NHS

Camden and Islington
NHS Foundation Trust

ANNUAL REPORT AND ACCOUNTS
2018/2019

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NHS Foundation Trust

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Contents

Front cover image, Joy Anamuehan, a support worker on our Women's Psychiatric Intensive Care Unit

FEELINGS OF DEPRESSION AND ANGER were channelled into artworks by a former service user who created an exhibition at the mental health centre she had attended.

"All of the paintings in the gallery were inspired by a particularly tough time of my life when I was a patient receiving care for my mental health issues. When I was feeling depressed or angry, rather than shout or scream, I would put my feelings into the canvases," explained Sybil Adelaja.

HOW THE ART OF THERAPY HELPED SYBIL AND HER RECOVERY

Her works were displayed at Highgate Mental Health Centre, part of Camden and Islington NHS Foundation Trust. Whilst in hospital, Sybil worked with the Occupational Therapy team, attending weekly art therapy groups off the ward, and creating artwork with activity workers on the ward.

After leaving hospital, Sybil stayed in touch with Laura Harrison, an Occupational Therapy Clinical Support Worker, and Hannah Ravenscroft, an Art Therapist, to create the exhibition.

Hannah said Art Therapy encourages self-expression and communication through a creative process that can be supported and reflected upon with a therapist or in a group session.

She explained: "Art can have the power to heal, providing an outlet to help process and explore difficult experiences, and it can give a voice to thoughts and feelings that may be difficult to express through words."

Sybil wanted her paintings to be exhibited in the centre so that they could give hope to others.

"Looking at these paintings now, I can feel a sense of time passing and that difficult time in my life being over. Through this exhibition, I hope to inspire others to paint and encourage them to exhibit their paintings and get the attention they deserve."

PERFORMACE REPORT

1.0 PERFORMANCE REPORT

Performance Overview Chair and Chief Executive's statement

THERE HAS BEEN STRONG PROGRESS during the year to equip our Trust well into the future, ensuring we offer first class mental health within the most effective environment.

The unveiling of the NHS Long Term Plan in January set the future focus of care for NHS trusts and offered reassurance that we are on track to deliver its vision of prevention and early diagnosis with a shift away from hospital care.

Our clinical strategy has continued to underpin this, focusing on early and effective treatment, helping service users to live well, and offering evidence-based care developed with world-class research.

Crucial to this approach is the transformation of our estate by relocating inpatient beds from St Pancras Hospital to a new purpose-built facility on the Whittington Hospital site; developing new integrated community mental health centres in our boroughs; and redeveloping the St Pancras site.

Following a public consultation and formal approval of our plans, design planning for the new inpatient facility is now well underway, with input from staff, service users, carers and local residents. There will be wider engagement, too, from summer 2019 on the functionality and look of the new integrated community mental health centres.

Another significant development to our estate has been the start of building work on a new place of safety suite at Highgate which will be the first port of call for any adult detained in Camden or Islington by the police under Section 136 of the Mental Health Act (MHA) 1983.

The new suite will address concerns raised in the past by the Care Quality Commission about 136 provision at our acute hospital partners, providing additional capacity to support service users in crisis, and improving staff experience.

Operationally, we have focused on more rigorous and sophisticated bed management, reducing costly out-of-area placements, as well as those patients on wards for more than 50 days without clinical justification. The appointment of a Director of Clinical Information Management earlier this year has been key to improving our performance further by strengthening the quality of our clinical information.

We know from our latest Staff Survey that there are still challenges we need to address, including bullying and discrimination, staff safety and wellbeing, culture and morale and motivation at work. A two year workforce strategy is underway to look at tackling all these areas.

We continue to have high levels of violence and aggression on our wards and are committed to seeking to change this. We have had some early success involving such events through our QI project and also see potential better use of technology supporting us in keeping everyone safe. We are determined to learn openly from these initiatives and from all serious incidents including the

Chief Executive Angela McNab

tragic homicide that occurred this year, and make any necessary changes to strengthen our quality and safety

Notwithstanding this dreadful incident, the overall quality of our care has received praise and endorsement. Following an unannounced visit by the Care Quality Commission in January, our Stacey Street Nursing Home for older adults with dementia was rated 'Good', a resounding endorsement of 27 years' hard work as residents moved to a new home in April.

We won additional funding for a range of services for veterans and in February, we welcomed Defence Minister Tobias Ellwood MP who heard first-hand about our success in psychologically supporting service personnel who are suffering trauma – often years after they have left the armed forces.

In March, we were very proud to mark the 10th anniversary of the Trust's iCope psychological therapy services with a celebratory event attended by 200 staff, service users, commissioners and health partners.

And the quality of our research partnership with University College London was emphasised this year when Helen Killaspy, an Honorary Consultant in Rehabilitation Psychiatry at C&I and Professor at UCL Division of Psychiatry, was named by the European Psychiatric Association (EPA) as winner of the Constance Pascal-Helen Boyle Prize. This honour is for "Outstanding Achievement by a Woman in Working to Improve Mental Health Care in Europe".

Successfully developing the role of volunteers in offering emotional support to our service users was also acknowledged in the year, when we won a £75,000 grant to join a new Volunteering Innovators Programme. We are the only NHS mental health trust of 12 NHS trusts to join the Helpforce scheme, which supports the roll-out of the most successful initiatives across the NHS.

Our therapeutic approach to art and gardening was acknowledged when we won a Royal Horticultural Society (RHS) "Feel Good" garden in a competition beating 39 other NHS mental health trusts as part of the NHS 70th birthday celebrations. Now relocated to our Highgate site, it is already providing a haven for service users, staff and local residents, hopefully for many decades to come.

We are delighted that work is currently underway to get the Trust's dormant charity up and running. There has been huge energy and support shown by colleagues across the Trust for the charity and we believe the projects it will engage in will be of significant and lasting benefit to both our service users and our staff.

Chair Leisha Fullick

Finally, we would like to thank all our partners across Camden, Islington and Kingston for their support and collaboration over the last year. Your collaboration, support and advice are never taken for granted and play a huge part in the success of our Trust.

Kind regards

Angela McNab
Chief Executive

28 May 2019

Pippa Aitken
Deputy Chair
(on behalf of Leisha Fullick, Trust Chair)

28 May 2019

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 2018/19 was £152 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.

Our aim is the delivery of high quality services to our patients and carers. In our last full Care Quality Commission (CQC) inspection, in February 2018, we were rated as 'Good'. In January 2019, our Stacey Street Nursing Home for older adults with dementia and long term mental health difficulties was rated 'Good' following an unannounced CQC visit.

Our focus on continuous improvement has continued to be underpinned by our developing Quality Improvement (QI) programme.

Further details of our achievements are provided in the Trust's Quality Report from page 94.

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 Kingston, we serve a population of about 200,000.

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:

01 Early and effective intervention	02 Helping people to live well	03 Research and innovation

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

Attendees enjoy the stalls at our 2018 Annual Members' Meeting

1.3.2 Our Clinical Strategy

Our five-year Clinical Strategy unveiled in 2016 has now been setting the course for the ongoing development of mental healthcare in our boroughs for three 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.

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

The strategy is built on ten separate guiding principles.

It is focused on building a strong service in primary care with our iCope psychological therapy and practice-based mental health services that is integrated with other primary care, community, local authority, and third sector services.

Our practice-based teams are the main gateway into secondary care community services, alongside which are our acute services to support and treat people who are having an acute episode of mental illness.

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, there has been a thorough, ongoing review of progress against the themes of the clinical strategy, showing notable achievements across our divisions. These are explained in more detail for each division in the next section of this Annual Report, at 1.4 starting at page 15.

The further developments and improvements include embedding co-production of our services within the culture of our Trust and our provision of evidence-based interventions, for example relating to substance misuse, memory services, complex depression, anxiety and trauma and personality disorder.

In some services though, there are barriers to offering such interventions due to high demand, lack of information to help clinical decision-making, and absence of standard operating procedures, and this will be a focus in the current year.

Several of our services are now well developed in use of and reporting on outcome measures, including our iCope and substance misuse services and our initiative to integrate the physical and mental health care of service users, where we have particularly made strong progress in developing care.

Outcome measures will be included in a new clinical dashboard that is being developed and introduced in the Trust during the year - we need to refine our approach and

training to better demonstrate the positive impact of care on physical health.

In meeting the Trust's strategic priority of "Early and Effective Intervention", there has been good progress in meeting waiting targets, including in our iCope and Early Intervention services, acute psychiatric liaison teams, memory services, and our practice-based mental health teams. We are now seeing the impact of our practice-based teams in reducing referrals to secondary care mental health services.

Other services face more of a challenge on waiting times though, due to high demand and lack of other community resources to enable patient flow.

Within the Acute division, a focus has been on reducing length of stay on wards and there has been success from Multi Agency Discharge Events, but there is still some way to go to achieve the reductions we are looking for. There has also been progress in reducing the number of out-of-area placements and in developing our Women's Psychiatric Intensive Care Unit.

To meet and support the principles of our Clinical Strategy, 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.

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 how we manage our buildings – our Estates Strategy – is crucial to help us to deliver on it.

Our Estates Strategy focuses on providing a brand new

inpatient facility in Highgate in addition to our existing hospital there, replacing the current inpatient wards on the St Pancras site, and making our other buildings in the community work better for service users and staff.

Between 6 July and 12 October 2018, Camden and Islington Clinical Commissioning Groups undertook a 14 week public consultation on the proposals for a new hospital in Highgate; develop new integrated community mental health centres in our boroughs; and redevelop the St Pancras Hospital site, giving local people a range of opportunities and channels to have their say.

Public consultation reach and findings

The consultation received a total of 274 formal responses and 42 engagement meetings took place, where face-to-face comments, ideas and suggestions were logged. About 500 people attended face-to-face meetings, the majority of which were led by the Trust's medical director.

Healthwatch Camden and another independent organisation were also commissioned to undertake outreach work with the local Camden and Islington communities – focusing on Black, Asian, Minority Ethnic and Refugee (BAMER) and Lesbian Gay Bisexual Transgender (LGBT) groups, people living with disabilities and the homeless.

Overall consultation findings showed strong support for the move of inpatient beds from St Pancras Hospital to a new purpose-built facility next to the Whittington Hospital. Whilst there was overall agreement with the use of integrated community mental health centres to deliver some community mental health services, feedback showed a degree of uncertainty around the detail of the community element, particularly the mix of services.

Decision Making Business Case

The CCGs formally agreed support for the Trust's business case on 20 December 2018, at a joint meeting of the Camden and Islington CCG Governing Bodies, following a review of the proposals and findings of the public consultation.

Ongoing post-consultation engagement

Engagement with all stakeholder groups has continued beyond the formal consultation phase. Over 50 meetings have been held since the consultation closed, covering a wider pool of people but includes revisits to service user, carer and staff groups to provide updates and encourage on-going involvement in the development of the plans. Service user representatives have also attended design workshops with the Trust's specialist clinical planners and architect to help shape how the new inpatient facility will function. This process will be replicated for the design of the integrated community mental health centres.

The Trust has a strong commitment to co-production and will continue to engage service users and other stakeholders at each stage of the plans; including fulfilling our statutory obligations, as well as frequent informal engagement throughout the programme.

The consultation document, findings report and Decision Making Business Case are available to read on our website www.candi.nhs.uk

1.3.4 Our research

Through our unique research partnership with UCL, C&I is acknowledged as an international centre of research excellence.

During the year there continued to be a flow of influential "research into practice" across all service lines, influencing clinical practice and guidelines.

The number of research participants was 1,285 across 35 grant-funded studies, an increase on 1,211 the year before, across 34 studies. There were more than 260 peer-reviewed publications during the year.

Amongst the highest recruiting studies was research into issues relating to health and wellbeing, mobile mental health technologies, patient preferences for psychological help and assessment of acute day units as alternatives to residential care.

One continuing key area of research is focused on the physical health and care of those with severe mental illness (SMI), who die on average 10 to 20 years earlier than the general population.

Led by David Osborn, Professor of Psychiatric Epidemiology at UCL and C&I Clinical Consultant, the PRIMROSE study into prevention of heart attacks or stroke in those with SMI has had a significant influence on national and international clinical thinking in this area during the year.

It has helped inform NHS England guidance in developing effective prevention services for the SMI community and a detailed document issued by Public Health England on health inequalities.

The Trust is now planning to adapt PRIMROSE in two Camden GP practices to see if it can help people holistically in primary care in terms of both their physical health and also their mental health outcomes. It has also been adapted in Australia for a new trial to manage cardiovascular risk for people with severe mental illness, with Professor Osborn a co-investigator.

He was also local lead for a smoking cessation trial led by the University of York that found that a new intervention doubled the quit rate among smokers with SMI. The trial was the largest ever to support smoking cessation among people who use mental health services and C&I was one of the biggest recruiters.

Also in relation to SMI research, Dr Joe Hayes, a Wellcome Trust Research Fellow and C&I Honorary Consultant in General Adult Psychiatry, published a study showing that drugs commonly used to reduce physical health diseases could significantly benefit people with SMI, including schizophrenia and bipolar disorder. This was widely reported by UK national newspapers and major BBC news programmes.

Amongst just some of the other key activities by our academic clinicians during the year were:

- Professor Helen Killaspy, Consultant in Rehabilitation Psychiatry – publication in the British Journal of Psychiatry of a five year research project, funded by the National Institute of Health Research (NIHR), showing that most mental health-supported accommodation services do not achieve the expected two year length of stay. Only 42% of people moved on in this timeframe in the study.

- Professor Sonia Johnson, Clinical Psychiatrist – in her role as Director of the Mental Health Policy Research Unit, and colleagues carried out a significant review, contributing to the independent review of the Mental Health Act. The research particularly looked at involuntary psychiatric admission.

- Professor Peter Fonagy, Head of the Division of Psychology and Language Sciences at UCL and NIHR Senior Investigator – advisory role to the Royal Foundation undertaking the Heads Together mental health policy.

As mentioned in the CEO and Chair's performance review, a great accolade for the research partnership between UCL and the Trust was Professor Helen Killaspy's winning of the European Psychiatric Association's Constance Pascal-Helen Boyle Prize. This honour is for "Outstanding Achievement by a Woman in Working to Improve Mental Health Care in Europe".

