed over to University College Hospital. In 1982, the site became the responsibility of Bloomsbury Health Authority and subsequently various NHS bodies.

Camden and Islington Mental Health and Social Care Trust was established in 2002 and in March 2008 we became the first Care Trust to achieve Foundation Trust status and are licensed by NHS Improvement.

Our income for 2017/18 was £150 million and we have approximately 2,000 staff. Our staff work in multi-disciplinary teams providing a holistic approach to recovery.

This means that we often work with partner agencies and the voluntary sector.

Over the last year, we have seen continued success in delivering high quality services to our patients and carers and in February 2018, we were rated as 'Good' by the Care Quality Commission. We have also further developed our systems for assurance and improvement, and during the year there has been strong focus on developing a Quality Improvement (QI) programme. Further details of these achievements are provided in the Trust's Quality Report from page 84.

Our Trust is a member of University College London Partners (UCLP), one of the world's leading academic health science partnerships, and through our work with UCL we continue to develop a strong reputation for supporting world-class quality research into mental health.

1.2 Mental health need

We cover a culturally mixed and diverse population of approximately 471,000 people in Camden and Islington, which is expected to grow by 11-17% over the next ten years. More than 290 languages are spoken by our communities. The population is also unusual in that it has a larger population of those aged 20-40 but relatively few children and older people.

In Camden, 70% of people in this age group have lived in the borough for less than five years, which reflects large student, mobile workforce and immigrant numbers. This is the age group when most people present to mental health services. The population is diverse, with

31-34% of people coming from black and minority ethnic (BME) communities. Both our main boroughs are densely populated with high levels of deprivation as well as great wealth, with the prevalence of serious mental illness placing them in the top three boroughs in London.

We have contact with 44,000 service users per year. Our services located in primary care include psychological therapies for mild to moderate mental illnesses, delivered by teams of psychiatrists and nurses who support GPs to manage mental health problems and act as the gateway to secondary care mental health services.

We have specialist community services for people with post-traumatic stress disorder (PTSD), personality disorders, complex depression and anxiety, psychotic disorders, older people, dementia and addictions. We are one of few mental health trusts with a well-developed rehabilitation pathway for people with serious mental illness. We have an acute pathway with crisis and home treatment teams, acute day unit, crisis houses and a variety of inpatient wards. Since we serve a population that is highly mobile, 40% of people admitted to our wards are new to us.

1.3 Our purpose and activities

1.3.1 Our vision, strategic aims and values

Over the last year, we have worked to embed our three key strategic priorities as the long-term focus for our Trust:



These are the things we want to be renowned for doing extremely well and that cement our reputation.

Based on feedback in the previous year from our staff, we pinpointed that there were four cultural steps – **or pillars** - that are vital if we are to achieve our three strategic priorities.

They are:

C&I's Four Cultural Steps	
1.	We value each other – this involves supporting each other's wellbeing and development
2.	We are empowered – this means taking action and responsibility to do what is best for your services and team
3.	We keep things simple – this means cutting out bureaucracy when it adds nothing
4.	We are connected – this means working collaboratively across services and organisations, rather than in silos

1.3.2 Our Clinical Strategy

Our five-year Clinical Strategy was unveiled just before the 2016/17 financial year and has now been setting the course for the transformation of mental healthcare in our boroughs for two years.

Developed by service users, carers and staff, the aim is to support service users so that they can return to living fulfilled lives in their communities.

We want to ensure that people are treated in a way that jointly takes account of their physical and social needs, alongside their mental health requirements.

The strategy is built on ten separate guiding principles.

A key plank is the development of practice-based mental health teams in the majority of GP surgeries and elsewhere in primary care, as that is where most mental health problems are managed.

Evidence shows that these are better-placed to engage effectively with those who do not require hospital-based mental health services and to support GPs caring for people with chronic but stable mental illness.

This approach is enabling the Trust's senior clinicians to speed up diagnosis and referral to the right specialism – reflecting one of our three strategic priorities:

“Early and effective intervention”.

The ten overarching themes and principles of our clinical model are:

- We will co-produce with our service users and carers their treatment and support
- We will work in a recovery-orientated way
- We will offer evidence-based interventions
- We will choose outcomes (desired end results) that measure things that matter to service users and carers and use these to shape our services
- We will integrate with other services

so that service users have their mental, physical and social needs met in a coherent way

- We will prevent mental illness deteriorating or relapsing in all our service users and we will contribute to initiatives that prevent mental health problems in children and young people
- We will equip all our clinical staff to address drug and alcohol problems
- We will improve access to our services for everyone, regardless of gender, race, ethnicity, disability, sexual orientation and other protected characteristics
- We will choose a quality improvement methodology and implement it
- We will grow our already strong interest in research

During the year, we also updated a key element of our Clinical Strategy relating to the provision of services defined as person-centred and recovery-orientated, and that are co-produced with our service users. This is the area of provision of mental health enshrined within C&I's strategic priority of **“Helping people to live well”** and which has now been updated into a specific, supporting Recovery Strategy 2016-21.

It outlines the key areas the Trust needs to focus on in order to ensure we are truly committed to recovery-orientated practice.

There was considerable progress in 2017/18 in delivering on the majority of activity and initiatives we set out to achieve under the Clinical Strategy.

Particular highlights were the continued development of practice-based mental health teams and their roll-out across all GP practices in Islington, and the further

evolution of our five-year programme to integrate physical and mental healthcare in those with psychosis.

Our iCope services have worked hard to show the value they deliver, by enhanced data reporting, but the experience of specialist care pathways was more mixed, due to heavy case-loads leading to longer waiting times.

Our services for older people are delivering high quality services and managing demand effectively, and our services for those with intellectual disabilities continued to perform well.

In our Substance Misuse Services, considerable time and energy was spent on re-tendering processes, but the division still continued to largely deliver on performance and outcome measures.

Acute services continued to experience growing demand and there was a strong focus during the year on introducing new ways of effectively managing bed demand.

In March 2018, the Care Quality Commission in its inspection report said our Clinical Strategy was “excellent” and one that provided clear future direction for the Trust.

To meet its principles though, we need a Trust estate that includes premises that support it and that are suitable in the 21st Century for meeting the mental health needs of our service users.



Trust choir at NHS Providers

1.3.3 St Pancras Hospital site redevelopment and Community Estates Strategy

The transformation of our estate is fundamental to the delivery of our Clinical Strategy and a key element is our ongoing St Pancras Transformation programme.

This includes a proposal to move our inpatient wards from our St Pancras site to near the Whittington Hospital in Islington.

The second key focus is building two new community hubs, as well as a research facility at St Pancras and some clinical services. We need sites in the community that service users and carers find familiar, non-stigmatising and easily accessible. These will be sites, too, that enable us to co-locate Trust teams, providing holistic care and avoiding duplicate assessment, and working alongside other health teams and local authority and voluntary sector colleagues.

During the year, a programme of regular meetings was held with all our stakeholders including service users to glean feedback for inclusion in our Outline Business Case, which was published in 2017 and reviewed by NHS Improvement and the Department of Health.

A public consultation is being launched in summer 2018 and run by our local Clinical Commissioning Groups to formally seek feedback on our proposals. In addition, to support the proposed development of several community hubs the Trust has embarked on a wide review of all community buildings to see which ones could be expanded in the future as a hub and which ones would not be suitable for the task and could be sold. Trust staff have been fully briefed on the proposals and will be involved before any final decisions are made.

1.3.4 Our research

In the last 12 months, we have continued our strong track record for helping drive world-class research on mental health through our acclaimed academic partnership with University College London (UCL).

C&I remained the leading trust out of six across the North Thames area for patient recruitment in mental health with a total of 1,211 participants in 34 grant-funded studies.

It continued to be recognised internationally as a centre of research excellence, with high impact “research into practice” being delivered across all service lines and influencing clinical practice and guidelines.

The Care Quality Commission also highlighted in its inspection report in February 2018 the Trust’s credentials promoting the use of research to improve the care and treatment of patients.

Research contributed to every aspect of the running of the Trust and was cited in it being well-led, caring and effective.

Examples the CQC highlighted included:

- **Substance misuse services** - patients in Camden requesting alcohol detoxification attended preparation groups or individual sessions with staff. This was intended to increase patients’ motivation to stop drinking alcohol, and was part of a research trial. A staff member in Camden services worked with patients who had become dependent on anxiety and sleeping medicines. In nine months, seven patients had completed detoxification.
- **Community-based mental health services for older people** - the carers of patients using the memory clinics were being offered access to a programme of psychological therapies which improved their ability to cope with the challenges of supporting a relative with dementia.
- **Community mental health services for people with learning disabilities** - evaluation of positive behaviour support in reducing challenging behaviour, as well as a feasibility study reviewing individual cognitive stimulation therapy for people with a learning disability and dementia.

Our leading academic clinicians, who are jointly-appointed by the Trust and UCL, are acknowledged as being at the forefront of international research and thinking in their respective fields.

Several are Senior Investigators, appointed by the National Institute for Health Research (NIHR). In November 2017, Sonia Johnson, C&I Consultant Clinical Psychiatrist and Professor of Social and Community Psychiatry at UCL, was appointed director of a new research unit commissioned by NIHR for the Department of Health, which will play a major role in shaping future national mental health policy.

The new unit, receiving £5 million funding over five years, will focus on the prevention, access, and quality of mental health care by conducting research on the impact of existing policies, guiding future plans and acting as a central point for providing and collating evidence to inform policy.

Several other senior UCL academic colleagues who are consultants at C&I are part of the unit. These include David Osborn, Professor of Psychiatric Epidemiology, and Steve Pilling, Professor of Clinical Psychology and Clinical Effectiveness, who are among the new unit’s lead researchers.

A snapshot of some other highlights for our academic clinicians during the year includes:

- Professor Gill Livingston, Consultant Psychiatrist - chairing a Lancet Commission on Dementia Prevention and Care that highlighted a series of key lifestyle factors that could influence dementia, generating worldwide attention and debate;
- Professor Chris Brewin, Consultant Psychologist - advising NHS England on its mental health response to the terrorist attacks in London, drawing on C&I's experience of delivering a screen-and-treat service after the 2005 London bombings;
- Prof Helen Killaspy, Consultant in Rehabilitation Psychiatry - taking up a number of key advisory and expert roles, including Topic Advisor to the National Institute for Health and Care Excellence (NICE) for its first guidelines on mental health rehabilitation for people with severe mental illness;
- Dr Claudia Cooper, Consultant in Old Age Psychiatry - lead author of a study by UCL and C&I research highlighting the prevalence of abuse in care homes.
- Amongst other research partnerships during the year was work between C&I and the internationally-renowned Psychopharmacology, Drug Misuse and New Psychoactive Substances Research Unit at Hertfordshire University.

This highlighted the risks from abuse of New Psychoactive Drugs – the category of drugs that includes those known as “Spice” and “Black Mamba”. Research of more than 440 admissions to C&I, showed the vast majority of admissions of people using these drugs were strongly associated with violence.

Clinical Record Interactive Search (CRIS)

At C&I, a hugely important research tool is our North London Clinical Record Interactive Search (CRIS) research database, which includes approximately 130,000 patient records over ten years (2008-17). The data is all anonymised and can be used by approved researchers and clinicians in C&I to answer important research questions based on large numbers of people. This has been delivered over five years in partnership with C&I's Information and Communications Technology team and research support service Noclor.

C&I is the second UK trust to deliver research using CRIS, led by David Osborn, Professor of Psychiatric Epidemiology at UCL and C&I Clinical Consultant, and ten others are now starting to run the system. There have been 43 projects running on the C&I database to date, involving most C&I divisions.

During the year, five further scientific papers from the data were accepted in peer reviewed journals. They address diverse research questions including dementia prognosis and depression, patterns of mental health liaison referrals in our acute hospitals, better prediction of new psychosis, and features of bipolar disorder.

In March 2018, Professor Osborn was awarded a new grant by the Medical Research Council, running for two years, to advance the use of electronic health records for mental health research. There were ten such awards across the UK, with a plan for a coordinated research effort to better understand the causes, prognosis and treatments for mental health problems.

Part of the work is to improve the data quality in the C&I CRIS database, and then advise other Trusts using such data. The aim is also to link the data to other NHS sources so there is better information on admissions to acute hospitals and accurate information on drug prescribing and physical diagnoses in primary care. This will enable research about which medications and therapies work better for which people, and

which ones are more likely to cause side effects.

With **“Research and Innovation”** being one of the Trust’s three key strategic priorities, research updates and developments were regularly communicated throughout the Trust during the year, reinforcing that it is at the heart of everything we do.

Preparatory to us developing an Institute of Mental Health, our programme of supporting seminars was further established during the year with a number of successful events highlighting key UCL/C&I research and insights into mental health. Seminars were held on the topics of: management of treatment-resistant depression; psychological therapies; and advances in dementia in people with learning difficulties.

Our Highgate Novel Psychoactive
Substance Research Group



Professor Gill Livingston leads pioneering dementia research



Professor David Osborn bringing benefit to
service users through CRIS

1.3.5 Our principal corporate objectives and risks

The Board of Directors remains focused on delivering the Trust's new strategic aims and activities which support the development of the North Central London sustainability and transformation partnership, North London Partners.

C&I's six high level principal corporate objectives

C&I High Level Principal Corporate Objectives	
1.	We will deliver safe, high quality, compassionate care for our service users and promote equality and diversity within the resources we have available.
2.	We will make measurable progress towards implementing our new Clinical Strategy, improve the integration of physical and mental health services and expand the practice-based service.
3.	We will develop, value, empower and retain a diverse workforce with the right skills and behaviours to support the Trust's strategic objectives
4.	We will achieve our control total and deliver an agreed surplus as part of our two year financial plan and ensure that our plans are underpinned by affordable and sustainable service delivery and investment.
5.	We will take forward the development of the St Pancras site (and related community sites) Business Case, in order to deliver improved mental health services for the population, and in support of the overall objectives of the wider NHS and local community.
6.	We will work as part of North London Partners to design and implement new care models.

The Board of Directors has considered the key issues and risks that could potentially affect the Trust in delivering its principal objectives. These risks form part of the Trust Board Assurance Framework and are monitored by the Board on a quarterly basis. The key risks are associated with safer staffing requirements and workforce, sustainability and transformation as part of North London Partners, and risks associated with the Trust's estate plans.

1.4 Our services and how they have performed

Our services are organised into five divisions. These are:

- Community Mental Health;
- Recovery and Rehabilitation;
- Services for Ageing and Mental Health;
- Acute;
- Substance Misuse Service.

Most of our services provide care for people in their own communities, and work with people towards their own recovery.

1.4.1 Community Mental Health

The community mental health division provides a range of services to meet the needs of the populations of Camden, Islington and Kingston. These services were rated as 'Good' by the CQC in March 2018. We offer services across the care pathway spanning primary, secondary and tertiary care assessment, treatment and management. We also provide mental health services for Veterans - ex-servicemen - from all across London.

Primary Care

Our primary care services include our iCope services which are designed to improve access to psychological therapy for people with common mental health problems.

These teams consistently receive high levels of referrals, and further detail is provided in the iCope section that follows.

During the year, we continued the development of our practice-based mental health teams in Islington. This is an innovative, highly effective model of care in which specialist multi-disciplinary teams of psychologists, pharmacists and mental health nurses, led by consultant psychiatrists work alongside GPs to provide specialist mental health assessment, consultation and short-term interventions in non-stigmatising settings close to the service user's home. The model has been co-produced with service users and after very positive feedback from them and GPs, was rolled out to all 34 GP practices during the year. In 2018/19, the Trust will be rolling out similar teams in Camden.

In Kingston, our practice-based team has successfully managed more than 90% of all patients referred within primary care. In the past, 100% of patients would have been referred into secondary care services.

The Practice-Based Advisory Committee (PBAC), a service user group which advises the Trust on key issues and concerns of service users of practice-based mental health services has this year strengthened its membership.

Our Individual Placement and Support (IPS) model which we are delivering in Islington with commissioners, the local council and NHS England continues to help people who are out of work due to a health condition and/or disability to return to employment if they wish to do so. There were 617 referrals into the service, with 47 jobs secured during the year for 33 participants.

Specialist Care Pathways

Our specialist care pathways offer clearly-defined, National Institute for Health and Care Excellence (NICE)-compliant treatment and support. These services provide specialist assessments and management beyond what is possible in primary care.

They sit within a range of community services including:

- The Complex Depression Anxiety and Trauma service (CDAT) which provides multidisciplinary, holistic, ongoing assessment and management for people suffering with complex presentations of depression, anxiety and trauma;
- Personality Disorder Service which provides structured clinical management, care coordination and a range of specialist evidence-based therapies. In addition, the Psychologically Informed Consultation and Training service equips the wider system with knowledge and skills in the effective management of personality disorder;
- Psychotherapy services for people seeking to explore the underlying causes of their emotional difficulties;
- Traumatic Stress Clinic (TSC) and the London Veterans' Service which works closely with those who have experienced trauma; and
- Neuro-Developmental Disorders Service for people with Attention Deficit and Hyperactivity Disorder and Autism Spectrum Disorders.

As part of our CDAT service, C&I has developed its provision of Transcranial Magnetic Stimulation (TMS), which uses a pulsating magnetic field to target specific sites in the brain to stimulate nerve cells, so easing symptoms of depression.

Since the launch of the service, the lead consultant has trained a number of clinicians in the delivery of TMS and successfully treated a small group of patients. The team is looking to expand the service in 2018/19 and is leading research in this field.

We also provide innovative services to improve access to specialist mental health support for difficult-to-reach groups and for those with physical health and long-term conditions. These include a multi-agency Gangs Project in Camden, which has recently gained high profile media attention due to an increase in gang violence in London, a Parental Mental Health Service, and Transitions Services for adolescents moving into adult services.



Lead Psychologist, Dr Jeff Halperin and Amanda Coyle, Greater London Authority Head of Health and Wellbeing, at a Problem-Solving Booth event

Camden iCope, Islington iCope, Kingston iCope

C&I runs three Improving Access to Psychological Therapies (IAPT) services: Camden iCope, Islington iCope, and Kingston iCope.

The services provide evidence-based psychological interventions for adults with common mental health problems such as anxiety and depression. They provide a stepped care approach in line with NICE guidelines, offering patients the most effective, least intensive interventions first.

A range of interventions are offered including: Guided Self-Help, psycho-educational workshops, Cognitive Behavioural Therapy, Counselling for Depression, Interpersonal Therapy, Dynamic Interpersonal Therapy, Behavioural Couples Therapy and Mindfulness. During 2017/18 the total number of referrals to iCope services was over 23,700, with a high proportion, (about 50% in Camden and Islington), being self-referrals.

National targets set for IAPT services have increased this year, so that 16.8% of the local population with anxiety and depression should be offered treatment. All three of our services met that challenging target in 2017/18.

Over the last year, our data shows that 50% of people receiving IAPT treatment in Kingston “recovered”, 50% in Islington, and 49% in Camden, with these figures based on self-report measures of anxiety and depression.

Waiting times to enter treatment have been kept within the target of 42 days for the majority of people using C&I IAPT services and the services are reliably meeting NHS Improvement waiting time targets.

Notable achievements over the last year include:

- The Peer Wellbeing Worker role – the recruitment of paid staff with experience of using IAPT services, who help to deliver workshops and groups;
- Integrated Long Term Care-IAPT launched in Islington – to develop iCope work with people with long term physical health conditions – particularly diabetes and chronic obstructive pulmonary disease;
- Employment Advisors co-located within Camden iCope – as part of a national programme to enhance employment support in IAPT. This will be developed in Kingston in the Autumn; a focus on staff well-being – in particular the Psychological Wellbeing Practitioner teams in Islington and Camden;
- Increased use of digital options – Skype sessions, computerised CBT (Cognitive Behaviour Therapy) programmes, online CBT in Camden, recommended ‘Apps’, and a programme of information on Twitter;
- Islington iCope won the Trust ‘Frontline Service of the Year’ award in 2017.



Community Mental Health Primary Care - Kingston iCope and PCMHT celebrate our CQC success

Veterans' Mental Health TIL (Transition, Intervention and Liaison) Service – London and South East England

During the year, C&I extended the reach of its free NHS mental health service for veterans that it runs in partnership with South London and Maudsley NHS Foundation Trust (SLaM). It is one of four newly-commissioned specialist Veterans' Mental Health Transition Intervention and Liaison Services (TILS) across England and is being delivered through additional partnering with Sussex Partnership Foundation Trust enabling coverage of the South East of England region. See "Bids and Tenders" on page 27 for further detail.

We provide a multidisciplinary mental health team service to all ex-serving members of the UK Armed Forces living in London, Greater London, Brighton, Hove, East and West Sussex, Surrey and Kent and Medway, or registered with a GP in these areas.

It offers comprehensive assessments covering mental health and other areas of need, including employment, social and housing. Working with the veteran, we make recommendations for support and or/treatment and facilitate referrals to relevant agencies including local NHS services and veteran-specific services. If mental health provision is not available locally, we will also provide treatment in-house.

The TILS continues to provide a prison in-reach service to HMP Wandsworth, funded by NHS England. The Armed Forces Covenant fund has been financing our in-reach service to HMP Brixton, HMP Thameside, HMP Young Offender Institution ISIS and HMP Belmarsh.

During the year, the service also developed and delivered an "accelerated veterans" awareness training programme to ambulance staff across the region, funded by NHS England. NHS England will be providing further funding to the service to scope and deliver a similar training package to staff within the criminal justice system.

Our light bulb programme to help veterans better understand and manage their symptoms of Post-Traumatic Stress Disorder, funded by the Queen's Nursing Institute for Innovation and Leadership 2017, has now become integrated into the service's routine care pathway.

We have been awarded another contract to deliver the Complex Treatment Service as of 1 April 2018 across the region, again in collaboration with Sussex Partnership Foundation Trust. This service is a treatment service for veterans with complex mental health needs which are the result of their military experiences.

In September 2017, we received an Australian Parliamentary delegation visit to our London TILs to better understand mental health services.

Some of our previous clients have gone on to become 'Lived experience experts' helping C&I's Wellbeing Service by sharing their experiences of coping with mental health problems and transitioning from military to civilian life.

1.4.2 Recovery and Rehabilitation

The Rehabilitation and Recovery Division works with around 3,600 people with a diagnosis of psychosis across Camden and Islington, providing over 80,000 appointments or other forms of contact in a variety of clinical settings including:

Inpatient and community rehabilitation wards and projects; Early Intervention Services, provided in partnership with Child and Adolescent Mental Health Services (CAMHS) which support people with a suspected First Episode Psychosis, locality-based community rehabilitation and recovery teams and assertive outreach teams for clients with complex needs and a history of poor engagement.

We also provide day care services, intensive support teams and liaison with partners in the non-statutory, supported housing sector and other non-statutory organisations.

In March 2018, the Trust's Recovery and Rehabilitation Services overall were rated 'Good' by the CQC.

Our goal is to support recovery from psychosis and to develop a collaborative therapeutic partnership with service users which supports autonomy, hope, dignity, respect and compassion.

In 2017, the Trust worked in partnership with care provider, One Housing Group, to open a new high-support

mental health registered care home at Lime Tree Gardens, in Kentish Town, Camden. This offers an integrated model of care, with psychiatrists and nurses employed by the Trust providing a high intensity in-reach service, working and supporting One Housing staff to provide a progressive, recovery-orientated approach to help people achieve greater independence and functional improvement. For further detail refer to 'New and Revised Services' on page 36.

The R&R division is in the process of developing a Camden Community Rehab Team on the model of the established team in Islington. This team will improve the specialist support offered to people with severe mental illnesses living in 24 hour supported accommodation.

People with psychosis have a reduced life expectancy due to high prevalence of co-morbid chronic conditions and smoking prevalence. The R&R division is leading on a five-year project to close this mortality gap by focusing on the health inequalities that underlie it. The Camden and Islington Integrated Practice Unit (IPU) for Psychosis and Chronic Conditions has been operating for two years, working in collaboration with GPs and other healthcare providers, as well as the third sector.

A key feature of the IPU is its whole-population approach to people with severe mental illness (SMI), which requires working in partnership with primary care to ensure that people who are not supported by secondary care services receive a comprehensive offer of health promotion, screening and interventions.

In both boroughs, we have deployed mental health nurses to work with people on the primary care SMI register.

The first year has focused on carrying out annual physical health checks for people



with SMI. A pilot project in partnership with the Islington South West Care Closer to Home Integrated Network (CHIN) has seen very positive early results of increases in physical health screening take-up.

Over the next year, we plan to expand this approach, deploying specialist nurses across the whole of Islington, alongside the new Practice-Based Mental Health teams to improve the mental and physical health care and outcomes for people with SMI in primary care.

The IPU uses an outcomes-based approach to measuring progress and this year we are carrying out the second extensive Patient Reported Outcome Measures (PROMs), to evaluate service users' support needs, functional outcomes, service satisfaction and quality of life.

The 2017 PROMs results showed 81% satisfaction with medication, 79% agreement that our services treated people with dignity and respect, 75% satisfaction with speed of access to care and 72% for support for carers.

Through the development of joint working protocols with acute trusts and mental health professionals, referral pathways have been improved for those service users with identified long term conditions such as diabetes, cardiovascular disease and chronic obstructive pulmonary disease (COPD).

The Trust is now expanding its programme to tackle other physical health problems in this group, such as diabetes and COPD, alongside reducing suicide levels. In addition, five physical health and wellbeing clinics had been opened, run by



Anthony Jemmott and Janice Dunn receive Business Health Award for Innovation for their work with IPU

the division. Staff have also been issued with Physical Health Skills Passports, for monitoring and logging additional physical health assessment training. A specially-designed Physical Health Screening Tool has led to assessments and further help or treatment for more than 2,000 service users.

As one of the Trust's three priorities is **Research and Innovation**, relevant opportunities have been consistently sought to develop and implement interventions based on research evidence. Evidence from the recently-published PRIMROSE study by Professor David Osborn, C&I Clinical Consultant and UCL Professor of Psychiatric Epidemiology, will directly contribute to the lifestyle and behavioural change interventions offered by the IPU to people with SMI in primary care.

The IPU was awarded a grant by the Health Foundation charity to develop a health dashboard to monitor patients' progress towards screening and prevention goals. The IPU also won a national award in the 'Innovation in Mental Health' category in the Health Business Awards 2017.

The Trust's IPU programme has raised awareness of the physical health needs of people with serious mental illness, and this has been achieved through publicising the work that we do and by sharing best practice and learning from other organisations.

This has gained the interest of mental health care specialists in neighbouring NHS trusts but also, particularly, with colleagues in Wales. Public Health Wales has visited our services and Trust staff had the opportunity to speak at its public health conference and deliver training to its health boards. These links will continue in 2018/19 and in May 2018 the Trust hosted a visit from colleagues from Aneurin Bevan University Health Board which is implementing a screening tool developed by the Trust.

The Recovery College

In September 2017, The Recovery College, located at C&I's St Pancras Hospital site, celebrated its third year of offering free, aspirational courses on recovery and wellbeing open to everyone in the community – service users, family, friends and members of the public.

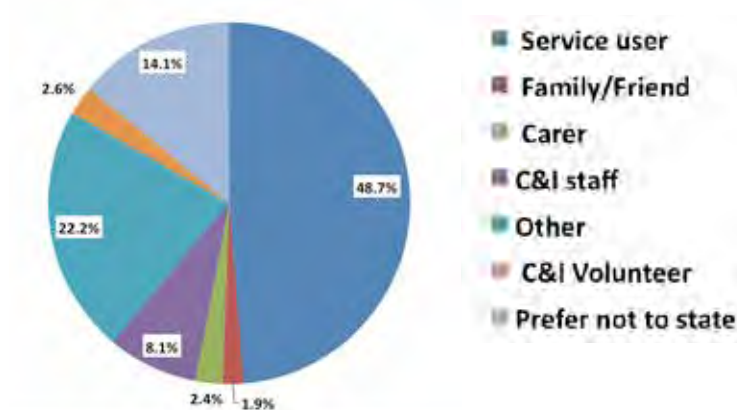
It is designed to create a hub of knowledge where people can share their stories and work to break the stigma that continues to surround mental health. Over the last year, it co-produced and co-delivered 33 unique courses to 537 unique students.

Some of the more popular courses, ('Coping with Anxiety', 'Being Kind to Yourself', 'Assertiveness for All' and 'Building Resilience via Tree of Life'), were repeated over several terms to meet student demand. The College also co-developed and co-delivered several new courses including 'LGBTQ+ and Mental Health: No stigma, no barriers'; 'Introduction to Spirituality and Wellness'; 'Singing for Health'; and 'Understanding BAME (Black, Asian and Minority Ethnic) Cultures and Mental Health'.

The College's third birthday was marked with a unique theatre co-production; 'Journey with a View', looking at individual recovery journeys. There were also testimonials from students, tutors and partners, some poetry, art and a pop-up choir.

During the year, the College tried to reach BAME groups in particular, attracting 18.7% of students with Black British/African/Caribbean or other Black mixed backgrounds. This is a higher proportion compared with the general populations in Camden and Islington, reflecting their higher representation within the Trust's rehabilitation and recovery services.

Student Type Breakdown Jan - Dec 2017



The College also established connections with various international organisations which share its recovery-orientated ethos, and it took part in many peer networking meetings and conferences. It presented its ethos of co-production, peer support and recovery at the Ninth International Hearing Voices Congress in Boston.

The College is also developing a network in Germany to share its experiences and knowledge in setting up educational recovery-orientated places in clinical settings.



Our OT, physical health and exercise experts

1.4.3 Services for Ageing and Mental Health (SAMH)

SAMH provides high quality, NICE-compliant, specialist assessment and care for people living with dementia and those suffering from mental illnesses associated with ageing.

Our service users often experience a range of physical health problems and are reliant on support from carers and other parts of the NHS and Adult Social Care. The best outcomes for our service users have been achieved when SAMH has worked closely with both Primary Care and Adult Social Care in Camden and Islington, whilst continuing to recognise the central role that carers have in supporting our service users to remain in the community.

In March 2018, the CQC judged that SAMH community services provided an 'Outstanding' service for older people in Camden and Islington, offering a "truly holistic approach to assessing, planning and delivering care and treatment to patients" and that staff working for SAMH "truly respected and valued patients and empowered them as partners in their care."

During 2017/18, our SAMH community teams cared for around 3,000 patients and had 2,648 patients referred to them during the year, many of whom were new to the service. Over 85% of the patients that we worked with were being assessed for, or had, a diagnosis of dementia.

Learning Disabilities

C&I continues to be a core member of a successful partnership with Camden and Islington councils to provide integrated health and social care services for people with learning disabilities. These integrated services have now been in place for over 20 years and continue to deliver good outcomes for people with learning disabilities across both boroughs.

Twenty four of C&I's clinical staff are currently working in these joint teams, which include a joint research post with UCL. In 2018, the CQC rated our Learning Disabilities services as 'Good' overall, but as 'Outstanding' for Effectiveness, commenting that they "observed staff to be respectful, kind and compassionate in all interactions with people using the service. It was clear that staff knew people using the service well and had built strong relationships with them."

During 2017/18, both learning disabilities services have continued to be focused on the transforming care agenda with its two key themes: taking action to bring people with severe learning disabilities home from out-of-area long term hospital care, and using At Risk of Admission registers/urgent multi-agency planning processes to avoid psychiatric hospital admission for this group whenever possible.

This is complemented in both boroughs by support of the STOMP initiative (Stopping the Over Medication of People with learning disability, autism or both) through the development of alternative models of support such as Positive Behaviour Support (PBS). The number of people placed in long stay hospital beds has reduced across both areas. Both Camden and Islington services are also participating in the London Learning Disability Mortality Review (LeDeR) which means that all deaths of people with learning disabilities in both boroughs are reviewed via a multi-agency and transparent process.



Members of the Psychiatric Liaison Team

1.4.4 Acute services

Our Acute Division provides urgent assessments and care to service users experiencing an episode of severe illness and who require an intensive period of treatment. An average of 1,315 individuals are treated each month across the system in inpatient services and acute community crisis services such as Crisis Response teams, Crisis Houses, A&E Liaison teams and Acute Day Units.

The Acute Division has focused heavily on service improvement throughout the year in our inpatient areas and our community acute teams. The leadership response to our previous CQC inspection results has been robust and staff across the division have been fully engaged in getting all our services to an overall CQC rating of 'Good'.

Inpatient teams have had success in achieving Accreditation for Inpatient Mental Health Services (AIMS) – demonstrating we are working to Royal College of Psychiatry best practice standards. These teams have also embraced Quality Improvement (QI) methodology and a particular achievement has been a Reducing Observations QI project recognised by NHS Improvement. We also had an intensive three day

Inpatient Hothouse Event in the autumn involving all levels of staff from executives to front line clinicians and service users. We addressed challenges together and co-created solutions that will inform our improvement work over the next year.

Our Mental Health Liaison Teams based at The Whittington, UCLH and The Royal Free Hospital have also successfully achieved Royal College of Psychiatry standards of care and been accredited this year. Alongside this, there has been a strong focus on improving safety in the Health-Based Places of Safety provided by acute trust partners. These improvements have been recognised by the CQC.

A key area of work this year has been our Red2Green transformation programme. Using this methodology we aim to ensure patients who require an inpatient admission, can access a local bed in a timely way. Every day spent in a restrictive hospital bed should be purposeful - a 'Green Day'. Analysis of our 'Red Days' in which we are not delivering a necessary intervention has helped us understand barriers to discharge and to target our efforts on unblocking these. This work

continues into 2018/19.

Our 24/7 Crisis Call Centre continues to be a heavily used resource, receiving up to 4,000 calls a month. Crisis Resolution Teams in both boroughs are also much in demand and are a critical resource in offering home treatment as an alternative to hospital admission. These services continue working on maintaining Home Treatment Accreditation Scheme (HTAS) Royal College accreditation and Core Fidelity (best practice) standards. Crisis Houses and Acute Day Units have also held service development events and continue improving these innovative alternative options to hospital admission.

Lastly, our specialist services for women have expanded this year. Perinatal Mental Health Services have been developed across North Central London (NCL), led by C&I. All five general hospitals in NCL now have a consistent offer for women expecting a baby who require specialist mental health services. In the same vein, C&I is now providing women in NCL with local psychiatric intensive care in the newly opened Ruby Ward in The Huntley Centre.

Our AIMS team celebrates its accreditation success



1.4.5 Substance Misuse Services (SMS)

During the year, the division gained wide experience in partnership working and in successfully writing and winning tender bids at a time when most NHS services are being lost to the third sector. The division has had to adapt to suit the prevailing commissioning conditions, whilst maintaining and improving the quality of our work which has helped us retain and grow our services in a very competitive environment. We are now treating approximately 2,300 people across three boroughs at any one time. The commitment, innovation and quality were recognised as 'Outstanding' in the CQC inspection report in February 2018.

At the start of the year, our target in Camden was to embed the newly commissioned service, concentrate on performance and quality and ensure our preparedness for CQC.

We worked closely with a number of service users in recovery to help build up service user involvement and there is a core now who attend social enterprise, peer mentor and art groups. Representatives also attend management meetings and participate in interview panels, and a number of service users worked alongside us when drawing up the tender submission for Islington. During the year, the alcohol service in Camden was given a one year extension.

The Alcohol Assertive Outreach Team (AAOT) continues to work closely with frequent attenders to hospital, helping them to improve the quality of their lives and to reduce hospital admissions. There are currently 28 active cases on the AAOT caseload and there has been a reduction in frequent attenders at both UCLH and The Royal Free Hospital.

The entire Islington Substance Misuse Substances pathway was put up for re-commissioning and after months of preparation we were successful in winning the bid against competition from a number of national organisations. See also 'Bids and

Tenders' on page 27 opposite.

The aim was to join five disparate services into one seamless pathway for service users. We continued our successful partnership with WDP and invited Blenheim to join our consortium. Our model was to develop our community/partnership working further and our aim is to move more into local communities offering services out of non-Trust buildings. We have been successfully developing links with local community centres including different faith and ethnic groups.

The model also ensures service user and carer involvement in all of the planning stages, from developing the model, to estates, to the content of the day programme. This helps build a strong thriving service user and recovery community.

The refurbishment of the Recovery Hub at 28B King Henry's Walk, Islington, will ensure there is a centre dedicated to wellbeing, recovery and community involvement. Community groups will run workshop and advice clinics there enabling service users to get most of their needs met in one location.

The partnership has run a volunteer and peer mentor recruitment programme and the successful candidates will be trained to help fill new complementary roles throughout the pathway. Our aim is to establish a safe welcoming environment that service users and carers can also use in

the evenings and weekends.

The Family Service works with both adults and children and is a new venture for our division which brings up challenges in terms of safeguarding, governance and recording of data.

The Blood Borne Virus services in both Camden and Islington continue to deliver a "Gold Standard" service.

The Kingston service is in the final year of the current contract and will be going out to tender in the next few months. We have been developing it and now run advice clinics at the Wolverton Clinic (sexual health) and Kingston University. We also intend to introduce services in New Malden and Chessington. This continues our strategy of bringing services closer to local communities.

The very successful service user group continues to develop strongly, running a drop-in location for up to 60 local people offering food, hairdressing and welfare advice. The new recovery hub has just opened and will be used as a base with office space.

We are currently in negotiations with the local hepatology department to help set up in-house treatment similar to what we have established elsewhere. Over the next few months we will also establish a new GRIP clinic, our specialist stimulant and club drug service, which will target and work with people using New Psychoactive Drugs.



Trust's Exec Team holds thank you event for volunteers

1.4.6 Business development

Bids and Tenders

This year C&I has maintained and extended our service provision through competitive bids and tenders.

In November we were awarded the contract to provide integrated drug and alcohol services across Islington as the lead provider in partnership with Blenheim and Westminster Drug Project (WDP). The contract will run for up to nine years and replaces seven existing contracts with a single C&I-led service commencing in April 2018.

We have extended our Veterans' services with a new contract from NHS-England to provide a Veterans' intensive service that will be aligned with the Veterans' transitions service we were awarded last year. It is also being run with sub-contractor Sussex Partnership NHS Foundation Trust to ensure geographical reach across London and the South East.

We have continued to develop our role as a sub-contractor and have bid successfully on a number of new projects. These include C&I having a formal role in the delivery of the Camden Mental Health Employment Individual Placement Support service in partnership with Hillside Clubhouse, the Mental Health Major Incident Response service with South London and Maudsley NHS Foundation Trust and the Highbury Grove Crisis House with Look Ahead Care and Support. This year C&I was awarded Winter Pressures funding for a Bed Management Hub and Assertive Discharge Team.

Partnerships

Beyond competitive bids, in the last year the Business Development team has had a broader focus on developing C&I's external community and commercial partnerships.

Lime Tree Gardens, a 24-bed new residential care service we provide in partnership with One Housing, is one significant development from this work. Opened in October 2017, the service is designed to help C&I meet the needs of our patients and address the economic realities of our sector. For further detail see the Recovery and Rehabilitation section on page 22.

We are also working with other housing, community and local business sector providers to consider ways in which we might work together in the future including through active engagement in the London Knowledge Quarter.

C&I Wellbeing

This year, C&I Wellbeing has provided training courses, talks and workshops to paying customers from a range of prestigious organisations in the arts, legal, infrastructure and consultancy sectors. C&I Wellbeing has provided talks on a range of topics, from 'Coping with Stress', 'Building Confidence', to 'Grief and Bereavement'. The 'Mental Health Awareness Training' that is co-facilitated between C&I Wellbeing psychologists and a 'Lived Experience Expert' has proved a popular product.

Before C&I Wellbeing was able to start working with paying customers there was a huge amount of groundwork, including HR and workforce processes, networking and building partnerships, website and training design to be completed.

We are now working to extend C&I Wellbeing's customer base with the backing of the board and very positive feedback from customers both on the quality of our product, and on the C&I Wellbeing business model of generating income for NHS services by selling our expertise to companies. We intend to become the 'go-to' provider of mental health talks and training, as well as a provider of high level psychology input for organisations.



Lime Tree Gardens - developing a new high-support mental health care home with partners One Housing Group

1.5 Performance analysis

This Performance Analysis summarises Trust performance for 2017/18 and includes information, below, about how we measure our performance against national requirements. A full and detailed analysis of all aspects of our performance can be found later in this document in the Accountability Report, Quality Report and the Summary Financial Statements.

We check the quality of the data we use to measure performance through our Information Assurance Framework. This provides a current update on the data quality and data improvement plan for all the 2017/18 Key Performance Indicators, which were agreed with colleagues from Camden and Islington Clinical Commissioning Groups and the Commissioning Support Unit.

We monitor any current or future risks to our performance through the Trust's risk register and present a Performance Report on a quarterly basis to the Board.

1.5.1 Performance Framework

We also report on a monthly basis to the Board on the performance of the Trust's five clinical divisions. At these monthly divisional performance meetings, each division is RAG (Red, Amber, and Green) rated across four domains: quality, workforce, performance and finance.

1.5.2 Internal high-level performance indicators

We focus on three key areas to help us deliver high quality services – patient safety, patient experience and clinical effectiveness. Our progress and performance is measured internally against a range of indicators that also includes specific improvement priorities that we set ourselves each year.

Some of these are also incorporated in the annual Commissioning for Quality and Innovation (CQUIN) framework that we negotiate with our commissioners and which are mindful too of quality priorities at national level.

In setting our nine 2017/18 improvement priorities, the Trust also took into account the action plan following inspection by the Care Quality Commission in 2016.

With regard to key specific indicators on patient safety, overall incident reporting rates remained consistent with the

previous year, with fewer than half - 45% - of incidents reported classified as patient safety incidents.

The majority of patient safety incidents reported resulted in no harm, with fewer than 1% resulting in severe harm. The number of serious incidents also remained consistent with the previous year. We continued to review procedures around seclusion and prone restraint to ensure our wards are as safe as possible for our staff and service users and will continue to focus on this in 2018/19.

The Friends and Family Test (FFT) asks our service users whether they would recommend the Trust to their family or friends, and is an important measure of patient satisfaction and experience.

The recommendation level of the Trust by service users has remained constantly high at an average 90% across the quarters.

Overall responses increased again during the year but uptake is still low and there will be further work in 2018/19 to improve it.

There were significantly fewer formal complaints during the year – 127 compared with 172 in the previous 12 months.

A key focus during the year, supporting our clinical effectiveness, was on bed management flows, occupancy and length of stay. This was underpinned with the launch of our Red2Green initiative to reduce pressure on Acute beds.

In line with a national drive to reduce inappropriate out-of-area placements, Red2Green entails using a daily survey tool to ensure that our patients do not stay in hospital longer than they need to.

In recent months, the number of outplacements has been significantly

reduced, but the aim of achieving 95% bed occupancy by the end of 2017/18 was not met and continues as a priority focus.

The CQUIN results for 2017/18 showed good progress in some areas, including reducing through intervention the number of attendances at A&E by those with mental health needs; improving the experience and outcomes for young people transitioning out of Children and Young People's Mental Health Services (CYPMHS); and improving the health quality of food at the Trust for service users, visitors and staff.

There was progress too in increasing the level of staff uptake of the flu vaccination,

and improving collaboration with primary care clinicians to reduce premature mortality in those with serious mental health conditions.

However, progress with regard to preventing ill health related to smoking and alcohol consumption, for instance through screening and providing advice, was inconsistent over quarters.

During the year, there were significant achievements against our quality improvement priorities that we set ourselves for 2017/18.

We improved our learning from serious incidents with additional training and workshops for staff, and we enhanced

our recording and monitoring of physical health data on those with psychosis and also improved relevant communication with GPs.

We additionally met targets to improve arrangements for caring for service users presenting to A&E with mental health needs; to evaluate outcomes from our programme to integrate physical and mental health care in those with psychosis and for better involvement of service users in care planning.

For further detail about the Trust's performance targets and progress, please refer to the Quality Account that starts on page 84.

1.5.3 NHS national targets

During the year we continued to be assessed on a quarterly basis to meet national standards for access and outcomes.

In October 2016, the Single Oversight Framework replaced what was previously the then Monitor's Risk and Assessment Framework, one of the aims being to reduce information burden and to ensure central collection of data.

A series of service performance targets covers seven day follow-up contact of Care Programme Approach (CPA) service users; admissions to inpatient services having access to crisis resolution home treatment teams; and people experiencing a first episode of psychosis being treated with a NICE-approved care package within two weeks of referral.

There are also two Mental Health Data Completeness metrics and three tiers of targets covering recovery rate of Improving Access to Psychological Therapies (IAPT) services in Camden, Islington and Kingston.

For all targets, except just one, the performance indicator thresholds were consistently met throughout the year. The exception was the proportion of people completing IAPT treatment who

move to recovery – this standard was not consistently met.

In the majority of months, this indicator was met though and exceeded for each borough in March 2018.

To become, and remain a Foundation Trust, it is necessary to demonstrate to NHS Improvement that the Trust is well-led and governed, financially robust, legally-constituted and meets the quality

threshold and standards. The Trust has met or surpassed all of these targets and indicators for 2017/18.



Approved Mental Health Professional Team with Trust CEO Angela McNab

1.5.4 Governance and Quality Assurance

The Trust has a number of mechanisms and processes in place to support governance and quality assurance. Oversight of governance and quality is provided by the Trust Quality Committee, Quality Governance Committee and the Board. There are monthly Safety and Quality reports to the Board focussing on safety, effectiveness and patient experience.

As part of Care Quality Commission inspection preparation, our services carried out an extensive self-assessment to provide assurance on safety and quality.

The Trust has continued to embed learning from incidents and complaints with regular bulletins and workshops and there was an external review of governance during the year and an audit of serious incidents.

As a result, we have strengthened the serious incident group and quality governance committee. We have introduced more rigorous review of serious incident findings. The Trust ran serious investigation training and focussed on improving the quality of serious incident reports, which in turn improves the ability to learn from these incidents. The number of formal complaints fell during this period. The current focus has been on improving complaint response times.

The Trust participated in a number of national clinical audits as well as running a local clinical audit programme. Quality Improvement (QI) training was taken up by a significant number of staff and a QI programme is in place which will be further developed and strengthened throughout next year. The Trust makes regular uploads of incidents to the National Reporting and Learning System (NRLS) and when benchmarked with other Trusts, is not a low incident reporter. Friends and Family Test results have remained positive and the Annual Community Survey showed improved results.

1.5.5 Care Quality Commission inspection

The Care Quality Commission (CQC) inspected the Trust in December 2017 and produced its report in March 2018. Overall, it rated the Trust as "Good".

To read further detail of the CQC inspection and the Trust's action in response, please refer to our Accountability Report on page 34.

1.5.6 Equality, Diversity and Human Rights

Our activity and policies in this area are explained in detail in our Accountability Report on page 72.

1.5.7 Impact on the environment

The Trust has commissioned external consultants to produce a Sustainable Development Management Plan. This will be completed in June 2018 and will audit and verify the Trust's key environmental data such as carbon sources, total CO2 emissions, water usage and waste production and recycling rates. This will enable us to set appropriate short and long term targets in accordance with government and NHS sustainability commitments and relevant legislative requirements. It will also enable us to develop a clear policy with support from key stakeholders which will be disseminated through robust communication and engagement plans.

The Trust continues to purchase its electricity and gas via the Crown Commercial Service (CCS) framework agreement. CCS is the largest buyer of gas and electricity in the UK with skilled, in-house market analysts, risk management specialists and robust independent governance. Bulk buying on behalf of central Government and NHS continues to yield significant savings for the Trust when compared to other energy tariffs.

1.5.8 Facilities Management

The Trust achieved excellent scores in 2017 in the annual PLACE (Patient Led Assessment of the Care Environment) inspection. This provides a snapshot of how an organisation is performing against a range of non-clinical criteria, which impact on the service users' experience of care and assessment. These include aspects of the environment which patients/service users have identified as important.

Although PLACE is a non-technical assessment, the views expressed come from service users or ex-service users, who are, or have been, recipients of services in Trust premises. Six elements are assessed: cleanliness, food and hydration, the condition, appearance and maintenance of buildings, privacy and dignity, disability compliance and dementia friendliness. Across all six areas, C&I scored above the national average and some sites scored 100% for cleanliness.



Our service users enjoying cinnamon and banana pudding

1.5.9 Our Finances

The Trust reported a surplus of £11.0m for 2017/18. This figure includes profits on sale of £5.9m from two buildings and the receipt of £6.0m of sustainability and transformation funding (STF). A view of the Trust's underlying performance, which excludes these items, would show an underlying deficit of approximately £1.1m, which is a worsening of the underlying position in 2016/17 by £1.1m. 2017/18 has seen an increase in total operating income of about £5m (excluding STF) from £139.2m, which includes an increase in CCG income of £2.5m, predominantly resulting from the application of national non-tariff inflator and growth applied to existing local contracts of £1.7m. In the same period, expenditure rose by £6.0m and net capital and interest charges grew by £0.1m.

The main reasons for the fall in real operating surplus since 2016/17 were that the Trust continued to face significant costs as a result of placing acute and psychiatric intensive care unit (PICU) patients outside Camden and Islington beds. The Trust opened a Women's PICU unit towards the end of 2017, and was able to bring all Women's PICU back in house, which delivered

both improved care and financial savings to the Trust and to commissioners of women's PICU services in North Central London.

In addition to this, budgets were adjusted for cost improvement programmes, but expenditure levels did not adjust fully to the reduced levels, with temporary staffing levels remaining high.

Pay costs have increased by £3.1m to £98.6m, as a result of pay awards, incremental drift and an increase in average staff numbers from 2,032 to 2,052 (which approximates to 1%).

This continued fall in underlying surplus is disappointing, and whilst the Trust's position remains strong compared to many NHS providers, this will obviously pose continued financial challenges for the Trust as we move into 2018/19.

The regulator of NHS Trusts, NHS Improvement, awards a Continuity of Service rating to Trusts. This is a measure based on the organisation's liquidity, its ability to cover its public dividend capital payments from its earnings, its margin on income and expenditure, the accuracy of its financial planning, and its use of agency staff. The ratings vary between a '1' which is the best score and a '4' which is the worst.

The Trust scored a '2' and for a brief period a '3' during 2017/18, but at the yearend has scored an overall rating of '1', mainly as a result of the disposal proceeds for Tottenham Mews, but also the receipt of STF of £6.0m.

Partnerships with key commissioners remain effective and strong. For 2017/18, the Trust has planned for a small decrease in contract values of around £2.2m, mainly as a result of £2m relating to Overseas Visitor Income being reclassified as cost per case, which lies outside of the contract.

The contractual position reflects the very tight financial position faced by our

local commissioners, Camden CCG in particular, who have little growth money to spend with C&I. This is likely to make the financial position more difficult, as it falls short of the expected growth in the size of our resident population.

The Trust's balance sheet remained relatively stable during 2017/18 with only minor growth in the assets employed.

The Trust has spent £4.5m for 2017/18, on its planned capital programme, which has included a sizeable investment to create a Women's PICU unit as well as improvements across the existing estate and investment in the IT infrastructure.

In addition to the above capital spend, the Trust also disposed of two surplus properties, in Hanley Road and Tottenham Mews, which resulted in a beneficial profit on disposal of (a combined) £5.9m.

The Trust retained healthy liquidity balances of £48.2m at 31 March 2018. These balances were predominantly held in Government Banking Service accounts, with only minor balances held elsewhere for operational issues.

Cash balances were ahead of plan, despite the Trust failing to meet its I&E surplus target, primarily due to delays in the planned purchase of land from Whittington Health as part of the proposed St Pancras redevelopment, but also as a reflection of the Trust's strong balance sheet management.

Because the Trust has a very strong balance sheet, of which a high proportion of the assets are held in cash balances, and as it is reasonably confident of its ability to deliver its cost improvement programmes, and expects to at least maintain its income over the new financial year, it has prepared its accounts on a going concern basis.

The Trust's Going Concern Disclosure is included in the Other Required Disclosures section of the Annual Report.



Service users enjoy a tasty spread during Nutrition Week

1.5.10 NHS Improvement's Single Oversight Framework

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

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

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

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

Segmentation

The Trust is in segment 2.

This segmentation information is the Trust's position as at 31 March 2018. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Use of resources

NHS Improvement rates foundation trusts against a Use of Resources rating, which consists of five metrics, each scored between '1' to '4', where '1' reflects the strongest performance. Their scores are then weighted to give an overall score.

The following table shows the Trust's results against this rating:

Area	Metric	2017/18 Q1 score	2017/18 Q2 score	2017/18 Q3 score	2017/18 Q4 score	2016/17 Q3 score	2016/17 Q4 score
Financial Sustainability	Capital Service Capacity	2	2	2	1	2	2
	Liquidity	1	1	1	1	1	1
Financial Efficiency	I&E Margin	3	3	3	1	3	2
Financial Controls	Distance from Financial Plan	3	3	4	1	3	3
	Agency Spend	1	1	1	1	3	3
OVERALL SCORE		2	2	3	1	2	2

Note: The Use of Resources rating came into effect during 2016/17 and therefore there isn't a full set of prior year comparators available. The Use of Resources metrics take into account the impact of Sustainability and Transformation Funding received in March 2018

The Summary Financial Statements are presented at section 4 and form part of this performance analysis.



Angela McNab
Chief Executive
25 May 2018

An Insight into Mental Health from a Service User

How South Islington Rehab and Recovery Team changed one service user's life

It's hard to imagine the day-to-day challenges that Kathleen Crosby faced before she received help from South Islington's Rehab & Recovery team.

The mother of two had been unable to get a bath or shower at home for more than two decades, because her flat was without hot water or heating.

She had no flooring or furniture apart from a battered old sofa, a broken television and a mattress with springs popping out. With no hot water it was impossible to keep her home clean.

For many years, Kathleen had also been unable to look after herself properly and do the things most of us take for granted such as going to a dentist or shopping for clothes and going to the hairdressers. Most of what was in her wardrobe was unsuitable, missing buttons for example and leaving her exposed and vulnerable.

Kathleen, who was diagnosed with paranoid schizophrenia and spent years living an isolated existence, was estranged from her children and grandchildren because of the difficult and unsafe environment in which she lived in and her unwillingness to seek help.

Kathleen finally saw her GP in Islington who persuaded her to meet the Camden and Islington Recovery and Rehabilitation team at Southwood Smith. It was at this point that she started to turn her life around.



Kathleen Crosby

Clinical Assistant Practitioner, Hatice Hakki, said:

■ **She was not engaging with our services initially. However, with perseverance, Kathleen agreed to work with me and the team, and she now has most of the things she needs to live a normal and comfortable life with continuing support."**

Kathleen, who now works part-time in a pub, explains:

■ **The help I've had has made such a difference. My family are back in touch and so delighted that I finally accepted help and was able to get sorted. It is great to be able to do my own washing and cleaning at last. My advice to anyone in a similar situation is to reach out and open up to the help that's on offer and never to feel embarrassed."**

2 Accountability Report

2.0 Directors' report

The Directors are responsible for preparing the Annual Report and Accounts. The Directors consider the Annual Report and Accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

For each individual who is a Director at the time that the report is approved: so far as the Director is aware, there is no relevant audit information of which the NHS Foundation Trust's auditor is unaware; and the Director has taken all the steps that they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trust's auditor is aware of that information.

2.1 Working with our stakeholders and service users

2.1.1 Service user involvement in the Trust

During the year a key focus was working to establish our recently-introduced Service User Involvement Strategy 2016-19.

The strategy reflected calls by service users for a more consistent and deeper involvement in the Trust and closer co-production of services. The strategy outlines six strands to achieve this.

These are: service user access to information, collaborative working, service user training, support, reward and

recognition, and participation in research.

To support the effective implementation of the strategy we appointed a Service User Involvement Facilitator who has engaged well with the key priorities in the strategy and created a stronger service user network, and a consistent approach to service user involvement opportunities, as well as an open support group for those involved in Trust business to attend.

To keep service users up to date on Trust developments and importantly to hear their feedback, we launched a series of day-long events and held five Trust service user conferences.

In line with our involvement strategy, our service users continued to play a vital role in developing our clinical strategy through participation in our regular programme of co-production Evolution meetings.

Service users have also had a pivotal role in developing our services and co-designed the Trust's new Women's Psychiatric Intensive Care Unit (PICU) at our St Pancras site.

They are also involved in developing our award-winning initiative to integrate physical health care with the mental health care of those service users in Camden and Islington who have psychosis. This is formally known as the Integrated Practice Unit for Psychosis and is aimed at closing the mortality gap in a group who, on average, die 15 to 20 years earlier than the general population.

Together with the Equality and Diversity Lead, service-users are also taking part in exploring how our services can become more sensitive to meeting the needs of other cultures, for example the Bangladeshi community.

Service users supported the Trust in preparation work for the Care Quality Commission inspection in 2017 and, in turn, were represented as part of the inspection team.

Amongst other activities service users have also taken part in and represented the Trust in the national review of the Mental Health Act.

2.1.2 Service user experience

Patient experience ranks alongside patient safety and clinical effectiveness as a key component of quality in healthcare service.

During the year, there was slower progress than hoped in implementing our first Patient Experience Strategy throughout the Trust. Launched in April 2016, it aims to provide a framework for assessment and improvement in this area, including the impact on service delivery, particularly on direct patient care and treatment, demonstrating that we listen and incorporate feedback in care and treatment delivery. It also includes development of service user-led outcome measures for each division.

The rate of progress was principally due to there not being a Patient Experience Lead in post. Towards the end of 2017/18, an appointment was made after a selection process and in 2018/19 a key focus will be reinvigorating the strategy.

Responses by service users in the regular Friends and Family Test have increased during the year. However, uptake is still low and there will be further work in 2018/19 to improve it. The recommendation level of the Trust by service users has remained constantly high at an average 90%.

During the year we made progress in the areas identified by the Trust as priorities for improving patient experience. We achieved our aim of improving the services provided to service users and their families presenting at our acute hospital partner sites with mental health needs.

We made some progress too in better communication and involvement of families in the event of the death of a service user, and this will continue to be a focus in 2018/19. We made more limited progress though in implementing the local prevention strategy. However, we have

embedded our focused training and guidance, briefing and de-briefing sessions and the sharing of learning from investigations.

In 2018/19, improvement priorities will include implementing the strategy in full, setting up a group to specifically look at reducing self-harm, and learning from service user deaths and serious incidents, including better involvement of families, and involving service users in the Trust's ongoing Quality Improvement programme.

2.1.3 Carers

Our carers play a significant role in the Trust, supporting our service users and helping them in their care and recovery.

During the year, the carers' co-produced welcome and information pack was launched and rolled out to every Trust division, further raising internal awareness of their work and support.

There was activity to raise the profile of the work of carers, for instance in the Recovery and Rehabilitation division, and to get their assistance in helping service delivery, for instance Camden Dementia Services.

Carers were closely involved in key activity within the Trust during the year, including participation in the Care Quality Commission inspection, involvement in the committee reviewing the Mental Health Act and attending Quality Improvement training.



Acute Matron, Jo Pollock, with Director of Nursing, Caroline Harris-Birtles and Professor Oliver Shanley, Regional Chief Nurse, NHS England and NHSI

We joined Carer Rights celebrations in Islington and gave a presentation to carers on all our services. This was very well-received and was a good way to hear individual compliments and concerns about our services.

We also continued and strengthened the Carer Partnership of carers, local carer organisations, commissioners, senior managers and directors, making it more effective.

To further formalise their role in the Trust, we were pleased to be accepted for membership of the Triangle of Care, the national scheme which recognises NHS trusts for their quality of care to carers.

Implementing the Triangle of Care demonstrates that all services have a genuine commitment to the service user, the professional and the carer and this promotes safety, supports recovery and sustains wellbeing for all.

In order to achieve full accreditation to this scheme, our teams in our inpatient and community services are undertaking self-assessment against a series of set principles. This will enable us to build a Trust-wide picture of our strengths and areas of excellence in working with carers, and also the gaps where we need to invest more time and resources.

2.2 New and revised services

Islington Integrated Drug and Alcohol Service, now known as Better Lives

In November, we were awarded the contract to provide integrated drug and alcohol services across Islington as the lead provider in partnership with Blenheim and Westminster Drug Project (WDP). The contract will run for up to nine years and replaces seven existing contracts with a single C&I-led service commencing in April 2018. For further detail refer to the Substance Misuse Services section on page 26.

Lime Tree Gardens

In 2017 the Trust built on the success of Tile House and Cliff Road, the integrated housing and mental health schemes operating in partnership with care provider One Housing. These services are part of a wider strategy that has reduced out-of-borough placements by 45% in the last five years.

We assisted One Housing in opening a new 24 bed CQC-registered jointly-staffed residential care home. Lime Tree Gardens, in Kentish Town, Camden, will provide 24-hour support from a team including nursing, psychiatric, psychology, and therapy expertise from C&I. Its aim is to accommodate vulnerable service users with very complex mental, physical and social needs who were previously on long-term inpatient wards.

The unit was opened in October 2017 and has proved successful in allowing the step down of eight individuals from NHS wards alongside a transfer from other One Housing

projects. In addition three individuals are being considered for a move from out-of-area placements, which helps us meet NHS guidance.

The success of the project has led to further discussion regarding additional innovative service models that are currently under development.

Women's psychiatric intensive care unit (PICU)

In November 2017, we launched a specialist women's psychiatric intensive care unit (WPICU) - the only such unit to offer this service across north central London.

The 11-bed unit offers 24-hour care and support to women with the most severe psychiatric needs and will cater for service users from across Camden and Islington, as well as Barnet, Enfield and Haringey.

Named Ruby and based at C&I's St Pancras Hospital site, the unit provides tailored, intensive treatment much closer to home, so women no longer have to go out of borough and away from their families and loved ones to get specialist care of this kind.



The communal area of our new Women's Psychiatric Intensive Care Unit (WPICU)

2.3 Information and Communications Technology

The Information and Communications Technology Department (ICT) has two main functions. The IT side provides hardware, software and network communications across 35 sites. The Information Team looks after the Clinical Systems and provides reporting and data capabilities.

During the year, both parts of the department have been involved in a number of significant activities. IT delivered Multi-Functional Devices - combined printers/scanners - to every site by the end of March 2018 in a speedy roll-out that started in December. The managed contract with Capita is likely to deliver new levels of availability and reliability.

Other contracts were signed to manage the Trust's telephony infrastructure, stabilise the core network, including e-mail stability, and refresh the Trust's anti-virus solutions.

May 2017 saw large parts of the NHS affected by the "WannaCry" ransomware attack. C&I was not directly affected, but the event highlighted the knowledge and professionalism of ICT staff in supporting our services. A programme of refreshing the Trust's desktop computers is well underway. Wi-Fi improvements, including making Wi-Fi available for visitors, is being delivered across the estate.

The ICT service desk continues to be the main point of contact with ICT for most staff members.

Between April 2017 and March 2018, 20,000 calls have been closed by that small team.

The Service Delivery Team was formally created towards the end of 2016. It manages the Trust's ICT assets and contracts. It carefully monitors its service levels to ensure that all users receive excellent service.

On the Information side, the Carenotes Revamp team won 'Team of the Year 2017' at the Trust's annual Star Awards for its work in developing the Trust's electronic digital records system. Clinical Applications staff continue to improve and develop Carenotes, which this year has included major changes to Risk Assessments and Care Plans.

The Information Team has supported key clinical projects such as the Red2Green bed management initiative. New reports and dashboards are helping to manage patient flows.

2.4 Emergency preparedness and resilience

In accordance with both the Civil Contingencies Act 2004 and current NHS-wide guidance, the Trust has an established set of plans to deal with major incidents and business continuity issues. They continue to be developed in consultation with regional stakeholders to ensure cohesion with their own plans.

During the year, the Trust reviewed, tested and updated a number of its arrangements for Emergency Preparedness, Resilience and Response (EPRR). Under NHS England's annual assurance process, the Trust carried out self-assessment against EPRR core standards followed by peer review, with NHS England accepting the self-assessment and acknowledging we had made significant improvements in EPRR since 2016.

2.4.1 Pandemic Influenza Plan

In line with NHS England requirements, the Trust has a developed plan to manage an outbreak of pandemic influenza in partnership with other health and social care organisations across Camden, Islington and the London region.

The prime objectives of the plan are to save lives, reduce the need for hospital admissions, reduce the health impact, and minimise disruption to health and other essential services.

In July 2017, the Trust contributed to Exercise Seacole II, a pandemic flu exercise run by Public Health England. The lessons learned will be incorporated in forthcoming revised national guidance.

2.4.2 Testing and Exercising

The Trust is required to hold a live test every three years, a table-top test every year, and a communications cascade every six months. Whenever possible, the Trust strives to ensure that its testing is held in a multi-agency context.

In the aftermath of the London terrorist attacks, and the fatal fire at Grenfell Tower, the Trust was asked to make psychological support teams available, which it did in the necessary timescale. This indicated the effectiveness of command and control planning in the Trust.

In July 2017, Islington Council ran a major multi-agency exercise to test response to a multiple hostile shooter scenario.

During the year, and in line with EPRR core standards, a programme of command and control training was provided to executive and senior management providing an on-call function. This training was also widened to 70 front line managers.

2.4.3 Live Events

On 12 May 2017, a computer virus which encrypts data on infected computers and demands a ransom payment to allow user access was released worldwide in a cyber attack known as “WannaCry”, and had a significant impact across the NHS.

More than 30% of NHS trusts in England were affected, however, C&I was able to mitigate the risk after recognising the potential threat some months before.

During the year, a number of weaknesses were identified in relation to standby electrical generating capability and IT infrastructure. In each case a high level command structure has been set up to minimise any impact on patient experience.

The Trust implemented measures on preparedness contained in an action plan that was drawn up following a fire on Sapphire ward at Highgate Mental Health Centre in 2016. An external review by Oxleas NHS Trust of the incident and response found that the command and control structure had worked well.

2.4.4 Partnership Working

The Trust works in collaboration with a range of partner agencies through formal standing meetings and ad hoc arrangements. Formal committees of which the Trust is a member, include both the Camden and Islington Borough Resilience Forums. The purpose of these groups is to ensure that effective and co-ordinated arrangements are in place for multi-agency emergency preparedness and response, in accordance with national policy and direction from NHS England.

The Trust has made recommendations on changes required to give the Local Health Resilience Partnership, previously chaired by NHS representatives, more relevance in a changing regional and national environment.

2.5 Data loss or confidentiality breaches

Patient confidentiality and security of information about service users is very important to C&I. Confidential information is held largely in electronic form in the Trust’s electronic patient record system, Carenotes.

The Trust considers the risks to data security and appropriate actions to mitigate. All incidents which involve the loss or unauthorised disclosure of personal information are reported centrally and acted upon.

In addition to our incident management and reporting tools, the Trust uses the IG Toolkit Incident Reporting Tool to report level 2 IG SIRIs (Information Governance Serious Incidents Requiring Investigation) to the Department of Health, the Information Commissioner’s Office and other regulators.

During 2017/2018, there were 74 incidents reported via the local reporting tool (Datix) for Information Governance. None of these incidents was reportable to the Information Commissioner’s Office (ICO) and were managed following local protocol.

In reviewing the types of breaches which had occurred, the incidents were mainly down to human error.

Any Level 2 incident would be cascaded to the SIRO, which is the Director of Nursing, and reported on the IG toolkit as per the NHS Digital requirement. It will also be reported at the Trust’s Information Governance Committee.

The Trust is also preparing for the introduction of the changes associated with the Data Protection and has updated policies, contracts and notices to ensure staff and patients are familiarised with these.

2.6 Public consultations

The Trust did not hold any public consultations in 2017/18.

2.7 Better payment practice code

The Trust aims to pay all invoices within 30 days, in line with the better practice payment code, and during 2017/18, made weekly payment runs to pay all invoices that were due for settlement.

2.8 Well-led governance review

Our ongoing work and progress on performance as a well-led organisation is explained in our Annual Governance Review section page 77.

2.9 Trust membership report

Over the past year, C&I has continued to focus on the four key areas outlined in the Trust's Membership Strategy. These include:

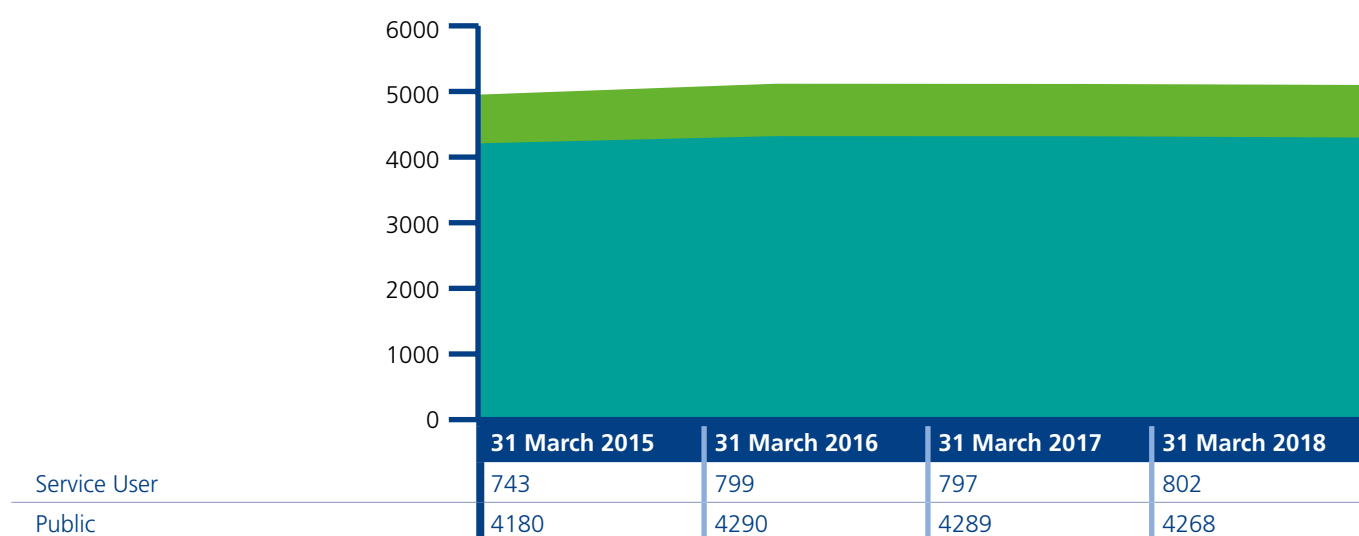
- Building a sizeable and representative membership
- Developing an active and engaged membership
- Enhancing governance and accountability to the membership
- Ensuring continuous learning and improvement

Growing a sizeable and representative membership

In 2017/18, the Trust's membership remained relatively stable with its public members going from 4,289 to 4,268 and its service user membership increasing from 799 to 802.

Although the Trust fell short of its projected specific targets of 4,350 public members and 850 service user members, we exceeded our overall membership target of 5,000+ by maintaining 5,070 members during this period.

The Trust's membership remained stable In 2017/18 at over 5,000



Diversity and representation

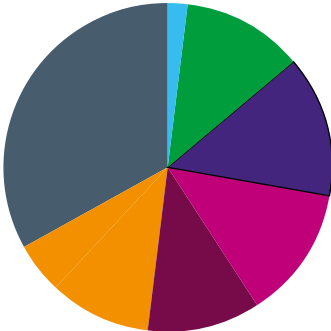
As part of the membership application process, individuals are asked to provide demographic data so the Trust can ensure that its membership reflects the communities it serves. Whilst a sizeable proportion of applicants choose not to volunteer this information, the Trust regularly reviews available data to ensure that membership growth is as inclusive and proportionate as possible.

Age Group [% of Public Membership]

Breakdown of membership by age

Age Group	C&I	Local Population
0 – 16	0%	22%
17 – 21	2%	6%
22 – 29	12%	13%
30 – 39	14%	19%
40 – 49	13%	14%
50 – 59	11%	11%
60 - 74	10%	10%
75+	5%	5%
Unspecified	33%	0%

C&I



Local

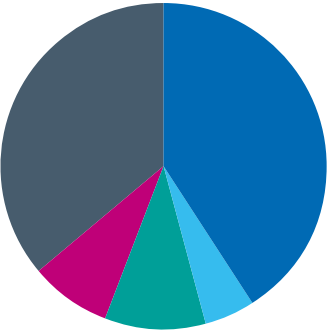


Ethnicity [% of Public Membership]

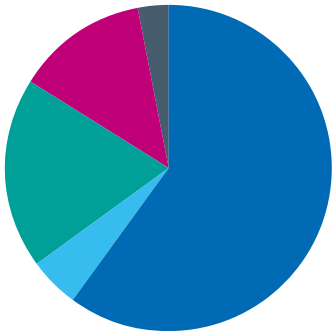
Breakdown of membership by ethnicity

Ethnicity	C&I	Local Population
White	41%	60%
Mixed	5%	5%
Asian or Black British	10%	19%
Black or Black British	8%	13%
Other	36%	3%

C&I



Local

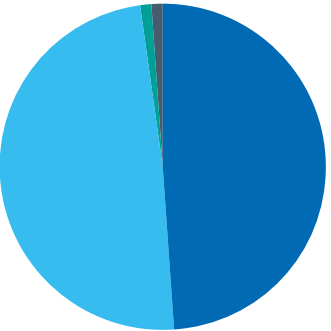


Gender [% of Public Membership]

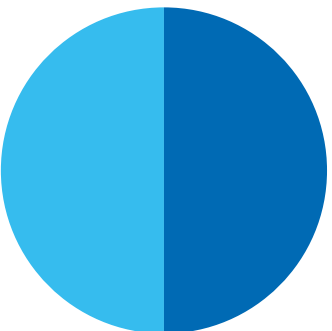
Breakdown on membership by gender

Gender	C&I	Local Population
Female	49%	50%
Male	49%	50%
Transgender	1%	0%
Unspecified	1%	0%

C&I



Local

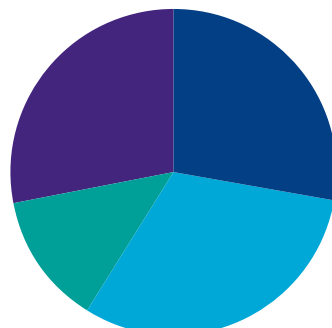


Socio-Economic Group (% of Public Membership)

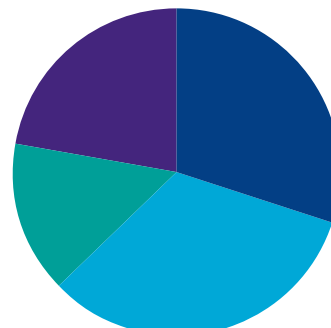
Breakdown of membership by socio-economic group

Socio-Economic Group	C&I	Local Population
AB	28%	30%
C1	31%	33%
C2	13%	15%
DE	28%	22%

C&I



Local



In conclusion, C&I's membership remains broadly representative of the local population, but the Trust is keen to grow its membership in all categories and is looking at new ways of promoting the benefits of being a Trust member.

Developing and maintaining an active and engaged membership

Over 2017/18, the Trust hosted a number of events, improving involvement and engagement with members. This included four Mental Health Matters events featuring topics such as 'Labelling and mental health stigma' and 'A perspective on Obsessive Compulsive Disorder and hoarding'.

Other notable events included the Trust's Carols by Candlelight evening, the launch of the new Women's Psychiatric Intensive Care Unit and the Annual Members' Meeting, which were attended by some members and provided opportunities to recruit more.

Governance and Accountability

C&I is committed to building strong lines of communication, accountability and transparency between those who manage the Trust and the communities the Trust serves; as well as those between management and Trust staff. Membership is a fundamental part of our approach to achieving this aim and, as such, we continue to work hard to deliver improvements where possible.



Developing and maintaining an active membership through events like our regular art exhibitions

Governor Training and Development

With University College London Hospitals (UCLH), C&I ran joint governor training sessions, providing its governors with an opportunity to enhance their skills and meet governors from another organisation. The training was delivered by NHS Providers as part of its GovernWell programme, and included modules such as Core Skills and Member and Public Engagement.

Learning and Improvement

Through the Membership database, Service User Conferences are regularly promoted, inviting service users and carers to hear updates from the Trust and share their views to help improve services. In addition, the Trust asks members to vote on the following year's priorities to ensure necessary improvements can be made across patient safety, patient experience and clinical effectiveness.

Summary of eligibility requirements

C&I's membership comprises three constituencies: Public, Service Users and Staff. Individuals are eligible to become members of one constituency, and those who are eligible to join the Staff Constituency cannot join as Public or Service User members while they are eligible for Staff membership.

Public membership:

This constituency is divided into a further three constituencies: 'Camden', 'Islington' and 'Rest of London'. To be eligible for this membership, the individual must live in one of the three areas stated and be 16 or over.

Service User membership:

To be eligible for this membership, the individual must have accessed one or more of the Trust's services within the last five years when they join and be 16 or over.

Staff membership:

This constituency is for individuals employed by the Trust permanently or under a contract exceeding one year. All staff are invited to become a member when their employment with the Trust commences and will automatically become one unless they choose to opt out

Contact

Getting in contact with Governors:

Members who wish to contact governors can do so by emailing: governors@candi.nhs.uk, using the 'contact form' on the Contact page of our website or writing to:

Governors
Freepost RTGZ_ZKAY_XGGC
Camden and Islington NHS Foundation Trust
St. Pancras Hospital, 4 St Pancras Way
London
NW1 0PE

Getting in contact with the Trust Board:

Members who wish to contact the Board can do so by emailing:

Trust.Secretary@Candi.nhs.uk or by writing to:
C&I Board
Freepost RTGZ_ZKAY_XGGC
Camden and Islington NHS Foundation Trust
St. Pancras Hospital, 4 St Pancras Way
London

Getting in contact with the Membership Office:

Members who wish to contact the Membership Office can do so by emailing: membership@candi.nhs.uk or by writing to:

Membership Office
Freepost RTGZ_ZKAY_XGGC
Camden and Islington NHS Foundation Trust
St. Pancras Hospital, 4 St Pancras Way
London

2.10 Our governance

Camden and Islington 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. Our governance arrangements are led by the Trust Chair, Leisha Fullick. Leisha is the Chair of our Board of Directors and the Council of Governors.

2.10.1 Board of Directors

Our Board provides overall leadership and vision to the Trust and is collectively responsible for all aspects of performance and management of the Trust's activities, including clinical and service quality, financial performance and governance.

The Board operates according to the values of the Nolan principles (selflessness, integrity, objectivity, accountability, openness, honesty and leadership).

The Board of Directors comprises:

- A non-Executive Chair
- Six non-Executive Directors
- Seven Executive Directors (Two non-voting)

In accordance with our constitution, the Executive Directors must include the Chief Executive (as the accounting officer), the Finance Director, a registered medical practitioner, and a registered nurse. We have one Director who attends all board meetings in a non-voting capacity as does the Trust Company Secretary.

The expertise of the non-Executive Directors includes finance, human resources, estates, marketing, strategic property development, equality and diversity, and management consultancy. The names, roles, and a description of the background of each Director are shown later.

All Directors are signatories to the Code of Conduct for NHS Boards and Code of Accountability for NHS Boards of Directors. In March 2015, the Board of Directors adopted a revised

Code of Conduct, incorporating the new regulations relating to Duty of Candour and Fit and Proper Persons. This document also sets out the key responsibilities of Board Directors and their responsibilities in relation to the Council of Governors.

The Board delegates the operational management of the organisation to the Chief Executive and the Foundation Trust Executive Committee, which includes the Executive Directors.

The Trust has a scheme of delegation which sets out the types of decision to be delegated to managers by the Board ('Reservation of powers to the Board and delegation of powers').

The Board believes it has a balanced, complete and appropriate membership in line with the requirements of being an NHS foundation trust.

2.10.2 Conflict of Interest and Register of Interests

The Trust maintains a formal register of Directors' interests, available for inspection, on request, at the Foundation Trust Headquarters at St Pancras Hospital, Executive Offices, 4th Floor East Wing, 4 St Pancras Way, London NW1 0PE (telephone 020 3317 7112). The Register of Interests for Directors can also be viewed by members of the public, via the Trust's website: (On our website click on About us, Who we are, then Our Board).

Board members do not hold directorships in companies with whom the Foundation Trust has done business within this

financial year and each non-Executive Director is required to confirm that they remain independent. This is also considered by the Council of Governors when they appoint or re-appoint non-Executive Directors. The Trust considers that all non-Executive Directors are independent.

2.10.3 Council of Governors

The Council of Governors has a number of statutory responsibilities described in the Trust's constitution. This includes some additional powers as a result of amendments to the 2006 Act made by the 2012 Health and Social Care Act. The specific statutory powers and duties of the Council of Governors are to:

- Develop our membership and represent the interests of the members of the Trust as a whole and the interests of the public;
- Contribute to the development of the Trust's strategy and forward plans;
- Appoint and, if appropriate, remove the Chair and the other non-Executive Directors. The Council of Governors' Nominations and Remuneration Committee is responsible for overseeing the procedure of the removal of a non-Executive Director. This procedure is set out in the Trust's constitution;
- Discuss and agree the outcome of the Chair's appraisal;
- Decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other non-Executive Directors;
- Approve the appointment of the Chief Executive;
- Appoint and, if appropriate, remove the Trust's Auditor;
- Receive the Trust's annual accounts, any report of the Auditor on them and the Annual Report;
- Hold the non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors;

- Approve significant transactions as defined in the Trust's constitution;
- Approve an application by the Trust to enter into a merger, acquisition, separation or dissolution;
- Decide whether the Trust's non-NHS work would significantly interfere with its principal purpose; and
- Approve amendments to the Trust's constitution.

During the year, the Council exercised many of these duties. In particular, the Council approved the appointment of new external auditors for the Trust, approved non-Executive Director Pippa Aitken taking on the additional role of Deputy Trust Chair, approved the Chair's annual appraisal report, reviewed and set remuneration levels for the Chair and other non-Executive Directors and received the Annual Report and Accounts.

The Council has continued to play an important role in helping to shape the strategy of the Trust and holding the non-Executive Directors, individually and collectively, to account for the performance of the Board through the Governor-led working groups which have at least one non-Executive Director as a member of each group. Each working group has agreed objectives, and a focus on one of the following areas of Trust performance:

- Service User and Staff Experience and Quality;
 - Membership;
 - Finance and Business Planning; and
 - Development of the St Pancras Hospital site.
- The Council also had a major focus in the past year on the outcome of the Care Quality Commission full inspection and the related action plans, the Trust's St Pancras transformation development programme and on issues relating to bed pressures and hospital discharge.

2.10.4 Constituencies of the Council of Governors:

- Public constituency;
- Service user constituency;
- Staff constituency;
- Appointed Governors.

2.10.5 Composition of the Council of Governors:

The Council of Governors currently comprises 21 elected Governors and five appointed by stakeholder and partner organisations, as shown below:

- Six elected by service user members;
- Eleven elected by members of public constituencies;
- Four elected by C&I staff;
- Five appointed by partnership organisations (the Trust constitution provides for up to eight appointed governors).

2.10.6 Governor Elections

Elected Governors normally hold office for periods of three years and are eligible for re-election at the end of their first term. An elected Governor may not hold office for more than nine consecutive years. Therefore, if they have already served more than six years at the time of new elections, they would not be allowed to stand again, as this would exceed the time limit they are allowed to be in post.

No regular Governor elections were held in 2017/18 but by-elections were held to fill three vacancies across two constituencies as follows:

- two service user Governors; and
- one staff Governor.

All positions were filled. In addition, two new Appointed Governors joined the Council of Governors in 2017/18, replacing previous appointees from their respective organisations.

2.10.7 Governor Vacancies

Two existing Public Governors left the Trust soon after the 2017/18 by-elections and these vacant posts will be filled as part of 2018/19's planned Governor elections.

2.10.8 Name and description of constituencies and organisations appointing Governors in 2017/18

Public constituency - comprises members of the public who reside in any of the 18 electoral wards in the London Borough of Camden, the 16 electoral wards in the London Borough of Islington, and all electoral wards within the City of London and the remaining 30 principal subdivisions of the administrative area of Greater London, each governed by a London borough council, established by the London Government Act 1963.

Staff constituency - comprises staff employed by the Trust under a contract of employment which has no fixed term or has a fixed term of more than 12 months; or have been continuously employed by the Trust under a contract of employment for at least 12 months.

Service user constituency - comprises anyone who has been a service user of the Trust within the last five years at the point of application for membership, or is over the age of 16 and provides care on a regular basis for a service user who has not attained the age of 16 or who is, by reason of physical or mental incapacity, unable to discharge the functions of a member.

Voluntary Action Camden (VAC) - is an independent, grant-aided voluntary organisation that exists to support, encourage, defend and develop voluntary and community action in the London Borough of Camden.

Voluntary Action Islington (VAI) - is Islington's umbrella agency for the voluntary sector and the main provider of support for local voluntary organisations.

The mission of VAI is to promote a thriving, effective and influential third sector that is working to improve the quality of life, and the life chances of people in Islington.

London Borough of Camden (LBC) - is the local authority for Camden (currently vacant).

London Borough of Islington (LBI) - is the local authority for Islington.

University College London (UCL) - Division of Psychiatry, which is part of a consortium of Mental Health Sciences.

2.10.9 Council of Governor Meetings

Governors are expected to attend Council of Governor meetings and there are provisions in the constitution relating to non-attendance at three consecutive meetings. Directors attend Council meetings on a regular basis particularly if there is a topic being discussed which falls under their portfolio of responsibilities and where their attendance would be beneficial to the discussion.

Four Council of Governor general meetings were held during 2017/18 on the following dates:

- 9 May 2017;
- 12 September 2017;
- 12 December 2017; and
- 13 February 2018.

2.10.10 Terms of office and meeting attendance

Governors' current terms of office and their attendance at the four general meetings of the Council of Governors held during 2017/18 are reported below:

Council of Governors' Term of Office and Meeting Attendance Record

Name:	Elected/ Appointed:	Current Term:	Constituency or Appointing Organisation:	General Council Meeting Attendance:
Dr Zaheer Afridi	Elected	2016-2019	Camden public	2/4
Ms Hagir Ahmed	Elected	2015-2018	Service user	4/4
Ms Julia Austin	Elected	2016-2019	Service user	3/4
Mr David Barry (Lead Governor)	Elected	2015-2018	Islington public	4/4
Sandra Chakara	Elected*	2017-2019	Staff	2/3
Ms Doris Daly	Elected	2015-2018	Islington public	3/4
Ms Bamidele Esuola	Elected	2015-2018	Service user	1/4
Ms Valerie Graham	Elected	2015-2018	Islington public	4/4
Ms Debra Hall	Elected	2015-2016 2016-2019	Staff	4/4
Prof Angela Hassiotis	Appointed	2014-2017	University College London Medical School	3/4
Ms Simone Hensby	Appointed*	2018-2021	Voluntary Action Camden	1/1
Mr Kevin Hull	Elected*	2017-2018	Service User	2/3
Ms Rachel Kent	Elected	2016-2019	Staff	2/4
Ms Farah Khan	Elected**	2016-2019	Camden public	0/2
Ms Suncica Mandich	Elected	2015-2018	Camden public	1/4
Mr Andy Murphy	Appointed	2014-2017	Voluntary Action Islington	2/4
Ms Michelle Murray	Elected	2015-2018	Camden public	4/4
Ms Saira Nawaz	Elected	2016-2019	Rest of London public	4/4
Mr Chaim Peri	Elected*	2017-2019	Service user	3/3
Mr Simon Ramage	Elected	2015-2018	Staff	4/4
Ms Lorraine Revah	Appointed	2016-2019	London Borough of Camden	0/4
Professor Wendy Savage	Elected	2015-2018	Islington public	4/4
Ms Monika Schwartz	Elected	2016-2019	Islington public	4/4
Mr Roger Searle	Elected	2015-2018	Service user	1/4
Ms Asima Shaikh	Appointed**	2016-2017	London Borough of Islington	1/1
Mr Nurullah Turan	Appointed *	2016-2019	London Borough of Islington	2/3
Ms Gunanganie Wijeweera	Elected**	2017/2018	Camden public	0/2

*Governor elected in a 2017 by-election or appointed mid-year.

**Governor stood down in year.

All 2017/18 Council of Governors meetings were chaired by Leisha Fullick, Trust and Council of Governors' Chair, and attended by Angela McNab, Chief Executive.

2.10.11 Committees of the Council of Governors

The Council of Governors has operated with two standing committees during 2017/18, which were a statutory joint Nominations and Remuneration Committee.

The membership of the Nominations and Remuneration Committee is detailed below:

Membership and meeting attendance

Members:	Role:	Meetings attended:
Professor Wendy Savage	Public Governor, Islington (Committee Chair)	5/5
Ms Leisha Fullick	Trust Chair (Committee Vice Chair)	5/5
Ms Hagir Ahmed	Service User Governor	5/5
Mr David Barry	Public Governor, Islington (Lead Governor)	5/5
Ms Angela Harvey (from May 2015)	Non-Executive Director	5/5
Simon Ramage	Staff Governor	5/5

2.10.12 Work of the Council of Governors' Nominations and Remuneration Committee in 2017/18

The Nominations and Remuneration Committee are in the process of recruiting a new Non-Executive Director to replace Ms Sue Goss who is due to end her term of office in May 2018. In 2018/19 two Non-Executive Directors', Pippa Aitken and Patrick Vernon, current term of office will end. The Committee is due to review these appointments.

In 2017 the Committee undertook its annual review of Non-Executive Director pay and agreed to increase this in line with the pay award given to all Trust staff.

The Council of Governors' Nominations and Remuneration Committee is responsible for overseeing the procedure of the removal of a Non-Executive Director. This procedure is set out in the Trust's constitution.

2.10.13 Council of Governors' Steering Committee

The Council of Governors' Steering Committee met on four occasions to oversee the scheduling, agenda planning and general arrangements for the Council of Governor meetings. This committee is chaired by the Lead Governor, with governor representation invited from all constituencies. The Trust Chair, Senior Independent Director and Chief Executive are also members of this committee. This representative committee is also a place where governors can formally raise concerns with the Trust Chair and Chief Executive. The Committee meets approximately six weeks in advance of each general meeting of the Council.

2.10.14 Conflict of Interest and Register of Interests

Governors are required to register with the Trust any details of company directorships or other material interests in companies held by Governors, where those companies or related parties are likely to do business, or are possibly seeking to do business, with the Trust. The register is available for inspection, on request.

The Register of Interests for Governors can be accessed by members of the public, via the Trust's website: (On our website click on About Us, Who We Are, then Our Governors).

2.10.15 The NHS Foundation Trust Code of Governance

Camden and Islington 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.

This code, published by NHS Improvement, brings together best practice from the private and public sectors. It provides an overarching framework for corporate governance and complements the statutory and regulatory obligations placed on Foundation Trusts. The Trust considers that it has applied the principles of the Code of Governance.

2.10.16 Our Board of Directors

During 2017/18 there were a small number of changes on the Executive side of the Board of Directors. In May 2017 Mr Andy Rogers joined the Trust as Chief Operating Officer, taking over from Mr Andy Stopher, Deputy Chief Operating Officer, who had been covering the role on an acting-up basis. In the same month Ms Caroline Harris-Birtles was permanently appointed as Director of Nursing, having previously acted-up into that role. Mr David Wilmott took over as Interim Director of Nursing from January 2018 until the end of the year whilst Ms Harris-Birtles was on planned leave.

There were no changes to the Non-Executive Directors during 2017/18.

2.10.17 Board meetings

The Board met in public on nine occasions during the year followed by a private and confidential meeting on each occasion, plus one additional private session. It also held a number of seminars and away days as part of its Board development programme. Board papers for the meetings held in public are published on the Trust website.

The Board agendas are agreed by the Chair and Chief Executive. Agendas include regular service user stories, feedback from service visits and a range of reports on quality, performance, strategic and operational issues presented by the Executive Directors, as well as reports from the Non-Executive Chairs of the sub-committees of the Board.

During the year, in addition to undertaking its statutory duties, the Board focused on a number of priority areas including:

- Hearing directly from service users about their experience of Trust services;
- Monitoring the Trust's response to significant demand and capacity pressures during the year;
- Strategic options for future development, growth and sustainability;

- Refreshing the Trust's Board Assurance Framework and monitoring material risks;
- Quality and financial performance and improvements;
- Development of new and updated Clinical Strategy, Patient Experience Strategy, Service User Involvement Strategy, Recovery Strategy, Cultural Pillars Strategy;
- Responding to and monitoring issues raised by the CQC or from service user and staff surveys;
- The strategic options in relation to the Trust's estate, including the development of the St Pancras Hospital site and engagement with the North London Partners in Health and Care Sustainability and Transformation Plan; and
- Strengthening the transparency, engagement and effectiveness of the Board and Council of Governors.