Amongst other distinctions was C&I Consultant Psychiatrist Dr Mohamed Abdelghani winning the Clinical TMS Society President's Award in 2018 for his outstanding work on Transcranial Magnetic Stimulation.

The development of an Institute of Mental Health (IoMH) with UCL, to translate mental health research into clinical practice progressed during the year with the appointment of Professor Anthony David as its inaugural Director.

C&I hosts UK's first Novel Drug Trend conference

Professor Helen Killaspy honoured by the European Psychiatric Association

This was supported by IoMH academic events during the year with academics and clinicians updating colleagues on latest research and thinking on key psychiatric and psychological disciplines.

One was held examining psychological therapies, and a second event looked at the integration of physical and mental health care.

In November 2018, C&I built on its reputation at the forefront of research and clinical practice into the impact of Novel Psychoactive Substances (NPS) - the category of drugs that includes those known as "Spice" and "Black Mamba" - by jointly-hosting the UK's first ever conference into the subject.

To ensure C&I staff are kept up to date on collaborative research with UCL, regular research updates from Dr Vincent Kirchner, C&I Medical Director, were distributed throughout the Trust through the Communications Team.

Dr Mohamed Abdelghani - Clinical TMS Society President's Award winner with President Dr Michelle Cochran

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, reduce acute bed usage through developing community and practice-based services, and improve the integration of physical and mental health services.
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 in Year Two 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 our estate transformation plans including the development of the St Pancras site 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 Central London Sustainability and Transformation Partnership, the Haringey/Islington Well Being Partnership and Camden Local Care Strategy, to design and implement integrated 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.

One of our Stars of the Year 2018 - Kingston iCope

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. 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 and the South East of England.

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 consolidated our practice-based mental health teams in Islington. This innovative, highly effective model of care is now available in all Islington practices. The model places specialist, multi-disciplinary teams of psychologists, pharmacists and mental health nurses, led by consultant psychiatrists in surgeries where they 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. This model is being rolled out across Camden in partnership with other mental health providers.

In Kingston, our practice-based team has successfully managed more than 94% of all patients referred within primary care. In the past, 100% of patients would have been referred into secondary care services. This service delivers very high levels of GP and service user satisfaction and has expanded its reach offering specialist primary care for GP patients who have a diagnosis of psychosis.

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.

Defence minister Tobias Ellwood visits our veterans' mental health services

HELPING OUR SERVICE USERS WITHIN PRIMARY CARE

How our Kingston Primary Care Mental Health Team is helping a service user cope with severe anxiety

Dr Hamid Rahmanian heplling service users

For the past four years, C&I's Kingston Primary Care Mental Health Team has been providing expert mental health liaison for the 22 GP practices within the borough.

The small team, led by Consultant Psychiatrist Dr Hamid Rahmanian, supports GPs in caring for service users by providing advice, education and training, and the assessment of service users.

Echoing our approach in Camden and Islington, the aim is to treat service users within primary care rather than within a hospital setting.

On average, the Kingston service, based at a community health hub in Surbiton, receives 130 service user referrals a month, with 90 per cent of them treated in primary care.

Anxiety, depression, personality disorder, bipolar disorder and psychosis make up the majority of conditions we see

The remainder of cases are deemed of higher or urgent risk, requiring secondary referral.

Dr Rahmanian (pictured), whose team comprises two psychiatrists, a psychologist, a mental health nurse, and an administrator, said: "Our main role is to help and support GPs and other primary care workers to manage more people with mental health problems in primary care settings. Prevention, early detection and early management, training and education are the key elements of our work in primary care."

One of Dr Rahmanian's service users has been receiving treatment for severe anxiety since 2016, soon after arriving in the UK from a war-ravaged part of the Middle East.

A trained dentist, she was keen to start a new life away from conflict, which she believes is the root of her current social anxiety.

She said: "I mask my anxiety and I am managing to live, but inside I am suffering of course."

After referral to the Kingston service by her GP, she was put on a tailored course of medication, supplemented with cognitive behavioural therapy.

She said:

"Dr Rahmanian has got me on the right medication and I feel good compared with how I have felt in the past. I have had anxiety since I was a teenager and I have seen many psychiatrists in the Middle East but the approach there is very different.

"The service here is very good, amazing. I couldn't see myself without it."

Specialist Care Pathways

Our specialist care pathways offer clearly-defined, NICE-compliant treatment and support. These services provide specialist evidence-based 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, assessment, care coordination and treatment 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 therapies;

- The Psychologically Informed Consultation and Training (PICT) service which offers consultation and training to support the effective management of personality disorder and other complex mental health needs;

- Psychotherapy services for people seeking to explore the underlying causes of their emotional difficulties;

- Traumatic Stress Clinic (TSC) which works closely with those who have experienced trauma including a specific offer for Syrian Refugees and those affected by London terror attacks; and

- Neuro-Developmental Disorders Service for people with Attention Deficit and Hyperactivity Disorder and Autism Spectrum Disorders.

Our Personality Disorder Service has led the Trust implementation of a new, integrated model of care in Islington called Serenity Integrated Mentoring (SIM). SIM embeds a police officer full time in a clinical team where they work alongside mental health professionals to address certain service users' high frequency and high-risk crisis behaviours. Data suggests SIM has led to fewer 999 calls, fewer Emergency Department attendances and fewer hospital admissions.

Another exciting development in the service has been the creation of the new Acute Liaison for Personality Disorder role. This expert nurse works closely with inpatient teams to ensure people with a personality disorder diagnosis spend as little time in an unhelpful hospital setting as possible. Early data shows a reduction in the number of patients spending more than three days on the ward since the role commenced.

Our PICT service, which is well established in primary care, children's social care and gangs services has now expanded into Camden Housing, testing a new way of working to help vulnerable people sustain tenancies.

CDAT has further developed the provision of Transcranial Magnetic Stimulation (TMS), which uses a non-invasive, pulsating magnetic field to target specific sites in the brain to stimulate nerve cells, so easing symptoms of depression.

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 service which was written up as an example of good practice in the NHS Long Term Plan.

Camden iCope, Islington iCope, Kingston iCope

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

The iCope 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.

Interventions are offered face-to-face, in groups, online, by telephone or via Skype.

During 2018/19 there were over 26,000 referrals to iCope services, with a high proportion (56% in Camden and Islington) being self-referrals.

National targets for IAPT services have continued to increase this year, to 19% of the local population with anxiety and depression being offered treatment by Q4. Camden and Kingston exceeded this challenging target and Islington reached 18.6%.

Over the last year, our data shows that 56% of people receiving IAPT treatment in Kingston "recovered", 51% in Islington, and 48% 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 vast majority of people using C&I IAPT services (80% for Camden and Islington and over 90% for Kingston) and the services are reliably meeting NHS Improvement waiting time targets.

TILS conference (l-r) Dr Jonathan Leach, Prof. Chris Brewin, Dr Deirdre MacManus, Mark Neville and Dr Sue Ferrier..

Notable achievements over the last year include:

- iCope proudly celebrated our 10 year anniversary this year with a successful and enjoyable event at Conway Hall – well attended by staff, service users, partners and colleagues

- Active involvement of Service Users in helping to develop the service – Advisory Groups - Peer Wellbeing Worker role (we employ people who have used IAPT services to support delivery of some of our groups/ workshops)

- Expansion of our work with long term conditions (LTCs) - including links with diabetes services and respiratory teams, joint groups with specialist LTC staff, outreach to increase access

- QI project on staff wellbeing

- Increased use of digital options – Skype sessions, computerised CBT programmes, online CBT now available in Islington as well as Camden, recommended 'Apps' and a programme of information delivered on Twitter

- Updating our website

- Active involvement in research - contributing to large data set of several IAPT services held by UCL - to support service improvements/ improve outcomes

- Awards
  o Local - Kingston won Trust Service Improvement of the Year award
  o National – three iCope staff won NHS Leadership awards; finalist for Big Ideas for Better Health Award for work on relapse prevention in depression

Challenges for next year:

- Continuing to increase access to the service, whilst maintaining and improving clinical outcomes and ensuring the wellbeing of our staff

- Continuing to develop our work with LTCs and links with specialist LTC pathways

- Work with other services to increase access to iCope interventions for students

- Launch of Employment Advisors in IAPT programme in Kingston (currently have this in Camden)

- Develop our work with partner organisations in Camden and Islington

- Ensure that iCope services are a key part of our developing locality-based mental health services – especially the Primary Care Mental Health Teams.

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

C&I is the lead contractor for one of the four NHS England (NHSE) Veterans' Mental Health Transition Intervention and Liaison Services (TILS) launched in April 2017 and the Complex Treatment Service (CTS) launched in April 2018, for veterans and their families across the UK.

The Trust works in collaboration with Sussex Partnership NHS Foundation Trust and successfully provided these specialist services to ex-serving UK Armed Forces and those approaching discharge across London, Brighton, Hove, East and West Sussex, Surrey and Kent and Medway.

TILS provides comprehensive assessments including of mental health, employment, social and housing needs and then negotiates access to the most appropriate services, both statutory and non-statutory, to meet the holistic needs of each veteran. The CTS treats veterans with complex military-

attributable difficulties who have not responded earlier in their care pathway. Veterans receive a range of interventions including psychological therapy, medication and case management.

During the year the TILS, commissioned by NHSE, developed and delivered in collaboration with a veterans charity SSAFA, a mental health awareness programme, including a trainer and trainer package to over 1,000 professionals across the Criminal Justice System in London. This was to promote awareness of the TILS and veteran-sensitive practice, to better meet their needs. The TILS continues to provide a prison in-reach service to HMP Wandsworth with the aim of reducing re-offending.

In April 2019 the Trust was awarded:

- further funding by NHSE to enable service expansion to both TILS and CTS in order to meet the higher than expected referral demand;

- two years' further funding by the Armed Forces Covenant to continue to develop our training programme and deliver it to all London prisons, probation, Community Rehabilitation Companies (CRCs) and court liaison and diversion services.

The service has received continued media attention and this year was featured on the BBC London News, ITN News and Armed Forces TV. The service was also visited by Defence Minister Tobias Ellwood. One of our veterans Neil Davis published a book this year titled "Falling Soldiers" and dedicated it to certain organisations working with veterans including the TILS Service based in Camden and Islington.

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 in excess of 80,000 appointments or others forms of contact in a variety of clinical settings. These include: Inpatient and Community Rehabilitation units; Early intervention services, provided in partnership with Child and Adolescent MH services to support people with a First Episode Psychosis; locality-based community recovery teams; and assertive outreach teams that work with those service users with complex needs and a history of poor engagement.

We also provide a range of accommodation support services that work in partnership with third sector providers, service users and carers to enable people to live as independently as possible.

Notably during 2018/19 the division has worked hard to further enhance our community services to ensure that care is responsive and delivered in the right setting.

In relation to this, the division recruited three Band 7 Nurses and one Band 8a Nurse to work across all GP practices in Islington to ensure that those people with a Serious Mental Illness had an annual physical health check. In Camden we have also recruited a Band 7 Nurse to work with the GPs to provide a similar standard of care to that in Islington. The intention is to grow this resource further.

In July 2018 the division also began recruitment to the Camden Community Rehabilitation Team. The team became operational in September 2018 and began providing specialist support to people with severe mental illness living in 24 hour supported accommodation.

The IPU has continued to provide a focus on ensuring that service users with psychosis continue to have their physical health needs met through annual health checks and referral onto specialist pathways where further physical health interventions are required. The 2018 Proms results showed 73% satisfaction with medication, 81% agreeing that our services treated people with dignity and respect, 71% were satisfied with the support to carers and 86% were happy with their diabetes control.

Our Recovery College team in 'Alice in Recovery Land' dress to raise funds for the Trust charity

Clinicians have continued to promote the work of the IPU, both nationally and internationally. In February 2019, Trust clinicians presented to the Health Foundation's 'Innovating for Improvement' programme the work we did to develop a Physical Health dashboard. The dashboard is now accessible by teams across the Trust to monitor the physical health needs of all service users.
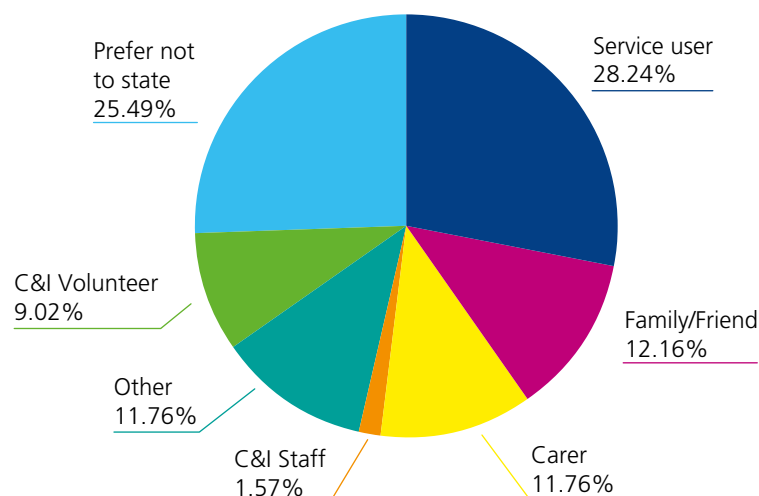
In April 2019, the Camden Community Matron, Anthony Jemmott, attended the European Congress of Psychiatry in Poland. The work presented focused on the screening tool we developed to identify care needs relating to smoking, blood pressure, pre-diabetes and obesity.

During the current year, the division will be working with other divisional colleagues and partners to further strengthen our community services. We have launched a number of pilot projects including:

- PRIMROSE A in collaboration with the NW5 GP Neighbourhood. PRIMROSE is an evidence-based and structured intervention which supports people with mental illness to improve their physical health outcomes by making practical changes to their lifestyle. The intervention comprises regular sessions to explore diet, exercise and smoking cessation. This structured approach has led to improved physical health and a reduction of admission to hospital.

- Shifting settings of care – transfer of care between Secondary and Primary care – The Recovery and Rehabilitation Community Teams are working closely with colleagues in primary care to ensure there are systems in place to allow people with severe mental illness to be cared for in the most appropriate setting and to improve liaison between primary and secondary care. We are exploring how we can support colleagues in primary care to ensure that there is a gradual transition of care as appropriate. There are several work streams in progress, including taking a QI approach within the teams.