In addition, the Board received a range of annual reports and a regular report from the Chief Executive on the business of the Executive, including strategic and service updates and details on the use of the Trust Seal.

Public Board meeting attendance

Board member:	Meetings attended:
Leisha Fullick	9/9
Angela McNab	9/9
Pippa Aitken	9/9
Tom Burns	8/9
Susan Goss	8/9
Caroline Harris-Birtles	5/7
Angela Harvey	9/9
Dr Vincent Kirchner	9/9

Board member:	Meetings attended:
Kieran Parmar	8/9
Sally Quinn	9/9
Andy Rogers	7/8
Andy Stopher	1/1
Darren Summers	8/9
Patrick Vernon	8/9
David Wilmott	2/2
David Wragg	9/9



Leisha Fullick
Trust Chair

Leisha Fullick was first appointed on 1 September 2013 and is currently in her second term of office which ends on 31 August 2019.

Leisha has had significant Board and executive experience in a variety of roles. She is well known locally from her time as Chief Executive of Islington Council from 1996-2002. Her background is in education and she has served on a number of national bodies, as well as an Inspector and Director of Education in London and as Pro Director, Institute of Education, and University of London.

Her particular skills are in strategy, leadership, corporate governance and community engagement. She is passionate about lifelong learning,

which she sees as very relevant to the mental health agenda. Leisha also has considerable experience of partnership working and in her current role works closely with other NHS bodies, police, local authorities and the voluntary sector to achieve more and better mental health services, locally and nationally.

She is deeply committed to human rights and equality of opportunity and to ensuring that organisations with which she is associated are as service user-focused, open, and transparent as possible.



Angela McNab
Chief Executive Officer

Angela McNab joined the Trust in April 2016. She has extensive experience at Chief Executive-level, most recently at Kent and Medway NHS and Social Care Partnership Trust.

Among her previous senior and high-profile roles, she has been Chief Executive at NHS Luton and NHS Bedfordshire and worked as Director of Public Health, Delivery and Performance, at the Department of Health. Angela also led the Human Fertilisation and Embryology Authority for five years.

Angela puts a strong emphasis on engagement and involving clinicians, service users and carers in developing and improving services. She has a particular interest in developing culture in organisations and in strategic leadership, and is a qualified executive coach.



Pippa Aitken

Deputy Trust Chair/
Non-Executive Director

Pippa Aitken was appointed on 1 May 2015 and in April 2018 was standing for re-appointment for a second term running until 20 April 2021. She has been Deputy Trust Chair since May 2017.

She has a background in property and planning, having worked in both the public and private sector. She is a member of the Trust's Strategic Development Committee, which has a major responsibility relating to the Trust's site redevelopment. Her involvement includes appointing property advisers to assist with the project.

In addition, she is helping to review the Trust's Estates Strategy, ensuring it is fit for purpose. She is also a member of the

Trust's Audit and Risk Committee.

Pippa has a wealth of experience as a non-Executive Director and is a Board member of the Peabody Trust housing association, and a member of the Trust's Development and Thamesmead committees.

Alongside her executive career, Pippa has undertaken some voluntary work and is a Governor for Villiers High School in Southall. Pippa has a strong interest in young people and in issues of diversity.



Tom Burns CBE

Non-Executive Director

Tom Burns was appointed as a non-Executive Director in October 2016, following experience of this role at two other mental health trusts.

He worked as a consultant psychiatrist for 10 years before becoming a professor of social psychiatry, first at St George's Medical School in London and then at the University of Oxford. He retired two years ago and now lives in Islington.

Being a professor of social psychiatry means that he has been able to travel and observe different services nationally and internationally. His research has focused on testing the value of different forms

of services for people with severe mental illnesses, mainly psychoses. He believes such research is essential to distinguish service changes that benefit patients from those that really do not.

Tom trained as a group analyst and continues to believe that psychotherapy is an essential component of all psychiatry.

He was awarded a CBE for services to mental health in 2006.



Sue Goss

Non-Executive Director

Sue Goss was appointed in June 2012 and re-appointed for a second term in May 2015 ending on 31 May 2018. A selection process was launched to find her successor.

She has chaired the Board's Quality Committee, which is responsible for safety, quality and patient experience, and served on the Audit and Risk Committee. Sue has supported the Trust to cope with reduced resources, a high demand for beds and problems with recruitment, while at the same time maintaining safety, improving care planning and ensuring people know their rights.

She has worked extensively with local authorities, health organisations and partnerships on service improvement, and is currently supporting leadership across a number of health and social care systems.

Sue has experience of design, co-production and user engagement as well as equality and diversity strategies. Her career has involved working in politics, the community and the voluntary sector, and as an academic. She has previous experience as both an Executive and non-Executive Board member, as a Board member of OPM (a research organisation and consultancy), the Chair of Charter 88, the Chair of the Commission on Active Citizenship and Public Services, and a non-Executive Regional Board member for the Guinness Trust.



Caroline

Harris-Birtles

Director of Nursing

Caroline joined the Trust in May 2015. She trained as a registered mental health nurse as a mature student at Ealing School of Nursing, West London, and has worked across a range of mental health services over the last 30 years.

Her areas of expertise include forensic care, children's services, eating disorders and services for the deaf as well as general adult and older persons' psychiatry. Her experience includes working in the local authority, private and charity sectors.

Caroline has held senior roles in operational management, professional nursing leadership and Quality Governance and has deep knowledge of working with service users and carers.

Particular interests include service user safety, safe staffing, new nursing roles, and physical health care for service users with mental health issues.

She has trained in Health Care Quality Improvement Methodology and Research Methodology in Health and Social Care at the University of Gloucestershire.

She was appointed Acting Director of Nursing from 3 February 2017 and appointed Director from 29 May 2017.



Angela Harvey

Non-Executive Director
and Senior Independent Director

Angela Harvey FCIPD FRSA, was appointed on 1 September 2013 and is in her second term of office which ends on 31 August 2019.

Angela is Chair of the Resources Committee, and sits on the Remuneration, and the Nomination committees. The Resources Committee tests and supports how Finance, Workforce, IT and Estates are managed, ensuring these resources benefit the Trust's service users, staff and local community. Since 12 January 2016, Angela has been the Senior Independent Director whose role includes working closely with the Council of Governors.

Angela is a local councillor in Westminster, currently Chair of Licensing, and with wide experience in housing,

planning and the built environment. Her responsibilities have included the rough sleeper strategy through which over 1,600 people every year were helped back towards independent living. She also sponsored the Westminster Housing Commission. She chairs the Staff Appeals Panel and is a non-Executive Director of CityWest Homes. She is a trustee of two charities.

As an HR professional, she has a strong strategic background across the private, public and third sectors. She is a trained Executive Coach, and is also Chair of a not-for-profit private housing board.



Dr Vincent Kirchner

Medical Director

Dr Vincent Kirchner has been the Medical Director for C&I since 1 April 2015 and has worked in mental health services for around 25 years.

He studied medicine in South Africa, started his specialist psychiatric training in 1992 and has worked in mental health since then. He emigrated to the UK in 1996 and completed his psychiatric training in East London, joining C&I as a consultant in 2000.

His various roles have included lead consultant, associate medical director and deputy medical director. He is a graduate of the NHS Leadership Academy's Nye Bevan programme.

Vincent is responsible for the professional

aspects of the medical workforce including the appraisal processes that support the revalidation of doctors employed by C&I. He is also responsible for C&I's clinical strategy and committed to C&I delivering high quality services that result in good patient experience, good clinical outcomes and ensure the delivery of the safest care possible.

He is driving one of the Trust's key strategic aims for developing research and innovation, working with its academic partners at University College London.



Kieran Parmar

Non-Executive Director

Kieran Parmar joined the Trust in March 2017, as both a non-Executive Director and Chair of the Audit Risk Committee. As a chartered accountant, he has extensive experience of delivering transformational change in finance, business development and commercial director roles in large complex organisations.

He has also served as a non-Executive Director on North West London Hospitals Trust's Board, as well as being its Deputy Chairman for three years.

As Chair of the Audit and Risk Committee, his focus is on safeguarding and protecting the Trust, its Board,

officers, staff and service users. This will be done by providing the Board with assurance that the Trust has a well-led governance framework, which delivers quality, has robust and reliable systems of control, manages risk well, and delivers its statutory reports and declarations with integrity.



Sally Quinn

Director of Human Resources and Organisational Development

Sally Quinn joined the Trust in April 2016 as the Associate Director of Human Resources and Organisational Development.

She started her career in nursing and worked in surgery and intensive care.

She has over 20 years' experience in Human Resources and Organisational Development (OD) and change management. Prior to joining C&I, she was Deputy Director of HR and OD at another London trust for several years and has also worked in two national roles for an NHS arm's length body.

Particular areas of interest and expertise

are workforce planning, performance development, talent management, OD and staff engagement.

She is a Chartered Fellow of the Chartered Institute of Personnel and Development.

Sally was appointed Acting Director of Human Resources and Organisational Development from January 2017 and appointed Director on 26 July 2017.



Andy Rogers

Chief Operating Officer

Andy Rogers joined the Trust in May 2017 as Chief Operating Officer, with wide Board-level experience of mental health, learning disabilities and substance misuse services.

Previously, for four years he was Executive Director of Operations at North Staffordshire Combined Healthcare NHS Trust, based in Stoke-on-Trent.

Andy's previous roles include Director of

the Children and Families Directorate at Birmingham Community Healthcare NHS Foundation Trust and Associate Director of Operations at Heart of Birmingham Teaching Primary Care Trust.



Andy Stopher

Acting Chief Operating
Officer March to May 2017

Andy Stopher joined the Trust in the mid-nineties and has had many roles across substance misuse and mental health, including Director of the Trust's Substance Misuse Service and Recovery and Rehabilitation divisions.

He has been Deputy Chief Operating Officer since 2016 and was Acting Chief Operating Officer from March 2017 to May 2017.

Andy originally trained as a general nurse and then a mental health nurse. He is a qualified psychoanalytic psychotherapist.



Darren Summers

Director of Strategy and
Business Development

Darren Summers joined the Trust in February 2016.

He started his career working in homeless services, including rough sleeper and young people's hostels, a mental health street outreach team and managing a hostel for asylum seekers.

He spent ten years commissioning mental health and social care services, initially in Tower Hamlets and then also in Hackney and Newham.

Darren joined the Trust from Family Mosaic Housing Association, where he was Director of Growth and Transformation in the care and support division.



Patrick Vernon OBE

Non-Executive Director

Patrick Vernon was appointed on 5 October 2015. His current term of office ends in October 2018.

Patrick Vernon is a Clore Fellow with the Clore Leadership Programme to develop cultural leaders, and an Associate Fellow at Warwick University's Department of History of Medicine. He is a Health Partnership Coordinator for the National Housing Federation, and a former committee member of Healthwatch England and NHS England Equality Diversity Council. He has also been an Advisory Board member for the Time To Change movement on mental health and former adviser to Labour and coalition governments on mental health.

Amongst many public and charity sector roles, Patrick has worked as a senior civil servant at the Department of Health, is a former Director of the Brent Health Action Zone (Brent Primary Care Trust)

and a former regional director for MIND, North West London Community Foundation and The Afiya Trust. Patrick is also a former non-Executive Director for East London & the City Health Authority, and Independent Chair of Westminster Partnership for Race Equality where he played a key role with the Metropolitan Police and the Muslim community in the aftermath of the 7/7 attack in Westminster. Patrick is a trustee of Social Action for Health and North London Muslim Housing Association in Hackney, and Patron of Santé, a refugee social enterprise based in Camden.

Patrick was awarded an OBE for his work in tackling health inequalities for ethnic minority communities in Britain in 2012.



David Wragg

Finance Director

David Wragg joined C&I in October 2012 and has responsibility for estates and facilities management, health and safety, and Information and Communications Technology (ICT), as well as the Trust's finances.

Prior to joining Camden and Islington, he gained 13 years of Board-level experience as Finance Director in two other London Trusts. He has also worked in management consultancy and external audit with NHS and other health bodies.

David has contributed to expert NHS committees and has been a Director in an NHS-owned joint venture company. He is a professionally qualified accountant, a member of the Chartered Institute of Public Finance and Accountancy.

2.10.18 Board of Directors' Sub-Committees and Attendance

The Board of Directors reviewed and reconfirmed the standing committees of the Board during 2016 which is published on the Trust website. The standing committees of the Board are all chaired by a Non-Executive Director. The current Board sub-committee structure is shown below:



2.10.19 Audit and Risk Committee

Committee Membership

The Audit and Risk Committee comprises three Non-Executive Directors, including a Non-Executive Chair, and met five times in 2017/18.

Senior officers of the Trust who regularly attended the Committee included the Chief Executive, Finance Director, Head of Governance & Quality Assurance, the Risk and Patient Safety Manager, Deputy Director of Finance and the Trust Company Secretary

Representatives from the Trust's external and internal auditors, along with counter-fraud specialist representation, also normally attended meetings.

Meeting attendance

The Committee met five times in 2017/18. Attendance was as follows:

Members:	Meetings attended:
Kieran Parmar (Committee Chair)	5/5
Pippa Aitken	5/5
Sue Goss	5/5

Role and duties

- Seek assurance that financial reporting, risk management and internal control principles are applied;
- Maintain an appropriate relationship with the Trust's auditors, both internal and external; and
- Offer advice and assurance to the Board about the reliability and robustness of the process of internal control.

Work of the committee in 2017/18

The Committee agrees a work plan based on its terms of reference at the beginning of each year, in order to ensure it discharges all its responsibilities.

Some areas specifically focused on by the Committee during the year were:

- Welcoming Grant Thornton as the Trust's new external auditors;
- Approval of updated Gifts and Hospitality Policy;
- Overview of the Trust's emergency preparedness response;
- Overview of assurance on preparation for the Trust's CQC inspection;
- Overview of Local Security Management

arrangements and approval of an updated Security Management Strategy;

- Receipt of the annual report covering the Trust's 'Freedom to Speak Up' arrangements;
- Agreed the proposed process to monitor, update and report on the Trust's Board Assurance Framework;
- Approved an updated Risk Management Strategy;
- Overview of E-rostering arrangements;
- Undertook a self-assessment of the Committee's performance;
- Deep dive reviews into the risks associated with:

- The Assessment and Advice Team;
- Demand pressures on acute beds;
- Potential harm to service users due to excessive waits for secondary mental health care in Emergency Departments;
- Failure of the ICT server infrastructure;
- Agreed refreshed 'Standing Financial Instructions' and 'Reservation of Powers to the Board & Delegation of Powers' documents for Board approval;
- Staffing levels, recruitment and retention within Recovery and Rehabilitation services.

2.10.20 Quality Committee

Committee Membership

The Quality Committee membership comprises a Non-Executive Director Chair, two further Non-Executive member and four Executive Directors including the Chief Executive, the Deputy Chief Executive/Chief Operating Officer, Medical Director and the Director of Nursing and People. Senior officers of the Trust including the Associate Director, Governance and Quality Assurance and the Head of Social Work and Social Care also regularly attend.

The committee met seven times in 2017/18.

Quality Committee members and attendance

Members	Meetings attended
Dr Susan Goss (Committee Chair) Non-Executive Director	6/7
Tom Burns Non-Executive Director	5/7
Patrick Vernon Non-Executive Director	6/7
Angela McNab Chief Executive	5/7
Caroline Harris-Birtles Director of Nursing	3/3
David Wilmott Interim Director of Nursing	3/4
Dr Vincent Kirchner Medical Director	2/7
Andy Rogers Chief Operating Officer	6/7

Role and duties

To ensure that quality, healthcare and social care outcomes are the focus of the Trust's activity;

To make the three core healthcare

outcomes of safety, effectiveness and service user experience central to the development, delivery and measurement of the Trust's care and services;

To assure the Board that standards of performance and policy changes in relation to quality, healthcare and social outcomes are met.

Work of the committee in 2017/18:

During its seven meetings in 2017/18 the Quality Committee has:

- Reviewed the Trust's Quality Priorities;
- Maintained oversight of the CQC inspection preparations and action plans in the lead up to the CQC visit which took place in December 2017;
- Considered updates on service user and carer involvement with further updates

on service user groups to follow;

- Considered Positive and Proactive Care Environments progress reports;
- Considered the Quality Improvement programme progress reports;
- Oversaw and approved the following:
 - Equality and Diversity Strategy
 - The Mortality Review report / policy

- The Mental Health Law; Medicines Optimisation; Safeguarding, and; Research and Development annual reports

- Other items considered included monitoring progress of the Individual Placement and Support trial (IPS), South Camden Rehabilitation and Recovery Plans and an update on the CAMHS and Young People's Services.

2.10.21 Resources Committee

Committee Membership

The Resources Committee's membership comprises a Non-Executive Director Chair; one further Non-Executive member; and three Directors - including the Chief Operating Officer, Finance Director and Director of Human Resources and Organisational Development. Regular attendees include the Chief Executive and further representatives from Finance, Estates & Facilities, Human Resources, ICT and procurement.

Meeting attendance

The Committee met six times in 2017/18. Attendance was as follows:

Resources Committee members and attendance

Members:	Meetings attended
Angela Harvey (Chair) Senior Independent Director	6/6
Leisha Fullick Trust Chair	6/6
David Wragg Finance Director	6/6
Sally Quinn Director of HR & OD	6/6
Andy Rogers Chief Operating Office	5/5
Andy Stopher Acting Chief Operating Officer	1/1

Role and duties

To oversee the strategic planning and management of the Trust's operational resources, including those related to finance; ICT and workforce

Work of the committee in 2017/18

Through its six meetings in 2017/18, the Resources Committee has overseen the Trust's Finance, Human Resources, Estates, ICT and procurement activities. Some areas specifically focused on by the Committee during the year were:

- Oversight and approval of the 'Our Staff First' policy;
- Approval of a refreshed 'Cultural Pillars Strategy';
- Oversight on the introduction of apprenticeships within the Trust;
- Consideration of the impact of the new Junior Doctors' contract;
- Consideration of the Trust Staff Survey and consideration of the associated action plan;
- Oversight of compliance with the core skills training requirements;
- Monitoring of the impact of the EU Referendum on the workforce;
- Oversight of, and challenge on, revenue and capital expenditure;
- Specific challenge on agency and temporary staffing overspend;
- Challenge to action taken to address estates maintenance and repairs;
- Monitoring of the impact and effectiveness of the Trust's smoke-free policy;
- Oversight of arrangement to re-tender the Trust's total facilities management contract;
- Oversight of the sale of surplus property at Tottenham Mews;
- Oversight of the estates and financial aspects of opening the Women's PICU;
- Consideration of the implication of dated electrical systems at St Pancras hospital;
- Consideration of future plans for the Stacey Street site and the provided nursing home services;
- Challenged action taken to protect the Trust from future ICT systems failures;
- Received updates on cyber security and communicating with Governors.

2.10.22 Strategic Development Committee

Committee Membership

The Strategic Development Committee's membership comprises a Non-Executive Director Chair; one further Non-Executive member; and five Directors - including the Chief Executive, Medical Director, Chief Operating Officer, Director of Finance and Director of Strategy and Business Development. Regular attendees include the St Pancras Transformation Programme Director and Project Director of St Pancras Hospital where appropriate.

Meeting attendance

The Committee met six times in 2017/18. Attendance was as follows:

Strategic Development Committee members and attendance

Members	Meetings attended
Leisha Fullick, Trust Chair Committee Chair	4/4
Pippa Aitken Non-Executive Director	4/4
Angela McNab Chief Executive	4/4
Vincent Kirchner Medical Director	2/4
Andy Rogers Chief Operating Officer	2/4
David Wragg Director of Finance	4/4
Darren Summers Director of Strategy & Business Development	4/4

Role and duties

The role of the Strategic Development Committee is to:

- Drive the major strategic developments

to support the sustainability of the Trust – lead the implementation of the Trust's five year strategic plan

- Act as the lead committee for the St Pancras redevelopment Programme Board.

Work of the committee in 2017/18

Through its four meetings in 2017/18, the Strategic Development Committee has:

- Overseen progress in relation to the St Pancras Site Transformation programme;
- Considered a draft community estates strategy and plan;
- Reviewed Trust Priority Strategic Projects;

- Reviewed the C&I Rehabilitation Pathway;
- Considered Child and Adolescent Mental Health Services (CAMHS) and Young People's Services at C&I;
- Considered C&I's Recovery Strategy;
- Reviewed how C&I can enhance its community services;

- Considered Section 75 reviews (ie. how C&I delivers and discharges a number of social care services);
- Received updates around Clinical Commissioning Group commissioning;
- Received updates on the Sustainability and Transformation Programme and wider narrative.

2.10.23 Executive Directors' Nominations Committee

Committee Membership

The Nomination Committee is responsible for the identification and nomination of suitable candidates for Executive Director positions.

The membership of this committee comprises all the Non-Executive Directors and the Chief Executive.

Meeting attendance

The Committee met once in 2017/18. Attendance was as follows:

Board of Directors' Nominations Committee members and attendance

Members:	Meetings attended
Leisha Fullick (Committee Chair)	1/1
Pippa Aitken	1/1
Tom Burns	1/1
Sue Goss	1/1
Angela Harvey	1/1
Angela McNab	1/1
Kieran Parmar	0/1
Patrick Vernon	1/1

Role and duties

- The identification and appointment of suitable candidates for executive director positions on the Board
- Assuring that those identified for nomination have been sourced in an open and fair manner and are in line with the current requirements of the Trust and taking into consideration appropriate succession planning.

Work of the committee in 2017/18

The Committee met in 2017/18 to consider and agree recruitment recommendations made to support the St Pancras Transformation Programme.

2.10.24 Board of Directors' Remuneration Committee

Committee Membership

The Remuneration Committee comprises the Trust Chair and two other non-Executive Directors.

Meeting attendance

The committee met three times in 2017/18, including once by telephone.

Board of Directors' Remuneration Committee members and attendance

Members:	Meetings attended
Leisha Fullick (Committee Chair)	3/3
Kieran Parmar	3/3
Angela Harvey	3/3

Role and duties

- To advise the Board about appropriate remuneration and terms of service for the Chief Executive, Executive Directors and other members of the executive management team as the Board may determine.

Work of the committee in 2017/18

At its meetings in 2017/18, the Board of Directors' Remuneration Committee agreed the salaries of new executive appointees, agreed a 1% pay award to executive salaries, in line with the 1% agenda for pay increase applied to staff, and considered necessary matters of redundancy.

2.10.25 Board Evaluation and Effectiveness

In consultation with the Council of Governors, an agreed process is in place to evaluate the performance of the Chair and non-Executive Directors.

The Chief Executive carries out regular evaluation of the performance of Executive Directors. The performance of Board committees is subject to annual review and the Board has a yearly Board review and evaluation seminar in June, all of which helps to inform and develop both individual and collective Board development and training needs.

The overall approach that is followed includes:

- The performance of the Chair is evaluated by self-assessment. Each Board Member and the Council of Governors is asked to complete an evaluation questionnaire and rate the

performance of the Chair against agreed criteria and performance objectives.

This process is facilitated by the Senior Independent Director;

- The performance of each non-Executive Director is evaluated by self-assessment and assessment by the Chair. This is further monitored by the Council of Governors' Nominations and Remuneration Committee;
- The appraisal of the performance of the Executive Directors is carried out by the Chief Executive, who in turn is appraised by the Chair;
- The collective performance of the Board is evaluated by each Board member and the Board agrees a development plan for the year based on the outcome of this evaluation;
- Personal development plans and

objectives are agreed for all Board members and monitored during the year.

During 2017/18, a series of Board seminars and away days discussed the following topics and issues:

- St Pancras Hospital site redevelopment and Community Estates Strategy;
- Haringey and Islington Wellbeing partnership enabling delivery of better health and care services;
- Annual C&I Board Forward Look;
- Introduction of a Quality Improvement programme across the Trust and its initiatives;
- Inspection process by the Care Quality Commission and Commission briefing;
- Strategic finance and funding;
- Strategic workstreams.

2.11 Staff report

2.11.1 Analysis of average staff numbers

The tables below show the Trust staff costs and average number of staff employed as at 31 March 2018.

Staff costs in 2017/18

Staff cost			2017/18	2016/17
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	69,345	2,549	71,894	69,191
Social security costs	7,429	-	7,429	7,174
Apprenticeship levy	335	-	335	-
Employer's contributions to NHS pensions	8,872	-	8,872	8,627
Pension cost - other	-	-	-	-
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	-
Temporary staff		10,117	10,117	10,531
Total gross staff costs	85,981	12,666	98,647	95,523
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	85,981	12,666	98,647	95,523
Of which				
Costs capitalised as part of assets	-	-	-	-

Average Staff in Post 2017/18

Staff cost			2017/18	2016/17
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	120	2	122	122
Ambulance staff	-	-	-	-
Administration and estates	306	35	341	328
Healthcare assistants and other support staff	365	2	367	368
Nursing, midwifery and health visiting staff	401	167	568	563
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	630	17	647	646
Healthcare science staff	-	-	-	-
Social care staff	6	-	6	5
Other	-	-	-	-
Total average numbers	1,828	224	2,052	2,032
Of which				
Number of employees (WTE) engaged on capital projects	-	-	-	-

2.11.2 Gender breakdown

The table below shows the number of staff employed by the Trust by Gender as at 31 March 2018. The figures include the 326 Trainee Clinical Psychologists who are hosted on the Trust payroll.

Breakdown of staff by gender

Code	Female	Male	Total Headcount
Executive Director	3	5	8
Non-Executive Director	4	3	7
Senior Manager	6	10	16
Employees	1,417	548	1,965
Grand Total	1,430	566	1,996

2.11.3 Exit packages

The table below shows the exit packages paid during 2017/18, all of which related to pay in lieu of notice.

Reporting of compensation schemes - exit packages 2017/18

During the period there was a total of four contractual payments in lieu of notice and one settlement payment equivalent to contractual payment in lieu of notice.

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	4	4
£10,001 - £25,000	-	1	1
£25,001 - 50,000	-	-	-
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	-	5	5
Total resource cost (£)	£0	£27,000	£27,000

Reporting of compensation schemes - exit packages 2016/17

During the period there was a total of three redundancy payments, three payments in lieu of notice and one non-contractual payment requiring HM Treasury approval.

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	1	1	2
£10,001 - £25,000	-	3	3
£25,001 - 50,000	1	-	1
£50,001 - £100,000	-	-	-
£100,001 - £150,000	1	-	1
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	3	4	7
Total resource cost (£)	£153,000	£67,000	£220,000

Exit packages: other (non-compulsory) departure payments

There were no non-contractual payments paid during 2017/2018.

	2017/18		2017/18	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	1	14	1	28
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	4	13	2	37
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	1	2
Total	5	27	4	67
Of which				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

2.11.4 Off-payroll engagements

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

Number of existing engagements as of 31 March 2018	0
Of which...	
No. that have existed for less than one year at time of reporting.	0
No. that have existed for between one and two years at time of reporting.	0
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting	0

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

Number of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	0
Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	0
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

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

Number of off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'Board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	8

2.11.5 Expenditure on consultancy

The Trust reported a spend of £1,018k on consultancy expenditure in 2017/18 compared to £384k in 2016/17.

2.11.6 Staff engagement and communication

During the year, there were a number of key new or ongoing projects that required specific, regular internal communications activity.

These included preparation work in advance of the Care Quality Commission inspection in December 2017; the St Pancras Transformation Programme and Estates Strategy; our Core Skills Training programme; the launch and weekly update on our Red2Green bed management initiative; and regular updates on our Quality Improvement programme.

The Trust's intranet was relaunched after lengthy redevelopment and continues to be the key communication tool within the Trust, receiving positive feedback from colleagues about its new look, layout and depth of content. This was complemented by a wholesale redesign and rebranding of the Trust's weekly news, training, policies and events bulletin, Candi Bulletin.

The regular programme of internal briefings – 'All-Staff Briefings' for cascade by senior managers

and bi-monthly 'News and Views' – provided a series of updates from executives on ongoing projects as well as background issues such as research within the Trust and Trust finances. CEO updates and personal announcements and newsletters were communicated by email.

The quarterly Trust newsletter, C&I News, that is distributed to staff, service users, GP practices and libraries and a quarterly digital newsletter for senior stakeholders continued to evolve as key external communications channels.

For the first time, one edition of the quarterly C&I News was devoted to a digest of the Annual Report, intended to provide a basic summary over 12 pages of our key services, operations and financial performance over the year, as well as other significant cultural elements of the Trust.

During the year, the Trust's @CI_NHS Twitter account continued to be developed by the Communications Team as a key

communications and engagement channel, with a marked increase in numbers of colleagues joining Twitter and helping raise awareness of Trust activity and issues. The numbers of followers of @CI_NHS continued to grow, increasing by 30% to more than 1,600 during the year.

Video was increasingly used as a simple and engaging way of communicating externally and internally. It was introduced to support messaging, for example, for the All-Staff briefing and to provide case studies of service user care for projects such as the Integrated Practice Unit for Psychosis.

One of the internal highlights of the year was the reinstatement and revamping of an annual Staff of the Year Awards event, which had not been held for more than two years.

Individual staff and teams were honoured for excellent work within the Trust over 11 separate categories at an afternoon

Opening of our new HR reception at our St Pancras site



Coral Ward Staff Nurse, Cara Coombs, being interviewed by Channel Four News on impact on service users of drugs such as 'Spice'

event in May 2017, held at the Arlington Centre, Camden, and attended by the Mayor of Camden, Councillor Richard Cotton.

Staff and individual teams, representing key Trust services and disciplines, played a fundamental role at the Trust's Annual Members' Meeting, running information stalls and answering questions from service users and other attendees.

In January 2018, staff at Highgate Mental Health Centre welcomed Islington North MP, Jeremy Corbyn for a visit to several areas there.

Staff and service users have presented and attended regular early evening seminars on interesting Trust clinical research or initiatives as part of our Mental Health Matters events, rebranded from the previously known Medicine for Members.



Jeremy Corbyn MP visits Highgate Mental Health Centre



Star of the Month January 2018 Iris Dearne, Recovery College manager

2.11.7 Staff survey

Each year our staff are invited to take part in the annual Staff Survey, it gathers views on their experience at work around key areas including on development opportunities, health and wellbeing, staff engagement, and feeling able to raise concerns. It's an opportunity for staff to give feedback that highlights areas of good practice and also pinpoints where improvements must be made. The Trust continues to have a strong practical commitment to engaging with staff and listening actively to their concerns.

C&I Staff Survey 2017 Response Rate

2017 C&I	2016 C&I	2017 National Mental Health/ Learning Disability Trust Average	Trust Improvement/ Deterioration	Ranking compared with all mental health trusts 2016
50%	55.5%	52%	Deterioration of 5.5 percentage points	Below average

The Trust's 2017 staff survey response rate was 50%, a decrease of 5.5% from last year and lower than the national average for mental health trusts of 52%.

Overall staff engagement

The Trust recorded a score of 3.79 (on a scale of 1-5) against a national average of 3.79 for mental health trusts. This is same as the C&I 2016 score.

The tables below show the top and bottom five ranking scores and how we compared to last year's results as well as to other mental health trusts.

C&I Top Five Ranking Scores 2017

Top five ranking key findings	Trust Score 2016	Trust Score 2017	National 2017 average for mental health	Trust Improvement/ Deterioration	Ranking compared with all mental health trusts 2017
KF12. Quality of appraisals	3.40	3.44	3.22	Improvement of 0.04 point	Above (better) than average
KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month	93%	96%	93%	Improvement of three percentage points	Above (better) than average
KF7. Percentage of staff able to contribute towards improvements at work - the higher the score the better	78%	77%	73%	Deterioration of one percentage point	Above (better) than average
KF9. Effective team working - the higher the score the better	3.87	3.91	3.84	Improvement of 0.04 point	Above (better) than average
KF6. Percentage of staff reporting good communication between senior management and staff - the higher the score the better	42%	43%	36%	Improvement of one percentage point	Above (better) than average

The staff survey findings for 2017 have shown positive results in staff feeling empowered to report errors and near misses and incidents as this will continue to create a culture of safety for patients and staff. This finding is also evidence of strengthening governance infrastructure across the organisation. The positive

finding on increased effective team working demonstrates that staff are living our cultural pillars – ‘we are connected’.

The survey also highlighted areas for improvement, including staff concerned by the lack of equal opportunities for career progression or promotion, staff

saying that they have experienced discrimination at work in the last 12 months and the number of staff reporting recent experience of harassment, bullying or abuse. The Trust takes feedback received seriously and work programmes to address these findings have been developed.

C&I Bottom Five Ranking Scores 2017

Bottom five ranking key findings	Trust Score 2016	Trust Score 2017	National 2017 average for mental health	Trust Improvement/ Deterioration	Ranking compared with all mental health trusts 2017
KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months - the lower the score the better	39%	37%	32%	Improvement of two percentage points	Above (worse than) average
KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion - the higher the score the better	76%	74%	85%	Deterioration of two percentage points	Below (worse than) average
KF20. Percentage of staff experiencing discrimination at work in the last 12 months - the lower the score the better	22%	21%	14%	Improvement of one percentage point	Above (worse than) average
KF17. Percentage of staff feeling unwell due to work related stress in the last 12 months – the lower score is better	43%	46%	42%	Deterioration of three percentage points	Above (worse than) average
KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents - the lower the score the better	29%	29%	27%	No change	Above (worse than) average

The Trust has identified the following key themes to focus on as areas for improvement in 2018/19;

- Bullying and Harassment
- Violence towards staff from service users
- Discrimination and unfairness especially around career progression

The above themes will be addressed through the programmes of work that

are incorporated in the revised Our Staff First Strategy, The Freedom to Speak Up Guardian (FTSUG) activities and the 2018/19 Equality and Diversity Committee priorities.

To further strengthen our focus on Bullying and Harassment, the Trust has invested in training a total of 40 staff to be Bullying and Harassment ambassadors. It is the expectation that the ambassadors

will increase the capacity to support staff experiencing bullying and harassment across the organisation.

The recently-nominated Workforce Race Equality Standard (WRES) expert currently undergoing training at NHS England will also add to the expertise already in the Trust of addressing discrimination and share best practice accordingly.

2.11.8 Improving staff experience

A variety of activities and initiatives were organised in 2017/18 to support the health and wellbeing of staff, building on the progress of the previous year.

Physical activity sessions such as Zumba continued to be popular and there was a strong spotlight on supporting staff, as well as service users, who wanted to stop smoking.

The free, confidential anti-smoking service Breathe and a series of mobile clinics was regularly promoted in parallel with the introduction of the Trust's new Smoking Cessation Policy.

A series of "mini health checks" was organised by the Trust's occupational health provider PAM, which enabled staff to check physical health indicators such as blood pressure and blood-sugar levels. The aim was to help staff take proactive action, if necessary, to live a healthier lifestyle.

Awareness was raised around the issue of staff mental health wellbeing, with opportunities offered by the Healthy London Partnership to train as Mental Health Champions.

In November, the issue of bullying was highlighted in the Trust during Anti-Bullying Week, with the promotion of opportunities to train as an advisor on anti-bullying and harassment.

During the winter of 2017/18, the Trust introduced a new campaign to encourage staff to have the flu vaccination, following a disappointing response in previous years.

Regular internal updates on uptake with myth-busting facts and wider incentives resulted in a very successful response, with just over 60% of staff being vaccinated against seasonal flu, around double the percentage the year before.

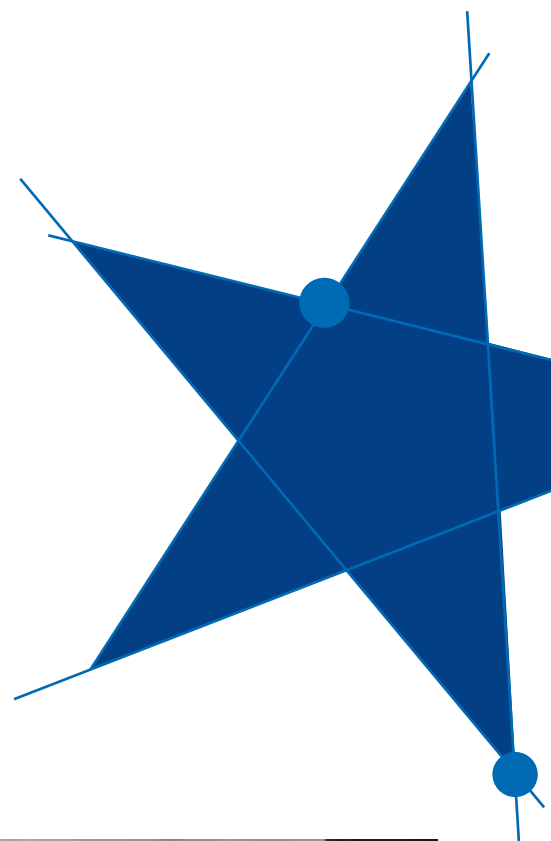
During the year, a new Trust induction programme was developed and successfully launched which provided a broader and more detailed introduction for new starters on working at the Trust.

It included helpful information on elements of life working at the Trust such as union support and the role of NHS Professionals, but also activity relating to our BME, LGBT and Disability networks.

Towards the end of the year, a new app – CandiConnect – was launched enabling

colleagues to share digital updates on work updates and observations.

A new portal enabling staff to access their employee data online - My ESR - was also launched.



Star of the Year award - special recognition for Highgate Mental Health Centre colleagues

2.11.9 Sickness absence data

Sickness absence data is published quarterly in the Human Resources performance reports received by the Board, as well as presented at the monthly divisional performance meetings.

The table below shows the sickness absence data for the period January – December 2017 (as per NHS improvement guidance)

Sickness Absence January 2017 – December 2017

	Average FTE (2017)	Adjusted FTE Sick Days	FTE Days available	FTE Days recorded sickness absence	Average Annual Sick Days per FTE
Data	1829	13197	679089	21407	7.2

Source: ESR

2.11.10 Health and safety performance

The Trust has continued activity to ensure that our inpatient and residential accommodation is safe for service users through the removal or management of ligature risks. A robust process is in place for six monthly formal ligature risk assessments, undertaken by ward management with support from the Health and Safety Manager. Additional training has been provided to staff and the Trust's facilities management contractor to ensure that repairs and maintenance works do not inadvertently increase risk.

Fire safety has been in sharp focus over the past 12 months following the serious incident at Grenfell Tower. The Trust has no buildings which utilise the external cladding panels which were believed to have significantly contributed to the rapid spread of fire and loss of life. However, following the incident the Trust nonetheless reviewed its procedures to ensure risks to service users, staff and visitors are appropriately reduced and managed. All inpatient and residential units are fire risk-assessed on a six monthly basis. We have increased fire safety training for staff to ensure greater understanding of how to respond to fire incidents.

In the Autumn of 2017, the Trust instructed an external Authorising Engineer to audit its fire safety management arrangements. The audit confirmed that the Trust was able to demonstrate it had management systems in place in accordance with fire and safety legislation.

2.11.11 Occupational Health

The Occupational Health Service (OHS) is provided by People Asset Management (PAM). This is the second year of a three year contract.

The OHS is delivered from the Bloomsbury Building at the St Pancras Hospital; however Trust employees can be seen at other PAM Clinics within the London area. The OHS provides a range of activities which are aimed at promoting and supporting the health and wellbeing of the Trust's employees and supporting managers in providing advice, guidance and recommendations to support the safe and timely return of employees to the workplace following sickness absence.

The specific activities include on-employment health screening, immunisation and vaccination services, health surveillance, management referral, workplace assessments, psychological support and health education and promotion. In addition, PAM's Employee

Assistance Programme (PAM Assist), is available to all employees 24/7, 365 days a year.

The service is managed through regular service review meetings. A monthly operational review meeting takes place to address and review day-to-day issues and a quarterly contract review meeting assesses performance against set key performance indicators. Throughout the first year of this contract, an improvement on the set key performance indicators has been recorded.

PAM undertakes a monthly internal audit to ensure our staff provide a professional, quality and timely service with management advice and screening protocols being evidence-based and compliant with best practice.

Management information is provided with analysis on the reasons for referral and the two top reasons remain mental health and musculoskeletal health conditions, identifying these conditions will allow a targeted and planned approach to health education and promotion as part of the overall health and wellbeing programme within the Trust during the forthcoming year. A number of activities are planned over the next 12 months to address staff wellbeing, these will be delivered in partnership with PAM.

2.11.12 Gender Pay Gap

In line with the Equality Act 2010 (Gender Pay Gap Information) Regulation 2017, the Trust published and reported the Gender Pay Gap using a snapshot date of 31 March 2017. The Regulation that came into force on 1 April 2017 required public sector organisations to publish and report Gender Pay Gap within 12 months, by 30 March 2018 at the latest. This report will be produced on an annual basis going forward. The Equality and Human Rights Commission is the body responsible for enforcing the regulation.

Key highlights from the Gender Pay Gap Report

- The Gender profile of the Trust as at 31 March 2017 comprised 70.4% women and 29.6% men
- The Gender Pay Gap analysis shows that women employed by the Trust earn an average of 12.11% less than men in hourly pay. The median Gender Pay Gap analysis shows women earn 7.8% less than men in hourly pay - see the mean and median pay gap and bonus results table in the attached report
- There is variation in the Gender Pay Gap by staff groups:
 - The gender pay gap by staff group shows that women on average have a lower hourly rate than men, except in the Additional Clinical Services and Add Prof, Scientific and Technical staff groups.
- The tables below show the breakdown of the average hourly rate for women and men by staff group and pay band.

Average of Hourly Rate		Gender	
Staff Group	Women	Men	
Medical	£34.56	£40.87	
Add Prof Scientific and Technic	£23.09	£23.92	
Administrative and Clerical	£18.67	£23.04	
Allied Health Professionals	£19.45	£20.48	
Nursing and Midwifery Registered	£19.53	£19.66	
Additional Clinical Services	£14.59	£13.76	
Estates and Ancillary	£11.75	£12.18	
Overall Trust Average of Hourly Rate	£18.73	£21.31	

Average of Hourly Rate		Gender	
Payband	Women	Men	
Band 2	£11.91	£12.09	
Band 3	£11.76	£12.48	
Band 4	£12.91	£12.95	
Band 5	£15.95	£16.52	
Band 6	£17.91	£18.90	
Band 7	£21.68	£22.22	
Band 8a	£26.00	£25.66	
Band 8b	£30.14	£30.83	
Band 8c	£35.73	£38.14	
Band 8d	£42.83	£42.79	
Band 9	£54.13	£52.89	
Board (Non-Executive Directors)	£18.45	£22.60	
Medical	£34.56	£40.87	
VSM (Executive Directors)	£63.27	£53.45	
Overall Trust Average Hourly Rate	£18.73	£21.31	

The Gender Pay Gap report was shared with the Trust Board members at the meeting that took place in March 2018. The Trust is fully committed to gender pay equality and will explore and approach through our Equality and Diversity Strategy that will also be refreshed in 2018.

2.11.13 Countering fraud and bribery

The Trust takes its responsibilities to minimise fraud with the utmost seriousness, and ensures that all reasonable measures to counter fraud and corruption are taken where there are suspicions it could possibly occur. The Trust has an established and embedded counter fraud policy and a named local counter fraud specialist, who is able to investigate all suspicions and allegations of fraud in a confidential manner, and who also undertakes proactive investigations and organises counter fraud publicity.

2.11.14 Our commitment to ensuring equality and diversity

As a Trust we recognise and celebrate the fact that each of the service users we support and every member of staff who works for us, is a unique and valued individual with different needs and aspirations.

Over the last 12 months, the Trust embarked on an exciting new journey aimed at integrating and embedding equality, diversity and inclusion into all areas of Trust business, making it the 'golden thread' that runs through all aspects of the Trust's business.

The Trust is now part of the Disability Confident Scheme, has become a Mindful Employer, has trained staff to be mediators and is in the process of training staff at all levels to be anti-bullying and harassment advisers. The newly established Disability Staff Network and LGBT+ Staff Network are progressing, with commitment secured for the Trust to be present at London PRIDE 2018.

Network for Change – our BME staff network - continues to grow. In the last year, the Trust's first Diversity Week at the end of October 2017, showcased the rich abundance of cultures we have in the Trust, culminating in an event which saw 70 plus staff members from the Trust attending, with guest speakers from NHS England, the Royal College of Nursing and C&I's Human Resources and Organisational Development Director giving the closing speech. In addition, we now have BME staff members trained to sit on interview panels in the Trust.

The Women's Psychiatric Intensive Care Unit (WPICU) has been officially launched – the only such unit to offer this service

across North Central London. Our Recovery College is delivering courses 'Men and Masculinity (Trans* inclusive)' and 'Understanding Black and Minority Ethnic (BME) Cultures and Mental Health'. The Trust has also launched rainbow coloured NHS lanyards for staff, to reinforce the Trust's cultural pillars and promote an environment of openness in all the Trust's services.

With the launch of 'Our Staff first' strategy, the Trust has implemented career clinics, a Flexible Working Policy, themed HR and organisational development roadshows, initiatives to support internal career progression and has introduced a New Starters Buddying Programme.

Our priority actions for the 2018/19 will follow an equality delivery review that will involve stakeholders and local communities.



Staff celebrate Diversity Week

2.11.15 Guidance and oversight in relation to mental health law

The Mental Health Law Committee has oversight and scrutiny of all issues relating to Mental Health law relevant to the services and duties delivered by the Trust and its Local Authority partners.

This is to help improve risk management and service user experience and provide assurance to the Board, governors and Trust partners, on the appropriate and effective administration and application of mental health law in practice and adherence to best practice guidance throughout the Trust.

The committee comprises internal and external legal expertise, associate divisional directors as well as the Head of Social Care and Social Work, service user and carer representatives.

During 2017/18, it has promoted how the Trust implements all aspects of mental health law ensuring 61% and 74% of all clinical staff received training on the Mental Health Act and the Mental Capacity Act respectively as core training topics.

It has also appointed 11 new volunteers as Associate Hospital Managers giving the Trust a more diverse pool of panel members to review the detention of people who are subject to the Mental Health Act and better service user representation.

It also actively contributed to the Independent Review of the Mental Health Act, which was launched by the Prime Minister in the autumn, submitting data and evidence to the Review Committee in January and hosting a focus group for service users and carers in February 2018.

The Mental Health Law Committee has oversight and scrutiny of all issues relating to Mental Health law relevant to the services and duties delivered by the Trust and its Local Authority partners.

This is to help improve risk management and service user experience and provide



Mental Health Law quiz team winners

assurance to the Board, governors and Trust partners, on the appropriate and effective administration and application of mental health law in practice and adherence to best practice guidance throughout the Trust.

The committee comprises internal and external legal expertise, associate divisional directors as well as the Head of Social Care and Social Work, service user and carer representatives.

During 2016/17, it has promoted all aspects of how the Trust implements the Mental Health Act (MHA) and Mental Capacity Act (MCA) ensuring that mental health law is included as a core training topic, making it a mandatory requirement, for all clinical staff.

It has also been driving up the quality of data available across the Trust, with regards to the use of the MHA and MCA, to ensure protected characteristics can be reported on. This is to help the Trust better analyse the use of the MHA within BME communities and to determine if the Trust reflects the disproportionate over use of the MHA seen nationally within BME communities, so that this can be addressed.

2.12 Remuneration report

We are pleased to present the Senior Managers' Remuneration Report for 2017/2018, prepared in conjunction with the Hutton Review of Fair Pay and the NHS Foundation Trust Annual Reporting Manual.

The remuneration of the Chief Executive and other Executive Directors on the Board of Directors is determined on an annual basis by the Remuneration Committee (a sub-committee of the Board of Directors). The remuneration of

the Chair of the Trust and the other Non-Executive Directors (NEDs) is determined on an annual basis by the Council of Governors' Remuneration Committee.

2.12.1 Remuneration Committee [Board of Directors]

The Remuneration Committee consists of three NEDs. During the year under review the Committee members were Leisha Fullick (Trust Chair), Angela Harvey and Kieran Parmar. Attendance at meetings is detailed below:

Members:	Meetings attended
Leisha Fullick (Committee Chair)	3/3
Kieran Parmar	3/3
Angela Harvey	3/3

2.12.2 Chair of the Remuneration Committee's report

All Executive Directors are employed on a permanent senior manager's contract which has a minimum notice period of six months. Executive Directors' salaries are not included within the scope of the NHS national pay and grading system known as Agenda for Change which all other Camden and Islington employees are subject to.

All decisions on Executive Directors' remuneration are wholly within the remit of the Non-Executive Directors who comprise the Committee. No Executive Directors or senior managers receive performance related bonuses. Termination payments are only made in accordance with individual contracts of employment.

The Executive Director Remuneration

Policy applies to all executive directors (including the Chief Executive) and other non-voting director members of the Board.

This policy is concerned with setting the levels of remuneration only. Other terms and conditions of service for executive directors, non-voting board members and other senior managers, are as per the standard NHS Agenda for Change contracts, this includes arrangements for loss of office. The Committee has not formally consulted with employees in relation to the Director Remuneration Policy.

The Board of Directors' Remuneration Committee will take into consideration relevant nationally determined parameters

on pay, pensions and compensation payments.

The Committee reviews director remuneration annually taking into consideration national pay awards and sensitivities, including executive pay relative to their direct reports.

During 2017/18 the Committee agreed the salary for a new Director of Nursing, along with the process, and salary, to appoint to a new post of Director of Human Resources and Organisational Development. The Committee agreed to a 1% annual pay increase for directors in line with the agenda for change increase awarded for other staff.

2.12.3 Non-Executive Directors

Leisha Fullick, Angela Harvey, Susan Goss, Pippa Aiken, Patrick Vernon, Tom Burns and Kieran Parmar were all in post for the full year.

The Governors' Nominations and Remuneration Committee met on 1 July 2017 where they agreed that the Chair and NEDs should receive a 1% pay

increase for 2017/18 in line. This was subsequently approved by the full Council on 12 September 2017.

2.12.4 All Other Senior Managers

There have been no payments to third parties for services of a Senior Manager. None of the Trust's other Executive

Directors currently serve as Non-Executive Directors for any other organisation. The following tables show the disclosures of

salaries and allowances for senior staff during 2017/2018, and are subject to audit.

2.12.5 Salaries and allowances

Director Summary

Name & Title	2017/2018			2016/2017		
	Salary Bands of £5,000 £000	Pension related benefits Bands of £2,500 £000	Total Bands of £5,000 £000	Salary Bands of £5,000 £000	Pension related benefits Bands of £2,500 £000	Total Bands of £5,000 £000
Ms Angela McNab Chief Executive	160-165	25-27.5	185-190	150-155	0	150-155
Mr Andrew Rogers * Chief Operating Officer	100-105	0	100-105	0	0	0
Mr David Wragg Director of Finance	115-120	7.5-10	125-130	115-120	12.5-15	125-130
Dr Vincent Kirchner ** Medical Director	155-160	5-7.5	160-165	155-160	40-42.5	195-200
Mrs Caroline Harris-Birtles *** Director of Nursing	105-110	0	105-110	0	0	0

Notes There were no Taxable Benefits, Annual related Performance or Long Term Performance Related Bonuses paid during the period.

* There are no prior year comparatives for Mr Rogers as he joined the Trust in May 2017

** Dr Kirchner's remuneration is split between his duties as Executive Director and as consultant, with consultant salary between the band of 95-100

*** There are no prior year comparatives for Mrs Harris-Birtles as she joined the trust board permanently in May 2017 succeeding Ms Claire Johnston. Ms Johnston received a payment of £3245 in lieu of annual leave not taken. Ms Johnston had been seconded to the Middlesex University as Project Director during 2017/2018

2.12.6 Pension Benefits

Name & Title	Real increase in pension at age 60 (bands of £2,500)	Lump sum at age 60 related to real increase in pension (bands of £2,500)	Total accrued pension at age 60 at 31 March 2018 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2018 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2018	Cash Equivalent Transfer Value at 31 March 2017	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Ms Angela McNab Chief Executive	0-2.5	0	25-30	0	410	343	58	23
Mr Andrew Rogers * Chief Operating Officer	0	0	15-20	0	195	0	0	15
Mr David Wragg Director of Finance	0-2.5	2.5-5	40-45	130-135	889	792	77	17
Dr Vincent Kirchner Medical Director	0-2.5	2.5-5	65-70	110-115	979	888	68	22
Mrs Caroline Harris-Birtles ** Director of Nursing	0	0	30-35	95-100	762	0	n/a	15

* /** There are no prior year comparatives for Mr Rogers and Mrs Harris-Birtles as they both joined the Trust in May 2017

2.12.7 NED Salary Summary

Name & Title	2017/2018			2016/2017		
	Salary Bands of £5,000 £000	Other Remuneration Bands of £5,000 £000	Benefits in Kind Rounded £000	Salary Bands of £5,000 £000	Other Remuneration Bands of £5,000 £000	Benefits in Kind Rounded £000
Leisha Fullick Trust Chair	40-45	0	0	40-45	0	0
Kieran Parmar Non Executive Director/Chair of Audit & Risk Committee	10-15	0	0	0-5	n/a	n/a
Angela Harvey Non Executive Director	15-20	0	0	15-20	0	0
Dr Sue Goss Non Executive Director	10-15	0	0	10-15	0	0
Pippa Aiken Non Executive Director	10-15	0	0	10-15	0	0
Patrick Vernon OBE Non Executive Director	10-15	0	0	10-15	n/a	n/a
Tom Burns Non Executive Director	10-15	0	0	5-10	n/a	n/a

2.12.8 Fair Pay Multiple

Band of Highest Paid Director's Total	160-165	160-165
Median Total	£33,162	£32,833
Remuneration Ratio	4.9	4.9

The Trust is obliged to disclose the median remuneration as a ratio of the mid-point of the banded remuneration of the Trust's highest paid Director to the median full-time equivalent staff of the Trust, in accordance with the Fair Pay Disclosure

requirement.

The Trust's highest remunerated Director is the Chief Executive at £163k.

The Trust's median staff remuneration is £33k. Therefore the ratio of Trust's median staff remuneration to the Chief

Executive's remuneration is 4.92:1.

There has been no significant change in the Trust's workforce during the year; all staff as part of Agenda for Change received a 1% uplift.

Executive Directors are the highest paid staff group within the Trust no new directors received a higher salary than the previous post holder during 2016-17.

2.12.9 Governors

The Trust's Council of Governors comprises a total of 26 Governor seats.

No Governor expenses were claimed during 2017/18.



Angela McNab
Chief Executive
25 May 2018

Directors and Governors are required to register with the Trust any conflicts of interest which may conflict with their management responsibilities. Access to these registers is open to inspection by members of the public through the Trust's website, www.candi.nhs.uk

2.13 Statement of the Chief Executive's responsibilities as the accounting officer of Camden and Islington 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.

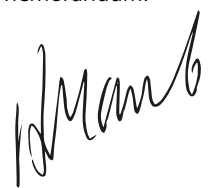
NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Camden and Islington NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts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

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

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance and
- Prepare the financial statements on a going concern basis.

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

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



Angela McNab
Chief Executive
25 May 2018

2.14 Annual governance statement

2.14.1 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.

2.14.2 The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Camden and Islington NHS Foundation Trust, to evaluate and reduce 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 Camden and Islington NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts. The system of internal control, as reviewed by Internal Audit, provides assurance that the Trust is using its resources efficiently, effectively and economically.

The Trust's internal auditors completed their planned 2017/18 audit programme on schedule, and were able to offer an overall opinion of 'Significant Assurance with Minor Improvements', and only raised a total of two high priority recommendations relating to i) a formal governance structure for overseeing data quality had not been established,

and ii) Disclosure and Barring Service (DBS) and fit and proper persons checks had not been consistently completed for new directors during the year. The Audit and Risk Committee is tasked with monitoring progress against all audit recommendations.

2.14.3 Capacity to handle risk

The Trust has in place a Risk Management Strategy that has been approved by the Board and is regularly reviewed. The Risk Management Strategy defines the Trust's approach to, and appetite for, risk and risk management, describes the structures and processes for managing risk and sets objectives against which progress can be measured.

All staff have an introduction to risk and risk management as part of induction; this covers the practical day-to-day responsibilities for all staff, such as incident reporting. A copy of the strategy is available on the Trust intranet and website.

As Chief Executive, I have overall responsibility for risk management across the Trust. I exercise this responsibility through the Board review of the Trust risk register and Board Assurance Framework, designation of Board members with specific accountability and my attendance at the Audit and Risk Committee.

As a key sub-committee of the Board, the Audit and Risk Committee is responsible for scrutinising the Risk Register and Board Assurance Framework, in order that the Board may place reliance on it. The membership of the Audit and Risk Committee is limited to non-Executive Directors, with Executive Directors (including the Chief Executive and Director of Finance) in attendance.

The Trust Risk Register is presented to the Audit and Risk Committee quarterly. This report includes consideration of the Trust's major operational risks. During 2017/18, the Board Assurance Framework (BAF) has been redrafted in order to create a more

useful and clearer assurance tool. This followed a recommendation from internal audit to separate the BAF from the Trust Risk Register.

The major risks identified to delivery of the Trust's priority objectives in 2017/18 were as follows:

- Pressure and demand on acute beds impacting on quality of care
- Inability to recruit and retain sufficient numbers of well trained staff
- Failure to deliver financial balance including the required cost improvement programmes
- Failure to meet key performance targets and deliver safe high quality services given the pressures of increased demand and constrained funding
- Capacity and capability to progress our transformation programmes, including the St Pancras programme and the increased shift to community provision
- Digital capability and cyber security management

The Trust learns from good practice, through clinical supervision and reflective practice, individual and peer reviews, performance management, various mechanisms to receive feedback from service users and carers, continuing professional development, clinical audit and from serious incident and complaint investigations.

The Trust's Risk Management Annual Report is presented to the Audit and Risk Committee and received by the Board each year.

In July 2017, the Trust's Annual Risk Management Report 2016/17 gave a comprehensive account of management activities that had been undertaken, those areas requiring continuing focus, and those areas where improvements have been noted, including:

- A reduction of incidents reported in a number of categories which indicated effective improvement action, such as a reduction in falls, smoking incidents,

AWOL and IT clinical safety issues

- A reduction in the number of Serious Incidents identified compared with the year before
- A reduction in the number of formal Complaints received by the Trust

During 2017/18, maintaining high levels of incident reporting was identified as an area for focus and there has been a continuing focus on strengthening of processes around complaints and incidents management, as well as sharing of knowledge and good practice throughout the Trust through Divisional Quality Forums and learning lessons workshops.

2.14.4 The risk and control framework

The Board regularly reviews its committee structures and puts in place a structure that enables the Board itself to spend a significant proportion of its time on strategic decision-making but also ensures proper assurance is obtained and that decisions across the organisation have been made based on the correct information, and in accordance with the reserved and delegated powers agreed by the Board.

The Board annually reviews the effectiveness of the system of internal control, has an annual seminar on risk, and receives a Risk Management Annual Report. The Board publishes an up-to-date Board sub-Committee Handbook on the Trust's website. This handbook contains information about all the standing committees of the Board, their terms of reference and meeting dates for the year ahead.

In addition to this, the Board also publishes a summary document which sets out the Trust's corporate governance framework. This includes a detailed section on the role and responsibilities of the Board of Directors. Both of these corporate governance documents are available on the Trust's website: www.

candi.nhs.uk/about-us/corporate-information/corporate-governance.

Further information about the responsibilities of Directors and Board sub-Committees is provided in the 'Our Governance' section of the report. Public stakeholders are aware of the Trust's risks as they impact on them and work with the Trust to manage these.

2.14.5 Well-led governance review

As part of our ongoing commitment to continuous improvement, during the year the Trust carried out both a self-assessment and commissioned an independent review by Deloitte of the organisation against NHS Improvement's Well-Led Framework. Both of these reviews considered performance against all eight key lines of enquiry included in the framework, covering areas such as leadership, organisational vision and strategy, risk and performance, and continuous improvement.

A full report was commissioned and recommendations were reviewed by the Board of Directors. Overall, the report was positive and found significant areas of good practice and leadership within the Trust. The recommendations made are being used to further improve some areas that were identified, to ensure the Trust continues to perform well and maintain our high standards.

As part of our Care Quality Inspection in 2017, the Trust was given a rating of 'Good' against the Well-Led domain and the feedback was generally positive. This shows the improvements and progress made since our previous inspection.

It found evidence of good leadership in place across the services inspected and at Board level and the team worked well together. They also found good examples of the Trust vision and values being used in practice aligned to the cultural pillars work that the Trust has put in place. In 2018/19, the Trust will be working on

developing effective governance within the teams and divisions of the Trust to ensure this is embedded within practice.

Actions have already been undertaken to address areas for improvement identified under the self-assessment carried out, such as succession planning.

2.14.6 Care Quality Commission inspection

The Care Quality Commission (CQC) inspected the Trust in December 2017 and produced its report in March 2018. Overall it rated the Trust as 'Good'.

Ratings

Overall rating for this trust

Good ●

Are services safe?

Requires improvement ●

Are services effective?

Outstanding ☆

Are services caring?

Good ●

Are services responsive?

Good ●

Are services well-led?

Good ●

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Singled out for particular praise by the CQC were the Trust's Substance Misuse Services and community-based Older People Services which were rated 'Outstanding'. Also deemed 'Outstanding' by the CQC was the Trust's effectiveness as an organisation.

Inspectors cited evidence of some outstanding practice in meeting the needs of some patients and carers:

- The community rehabilitation team in Islington provided a consistent care coordinator and consultant psychiatrist who supported patients through the rehabilitation services, including periods as inpatients and when they accessed community rehabilitation services.
- The integrated health team supporting people with a learning disability in Islington had developed a health hub and a joint low vision clinic with the Royal National Institute for the Blind. These clinics were always full and were supporting people to access health care and reduce health inequalities.

It said the Trust promoted the use of research to improve the care and treatment of patients. The carers of patients using the memory clinics were being offered access to a programme of psychological therapies which improved their ability to cope with the challenges of supporting a relative with dementia.

The CQC found the Trust had made good progress in ensuring that patients also had their physical health care needs met. For adults being supported by the community recovery and rehabilitation teams, weekly physical health clinics were being developed. These had a particular focus on supporting patients who were hard to engage or not registered with a GP to ensure their physical health needs were addressed.

There were many examples of person-centred care, where staff had been thoughtful about working with patients and carers to meet their individual needs. However, the Trust still faced many challenges with the recruitment and

retention of staff. Whilst the recruitment of qualified nurses was a national and regional challenge, the Trust had an unusually high level of vacancies for unqualified care staff, it said.

At the time of the inspection, 63% of staff had completed their mandatory training. There were some significant shortfalls in staff needing to complete life support and break away training.

Further work was needed, said the CQC, in terms of maintaining the safety of patients when physical interventions are used. On the acute wards records of restraint did not always include details of the type of restraint used, the names of the staff involved and the length of time that staff restrained the patient.

There were significant pressures in accessing an acute bed. This was impacting on the amount of time patients were waiting at home, in acute hospital emergency departments and in health based places of safety for a bed. At the time of the inspection, 15 patients were placed in beds in the independent sector.

To see further detail of our action plan, refer to page 113 in our Quality Account.

2.14.7 Energy efficiency

Please refer to the earlier 'Impact on the environment' section on page 30.

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

The Trust constantly reviews how it uses its resources, in particular around its cost improvement programmes and service developments. The Board of Directors and the Resources Committee receive regular reports on different aspects of the use of resources (including workforce, finance, estates, and Information and Communications Technology). Specific pieces of internal audit work are commissioned as and when the organisation deems it necessary.

The Trust has used its business planning process and performance management framework as well as established approaches to monitoring progress on the delivery and achievements of its principal objectives and key performance measures in relation to the efficient and effective use of Trust resources.

In particular, the Board of Directors and the Resources Committee monitors the monthly financial position against the Trust's financial plan. Assurance is gained from the positive financial position (as shown in the summary financial statements included in this report), as well as inclusion in segment 2 of NHS Improvement's Single Oversight Framework. Both of these are seen as positive indicators of achieving value for money.

The Trust manages its resources in line with the 'Managing Public Money Standards' and the principles of honesty, impartiality, openness and transparency, accountability, accuracy, fairness, integrity, objectivity and reliability carried out in the spirit of, as well as to the letter of, the law in the public interest to high ethical standards achieving value for money.

2.14.9 Information Governance

Please refer to the earlier update on Data Loss and Confidentiality Breaches on page 38.

2.14.10 Annual Quality Report

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

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

Quality Reports aim to increase public accountability and drive quality improvement within NHS organisations. They do this by getting organisations to review their performance over the previous year, identify areas for improvement and publish that information, along with a commitment about how those improvements will be made and monitored over the next year.

The safety and quality of the care we deliver at Camden and Islington NHS Foundation Trust is our utmost priority. To help us deliver high quality services, we focus on three areas:

- Patient safety
- How well the care provided works (clinical effectiveness)
- How patients experience the care they receive (patient experience).

The Trust's Annual Quality Report, which is the next section of this overall Trust Annual Report, summarises how well we did against the quality priorities and goals we set ourselves for the last year and if we have not achieved what we set out to do, we have explained why and what we are going to do to make improvements.

It also sets out the priorities we have agreed for the 2018/19 year and how we intend to achieve them and track progress throughout the year.

One of the most important parts of reviewing quality and setting quality priorities is to seek the views of our service users, staff and key stakeholders. This year we carried out a survey of all those involved with the Trust to discover what their concerns were.

From this we drew up a long list of priorities which we put to a public vote. Our nine quality priorities for 2018-19 are the final result of this process.

The Quality Report also includes statements of assurance relating to the quality of services and describes how we review them, including information and data quality.

It also includes a description of audits we have undertaken, our research work, how our staff contributes to quality and comments from our external stakeholders.

In addition to complying with the Quality Accounts Regulations, NHS Foundation Trusts are required to follow the guidance set out by NHS Improvement, which includes reporting on a number of national targets set each year by the Department of Health.

Through this Quality Account, we aim to show how we have performed against these national targets. We also report on a number of locally set targets and describe how we intend to improve the quality and safety of our services.

2.14.11 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 the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the audit and risk committee and quality committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

In addition, my review is informed by the following assessments:

- A full Care Quality Commission inspection in December 2017 and the action plans from that inspection; and
- Assurances resulting from the reports of Internal and External Audit, including the Head of Internal Audit Opinion.
- The independent review by Deloitte of our Trust against NHS Improvement's Well-Led Framework
- The annual assurance provided to the Board in meeting the conditions of our Provider Licence

The Audit and Risk Committee provides the Board with an independent and objective review of the systems in place for internal control and risk management and ensures that the Board is kept fully informed of all significant risks and their management. It ensures that the Internal Audit work plan reflects the principal objectives and risks facing

the organisation and is delivered in accordance with mandatory auditing standards across our quality, financial and performance systems.

A review of the Trust's arrangements for risk management and internal control has been carried out in accordance with guidance from the Department of Health and Internal Audit Practitioners Group. Internal Audit concluded that all necessary processes (including an Assurance Framework) were in place and operating to provide me with the necessary assurance for the 2017/18 Annual Governance Statement and provide assurance that there is an effective system of internal control to manage the principal risks identified by the organisation. The Head of Internal Audit's opinion was that, for the identified principal risks covered by internal audit work, the Board has substantial assurance.

2.14.12 Conclusion

In summary, the Trust has not identified any significant internal control issues within 2017/18, and has a sound system of internal control and governance in place, which is designed to manage the key organisational objectives and minimise the Trust's exposure to risk. The Board of Directors is committed to continuous improvement and enhancement of the systems of internal control.



Angela McNab
Chief Executive
25 May 2018

An Insight into Mental Health from a Service User

Jessica Scott's rosettes symbolise the big steps in coping with psychosis

After almost a decade of coping with psychosis, Jessica Scott is struck by how little is discussed publicly about its effects on the everyday life of its sufferers.

Jessica, a psychiatric inpatient at C&I on several occasions, is learning how best to cope and seek professional help when she is in "trouble", as she refers to her condition.

She has had a number of "dark times", once believing she was pregnant with the anti-Christ. On that occasion she walked from Islington to Heathrow Airport, prompted by its apparent religious significance after overhearing people referring to airports as "modern cathedrals". The next day she walked to Waltham Abbey in Essex.

During another psychotic episode when she was admitted to the Huntley Centre at St Pancras Hospital she was convinced she was being detained as a political prisoner.

Jessica is currently being offered support by C&I for schizo-affective disorder at a new clozapine and wellbeing clinic being set up at Highgate Mental Health Centre. In addition, the graduate in Fine Art from Central St Martins in London, keeps active with art and ceramics and regular visits to the gym. In 2017, she exhibited her work at the British Museum.

She says: "I don't know how I feel about the concept of recovery and whether this

will happen to me but I am learning how to live with my condition."

To mark her personal day-to-day achievements as she receives support, she has created a series of rosettes from puzzle books displaying messages such as "Cooked Dinner", "Went for a Walk", "Did the Washing Up" and "Read the Newspaper". They serve as both an insight into the impact of psychosis and an encouragement to other service users in coping with the condition and are now displayed on the wall of a corridor at Highgate Mental Health Centre.





Jessica Scott

Here is Jessica's description of what her rosettes symbolise:

■ Lots of people talk about psychosis when they talk about schizophrenia but not so many people talk about the effects it has on everyday life. Simple things become complicated and getting out of bed, never mind getting out of the house, can seem like a mammoth task.

I wanted to find a way to represent this. The rosettes I've made don't look showy but they're a mark of small victories. I like to make art out of everyday objects and readily available materials, hence using word search and crossword books. Those crossword books hold a special significance for me. There's a lot of time to kill when you're in hospital and this was a major way in which I kept myself busy during my last admission, with the added bonus of feeling like I'd actually achieved something when I completed one. Sometimes it's hard to find the words to explain things but this is where art can come in. There is so much more to schizophrenia than people envisage and so much they envisage that isn't accurate. Maybe we can find creative ways to challenge this."

3 Quality Account

Part 1

1. Statement on quality from the Chief Executive

It is my pleasure to present the Quality Account for 2017/18. This has been a strong year for us at Camden and Islington NHS Foundation Trust, with the highpoint of a successful endorsement by the Care Quality Commission in February with our overall rating of 'Good'.

I was delighted that all our hard work and progress in the previous 18 months was recognised and that two of our specialties - Substance Misuse Services and Community-based Older People Services - were rated 'Outstanding'.

We have continued to develop our Clinical Strategy in line with our three overarching strategic priorities that are now embedded in our organisation: early and effective intervention; helping people to live well; and research and innovation.

For 2017/18 we focused on nine specific quality priorities relating to the standard of care for our service users, across the three areas of patient safety, patient experience and clinical effectiveness.

These reflected a combination of the areas for necessary progress highlighted in the Care Quality Commission's previous inspection report in 2016, NICE-prescribed guidance, local health priorities or CQUINs (Commissioning for Quality and Innovation). They were selected after seeking the views of all our stakeholders and then putting a shortlist to a vote open to all stakeholders and the public.

With regard to patient safety we made significant progress, particularly in improving staff skills in risk assessment and tightening up policies. We also made important in-roads in reducing the poor physical health of those with serious mental health conditions, with adoption of a universal physical health screening tool across the Trust and wider staff training on physical health.

We also ensured better staff understanding, recording, assessing and

prevention of violence on our wards. We have further work to do though and this remains a priority for improvement in 2018/19.

A focus in the wake of the 2016 Care Quality Commission inspection was to improve the safety of the environments at our acute hospital partners for those attending A&E with a mental health condition, as well as enhancing the experience for them and their families.

Considerable work was undertaken during the year to achieve this, including refurbishments, further removal of ligatures, management of excessive waits and better information for carers.

Following a new national framework for NHS trusts giving guidance on learning from deaths and a Care Quality Commission review of practice amongst trusts in England, we significantly tightened up governance around this issue and staff training. This will also remain a focus in 2018/19.

There was good progress on a number of key priorities relating to clinical effectiveness and its assessment.

Our award-winning approach to improving the physical health of our service users who have psychosis was further developed in its second year of a five year programme. Our aim is to reduce the mortality rate in this population and improve health and social outcomes.

A key strand has been the successful evaluation of outcomes reported by service users, as a measure of the effectiveness of our services.

During the year, we simplified the process for service user involvement in developing and reviewing their care plans, and introduced further training and guidance for staff.

The Annual Community Survey published in November 2017 by the Care Quality Commission showed we had made a

number of improvements on the previous year's results and we performed better than the majority of trusts on several key indicators on service user involvement. We will continue work in this area in 2018/19.

Additionally, we made good progress on driving better understanding by staff of safeguarding and the Mental Capacity Act, after this was highlighted as an area for improvement in our 2016 Care Quality Commission inspection. Mandatory training will continue to be a focus.

The CQUIN results for 2017/18 showed significant steps in some areas, including reducing the number of attendances at A&E by those with mental health needs; improving the experience and outcomes for young people transitioning out of Children and Young People's Mental Health Services (CYPMHS); and improving the nutritional quality of food at the Trust for service users, visitors and staff.

We encouraged more staff to have the flu vaccination, and improved collaboration with primary care clinicians to reduce premature mortality in those with serious mental health conditions.

However, work with regard to preventing ill health related to smoking and alcohol consumption, for instance through screening and providing advice, was inconsistent over quarters.

We consistently exceeded national improvement targets. These included those covering performance on seven day follow-up contact of Care Programme Approach (CPA) service users, admissions to inpatient services having access to crisis resolution home treatment teams and people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral.

In line with continually looking to enhance existing services or develop new ones, there were a number of developments relating to service quality and range.

These included the opening in November of Ruby Ward, our Psychiatric Intensive Care Unit for women – the only one in north central London – which will offer 24 hour care and support to women with the most severe mental health conditions. It aims to prevent women having to go out-of-area to get the specialist care they need, keeping them close to local support networks.

We also opened Lime Tree Gardens, a 24-bed new residential care service in partnership with One Housing, in October. The service is designed to help C&I meet the needs of our patients and address the economic realities of our sector.

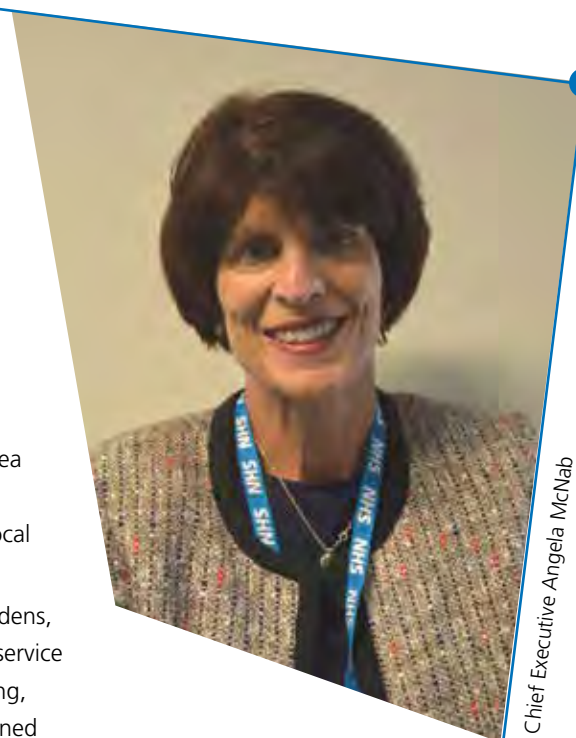
Underpinning our delivery of service we introduced a Quality Improvement programme, with the aim of reducing avoidable patient harm, and improving both staff and service user satisfaction.

Other significant quality initiatives have been the introduction of a daily survey tool to help us better manage bed flow and ensure that no service user remains in hospital longer than they need to.

I believe these Quality Accounts strongly reflect our commitment to ensuring that we continue to improve service user and carer experience, and our priority of recovery-focused care and continuous quality improvement.

I am very pleased with the progress we have made during the year and very much looking forward to continuing to build on this, and sharing the outcome of our plans and our progress next year.

The Board is satisfied that the data contained in these Quality Accounts are accurate and representative.



Chief Executive Angela McNab

Angela McNab
Chief Executive
25 May 2018

Introduction

What is a Quality Report?

All providers of NHS services in England have a statutory duty to produce an annual report to the public about the quality of services they deliver. This is called the Quality Report. Quality Reports aim to increase public accountability and drive quality improvement within NHS organisations. They do this by ensuring that organisations review their performance over the previous year, identify areas for improvement and publish that information, along with a commitment to you about how those improvements will be made and monitored over the next year.

The safety and quality of the care we deliver at Camden and Islington NHS Foundation Trust is our utmost priority. Here we focus on three areas that help us to deliver high quality services:

- Patient safety
- How well the care provided works (clinical effectiveness)
- How patients experience the care they receive (patient experience).

Scope and structure of the Quality Report

This report summarises how well we did against the quality priorities and goals we set ourselves for the last year and if we have not achieved what we set out to do, we have explained why and what we are going to do to make improvements. It also sets out the priorities we have agreed for the coming year and how we intend to achieve them and monitor progress throughout the year.

One of the most important parts of reviewing quality and setting quality priorities is to seek the views of our service users, staff and key stakeholders. This year we carried out a survey of all those involved with the Trust to discover what their concerns were. From this we drew up a long list of priorities which

we put to a public vote. Our nine quality priorities for 2018-19 are the final result of this process.

The Quality Report also includes statements of assurance relating to the quality of services and describes how we review them, including information and data quality. It also includes a description of audits we have undertaken, our research work, how our staff contribute to quality and comments from our external stakeholders.

In addition to complying with the Quality Accounts Regulations, NHS Foundation Trusts are required to follow the guidance set out by NHS Improvement, which includes reporting on a number of national targets set each year by the

Department of Health. Through this Quality Account, we aim to show how we have performed against these national targets. We also report on a number of locally set targets and describe how we intend to improve the quality and safety of our services.

If you or someone you know needs help understanding this report, or would like the information in another format, such as large print, easy read, audio or Braille, or in another language, please contact our Communications Department.

If you have any feedback or suggestions on how we might improve our Quality Report, please do let us know either by emailing Communications@candi.nhs.uk

Language and terminology

It is very easy for people who work in the NHS to assume that everyone else understands the language that we use in the course of our day to day work. We use technical words to describe things and also use abbreviations, but we don't always consider that people who don't regularly use our services might need some help. In this section we have provided explanations for some of the common words or phrases we use in this report.

Benchmarking

Benchmarking is the process of comparing our processes and performance measures to the best performing NHS Trusts or best practices, from other Trusts. The things which are typically measured are quality, time and cost. In the process of best practice benchmarking, we identify the other Trusts both nationally and/ or locally and compare the results of those studied to our own results and processes. In this way, we learn how well we perform in comparison to other hospitals.

Care Quality Commission (CQC)

The CQC is the independent regulator of health, mental health and adult social care services across England. Its responsibilities include the registration, review and inspection of services and its primary aim is to ensure that quality and safety standards are met on behalf of patients.

Care Records Service (CRS)

The NHS has introduced the NHS Care Records Service (NHS CRS) throughout England and Wales. This is to improve the safety and quality of your care. The purpose of the NHS Care Record Service is to allow information about you to be safely and securely accessed more quickly. Gradually, this will phase out difficult to access paper and film records. There are two elements to your patient records:

- Summary Care Records (SCR) - held nationally
- Detailed Care Records (DCR) - held locally

CQUIN

A CQUIN (Commissioning for Quality and Innovation) is a payment framework that enables commissioners to reward excellence, by linking a proportion of the hospital's income to the achievement of

local quality improvement goals.

Datix

Datix is a patient safety body that produces web-based incident reporting and risk management software for healthcare and social care organisations.

Carenotes

Carenotes is an Electronic Patient Records system that is able to store more in-depth clinical information. All staff who are directly involved with a service user/patient's care will have some level of access to this system.

Foundation Trust

NHS Foundation Trusts in England have been created to devolve decision-making to local organisations and communities so that they are more responsive to the needs and wishes of local people.

Friends and Family Test

This is a survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

Improved Access to Psychological Therapies (IAPT)

IAPT is a national programme aimed at increasing the availability of talking therapies, such as cognitive behavioural therapy, on the NHS. It is primarily for people with mild to moderate mental health difficulties such as depression, anxiety, phobias and post-traumatic stress disorder.

Information Governance (IG) Toolkit

The IG Toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards. It also allows members of the public to view participating organisations' IG Toolkit assessments.

Mental Capacity Act

The Mental Capacity Act 2005 is designed to protect and empower individuals who lack the mental capacity to make their own decisions about their care and treatment. Examples of conditions that might affect someone's mental capacity are dementia, severe learning disability, brain injury or a severe mental health condition. The law applies to people in England and Wales aged 16 or over.

Mortality

Mortality rate is a measure of the number of deaths in a given population.

The National Institute for Health and Care Excellence (NICE)

NICE provides national guidance and advice to improve health and social care. NICE's role is to improve outcomes for people using the NHS and other public health and social care services. Its main activities are:

- Producing evidence-based guidance and advice for health, public health and social care practitioners.
- Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services.
- Providing a range of informational services for commissioners, practitioners and managers across the spectrum of health and social care.

Patient Safety Incident

A patient safety incident is any unintended or unexpected incident which could have or led to harm for one or more patients receiving NHS care.

Quality improvement (QI)

Quality improvement is a structured approach to improving performance by first analysing the current situation and then working in a systematic way to improve it. It is now an integral part of the quality agenda and aims to make health care safe, effective, patient-centred, timely, efficient and equitable.

Risk Adjusted Mortality Index

Hospital mortality rates refer to the percentage of patients who die while in the hospital. Mortality rates are calculated by dividing the number of deaths among hospital patients with a specific medical condition or procedure by the total number of patients admitted for that same medical condition or procedure. This risk adjustment method is used to account for the impact of individual risk factors such as age, severity of illness and other medical problems that can put some patients at greater risk of death than others. To calculate the risk-adjusted expected mortality rate (the mortality rate we would expect given the risk factors of the admitted patients), statisticians use data from a large pool of patients with similar diagnoses and risk factors to calculate what the expected mortality would be for that group of patients.

These data are obtained from national patient records.

Risk management

Risk management involves the identification, assessment and prioritisation of risks that could affect or harm the organisation or staff and patients. The aim is to minimise the threat that such risks pose and to maximise potential benefits.

Serious incident investigation

Serious incidents in healthcare are adverse events where the consequences to patients, families, carers, staff or organisations are so significant that they require some form of investigation. These cases will be investigated thoroughly and lessons highlighted to ensure similar incidents do not happen again.

Serious mental illness (SMI)

An adult with a serious mental illness will have a diagnosable mental, behavioural or emotional disorder that lasts long enough to meet specific diagnostic criteria. SMI results in serious functional impairment which substantially interferes or limits one or more major life activities.

Part 2

2. Priorities for improvement in 2018-19

This part of the report describes the areas for improvement that the Trust has identified for the forthcoming year 2018-19. The quality priorities have been derived from a range of information sources, including wide-ranging consultations. We have also been guided by our performance in the previous year and the areas of performance that did not meet the quality standard to which we aspire. Finally, we have been mindful of quality priorities at national level, not least the increased focus on mortality reviews within mental health and learning from deaths.

In order to make the final selection, the Trust carried out a survey to gather the views of patients, staff, volunteers, members, governors and other stakeholders on what they felt we needed to focus on to ensure ongoing improvements to the quality of care. From this we drew up a long list of potential quality priorities for 2018-19 based on local and national feedback and performance information.

This long list was then put to a public vote, open to all stakeholders and the public. As a result, the following priorities were selected:

Priorities for improvement in 2018-19

PATIENT SAFETY		
Priority 1	Promote safe and therapeutic ward environments by preventing violence	Builds on last year's Quality priority
Priority 2	Provide comprehensive risk assessment	Builds on last year's Quality priority
Priority 3	Ensure mandatory training targets are achieved	New Priority CQC Action
PATIENT EXPERIENCE		
Priority 4	Learning from deaths and serious incidents	New priority
Priority 5	Improved communication with Carers and families	Builds on last year's Quality priority
Priority 6	Involve service users in the Trust's Quality Improvement Programme	New Priority
CLINICAL EFFECTIVENESS		
Priority 7	Engage service users and staff in suicide prevention strategies	Builds on last year's Quality priority
Priority 8	Better involvement of service users in developing and reviewing their care plans	Builds on last year's Quality priority
Priority 9	Improving physical health care	New Priority

How these priorities will be delivered

We are confident we can deliver these priorities, as there will be a project plan in place to support their achievement. Each of the quality priorities above will be monitored at local governance meetings and subsequent reports scrutinised at the

Trust Quality Governance Committee. Members of the Board will sponsor relevant priorities and implementation leads will be assigned for each quality priority. This will ensure accountability in terms of oversight for each priority

throughout the year with a final update to the Board in Quarter 4 of 2018-19.

How will these priorities be monitored to ensure achievement?

The quality priorities for 2018/19 will be monitored via our governance framework within the Trust. Each Divisional Quality/ Governance Forum will monitor activities for each priority at operational level. The overview of the achievement of these will be through the Trust Quality Governance Committee chaired by the Director of Nursing. The overall assurance for the achievement of the quality priorities will be taken to the Quality Committee which is a sub-committee of the Trust Board. Any risks to the achievement of the quality priorities will be reported via the governance structure within the Trust.

Patient safety

Priority 1:

Promote safe and therapeutic ward environments by preventing violence

Description of the quality issue and rationale for prioritising

All staff, service users and visitors are entitled to feel safe on the wards at the Trust. Violent incidents are potentially harmful and impact on staff and patient wellbeing. We want to promote safe

and therapeutic ward environments by preventing violence, reducing restraints and supporting staff and patients following assault incidents. Whilst progress has been made within this area, unfortunately we have not been able to achieve the level of improvement we would like to achieve. Therefore we would like to suggest a new violence reduction strategy is developed and implemented.

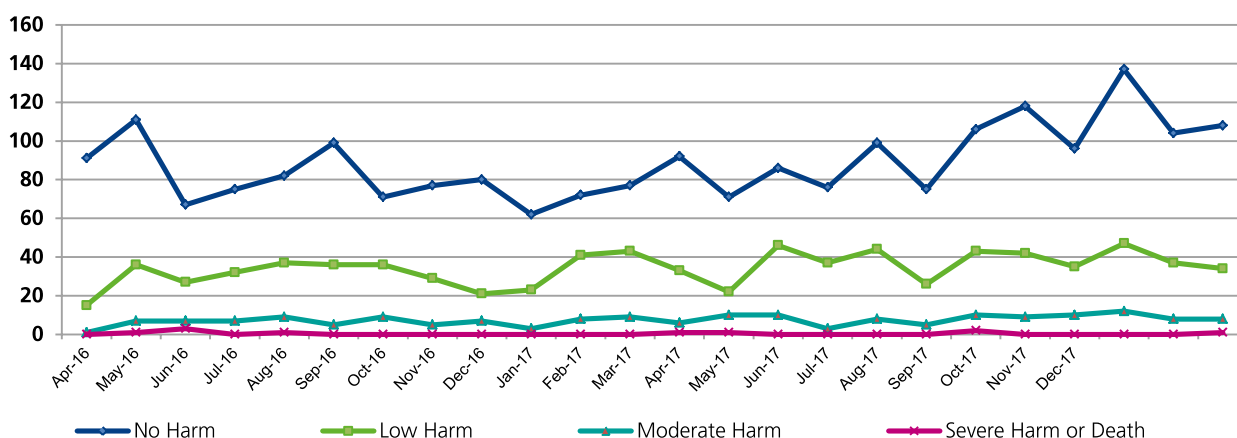
Current picture

Data collection on staff assaults has been

challenging in terms of categorising the seriousness of an assault. The Trust ran a trial of a full digital assault scale developed using intuitive programming to categorise the severity of assaults. This has proved very positive in terms of accuracy and gives us confidence going forward. It would enable us to accurately and objectively use violence information to improve learning and change practice.

The graph below shows violence and aggression incidents by harm on a monthly basis over the last year.

Violence and Aggression incidents by Harm



The Trust will continue to embark on measures to reduce the number of incidents and level of harm.

Identified areas for improvements

- Continuous reduction of the level of violence in in-patient areas
- Reducing the level of harm from violence
- Ensure the types of verbal abuse used on wards are captured and categorised

How we will improve

- Reduction of harm from violent incidents
- Embedding lessons learnt from incidents and monitoring practice
- Monitoring types of abuse e.g. abuse against those protected characteristics

How we will measure success

- Analysis of incidents
- Formally collecting feedback from staff and patients involved in violent incidents

Priority 2:

Provide comprehensive risk assessment

Description of the quality issue and rationale for prioritising

Learning from serious incidents has shown us that good Clinical Risk Assessment is a key part of providing the best care to service users and preventing incidents of self-harm and harm to others. Risk assessments need to be comprehensive and include all relevant information. It is essential staff have the right skills and tools to carry out effective risk assessments.

Current picture

Last year we focused on staff skills and risk assessment tools. We have made significant progress on both.

The Trust's training on keeping the patient safe now runs bi-monthly for all clinical staff. Monthly workshops examining lessons learned are facilitated by the Governance teams for divisions. The Clinical Risk policy was updated and launched in 2017. Further improvements have been made:

- The risk assessment document includes triggers to consider when formulating a risk management plan.
- Risk assessment and care planning are included in the Trust clinical supervision template

Identified areas for improvements

- Quality and timeliness of risk information

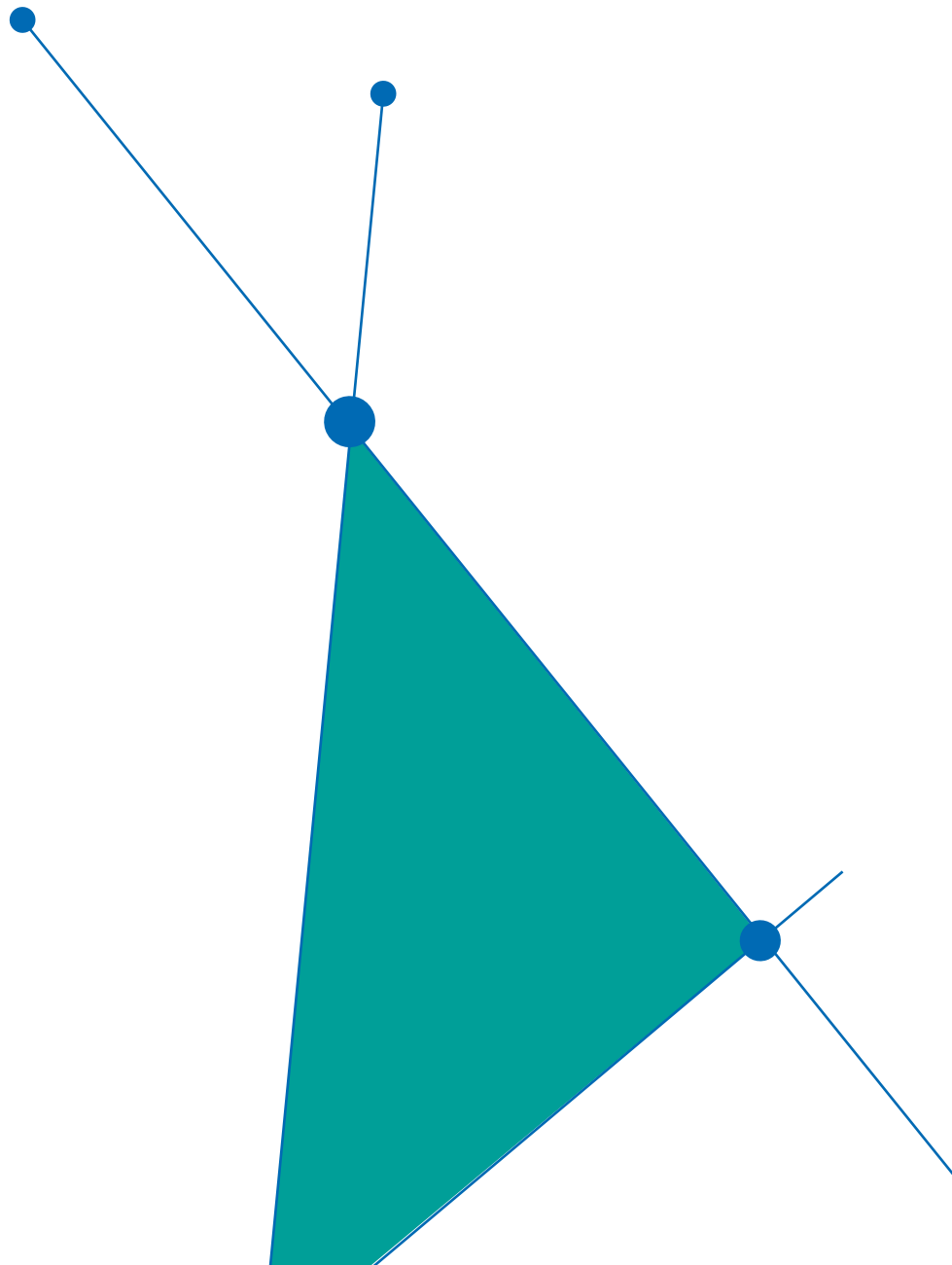
How we will improve

- Ensure staff adhere to the processes in the policy to inform their practice
- Undertake a quarterly randomised audit on the use of the tools and the quality of completed assessments
- Review documentation on a quarterly basis

- Discussion in clinical supervision

How we will measure success

- Feedback from staff after risk assessment training
- Feedback from staff on carrying out risk assessments on a regular basis
- Learning from the quarterly randomised audit evidenced in practice
- Audit of clinical supervision



Priority 3:

Ensure core skills (mandatory) training targets are achieved

Description of the quality issue and rationale for prioritising

The Trust has not been able to consistently reach and maintain mandatory training targets in the past

12 months. This was highlighted by the CQC as part of its inspection. Mandatory training supports staff to provide safe and effective care to service users and is at the core of safe care.