- Camden Accommodation Pathway service – We continue to build on the work started at a multi-agency event in March to redesign the accommodation pathway in Camden, to meet the needs both of people coming out of hospital and those in mental health hostels.

- These projects align with the NHS Long Term Plan ambition to create Integrated Care Systems for mental health.

- During the year, we also embarked on a programme of transformation in relation to the Trust's Rehabilitation Pathway following a review the previous year. As well as launching the Camden Community Rehab team, the division also worked on plans to change 154 Camden Road into a Supported Housing project. We have also discharged inpatients from Sutherland ward in preparation for it becoming a High Dependency Unit (Controlled Access Rehabilitation). The programme will continue into 2019/20, whilst monitoring the impact on our patients.

How did you hear about the Recovery College? 2018

Prefer not to state 25.49%

Service user 28.24%

C&I Volunteer 9.02%

Family/Friend 12.16%

Other 11.76%

C&I Staff 1.57%

Carer 11.76%

The Recovery College

During 2018, the College continued to offer self-management tools within its recovery and wellbeing courses to people living, working or having an attachment to the boroughs of Camden or Islington.

The majority of courses are held within the community, while our hub at St Pancras Hospital focuses on administrative support such as taking student's details, answering enquiries or facilitating Individual Learning Plans to assist with building SMART life goals and working together towards these.

The College continues to offer opportunities for individuals to learn how to become more resilient by attending workshops which foster the aims of "putting our students in the driving seat". The overall aims are for people to get empowered by using more self-care techniques.

Amongst the outcomes experienced by students were:

- *"I am able to take part in meaningful activities that promote wellbeing, such as education, training, volunteering and employment."*

- *"I am able to access targeted help when I need it to improve my mental and physical wellbeing and strengthen my recovery."*

- *"I know how to manage my own health better and how to get support when I need it."*

Partnership organisations and collaborators

All the College's courses are delivered in venues belonging to C&I and community partners. Over the last year, the Recovery College worked closely with the Knowledge Quarter and its members such as Kings Place Music Foundation, Birkbeck University, and Kentish Town Community Centre. This ensures better community engagement and widening the access to all populations within Camden and Islington.

College tutors come from varied backgrounds and professions, such as social workers, occupational therapists, psychologists, nurses, Learning and Development trainers, Mind in Camden colleagues and other specialists.

They enter into long term co-production relationships with peer tutors and the College, bringing their expertise to College courses. The aim is to make a lasting and positive change in very diverse communities.

The College's students

During the spring, summer and autumn terms, the College welcomed 794 students, an increase of more than 100 on the previous year. In terms of diversity they included: 11.5% Black African, 8.3% Black Caribbean background and 3.3% of other Black mixed origins. Asian ethnic students represented 7% of all students, with 5% from an Irish background. The average age of all students was 42.8 years at enrolment, which is in line with other recovery colleges.

What students say

A quarter of students hear about the College through word of mouth recommendations via friends, family members, C&I staff or even organisations from outside Camden and Islington.

The College receives many enquiries about what it offers and how organisations can set up their own peer workforce, and it attends many local events to promote what it offers.

This summer it will be offering a gardening course in collaboration with Castlehaven Community Association.

1.4.3 Services for Ageing and Mental Health (SAMH)

Judged by the CQC in March 2018 as Outstanding, our older people's community teams have continued to provide NICE-compliant specialist assessment and care for people living with dementia, and those suffering from mental illnesses associated with ageing.

During the year, older people's services made 2,832 referrals, and provided a clinical service to more than 3,500, 85% of whom having been assessed for, or having a diagnosis of dementia. The level of contact we provide to our service users varies significantly, from the annual review of cognition, medication and wellbeing that a memory service patient may receive, to the 24 hour a day care we provided at Stacey Street and on Garnet and Pearl, our two older adults inpatients wards.

During the year, through the success of our older people's Acute Care pathway we were able to reduce again the number of older people admitted to inpatient care down to 83 in 2018/19 from 88. Since 2013/14, the number of acute inpatient beds occupied by older people has reduced by 32%. Whilst the length of time older people stayed in hospital reduced again over the year, reducing length of stay still remains a key target for our services in the coming year.

Following an extensive consultation, a decision was taken in June 2018 to close Stacey Street Nursing Home, with residents transferring in April 2019 to a purpose-built unit in Finsbury Park. During its 27 years of operation, Stacey Street, originally a Friern Hospital re-provision project, cared for more than 100 older residents with severe mental illness.

In March 2019, agreement was given in Islington to merge our Memory and Dementia Navigator Services. This is an excellent development for people living with dementia in Islington, enabling the service to continue to provide service users with high quality assessment and diagnosis, but also integrated ongoing care as their illness progresses.

In 2018/19, our two Memory Services continued to support the highest dementia diagnosis against prevalence rates in London. This means that older people with dementia in Camden and Islington are more likely to be receiving services than anywhere else in the capital.

C&I provides perinatal mental health services to women across North Central London, and has clinical services in each of five acute hospitals that provide maternity care. During 2018/19, with additional wave two funding, this service expanded, During 2018/19, the service received over 1,000 referrals and assessed more than 500 new patients. During 2019/20, the service is due to expand still further and to begin working with women and their children up to the age of two.

Camden Acute Day Unit hosts a 1940s theme NHS 70th birthday party

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. Professor Angela Hassiotis has recently been awarded a £2.3m grant to lead a five and half year research programme into aggression in adults with intellectual disabilities. 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 2018/19, 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, and there has been a significant reduction in the use of beds at St Pancras Hospital for people with learning disabilities during this period.

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.

1.4.5 Acute services

The Acute Division provides expert assessment, care and treatment for those in mental health crisis. Access to specialist crisis assessment is via the Crisis Single Point of Access phone line or our Mental Health Liaison Teams based in the three local Emergency Departments. Crisis Resolution Teams provide home treatment as an alternative to hospital with our Crisis Houses and Camden Acute Day Unit as additional, alternative to admission. For those with the highest level of need, acute inpatient services include an assessment ward, PICUs and treatment wards.

A key focus in 2018/19, has been reducing service users' length of stay in hospital. Comprehensive audits and improved data systems have improved our understanding of barriers to discharge and management of flow. Targeted action has begun to see an improvement in a reduction in service users staying more than 50 days and improved standards of joint working between community teams and inpatient teams has been an important development supporting this work. Additionally, targeted resources are now in place in a new Discharge Facilitation Team and will continue to support our ambition to reduce occupancy levels, improve access and support least restrictive practice.

In Community Acute Services, Liaison Teams have seen increased investment and moved closer to national Core24 standards. This is expected to continue with new NCL contracting arrangements providing stability in these services in the coming years. There has also been innovation in this area with the opening of a Mental Health Suite at The Whittington Hospital, adding to the Mental Health Liaison Team services. Service users are cared for in a therapeutic space away from the busy Majors area of the Emergency Department (ED) , where professionals can assist to resolve the crisis and aim to prevent the need for hospital admission.

In 2019/20, the division has a key focus with community services, on preventing admission. We will improve care planning for patients who frequently attend Emergency Department and those frequently re-admitted to inpatient services. We also aim to identify signs of relapse at the earliest possible point, so that home treatment can be offered to more service users before they become so unwell that hospital admission is required. This prevention strategy supports our overarching aim to reduce hospital occupancy levels, improve access and support least restrictive practice.

Building work is now underway on a new place of safety suite at Highgate for adults detained in Camden or Islington by the police under Section 136 of the Mental Health Act (MHA) 1983.

The launch of the Better Lives service

1.4.6 Substance Misuse Services (SMS)

The division has grown over the last year and now provides complex drugs and alcohol services for Camden and all of the drugs and alcohol services for the boroughs of Kingston and Islington.

We have developed expertise in running these services in partnerships with the third sector organisations WDP, Blenheim and CGL. Co-production has been central to the establishment of the new Better Lives pathway in Islington where service users and commissioning colleagues have worked closely with us throughout the year.

For the first time, SMS now manage a hugely important Family Service that works closely with families and children. Education and training have been a strong focus in the first year of Better Lives and our outreach services have networked with dozens of voluntary/community and LGBTQI/ BAME sector organisations.

Camden Benzodiazepine and Opiate Withdrawal Service (BOWS), (working in GP surgeries), has been so successful in helping people come off benzodiazepines that the service has been expanded and commissioned to run in Islington also. Our GRIP service, that works with people using new psychoactive drugs, has managed to reach an area of unmet need not traditionally treated by us.

The CCG has recognised the success of the Alcohol Assertive Outreach Service by providing more investment to enlarge the service. This service works intensively with people who repeatedly end up in Emergency Departments (ED) and have been hugely successful in reducing the number of ED admissions.

The last year has seen the opening on the new recovery hub in Kingston at The Lodge. This building provides space for recovery group work and a kitchen where service users prepare food for a drop-in service they run independently for the homeless. The innovative provision of in-house treatment for BBV now means that all three boroughs provide this unique service. C&I has worked with herpetology services locally to bring this testing and treatment in-house in our services and we have seen a substantial increase in people being successfully treated for Hepatitis C over the past year. The expansion of our homeless service into the local hostels has proven very welcome by local stakeholders. This coming year, our focus will be on embedding our new services, further expanding our drive to target unmet need and beginning to prepare for the re-tendering of some of our existing services.

1.4.7 Business development

Partnerships

Over the past 12 months, the focus of the Business Development team has shifted towards structured partnership engagement in line with the local integration agenda and NHS Long Term Plan. Our team now consists of three regional 'Heads of Business Partnerships' focusing on Islington, Camden and commercial relationships, as well as two Business Development Managers and an apprentice. We are proactively engaging with, and leading work, across our area of operations including the NCL STP footprint, to embed practice that takes a systemic and population-based approach to the health and wellbeing of our local citizens. This work will continue apace in the coming year which will continue to build C&I's profile as a system leader for partnership working, outcome-focused co-location and integration of services and developing prevention initiatives.

Bids and Tenders

The Business Development team has continued to have success through supporting teams with competitive bids and tendering in 2018/19. In recent months, C&I has secured funding to significantly extend our NHS England-funded Veterans Complex Treatment and our Veterans Transition, Intervention and Liaison services and secured funding to continue our Prison in-reach programme from the Armed Forces Covenant Fund. In a difficult financial environment we have focused on working more closely with local partners such as MIND, with whom we will be funded to deliver elements of the re-commissioned Islington Mental Health Recovery Pathway, and bidding on new and innovative funding streams. One such stream is our successful Helpforce Volunteering Innovators Programme bid where C&I was the only Mental Health trust nationally to bid successfully.

This year, C&I has secured money for four distinct NHS Winter Funding schemes. One of these is an STP-funded pilot to designate several Sapphire Ward units as Psychiatric Decision Beds and also invest capital to convert space there into additional bed capacity. In addition to this, we have obtained Winter Transformation funding from the London boroughs of Islington and Camden and the Urgent and Emergency Workforce Collaborative to improve patient flow, support timely discharge and offer training to non-mental health staff in local Acute Hospitals.

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Outside competitive tendering, several priority schemes have been allocated funding from our local CCGs based on the strength of our business cases. These include new funding for Neuro Developmental Disorders services and Peer Coaching.

C&I Wellbeing

C&I Wellbeing has continued to provide training courses, talks and workshops to a number of paying customers, becoming a 'mental wellbeing partner' to some large organisations. They have picked up a number of new clients wishing to address the mental wellbeing of their workforce in a meaningful way, and we receive enquiries on an ongoing basis.

One of the most popular training packages that C&I Wellbeing provides is Mental Health Awareness and Support Training aimed at line managers and/or senior HR managers. Clients consistently report that they value receiving this training from qualified mental health professionals who work in the NHS. Many of our clients are users of the NHS and are not aware of the different mental health services that may be available to them. All C&I Wellbeing staff advise clients on how to navigate NHS mental health services.

C&I Wellbeing staff are becoming known as experts in the field of mental wellbeing in the workplace and are often asked to speak at wellbeing events and conferences. These opportunities provide crucial exposure to how organisations can benefit from the expertise of NHS professionals in looking after the welfare of their staff. We are utilising our learning to inform our own Trust staff wellbeing offering.

1.5 PERFORMANCE ANALYSIS

This Performance Analysis summarises Trust performance for 2018/19 and includes information 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 2018/19 Key Performance Indicators, which were agreed with colleagues at our 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 Trust's operational, quality, human resources and financial performance against national and local standards. The focus is defined by the Trust's priorities, which are informed by nationally-defined objectives for providers – the NHS Constitution, the Long Term Plan and NHS Improvement's Single Oversight Framework.

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 2018/19 improvement priorities, the Trust also took into account the action plan following inspection by the Care Quality Commission in 2017.

With regard to key specific indicators on patient safety, we achieved our overall aim of promoting safe and therapeutic ward environments through preventing violence.

During the year, there were 1,637 incidents reported that included violence and aggression, compared with 1,712 the previous year and most of which resulted in no harm. There is also a continuing trend in reduction of violent and aggressive incidents specifically against staff.

However, we have not made as much progress as we would have liked and are continuing with this priority in the current year. Our focus will be on the further reduction of violence in inpatient areas, reducing the level of harm from violence and ensuring we capture and categorise the types of verbal abuse used on wards.

We partly achieved our aim of ensuring comprehensive risk assessments, ensuring staff

have the right skills and tools to carry them out effectively. A random audit during the year in four divisions indicated timely risk assessments and formulations. A rapid audit though, after a homicide on one of our acute wards, and an annual CQC compliance audit, suggested the need to improve the Trust's risk management quality and practice. A Task and Finish Group has been set up to undertake a comprehensive overhaul of clinical risk management and care planning.

During the year, to support our clinical effectiveness, we achieved our priority for better involvement of service users in developing and reviewing their care plans and in developing our assessment and intervention with regard to their physical health.

There was much work too to implement a local suicide prevention strategy and making staff aware of the best approach to detecting risk and targeting help and support to prevent suicide. The Trust has a clear vision as to how to reduce self-harm and continues to make progress in this area, at a time when it is also a Government priority.