Current picture

In the main, we are compliant with

most of our Core skills training targets. However, as identified by the CQC and evident in the data below, we need to take steps to not only increase the compliance rate for Breakaway, Cardiopulmonary Resuscitation (CPR) and Immediate Life Support (ILS) training, but to be compliant.

Core Skills	Target	Compliance
NHSICSTFI Fire Safety - 1 Year	80%	84.77%
NHSICSTFI Infection Prevention and Control - Level 2 - 2 Years	80%	87.74%
NHSICSTFI Moving and Handling - Level 1 - 3 Years	80%	92.22%
NHSICSTFI Information Governance - 1 Year	95%	86.68%
NHSICSTFI Equality, Diversity and Human Rights - 3 Years	80%	89.26%
NHSICSTFI NHS Conflict Resolution (England) - 3 Years	80%	85.10%
NHSIMANDI Conflict Resolution - Dealing with Violence and Aggression - 2 Years (Breakaway)	80%	51.05%
NHSIMANDI Conflict Resolution - Physical Intervention Skills - 2 Years (PMVA)	80%	77.45%
NHSICSTFI Resuscitation - Level 2 - Adult Basic Life Support - 1 Year (CPR)	80%	61.26%
NHSICSTFI Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year (ILS)	80%	57.70%*
NHSICSTFI Safeguarding Adults - Level 1 - 3 Years	80%	88.60%
NHSICSTFI Safeguarding Adults - Level 2 - 3 Years	80%	83.96%
NHSIMANDI Safeguarding Adults Level 3 - 3 Years	80%	83.20%
"455ILOCALI Safeguarding Adults Level 4 - 3 Years	80%	100.00%
NHSICSTFI Safeguarding Children - Level 1 - 3 Years	80%	89.34%
NHSICSTFI Safeguarding Children - Level 2 - 3 Years	80%	90.10%
NHSICSTFI Safeguarding Children - Level 3 - 3 Years	80%	92.41%
NHSIMANDI Safeguarding Children Level 4 - 3 Years	80%	100.00%
NHSICSTFI Preventing Radicalisation - Levels 1 & 2 (Basic Prevent Awareness) - No Renewal	85%	85.16%
NHSICSTFI Preventing Radicalisation - Levels 3, 4 & 5 (Prevent Awareness) - No Specified Renewal	85%	84.56%
NHSIMANDI Mental Capacity Act - 3 Years	80%	73.57%
NHSIMANDI Mental Health Act - 3 Years	80%	60.91%

The ILS training is a relatively new course and this will be showing at a lower level of compliance as this is rolled out to our staff and this is on a trajectory to achieve 80%.

Identified areas for improvement

- Increase accessibility for Breakaway training
- Increase the number of days available

for CPR and ILS training

- Plan dates well in advance to accommodate all staff and increase uptake
- Reduce number of non-attendance

How we will improve

- Breakaway training easily accessible at one of C&I sites
- Make provision to accommodate staff

bookings and Increase uptake

- Timeliness of response by managers when concerns raised

How we will measure success

- Compliance with all core skills target

Patient experience

Priority 4:

Learning from deaths and serious incidents

Description of the quality issue and rationale for prioritising

The 2017 Care Quality Commission (CQC) review of the way NHS trusts review and investigate the deaths of patients in England found that learning from deaths was not being given sufficient priority in some organisations and consequently valuable opportunities for improvements were being missed. The report also pointed out that more can be done to engage families and carers and to recognise their insights as a vital source of learning.

Current picture

There continues to be a national focus on how the NHS deals with unexpected death and serious incidents. In response the Trust has set up a mortality review process at the hospital. We have focused on implementing the Learning from Deaths national guidance and strengthening our serious incident process. We are now reporting deaths to the Board in our public papers. It is important that we continue to build on this work so that lessons are learned and shared. We will look at how we inform service users and families about incidents and include them in the investigation as well as provide support during the process.

Identified areas for improvement

- Being open with service users, families and carers and including them in setting the scope of investigations

How we will improve

- Consistently engage and involve service users
- Share and embed learning from deaths
- How we will measure success
- Feedback from service users
- Learning from Deaths audit

Priority 5:

Improved communication with Carers and families

Description of the quality issue and rationale for prioritising

Serious incident reports and feedback from carers and service user surveys tells us that we need to be consistent in making contact with families and carers and involving them. We need to ensure we record information on next of kin and service user preferences for contact with families. Another aspect of this is ensuring that carers and families have positive contacts with teams when they contact the Trust and staff act in accordance with Trust values.

Current Picture

The Trust has recently been accepted for membership to the Triangle of Care, a national scheme which recognises NHS trusts for their quality of care to carers. Implementing the Triangle of Care demonstrates that all services have a genuine commitment to the service user, the professional and the carer and this promotes safety, supports recovery and sustains well-being for all. In order to achieve full accreditation to this scheme the Trust will carry out assessments of our inpatient and community services against these six principles.

Over the coming weeks all teams in the Trust will be contacted and asked to complete a self-assessment within their Service. Carer Champions across the Trust will be on hand to help them so that by the end of year we will have a Trust-wide picture of our strengths and areas of excellence in working with carers, and also the gaps and where we need to invest more time and resources. Our local carer organisations and some local carers have also agreed to help us with this challenge. The Head of Social work and Social Care is leading this work.

Identified areas for improvement

- Recording of next of kin
- Recording arrangements and preferences for involving carers and families
- Improving the experience of families and carers when contacting the Trust

How we will improve

- Recording of next of kin for all service users
- Recording arrangements and preferences for involving carers and families for all service users
- Improve patient experience

How we will measure success

- Audit service users' records
- Feedback from service users

Priority 6:

Involve service users in the Trust's Quality Improvement (QI) Programme

Description of the quality issue and rationale for prioritising

Involving service users in quality improvement is a key component of QI. The Trust plans to offer QI training to service users and have them actively involved in the QI project during 2018/19. The aim is to have service user involvement in all projects. Our project platform Life QI allows the level of service user involvement to be described in each project. We are aiming for high levels of service user involvement at every stage of improvement work.

Current picture

Our QI programme is advancing and is impacting positively in the delivery of our services. To make it more inclusive, we have organised bespoke training for service users and are engaging with them to be involved in QI work. This training is also extended to carers.

Identified areas for improvement

- Train service user volunteers in QI
- Involve service user volunteers in new QI projects

How will we improve

- Recruit service user volunteers
- Develop bespoke training
- Maintain a register of Service user volunteers that have been trained
- Ensure trained service users are involved in QI projects

How we will measure success

- Evaluation of bespoke training and feedback from service users
- Service users involved in every project
- Increase number of service users on the register on a quarterly basis
- Audit of trained volunteers involved in QI projects

Clinical effectiveness

Priority 7:

Engage service users and staff in suicide prevention strategies

Description of the quality issue and rationale for prioritising

The Government has recently made a public commitment to reducing self-harm and suicide and asking all agencies to work together to achieve this. The Trust will focus on implementing the local suicide prevention strategy and making staff aware of the best approaches to detecting risk and targeting help and support to prevent suicide.

Current picture

This priority is carried forward from last year. We have not achieved what we set out to do in its entirety, particularly in implementing the local prevention strategy. However, we have embedded our focused training and guidance, briefing and de-briefing sessions and, sharing learning from investigations into suicide.

Identified areas for improvement

- Implement the local suicide prevention strategy
- Set up a group to specifically look at reducing self harm and suicide

How we will improve

- Embed the local prevention strategy in practice
- Ensure that high risk service users are risk assessed appropriately

- Ensure care plans reflect comprehensive risk assessment
- Embed learning from suicide in practice

How we will measure success

- Evaluate impact of the strategy in practice
- Audit the quality of risk assessments and care plans
- Reduction in the number of avoidable deaths due to suicide

Priority 8:

Better involvement of service users in developing and reviewing their care plans

Description of the quality issue and rationale for prioritising

Since the CQC inspection in February 2016, there have been a number of improvements to care planning and co-ordination. However, because of the importance of this area, we will continue to develop and improve care planning to make sure we are getting it right. Service user feedback tells us that they do not always feel involved in developing or reviewing their care plans. Although the feedback has been more positive in the past year there is still room for improvement.

Current picture

We have simplified the Care Planning process. Since the introduction of Carenotes (Electronic Patient Record), there have been several scoping exercises exploring its functionality as part of the

Carenotes revamp project. As a result there have been several changes made to the Care Plan Template on Carenotes; there were two key themes in mind:

1. What does the service user want in their care plan (personalised care)
2. How can we make care planning as easy to use as possible for staff and patients

The Care Plan Template has been the subject of extensive consultation with service user groups and staff which, was led by Dr. Vincent Kirchner, Medical Director. The final agreed template went live as of 04/10/17

Pilot

A full pilot was run across varying services to test for usability and feedback on potential improvements, major overhauls of the template was not considered but minor changes were completed. The pilot was successful with good staff and service user feedback. The template has now gone live for services.

Training and Guidance

Video guidance was completed and available via YouTube, this is in the form of five three- minute videos using screen shot software. This essentially is to show the use of the template on Carenotes with an overlaying audio narrative, the links to the videos are displayed at the end of the care plan on Carenotes.

Identified areas for improvement

- Recording that service users have agreed their care plans and received a copy

- Ensuring that the service users voice is “heard” throughout the care plan
- Care plans should reflect the service users’ mental and physical care needs identified by the assessment process
- Ensuring that all Camden and Islington service users regardless of setting should have an up-to-date care plan

How we will improve

- Staff engage with service users in developing and reviewing care plans
- Staff ensure that discussions with service users are recorded appropriately
- Staff ensure that service users understand their care plan and a copy handed to them

How we will measure success

- Feedback from service users
- Audit of service users’ records

Priority 9:

Improving physical health

Description of the quality issue and rationale for prioritising

The National Early Warning Score (NEWS) determines the degree of illness of a patient. This is based on six key indicators that help to identify and respond to patients at risk of deteriorating. The parameters include respiratory rate, oxygen saturations, temperature, systolic blood pressure, pulse rate and level of consciousness. It is important that we accurately and timely record these measurements and respond appropriately where indicated. This simple and practical approach can identify those service users at risk of acute illness and improve patient outcomes.

Current picture

There were over 1,000 physical health screenings completed in the Trust and over 600 completed in primary care (Camden) so far in this year. This covers over 26% of the total patients with SMI in both Camden and Islington. The physical health screening includes various checks such

as blood pressure, weight, height, pulse, smoking cessation, diabetes screening, spirometry screening, alcohol and drug screening. This screening is taking place in all the psychosis community teams, inpatient wards and community rehabilitation teams. Once the screening is completed, it is then sent to the relevant GP practice and also any onward referrals are made after the wellbeing clinic. The care co-ordinator in the team will be aware of the physical health condition and the care plan is updated accordingly. A discharge summary is then sent to the GP after the service user is discharged from the inpatient ward.

All the physical health checks are stored in the screening tool and any gaps are highlighted to the Community Nurse Managers on a regular basis.

Physical health screening tool

The Trust has now developed one standard physical health screening tool. In the past there were several tools used by different services. By standardising the tool, service users can now expect even better management of their physical health in the Trust. The new Physical Health Screening Tool is now being used Trust wide supporting referral, intervention and care planning, it underpins the revised Physical Health Policy due to be re-launched in May 2018

Identified areas for improvements

- Embed the revised Physical Health Policy and the new Physical Health Screening Tool
- All service users to have their NEWS recorded appropriately
- Elevated NEWS scores escalated appropriately and in timely manner
- NEWS e-Learning training compliance to be above 80% by April 2019

How we will improve

- Completion of physical health screening and assessment recorded appropriately
- Referrals done appropriately

- Advice received from experts acted on appropriately
- Discharge summaries include physical health

How we will measure success

- Physical health dashboard
- CQUIN data
- Incidents, complaints and claims

Part 3

3. What we have achieved in 2017-18

What we have achieved in 2017-18

Progress against the quality priorities that we set for 2017-18

This section describes the Trust's progress against the quality priorities that we set for 2017-18. The Trust had nine quality priorities for the year, reflecting both CQUIN targets and progress towards the CQC action plan.

Priorities for improvement in 2017-18

PATIENT SAFETY		Achievement
Priority 1	Promote safe and therapeutic ward environments by preventing violence	Partly Achieved ✓
Priority 2	Provide comprehensive risk assessment	Achieved ✓
Priority 3	Reduce poor health outcomes for people with serious mental illness	Achieved ✓
PATIENT EXPERIENCE		
Priority 4	Engage service users and staff in suicide prevention strategies	Partly Achieved ✓
Priority 5	Better communication and involvement with families	Partly Achieved ✓
Priority 6	Improve privacy and dignity for those with mental health needs who present to A&E	Achieved ✓
CLINICAL EFFECTIVENESS		
Priority 7	Ensure effective services by evaluating the outcomes from the Integrated Practice Unit for Psychosis	Achieved ✓
Priority 8	Better involvement of service users in developing and reviewing their care plans	Achieved ✓
Priority 9	Enable staff to protect service users through a good understanding of safeguarding and the Mental Capacity Act	Partly Achieved ✓

Patient safety

Priority 1:

Promote safe and therapeutic ward environments by preventing violence

Partly Achieved ✓

Description of the quality issue and rationale for prioritising

All staff, service users and visitors are entitled to feel safe on the wards at the Trust. Violent incidents are potentially harmful and impact on staff and patient wellbeing. We want to promote safe and therapeutic ward environments by preventing violence, reducing restraints and supporting staff and patients following assault incidents. The reduction of assaults by a patient on staff can



potentially be achieved as a secondary gain from reducing restrictive practice. NHS Protect (2013)

Identified areas for improvements

- Reducing levels of violence in inpatient areas
- Reducing prone restraints
- Ensure physical observations are recorded when restraint has been used
- Embedding PACE

What we have achieved

Keeping staff safe

Data collection on staff assaults has been challenging in the past in terms of capturing and categorising the seriousness of the assault. A full digital assault rating scale has been developed using intuitive programming to categorise the severity of the assaults that are happening. The

trial ran from November 2017 – March 18 and showed 93% accuracy compared to subject expert interpretation of the incident.

This will greatly improve our understanding of violence and the impact it is having on our staff. It will also allow the Trust to more accurately and objectively look at violence to improve learning and change practice if necessary.

Additionally the Trauma at Work Pathway is now fully functional and being actively promoted to staff. We have seen a steady uptake of the initiative as well as sustained use of the recovery days project that has been extended for a further 12 months.

We now provide direct support to all staff that have been assaulted from the Local Security Management Specialist (LSMS) and ward manager, with an immediate plan established to protect the victims of violent behavior at work. The use of recovery episodes has increased steadily from April to December 2017. There was a spike in recovery leave days taken in July and October, 1.15 days on average were taken per recovery leave episodes. Following a period of recovery leave, 76% of staff returned to work with no subsequent sickness. Psychology group and/or individual debrief is also available. Return-to-work interviews must now be

completed for all staff that experience assault to ensure the staff member has not been unduly affected by the incident, managers must put in place an action plan where necessary in order to avoid prolonged trauma. All managers will be trained in brief treatment of trauma, by the Trust's lead psychologist.

Unfortunately, the rate of violence and aggression has not fallen. In part we have been promoting the importance of reporting all incidents of violence and aggression including verbal abuse and threats which means we have raised awareness about reporting. The future focus will be on reducing harm levels.

Service User involvement

Peer debrief is now fully implemented into Highgate Mental Health Centre and Ruby Ward, provisional data shows that patients feel there needs to be greater gender diversity in the restraint team and that they feel that they have not had enough input on how restraint should happen for them. Feedback on the experience of peer debrief has been very positive.

We now have ten peer de-brief staff fully trained with an additional four planned for January. All systems appear to be in working order and the data is presented to

Positive and Proactive Care Group.

Restraint and seclusion

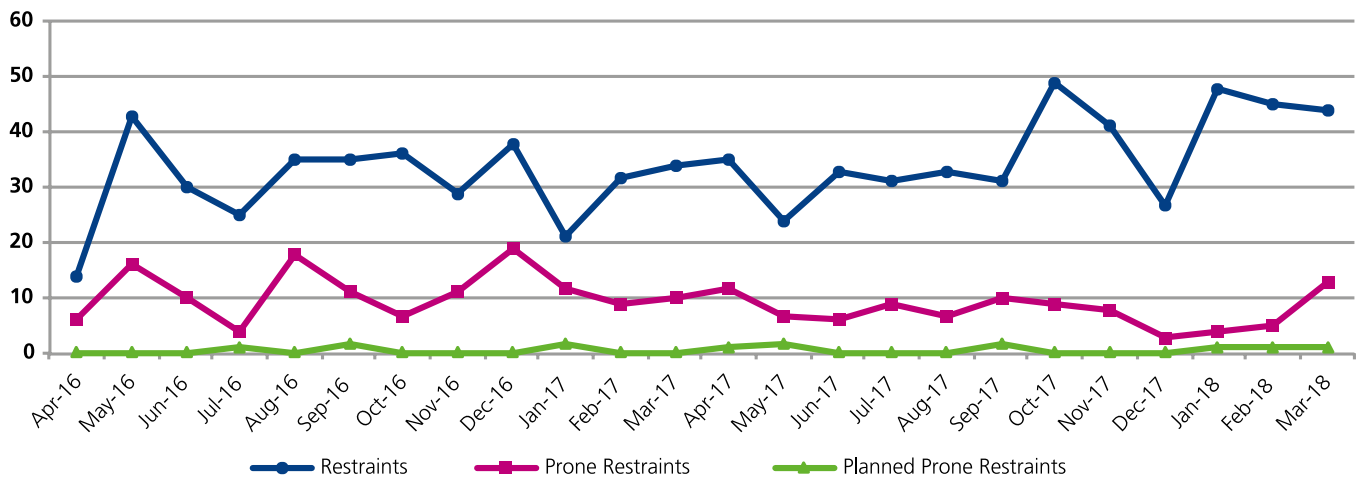
- The use of seclusion and prone restraint has fallen
- 79% of all restraints are less than five minutes across a 12 month period
- All restraints that last longer than 15 minutes are reviewed by the Prevention and management of Violence and aggression (PMVA) Lead to see if there are interventions that could be used to reduce the need for restraint.

- Fifteen minute restraints account for 6% of all restraints and almost exclusively include with I/M medication or seclusion.
- None of the 25 incidents of prolonged restraint was a prolonged restraint in the prone position
- Alternative site injection technique training shows that since the training has been rolled out there has been a significant decline in prone injections
- The long term trend for offering physical health checks after restraint has increased.

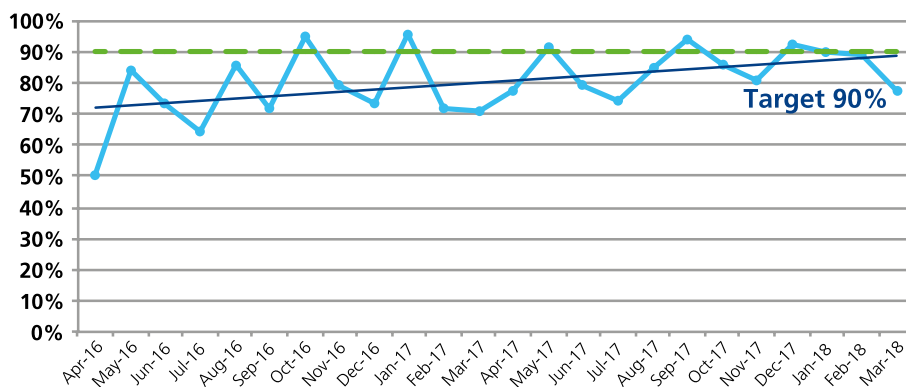
Seclusion



Number of restrains, prone restrains & planned prone restrains incidents

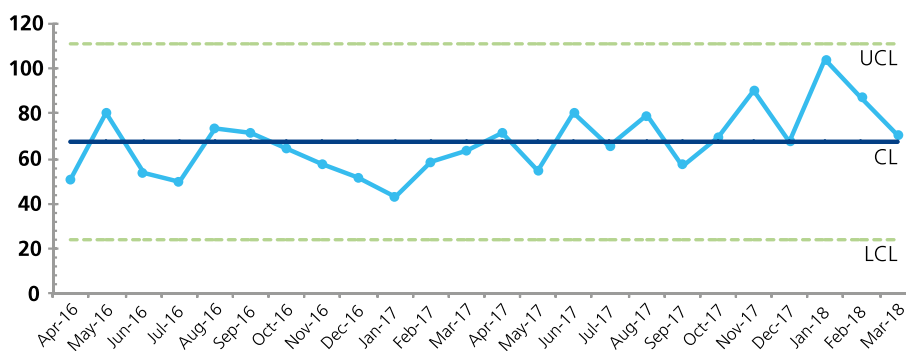


Proportion of Physical health checks offered following restrains



Incidents of Violence & Aggression against staff

C Chart



Control limit (CL) Upper control limit (UCL) lower control limit (LCL)

Next steps/future challenges

- Reducing harm from incidents of violence and aggression
- Categorising verbal abuse in relation to protected characteristics
- Reducing overall levels of restraint

Priority 2:

Provide comprehensive risk assessment

Achieved ✓

Description of the quality issue and rationale for prioritising

Learning from serious incidents has shown us that good clinical risk assessment is a key part of providing the best care to service users and preventing incidents of self-harm and harm to others. Risk assessments need to be comprehensive and include all relevant information. It is essential staff have the right skills and tools to carry out effective risk assessments.

Identified areas for improvements

- Staff skills in risk assessment
- Risk assessment tools

What we have achieved

Training on keeping the patient safe now runs bi-monthly for all clinical staff. Monthly workshops exploring lessons learned are facilitated by the Governance teams for divisions. The Clinical Risk policy was updated and launched in 2017. Further improvements have been made:

- The risk assessment document includes triggers to consider when formulating a risk management plan.
- Risk assessment and care planning are included in the trust clinical supervision template

Future challenges

Risk assessment project to be commissioned with the trust practice development team this will focus on adhering to processes and risk skills in practice using applicable tools.

Priority 3:

Reduce poor health outcomes for people with serious mental illness

Achieved ✓

Description of the quality issue and rationale for prioritising

Reducing premature mortality for people with serious mental illness is a national priority. The importance of monitoring and managing physical health care has featured in service user feedback, incidents and complaints. There is a national recognition of the need to take a holistic and joined up approach to caring for the physical and mental health needs of those with serious mental illness.

Identified areas for improvement

- How physical health is recorded and monitored to ensure consistency for service users with psychosis
- Communication with GPs

What we have achieved

We have completed over 1000 physical health screenings and over 600 completed in primary care (Camden) so far this year (2018). This covers over 26% of the total patients with serious mental illness (SMI) in both Camden and Islington. The physical health screening includes various checks such as blood pressure, weight, height, pulse, smoking cessation, diabetes screening, spirometry screening, alcohol and drug screening.

Physical health screening is taking place in all our psychosis community teams, inpatient wards and community rehabilitation teams.

All the physical health checks are stored in the screening tool and any gaps are highlighted to the Community Nurse Managers on a regular basis.

Nutrition and Hydration Week was held in March 2018 with education events.

Physical health screening tool

The Trust has now developed one standard physical health screening tool. In the past there were several tools used by different services. By standardising the tool service users can now expect even better management of their physical health in the Trust. The new Physical Health Screening Tool is now being used Trust wide supporting referral, intervention and care planning, it underpins the Revised Physical Health Policy due to be re-launched in May 2018

Training for staff

We have provided face-to-face training and an E-Learning Package on deteriorating physical health conditions, NEWS and NEWS2. "Breaking Down the Barriers Training" across specialties / divisions is underway – topics covered include Chronic Obstructive Pulmonary Disease and Diabetes. Positive feedback has been received from delegates at the training sessions and their contributions have been positive.

Next steps/future challenges

- Physical health checks are not always being carried out consistently in the wellbeing clinics.
- A lead phlebotomist role will be created to work in the wellbeing clinics to improve support

Future challenges

Standardising the use of NEWS and auditing to identify gaps in practice.

Patient experience

Priority 4:

Engage service users and staff in suicide prevention strategies

Partly Achieved ✓

Description of the quality issue and rationale for prioritising

The Government has made a public commitment to reducing self-harm and suicide and is asking all agencies to work together to reduce suicide.

Identified areas for improvements

- The Trust will focus on developing and implementing a local suicide prevention strategy
- Making staff aware of the best approaches to detecting risk and targeting help and support to prevent suicide
- Involving service users, carers, and families in suicide prevention strategy

What we have achieved

There have been meetings with local stakeholders with preliminary discussions on developing a cross-sector suicide prevention strategy. The Trust has not been able to progress this priority as much as was hoped. There has been work on suicide prevention in services as part of our risk assessment and management improvements. Best practice, local and national trends as well as learning from recent suicides is discussed and shared with teams. The creation of suicide prevention and self harm group at the Trust has now been agreed with a remit to bring together current best practice and learning and share this with staff and service users in a comprehensive and accessible format.

Next steps/future challenges

- Repeat priority next year to make further progress on the areas of improvement
- Bringing together current best practice in suicide prevention to share with staff and service users.

Priority 5:

Better communication and involvement with families after serious incidents

Partly Achieved ✓

Description of the quality issue and rationale for prioritising

The Care Quality commission (CQC) Community Survey (2016) showed that we needed to improve communication and involvement with families. There is also a national drive to improve contact with service users, families and carers when there has been a serious incident. Serious incident and complaints feedback as well as service user surveys tells us that we need to be consistent in making contact with families and carers, and involving them.

The 2017 Care Quality Commission (CQC) review of the way NHS trusts review and investigate the deaths of patients in England found that learning from deaths was not being given sufficient priority in some organisations and consequently valuable opportunities for improvements were being missed. The report also pointed out that there is more that can be done to engage families and carers and to recognise their insights as a vital source of learning.

Identified areas for improvements

- More consistent recording of information on next of kin and service user preferences for contact with families
- Update the policy to reflect the approach to communicating with service users, families and carers

What we have achieved

In March 2017 the National Quality Board published a new national framework for NHS Trusts - 'National Guidance on Learning from Deaths'. The purpose of the new framework is to introduce a standardised approach to the way NHS Trusts report, investigate and learn from patient deaths. This is intended to support

higher quality investigations and embedded learning. It covers how trusts respond to deaths in care generally, not just those classed as serious incidents.

The framework focuses on:

- Improving governance processes around patient deaths
- New board leadership roles
- A new system of case record reviews
- Quarterly reporting of specific information about deaths in care
- Producing a Trust policy
- Involving at every stage the families/carers of patients who have died in care

What the Trust has done to meet the requirements of the new framework:

1. Identified a Trust lead and NED lead for learning from deaths to ensure robust governance around deaths.
2. Produced a Learning from Deaths Policy which is on the public website and clearly identifies the process for reviewing and learning from deaths.
3. Introduced a system of case record review incorporating a structured judgment review and an avoidability of death scoring system. This has been incorporated into the Preliminary Review tool used at the Trust. The Trust Mortality Review group reviews all reported deaths.
4. A quarterly Mortality Report to the Board is published.
5. Training completed in November 2017 has trained 21 staff. This bespoke training skills in investigation and case record reviews.
6. Developed templates to ensure consistent communication with families and carers when deaths are being reviewed.

Next steps/future challenges

- Repeat this priority next year to make further progress on the areas for improvement
- Review policy

Priority 6:

Improve privacy and dignity for those with mental health needs who present to A&E

Achieved ✓

Description of the quality issue and rationale for prioritising

Improving services for people with mental health needs who present to A&E is a national and local priority. The 2016 CQC inspection also identified this as a priority, in particular that the environments were safe and enhanced to improve the experience of serviced users and their families

Identified areas for improvements

- Privacy and dignity for service users using section 136 suites
- Keeping service users and their families comfortable and occupied during waits
- Keeping service users and their families informed about what will happen next

What we have achieved

In partnership with our acute trust partners there have been a number of improvements in Health Based Places of Safety to ensure patients are in a safe environment when they attend A&E. A joint working group has been set up to work with the local trusts to ensure progress. The recent CQC inspection

highlighted some improvements were still necessary and in February and March this year further improvement works were carried out.

- Ligature points have been removed in section 136 suites and toilet facilities.
- Introduced Self-Occupying packs
- Environments refurbished
- Monitoring plans in place to manage excessive waits.
- Information for carers in place

Next steps/future challenges

- The Trust has submitted plans to build a bespoke mental health act section 136 suite in one of our sites to provide a much better experience for service users.

Clinical effectiveness

Priority 7:

Ensure effective services by evaluating the outcomes from the Integrated Practice Unit (IPU) for Psychosis

Achieved ✓

Description of the quality issue and rationale for prioritising

Implementation of the IPU has been a significant step in transforming the way in which we deliver person-centred care and will result in better outcomes for our service users. The IPU will have a strong focus on prevention and self-management. Through the IPU we aim to reduce the death rate in the psychosis population and improve health and social care outcomes. This was year 2 of the five-year programme.

Identified areas for improvements

- Care planning for long term conditions
- Engaging service users in self-management

What we have achieved

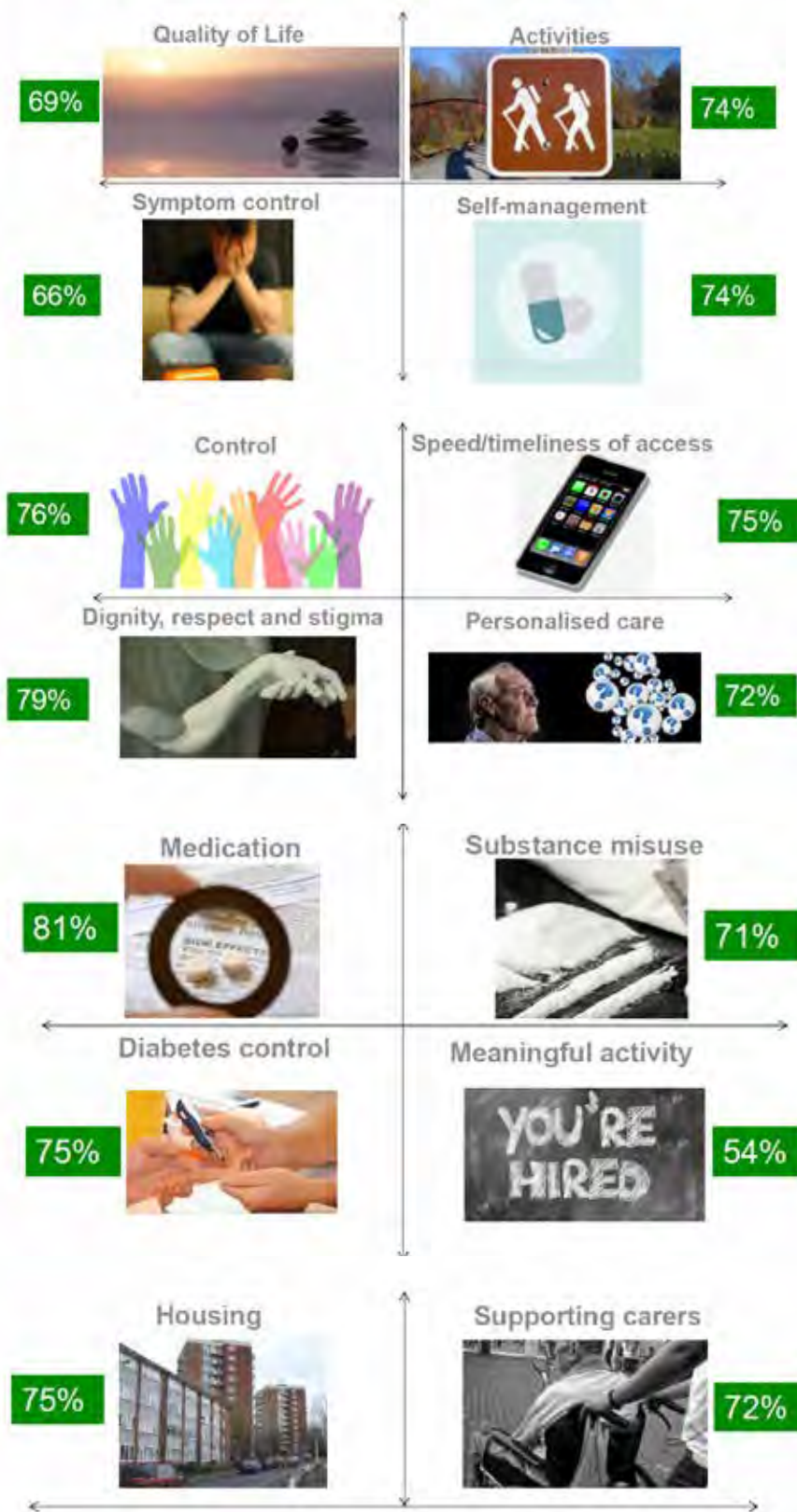
Patient reported Outcome Measures (PROMS)

For the last two years the Trust has been developing innovative ways of treating service users' physical and mental health care together. This award-winning initiative is known formally as our "Integrated Practice Unit (IPU) for Psychosis". It includes detailed physical health screening of service users, additional physical health training for staff and extending our wellbeing clinics network. As part of this work, our Community teams have been focusing on the 3,000 service users with psychosis, in order to reduce the high number of early deaths in this vulnerable group, compared with the general population. We have been measuring progress to see if this approach is making a difference to the health and quality of life of our service users.

Last year, just over 1,000 service user questionnaires were sent out to our Community teams, with a range of questions about health and care-related issues, for instance on leisure activities, satisfaction with symptom control, access to crisis services, and prevalence of

alcohol and drug misuse. Overall, 69% of the 470 service users who responded were satisfied with the quality of their life. The results for 2017 can be seen below:

PROMS – Satisfaction scores



Service user involvement

The IPU project has a service expert-by-experience group and receives regular input from the Evolution service user group. Service user input has been used to develop the outcome measures.

Next steps/future challenges

This year April-May 2018, the Trust aims to get even more feedback and is sending 1,300 questionnaires to relevant teams, including 400 to our GP colleagues

- Evaluate feedback and continue to engage Service Users
- Improve care planning for long term conditions to be monitored at the IPU's weekly meeting

Priority 8:

Better involvement of service users in developing and reviewing their care plans

Achieved ✓

Description of the quality issue and rationale for prioritising

Feedback from CQC visits and patient surveys told us that we needed to improve how we involved patients in developing care plans so that they were tailored to each individual. The practice development team has been supporting best practice based approaches to care planning and reviewing their care plans.

Identified areas for improvements

- Service user involvement in care plans
- Quality of Care plans
- Regular review of care plans

What we have achieved

Simplifying the Care Planning process

Since the introduction of Carenotes, there have been several scoping exercises exploring its functionality and if it meets both staff member and patients' needs as part of the Carenotes revamp project. As a result there have been several changes made to the Care Plan Template on Carenotes; there were two key themes in mind:

1. What does the service user want in their care plan (personalised care)
2. How can we make care planning as easy to use as possible for staff and patients

The Care Plan Template has been through extensive consultation with service user groups and staff which, was led by Dr. Vincent Kirchner. The final agreed template went live as of 04/10/17

Pilot

A full pilot was run across varying services to test for usability and feedback on potential improvements, major overhauls of the template was not considered but minor changes were completed. The pilot was successful with good staff and service user feedback. The template has now gone live for services.

Training and Guidance

Video guidance was completed and available via YouTube, this is in the form of separate short videos using screenshot software. This essentially is to show the use of the template on Carenotes with an overlaying audio narrative, the links to the videos are displayed at the end of the care plan on Carenotes.

The Annual Community Survey

The Annual Community Survey Results were published in November 2017 and showed the Trust had made a number of improvements on last year's results. This survey is published by CQC and is the national survey that all mental health trusts participate in.

The survey report uses standardised data to generate a score for each question requesting the respondent to rate the service they received. This score is then used to benchmark the Trust position in relation to all other responding organisations. The Trust significantly improved in a number of areas related to care planning

Questions where C&I scored better than the majority of other Trusts

C&I scored above the majority of Trusts (Upper 20%)	C&I	Min Score	Max Score
Q4 - Did the person or people you saw listen carefully to you?	8.6	7.2	8.7
Q15 - Were you involved as much as you wanted to be in discussing how your care is working?	8.0	6.2	8.4
Q16 - Did you feel that decisions were made together by you and the person you saw during this discussion?	7.8	6.5	8.3
Q3 - In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	6.5	4.4	7.1

Overall Domain Section scores change since the previous survey

Domain Section Name	C&I (2017)	C&I (2016)	Change since 2016	Min	Max
S3 - Planning Care	7.2	6.6	0.6 ↑	6.0	7.5
S4 - Reviewing Care	7.7	7.5	0.2 ↑	6.2	8.3
S6 - Crisis Care	6.5	5.7	0.8 ↑	5.1	7.3
S7 - Treatments	7.3	7.4	-0.1 ↓	6.3	8.2
S8 - Support and Wellbeing	5.6	5.2	0.4 ↑	3.5	5.9
S9 - Overall views of care and services	7.5	7.1	0.4 ↑	5.9	7.9
S10 - Overall experience	7.2	6.8	0.4 ↑	5.9	7.5

Next steps/future challenges

- A full e-learning package comprising five modules has been developed via Care Academy and will be available on Training Tracker from May 2018. This will cover all areas of care planning, from principles to the practical elements of what services will be required to be provided in a care plan. This will be hosted on training tracker and usage data will be provided to operational managers for information. Certificates for each module will be available as evidence of continuing professional development for appraisal and revalidation purposes.
- Auditing the quality of care plans and the discussion of care plans in clinical supervision.

Priority 9:

Enable staff to protect service users through a good understanding of safeguarding and the Mental Capacity Act

Partly Achieved ✓

Description of the quality issue and rationale for prioritising

The CQC inspection in 2016 identified staff understanding of the Mental Capacity Act and safeguarding processes as an area for improvement. A number of improvements had already taken place to provide staff with training and ensure there is a clear process. This priority was to focus on continuing these improvements by sustaining training rates for staff and auditing the process to measure improvement.

Identified areas for improvements

- Guidance for staff
- Training compliance at levels 1-2

What we have achieved

As can be seen in the table below the compliance rates for safeguarding have consistently been above 80%. The figures for Mental Capacity Act and Mental Health Act training increased throughout the year but not above 80% by the year end. Both the safeguarding and MHA teams have been providing numerous

training slots and visiting teams to ensure the training was accessible as possible. There is also online guidance and support for staff as well as MHA teams and a safeguarding hub where staff can get direct advice and support with any aspect of safeguarding and mental health law including the Mental Capacity Act.

Core Skills	Target	Compliance
NHSICSTFISafeguarding Adults - Level 1 - 3 Yearsl	80%	88.6%
NHSICSTFISafeguarding Adults - Level 2 - 3 Yearsl	80%	83.96%
NHSIMANDISafeguarding Adults Level 3 - 3 Yearsl	80%	83.20%
"455ILOCALISafeguarding Adults Level 4 - 3 Yearsl	80%	100.0%
NHSICSTFISafeguarding Children - Level 1 - 3 Yearsl	80%	89.34%
NHSICSTFISafeguarding Children - Level 2 - 3 Yearsl	80%	90.10%
NHSICSTFISafeguarding Children - Level 3 - 3 Yearsl	80%	92.41%
NHSIMANDISafeguarding Children Level 4 - 3 Yearsl	80%	100.0%
NHSICSTFIPreventing Radicalisation - Levels 1 & 2 (Basic Prevent Awareness) - No Renewall	85%	85.16%
NHSICSTFIPreventing Radicalisation - Levels 3, 4 & 5 (Prevent Awareness) - No Specified Renewall	85%	84.56%
NHSIMANDIMental Capacity Act - 3 Yearsl	80%	73.57%
NHSIMANDIMental Health Act - 3 Yearsl	80%	60.91%

Next steps/future challenges

- The Trust is focusing on mandatory training in 2018 as has chosen this as a priority for 2018-19



4. Statements of assurance from the Board

During 2017-18, Camden and Islington NHS Foundation Trust provided and/or sub-contracted the following seven NHS services across approximately 30 Trust sites in Camden, Islington and Kingston; together with presence in GP practices for IAPT and PCMH in all three local authorities

- Acute Adult Mental Health
- Community Adult Mental Health
- Services for Ageing and Mental Health (SAMH)
- Recovery and Rehabilitation
- Substance Misuse Service (SMS)
- Learning Disability
- Practice Based Mental

Services delivered in each sector above include:

- Urgent assessments and care for those experiencing episodes of severe illness
- A&E Liaison service in partnership with Acute Trusts
- Alcohol and Drug Misuse
- Alcohol Assertive Outreach teams
- Blood borne virus services
- Integrated Practice Unit for Psychosis and Chronic conditions Early Intervention Service for first episode of psychosis
- Day Care services
- Intensive support service and liaison with partners in the non-statutory supported housing sector and other non-statutory organisations
- Personality Disorder service
- Psychotherapy service
- Traumatic Stress Clinic
- Neuro-Developmental Disorders Service for people with Attention Deficit and Hyperactivity Disorder and Autism Spectrum Disorders
- Veterans' Mental Health TIL (Transition, Intervention and Liaison) Service – London and South East England

- Improving Access to Psychological Therapies (IAPT) services
- Integrated Health and Social Care Services

Camden and Islington NHS Foundation Trust has reviewed all the data available to it on the quality of care in each of these NHS services.

The income generated by the NHS services reviewed in 2017-18 represents

100% of the total income generated from the provision of NHS services by Camden and Islington NHS Foundation Trust for 2017- 18.

The Trust has been able to review data for each of these services in the areas of patient safety, patient experience and clinical effectiveness, and the Board has received regular comprehensive updates and reports on quality throughout the year.

An overview of the quality of care offered by the NHS foundation trust: Key indicators of safety, effectiveness and patient experience

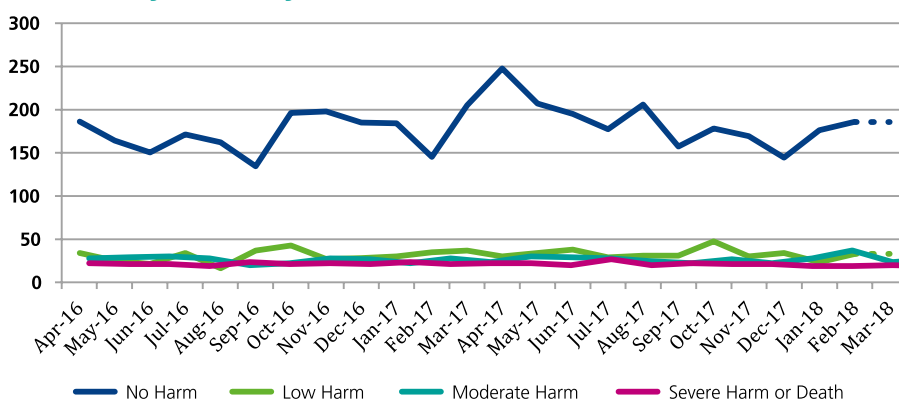
Patient safety

Overall incident reporting rates have remained consistent when compared to the previous year. Less than half (45%) of the total number of incidents reported are classified as patient safety incidents and this proportion is also consistent with the previous year. The majority (82%) of patient safety incidents reported resulted in no harm and only a small fraction (less than 1%) of patient safety incidents resulted in severe harm.

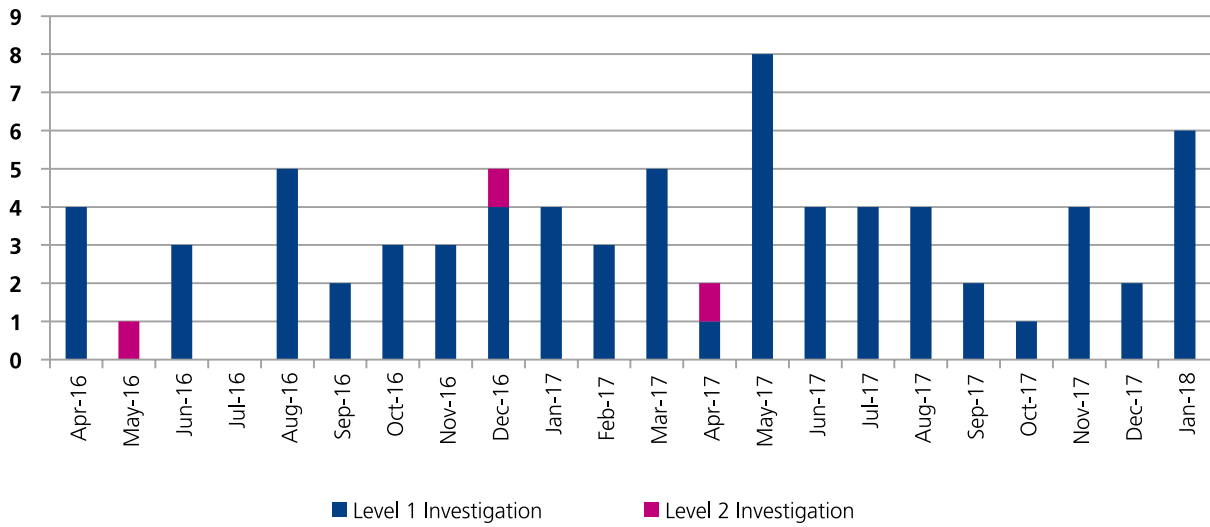
The number of serious incidents has also remained consistent when compared to the previous year.

Incidents:

Patient Safety Incidents By Harm



Total Serious Incidents (all incidents)

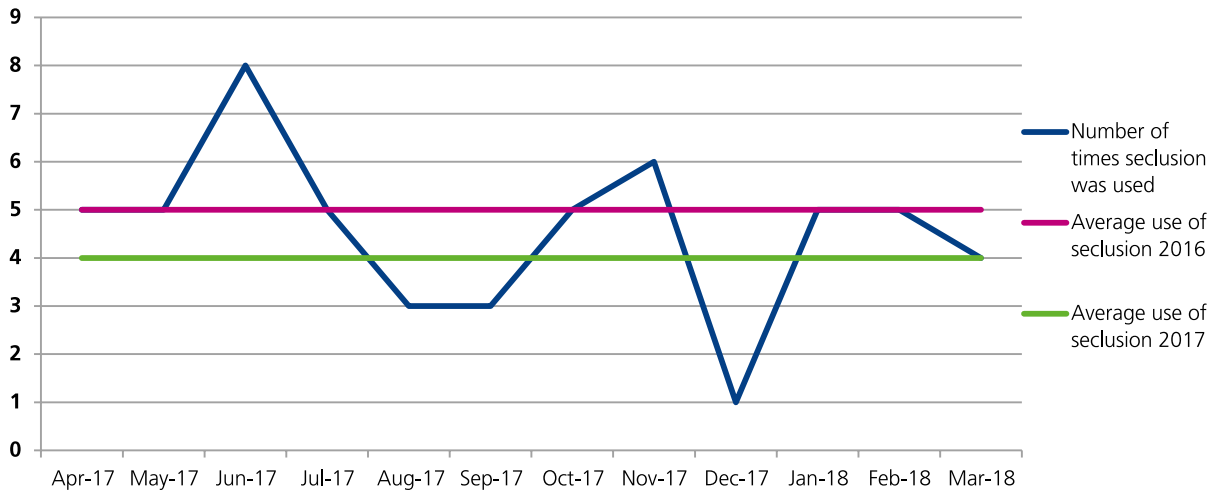


Seclusion:

There continues to be a sustained reduction in the use of seclusion in 2018 and the aim is to maintain that position. The following key points for seclusion in 2017 are stated below:

- Seclusion use increased by 4%
- The digital seclusion form has now been initiated, this will allow us to fully audit all seclusions and improve practice around seclusion

Seclusion



Patient experience indicators

Friends and Family Tests (FFT) responses have improved. However we need to continue to increase the response rate. The patient experience strategy is being refreshed to provide new impetus and influence the response rate.

A significant increase in the year of staff having the flu vaccination

FFT 2016/17 - 2017/18

Financial Year	2016/17				2017/18			
Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
FFT Responses	516	470	697	789	662	860	645	525
% Recommend	88%	92%	89%	89%	90%	91%	89%	94%

Community Mental Health Service User Survey

Survey Year	2016/17	2017/18
Overall Experience Score	68%	72%

Complaints

Survey Year	2016/17	2017/18
Number of complaints	172	127

Clinical effectiveness

Financial Year	2016/17				2017/18			
Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Bed Occupancy	98.8%	99.1%	98.4%	99.0%	99.1%	97.1%	97.7%	96.7%

Financial Year	2016/17				2017/18			
Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Assessment ward LOS	13.6	14.5	12.6	10.8	12.7	12.0	13.6	15.2

Emergency Psychiatric Re-admission (30 days)	Area	Target	2017/18			
			Q1	Q2	Q3	Q4
	Camden	<6.2%	6.1%	9.7%	9.6%	7.5%
	Islington	<10%	9.9%	11.8%	8.1%	11.5%

Emergency Psychiatric Re-admission (90 days)	Area	Target	2017/18			
			Q1	Q2	Q3	Q4
	Camden	<6.2%	14.2%	19.0%	18.6%	**
	Islington	<10%	23.8%	23.0%	17.6%	**

Emergency Psychiatric Re-admission (30 days)	Area	Target	2017/18			
			Q1	Q2	Q3	Q4
	Trust	<6.2%	7.2%	10.0%	8.6%	8.7%

Emergency Psychiatric Re-admission (90 days)	Area	Target	2017/18			
			Q1	Q2	Q3	Q4
	Trust	<10%	18.0%	20.7%	17.0%	**

** Q4 figures will not be available until 90 days after the end of the reporting period (July 2018)

Participation in clinical audits

National audits

In 2017-2018 the following nationally mandated clinical audits were applicable to Camden and Islington NHS Foundation Trust:

- The Prescribing Observatory for Mental Health (POMH-UK) facilitates national audit-based quality improvement programmes open to all specialist mental health services in the UK. The results for different audits will be published intermittently throughout the year based on the POMH-UK schedule
 - The National Clinical Audit of Schizophrenia
 - The Early Intervention in Psychosis Audit (AEIP).
 - The National Audit of Intermediate Care
- The Trust will continue to participate in the next round of POMH-UK audits in line with the schedule.

Results of completed audits will be reviewed once published and improvements to prescribing

Practices implemented in line with recommendations. Audit results will also be disseminated locally to share learning.

The table below summarises the national audits that the Trust participated in, the data collection periods and the number of cases submitted for each one:

Audit Title	Data Collection Period	Number of cases submitted	Actions
Topic 17a Use of depot/LA anti-psychotic injections for relapse prevention	May-17	140	Guidance and support are provided to ensure appropriate prescribing
Topic 15b - Prescribing valproate for bipolar disorder	Oct-17	82	Guidance and support are provided to ensure appropriate prescribing
Topic 16b - Rapid Tranquilisation	Mar-18	In progress	Guidance and support are provided to ensure safe practice
National Clinical Audit of Psychosis	Nov-17	70	Reflected in improvements planned as part of the clinical strategy
EIPN	Feb-18	Camden 248 Islington 182	Reflected in improvements planned as part of the clinical strategy
National Audit of Intermediate Care	Jun-17	Service based questionnaire	This report highlights the organisation's position on a number of key metrics across home, bed, re-ablement and crisis response.

Local audits

In 2017-2018 the Trust participated in a number of local audits both through divisional led audits and the quarterly balanced scorecard. The Trust also introduced a number of compliance audits, including Care Planning and NEWS audits.

In July 2017 the Trust held a clinical audit event at St Pancras Hospital. There were eleven entries across the Trust from a varying group of professions and specialties including, pharmacy and psychology. The topics included the use of antidepressants in pregnant women, NEWS monitoring and prescribing of Pregabalin. The winning audit was

conducted on Rosewood Ward looking at information given and requested regarding contraception.

Actions taken in response to local audits

Audit participants are encouraged to share the learning with relevant teams and services. This often occurs at local team meetings and divisional quality forums. Trust wide compliance audits are generally linked to particular committees and reported there. For example pharmacy and POMH audits are discussed at the Trust's Drugs and Therapeutics Committee (DTC) and Ligature Risk audits are discussed and reported within the

Safe Environment Group.

National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - 2017/18

Young People's Mental Health

The Trust participated in the Young People's Mental Health Study in 2017-2018. The aim of the study is to identify any remediable factors in the quality of care provided to young people who are treated for depression, anxiety, eating disorders and self harm. The study examines the transition of care and looks at the interface of different care settings. During 2017/18 hospitals were eligible to enter data in up to 5 NCEPOD studies.

Below is the table of questionnaires submitted for Camden and Islington.

	Cases included	Cases Excluded	Clinical Questionnaire returned*	Excluded Clinical Questionnaires Returned *	Case notes returned *	Excluded care note returned *	Organisational Questionnaire Requested*	Organisational questionnaire returned *
Admission Questionnaire	9	2	8	1	7	1	2	1

* number of questionnaires/case notes returned including blank returns with a valid reason, questionnaires marked "not applicable", and case notes missing with a valid reason.

Participation in National Confidential Enquiries

Audit Title	Data Collection Period	Survey requests
Homicide	17/18	0
Suicide	17/18	13

Findings from confidential enquiries inform the work on prevention on deaths

Participation in clinical research

The Trust continues to have a strong track record of participating in clinical research and is the highest recruiting mental health Trust in the North Thames region. Recruiting 1,310 participants from 36 research studies in 2017-18 (Figures as at 25 April 2018).

The Trust continues to work closely and influence the strategic direction of the Clinical Research Network; North Thames. The Trust's Associate Director for Research and Development is the mental health specialty lead for the region.

Below is a table of the top 5 recruitment studies and a graph of the actual recruitment against the target recruitment for the year 2017/18

Fig 1 Table of the top 5 recruiting studies for the 17/18 FY

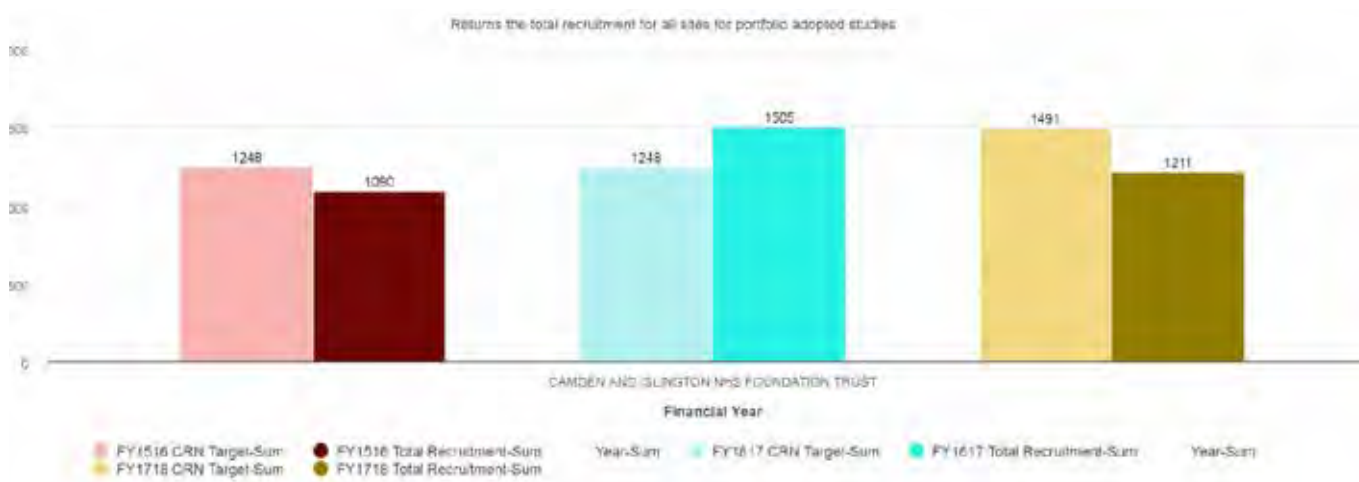
IRAS ID	UKCRN ID	Study Name	Local Investigator	Last Financial Year Recruitment Grand Total
151423	17341	MARQUE: Improving agitation in people with dementia in care homes	Gill Livingston	416
191878	20643	Lifestyle Health and Wellbeing Survey	David Osborn	191
187558	20198	Measurement of quality of life in carers of people with dementia	Gill Livingston	128
201627	33093	Acute Day Units as Crisis Alternatives to Residential Care (AD-CARE)	David Osborn	87
218143	34823	Care and prevent: skin infections and kidney disease	John Dunn	74

1211 participants recruited for C&I Adopted studies during 2017-18*

This recruitment came from 34 different studies*

*This data was cut from the open data platform (ODP) platform on 29 March 2018. Recruitment figures will not be 100% accurate on the ODP platform until 20 April 2018

Fig 2 Actual recruitment vs the target recruitment graph.



Institute of Mental Health (IoMH)

A programme of research seminars has taken place throughout 2017-18, highlighting clinical areas of importance such as the management of treatment resistant depression, Psychological Therapies - Research, Practice and Policy and Advances in dementia in people with intellectual (learning) disabilities.

Biomedical Research Centre (BRC)

The Programme Director for the mental health theme of the BRC is Professor Rob Howard an old age psychiatrist in C&I. There has been the strategic development of three linked sub-themes over the past year:

1. Health informatics through linked clinical records, adoption of standardised outcome measures, biomarkers and genomics

2. Development and evaluation of new treatments

3. Precision medicine for mental health

There is a strong commitment from the BRC in partnership with C&I to building capacity through the support of early career clinical academic colleagues. The past year has seen £1m of investment into mental health research, giving eight awards to early career researchers, some of whom have been hosted and supported by C&I.

The Trust will continue to build on its strategy of developing key partnerships for example the development of a

Patient Public Involvement (PPI) training programme, increasing access to high quality studies to its patients, as well as

increasing the use of clinical data for research.

Quality and Innovation: the CQUIN Framework

The CQUINs agreed for 2017/18 between Camden and Islington Foundation Trust and our commissioners were in the following areas:

NHS staff health and well-being

1. Physical health
2. A&E
3. Transition
4. Risky behaviours

A proportion of Camden and Islington Foundation Trust's income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between the Trust and local Clinical Commissioning Groups (CCGs). The income from the CQUIN

Schemes amount to £2.077 million total for income in 2017/8 conditional on achieving all quality improvement and

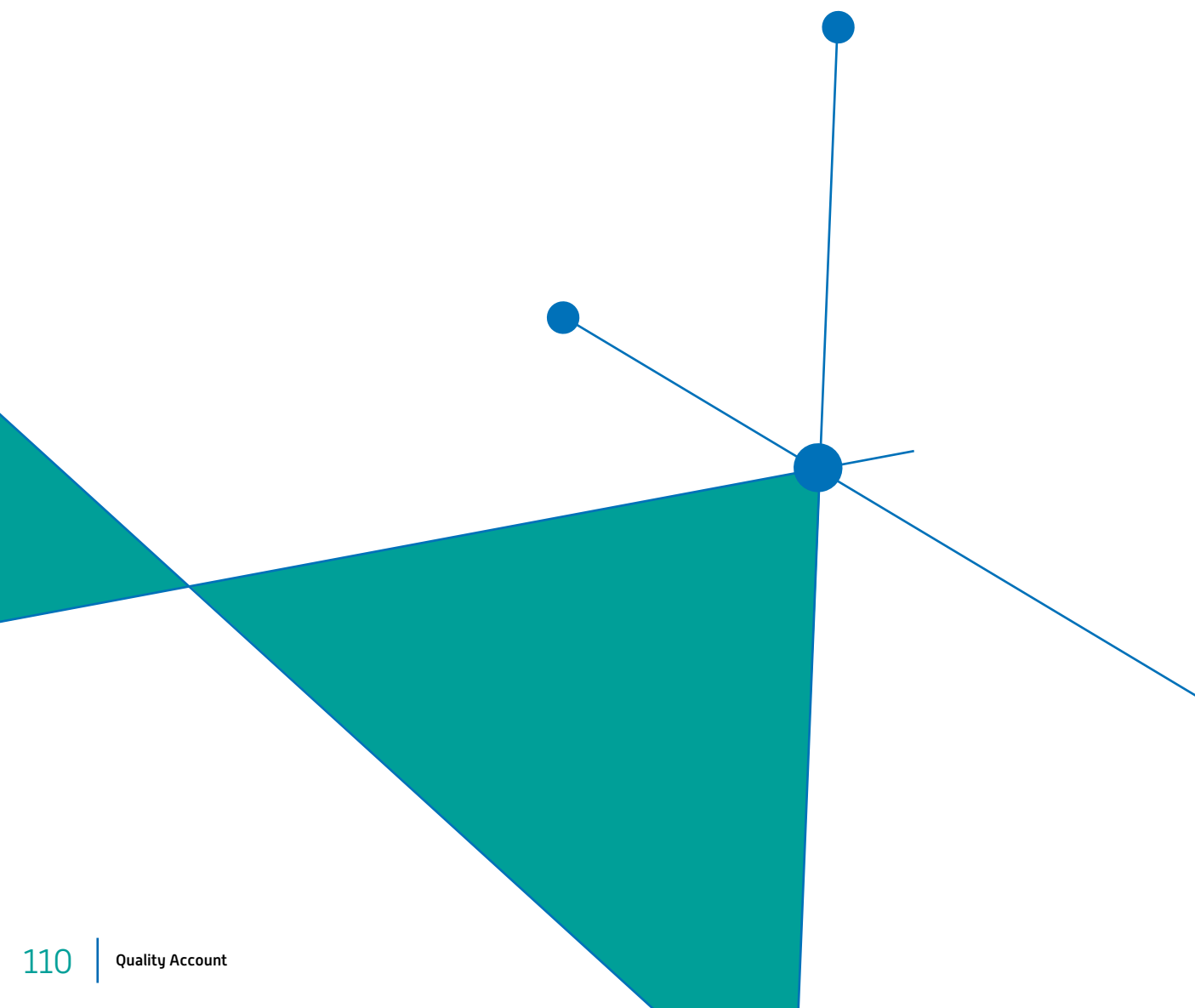
innovation goals.

The monetary total for the associated payment in 2016/17 was:

- CQUIN total value - £ 2,031,851

CQUIN achievement - £1,627,567 (subject to confirmation by CCGs).

The table below summarises how the Trust has fared in delivering its CQUIN targets:



Indicator	Q1	Q2	Q3	Q4
NHS staff health and well-being				
1a Improvement of health and wellbeing of NHS staff 5 % improvement in two of the three NHS annual staff survey questions on health and wellbeing, musculoskeletal problems (MSK) and stress.	N/A	N/A	N/A	Not Met
1b Healthy food for NHS staff, visitors and patients Submitting data on the food suppliers operating on NHS premises and taking action in seven areas including: Banning price promotions, advertisements and sale at checkouts of food and drink high in fat, salt, sugar and saturates as well as ensuring healthy options are available for staff at night. Increase in sugar free drinks and calorie limits of pre-packaged meals, sweets and confectionary.	Met	N/A	N/A	Met
1.3 Improving the uptake of flu vaccinations for frontline clinical staff Achieving an uptake of flu vaccinations by frontline healthcare workers.	N/A	N/A	N/A	Partially Met
Physical Health				
3a Improving physical healthcare to reduce premature mortality in people with SMI: Cardio metabolic assessment and treatment for patients with psychosis Demonstrating cardio metabolic assessment and treatment for patients with psychosis in the following areas: inpatient wards, early intervention psychosis services, Community Mental Health Services patients on care plan approach (CPA).	Met	N/A	N/A	Results will be available in June 18
3b Improving Physical Healthcare to reduce premature mortality in people with SMI: Collaboration with Primary Care Clinicians An updated CPA care plan or a comprehensive discharge summary to be shared with the GP.	N/A	Met	N/A	Partially Met
A&E				
4. Improving Services for people with mental health needs who present to A&E Reduce by 20% the number of attendances to A&E for those within a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions, and establish improved services	Met	Met	Met	Met
Transition				
5. Transitions out of Children and Young People's Mental Health Services (CYPMHS) This CQUIN aims to incentivise improvements to the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services (CYPMHS).	Met	Met	N/A	Met
Risky Behaviours				
9a Preventing ill health by risky behaviours - Tobacco screening. Admitted patients receive a tobacco screen with results recorded.	Met	Met	Not Met	Not Met
9b Preventing ill health by risky behaviours - Tobacco brief advice Admitted patients who smoke are given very brief advice.	Met	Met	Not Met	Partially Met
9c Preventing ill health by risky behaviours - Tobacco referral and medication Admitted patients who smoke are offered a referral to stop smoking services and stop smoking medication.	Met	Met	Not Met	Not Met
9d- Preventing ill health by risky behaviours - alcohol screening Admitted patients are screened for alcohol drinking risk levels.	Met	Met	Not Met	Not Met
9e - Preventing ill health by risky behaviours - alcohol brief advice or referral Admitted patients who drink alcohol above lower-risk levels and are given brief advice or offered a specialist referral.	Met	Met	Not Met	Partially Met



Care Quality Commission (CQC)

Registration:

CQC register Camden and Islington NHS Foundation Trust services to carry out the following legally regulated activities.

Accommodation for persons who require nursing or personal care
Stacey Street Nursing Home

Treatment of disease, disorder or injury
St Pancras Hospital

Stacey Street Nursing Home
Highgate Mental Health Centre

Assessment or medical treatment for persons detained under the 1983 Act
Registered services

St Pancras Hospital
Highgate Mental Health Centre

Diagnostic and screening procedures
Stacey Street Nursing Home
Highgate Mental Health Centre

Participation in reviews and investigations

CQC inspections

The Trust recently participated in a full inspection by Care Quality Commission in December 2017. The report was published in March 2018. Overall it rated the Trust as Good.

Ratings

Overall rating for this trust

Good ●

Are services safe?

Requires improvement ●

Are services effective?

Outstanding ☆

Are services caring?

Good ●

Are services responsive?

Good ●

Are services well-led?

Good ●

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Ratings for the whole trust						
	Date	Effective	Caring	Responsive	Well-led	Overall
A safe wards for adults of working age and psychiatric intensive care units	Requires improvement Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017
Long-stay or rehabilitation mental health wards for working age adults	Good Dec 2017	Requires improvement Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017
Wards for older people with mental health problems	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017
Community-based mental health services for adults of working age	Good Dec 2017	Outstanding Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017
Mental health crisis services and health-based places of safety	Requires improvement Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017
Community-based mental health services for older people	Good Dec 2017	Outstanding Dec 2017	Outstanding Dec 2017	Outstanding Dec 2017	Outstanding Dec 2017	Outstanding Dec 2017
Community mental health services for people with a learning disability or autism	Good Dec 2017	Outstanding Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017
Substance Misuse Services	Good Dec 2017	Good Dec 2017	Outstanding Dec 2017	Outstanding Dec 2017	Outstanding Dec 2017	Outstanding Dec 2017
Overall	Requires improvement Dec 2017	Outstanding Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017

Ratings
December 2017

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care & improvement



CQC Achievements

We achieved 'Outstanding' in Substance Misuse Services, Community-based Older People Services and for effective Services across the Trust

Our clinical strategy, cultural pillars and engagement activities across the Trust collectively and with Service Users involvement were highly commended. Our research and innovation into practice was noted as really standing out.

The CQC has viewed us as having made a great deal of progress compared to the last inspection in February 2016.

We still have some challenges around staffing training and our Health Based Place of Safety (HBPOS) environments. We are getting on top of mandatory training by making it one of our key priorities and ensuring that risk assessment and care planning are of the highest quality, to meet the needs of our patients. However, we understand our challenges in other areas and have robust plans to address them. Our continued work together to ensure Quality Improvement is supported, everyone is engaged and locally people can make the necessary changes they want to facilitate our ongoing success. Below is a table of our 'must do' as a result of the CQC inspection relating to the issues and we intend to take those actions to address the requirements reported by the CQC.

Must do Action required	Summary of key actions we are taking
The trust must ensure that the completion of mandatory training relating to patient safety reaches the trust target as a priority	The Trust must ensure that it reaches 80% compliance with mandatory training. The workforce plan is currently in place and extra capacity has been purchased
The trust must ensure that it employs sufficient staff to ensure that the shifts are covered, patients have access to regular 1:1 time with their named member of staff and that escorted leave takes place as planned	Audit to be completed regarding 1:1 supervision
The service must ensure that staff consistently complete comprehensive records after all incidents that involve staff restraining patients	Monthly restraint audit to be completed
The service must ensure that staff take all reasonable steps to ensure that physical health checks are carried out and recorded after patients receive rapid tranquilisation	Physical healthcare Matron to complete an audit of current practice. The Trust is currently completing a POMH Audit that looks at Rapid Tranquilisation
The trust must ensure that appropriate models of care are in place in all services across the trust to promote active rehabilitation including opportunities to develop skills to promote more independent living and access to community services	Appropriate scoping exercise to be completed and action plan developed by Divisional Director
The trust must ensure that patients on inpatient rehabilitation wards have access to sufficient occupational therapy input	Appropriate scoping exercise to be completed and action plan developed by Head of Occupational Therapy
The trust must take action to address high caseloads, and individual workloads for staff in the Islington CRHT, and the high turnover of staff across the CRHTs	Appropriate scoping exercise to be completed and action plan developed by the Associate Divisional Director

The Trust will continue to working closely with commissioners and the CQC to further progress our improvements in the next 6 months.

Mental Health Act Monitoring Visits

Each of our inpatient wards receives an unannounced visit from the CQC every 18 months as part of its regular cycle of MHA monitoring visits. In 2017-18 the following eight wards received a visit:

Domain Area	Laffan	Garnet	Sapphire	Topaz	Opal	Coral	Emerald	Dunkley
Care Plans								
S132 Rights								
S17 Leave of absence								
Consent to Treatment								
General Healthcare								

Keys: ■ Statutory requirements met ■ Improvement required

Where recommendations were made by the CQC, the relevant division completed an action plan that is monitored by the Trust Mental Health Law Committee.

Data quality

The ICT department (Information and Clinical Applications Teams) continue to work to monitor and improve data quality by a variety of methods, including:

- A wider range of data quality reporting, including a particular focus on Ward Stays (Inpatient Episodes). This has benefited from a closer working relationship between the Information Team and the Acute Division.
- Reconfiguration of the Carenotes Electronic Patient Record (EPR) to drive improved data quality – e.g. Restricting

unnecessary ward edits, simplification of processes via the Carenotes Revamp project.

Our Mental Health Services Data Set (MHSDS) and improving access to psychological therapies (IAPT) submissions provide a wide range of quantitative and qualitative information about the services that the Trust offers. The Data Quality Maturity Index derived by NHS Digital for these submissions shows:

- The NHS Number has been recorded for 99.2% of our patients,

- GP details are recorded against 99.9% of our patients

It is hoped that the latest version of the Carenotes EPR will further improve the data quality by linking directly to the NHS Spine to lookup any changes to patients' addresses, GPs and other key demographic fields.

A new version of the MHSDS submission criteria has recently been implemented, so data quality is in focus. A new suite of MHSDS quality assurance reports are planned.

Clinical coding

Camden and Islington Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

Information Governance Toolkit

Information Governance (IG) is about how NHS and social care organisations and individuals Handle information.

The Information Governance Toolkit is a performance tool produced by

NHS Digital. It draws together the regulations and central guidance related to information governance and presents them as one set of information governance requirements. For the 2017/18 submission, C&I's overall score was 81%, rated as a pass (green).

The Trust continually reviews its information governance framework to ensure all personal and medical information is managed, handled and disclosed in accordance with the law

and best practice. The Trust is also in the process of ensuring General Data Protection Regulation compliance and has updated its fair processing notice.

In addition we attach great importance to training, data quality and clinical records management. As a result, we have seen improvements across the Trust.

Reporting against core indicators

7 Day Follow up:

Indicator	2017/18	National Target	Top performer	Worst Performer	2016/17	2015/16
Patients on Care Programme Approach (CPA) followed up within 7 days of discharge from psychiatric inpatient stay	99.1% (Q4)	95%	100% (Q4)	68.8% (Q4)	96.3% (Q4)	95.2% (Q4)

Camden and Islington Foundation Trust considers this data as described for the following reasons - performance is monitored via the a daily audit of the Trust's Business Intelligence systems which reports all discharges so that local performance teams can track patients

who have or have not been followed up. Clinicians are alerted to those patients requiring follow up, ensuring focused and informed actions are taken.

Camden and Islington intends to maintain the high performance for this indicator, and the following actions to improve

this are undertaken by upholding the CPA policy operational delivery of follow up contacts, publishing and sharing this information each month at Divisional Performance meetings and discussing this indicator at local management and team meetings.

Gatekeeping:

Indicator	2017/18	National Target	Top performer	Worst Performer	2016/17	2015/16
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	98.0% (Q4)	95%	100% (Q4)	88.7% (Q4)	100% (Q4)	98.8% (Q4)

Camden and Islington Foundation Trust considers this data to be as described for the following reasons - performance is monitored locally via the Trust's Business Intelligence systems which identifies all patients who were admitted with access

to Crisis Resolution Teams. The Trust supports staff with ongoing information on business rules ensuring activity is recorded and captured accurately.

Camden and Islington continues to meet the national target for this indicator and

intends to take the following actions to improve the percentage score, and so the quality of its services, by developing robust systems to closely monitor this activity and alerts teams to any deterioration in performance.

Readmissions:

Indicator	2017/18	National Target	Top performer	Worst Performer	2016/17	2015/16
Proportion of emergency psychiatric re-admissions within 30 days.	8.7% (Q4)	<6.2%	N/A	N/A	7.2% (Q4)*	7.0% (Q4)*

Camden and Islington considers the data to be as described due to the following reasons - we have made further improvements too our electronic patient record system to ensure robust reporting systems are in place and have validation processes that assures data quality improvements. No comparable national

benchmarking data has been available; please note that recovery data prior to 2017/18 is reflective of readmissions within 28 days instead of 30.

Camden and Islington Trust has not always achieved this target and intends to take the following action to improve this indicator, and so improve the quality

of its services by auditing reasons for readmission, enhancing the quality of discharge planning documentation and share the lessons learned at operational management meetings and quality forums. We aim to continue to monitor and report on this indicator routinely to all relevant areas across the Trust.

Patient Experience of Community Mental Health:

Indicator	2017/18	National Target	Top performer	Worst Performer	2016/17	2015/16
The trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.	7.9	N/A	8.1	6.4	7.3	7.5

Camden and Islington considers the data to be as described due to the following reasons - the national Community Mental Health survey is compulsory for all Trusts. The data for this indicator is provided by

the CQC and Department of Health. Camden and Islington was reported as a high performing Trust in this area and plans to take the following actions to further improve the percentage

score, and so the quality of its services, by developing robust local systems to closely monitor this activity at increased frequencies and alert teams to any deterioration in performance.

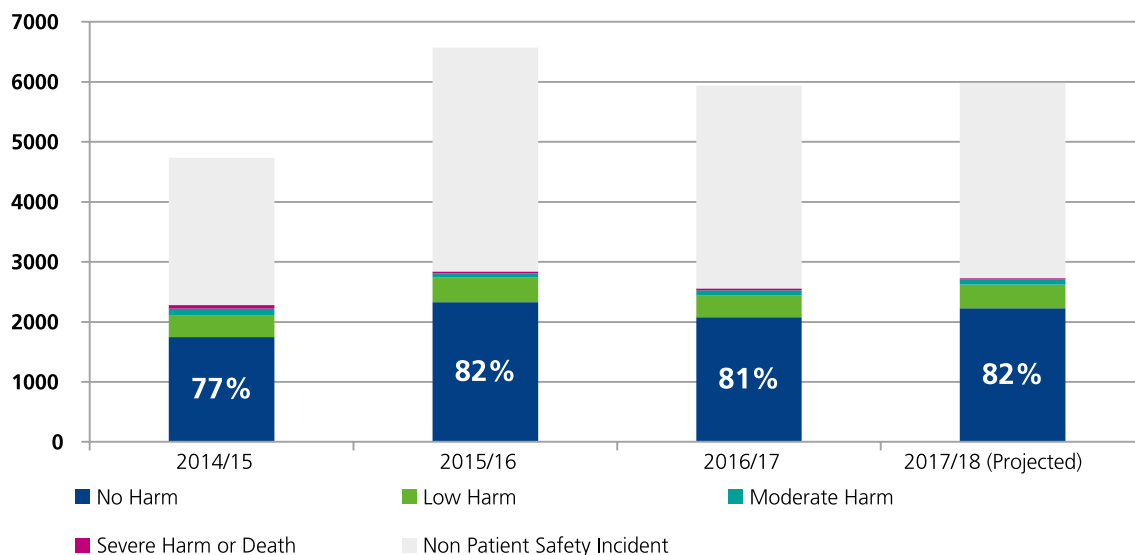
Patient safety incidents and the percentage that resulted in severe harm or death

Camden and Islington considers the data to be as described due to the following reasons - the data for this indicator is derived from Datix our internal patient

safety software. The majority (82%) of patient safety incidents reported result in no harm and only a small fraction (less than 1%) of patient safety incidents

resulted in severe harm. The Trust is committed to implementing a process to learn from serious incidents.

Severity of Patient Safety Incidents Occurring



Our achievements in quality improvement

Integrated Practice Unit

For the last two years the Trust has been developing innovative ways of treating service users' physical and mental health care together.

As part of this work, our Community teams have been focusing on the 3,000 service users with psychosis, in order to reduce the high number of early deaths in this vulnerable group, compared with the general population.

Key targets for this award-winning initiative – known formally as our “Integrated Practice Unit (IPU) for Psychosis” – are reducing smoking and the prevalence of Type 2 diabetes. This has entailed detailed physical health screening of service users, additional physical health training for staff and extending our wellbeing clinics network.

Last year, just over 1,000 service user questionnaires were sent out to our Community teams, with a range of questions about health and care-related issues, for instance on leisure activities, satisfaction with symptom control, access to crisis services, and prevalence of alcohol and drug misuse.

Overall, 69% of the 470 service users who responded were satisfied with the quality of their life.

This year, we aim to get even more feedback and we will send 1,300 questionnaires to relevant teams, including 400 to our GP colleagues.

Ruby Ward

Our new Women's Psychiatric Intensive Care Unit – opened at the end of 2017 after a three month collaboration involving service users, clinical and operational staff, and colleagues in Facilities.

It is the only such unit in north central London and offers 24-hour care and support to women with the most severe psychiatric needs across Camden and

Islington, as well as Barnet, Enfield and Haringey.

Named Ruby after a survey of service users and staff, it provides tailored, intensive treatment much closer to home, so service users no longer have to go out of borough and away from their families and loved ones to get specialist care of this kind.

Based on the ground floor of the Huntley Centre on our St Pancras site, the unit offers clinical approaches that are specifically tailored to caring for women with severe mental health conditions.

This includes women service users being much more closely involved in their own care, receiving therapy that meets the particular needs of women. The aim is to support recovery and movement into a less restrictive setting as quickly as possible.

Additional capacity is offered through the innovative Extra Care Area that provides a specialist low stimulus space and is a calming environment for women when they feel stressed, with colour, lighting and music individually tailored to their preference.

Risk management

The Trust has an established process for managing risk and detecting and responding to quality concerns. Each division has a risk register that is monitored regularly to ensure any risks that cannot be managed within the division are escalated to the corporate risk register. The risk management strategy is reviewed annually, with the Audit and Risk Committee having oversight of this process.

The most recent internal audit of risk management concluded that the Trust has a well-designed process for identifying strategic risk and escalating concerns for review. In 2017-18 the Trust further strengthened its operational and strategic risk management processes to

help it identify significant risks and take appropriate action.

A regular divisional risk scrutiny process has been introduced which allows for in-depth scrutiny of the divisional risk registers in parallel. This process supports consistency of reporting and risk scoring as well as ensuring appropriate challenge is applied across all risk registers. The Audit and Risk Committee undertakes regular “deep dive” analysis into key areas of risks to enable scrutiny of risk trajectories and whether appropriate mitigating actions have been identified to manage the risk. In addition, the process for managing the Board Assurance Framework (BAF) has been redrafted in order to create a more useful and clearer assurance tool, with regular updates to the Board.

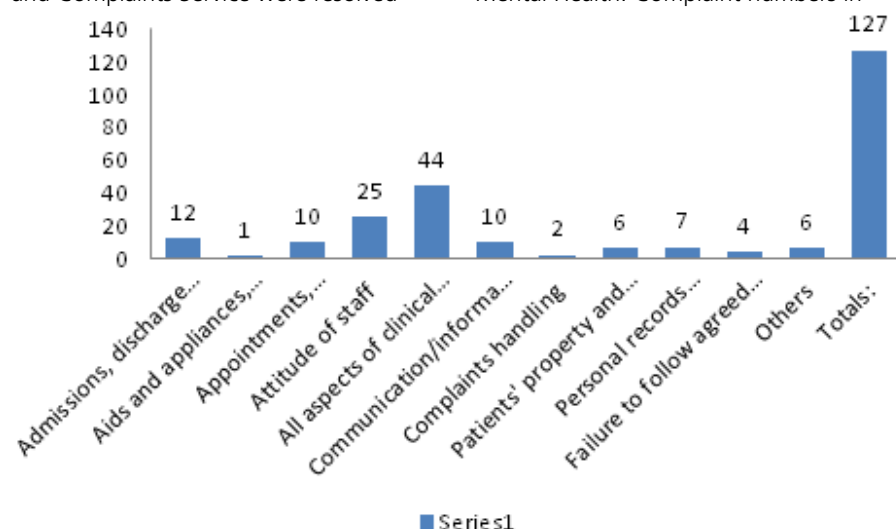
Complaints

The Trust received significantly fewer formal complaints this year than last year: There were 127 formal complaints compared to 172 in 2016/17. In addition, 211 concerns received via the Advice and Complaints Service were resolved

informally. Of course, this only represents a proportion of the issues that staff resolve directly with service users on a daily basis. Acute division received the most complaints, followed by Community Mental Health. Complaint numbers in

substance misuse services and services for older people remain low.

The chart below shows the different categories of complaint



The complaints received cover a wide variety of issues often quite specific to the individual's care or experience and it is not always possible to identify common themes. However, the following issues have been noted to recur this year:

In Community Mental Health division, some services continue to have long waiting lists due to mismatch between demand for the service and available resources. Also noted in this division is the challenge of providing support to a cohort of people who, whilst having significant mental health needs, do not meet the criteria for any services that the Trust is currently able to offer. There are ongoing discussions with our commissioners as to how to address both these issues.

Across the Trust, and particularly in the Acute Division, issues regarding communication with service users and their carers/relatives are noted. In Recovery and Rehabilitation services, managing both service user and carer expectations about the level of input that the Trust is able to provide remains challenging.

This business year around 65% of

complaints responded to were either fully or partially upheld. Generally we see around half of complaints being upheld, so this is a significant increase. It may be that as we continue to get better at resolving concerns informally, only the more serious and valid matters are going through formal process. The Trust is committed to using the feedback we receive through complaints to improve our services. All staff have a regular slot at their team meetings where any complaints can be discussed and reflected on. Complaints which are either partially or fully upheld will have an action plan to ensure that recommendations are implemented. Action plans are discussed and reviewed at divisional quality forums.

The Advice and Complaints Service produces a newsletter which includes changes made in response to complaints, ensuring this information is shared across the organisation. These newsletters are now produced jointly with the Serious Incident team so that learning from both processes can be coordinated. This reflects the new-style Complaints and Incidents board report which is

now being produced monthly with an emphasis on identifying common themes in investigations. This year, we have also explored different ideas for sharing learning, including use of computer screensavers and roadshows which were held at both St Pancras and Highgate sites. The Trust website also identifies lessons learned from complaints with examples of actions taken, so service users and carers can be assured their feedback really does make a difference.

Below are some examples of improvements made in the last year as a result of the feedback from complaints:

- We appreciate how frustrating it can be for people trying to contact staff when telephones are not answered and messages are out of date. Posters have been produced and circulated giving clear instructions about how to update answerphone messages.
- Staff have been reminded to be proactive in welcoming visitors to wards and establishing their identity. Signing in books for visitors have been introduced.
- Measures have been taken to ensure

that when contractors are working on the wards, staff are available to support them and ensure safekeeping of any equipment being used.

- Some of the standard correspondence used by teams has been reviewed to make it clearer.
- In teams where there are waiting lists, staff continue to review how best to keep service users engaged and informed during the waiting period.

The Trust target is for 80% or more of complaints to be responded to within timeframe. This target has remained challenging this year, with around 60% of complaints meeting deadlines. To support improvement in this area, the complaints policy has been reviewed with the aim of building more flexibility into the process

and ensuring that complainants are kept fully updated on the progress of their complaints.

Under the new arrangements all complaints have a 25-day timeframe unless they are identified as being complex, in which case the timeframe will be negotiated individually with the complainant. Extensions for the 25-day timeframe can also be agreed with complainants where necessary and appropriate. Divisional leads have been reminded of the need to allocate investigators promptly and increased quality checks by the complaints manager have enabled the chief executive to sign responses off more quickly. In addition we have continued to encourage prompt informal resolution of concerns at team

level wherever possible.

At the time of writing the complaints team are supporting the launch of the updated policy with training sessions for staff and roadshows are planned.

Since April 2017 we have been using our own custom designed survey to monitor satisfaction with our processes. Here are some of the results for the year to date:

- **70% of respondents felt that their complaint was handled well or very well**
- **84% of respondents felt comfortable or very comfortable with the staff who dealt with their complaint**
- **76% of respondents felt that the response was clear on what action would be taken to address the issues they had raised.**

Compliance with NICE guidance

The National Institute of Clinical Excellence (NICE) produces guidance from the people who are affected by our work. This includes health and social care professionals, patients and the public in addition to guidance from the Department of Health. It is based on best evidence and designed to promote good health while preventing ill health.

Each Month, NICE released new and updated guidance. This is circulated to the Clinical Directors and relevant Heads of Professions i.e. Pharmacy, to identify which, if any of the guidance is relevant to the Trust, Division or Department. Any relevant guidance identified (whether partial or in its entirety) a baseline assessment is completed and an action plan is created to close any

gaps in compliance.

There are currently 66 relevant guidelines to date, that have been identified as applicable to the Trust. These cover both mental and physical health. The current compliance rate is 71%. The following table illustrates the current position on NICE Guidance in relation to the Trust is illustrated in the table below

Division	Guidelines Applicable from 2011 – 2018	Outstanding Baseline assessments	Partially Implemented	Completed
Acute	2	0	0	2
R&R	3	0	0	3
CMH	8	1	1	6
SAMH	11	0	0	11
SMS	6	0	1	5
Trust	36	1	15	20
Total	66	2	17	47
			Overall Compliance	71%

The Trust now has a NICE Compliance Policy that covers the process and monitoring of NICE guidance within the organisation.

Key quality initiatives in 2017/18

Clinical effectiveness tools

The Trust has now developed one standard physical health screening tool. In the past there were several tools used by different services. By standardising the tool service users can now expect even better management of their physical health in the Trust. The new tool will also allow more detailed and consistent assessment of alcohol use and smoking as well as cardio metabolic health.

The Trust has introduced a new National Institute of Clinical Effectiveness (NICE) policy to support safe and effective care. The new NICE policy provides guidance for staff on assessment and implementation of NICE guidance. Monitoring of the new policy and NICE will be undertaken by the Trust Quality Governance Committee.

Flu Campaign

The Trust was successful in vaccination 60.01% of its staff against seasonal influenza this year. This is a great achievement for the Trust and the staff who were at the forefront of the flu campaign who achieved just 29% last year. The planning for the new flu campaign will begin in May 2018.

Red2Green

The Trust launched a new initiative called Red2Green. It uses a daily survey tool to ensure that our patients do not stay in hospital longer than they need to be and this also helps to alleviate some of the pressures on our teams. The tool helps our clinicians and staff to consider the steps that need to be taken to turn every Red day Green.

A Red day is a day of no value for a service user - where they do not get a planned assessment or therapy session; where their medical care plan lacks a consultant-approved date of discharge; or where their care plan does not include details of what needs to happen clinically

for them to be safely discharged

A Green day is a day when a patient receives care that brings them closer to being discharged, or where everything that is planned or requested gets done; or where a patient receives care that can only be given in a hospital bed

The tool has already launched across the Acute and SAMH wards, with plans for it to be rolled out more widely.

Accreditation for Inpatient Mental Health Services (AIMS)

The Accreditation is conducted by the Royal College of Psychiatrists. The focus on inpatient services is for the following reasons:

- Recent developments in mental health services have focused on community-based services. This has often led to a diluted focus on improving inpatient services.
- Recent research has found that service users often find admission to hospital

a distressing experience, leading to increased social exclusion and isolation.

- An unremitting focus on the negative aspects of inpatient care has meant that the excellent work staff often do under difficult circumstances has gone unrecognised.

Five of our inpatient wards at Highgate Mental Health Centre have been awarded AIMS accreditation. Sapphire, Coral, Opal, Emerald and Jade Ward were all successful in securing the Royal College of Psychiatry accreditation.

AIMS assesses the quality of Care provided to service users, carers and their wider organisation and commissioners. It focuses on excellence, users, aligned with performance management and regulatory frameworks. It is locally owned and engages the multidisciplinary teams.

The teams have worked really hard to demonstrate a high quality of care provision and we share and celebrate their success.



Teams at our Women's Psychiatric Intensive Care Unit are helping drive our Red2Green initiative

Quality Improvement

In 2017 the Trust officially launched its QI programme. The Trust has a QI Hub led by Dr Frederik Johansson, Consultant

Psychiatrist in our Acute Division, Crisis Services, who train and provide coaching to staff across the trust to use the QI Methodology.

Many staff have had the opportunity to do the IHI (Institute for Healthcare Improvement) training online.

The Trust has three key targets for improvement over the next five years:

- Reduce levels of avoidable patient harm
- Improve staff satisfaction so that we are in the top 20% of providers
- Improve patient experience so that we're in the top 20% of Mental Health providers for the Friends and Family Test

Several projects are already taking place across the trust and we hope to see the positive impact on our service users and staff.

Recovery College

The Trust continues to offer a range

of free courses and workshops at its Recovery College in the grounds of St Pancras Hospital. The sessions are open to any adult from Camden and Islington – whether staff, user or member of the public.

All the courses are based on our recovery principles and topics include understanding mental and physical health conditions, wellbeing, building self-confidence and returning to work or study.

All our sessions – which have been running since 2014 - are created and delivered by two tutors, working together as equal partners, with one offering an expertise based on personal experience and the other based on professional experience.

In the last year, the College has introduced several new courses in our ever-evolving curriculum. These include Anger Management, LGBT & Mental Health –no stigma, no barriers, Singing for health and Understanding BME cultures and mental health.