With regard to patient experience, the Trust achieved its targets during the year in learning from deaths and serious incidents and in involving service users in our Quality Improvement programme. There is more to do though in improving communication with service users' families and carers, and one area of focus in the current year will be including the details of next-of-kin on Carenotes.

The Friends and Family Test is what we use annually to measure satisfaction rates and we continued to meet our

20% target response rate; patients recommending their service remained at around 90% throughout most of the year, some way above our 80% target level.

The CQUIN results for 2018/19 showed good progress in some areas, for instance in tackling specific elements supporting the integrating of the physical and mental health care of service users - through their cardio-metabolic assessment and closer liaison with primary care clinicians in those with serious mental conditions.

There was continuing improvement in the health quality of food at the Trust for service users, visitors and staff. Amongst other measures to improve the health and wellbeing of staff, the Trust's aim to improve the uptake of flu vaccination was not met.

There was strong progress in improving the experience and outcomes for young people transitioning out of Children and Young People's Mental Health Services (CYPMHS); and some progress reducing through intervention the number of attendances at A&E by those with mental health needs.

The intended progress with regard to preventing ill health related to smoking and alcohol consumption, for instance through screening and providing advice, was partially achieved over the year.

During the year, there were significant achievements against our Quality Improvement(QI) priorities that we set ourselves for 2018/19.

During the year there were 32 active QI projects, as the approach was further embedded in the Trust culture.

Of these projects, 14 were successfully completed, with specific workstreams addressing staff wellbeing, managing violence and aggression experienced by staff from service users, and the development of effective IT solutions. For further details about our QI approach see page 67.

For further detail about the Trust's performance targets and progress, please refer to the Quality Report that starts on page 94.

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.

Under the Single Oversight Framework, the successor to the previous Risk and Assessment Framework from the-then Monitor, there is a series of service performance targets. These cover 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 several Mental Health Services Data Set metrics and 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 Camden and not every month in Islington.

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 integrated board performance reports to the Board incorporating safety, effectiveness and patient experience.

As part of assessing compliance with Care Quality Commission our services carried out an extensive self-assessment to provide assurance on safety and quality. This builds on the successful achievement of a 'Good' rating from CQC based on the inspection that took place in December 2017.

The Trust has continued to embed learning from incidents and complaints with regular workshops in the divisions. There are weekly serious incident meetings as well as a mortality review group. The number of formal complaints increased slightly 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. There is now a QI programme in place which will be further developed and strengthened throughout next year. The Trust regularly uploads details 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.

Setting up our smoking cessation pathway -
Adwoa Larbi-Siaw and Afi Afewu and Dr Frank Ryan

Celebrating diversity - staff learning how to tie head wraps at our 2018 BME conference

1.5.5 Care Quality Commission inspection

Following an unannounced visit by the Care Quality Commission in January, our Stacey Street Nursing Home for older adults with dementia was rated 'Good'.

To read further detail on the CQC inspection, please refer to our Accountability Report on page 34.

The CQC inspected the Trust in December 2017 and gave us a 'Good' rating overall. Further work was undertaken throughout last year to address actions arising from the inspection with a particular focus on improving compliance rates for core skills training.

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 34.

1.5.7 Impact on the environment

The Trust has developed a draft sustainable development management plan with support from external consultants. This remains subject to consultation and adoption which we aim to complete in 2019/20.

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

In 2018, the Trust once again achieved excellent scores in the annual PLACE (Patient Led Assessment of the Care Environment) inspections. This assessment looks at non-clinical aspects of the care environment which are nonetheless important to service users. These focus on inpatient facilities or community homes and include criteria such as cleanliness, the quality of the food, the condition and appearance of the environment, its disability and dementia–friendliness etc.

Following an EU procurement process and from January 2019, the Trust appointed ISS Medicare as its total facilities management provider. Staff helped select the new provider by undertaking tasting sessions of the menus on offer from the different bidders. ISS provides the Trust with a comprehensive range of facilities management services, including service user and staff catering, estates maintenance, cleaning, linen and laundry, portering and security.

As in previous years, the Trust achieved its CQUIN (Commissioning for Quality and Innovation) target related to providing healthy food for NHS staff, visitors and patients/service users. In the staff restaurants this means that less than 10% of drinks sold have added sugar, healthier sandwiches are on offer and only small-sized confectionary bars are sold.

During the hot summer months when there were excessively high temperatures, service users were encouraged to remain hydrated with the provision of individual bottles of water and menu choices were adapted to ensure salads and other lighter foods were available.

1.5.9 Our Finances

The Trust reported a deficit of £0.4m for 2018/19. This figure includes profits on sale of £2.8m, the receipt of £4.0m of provider sustainability funding (PSF) and a technical adjustment for the impairment of fixed assets of £6.7m.

A view of the Trust's underlying performance which excludes the above items would show an underlying deficit of £0.6m, which is an improvement in the underlying 2017/18 position of £1.1m deficit of £0.5m.

2018/19 has seen an increase in total operating income of about £3.8m (excluding PSF) from £144.1m in 2017/18, which includes an increase in CCG income of £3.2m, predominantly resulting from the application of the national non-tariff inflator and growth applied to existing local contracts of £1.2m. In the same period, expenditure rose by £4.1m before impairment charges. Net capital and interest charges fell by £0.4m

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. Progress on reducing the use of external beds contributed to the improvement in the Trust's underlying position though, and outplacements were low particularly in the last four months of the financial year. The Trust also 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 improved care and financial savings to the Trust and CCGs in North Central London.

Pay costs have increased by £5.4m to £104.0m, as a result of the relatively large 2018/19 pay awards, incremental drift and an increase in average staff numbers from 2,052 whole time equivalents (WTE) to 2,103 WTE, (which is an increase of over 2%). The increase includes additional staff employed as a result of the Trust making a significant investment in a practice-based mental health team in Camden.

This continued reporting of an underlying deficit is disappointing and, whilst the Trust's position remains strong compared with many NHS providers, the position will obviously pose continued financial challenges as we move into 2019/20. Furthermore, the Trust recognises that the North Central London STP area (of which C&I is a part) is facing a particularly difficult financial position, while local commissioners have little growth money to spend with C&I. These factors are likely to further contribute to the financial pressures faced by the Trust.

The Trust's balance sheet remained relatively stable during 2018/19 with only minor growth in the assets employed.

The Trust has spent, on its planned capital programme, £5.0m for 2018/19, as well as purchasing a property from Whittington Health for £12.5m, as part of the proposed St Pancras redevelopment. This programme has included a sizeable investment at the Highgate Mental Health Centre site, and enhancements of substance misuse service properties in Islington, as well as improvements across the wider estate and investment in the IT infrastructure.

In addition to the above capital spend, the Trust disposed of a surplus property on Lyndhurst Gardens ("The Hoo") which resulted in a beneficial profit on disposal of £2.8m.

Services were relocated into two refurbished floors at a Trust property in Daleham Gardens, near Swiss Cottage.

The Trust retained healthy liquidity balances of £40.6m at 31 March 2019. These balances were predominantly held in Government Banking Service accounts, with only minor balances held elsewhere for operational purposes.

The regulator of NHS foundation trusts, NHS Improvement, awards a risk 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 achieved an overall rating '1' for 2018/19, mainly as a result of profits on sale and the receipt of PSF.

Because the Trust has very strong 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.

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.

Segmentation

The Trust is in segment 2.

This segmentation information is the Trust's position as at 31 March 2019. 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	2018/19 Q1 score	2018/19 Q2 score	2018/19 Q3 score	2018/19 Q4 score		2017/18 Q1 score	2017/18 Q2 score	2017/18 Q3 score	2017/18 Q4 score
Financial Sustainability	Capital Service Capacity	3	2	2	1		2	2	2	1
	Liquidity	1	1	1	1		1	1	1	1
Financial Efficiency	I&E Margin	4	3	3	1		3	3	3	1
Financial Controls	Distance from Financial Plan	3	1	2	2		3	3	4	1
	Agency Spend	3	3	2	2		1	1	1	1
OVERALL SCORE		**3**	**2**	**2**	**1**		**2**	**2**	**3**	**1**

Note: The Use of Resources metrics take into account the impact of Provider Sustainability Funding received in March 2019

Angela McNab
Chief Executive
28 May 2019

CLEAN OF DRUGS ADDICTION AND EXPERIMENTATION AFTER 20 YEARS

A PERSONAL PERSPECTIVE

BROUGHT UP IN AN ACADEMIC and bohemian household in a comfortable north London suburb, Philip had a liberal exposure to illegal drugs use.

His parents had been the epitome of the Sixties' hippie couple, originally living in a commune after moving to the capital, and as Philip grew up his father maintained his relaxed attitude to experimentation.

" 'Everything in moderation, including moderation' he used to say," recalls Philip as he tries to pinpoint the causes of his own future struggles with drugs abuse.

Rather than "moderate" drug use, this has included a significant cocaine addiction and a period of experimentation in the "incredibly seedy world" of chemsex – involving use of stimulants that cause the user to lose inhibitions and intensify sensation.

His experience with drugs started in his early teens with smoking cannabis, then taking ecstasy at 17 and then mushrooms, ketamine and cocaine throughout his university days.

How great an influence his father's attitude to drugs or his own Attention Deficit Hyperactivity Disorder (ADHD) - just recently diagnosed - was originally, Philip is unsure, but he found he particularly liked cocaine.

Philip

Philip says:

"At that time of my life, I felt indestructible and the world was mine for the taking. The drugs I liked were the 'uppers' as I found they evened out my hyperactivity, I was never really into opiates that much."

After a lengthy period working in Asia following university, opportunities for illegal drugs consumption were more restricted, but he partied hard during infrequent trips to London and the US.

It was when he moved to California to take up a job in a digital media company that his cocaine abuse rocketed. Easy availability, lifestyle, and having to host and entertain industry clients – Philip became hooked and at the height of his consumption was spending almost £600 a week on the drug.

"By then, my thinking was not normal, and I could make 1+1 = 5. I could create a narrative in my own fevered brain which seemed so real to me but was firmly rooted in fantasy rather than fact. I caused arguments and was a myopic, selfish, stubborn fool," recalls Philip.

In 2017, he realised his addiction was costing him heavily, both in cash and in his relationships, and he came back to London to be near close family.

But instead of helping him quit drugs completely, after his move home he was lured further underground - into the dangerous world of chemsex.

Philip says: "This led me to experimenting with some very dangerous substances including crystal meth and GHB. As my therapist would later say to me – there's nothing wrong with having kinky sex, but at least do it sober.

"The act of getting out of my head and losing myself for a few hours was a welcome relief from my inner turmoil."

But over Christmas 2017, Philip got a huge jolt when he learned that a close friend from his school days had died of a drugs overdose.

The tragedy began to put his own life into perspective and with the help of his family he booked into private rehab for the first five weeks of 2018 – "one of the hardest periods of my life".

Subsequently, he has been supported by the specialist substance misuse service at the Margarete Centre, Hampstead Road, London NW1, part of C&I, who followed up with him after his rehab.

Philip attended weekly individual key worker meetings at the centre, as well as group therapy sessions. Philip has also been encouraged to practice Mindfulness and is now taking up sport again.

Now free of illicit substances for the first time in 20 years, through psychiatric support at the Margarete Centre he has also received a diagnosis of ADHD, which has been a further significant step in explaining his personal motivations and impulses.

He says:

"I feel better both mentally and physically than I have in the past couple of decades. I am very thankful to everyone at the Margarete Centre for their support. It has not been an easy road, and I look back on it with a mixture of horror in terms of where I came from, pride at having come so far and anticipation for what lies ahead."

Due to the sensitive and personal nature of these events, the name of the person involved has been changed to protect their identity.

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 ensuring co-production with our service users of the treatment and support provided by the Trust, in line with our existing Clinical Strategy.

The appointment in the previous year of a Service User Involvement Facilitator (SUIF), meant there was greater resource to support more regular and effective communication with service users.

The SUIF collated a database of service users who are now updated weekly on involvement opportunities in the Trust, our news and developments, and relevant background information relating to our boroughs.

There was close liaison with the Communications Team to ensure the Trust website is up to date with information for service users on conditions and treatment options.

There has also been considerable input and co-production working with our Quality Improvement (QI) project teams, with the aim of ensuring that every QI project involves service users from the outset.

This has also resulted in the development of clearer communications through improved leaflets for service users relating to medication prescribed on discharge from hospital.

Underpinning the focus on co-production, there was continued work during the year by the SUIF to distribute and publicise the Service User Co-Production Strategy, ensuring that all staff are aware of it.

Further work was undertaken in reviewing the organisation of the Service User Alliance, the main forum for representatives of service user groups, and this is now organised and chaired by the SUIF, with service users in the group taking minutes.

The Alliance is a diverse group, representing not just a variety of conditions but also a rich, cultural heritage, such as the Nubian Users' Forum which in October celebrated ten years.

Women service users have continued to be closely involved in helping guide women's services, policies, recruitment and providing input on issues to do with gender and other protected characteristics.

The Trust's Women's Group is now the Women's Strategy Group, led and run by Women's Lead Shirley McNicholas and seven female service users within the Trust. The Group is represented at the Alliance and is attended regularly by the SUIF.

There is now in place a new Service User Reflective Group, which meets monthly. It is a place for both experienced service users and newcomers to meet and share experiences of service user involvement work within the Trust.

The SUIF and the Equality and Diversity Lead worked closely together during the year and have future plans to create more diverse and inclusive service user groups, for example representing the LGBTQ+ community.

During 2019/20, a service user working group will be set up to help redesign a new Clinical Strategy for the Trust for the next five years ahead.

2.1.2 Service user experience

Patient experience ranks alongside patient safety and clinical effectiveness as a key way of measuring the quality of our care.

During the year, we built on the aims set out in our Patient Experience Strategy 2016. This included guidance on assessing and measuring each patient's experience of the care they receive and using their feedback to improve our services. We took a big step forward during the year by successfully developing a patient experience plan for each division.

We also found that services carry out many patient experience activities that are not captured centrally. As part of a revised Patient Experience Strategy to be relaunched in July 2019, we will include ways of recording all such activities as well as the impact they have on patient experience.