In 2017/18 the Recovery College identified an opportunity in the wider community to sell courses to organisations and has now sold its first course (Building Resilience via Tree of Life) to St John of God refugee hostel. To mark the third anniversary of Recovery College an article was published on 'Fluidity of Self' which can be accessed via this link: <https://www.knowledgequarter.london/fluidity-of-self-a-way-to-connect-by-ksenija-kadic/>

5. Additional Information as stipulated by NHS England

Equality and Diversity, Staff Engagement and Organisational Development

Staff survey 2017 results – comparison with 2016 results

Our top 5 key findings

- KF12 quality of appraisals. This indicator is measured on a scale of 1 -5 where 5 is high quality and 1 is low quality. In 2016 we scored 3.42 and in 2017 we scored 3.44. This score is higher than the national average for Mental Health Trusts in 2017 which is 3.22.
- KF6 the percentage of staff reporting good communication between senior management and staff has continued to improve for three years in a row, this is very encouraging – in 2015 it was at 35%, rising to 42% in 2016 and it now stands at 43% in 2017. There are a number of communication platforms in the Trust including the monthly CEO briefing and weekly Bulletins.
- KF29 shows a 3% rise in the percentage of staff reporting errors, near misses or incidents witnessed and is testament to a culture of safety. It also shows that

our staff feel empowered to report incidents, in line with our cultural pillars. This finding also shows that the Trust is continuing to strengthen governance.

- KF9 shows a positive improvement in staff reporting effective team working compared to 2016 responses. Effective team working has a correlated to positive patient experience. This outcome also demonstrates our cultural pillars of being connected.
- KF7 is the only key finding that was in the Top 5 for 2017 but had not improved since 2016, percentage of staff able to contribute towards improvement at work. This has dipped by 1%. The Trust is actively rolling out quality improvement (QI) programmes that allow staff on the shop floor to lead on identifying and delivering improvement projects within their areas of work.

Our bottom 5 key findings

- KF25 percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public. A small improvement noted in the last 12 months from 39% in 2016 down to 37% in 2017. The Trust has a policy

in place for supporting staff. The EAP and OH services are also open to staff for additional support. Increased engagement with local community is also planned in 2018/19.

- KF21 percentage of staff believing that the organization provides equal opportunities for career progression or promotion. There has been a disappointing decrease from 76% in 2016 to 74% in 2017, which is also significantly lower than the 2017 average for Mental Health Trusts which report 85%. Our Staff First Strategy has been revised and the progress the Trust is making in respect of Equality and Diversity agenda will contribute towards addressing this finding.
- KF20 percentage of staff experiencing discrimination at work. Despite being in the Trust's bottom five, KF20 has improved from 22% in 2016 to 21% in 2017. A number of initiatives are in place including 'Our Staff First' Strategy to address issues relating to discrimination and unfairness at work. The Freedom to Speak Up Guardian for the Trust has also been appointed. An e-learning module

on Unconscious Bias will be rolled out across the Trust in 2018/19.

- KF17 percentage of staff feeling unwell due to work related stress. There has been a disappointing increase in KF17 in the last 12 months from 43% in 2016 to 46% in 2017. The national 2017 average for Mental Health Trusts stands at 42%. A focus on the wellbeing agenda co-delivered by PAM partners is planned in 2018/19.
- KF28 percentage of staff witnessing potentially harmful errors, near misses or incidents has remained the same at 29%; this is 2% above the national average for Mental Health Trusts. The Trust is putting in place actions to improve this finding.

Developments HR & OD

• Unconscious Bias training for all recruiting managers

The Trust procured an eLearning module in 2017 and this tender was awarded to a company called Sponge UK. The Learning and Organisational Development and Resourcing teams within HR are currently reviewing the contents on this module with a view to having the completed eLearning module developed and signed off and ready for use within the organisation by end of Q1 2018/19. In the meantime, a face to face training session continues to be delivered within the Trust. It is the expectation that the e-Learning module will have a wide reach

Recruitment drive to attract ethnic minority candidates and those classified under the nine protected characteristics

Roles are being advertised on 'www.vercida.com' to attract and recruit BME and the above category of applicants. In December 2018, we renewed the contract with Vercida for a further 1 year until 31 December 2018. Vercida is

a media outlet for BME community and will widen our reach.

In the 2017/18 we recruited a total of 344 staff that were new to the trust, out of the 344 we recruited, 89 were from BME backgrounds. 6 of our senior 8a+ posts were filled by BME staff members

• Career clinics

The Trust runs a clinic for all staff to receive information and advice about their career. These sessions continue to be delivered on a weekly basis. To strengthen sessions, professional leads including Nursing are now also involved in the delivery of these sessions alongside HR colleagues.

• Internal promotions

The trust had a total of 102 internal promotions (which went through a recruitment process) in the 2017/18 financial year, of which 23 were BME staff. From the 23 BME staff promoted two were for staff members in band 8a+ positions. The Trust Key Performance Indicator for BME Staff in senior roles is 15% and we are currently at 16%. For 2018/19 the target is set at 20%.

• Staff Engagement

The Trust has launched its CandiConnect app to encourage staff discussion, touch points which include new joiners and Staff FFT. It would also be used for our NHS Staff survey along with exit interviews. Staff will receive birthday/ anniversary messages. Essentially, it would be used as an innovation hub, social space and for health and wellbeing support.

The Chief Executive regularly meets with staff in scheduled forums such as our 'News and Views' platform. Staff get to ask questions or make suggestions which the Chief Executive takes back for consideration to improve services and/or improve staff experience.



Welcoming new nurses at a nurse induction day

Learning from Death

	Data Collection Period	Actions
27.1	The number of its patients who have died during the reporting period, including a quarterly breakdown of the annual figure.	Total 185* Q1- 90 Q2- 95
27.2	The number of deaths included in item 27.1 which the provider has subjected to a case record review or an investigation to determine what problems (if any) there were in the care provided to the patient, including a quarterly breakdown of the annual figure.	Case Reviews Q1-25 Q2-20 SI investigation Q1- 8 Q2- 6
27.3	An estimate of the number of deaths during the reporting period included in item 27.2 for which a case record review or investigation has been carried out which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient (including a quarterly breakdown), with an explanation of the methods used to assess this.	The avoidability scale developed by the Royal College of Physicians has been incorporated into the Trust's Case Record Review Process. This scale scores from 1-6 with scores Scores 1-3 confirm that the investigator and review panels (SI and MRG) agreed that the death was definitely avoidable, strong evidence of avoidability or probably avoidable. Q1- 1 death scored as <=3 Q2- 2 deaths scored as <=3
27.4	A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified in item 27.3.	

Quarter 1:

Strong evidence of avoidability was found for one death during the first quarter of this year:

The service user was open to SAMH Islington Community Mental Health Team. He was found dead at home.

The review and investigation found:

There had been no known professional contact with him for the 21 days prior to the discovery of his death. At the time of his death he was living alone in poor domestic conditions and had lapsed treatment for a number of serious physical health conditions. Prior to this, concerns had been expressed about deterioration in his physical and mental health and by emergency services who had attended him.

The investigation found there was no single omission or decision that resulted in his death. His death may or may not have been preventable through medical intervention. However he died at home, untreated and in poor domestic conditions therefore a number

of learning points and actions were recommended:

- Community teams need to ensure there is a plan to follow up service users while they are waiting for a Mental Health Act assessment, and in addition to consider what family support may be available to service users. (this is a valuable learning point for many teams which is being shared Trust wide as part of the learning lesson communications during October)
- A standard should be developed jointly with the Police as to the maximum length of time service users in Camden & Islington, judged in need of a Mental Health Act assessment, should have to wait for this.
- Guidance should be provided for referring teams by the AMHP service on the completion of Police Risk Assessment.

- A meeting was convened with Adult Social Care in Islington, C&I and Whittington Health in order to consider the relevance of adult safeguarding processes in this case and sharing of information with agencies and families.

Quarter 2:

One death was found to have 'Strong evidence of avoidability' (2):

An inpatient under s2 of the Mental Health Act 1983 was found unresponsive by a healthcare assistant. An emergency was raised however the service user was pronounced dead by London Ambulance Service shortly after they arrived at the ward.

The review and investigation found:

As yet, a single root cause has not been found as the cause of death is not yet known.

There were however several contributing factors that impacted on the management of the service users deteriorating physical health.

There appeared to be a lack of clarity and consistency regarding the monitoring of Ms XX's physical health. There were issues with the handover of information at the ward round on this day and on the evening of the death; the ward was short staffed due to sickness, which impacted on the staff capacity to monitor the service user's status more assertively. The service user had a severe and enduring mental health condition and she was suspicious and guarded toward mental health staff and hence reluctant to engage in discussion regarding her physical health needs. As a result, assessment and monitoring of her physical health was limited.

Learning

- Enhanced training and instruction needs to be provided to ward staff and medical staff on the appropriate use of the NEWS.
- Enhanced life support training for all inpatient staff, with regular practice drills to be embedded into core training regimes.
- To develop a process whereby wards with a reduction in staff due to sickness or absence at late notice are not required to undertake additional tasks, such as finding a replacement member of staff.

A QI project has been started on Emerald ward for NEWS with the Practice development team.

One death was found to be 'Probably avoidable' (3) during the second quarter of this year:

As service user was found dead on his sofa. This followed discharge from The Royal Free Hospital, after remaining in an A&E department for 40 hours due to no beds being available. He had been admitted to hospital following a suicide attempt by overdose due to the inability to cope with physical health problems and pain.

The review and investigation found:

The lack of beds available within the wider London area meant the service user remained in A&E for an extended period of time. He was considered to be in a safe place, was informal hence was managed accordingly within the trust's bed management policy. A&E can be a busy, noisy and challenging place to be when mentally unwell. This may have prompted the service user to want to return home.

Documentation in service user's care plan indicated that he should not have been discharged from A&E once medically cleared. The investigation found that the staff member had not fully

consulted the notes nor did he explore the documented risks identified by the doctor in A&E when the decision was made to informally admit the service user to an in-patient ward for his safety.

Learning

- Improved communication of bed pressures and waiting times during high demand periods is advised.
- In cases such as this or when the plan for admission is reconsidered, a second opinion, i.e., discussion with manager or consultant is advisable.
- In cases where a long bed wait is anticipated, there should be regular reviews of patient's mental state and need for admission, and documentation in notes of actions to take if patient wants to leave. Capacity should be assessed.
- Ensure that all staff (bank and agency staff included) is made aware and familiar with the escalation protocol and that this is followed, with the actions documented in notes with times, contacts, actions.
- Bank/agency/non-permanent members of staff should be provided with supervision as a minimum. Bank/agency/non-permanent members of staff competence to be addressed by the employing trust at regular intervals.

27.5	A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (see item 27.4).	As stated above
27.6	An assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period.	As stated above
27.7	The number of case record reviews or investigations finished in the reporting period which related to deaths during the previous reporting period but were not included in item 27.2 in the relevant document for that previous reporting period.	0
27.8	An estimate of the number of deaths included in item 27.7 which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient, with an explanation of the methods used to assess this.	N/A
27.9	A revised estimate of the number of deaths during the previous reporting period stated in item 27.3 of the relevant document for that previous reporting period, taking account of the deaths referred to in item 27.8.	N/A

*Only quarter 1 and 2 data are available

NHS Improvement Targets

In 2017/18 the Trust continued to be assessed on a quarterly basis to meet selected national standards for access and outcomes.

Single Oversight Framework

Service Performance Target	Target	Q1	Q2	Q3	Q4
CPA inpatient discharges followed up within seven days	95%	98.4%	95.5%	95.5%	99.1%
Proportion of admissions Gatekept by Crisis Resolution Teams	95%	99.6%	99.1%	99.2%	98%
Proportion of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral***	5%	76.1%	75.6%	77.4%	66.3%
Proportion of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral**	5%	83%	82.4%	85.1%	71.2%
MHSDS: Identifier metrics	95%	99.2%	99.3%	99.2%	99.2%
MHSDS: Priority Metrics	85%	86.5%	87.6%	88.3%	89.7%

***Figures represent the proportion of both complete and incomplete pathways relating to this indicator. Compliance rates are submitted through a monthly Unify2 return.

**Figures represent the proportion of completed pathways (completed within the reporting month)

Improving access to psychological therapies (IAPT):

a) proportion of people completing treatment who move to recovery (from IAPT dataset)

b) waiting time to begin treatment (from IAPT minimum dataset):

IAPT Service Performance Indicator	Target	Area	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Waiting time to begin treatment within 6 weeks of referral	75%	Camden	84%	89%	85%	88%	88%	89%	87%	87%	87%	85%	83%	83%
		Islington	77%	87%	88%	96%	99%	84%	85%	88%	89%	90%	85%	87%
		Kingston	97%	97%	96%	98%	97%	95%	90%	91%	95%	95%	91%	91%
Waiting time to begin treatment within 18 weeks of referral	95%	Camden	98%	99%	99%	99%	100%	99%	98%	100%	98%	99%	96%	99%
		Islington	100%	100%	98%	99%	99%	99%	99%	99%	98%	100%	99%	99%
		Kingston	100%	99%	99%	100%	99%	100%	98%	97%	99%	99%	99%	98%
Proportion of people completing treatment who move to recovery	50%	Camden	50%	46%	52%	53%	55%	51%	50%	43%	41%	50%	47%	52%
		Islington	61%	46%	54%	48%	50%	47%	46%	47%	48%	52%	47%	57%
		Kingston	50%	50%	45%	42%	46%	45%	43%	46%	50%	57%	54%	56%

Inappropriate out-of-area placements for adult mental health services:

Inappropriate out-of-area placements for adult mental health services:

NB: Figures include Acute/PICU OAP placements:

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
Inappropriate out-of-area placements for adult mental health services (Occupied Bed days):	98.4%	95.5%	95.5%	99.1%

Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:

The Trust has developed a physical health screening tool to support staff in screening all patients and ensuring that they are assessed appropriately. The physical

health policy and physical health initiatives provides guidance and further support for staff in all service areas.

Admissions to adult facilities of patients under 16 years old

No patients <16 within C&I

Admissions to adult facilities of patients under 16 years old

No patient in this group was admitted

6. Stakeholder involvement in Quality Accounts

The Trust's quality goals are co-developed with stakeholders and communicated within the Trust and the community it serves.

In order to finalise the selected Quality Priorities for 2018/19, the Trust carried out a survey to gather the views of patients, staff, Volunteers, Members, Governors and other stakeholders on

what they feel the Trust needs to focus on to ensure ongoing improvements to the quality of care. The information from this survey is used to inform the development of the Quality Account.

A "long list" of potential priorities was developed using a range of sources including: quality and safety dashboards, various reports and feedback from Trust

governance groups and patient groups.

Source of information included:

- Governance and management leads and groups
- Feedback received through user forums
- Commissioners and local authorities feedback
- Stakeholder consultation

7. Stakeholder Statements

Statement for Camden and Islington Foundation Trust 17/18 Quality Accounts

Commissioners' Statement

Comments from Camden Council

■ ■ The Camden Health and Adult Social Care Scrutiny Committee regrets that due to the local elections and the new Committee not meeting until July 2018, it is unable to formally review and comment on quality accounts this year. The Committee looks forward to receiving and commenting on the Trust's 2018/19 quality account."

Received: 15 May 2018

Comments from Islington Council

■ ■ The Islington Health and Care Scrutiny Committee regrets that due to the local elections and the new Committee not meeting until June 2018, it is unable to formally review and comment on quality accounts this year. The Committee looks forward to receiving and commenting on the Trust's 2018/19 quality account."

Received: 21 May 2018

Comments from Healthwatch Camden

- ■ Healthwatch Camden congratulates Camden & Islington NHS Trust on the improvements in service quality that have taken place over the past year, which have been recognised in an improved CQC rating. We note there is still more to do on reducing violent incidents, and we hope that this receives strong focus in the coming year.

We are pleased to see a commitment to increasing service user involvement and better involvement of families. The Trust has responded positively to the lessons from our report on managing service change and we believe the Trust is working hard to involve service users in planned changes at the St Pancras site. We think that the same principles apply to service user involvement in other areas of work such as suicide prevention – being honest, consistent and treating service users' views seriously, because they are often very good predictors of what will happen."

We are keeping our comments short this year, which is no reflection on the Trust, simply an indication of the weight of work we are under.

Received: 4 May 2018

Comments from Healthwatch Islington

- ■ We are pleased to have engaged with the Trust and patients around opportunities for decreasing waiting times for ADHD services.

We hope that the Trust can develop a meaningful and inclusive programme of engagement around the potential changes to its site and services over the coming months.

We note their improved CQC rating and the improvements made which have enabled the Trust to achieve this".

Received: 8 May 2018

The Trust would like to thank Healthwatch Camden, Healthwatch Islington, Islington Council and Camden Council for their response and comments. We look forward to working with them on quality and safety in the forthcoming year.

Lead Governor's comment

■ I can confirm that as part of the processes involved in the production of this report I met with the Patient Experience Lead who confirmed to me that the priorities selected this year took into account issues raised by Commissioners, the CQC and Service Users. Moreover, Governors were directly involved in two ways.

1. By way of the Council of Governors' Quality and Governance Working Group. (There are a number of sub groups of the Council of Governors. They focus on different topics with different terms of reference: all Governors are required to serve on at least one group. Groups are chaired by a Governor and attended by the relevant NED. Groups are rather smaller than a full meeting of the Council, consist of Governors who have selected themselves for the group due to a particular interest or expertise, and are able to give topics detailed scrutiny in a way a plenary meeting of the Council of Governors would normally not attempt.)
2. Subsequently all Governors were circulated with the information and asked to respond by way of survey.

In addition the survey was published on the Trust Intranet and Trust Website. Information was sent out to Governors (again), Staff, Service Users, Carers and Volunteers.

This was also accessible by the public. A significant amount of additional work was carried out by way of consultations with various stakeholders and this was formally reported to me.

In particular, I am satisfied that the opportunities available to Governors to participate in the process were sufficient to fulfil relevant statutory obligations".

David Barry

Lead Governor

Received: 22 May 2018

The Trust would like to thank the Lead Governor for the response and comments and look forward to working with governors on quality and safety in the forthcoming year.

Feedback

If you would like to give any feedback on aspect of the Quality Accounts 2017/18 or to ask questions, please contact the Governance and Quality Assurance Team. The team can be contacted by email at governanceandquality.assurance@candi.nhs.uk. If you would like to give feedback on services at Camden & Islington Foundation Trust, please contact feedback@candi.nhs.uk or call 020 3317 3117.

Annex 1: Statement of the Directors' responsibility for the Quality Report

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

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

1. The content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2017/18 and supporting guidance
2. The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2017 to May 2018
 - Papers relating to quality reported to the Board over the period April 2017 to May 2018
 - Feedback was requested from commissioners but as at 24 May 2018 had not been received
 - Feedback from governors dated 22 May 2018
 - Feedback from local Healthwatch organisations – Camden dated 4 May 2018 and Islington dated 8 May 2018
 - Feedback from Overview and Scrutiny Committee – Camden dated 15 May 2018 and Islington dated 21 May 2018
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 24 May 2018
 - The national patient survey November 2017

- The national staff survey 2017
- The Head of Internal Audit's annual opinion of the Trust's control environment dated 15 May 2018
- CQC inspection report dated 06 March 2018

3. The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered
4. The performance information reported in the Quality Report is reliable and accurate
5. There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
6. The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.
7. The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board



Angela McNab
Chief Executive
25 May 2018



Leisha Fullick
Trust Chair
25 May 2018

Annex 2: Independent Practitioner's Limited Assurance Report to the Council of Governors of Camden and Islington NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Camden and Islington NHS Foundation Trust to perform an independent limited assurance engagement in respect of Camden and Islington NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and additional supporting guidance in the 'Detailed requirements for quality reports 2017/18' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- Early intervention in psychosis (EIP): people experience a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)- approved care package within two weeks of referral.
- Improving access to psychological therapies (IAPT): Waiting time to begin treatment (from IAPT minimum dataset): within 6 weeks of referral.

We refer to these national priority indicators collectively as the 'Indicators'.

Respective responsibilities of the directors and Practitioner

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance issued by NHS Improvement.

Our responsibility is to form a conclusion,

based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance and the six dimensions of data quality set out in the "Detailed requirements for external assurance for quality reports 2017/18".

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period 1 April 2017 to 24 May 2018
- papers relating to quality reported to the Board over the period 1 April 2017 to May 2018
- feedback from commissioners dated May 2018
- feedback from governors dated May 2018;
- feedback from local Healthwatch organisations dated 04 May 2017 and 08 May 2017;
- feedback from the Overview and Scrutiny

Committee dated May 2018;

- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, dated May 2018];
- the national patient survey 2017
- the national staff survey dated 2017
- the Care Quality Commission inspection report dated 06 March 2018;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 06 March 2018

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

The firm applies International Standard on Quality Control 1 (Revised) and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Camden and Islington NHS Foundation Trust as a body, to assist the Council of Governors in reporting Camden and Islington NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities

by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body, and Camden and Islington NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- making enquiries of management
- limited testing, on a selective basis, of the data used to calculate the indicators tested against supporting documentation
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations

than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable, measurement techniques that can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

The scope of our limited assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Camden and Islington NHS Foundation Trust.

Our audit work on the financial statements of Camden and Islington NHS Foundation Trust is carried out in accordance with our statutory obligations. This engagement will not be treated as having any effect on our separate duties and responsibilities as Camden and Islington NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to Camden and Islington NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to Camden and Islington NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of Camden and Islington NHS Foundation

Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Camden and Islington NHS Foundation Trust and Camden and Islington NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'; and
- the indicators in the Quality Report identified as having been subject to limited assurance have not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

Grant Thornton UK LLP
Chartered Accountants
30 Finsbury Square
London
EC2P 2YU
25 May 2018

Acknowledgements

Camden and Islington NHS Foundation Trust would like to thank all the staff, service users and partner organisations that contributed to this report.

An Insight into Mental Health from a Service User

Helping provide a greater voice for ethnic minority communities

After receiving past care from C&I for mental health issues related to severe post natal depression, Lincia Tuitt now plays a vital role in helping shape the Trust's care services.

As a key original member of what is now the Nubian Users' Forum (NUF), representing service users from African or Afro-Caribbean communities, she is focused on ensuring proper cultural awareness and consideration of the group's views on mental health support. These are often tricky, complex issues such as feelings of isolation and perceptions of racism, discrimination and over-medication.

Lincia, who came to Britain from the Caribbean island of Montserrat in 1997 as a teenager, said: "Cultural factors do play a part in how mental health issues are perceived within individual communities and, in turn, also have an impact on how care is delivered.

"It's important to have independent groups such as NUF that give a voice to people to share their stories with staff to generate better understanding of their experiences and background, as well as learning from other community groups."

Lincia, a junior barrister's clerk in London chambers before experiencing mental health difficulties, is passionate about countering what she dubs "revolving door syndrome", whereby service users

repeatedly return to hospital because they are not getting the right care and support when first discharged.

This reflects Lincia's own experiences of trying to find the right mental health support after discharge – a wider requirement, she emphasises, than solely support focused on subsequent crisis situations.

Through the help both of Clover Crumbie, at the time a day centre support worker and future founder of NUF, and a community psychiatric nurse, Lincia gradually built up her confidence. A key next step in her recovery was then participating in development and skills courses, which helped in turning around her negative self-image.





Lincia Tuitt - playing a key role in raising cultural awareness and changing perceptions

Lincia has a broad and long-established history of involvement with the Trust, aside from her work with NUF, and in 2011 was awarded the Linda Polan Trophy, nominated by service users to acknowledge a fellow service user who has made an exceptional and practical contribution to their lives.

She has also been part of C&I's Service User Involvement Group, formally presented a service user perspective to the Care Quality Commission during an inspection, and is regularly invited to be part of interview panels for senior management appointments.

Lincia said:

■ ■ **It's been a real privilege to be part of the interview process and to bring perhaps a different but important perspective to the panel. I have also learned a lot from being involved."**

4

Summary Financial Statements

4.1 Statement of comprehensive income 2017/18

	2017/18 £000	2016/17 £000
Operating Income from Continuing Operations	150,180	139,187
Operating Expenses of Continuing Operations	(141,336)	(135,402)
OPERATING SURPLUS	8,844	3,785
Finance Costs		
Interest Receivable	111	101
Interest Payable	(8)	(3)
PDC Dividends Payable	(3,907)	(3,971)
NET FINANCE COSTS	(3,804)	(3,873)
Profit on Sale of Assets	5,940	0
SURPLUS FOR THE YEAR	10,980	(88)
Other Comprehensive Income		
Impairments	(1,785)	(923)
Revaluations	573	1,372
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD	9,768	361

4.2 Statement of financial position as at 31 March 2018

	as at 31st Mar 2018	as at 31st Mar 2017
	£000	£000
Non-Current Assets		
Intangible Assets	0	0
Property, Plant & Equipment	118,060	121,453
Investments	0	0
Trade and Other Receivables	0	0
Total Non-Current assets	118,060	121,453
Current Assets		
Stocks and Work in Progress	0	0
Trade and Other Receivables	14,172	9,644
Investments	0	0
Non-current assets held for sale and assets in disposal groups	0	1,000
Cash and Cash Equivalents	48,226	44,526
Total Current Assets	62,398	55,170
Current Liabilities		
Trade and Other Payables	(16,202)	(22,336)
Provisions	(478)	(209)
Other Liabilities	(23)	(81)
Total Current Liabilities	(16,703)	(22,626)
TOTAL ASSETS LESS CURRENT LIABILITIES	163,755	153,997
Non-Current Liabilities		
Trade and Other Payables	0	0
Provisions	(38)	(48)
Other Liabilities	0	0
Total Non-Current Liabilities	(38)	(48)
TOTAL ASSETS EMPLOYED	163,717	153,949
FINANCED BY:		
Taxpayers Equity		
Public Dividend Capital	60,348	60,348
Revaluation Reserve	50,632	52,640
Donated Asset Reserve	0	0
Government Grant Reserve	0	0
Other Reserves	0	0
Income and Expenditure Reserve	52,737	40,961
TOTAL TAXPAYERS EQUITY	163,717	153,949

4.3 Statement of changes in taxpayers' equity 2017/18 2018

	2017/18 £000	2016/17 £000
Taxpayers Equity at 1st April 2016	153,949	153,588
Surplus/(deficit) for the year	10,980	(88)
Revaluation (Losses) Property, Plant and Machinery	(1,785)	(923)
Revaluation Gains Property, Plant and Machinery	573	1,372
Public dividend capital received	0	0
Taxpayers Equity at 31st March 2017	163,717	153,949

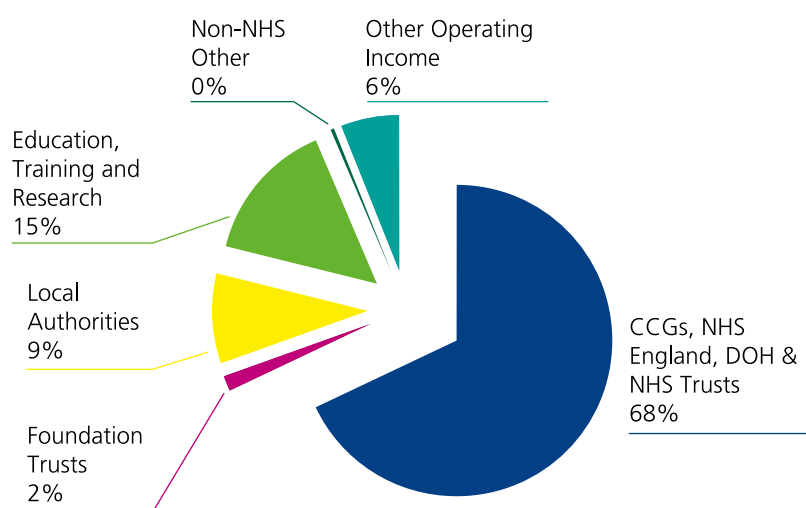
4.4 Statement of cash flows 2017/18

	2017/18 £000	2016/17 £000
CASH FLOWS FROM OPERATING ACTIVITIES		
Operating Surplus from Continuing Operations	8,844	3,785
OPERATING SURPLUS	8,844	3,785
Non-Cash Income and Expense		
Depreciation and Amortisation Charge	5,055	4,780
Fixed Asset Impairments and Reversals	333	155
(Gain)/Loss on disposal	0	0
Transfer from Donated Asset Reserve	0	0
(Increase)/Decrease in Stocks	0	0
(Increase)/Decrease in Trade and Other Receivables	(4,538)	2,674
Increase/(Decrease) in Trade and Other Payables	(6,070)	1,065
Increase/(Decrease) in Other Liabilities	(58)	81
Increase/(Decrease) in Provisions	258	(663)
Tax (Paid)/Received	0	0
NET CASH GENERATED FROM/(USED IN) OPERATIONS	3,824	11,877
Cash Flows from Investing Activities		
Interest Received	98	99
Sale of Financial Assets	0	0
Purchase of Property, Plant and Equipment	(4,525)	(4,473)
Sale of Property, Plant and Equipment	8,194	0
Interest Element of Finance Leases	0	0
NET CASH GENERATED FROM/(USED IN) INVESTING ACTIVITIES	3,767	(4,374)
Cash Flows from Financing Activities		
Public Dividend Capital Received	0	0
Interest Paid	(7)	0
Public Dividend Capital Paid	(3,884)	(4,116)
NET CASH GENERATED FROM FINANCING ACTIVITIES	(3,891)	(4,116)
INCREASE/(DECREASE IN CASH AND CASH EQUIVALENTS	3,700	3,387
Cash and Cash Equivalents at 1st April	44,526	41,139
CASH AND CASH EQUIVALENTS AT 31ST MARCH	48,226	44,526

4.5 Income (by source) 2017/18

The Trust's income for the full year amounted to £150m, the majority coming from CCGs and NHS England for the provision of patient activity.

	£'000
CCGs, NHS England, DOH & NHS Trusts	97,955
Foundation Trusts	2,257
Local Authorities	13,465
Education, Training and Research	21,207
Non-NHS Other	524
Other Operating Income	8,732
Sustainability and Transformation Fund	6,040
TOTAL	150,180

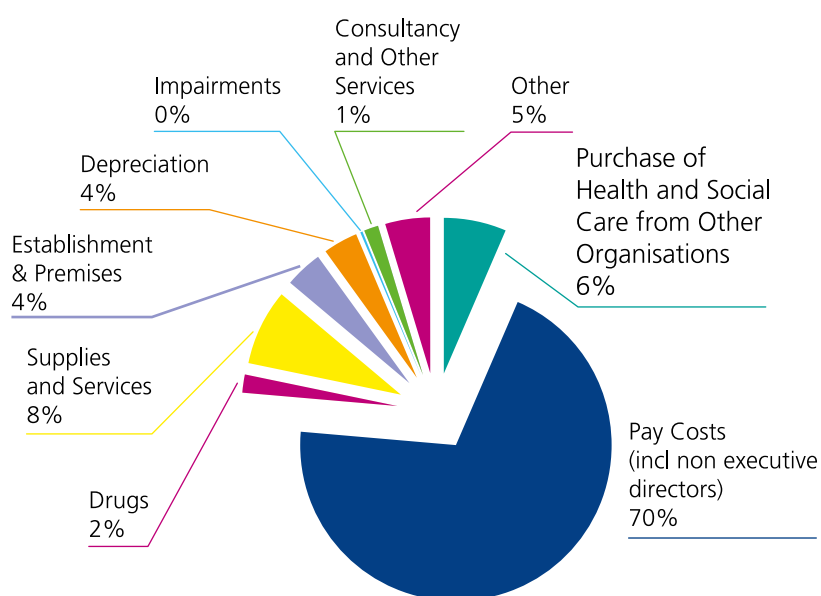


4.6 Expenditure (by type) 2017/18

Total operating expenditure for the year was £141m, the biggest item being spent on staff.

The breakdown of the Trust's full expenditure is as follows:

	£'000
Purchase of Health and Social Care from Other Organisations	9,167
Pay Costs (incl. non-executive directors)	98,774
Drugs	2,659
Supplies and Services	11,129
Establishment & Premises	5,538
Depreciation	5,055
Impairments	333
Consultancy and Other Services	2,090
Other	6,591
TOTAL	141,336



The summary statements are a summary of information derived from the Trust's annual accounts. Information to allow a full understanding of the Trust and of its policies and arrangements concerning directors' remuneration are provided by the full annual financial statements and report.

The statements were approved by the Board on 24 May 2018, following a recommendation from the Audit & Risk

Committee, and signed on behalf of the Board by:

Angela McNab
Chief Executive
25 May 2018

Independent auditor's report to the Council of Governors of Camden and Islington 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 Camden and Islington NHS Foundation Trust (the 'Trust') for the year ended 31 March 2018 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows¹ and notes to the financial statements, including a summary of significant accounting policies. The

financial reporting framework that has been applied in their preparation is applicable law and the NHS foundation trust annual reporting manual 2017/18.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2018 and of its expenditure and income for the

year then ended; and

- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2017/2018; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

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

Who we are reporting to

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other

than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Conclusions relating to going concern

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

- the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

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

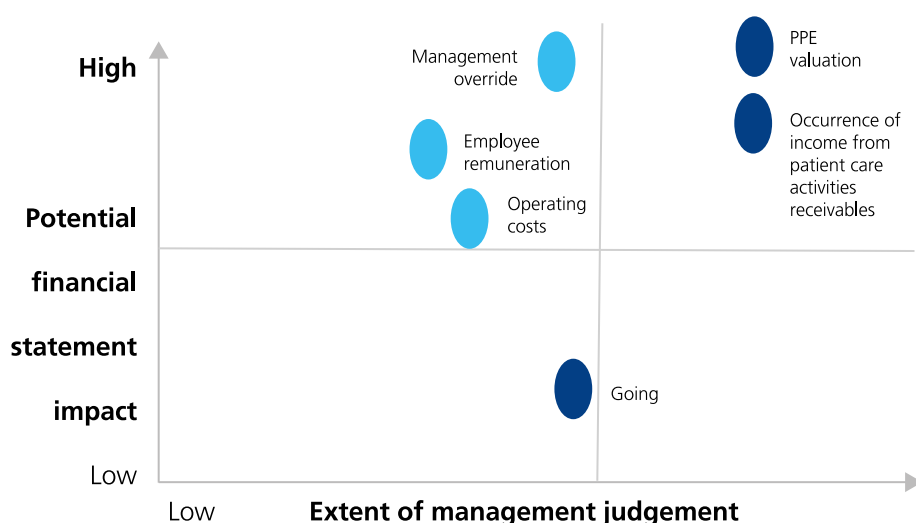
Overview of our audit approach



- Overall materiality: £2,708,000 which represents 2% of the Trust's gross operating costs for the previous year (consisting of operating expenses and finance expenses);
- Key audit matters were identified as:
 - Occurrence of income from patient care activities and existence
 - Valuation of property, plant and equipment.We substantively tested all material transactions and balances in the financial statements.

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 for 2017/18 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
<p>Risk 1 Improper Revenue Recognition</p> <p>The Trust recognises income from patient care activity during the year based on the completion of these activities. Patient care activities provided that are additional to those incorporated in the contracts with NHS commissioners, are subject to verification and agreement of the activity completed by the NHS commissioners.</p> <p>We therefore identified occurrence of income from patient care activities and the existence of associated receivables as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>Our audit work included, but was not restricted to:</p> <p>Evaluation the Trust's accounting policy for recognition of income from patient care activities for appropriateness;</p> <ul style="list-style-type: none"> • gaining an understanding of the Trust's system for accounting for income patient care activities and evaluating the design of the associated controls; • obtaining an exception report from the Department of Health and (DHSC) that details differences in reported income and expenditure; and receivables and payables between NHS bodies; agreeing the figures in the exception report to the Trust's financial records; and for differences calculated by the DoH as being in excess of £300,000, obtaining corroborating evidence to support the amount recorded in the financial statements by the Trust; • agreeing amounts recognised as income from the main NHS Commissioners in the financial statements, in respect of the main baseline monthly contract billings to signed contracts; • agreeing, on a sample basis, amounts for under and over-performance of contracted patient care activities with the main NHS Commissioners to invoices or alternative evidence; • agreeing, on a sample basis, income from residual income sources to invoices or alternative evidence; • agreeing, on a sample basis, other receivables at year end to invoices and subsequent cash receipts or, for cases in our sample where cash was yet to be receipted, to alternative evidence.

Continued overleaf

Continuation from overleaf

Key Audit Matter	How the matter was addressed in the audit
<p>Risk 1 Improper Revenue Recognition</p>	<p>The Trust's accounting policy on recognition of income is shown in note 1.4 to the financial statements. Disclosures related to revenue from patient care activities are included in note 3 and disclosures related to associated receivable balances are included in note 24.1.</p> <p>Key observations</p> <p>We performed the procedures detailed above and did not note any issues from our work performed.</p>
<p>Risk 2 Valuation of property, plant and equipment</p> <p>The Trust revalues its land and buildings on an annual basis to ensure that carrying value is not materially different from fair value. This represents a significant estimate by management in the financial statements.</p> <p>We identified the valuation of land and buildings revaluations and impairments as a risk requiring special audit consideration and a key audit matter for the audit</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> • Review of management's processes and assumptions for the calculation of the estimate, the instructions issued to valuation experts and the scope of their work • Consideration of the competence, expertise and objectivity of any management experts used. • Discussions with the valuer about the basis on which the valuation is carried out and challenge of the key assumptions. • Review and challenge of the information used by the valuer to ensure it is robust and consistent with our understanding. • Testing of revaluations made during the year to ensure they are input correctly into the Trust's asset register. • Evaluation of the assumptions made by management for those assets not revalued during the year and how management has satisfied themselves that these are not materially different to current value. • Review accounting calculation of profit on sale and accounting treatment of the property disposals of Hanley Road site and Tottenham Mews. <p>The Trust has disclosed its accounting policies in relation to property, plant and equipment in Note 1.7 and related disclosures in Note 16.1</p> <p>Key observations</p> <ul style="list-style-type: none"> • Control weakness identified in processing revaluations of PPE via fixed asset register. Failure to remove accumulated depreciation from assets subsequent to revaluation has resulted in incorrect disclosure of brought forward and closing balances for gross book value and accumulated depreciation. • The disposal of the Tottenham Mews site at the end of March was a significant transaction in the year as it. A profit of £5.7m was realised from the sale of this fixed asset. From our discussions with management we are aware that this site has not been used operationally by the Trust for a number of years yet has been held and valued as an operational asset throughout this period. • We challenged this previous classification and asked the Trust to demonstrate for the basis for the asset not being classified as a surplus asset and revalued due to it being unutilised • From discussions with management we were made aware that the previous owner of the site (University College Hospitals NHS FT) was subject to a Section 106 agreement (between Camden Council and University College Hospitals FT), which required it to provide mental health services in the area (or provide funding to subsequent owner to provide such services). As such the Trust continued to hold this asset as an operational asset until October 2017 when the Board formalised its plan to sell this asset and considered that the asset sale was likely to take place within the next 12 months • We have concluded that previous accounting treatment for Tottenham Mews was appropriate in the circumstances described and that subsequent accounting treatment upon disposal was correct.

Our application of materiality

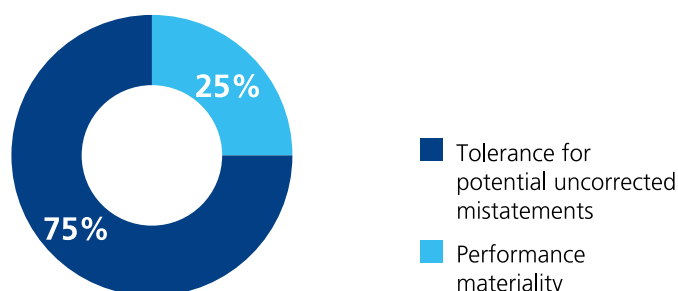
We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating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

Materiality was determined as follows:

Materiality Measure	Trust
Financial statements as a whole	£2,708,000 which is 2% of the Trust's prior year gross operating costs. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how it has expended its revenue and other funding.
Performance materiality used to drive the extent of our testing	70% of financial statement materiality
Communication of misstatements to the Audit and Risk Committee	£135,000 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 based on a thorough understanding of the Trust's business, was risk based and included an evaluation of the Trust's internal controls including relevant IT systems and controls over key financial systems.

Our work involved obtaining evidence about the amounts and disclosures in the financial statements to give us reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. The scope of our audit included:

- gaining an understanding of and evaluating the Trust's internal controls

environment including its financial and IT systems and controls during an interim audit visit before the year end;

- obtaining supporting evidence, on a sample basis, for all of the Trust's material income streams covering 100% of the Trust's revenues;
- obtaining supporting evidence, on a sample basis, for 100% of the Trust's operating cost;
- obtaining supporting evidence, on a sample basis, for property plant and equipment the Trust's other assets and liabilities.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report set out on pages 10 to 146 other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with

the financial statements or our knowledge of the Trust obtained in the course of our work including that gained through work in relation to the Trust's arrangements for securing value for money through economy, efficiency and effectiveness in the use of its resources or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

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

- Fair, balanced and understandable is set out 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 and Risk committee reporting set out in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance

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

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not meet the disclosure requirements set

out in the NHS foundation trust annual reporting manual 2017/18. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

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

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2017/18 and the requirements of the National Health Service Act 2006²; 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.

² The FT annual reporting manual 2017/18 sets out the parts of the Remuneration Report and Staff Report that is subject to audit. The Trust should clearly highlight which disclosures in the Remuneration Report and Staff Report have been audited.

Matters on which we are required to report by exception

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

- we have reported a matter in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we have referred a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take,

or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

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

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of Accounting Officer's responsibilities set out on page 77 the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting

manual 2017/18, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trust lacks funding for its continued existence or when policy decisions have been made that affect the services provided by the Trust.

The Audit and Risk Committee is Those Charged with Governance.

Auditor's responsibilities for the audit of the financial statements

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

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

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

Matter on which we are required to report by exception

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

Under the Code of Audit Practice we are required to report to you if, in our opinion we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018.

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

Responsibilities of the Accounting Officer

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

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

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in

its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018, and to report by exception where we are not satisfied.

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

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of the financial statements of Camden and Islington 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.

Paul Dossett

Partner for and on behalf of Grant Thornton UK LLP

30 Finsbury Square

London, EC2A 1AG

25 May 2018

Other disclosures

4.7 Income disclosure

Camden and Islington NHS Foundation Trust is able to confirm that it has met its requirement, stipulated by the NHS Act 2006 (as amended by the Health and Social Care Act 2012), that the income the Trust has received from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes.

4.8 Cost allocation

The Trust has ensured that the financial statements of the organisation have met the accounting requirements of the NHS Trust Financial Reporting Manual. The accounting policies contained in both manuals follow International Financial Reporting Standards (IFRS) and HM Treasury's Resource Accounting Manual to the extent that they are meaningful and appropriate to the NHS.

4.9 Commissioner requested services

During the 2017/18, the Trust recognised £114,201 of income from activities. Of this amount £92,026 related to Commissioner Requested Services and £22,175 related to Non-Commissioner Requested Services.

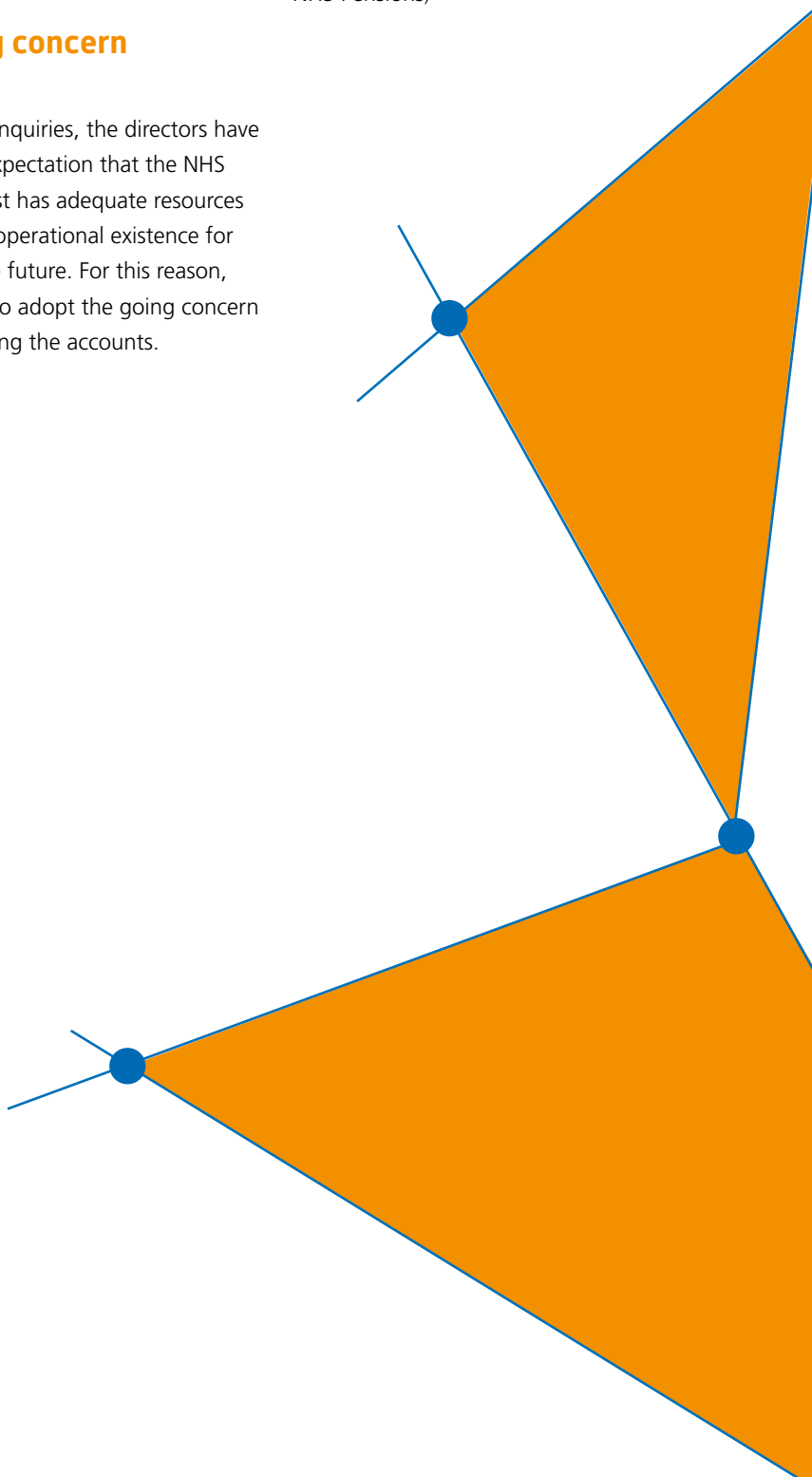
4.10 Going concern disclosure

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

4.11 Pensions

This note discloses the number and additional pension costs for individuals who retired early on ill-health grounds during the year. There were no retirements in 2017/18.

(This information has been supplied by NHS Pensions)



Camden and Islington NHS Foundation Trust

Annual accounts for the year ended 31 March 2018

Foreword to the accounts

Camden and Islington NHS Foundation Trust

These accounts, for the year ended 31 March 2018, have been prepared by Camden and Islington NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed



Name Angela McNab
Job title Chief Executive
Date 25th May 2018

Statement of Comprehensive Income

		2017/18	2016/17
	Note	£000	£000
Operating income from patient care activities	3	114,201	109,666
Other operating income	4	35,979	29,521
Operating expenses	6, 8	(141,336)	(135,402)
Operating surplus/(deficit) from continuing operations		8,844	3,785
Finance income	11	111	101
Finance expenses	12	(8)	(3)
PDC dividends payable		(3,907)	(3,971)
Net finance costs		(3,804)	(3,873)
Other gains / (losses)	13	5,940	-
Share of profit / (losses) of associates / joint arrangements	20	-	-
Gains / (losses) arising from transfers by absorption		-	-
Corporation tax expense		-	-
Surplus / (deficit) for the year from continuing operations		10,980	(88)
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	14	-	-
Surplus / (deficit) for the year		10,980	(88)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(1,785)	(923)
Revaluations	18	573	1,372
Share of comprehensive income from associates and joint ventures	20	-	-
Other recognised gains and losses		-	-
Remeasurements of the net defined benefit pension scheme liability / asset	37	-	-
Other reserve movements		-	-
May be reclassified to income and expenditure when certain conditions are met:			
Fair value gains / (losses) on available-for-sale financial investments	13	-	-
Recycling gains / (losses) on available-for-sale financial investments	13	-	-
Foreign exchange gains / (losses) recognised directly in OCI	13	-	-
Total comprehensive income / (expense) for the period		9,768	361

Statement of Financial Position

		31 March 2018 £000	31 March 2017 £000
Note			
Non-current assets			
Intangible assets	15	-	-
Property, plant and equipment	16	118,060	121,453
Investment property	19	-	-
Investments in associates and joint ventures	20	-	-
Other investments / financial assets	21	-	-
Trade and other receivables	24	-	-
Other assets	25	-	-
Total non-current assets		118,060	121,453
Current assets			
Inventories	23	-	-
Trade and other receivables	24	14,172	9,644
Other investments / financial assets	21	-	-
Other assets	25	-	-
Non-current assets held for sale / assets in disposal groups	26	-	1,000
Cash and cash equivalents	27	48,226	44,526
Total current assets		62,398	55,170
Current liabilities			
Trade and other payables	28	(16,202)	(22,336)
Borrowings	31	-	-
Other financial liabilities	29	-	-
Provisions	33	(478)	(209)
Other liabilities	30	(23)	(81)
Liabilities in disposal groups	26	-	-
Total current liabilities		(16,703)	(22,626)
Total assets less current liabilities		163,755	153,997
Non-current liabilities			
Trade and other payables	28	-	-
Borrowings	31	-	-
Other financial liabilities	29	-	-
Provisions	33	(38)	(48)
Other liabilities	30	-	-
Total non-current liabilities		(38)	(48)
Total assets employed		163,717	153,949
Financed by			
Public dividend capital		60,348	60,348
Revaluation reserve		50,632	52,640
Available for sale investments reserve		-	-
Other reserves		-	-
Merger reserve		-	-
Income and expenditure reserve		52,737	40,961
Total taxpayers' equity		163,717	153,949

The notes on pages 8 to 49 form part of these accounts.

Signed

Name
Position
Date


Angela McNab
Chief Executive
25th May 2018

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital	Revaluation reserve	Available for sale investment reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2017 - brought forward	60,348	52,640	-	40,961	153,949
Surplus/(deficit) for the year	-	-	-	10,980	10,980
Transfers by absorption: transfers between reserves	-	-	-	-	-
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-
Other transfers between reserves	-	-	-	-	-
Impairments	-	(1,785)	-	-	(1,785)
Revaluations	-	573	-	-	573
Transfer to retained earnings on disposal of assets	-	(796)	-	796	-
Share of comprehensive income from associates and joint ventures	-	-	-	-	-
Fair value gains/(losses) on available-for-sale financial investments	-	-	-	-	-
Recycling gains/(losses) on available-for-sale financial investments	-	-	-	-	-
Foreign exchange gains/(losses) recognised directly in OCI	-	-	-	-	-
Other recognised gains and losses	-	-	-	-	-
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-
Public dividend capital received	-	-	-	-	-
Public dividend capital repaid	-	-	-	-	-
Public dividend capital written off	-	-	-	-	-
Other movements in public dividend capital in year	-	-	-	-	-
Other reserve movements	-	-	-	-	-
Taxpayers' equity at 31 March 2018	60,348	50,632	-	52,737	163,717

Statement of Changes in Equity for the year ended 31 March 2017

	Public dividend capital	Revaluation reserve	Available for sale investment reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2016 - brought forward	60,348	52,191	-	41,049	153,588
Prior period adjustment	-	-	-	-	-
Taxpayers' equity at 1 April 2016 - restated	60,348	52,191	-	41,049	153,588
Surplus/(deficit) for the year	-	-	-	(88)	(88)
Transfers by absorption: transfers between reserves	-	-	-	-	-
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-
Other transfers between reserves	-	-	-	-	-
Impairments	-	(923)	-	-	(923)
Revaluations	-	1,372	-	-	1,372
Transfer to retained earnings on disposal of assets	-	-	-	-	-
Share of comprehensive income from associates and joint ventures	-	-	-	-	-
Fair value gains/(losses) on available-for-sale financial investments	-	-	-	-	-
Recycling gains/(losses) on available-for-sale financial investments	-	-	-	-	-
Foreign exchange gains/(losses) recognised directly in OCI	-	-	-	-	-
Other recognised gains and losses	-	-	-	-	-
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-
Public dividend capital received	-	-	-	-	-
Public dividend capital repaid	-	-	-	-	-
Public dividend capital written off	-	-	-	-	-
Other movements in public dividend capital in year	-	-	-	-	-
Other reserve movements	-	-	-	-	-
Taxpayers' equity at 31 March 2017	60,348	52,640	-	40,961	153,949

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.

Available-for-sale investment reserve

This reserve comprises changes in the fair value of available-for-sale financial instruments. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure.

Merger reserve

This reserve reflects balances formed on merger of NHS bodies.

Income and expenditure reserve

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

Statement of Cash Flows

		2017/18	2016/17
	Note	£000	£000
Cash flows from operating activities			
Operating surplus / (deficit)		8,844	3,785
Non-cash income and expense:			
Depreciation and amortisation	6.1	5,055	4,780
Net impairments	7	333	155
Income recognised in respect of capital donations	4	-	-
Amortisation of PFI deferred credit		-	-
Non-cash movements in on-SoFP pension liability		-	-
(Increase) / decrease in receivables and other assets		(4,538)	2,674
(Increase) / decrease in inventories		-	-
Increase / (decrease) in payables and other liabilities		(6,128)	1,146
Increase / (decrease) in provisions		258	(663)
Tax (paid) / received		-	-
Operating cash flows from discontinued operations		-	-
Other movements in operating cash flows		-	-
Net cash generated from / (used in) operating activities		3,824	11,877
Cash flows from investing activities			
Interest received		98	99
Purchase and sale of financial assets / investments		-	-
Purchase of intangible assets		-	-
Sales of intangible assets		-	-
Purchase of property, plant, equipment and investment property		(4,525)	(4,473)
Sales of property, plant, equipment and investment property		8,194	-
Receipt of cash donations to purchase capital assets		-	-
Prepayment of PFI capital contributions		-	-
Investing cash flows of discontinued operations		-	-
Cash movement from acquisitions/disposals of subsidiaries		-	-
Net cash generated from / (used in) investing activities		3,767	(4,374)
Cash flows from financing activities			
Public dividend capital received		-	-
Public dividend capital repaid		-	-
Movement on loans from the Department of Health and Social Care		-	-
Movement on other loans		-	-
Other capital receipts		-	-
Capital element of finance lease rental payments		-	-
Capital element of PFI, LIFT and other service concession payments		-	-
Interest paid on finance lease liabilities		-	-
Interest paid on PFI, LIFT and other service concession obligations		-	-
Other interest paid		(7)	-
PDC dividend (paid) / refunded		(3,884)	(4,116)
Financing cash flows of discontinued operations		-	-
Cash flows from (used in) other financing activities		-	-
Net cash generated from / (used in) financing activities		(3,891)	(4,116)
Increase / (decrease) in cash and cash equivalents		3,700	3,387
Cash and cash equivalents at 1 April - brought forward		44,526	41,139
Cash and cash equivalents at 1 April - restated		44,526	41,139
Cash and cash equivalents transferred under absorption accounting	44	-	-
Cash and cash equivalents at 31 March	27.1	48,226	44,526

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

Note 1.1.1 Accounting convention

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

Note 1.1.2 Going concern

These accounts have been prepared on a going concern basis.

After making enquiries, giving due consideration to historical financial trends and strong cash balances, while recognising the impact that asset sales have had on the in year performance, the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future.

Note 1.2 Critical judgements in applying accounting policies

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

The Trust was required to make a number of reasonable subjective judgements regarding i) the provisions for credit notes and impairments of receivables, which are based on management's judgement (and taking into account the national Agreement of Balances exercise and ongoing discussions with counter parties) regarding the best estimate of the amount expected to be not at risk and recoverable, and ii) accruals, which are based on management's best judgement of likely receivables and payables.

Note 1.2.1 Sources of estimation uncertainty

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

The Trust was required to make reasonable subjective judgements regarding the valuation of property assets, which are based on a valuation undertaken by an independent valuer, and was prepared in accordance with the required standards.

Note 1.3 Interests in other entities

Subsidiary entities are those over which the foundation trust has the power to exercise control or a dominant influence so as to gain economic or other benefits. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines.

Associate entities are those over which the foundation trust has the power to exercise a significant influence. Associate entities are recognised in the foundation trust's financial statements using the equity method. The investment is initially recognised at cost. It is increased or decreased subsequently to reflect the foundation trust's share of the entity's profit or loss or other gains and losses (e.g. revaluation gains on the entity's property, plant and equipment) following acquisition. It is also reduced when any distribution e.g. share dividends are received by the foundation trust from the associate. Associates which are classified as held for sale are measured at the lower of their carrying amount and 'fair value less costs to sell'.

Joint ventures are separate entities over which the Trust has joint control with one or more other parties. The meaning of control is the same as that for subsidiaries. Joint ventures are accounted for by consolidating the Trust's share of the transactions, assets, liabilities, equity and reserves of the entity.

Joint operations are activities which are carried on with one or more other parties but which are not performed through a separate entity. The foundation trust includes within its financial statements its share of the activities, assets and liabilities.

Note 1.4 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the trust is contracts with commissioners in respect of health care services. At the year end, the trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Revenue grants and other contributions to expenditure

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.

The value of the benefit received when accessing funds from the 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, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 Expenditure on employee benefits**Short-term employee benefits**

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

Pension costs*NHS Pension Scheme*

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. There, the schemes are accounted for as though they are defined contribution schemes.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

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

Local Government Superannuation Scheme

This is a defined benefit pension scheme. The Trust has agreed to be guided by the actuarial advice given to the London Borough of Islington with regard to the appropriate level of contribution it makes to the pension fund and accounts for this in year.

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

Note 1.7.1 Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has 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 economic lives.

Note 1.7.2 Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

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

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction 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 income.

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

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

Impairments

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

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

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Note 1.7.3 Derecognition

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

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable ie:
 - management are committed to a plan to sell the asset
 - an active programme has begun to find a buyer and complete the sale
 - the asset is being actively marketed at a reasonable price
 - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
 - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1.7.4 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Note 1.7.5 Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability.

Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges

Note 1.7.6 Useful economic lives of property, plant and equipment

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

	Min life	Max life
	Years	Years
Land	n/a	n/a
Buildings, excluding dwellings	15	77
Dwellings	n/a	n/a
Plant & machinery	1	9
Transport equipment	n/a	n/a
Information technology	1	8
Furniture & fittings	1	12

Finance-leased assets (including land) are depreciated over the shorter of the useful economic life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.8 Intangible assets**Note 1.8.1 Recognition**

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

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the trust intends to complete the asset and sell or use it
- the trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset and
- the trust can measure reliably the expenses attributable to the asset during development.

Software

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

Note 1.8.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and

Amortisation

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

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value.

Note 1.10 Investment properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Note 1.11 Cash and cash equivalents

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

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 entity]'s cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Financial instruments and financial liabilities***Recognition***

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

De-recognition

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

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

Classification and measurement

Financial assets are categorised as 'Fair Value through Income and Expenditure', loans and receivables or 'Available-for-sale financial assets'.

Financial liabilities are classified as 'Fair value through Income and Expenditure' or as 'Other Financial liabilities'.

Financial assets and financial liabilities at "fair value through income and expenditure"

Financial assets and financial liabilities at "fair value through income and expenditure" are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trading unless they are designated as hedges.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets which are either designated in this category or not classified in any of the other categories. They are included in long-term assets unless the Trust intends to dispose of them within 12 months of the Statement of Financial Position date.

Available-for-sale financial assets are recognised initially at fair value, including transaction costs, and measured subsequently at fair value, with gains or losses recognised in reserves and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'. When items classified as 'available-for-sale' are sold or impaired, the accumulated fair value adjustments recognised are transferred from reserves and recognised in 'Finance Costs' in the Statement of Comprehensive Income.

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Determination of Fair Value

For financial assets and financial liabilities carried at fair value, the carrying amounts are determined from quoted market prices when available, or otherwise from either independent appraisals or discounted cash flows as appropriate.

Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly or through use of an allowance account/bad debt provision. The use of an allowance account/bad debt provision is only used to offset the loss when, and only when the allowance account/bad debt provision specifically relates to that financial asset.

Note 1.13 Leases

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

Note 1.13.1 The trust as lessee***Finance leases***

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

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

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

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

Note 1.13.2 The trust as lessor***Finance leases***

Amounts due from lessees under finance leases are recorded as receivables at the amount of the trust net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trusts' 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 1.14 Provisions

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

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the trust. The total value of clinical negligence provisions carried by NHS resolution on behalf of the trust is disclosed at note 33.2 but is not recognised in the trust's accounts.

Non-clinical risk pooling

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

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 34 where an inflow of economic benefits is probable. Contingent liabilities are not recognised, but are disclosed in note 34, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.16 Public dividend capital

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

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

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for

- (i) donated assets (including lottery funded assets),
- (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
- (iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health 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 thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.17 Value added tax

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

Note 1.18 Corporation tax

Based on an analysis of its operations and the nature of its activities, the Trust has determined that it has no corporation tax liability.

Note 1.19 Foreign exchange

The functional and presentational currencies of the Trust are 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 (other than financial instruments measured at "fair value through income and expenditure") 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 1.20 Third party assets

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

Note 1.21 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

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

Note 1.22 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 1.23 Transfers of functions to / from other NHS bodies / local government bodies

For functions that have been transferred to the trust from another NHS / 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.

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 / 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.

Note 1.24 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2017/18.

Note 1.25 Standards, amendments and interpretations in issue but not yet effective or adopted

As required by IAS 8, trusts should disclose any standards, amendments and interpretations that have been issued but are not yet effective or adopted for the public sector. Are listed below:

-IFRS 9 Financial Instruments. Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.

-IFRS 14 Regulatory Deferral Accounts. Not yet EU endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DH group bodies.

-IFRS 15 Revenue from Contracts with Customers. Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.

-IFRS 16 Leases. Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

-IFRS 17 Insurance Contracts. Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

-IFRIC 22 Foreign Currency Transactions and Advance Consideration. Application required for accounting periods beginning on or after 1 January 2018.

-IFRIC 23 Uncertainty over Income Tax Treatments. Application required for accounting periods beginning on or after 1 January 2019.

Note 2 Operating Segments

The Trust considers its' activities constitute a single segment since they are provided wholly in the UK, are subject to similar risks and rewards and all the assets are managed as one central pot.

Furthermore, the majority of the Trust's operating income is secured in the form of block contracts that do not distinguish between divisions, and financial performance to the Board does not devolve income down to operational teams.

The Trust therefore has no distinct and separate operating segments.

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)	2017/18	2016/17
	£000	£000
Mental health services		
Cost and volume contract income	3,857	3,483
Block contract income	96,879	93,488
Clinical partnerships providing mandatory services (including S75 agreements)	13,465	12,695
Clinical income for the secondary commissioning of mandatory services	-	-
Other clinical income from mandatory services	-	-
Total income from activities	114,201	109,666

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2017/18	2016/17
	£000	£000
NHS England	925	311
Clinical commissioning groups	95,085	92,533
Department of Health and Social Care	32	-
Other NHS providers	4,170	3,638
NHS other	-	-
Local authorities	13,465	12,695
Non-NHS: private patients	-	-
Non-NHS: overseas patients (chargeable to patient)	-	-
NHS injury scheme	-	-
Non NHS: other	524	489
Total income from activities	114,201	109,666
Of which:		
Related to continuing operations	114,201	109,666
Related to discontinued operations	-	-

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

	2017/18	2016/17
	£000	£000
Income recognised this year	-	-
Cash payments received in-year	-	-
Amounts added to provision for impairment of receivables	-	-
Amounts written off in-year	-	-

Note 4 Other operating income

	2017/18	2016/17
	£000	£000
Research and development	1,602	2,353
Education and training	19,605	20,000
Receipt of capital grants and donations	-	-
Charitable and other contributions to expenditure	-	-
Non-patient care services to other bodies	-	-
Support from the Department of Health and Social Care for mergers	-	-
Sustainability and transformation fund income	6,040	-
Rental revenue from operating leases	2,262	2,256
Rental revenue from finance leases	-	-
Income in respect of staff costs where accounted on gross basis	1,002	721
Other income*	5,468	4,191
Total other operating income	35,979	29,521
Of which:		
Related to continuing operations	35,979	29,521
Related to discontinued operations	-	-

*The most significant item recorded under Other Income is £2,610k of estates recharges resulting from the Trust's total facilities management contract (£2,097k in 2016/17)

Note 4.1 Income from activities arising from commissioner requested services

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

	2017/18	2016/17
	£000	£000
Income from services designated as commissioner requested services	92,026	90,404
Income from services not designated as commissioner requested services	22,175	19,262
Total	114,201	109,666

Note 4.2 Profits and losses on disposal of property, plant and equipment

The Trust has made two disposals during 2017/18 with an associated profit on sale of £5,940k (no disposals during 2016/17).

Note 5 Fees and charges

	2017/18	2016/17
	£000	£000
Income	-	-
Full cost	-	-
Surplus / (deficit)	-	-

Note 6.1 Operating expenses

	2017/18	2016/17
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	153	598
Purchase of healthcare from non-NHS and non-DHSC bodies	4,771	3,098
Purchase of social care	4,243	4,174
Staff and executive directors costs	98,647	95,523
Remuneration of non-executive directors	127	124
Supplies and services - clinical (excluding drugs costs)	348	228
Supplies and services - general	10,781	10,238
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	2,659	2,406
Inventories written down	-	-
Consultancy costs	1,018	384
Establishment	1,280	897
Premises	4,258	4,243
Transport (including patient travel)	502	438
Depreciation on property, plant and equipment	5,055	4,780
Amortisation on intangible assets	-	-
Net impairments	333	155
Increase/(decrease) in provision for impairment of receivables	(11)	(138)
Increase/(decrease) in other provisions	-	-
Change in provisions discount rate(s)	(3)	-
Audit fees payable to the external auditor		
audit services- statutory audit	45	55
other auditor remuneration (external auditor only)	5	8
Internal audit costs	108	90
Clinical negligence	497	483
Legal fees	231	332
Insurance	90	84
Research and development	-	-
Education and training	439	691
Rentals under operating leases	353	335
Early retirements	-	-
Redundancy	378	19
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT) on IFRS basis	-	-
Charges to operating expenditure for off-SoFP IFRIC 12 schemes	-	-
Car parking & security	-	2
Hospitality	18	32
Losses, ex gratia & special payments	106	104
Grossing up consortium arrangements	-	-
Other services, eg external payroll	1,072	1,311
Other	3,833	4,708
Total	141,336	135,402
Of which:		
Related to continuing operations	141,336	135,402
Related to discontinued operations	-	-

Note 6.2 Other auditor remuneration

	2017/18	2016/17
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	5	8
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
Total	5	8

Note 6.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2m (2016/17: £0m).

Note 7 Impairment of assets

	2017/18	2016/17
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	-	-
Over specification of assets	-	-
Abandonment of assets in course of construction	-	-
Unforeseen obsolescence	-	-
Loss as a result of catastrophe	-	-
Changes in market price	-	6
Other	333	149
Total net impairments charged to operating surplus / deficit	333	155
Impairments charged to the revaluation reserve	1,785	923
Total net impairments	2,118	1,078

The Trust commissioned the District Valuer to undertake a revaluation of its full estate. This resulted in a number of individual impairments and revaluations which are reflected in the accounts

Note 8 Employee benefits

	2017/18	2016/17
	Total	Total
	£000	£000
Salaries and wages	71,894	69,191
Social security costs	7,429	7,174
Apprenticeship levy	335	-
Employer's contributions to NHS pensions	8,872	8,627
Pension cost - other	-	-
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	-	-
Temporary staff (including agency)	10,117	10,531
Total gross staff costs	98,647	95,523
Recoveries in respect of seconded staff	-	-
Total staff costs	98,647	95,523
Of which		
Costs capitalised as part of assets	-	-

Note 8.1 Retirements due to ill-health

During 2017/18 there were no early retirements from the trust agreed on the grounds of ill-health (none in the year ended 31 March 2017). The estimated additional pension liabilities of these ill-health retirements is £0k (£0k in 2016/17).

The cost of any ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 9 Pension costs

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

The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

b) 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 are accepted as providing suitably robust figures for financial reporting purposes. 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 scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

Actuarial valuations will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this "employer cost cap" assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

Note 10 Operating leases**Note 10.1 Camden and Islington NHS Foundation Trust as a lessor**

This note discloses income generated in operating lease agreements where Camden and Islington NHS Foundation Trust is the lessor of buildings.

	2017/18 £000	2016/17 £000
Operating lease revenue		
Minimum lease receipts	2,262	2,256
Contingent rent	-	-
Other	-	-
Total	2,262	2,256
	31 March 2018 £000	31 March 2017 £000
Future minimum lease receipts due:		
- not later than one year;	2,127	2,073
- later than one year and not later than five years;	5,778	6,826
- later than five years.	2,841	4,020
Total	10,746	12,919

Note 10.2 Camden and Islington NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Camden and Islington NHS Foundation Trust is the lessee of buildings.

	2017/18 £000	2016/17 £000
Operating lease expense		
Minimum lease payments	353	335
Contingent rents	-	-
Less sublease payments received	-	-
Total	353	335
	31 March 2018 £000	31 March 2017 £000
Future minimum lease payments due:		
- not later than one year;	345	352
- later than one year and not later than five years;	849	1,065
- later than five years.	328	453
Total	1,522	1,870
Future minimum sublease payments to be received	-	-

Note 11 Finance income

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

	2017/18	2016/17
	£000	£000
Interest on bank accounts	111	101
Interest on impaired financial assets	-	-
Interest income on finance leases	-	-
Interest on other investments / financial assets	-	-
Other finance income	-	-
Total	111	101

Note 12.1 Finance expenditure

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

	2017/18	2016/17
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	-	-
Other loans	-	-
Overdrafts	-	-
Finance leases	-	-
Interest on late payment of commercial debt	7	-
Main finance costs on PFI and LIFT schemes obligations	-	-
Contingent finance costs on PFI and LIFT scheme obligations	-	-
Total interest expense	7	-
Unwinding of discount on provisions	1	3
Other finance costs	-	-
Total finance costs	8	3

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2017/18	2016/17
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	7	-
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 13 Other gains / (losses)

	2017/18	2016/17
	£000	£000
Gains on disposal of assets	5,940	-
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	5,940	-
Gains / (losses) on foreign exchange	-	-
Fair value gains / (losses) on investment properties	-	-
Fair value gains / (losses) on financial assets / investments	-	-
Fair value gains / (losses) on financial liabilities	-	-
Recycling gains / (losses) on disposal of available-for-sale financial investments	-	-
Total other gains / (losses)	5,940	-

The Trust disposed of two properties during 2017/18 - Hanley Rd was sold for £1,270k and Tottenham Mews for £7,066k. Both disposals resulted in a profit on sale that are disclosed in these accounts.

Note 14 Discontinued operations

The Trust had no discontinued operations during 2017/18 or for the prior year 2016/17.

Note 15.1 Intangible assets - 2017/18

The Trust had no intangible assets in 2017/18 or in 2016/17.

Note 16.1 Property, plant and equipment - 2017/18

	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 2017 - brought forward	28,068	97,740	1,550	125	-	16,014	3,816	147,313
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	-	547	2,872	-	-	1,042	-	4,461
Impairments	-	(2,181)	-	-	-	-	-	(2,181)
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	86	487	-	-	-	-	-	573
Reclassifications	-	2,861	(3,611)	-	-	574	176	-
Transfers to/ from assets held for sale	(1,100)	(154)	-	-	-	-	-	(1,254)
Disposals / derecognition	-	-	-	-	-	-	-	-
Valuation/gross cost at 31 March 2018	27,054	99,300	811	125	-	17,630	3,992	148,912
Accumulated depreciation at 1 April 2017 - brought forward	-	12,561	-	53	-	9,794	3,453	25,861
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	-	3,190	-	19	-	1,710	136	5,055
Impairments	-	(63)	-	-	-	-	-	(63)
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-	-
Accumulated depreciation at 31 March 2018	-	15,688	-	72	-	11,504	3,589	30,853
Net book value at 31 March 2018	27,054	83,612	811	53	-	6,127	403	118,060
Net book value at 1 April 2017	28,068	85,179	1,550	72	-	6,221	363	121,453

Note 16.2 Property, plant and equipment - 2016/17

	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 2016 - as previously stated	27,855	97,241	317	83	-	14,983	3,749	144,228
Prior period adjustments	-	-	-	-	-	-	-	-
Valuation / gross cost at 1 April 2016 - restated	27,855	97,241	317	83	-	14,983	3,749	144,228
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	-	235	3,073	-	-	447	67	3,822
Impairments	-	(1,109)	-	-	-	-	-	(1,109)
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	613	759	-	-	-	-	-	1,372
Reclassifications	-	1,214	(1,840)	42	-	584	-	-
Transfers to / from assets held for sale	(400)	(600)	-	-	-	-	-	(1,000)
Disposals / derecognition	-	-	-	-	-	-	-	-
Valuation/gross cost at 31 March 2017	28,068	97,740	1,550	125	-	16,014	3,816	147,313
Accumulated depreciation at 1 April 2016 - as previously stated	-	9,605	-	36	-	8,130	3,341	21,112
Prior period adjustments	-	-	-	-	-	-	-	-
Accumulated depreciation at 1 April 2016 - restated	-	9,605	-	36	-	8,130	3,341	21,112
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	-	2,987	-	17	-	1,664	112	4,780
Impairments	-	(31)	-	-	-	-	-	(31)
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Transfers to/ from assets held for sale	-	-	-	-	-	-	-	-
Disposals/ derecognition	-	-	-	-	-	-	-	-
Accumulated depreciation at 31 March 2017	-	12,561	-	53	-	9,794	3,453	25,861
Net book value at 31 March 2017	28,068	85,179	1,550	72	-	6,221	363	121,453
Net book value at 1 April 2016	27,855	87,636	317	47	-	6,854	408	123,117

Note 16.3 Property, plant and equipment financing - 2017/18

	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 2018								
Owned - purchased	27,054	83,612	811	53	-	6,127	403	118,060
Finance leased	-	-	-	-	-	-	-	-
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-
PFI residual interests	-	-	-	-	-	-	-	-
Owned - government granted	-	-	-	-	-	-	-	-
Owned - donated	-	-	-	-	-	-	-	-
NBV total at 31 March 2018	27,054	83,612	811	53	-	6,127	403	118,060

Note 16.4 Property, plant and equipment financing - 2016/17

	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 2017								
Owned - purchased	28,068	85,179	1,550	72	-	6,221	363	121,453
Finance leased	-	-	-	-	-	-	-	-
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-
PFI residual interests	-	-	-	-	-	-	-	-
Owned - government granted	-	-	-	-	-	-	-	-
Owned - donated	-	-	-	-	-	-	-	-
NBV total at 31 March 2017	28,068	85,179	1,550	72	-	6,221	363	121,453

Note 17 Donations of property, plant and equipment

The Trust had no donated assets in 2017/18 or during the prior year 2016/17.

Note 18 Revaluations of property, plant and equipment

The Trust's freehold land and buildings are stated at their revalued amounts, being the fair value at the date of revaluation, less any subsequent accumulated depreciation and subsequent accumulated impairment losses. The fair value measurements of the Trust's freehold land and buildings were performed by Marcus Durkie a RICS qualified member on behalf of the District Valuer Services (a professionally qualified, independent valuer not related to the Trust) during 2017/18. The last full valuation of the Trust's land and building assets was undertaken as at 1st February 2016 by the DVS (the specialist property arm of the Valuation Office Agency). The valuation conforms to International Valuation Standards and was based on recent market transactions on arm's length terms for similar properties. The fair value of the freehold land was determined based on the market comparable approach that reflects recent transaction prices for similar properties. The fair value of the buildings was determined using the cost approach that reflects the cost to a market participant to construct assets of comparable utility and age, adjusted for obsolescence.

The Trust recognises that it is currently considering the location of future bed provision and is actively engaged in the development of the strategic transformation plan for the North Central London sector. In light of this, the Trust has decided that it is no longer appropriate to base the replacement cost for its inpatient sites (at St Pancras Hospital and at Highgate) on the existing locations, and instead has decided that, from 2015/16, it is appropriate to base the valuations on an alternative site basis, allowing for a potential future re location across the North Central London sector. The District Valuer has taken this into consideration when preparing the valuations.

Note 19.1 Investment Property

The Trust had no investment property as at 31 March 2018 or during the prior year 2016/17.

Note 19.2 Investment property income and expenses

The Trust had no investment property income or expenses as at 31 March 2018 or during the prior year 2016/17.

Note 20 Investments in associates and joint ventures

The Trust had no investment in associates or joint ventures as at 31 March 2018 or during the prior year 2016/17.

Note 21 Other investments / financial assets (non-current)

The Trust had no other investments as at 31 March 2018 or during the prior year 2016/17.

Note 22 Disclosure of interests in other entities

The Trust had no interests in other entities as at 31 March 2018 or during the prior year 2016/17.

Note 23 Inventories

The Trust had no inventories as at 31 March 2018 or during the prior year 2016/17.

Note 24.1 Trade receivables and other receivables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade receivables	3,296	5,456
Capital receivables (including accrued capital related income)	-	-
Accrued income	8,477	3,024
Provision for impaired receivables	(100)	(127)
Deposits and advances	-	-
Prepayments (non-PFI)	541	597
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	15	2
Finance lease receivables	-	-
PDC dividend receivable	263	286
VAT receivable	521	342
Corporation and other taxes receivable	-	-
Other receivables	1,159	64
Total current trade and other receivables	14,172	9,644
Non-current		
Trade receivables	-	-
Capital receivables (including accrued capital related income)	-	-
Accrued income	-	-
Provision for impaired receivables	-	-
Deposits and advances	-	-
Prepayments (non-PFI)	-	-
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
VAT receivable	-	-
Corporation and other taxes receivable	-	-
Other receivables	-	-
Total non-current trade and other receivables	-	-
Of which receivables from NHS and DHSC group bodies:		
Current	11,366	7,383
Non-current	-	-

Note 24.2 Provision for impairment of receivables

	2017/18	2016/17
	£000	£000
At 1 April as previously stated	127	267
Prior period adjustments	-	-
At 1 April - restated	127	267
Transfers by absorption	-	-
Increase in provision	(11)	(138)
Amounts utilised	(16)	(2)
Unused amounts reversed	-	-
At 31 March	100	127

Note 24.3 Credit quality of financial assets

	31 March 2018		31 March 2017	
	Trade and other receivables	Investments & Other financial assets	Trade and other receivables	Investments & Other financial assets
	£000	£000	£000	£000
Ageing of impaired financial assets				
0 - 30 days	2	-	4	-
30-60 Days	-	-	17	-
60-90 days	10	-	17	-
90- 180 days	13	-	9	-
Over 180 days	75	-	80	-
Total	100	-	127	-
Ageing of non-impaired financial assets past their due date				
0 - 30 days	2,051	-	1,977	-
30-60 Days	314	-	1,186	-
60-90 days	212	-	900	-
90- 180 days	772	-	1,071	-
Over 180 days	2,716	-	3,255	-
Total	6,065	-	8,389	-

Note 25 Other assets

The Trust held no other assets as at 31 March 2018 or for the prior year ending 31 March 2017.

Note 26 Non-current assets held for sale and assets in disposal groups

	2017/18	2016/17
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	1,000	-
Prior period adjustment	-	-
NBV of non-current assets for sale and assets in disposal groups at 1 April - restated	<u>1,000</u>	<u>-</u>
Transfers by absorption	-	-
Assets classified as available for sale in the year	1,254	1,000
Assets sold in year	(2,254)	-
Impairment of assets held for sale	-	-
Reversal of impairment of assets held for sale	-	-
Assets no longer classified as held for sale, for reasons other than disposal by sale	-	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	<u><u>-</u></u>	<u><u>1,000</u></u>

As at 31 March 2017, the Trust held Hanley Rd as an Asset Held for Sale, and the property was subsequently disposed of during 2017/18. Additionally, the Trust both declared Tottenham Mews as an Asset Held for Sale and subsequently disposed of the property within the 2017/18 financial year. Therefore, the Trust had no assets held for sale as at 31 March 2018.

Note 26.1 Liabilities in disposal groups

The Trust had no liabilities in disposal groups as at 31 March 2018 or for the prior year ending 31 March 2017

Note 27.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2017/18	2016/17
	£000	£000
At 1 April	44,526	41,139
Prior period adjustments	-	-
At 1 April (restated)	44,526	41,139
Transfers by absorption	-	-
Net change in year	3,700	3,387
At 31 March	48,226	44,526
Broken down into:		
Cash at commercial banks and in hand	82	49
Cash with the Government Banking Service	48,144	44,477
Deposits with the National Loan Fund	-	-
Other current investments	-	-
Total cash and cash equivalents as in SoFP	48,226	44,526
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	48,226	44,526

Note 27.2 Third party assets held by the trust

The Trust held cash and cash equivalents which relate to monies held by the the foundation trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March	31 March
	2018	2017
	£000	£000
Bank balances	171	152
Monies on deposit	-	-
Total third party assets	171	152

Note 28.1 Trade and other payables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade payables	6,161	9,070
Capital payables	376	440
Accruals	4,976	7,494
Receipts in advance (including payments on account)	217	193
Social security costs	1,074	1,035
VAT payables	-	-
Other taxes payable	869	758
PDC dividend payable	-	-
Accrued interest on loans	-	-
Other payables	2,529	3,346
Total current trade and other payables	16,202	22,336
Non-current		
Trade payables	-	-
Capital payables	-	-
Accruals	-	-
Receipts in advance (including payments on account)	-	-
VAT payables	-	-
Other taxes payable	-	-
Other payables	-	-
Total non-current trade and other payables	-	-
Of which payables from NHS and DHSC group bodies:		
Current	3,106	5,220
Non-current	-	-

Note 28.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2018 £000	31 March 2018 Number	31 March 2017 £000	31 March 2017 Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-
- outstanding pension contributions	-		-	

Note 29 Other financial liabilities

	31 March 2018 £000	31 March 2017 £000
Current		
Derivatives held at fair value through income and expenditure	-	-
Other financial liabilities	-	-
Total	-	-
Non-current		
Derivatives held at fair value through income and expenditure	-	-
Other financial liabilities	-	-
Total	-	-

Note 30 Other liabilities

	31 March 2018 £000	31 March 2017 £000
Current		
Deferred income	23	81
Deferred grants	-	-
PFI deferred income / credits	-	-
Lease incentives	-	-
Total other current liabilities	23	81
Non-current		
Deferred income	-	-
Deferred grants	-	-
PFI deferred income / credits	-	-
Lease incentives	-	-
Net pension scheme liability	-	-
Total other non-current liabilities	-	-

Note 31 Borrowings

The Trust had no borrowings at 31 March 2018 or for the prior year ending 31 March 2017.

Note 32 Finance leases

The Trust had no finance leases as at 31 March 2018 or for the prior year ending 31 March 2017.

Note 33.1 Provisions for liabilities and charges analysis

	Pensions - early departure costs	Legal claims	Re- structuring	Continuing care	Equal Pay (including Agenda for Change)	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2017	56	85	-	-	-	-	116	257
Transfers by absorption	-	-	-	-	-	-	-	-
Change in the discount rate	(3)	-	-	-	-	-	-	(3)
Arising during the year	-	20	-	-	-	378	32	430
Utilised during the year	(8)	(31)	-	-	-	-	(43)	(82)
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	-	-
Reversed unused	-	(14)	-	-	-	-	(73)	(87)
Unwinding of discount	1	-	-	-	-	-	-	1
At 31 March 2018	46	60	-	-	-	378	32	516
Expected timing of cash flows:								
- not later than one year;	8	60	-	-	-	378	32	478
- later than one year and not later than five years;	33	-	-	-	-	-	-	33
- later than five years.	5	-	-	-	-	-	-	5
Total	46	60	-	-	-	378	32	516

Note 33.2 Clinical negligence liabilities

At 31 March 2018, £6,328k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Camden and Islington NHS Foundation Trust (31 March 2017: £1,073k).

Note 34 Contingent assets and liabilities

	31 March 2018 £000	31 March 2017 £000
Value of contingent liabilities		
NHS Resolution legal claims	-	-
Employment tribunal and other employee related litigation	-	-
Redundancy	-	-
Other	-	-
Gross value of contingent liabilities	<u>-</u>	<u>-</u>
Amounts recoverable against liabilities	<u>-</u>	<u>-</u>
Net value of contingent liabilities	<u>-</u>	<u>-</u>
Net value of contingent assets	<u>-</u>	<u>-</u>

Note 35 Contractual capital commitments

	31 March 2018 £000	31 March 2017 £000
Property, plant and equipment	-	80
Intangible assets	-	-
Total	<u>-</u>	<u>80</u>

Note 36 Other financial commitments

The Trust had no other financial commitments as at 31 March 2018 or for the prior year ending 31 March 2017.

Note 37 Defined benefit pension schemes

The Trust contributes to the London Borough of Islington pension scheme for 5 individuals who were previously employed by the Borough, but who transferred to the Trust when the Trust took responsibility for the delegated activities.

Note 37.1 Changes in the defined benefit obligation and fair value of plan assets during the year

The Trust contributes to the London Borough of Islington pension scheme for 5 individuals who were previously employed by the Borough, but who transferred to the Trust when the Trust took responsibility for the delegated activities.

Note 38 On-SoFP PFI, LIFT or other service concession arrangements

The Trust has no PFI (or other service concession arrangements) reported on the balance sheet at 31 March 2018 or for the prior year 2016/17.

Note 39 Off-SoFP PFI, LIFT and other service concession arrangements

The Trust has no PFI (or other service concession arrangements) reported off the balance sheet at 31 March 2018 or for the prior year 2016/17.

Note 40 Financial instruments**Note 40.1 Financial risk management**

The majority of the Trust's financial instruments are held in the GBS accounts or on deposit with the National Loans Fund, and the majority of its financial liabilities are in the form of public dividend capital with the Department of Health. It is not deemed therefore, that the Trust faces material levels of risk in terms of its financial instruments.

The Trust's net operating costs are incurred under service agreement contracts with local CCGs, which are financed from resources voted annually by Parliament. The Trust also largely finances its capital expenditure through internally generated resources. The Trust is not, therefore, exposed to significant liquidity risks.

The Trust has no foreign currency income or expenditure. The Trust has minimal exposure to interest rate risk. The Trust makes no variable rate deposits and as at 31 March 2017, the Trust held all its cash in interest bearing current accounts, and had no cash on deposit and no loans.

The Trust has negligible exposure to the risk of another party failing to discharge their obligations, as the parties that the Trust is contracted to are financed by resources voted on annually by Parliament. The Trust, therefore, is not subject to any material risk of being unable to deliver services.

Note 40.2 Carrying values of financial assets

	Loans and receivables	Assets at fair value through the I&E	Held to maturity at	Available- for-sale	Total book value
	£000	£000	£000	£000	£000
Assets as per SoFP as at 31 March 2018					
Embedded derivatives	-	-	-	-	-
Trade and other receivables excluding non financial assets	13,368	-	-	-	13,368
Other investments / financial assets	-	-	-	-	-
Cash and cash equivalents at bank and in hand	48,226	-	-	-	48,226
Total at 31 March 2018	61,594	-	-	-	61,594

	Loans and receivables	Assets at fair value through the I&E	Held to maturity	Available- for-sale	Total book value
	£000	£000	£000	£000	£000
Assets as per SoFP as at 31 March 2017					
Embedded derivatives	-	-	-	-	-
Trade and other receivables excluding non financial assets	8,925	-	-	-	8,925
Other investments / financial assets	-	-	-	-	-
Cash and cash equivalents at bank and in hand	44,526	-	-	-	44,526
Total at 31 March 2017	53,451	-	-	-	53,451

Note 40.3 Carrying value of financial liabilities

	Other financial liabilities	Liabilities at fair value through the I&E	Total book value
	£000	£000	£000
Liabilities as per SoFP as at 31 March 2018			
Embedded derivatives	-	-	-
Borrowings excluding finance lease and PFI liabilities	-	-	-
Obligations under finance leases	-	-	-
Obligations under PFI, LIFT and other service concession contracts	-	-	-
Trade and other payables excluding non financial liabilities	14,259	-	14,259
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
Total at 31 March 2018	14,259	-	14,259

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total book value £000
Liabilities as per SoFP as at 31 March 2017			
Embedded derivatives	-	-	-
Borrowings excluding finance lease and PFI liabilities	-	-	-
Obligations under finance leases	-	-	-
Obligations under PFI, LIFT and other service concession contracts	-	-	-
Trade and other payables excluding non financial liabilities	20,350	-	20,350
Other financial liabilities	-	-	-
Provisions under contract	257	-	257
Total at 31 March 2017	20,607	-	20,607

Note 40.4 Fair values of financial assets and liabilities

The Trust believes that the carrying value of its financial assets and liabilities are a reasonable approximation of fair value.

Note 40.5 Maturity of financial liabilities

	31 March 2018 £000	31 March 2017 £000
In one year or less	14,221	20,559
In more than one year but not more than two years	8	12
In more than two years but not more than five years	25	36
In more than five years	5	-
Total	14,259	20,607

Note 41 Losses and special payments

	2017/18		2016/17	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	5	-	10	-
Fruitless payments	-	-	-	-
Bad debts and claims abandoned	-	-	3	-
Stores losses and damage to property	-	-	1	-
Total losses	5	-	14	-
Special payments				
Compensation under court order or legally binding arbitration award	8	103	8	40
Extra-contractual payments	-	-	-	-
Ex-gratia payments	16	4	22	16
Special severance payments	-	-	1	2
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	24	107	31	58
Total losses and special payments	29	107	45	58
Compensation payments received		-		-

Note 42 Gifts

	2017/18		2016/17	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Total gifts	8	-	7	1

Note 43 Related parties

During the year the Trust has had a significant number of material transactions with entities for which the Department of Health and Social Care is regarded as the parent Department.

Camden CCG
 Camden London Borough Council
 Central and North West London NHS Foundation Trust
 Health Education England
 HM Revenue & Customs - Other taxes and duties and NI
 Islington CCG
 Islington London Borough Council
 Kingston CCG
 NHS Central London (Westminster) CCG
 NHS Pension Scheme (Own staff employers contributions only)
 NHS Pensions
 NHS Professionals
 Royal Free London NHS Foundation Trust
 The Whittington Hospital NHS Trust
 University College London Hospitals NHS Foundation Trust

Note 44 Transfers by absorption

The Trust has had no transfers by absorption during 2017/18, or for the year ending 31 March 2017

Note 45 Prior period adjustments

The Trust has had no prior period adjustments during 2017/18, or for the year ending 31 March 2017

Note 46 Events after the reporting date

There are no events after the reporting date to report.

Note 47 Final period of operation as a trust of NHS healthcare

2017/18 is not the final period of operation for the Trust.

Note 48 Pooled Budgets

The Camden and Islington NHS Foundation Trust has a pooled budget arrangement with the London Borough of Islington. The pooled budget was established as at 1st April 2005 and is hosted by Camden & Islington NHS Foundation Trust.

Pooled Budget Memorandum Account for 2017/18

	2017/18	2016/17
	£000	£000
<u>Income</u>		
Foundation Trust	10,164	10,468
London Borough of Islington	3,229	3,144
	<u>13,393</u>	<u>13,612</u>
<u>Expenditure</u>		
Pay	12,528	12,860
Drugs	384	407
General Supplies and Services	124	156
Clinical Supplies and Services	28	22
Establishment	69	79
Other (<i>Incl premises costs</i>)	329	328
	<u>13,462</u>	<u>13,852</u>
Net under / (over) spend	<u>-69</u>	<u>-240</u>
	-1%	-2%

**Please note: the scope of the health funded services provided by the Trust that fall within the pooled budget was re-defined in the 2017/18 contract. As a result, the 2016/17 figures have been recalculated on the same basis for comparability.*