Peer coaching team win a Positive Practice Award

Volunteer Pearl Connor-Clark and Voluntary Services Manager Jo Scott on a ward library trolley run

Mental Health minister Jackie Doyle-Price and campaigner Katharine Sacks-Jones welcomed to Women's Crisis House

As a Trust, we do not underestimate how deep a responsibility we collectively share for every patient's welfare. For that reason, the death of a service user on one of our wards in February has continued to make its impact felt across the organisation. Due to the seriousness of the incident, an internal, rapid review was conducted and although there was much excellent work reported, immediate steps were taken to deal with some issues that were raised. These included providing senior support at night, speeding up our risk assessment and management process and strengthening our observation practices. We have appointed an independent investigator, Professor Hilary McCallion, to see what further action we need to take to prevent any recurrence.

Friends and Family Test

The Friends and Family Test is what we use annually to measure satisfaction rates and we are pleased to report that we continue to meet our 20% target response rate; patients recommending their service remained at around 90% throughout most of the year, some way above our 80% target level.

We made progress too in the areas identified by the Trust as priorities for improving patient experience. We made significant development in improving the services provided to service users and their families presenting at our acute hospital partner sites with mental health needs.

We made continuing progress also 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 2019/20. We further developed our process of briefing and de-briefing sessions, and the sharing of learning from investigations.

Collaborative working

Service users are involved in collaborative working with staff in each division and they attend divisional/service team meetings and Trust-wide governance meetings. Their input is always valued and they challenge us on issues they are not happy about.

One area of collaboration and co-production is care planning and we aim to have all care plans co-produced with service users. Our R&R division has completed a Quality Improvement (QI) project co-producing care plans and it is currently being trialled in one of the wards and will be adapted for use on other wards. There are a number of QI projects in progress currently involving service users that impact on patient experience.

In 2019/2020, improvement priorities will include:

- implementing the revised strategy in full
- full roll-out of co-produced care plans
- increasing involvement of carers and families in caring for patients
- increasing the level of engagement and involvement of patients
- increasing the number of bespoke and real time patient tools to gather feedback
- and improving access and experience for people with characteristics protected by the Equality Act 2010.

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, we continued to develop the capability of the Carer Partnership of carers, local carer organisations, commissioners, senior managers and directors.

Building on our new membership of the Triangle of Care, the national scheme which recognises NHS trusts for their quality of care to carers, our relevant inpatient and community services were due to finish their assessment against their principles by June 2019.

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.

2.2 Information & Communications Technology

THE 2018/19 YEAR saw major investment in our digital technology environment and infrastructure, aimed at improving the information technology (IT) experience for both staff and service users. The focus was on infrastructure enhancement programmes to improve our email system, the data centre environment and the further roll out of Wi-Fi throughout the Trust.

The Data Centre project enabled C&I to put in place two separate geographically separate data centres to ensure a fully resilient Exchange environment, with the system being replicated which ensures a more robust disaster recovery provision.

The Trust's Wi-Fi coverage has been expanded so that over 70% of the estate can access both corporate and free guest Wi-Fi. The project was so popular that extra funding was allocated to cover as many areas as possible and we also secured more funding to continue this programme in 2019, with the aim of achieving 95% Wi-Fi coverage.

Many of our clinical services already use cutting-edge technology to deliver services out in the community and within GP practices, and in 2018 we continued to upgrade our IT devices with modern and reliable equipment.

Working with our Substance Misuse Services (SMS), a major clinical IT project was successfully completed in our Seven Sisters Road and King's Henry Walk buildings. This is now providing new SMS clinical functions through modern technology.

The ICT Department has introduced a number of technology-based innovations to improve the analysis of our clinical data through performance dashboards, which will enable our staff to make better and faster clinical decisions. Throughout this year we continued to improve our Electronic Patient Record system (Carenotes) adding multiple in-house developments requested by our staff.

The Trust is also modernising its telephony system to continue working toward a future where staff will be able to deliver their service in a more agile way with access to Trust systems anywhere and at anytime. This will lay the foundation for unified communication solutions in the future such as video conferencing, to enable much better connectivity for staff. The Trust will also introduce new Cloud-based technology such as Microsoft Office 365 and Windows 10 software to ensure a more accessible, secure and compliant email service for all staff.

With the introduction of more digital technology, the concern about cyber security has grown and has to be addressed to safeguard our valuable and confidential clinical data. To ensure we are secure, the Trust is embarking on a major investment project to cover people, process and technology, which will raise staff awareness of cyber risks and make sure our technology is protected.

Dr Laurine Hanna - our Trust's first Chief Clinical Information Officer

2.3 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. The plans have been used both proactively and reactively, to manage the response to both internal and external incidents. In this external context, their use has been in conjunction with similar plans to other organisations, and has provided assurance with regard to multi-agency response. They continue to be developed in consultation with regional and sub-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 2017, indeed the Trust was found to be fully compliant with those core standard requirements.

2.4 Data loss or confidentiality breaches

The Trust considers the risks to data security a real challenge to delivering Trust-wide legal and corporate compliance; as such, all efforts are being made to ensure robust policies, processes and procedures are in place to mitigate these risks.

For the financial year 2018/19, the number of data security and personal breaches recorded on the local reporting toolkit Datix was 77 incidents, of which only one was reported to the Information Commissioners Office (ICO). This compares with 74 recorded in 2017/18, of which none was reportable to the ICO and were managed through local protocol.

The average time taken in hours between incidents being noticed and being reported to the appropriate department for investigation and resolution locally was 72 hours. It is also worth noting that for this same period, the number of spam mails blocked per month within the Trust was 17,917.

The Trust has also made changes to the role of Senior Information Risk Owner (SIRO) which was previously under the Director of Nursing but now resides with the Director of Clinical Information Management, whose responsibility includes Information Governance, Informatics and Performance Management.

2.5 The Caldicott Guardian

The Trust Caldicott Guardian is responsible for providing guidance on the protection of confidentiality of patient information and to ensure the fair and lawful sharing of that information. The Caldicott Guardian works in close collaboration with the Information Governance team and provides support for clinical services in responding to often complex queries around the safe sharing of information with service users and other agencies.

The aim is to embed awareness of the Caldicott principles among all staff and to increase understanding of the principles that underpin when and how we share information. In the past year there has been a focus upon implementing the new General Data Protection Regulation Act (2018) and making staff aware of the implications of the act in terms of assigning a lawful base for the sharing of information.

2.6 Public consultations

Please see the earlier reference in section 1 on page 11.

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 2018/19, 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 87.

2.9 Trust membership report

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

• Building a sizeable and representative membership

• Developing an active and engaged membership

• Enhancing governance and accountability to the membership

• Ensuring continuous learning and improvement

The Membership Strategy is implemented through an annual implementation action plan which has been managed by the Trust Company Secretary. This work has been closely monitored by Governors and is overseen by the Governors' Membership Working Group.

Growing a sizeable and representative membership

In line with governance best practice and compliance with the EU's General Data Protection Regulation, introduced in May 2018 to protect personal data, the Trust carried out a thorough review of its membership database during 2018.

Checking with members on their preferences for how the Trust used their data for future contact led to a cleansing of the database, pinpointing those details that were no longer valid or accurate. In the majority of cases this related to previous Trust members no longer living in the Trust's catchment areas.

Our data cleansing has been a valuable exercise and has helped establish an up-to-date and accurate profile of the Trust's membership which gives us a strong and stable base for future development.

In has meant though that the up-to-date public membership figure for 2018/19, dropped from **4,268** to **3725** and its service user membership decreased from **802** to **686**.

The cleansing exercise meant that during the period, the Trust was significantly short of its targets set in 2016 to achieve **4,350** public members and **850** service user members. Against a continuing membership target of **5,000+**, our overall membership base was **4,427**.

In light of this, The Governors' Membership Working Group has started to scope the importance of specific membership targets and how membership numbers related to the quality of active engagement and members participating in the Trust's activities.

The Trust's membership at 31 March 2019

after data cleansing was 4,411

Diversity and representation

As part of the membership application process, individuals are asked to provide demographic data so the Trust can monitor how well 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 is as inclusive and proportionate as possible.

Age Group (% of Public Membership)

Breakdown of membership by age

C&I's membership continues to be broadly representative of the local population, but during the year the Trust spent time developing ideas on how to attract under-represented ethnic community groups to become members. Work continues exploring new methods of promoting the benefits of Trust membership to all communities. This work will be reflected in the refreshed Membership Strategy which is due later in 2019.

Age Group (% of Public Membership)

Breakdown of membership by age

Age Group	C&I	Local Population
0-16	0%	22%
17-21	1%	6%
22-29	11%	13%
30-39	13%	19%
40-49	12%	14%
50-59	13%	12%
60-74	11%	11%
75+	6%	5%
Unspecified	33%	0%

C&I
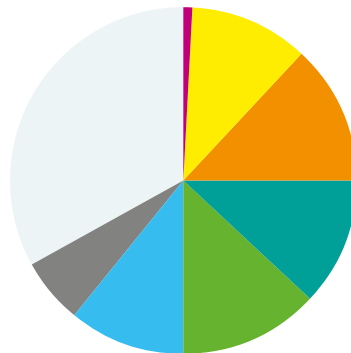
Local
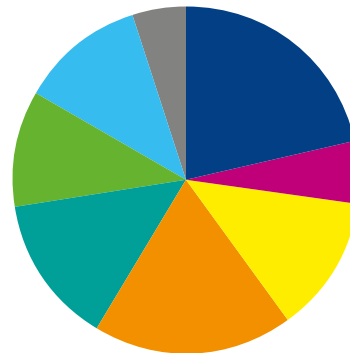
Ethnicity (% of Public Membership)

Breakdown of membership by ethnicity

Ethnicity	C&I	Local Population
White	40%	60%
Mixed	5%	5%
Asian or Black British	9%	19%
Black or Black British	9%	13%
Other	37%	3%

C&I
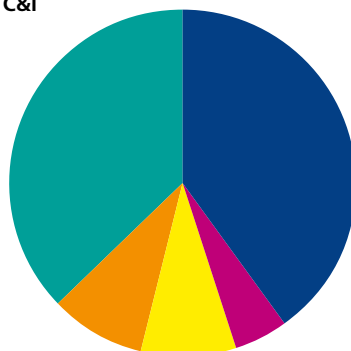
Local
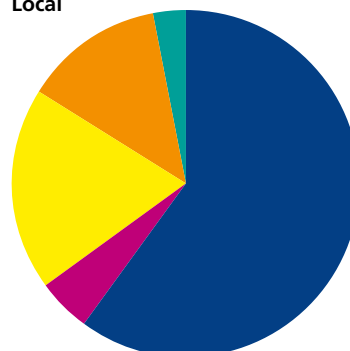
Gender (% of Public Membership)

Breakdown on membership by gender

Ethnicity	C&I	Local Population
Female	48%	50%
Male	50%	50%
Transgender	0%	0%
Unspecified	2%	0%

C&I
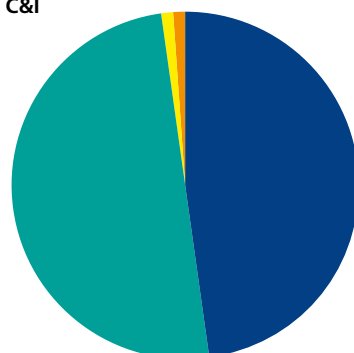
Local
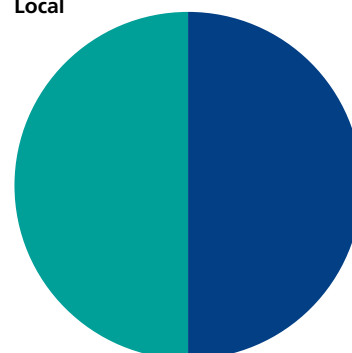
Socio-Economic Group (% of Public Membership)

Breakdown of membership by socio-economic group

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

C&I
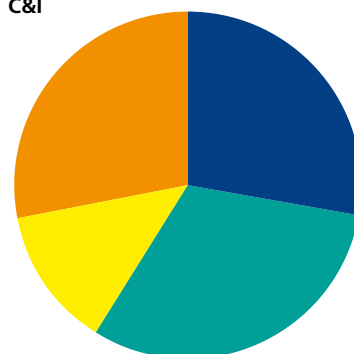
Local
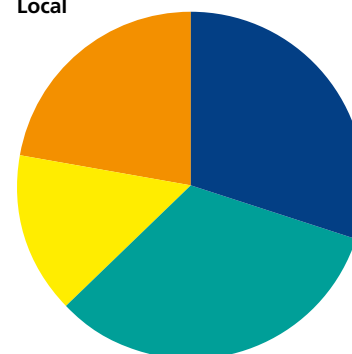
Developing and maintaining an active and engaged membership

During 2018/19, efforts continued to further engage members in the Trust's activities and our continuous efforts to improve services and the experience of our service users. In addition to the Annual Members' Meeting, engagement is generally aligned to two key activities, Governor elections and a series of events.

Events during 2018/19 included a series of "Mental Health Matters" sessions whereby topics relating to mental health are explored informally with an initial presentation from a clinician or other expert, followed by a discussion.

Successful events during the year included a discussion examining "Race and inequality within mental health services", led by Jacqui Dyer MBE, a Government adviser on mental health and equality, and a discussion on the "Impact of alcohol on mental health". This event had strong input and attendance from the Nubian Users' Forum service user group.

As part of the St Pancras hospital transformation programme, a large number of engagement and consultation events were held throughout the summer and autumn of 2018 to which members were invited and where Governors also actively promoted membership. At these events, members were encouraged to share their ideas on the development of new facilities, and to provide feedback on various proposals.

Other high profile events included the Trust's Carols by Candlelight evening and the Annual Members' Meeting, held at The Francis Crick Institute, near King's Cross, north London, which were attended by some members and provided opportunities to recruit more.

During the year, there was also a stronger focus on the engagement of Trust Governors with members and the respective, different constituencies – service user, public and staff. In 2019/20, a particular focus will be encouraging staff to participate more in Trust activity which is outside their day-to-day work to help.

Developing and maintaining an active and engaged membership

Communication with members about Trust news and development has also been improved through a quarterly membership newsletter which will be featuring direct messages from Governors and updates on the Council of Governors' activities.

A majority of members who do not provide email addresses and the low use of digital communication channels remains a challenge for the Trust in trying to ensure its communication with members is as effective as possible. This will be a primary focus of the revised membership strategy, and activities to increase digital engagement and awareness will feature strongly during the 2019 round of Governor elections.

The Trust's membership engagement is overseen by the Governors' Membership Working Group, which for the past three years has reviewed progress against the three-year Membership Strategy. The strategy comes to an end in 2019/20 and during the year will be refreshed for a further three years.

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.

The Council of Governors' Committee and Working Group Handbook was recently refreshed as part of a routine review cycle. The Handbook articulates high level governance principles, relevant terms of reference and a number of operating standards such as those guiding effective decision-making. This can be found on the Trust's website.

Governor Training and Development

Following the 2018 governor elections, particular effort was made to promote NHS Providers' Governwell training courses to all Governors. Uptake was very positive, particularly among newly elected governors, who gave very good feedback on the sessions and the personal development they enabled.

A Governor Buddy Programme was launched in November 2018 to facilitate experienced Governors acting as informal mentors to newly appointed Governors. Although the programme scope is very comprehensive it is designed as a framework allowing Governors great freedom in how they apply it to ensure it effectively meets individuals' needs.

The Governor Handbook also received a significant overhaul during 2018. Apart from a fresh look, it now acts as a reference manual containing a series of standardised information sheets and resources while giving Governors the space to include their own materials and information updates.

Further improvements to the Handbook are planned for 2019/20 which will see the introduction of a small series of 'How-to' guides, designed to help especially newly elected Governors settle into their roles, navigate through organisational complexities and to help Governors develop skills that may be useful in other aspects of their lives.

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.

The quarterly membership newsletter also invites all members to share feedback, comment on particular topics or to feed in ideas or suggestions.

Summary of eligibility requirements

C&I's membership is laid down in the Trust's Constitution and 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 three classes: '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. Carers may also become members under this constituency as long as they are 16 or over and they have been a carer of someone who has accessed Trust's services within the last five years.

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, NW1 0PE.

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, NW1 0PE.

Staff membership:

This constituency is for individuals employed by the Trust permanently or under a contract exceeding one year. All staff are automatically enrolled as members at the start of their employment with the Trust although they have the option to opt out at any time.
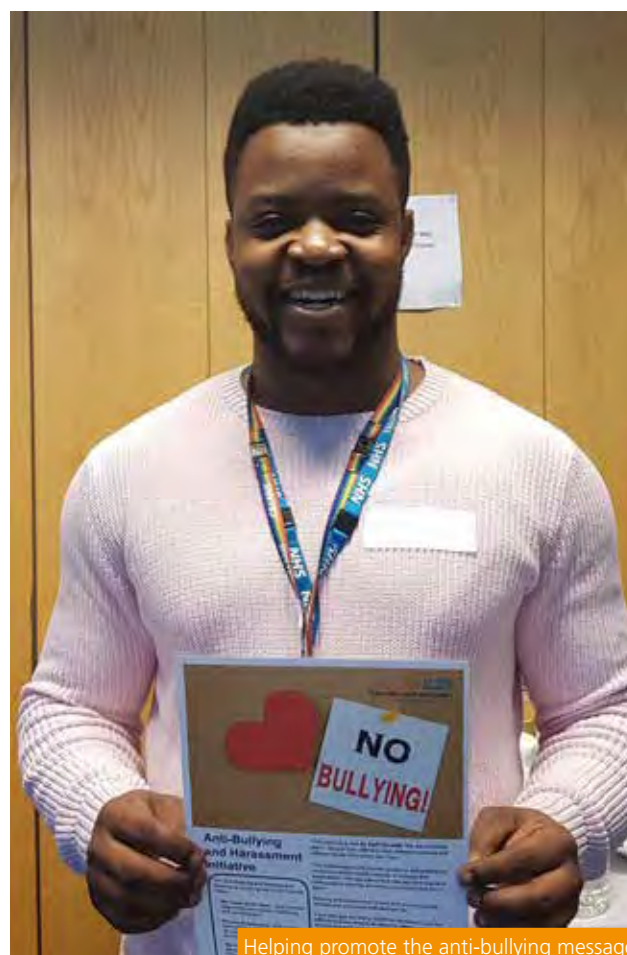
Helping promote the anti-bullying message

Our Trust Choir singing carols at St Pancras station

2.10 Our governance

Camden and Islington NHS Foundation Trust has applied the principles and standards of best practice as set out in the NHS Foundation Trust Code of Governance (version: July 2014). Where these principles have not been upheld or complied with, explanation is provided in this report. In addition to the Code, the Trust has continued to uphold and promote the Nolan Principles of Public Life - selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

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 accountable for all aspects of performance and management of the Trust's activities, including clinical and service quality, financial performance and governance.

The Board of Directors comprises:

• An independent Non-Executive Chair

• Six independent Non-Executive Directors

• Eight Executive Directors (of whom three are non-voting members)

In accordance with our constitution, the Executive Directors include the Chief Executive (as the accounting officer), the Finance Director, the Clinical Director, who is a registered medical practitioner, and the Director of Nursing and Quality, who is a registered nurse. Non-voting Board members attend all Board meetings as does the Trust Company Secretary.

The expertise of the Non-Executive Directors is widespread and diverse, and includes finance, human resources, marketing, strategic property development, equality and diversity, quality and service improvement 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 requirements. 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 Team, 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') and those that the Board reserves for itself.

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 has a rigorous process for declaring and managing interests, and it maintains a formal register of Directors' interests. This is 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 powers and responsibilities articulated in the Trust's constitution which reflects the legal requirements as laid down in the National Health Service Act 2006 and 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 appointment and removal of a Non-Executive Director;

• 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;

• Approve amendments to the Trust's constitution.

During the year, the Council exercised many of these duties. In particular, the Council approved the re-appointment of Non-Executive Director Pippa Aitken and the appointment of four new Non-Executive Directors, 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 also approved a significant transaction as part of the Trust's St Pancras Transformation Programme.

The Council has continued to play an important role in helping to shape the strategy of the Trust and holding the Non-Executive Directors to account through the Governor-led working groups which all 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;

• St Pancras Transformation Programme;

• The Council also had a key focus on a number of strategic priorities as set out in our Clinical Strategy.

Under the working groups' leadership and with wider governor input, the Trust has made a number of improvements during the year to better support Governors; these include:

• The Governors' Handbook has been expanded and restructured to act as a single point of reference providing a wide range of information to both existing and new governors;

• A Governor Buddy programme was launched in October by which existing governors are paired with a newly elected governor in an informal mentor-style relationship to support their induction into the role;

• The NHS Providers' Governwell training modules continued to be promoted to governors and uptake has been positive, particularly among newly-elected governors;

• The Chair and Senior Independent Director have continued to hold informal Governors' Open Meetings at which governors are invited to raise any issue, question or concern they wish.

2.10.4 Constituencies of the Council of Governors:

- Public constituency, which is divided into three categories, namely:
  - o Camden
  - o Islington
  - o Rest of London
- Service user and carer 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 and carer members;
- 11 elected by members of public constituencies;
- Four elected by C&I staff;
- Five appointed by partnership organisations.

In line with the Trust's Constitution, the 26 Governors nominate one of them to act as the Lead Governor. Mr David Barry has continued to hold this position throughout 2018/19.

During the year, the Council agreed to establish two Deputy Lead Governor roles and a formal process for electing to these three roles on a two-year term basis. This process also includes electing members of the Council's two Committees. It was further agreed that the two Deputy Lead Governors would be automatically members of the Steering Committee.

The results of this round of elections was due to be formally accepted by the Council at its meeting in May 2019.

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 term. During the year, the Council of Governors approved a change to the Trust's Constitution to enable Governors to hold office for a maximum of nine consecutive years. Therefore, if Governors have already served more than six years at the time of new elections, they would not be able to stand again, as this would exceed the time limit they are allowed to be in post.

Governor elections were held during 2018 seeking to fill 14 vacancies across several constituencies as follows:

- four Service User Governors;

- four Public Governors for Camden;
- four Public Governors for Islington;
- two Staff Governors.

Due to insufficient numbers of nominations, elections were uncontested and two seats in

the Camden Public constituency have remained vacant. Three new Appointed

Governors joined the Council of Governors in 2017/18, replacing previous appointees

from their respective organisations. Since the elections, both Governors appointed by

Voluntary Action Camden and Voluntary Action Islington respectively have stood down

and replacements are currently being sought from those organisations.

2.10.7 Governor Vacancies

In addition to the two remaining vacant seats, one Service User Governor stood down in January 2018, leaving a vacancy until the next scheduled Governor elections in summer 2019.

2.10.8 Name and description of constituencies and organisations appointing Governors in 2018/19

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 and Carer 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.

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 when their attendance would be beneficial to the discussion on a topic within their remit.

Four Council of Governor general meetings were held during the year on the following dates:

- 8 May 2018;
- 11 September 2018;
- 11 December 2018;
- 12 February 2019.

In addition, an extraordinary Council meeting was held on 31 October 2018 to approve the appointment of newly recruited Non-Executive Directors.

A quorum was present at all meetings and meeting papers continue to be published on the Trust's website.

Aneurin Bevan University Hospital Board meet our team driving physical health integration

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 2018/19 are reported opposite:

Council of Governors' Term of Office and Meeting Attendance Record

Name	Elected/ Appointed	Current Term	Council Meeting Attendance
Public Constituency - Camden			
Mr Zaheer Afridi	Elected	2016-2019	3 / 5
Ms Suncica Mandich**	Elected	2015-2018	0 / 2
Ms Michelle Murray	Elected	2018-2021	2 / 5
Ms Ellen Nkomo*	Elected	2018-2021	3 / 3
Public Constituency - Islington			
Mr David Barry	Elected	2018-2021	5 / 5
Ms Doris Daly**	Elected	2015-2018	0 / 2
Ms Olga Farach*	Elected	2018-2021	3 / 3
Ms Valerie Graham-Dunkley	Elected	2018-2021	2 / 5
Prof Wendy Savage	Elected	2018-2021	5 / 5
Ms Monika Schwartz	Elected	2016-2019	4 / 5
Public Constituency – Rest of London			
Ms Saira Nawaz	Elected	2016-2019	4 / 5
Service User and Carer Constituency			
Ms Hagir Ahmed	Elected	2018-2021	4 / 5
Ms Bamidele Esuola**	Elected	2015-2018	0 / 2
Mr Kevin Hull**	Elected	2015-2018	1 / 2
Mr Roger Searle	Elected	2018-2021	2 / 5
Ms Julia Austin	Elected	2016-2019	1 / 5
Mr Chaim Peri**	Elected	2017-2019	3 / 4
Mr Paul Ware*	Elected	2018-2021	3 / 3
Mr Yoav Zohar*	Elected	2018-2021	1 / 3
Staff Constituency			
Ms Sandra Chakara	Elected	2016-2019	3 / 5
Ms Charlene Hales*	Elected	2018-2021	2 / 3
Ms Debra Hall	Elected	2016-2019	4 / 5
Ms Rachel Kent**	Elected	2016-2018	0 / 1
Mr Simon Ramage	Elected	2018-2021	4 / 5
Appointed Governors			
Mr Nasim Ali*	By London Borough of Camden	2018-2021	1 / 3
Ms Claudia Cooper*	By UCL Medical School	2018-2021	2 / 3
Ms Angela Hassiotis**	By UCL Medical School	2015-2018	2 / 2
Ms Simone Hensby**	By Voluntary Action Camden	2018-2021	0 / 4
Mr Andy Murphy**	By Voluntary Action Islington	2016-2019	0 / 5
Ms Larraine Revah**	By London Borough of Camden	2016-2019	0 / 1
Ms Marian Spall*	By London Borough of Islington	2018-2021	0 / 3
Ms Nurullah Turan**	By London Borough of Islington	2016-2019	0 / 1

* Governor elected in the 2018 election or appointed mid-year.

**Governor stood down in year.

All 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 continued to operate with two standing committees, which are a joint Nominations and Remuneration Committee, and a Steering 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)	10 / 11
Leisha Fullick	Trust Chair (Committee Vice Chair)	9 / 9
Hagir Ahmed	Service User Governor	10 / 11
David Barry	Public Governor, Islington (Lead Governor)	11 / 11
Angela Harvey	Non-Executive Director	10 / 10
Simon Ramage	Staff Governor	11 / 11
Pippa Aitken	Deputy Chair	2 / 2

2.10.12 Work of the Council of Governors' Nominations and Remuneration Committee in 2018/19

The Nominations and Remuneration Committee had a very busy year with the recruitment to four Non-Executive Director vacancies which arose at different points during the year. It also reviewed the re-appointment of Non-Executive Director, Pippa Aitken, an interim appointment to the role of Audit Chair, and reviewed a proposed pay award for Non-Executive Directors.

In the latter part of the year, the committee commenced its work to plan for the succession to the roles of Trust Chair and Senior Independent Directors, whose second terms of office are due to end in 2019. The committee also oversaw the annual Chair's appraisal process led by the Senior Independent Director.

In line with its normal duties, the Council of Governors' Nominations and Remuneration Committee is also responsible for overseeing the procedure for the removal of Non-Executive Directors. This procedure is set out in the Trust's constitution.

2.10.13 Work of the 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 and discuss any areas requiring attention or improvement. The Committee meets approximately six weeks in advance of each general meeting of the Council.

Work was undertaken during the year to further improve the conduct of Council meetings which resulted in:

- meeting times being extended by 30 minutes to allow more time for discussion and debate;
- a review of Council meeting agendas to ensure meetings are conducted with most relevant and optimal content;
- improved and more robust decision-making through the Council's voting processes.

In response to different comments and suggestions made by governors, the Council of Governors' Meeting Handbook has been updated for approval by the Council at its meeting in May 2019. The update included a detailed review of all Committees and Working Groups' terms of reference which resulted in several provisions being strengthened to facilitate more transparency and clearer processes.

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 held by Governors including those where those companies or related parties are likely to do business, or are possibly seeking to do business, with the Trust. All declarations continue to be reviewed at least annually in line with other annual checks and declarations.

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 continues to promote good corporate governance and 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 and continues to strive to embed established best practice.

2.10.16 Our Board of Directors

During 2018/19, the Board faced a number of challenges in providing continuous strong, strategic leadership to the Trust, principally relating to changes in its composition. I am proud to say it mastered these well and has worked hard to ensure the right mix of skills and experience to drive the Trust's continued development in 2019/20.

There were significant changes in the year to the Board's composition. Ms Sue Goss left the Trust in May having come to the end of her second term as Non-Executive Director and Chair of the Quality Committee. Mr Patrick Vernon resigned shortly before the end of his first term due to his wide-ranging other commitments and later in the year, Professor Tom Burns resigned for personal reasons.

Very sadly, the Trust also lost Non-Executive Director Kieran Parmar who passed away after a period of serious illness. Mr Parmar chaired the Audit and Risk Committee and brought great expertise and a broad range of skills to the Board. He has been greatly missed.

In light of these Board vacancies the Trust Chair and Trust Company Secretary undertook a risk assessment to ensure continued robustness of Trust governance. Following this, Mr Richard Brooman, a former Non-Executive Director of the Trust, was appointed on an interim basis to cover the role of Audit and Risk Committee chair while recruitment was underway. A quorum was present at all Board meetings and remaining Non-Executive Directors took on additional roles at the Board's committees to maintain vigorous scrutiny and oversight. In line with the Trust's Constitution, the validity of any of the Board's acts and decisions was not affected by these vacancies.

A round of Non-Executive Director recruitment during May 2018 was unsuccessful due to not having identified a sufficient pool of qualified candidates. A second round of recruitment, which concluded in late October 2018, resulted in the appointment of four new Non-Executive Directors. Throughout all recruitment activities, the Board retained a strong emphasis on diversity and this featured strongly in the brief to the recruitment consultants and the selection process.

On 10 December 2018, Ms Jackie Smith, Ms Luisa Fulci, Mr Dalwardin Babu and Mr Mark McLaughlin joined the Board and after a period of internal and external induction, they formally took up their roles as Non-Executive Directors.

During the year, there were also a number of changes to the composition of the Executive team. In January 2019, Ms Caroline Harris-Birtles, Director of Nursing and Quality, left the Trust due to personal, family commitments. Ms Linda McQuaid replaced her on an interim basis until the recently-appointed Director of Nursing started in post in June 2019.

While the Trust's Chief Operating Officer, Mr Andy Rogers, has been on an extended period of sickness absence, Mr Darren Summers, Director of Strategy and Business Development was appointed to temporarily act up to Mr Rogers' post.

In June 2018, the Board's Nominations Committee approved a new, temporary role for a Director of Clinical Information Management. Mr Jeffrey Boateng was appointed on a one-year, fixed-term contract and joined the Trust on 1 February 2019 as a non-voting Executive member of the Board.

The Trust also appointed a new, full-time Trust Company Secretary who joined the organisation in April 2018 and who has worked very closely with the Trust Chair and Board members throughout the year.

Despite these changes, the Board has maintained its strong leadership position and through a programme of Board development activities, it continues to build on this throughout 2019/20.

Leisha Fullick Trust Chair

2.10.17 Board meetings

The Board met in public eight times during the year followed by a private and confidential meeting on each occasion. 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 continued to be published on the Trust's 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 routine reports from the chairs of the Board's six committees.

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

- Hearing directly from service users about their experience of Trust services through a series of service visits and service user stories being presented at all Board meetings;

- Monitoring the Trust's response to significant demand and capacity pressures during the year and continuous updates to various strategic plans;

- Strategic partnership working, building stronger collaborative links with key stakeholders to maximise options for future development and longer-term sustainability of the Trust's key services;

- Refreshing the Trust's Board Assurance Framework and robust monitoring of material strategic risks;

- Quality and financial performance and improvements;

- Continuing to learn from incidents and implementing improvements;

- 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;

- Strengthening the transparency, engagement and effectiveness of the Board and Council of Governors;

In addition, the Board received a wide 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

Board member:	Meetings attended:
Leisha Fullick	8 / 8
Angela McNab	7 / 8
Pippa Aitken	8 / 8
Dalwardin Babu	2 / 2
Jeffrey Boateng	2 / 2
Richard Brooman	3 / 4
Tom Burns	3 / 6
Luisa Fulci	2 / 2
Susan Goss	2 / 2
Caroline Harris-Birtles	5 / 6
Angela Harvey	8 / 8
Vincent Kirchner	7 / 8
Mark McLaughlin	2 / 2
Linda McQuaid	2 / 2
Kieran Parmar	2 / 2
Sally Quinn	8 / 8
Andy Rogers	5 / 8
Jackie Smith	2 / 2
Darren Summers	8 / 8
Patrick Vernon	1 / 2
David Wragg	8 / 8

Leisha Fullick – Trust Chair

Chair of:

Board of Directors

Council of Governors

Strategic Development Committee

Nominations and
Remuneration Committees

LEISHA FULLICK was first appointed on 1 September 2013 and is currently serving her second term of office, which our Council of Governors has recently extended to 29 February 2020.

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 encouraging equality of opportunity and diversity within the organisations with which she is associated with, and ensuring that they are as service user-focused, open, and transparent as possible.

During the year she has been instrumental in the setting up of a Trust charity to help support service users in ways other than through direct health care.

Angela McNab – Chief Executive

Chair of:

Executive Team

Member of:

Quality, Strategic Development and Nominations Committee

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.

She has a key strategic role in helping plan health and care across a significant area of London as CEO of a Trust included in North London Partners – North Central London's sustainability and transformation partnership.

Angela is also a member of the independent lay panel that considers complaints about irresponsible alcohol marketing, within The Portman Group, the responsibility body for UK drinks producers.

PIPPA AITKEN was re-appointed in April 2018 for a second term running until 30 April 2021 and she continues as Deputy Trust Chair. Her expertise in property and planning, in both the public and private sector, has been of significant benefit in helping guide the Trust's site redevelopment plans.

Her involvement has included appointing property advisers to assist with the project and she has helped review the Trust's Estates Strategy, ensuring it continues to be fit for purpose.

Pippa has a wealth of experience as a Non-Executive Director and is a Board member of the Peabody housing association.

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

Pippa Aitken
Deputy Trust Chair/
Non–Executive Director
Member of:

Audit and Risk Committee

Strategic Development and Nominations Committees

DALWARDIN (DAL) was appointed to the Board in December 2018 for a three year term and is our Equality and Community Ambassador Non-Executive Director.

He is a distinguished and highly experienced former police officer, serving for more than 30 years in the Metropolitan Police and the former borough commander of Harrow.

Dal has extensive board level experience in policing, community safety, child and adult safeguarding, and also particular interest and expertise in equality and diversity and mental health law.

He was the first chair of the National Association of Muslim Police which worked with home secretaries, chief constables and community leaders and in 2010 he was elected to the National Police Superintendent Association of England and Wales.

In 2010 he was awarded an OBE for services to the police and communities. Other awards include: the London High Sheriff Award for work with young people (2011), and the London Peace Award for community engagement (2011).

Dal is a director of a school academy and a trustee for Médecins Sans Frontières, House of Illustration, and the Artichoke and Comedy School. He is involved with a number of charities in London.

Dalwardin Babu OBE
Equality and Community
Ambassador Non-Executive
Director
Chair of:

Mental Health Law Committee

Member of:

Quality and Nominations Committees

Jeff Boateng
Director of Clinical Information Management
Member of:
Executive Team
Resources Committee

Jeff joined the Trust as Director of Clinical Information Management in February 2019 and has more than 15 years' experience in Organisational Performance Management and Improvement. He is a non-voting member of the Board.

Jeff holds a newly-created role on a one year fixed term contract to drive the full integration of our performance reporting with our clinical systems. Jeff brings a fresh perspective through his particular areas of expertise and interest.

These include performance improvement methodologies and reporting, data warehousing and visualisation, system working and population health analytics.

Prior to joining C&I, Jeff was Deputy Director of Delivery and Performance at NHS North West London Collaboration of Clinical Commissioning Groups. He has also held senior roles in Cafcass (Children and Family Court Advisory and Support Service), Wandsworth Council, and a number of other NHS commissioning and acute organisations.

Jeff is a Cranfield University alumnus member and participates in public sector performance roundtable discussions with senior leaders across health, social care and other public sector organisations.

Tom Burns CBE
Non-Executive Director

Tom Burns was appointed to the Board in October 2016, with previous experience as both a Non-Executive Director and Clinical Director in two mental health trusts.

He stepped down after just over two years' service in December 2018 for personal reasons, having played a key role in helping establish our planned Institute of Mental Health Research.

Previously, he had 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 was awarded a CBE for services to mental health in 2006.

Luisa joined the Board in December 2018 for a three year term and is our Transformation Non-Executive Director.

She has 20 years' corporate commercial experience with significant financial responsibility and is currently Commercial Director Consumer and Small and Medium Enterprises at Royal Mail.

Luisa is committed to ensuring that the consumer is at the centre of decision-making, and this approach will be invaluable in ensuring our care continually meets the needs of our service users.

Luisa has a strong track record in delivering major change initiatives and developing marketing strategies within complex and regulated environments that focus on the customer. She is a member of the Consumer and Network Access Royal Mail executive team.

Luisa is also a Non-Executive Director at CILEx Regulation, the independent regulator of CILEx lawyers, where she is the joint Lead for Practitioner and Entity Authorisation and Supervision, and for Education and Standards.

Luisa Fulci
Transformation
Non-Executive Director

Sue Goss was appointed to the Board in June 2012 and re-appointed for a second term in May 2015 which ended on 31 May 2018.

During her time as a Non-Executive Director, she chaired the Board's Quality Committee, which is responsible for safety, quality and patient experience, and served on the Audit and Risk Committee.

She had worked extensively with local authorities, health organisations and partnerships on service improvement and supported leadership across a number of health and social care systems. She had experience too of design, co-production and user engagement as well as equality and diversity strategies.

Sue Goss
Non-Executive Director;
term of office ended
May 2018

Caroline Harris-Birtles
Director of Nursing
until January 2019

Caroline joined the Board on May 2017 after being appointed as the Trust's Director of Nursing, having joined our organisation in May 2015.

She worked across a range of mental health services over the last 30 years, training as a registered mental health nurse as a mature student at Ealing School of Nursing, West London.

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.

She left the Trust in January 2019 for personal, family commitments.

Angela Harvey,
Non-Executive Director and Senior Independent Director

Chair of:

Resources Committee

Member of:

Remuneration and Nominations Committees

Angela Harvey was first appointed on 1 September 2013 and is in her second term of office which our Council of Governors has extended by a further one-year term to 31 August 2020.

Angela continues as Senior Independent Director, to which she was appointed in January 2016. Since then she has built a very strong relationship with the Trust's Council of Governors and she oversees the annual Chair's appraisal process on behalf of the Council.

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 more than 1,600 people every year were helped back towards independent living. This has been valuable experience in supporting and guiding C&I's involvement in multi-agency work to support homeless service users.

She also sponsored the Westminster Housing Commission. She is a trustee of two charities.

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

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.

Dr Vincent Kirchner
Medical Director
Member of:
Quality and Strategic Development Committees

Mark joined the Board in December 2018 and is our Finance Non-Executive Director and Chair of the Audit and Risk Committee.

He is a qualified accountant with over 20 years of experience as the Chief Finance Officer of public sector organisations including a district council, a county council and two London boroughs.

This has provided him with a strong focus on stewardship of public funds and expertise in managing the budgets of complex organisations, often in an environment of tight financial constraints.

From 2007, he worked in Central Government: for the Home Office and the Environment Agency and from 2015 to 2017 was the first Chief Finance Officer at the Department for Environment, Food and Rural Affairs. He has a background in science, having studied a science degree and holds a PhD in Molecular Biology. He previously held a research position at the UCL Queen Square Institute of Neurology.

Mark McLaughlin
Finance Non-Executive Director and Audit Chair
Chair of:
Audit and Risk Committee

Member of:
Strategic Development Committee

Remuneration and Nominations Committees

Linda McQuaid
Interim Director of Nursing
Member of:
Quality Committee

Linda was appointed to the Board in January 2019 and is the Trust's Interim Director of Nursing.

Prior to joining C&I, Linda worked at Barnet, Enfield & Haringey Mental Health Trust where she held a similar role. She holds dual registration - adult and child - as a nurse having trained at Great Ormond Street Hospital. She has a deep passion for children's services and the importance of getting early interventions in place to ensure good long term outcomes. She led the implementation of a new model for services for young people whilst in Surrey.

Linda has held senior operational roles across a broad range of services and combined with experience gained as a Director of Nursing is now particularly interested in governance and the importance of ensuring a culture of safety to improve patient care and experience.

She continued in her interim role until early summer 2019, when a new Director of Nursing and Quality joined the Trust.

Sally Quinn
Director of Human Resources and Organisational Development
Member of:
Resources Committee

Sally Quinn was appointed to the Board as a non-voting member in July 2017 and is the Trust's Director of Human Resources and Organisational Development.

She has more than 20 years' experience in Human Resources and Organisational Development (OD) and change management.

Prior to joining C&I in 2016, 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.

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

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.

Andy Rogers joined the Board in May 2017 having joined the Trust as Chief Operating Officer. He has 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.

Linda McQuaid
Interim Director of Nursing
Member of:
Quality and Resources Committees
Strategic Development Committee

Jackie joined the Board in December 2018 and is our Quality Improvement Non-Executive Director.

She has more than 30 years of experience working within professional regulatory and legal bodies and this provides her with a unique perspective to help guide the Trust's focus on the quality, experience and safety of our services.

Jackie spent 12 years in the Crown Prosecution Service in the late 80s and 90s, following which she took up a post at the General Medical Council.

She moved from there to the Nursing and Midwifery Council in August 2010 as the Director of Fitness to Practise. In June 2012, Jackie became the Chief Executive of the Nursing and Midwifery Council, leading the organisation for more than six years.

Jackie Smith
Quality Improvement
Non-Executive Director
Chair of:
Quality Committee

Member of:
Audit and Risk, and Nominations Committees

Darren Summers joined the Board in February 2016 as a non-voting member after being appointed to the Trust as Director of Strategy and Business Development. In November 2018, he was appointed Acting Chief Operating Officer, covering for Andy Rogers while he recovered from a period of ill health.

Darren has extensive knowledge of health commissioning, with ten years' experience commissioning mental health and social care services, initially in Tower Hamlets and then in Hackney and Newham.

Prior to joining the Trust he worked at the Family Mosaic Housing Association, where he was Director of Growth and Transformation in the care and support division.

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.

Darren Summers
Acting Chief Operating Officer/ Director of Strategy and Business Development
Member of:
Strategic Development Committee
Resources and Quality Committees

Patrick Vernon was appointed to the Trust in October 2015 and served as Chair of the Mental Health Law Committee and Non-Executive Director Ambassador for Equality and Diversity.

He made it a priority to tackle health inequalities among the Trust's BME communities, raise the profile of service user and carer involvement and ensure delivery of the Workforce Race Equality Standard (WRES).

He resigned from the Board in June 2018 to devote more time as a Director of Black Thrive in Lambeth, whose vision is to ensure that black communities can thrive in relation to their mental health and wellbeing.

Patrick has had numerous senior public and charity roles, including working as a senior civil servant at the Department of Health. He was also an Advisory Board member for the Time To Change movement on mental health and is a former adviser to Labour and coalition governments on mental health.

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

Patrick Vernon OBE
Non–Executive Director until June 2018

David Wragg joined the Board in October 2012 after his appointment as Finance Director with 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 had 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.

David Wragg
Finance Director
Member of:

Resources and Strategic Development Committees

2.10.18 Board of Directors' Sub-Committees and Attendance

The Board of Directors reviewed and reconfirmed the standing committees of the Board during 2018-19. Terms of reference for each committee are published on the Trust website as part of the Board Committee Handbook. The standing committees of the Board are all chaired by a Non-Executive Director and the current Board committee structure is shown below:

Board of Directors

| Audit & Risk Committee | Quality & Safety Committee | Resources Committee | Strategic Development Committee | Nominations Committee | Remuneration Committee |

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 2018/19.

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 2018/19. Attendance was as follows:

Members:	Meetings attended:
Kieran Parmar (Committee Chair)	1 / 1
Richard Brooman (Interim Committee Chair)	2 / 2
Mark McLaughlin (newly appointed Committee Chair)	2 / 2
Pippa Aitken	3 / 5
Sue Goss	0 / 1
Jackie Smith	2 / 2

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 2018/19

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:

- Monitoring the performance Grant Thornton as the Trust's external auditors appointed during 2017/18
- Scrutiny of the Trust's revised Board Assurance Framework and receiving requested deep-dive reports on risks related to:

  o water quality and management;

  o delays in the conduct of MHA assessments;

  o Islington Better Lives tender implementation; and

  o recruitment and retention.

- Overview of the Trust's emergency preparedness response;
- Overview of Local Security Management arrangements;
- Receipt of the annual report covering the Trust's 'Freedom to Speak Up' arrangements;
- Approved an updated Risk Management Strategy;
- Undertook a self-assessment of the Committee's performance.

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 Director of Nursing and Quality, the Deputy Chief Executive/Chief Operating Officer, Medical Director and Senior officers of the Trust including the Head of Governance and Quality Assurance and the Patient Experience Lead also regularly attend.

The committee met six times in 2018/19.

Role and duties

The role of the Quality Committee is to seek assurance and carry out deep-dive analyses on behalf of the Board in relation to the Committee's three primary areas of focus:

- Safety
- Patient Experience
- Quality and Effectiveness

Its three key areas of focus are Safety, Service User Experience and Quality and Effectiveness. The Committee should carry out the duties on behalf of the Board, as appropriate.

Quality Committee members and attendance

Members	Meetings attended
Susan Goss, Non-Executive Director (Committee Chair until June 2018)	1/1
Tom Burns, Non-Executive Director	
(Committee Chair until December 2018)	3/3
Jackie Smith, Non-Executive Director (Committee Chair from January 2019)	2/2
Patrick Vernon, Non-Executive Director (until June 2018)	1/1
Leisha Fullick, Trust Chair and Non-Executive Director	5/5
Angela McNab, Chief Executive	5/6
Caroline Harris-Birtles, Director of Nursing (until January 2019)	2/5
David Curren, Deputy Director of Nursing	2/2
Linda McQuaid, Interim Director of Nursing (in post from January 2019)	2/2
Vincent Kirchner, Medical Director	2/6
Andy Rogers, Chief Operating Officer (until October 2018)	2/3
Darren Summers, Acting Chief Operating Officer	3/3

Resources Committee members and attendance

Members	Meetings attended
Angela Harvey (Chair) Senior Independent Director	6/6
Luisa Fulci Non-Executive Director	2 / 2
Leisha Fullick Trust Chair	6 / 6
Sally Quinn Director of HR & OD	6 / 6
Andy Rogers Chief Operating Office	3 / 6
Darren Summers Acting Chief Operating Officer	1 / 2
David Wragg Finance Director	6 / 6

Work of the committee in 2018/19:

- During its six meetings in 2018/19 the Quality Committee has considered:
- Quality and safety, serious incidents and learning from deaths reports;
- Maintained oversight of the CQC action plans;
- Positive and Proactive Care Environments progress reports;
- Quality Improvement programme progress reports;
- Community Treatment Order research and the Mental Health Act independent review;
- Annual reports for Mental Health Law; Medicines Optimisation; Safeguarding; Infection Control; Research and Development.

2.10.21 Res ources Committee

Committee Membership

The Resources Committee's membership comprises a Non-Executive Director Chair, two further Non-Executive members and three Executive 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 2018/19. Attendance was as follows:

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 2018/19

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:

- The closure of Stacey Street services;
- The appointment of a new Total Facilities Management service provider;
- The implementation of ICT internal audit recommendations;
- Overview of gender pay and BME pay gap reports;
- The potential implications for the Trust due to the UK exiting the EU;

The Committee requested a number of deep dive reports during the year to enhance its understanding and overview of:

- bank and agency staff usage;
- smoking cessation and e-cigarette provision and usage;
- volunteering and volunteer recruitment; and
- Disciplinary procedures.

2.10.22 Strategic Development Committee

Committee Membership

The Strategic Development Committee's membership comprises a Non-Executive Director Chair, two further Non-Executive members and five Executive 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.

Meeting attendance

The Committee met six times in 2018/19. Attendance was as follows:

Members	Meetings attended
Leisha Fullick, Trust Chair Committee Chair	6/6
Pippa Aitken Non-Executive Director	6/6
Mark McLaughlin, Non-Executive Director (since January 2019)	2/2
Angela McNab Chief Executive	6/6
Darren Summers, Acting Chief Operating Officer / Director of Strategy & Business Development	5/6
Andy Rogers Chief Operating Officer (until September 2018)	2/3
Vincent Kirchner Medical Director	4/6
David Wragg Director of Finance	6/6

Role and duties

The role of the Strategic Development Committee is to:

- Drive and oversee all major strategic projects and developments to support the sustainability of the Trust and its services and to lead the implementation of the Trust's Clinical Strategy.
- Act as the lead committee for the St Pancras Transformation Programme to scrutinise and oversee all critical programme milestones
- Work of the committee in 2018/19
- During its six meetings in 2018/19, the Strategic Development Committee has received and considered:
- Progress in relation to the St Pancras Site Transformation programme;
- Selection of parties to submit a detailed tender for the St Pancras Hospital Redevelopment;
- Regular Clinical Strategy Programme Board update;
- Reconfiguring the rehabilitation pathway;
- Islington Section 75 review (i.e. how C&I delivers and discharges a number of social care services);
- Enhancing community services;
- Long Stay Audit;
- North London Partners - Sustainability and Transformation Partnership and wider narrative.

2.10.23 Board Nominations Committee

Committee Membership

The Nomination Committee is responsible for the dentification 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 twice in 2018/19. Attendance was as follows:

Members:	Meetings attended:
Leisha Fullick (Committee Chair)	2 / 2
Pippa Aitken	2 / 2
Dalwardin Babu	1 / 1
Tom Burns	0 / 1
Luisa Fulci	1 / 1
Angela Harvey	2 / 2
Mark McLaughlin	1 / 1
Angela McNab	2 / 2
Jackie Smith	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 2018/19

The Committee considered and agreed recruitment to the Director of Nursing and Quality post following the resignation by Ms Caroline Harris-Birtles.

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 2018/19, including one 'meeting' which was conducted by email.

Members:	Meetings attended:
Leisha Fullick (Committee Chair)	2 / 3
Pippa Aitken (Deputy Chair)	2 / 2
Kieran Parmar	0 / 1
Angela Harvey	3 / 3
Mark McLaughlin	1 / 1

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 2018/19

The Board of Directors' Remuneration Committee agreed the following:

- The creation of a new, interim role of Director of Clinical Information Management and the pay level for this role;

- A pay award for Very Senior Managers for 2018-19 which was directly aligned to guidance issued by NHS Improvement;

- Payment of an acting-up allowance to Mr Darren Summers who has been acting up; to the post of Chief Operating Officer in the absence of Mr Andy Rogers, the substantive post holder.

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 has been subject to ongoing review in-year, in line with the committee chairs' regular reports to the Board. As part of annual appraisals, the Trust Chair has been evaluating the individual performance of Non-Executive Directors and the Chief Executive Officer. The Trust Chair provided a performance summary to the Remunerations Committee to inform its decision-making on the proposed pay-award.

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 and administered by an independent, external provider who was specifically contracted for this purpose;

- The performance of each Non-Executive Director is evaluated by self-assessment and assessment by the Trust 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 Trust 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. In 2018-19 a Board skills mix assessment was undertaken to inform Non-Executive Director recruitment;

- Personal development plans and objectives are agreed for all Board Members and monitored during the year.

During 2018/19, Board seminars and away days continued to be held, although these were not as frequent as in previous years due to the number of vacancies and the resulting pressure on Board members' time. The sessions focused on the following topics and issues:

- Review and discussion of the Board's skills mix;

- Strategic challenges and opportunities facing the Board over the next five years;

- The impact of public spending cuts on public services across Camden and Islington and how they affected the Trust's services and service users;

- Cyber Security;

- Board team development.

For the work surrounding Board development, an external facilitator has been engaged and this work continues throughout the first half of 2019/20.

DEVELOPING OUR QUALITY IMPROVEMENT APPROACH ACROSS THE TRUST

Building on the progress in introducing a Quality Improvement (QI) approach, in August 2018 a central QI team was expanded with Sophie Stout, Nicola Ballingall and Sifi Bahuleyan starting as QI coaches, joining Sandra Chakara, Rehab and Recovery QI Lead, Laura McMurray, QI Psychologist and Dr Freddie Johansson, QI Lead.

QI provides a systematic yet simple approach for teams to test their ideas in their local context before implementing them into everyday practice. Projects are using feedback from front line staff and service users along with data to transform the way they understand the systems they work in to make better informed decisions.

At C&I the approach is being harnessed to develop a culture of continuous progress, with strong frontline service user and carer involvement in improvement work at the Trust. It aims to make health care safe, effective, patient-centred, timely, efficient and equitable.

Up to April 2019, there were 32 active QI projects, 14 of which had been successfully completed, with specific workstreams addressing staff wellbeing, managing violence and aggression experienced by staff from service users, and the development of effective IT solutions.

During the year, the QI approach was further embedded in the Trust culture, with wider training of staff and the methodology being more formally adopted into divisional business and quality agendas. A supportive framework of QI skills workshops, drop-in sessions at the QI Hub and visits to teams was established.

To help develop the QI culture within the Trust, induction for new staff now includes an introduction to the QI methodology, a Twitter account has been created, and the Trust intranet and external website feature regularly updated information about completed QI projects and QI resources. A monthly digital QI "Spotlight" newsletter is distributed throughout the Trust.

The benefit of the QI approach has been acknowledged with some specific projects winning external awards.

For example, trainee psychiatrist Dr Laura Korb won a prestigious award from the Royal College of Psychiatry for innovative work as a trainee to improve the Trust's dementia pathway.

She was awarded the Alec Shapiro Prize for an oral presentation she gave of her work as an ST5 for a Quality Improvement (QI) project with the Camden Learning Disability Service (CLDS), run jointly by C&I and Camden Council.

Our QI Hub won too in the "Best Coproduction" category in QI awards organised by NHS Elect, the body which provides support and training for its NHS members. The project, "Active Islington", run by QI coach Nicola Ballingall and Occupational Therapist Marcus Yorke, was in response to a request from service users at our Stacey Street nursing home to do more exercise.

The QI hub has also been celebrating projects at The Quality & Safety Event. Dr Erica Pietrogrande, Dr Michelle Eskinazi and Dr Alex Kitromilides from the Camden Acute Day Unit won the award for the "Best Overall QI Project" for successfully reducing the time taken from referral to assessment by 75%. The team are now looking to improve patient flow throughout their pathway.

To learn more about QI or to get involved contact the QI hub on QI@candi.nhs.uk

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 2019 and are subject to audit.

Staff costs in 2018/19

	Permanent	Other	2018/19 Total	2017/18 Total
	£000	£000	£000	£000
Salaries and wages	73,698	2,616	**76,314**	71,894
Social security costs	7,894	-	**7,894**	7,429
Apprenticeship levy	349	-	**349**	335
Employer's contributions to NHS pensions	9,355	-	**9,355**	8,872
Pension cost - other	-	-	**-**	-
Other post employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	-
Temporary staff	-	10,137	**10,137**	10,117
Total gross staff costs	**91,296**	**12,753**	**104,049**	**98,647**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**91,296**	**12,753**	**104,049**	**98,647**
Of which				
Costs capitalised as part of assets	-	-	-	-

Average Staff in Post 2018/19

Average number of employees (WTE basis)

	Permanent	Other	2018/19 Total	2017/18 Total
	Number	Number	Number	Number
Medical and dental	120	4	**123**	122
Ambulance staff	-	-	**-**	-
Administration and estates	315	35	**350**	341
Healthcare assistants and other support staff	364	-	**364**	367
Nursing, midwifery and health visiting staff	421	164	**585**	568
Nursing, midwifery and health visiting learners	-	-	**-**	-
Scientific, therapeutic and technical staff	661	11	**671**	647
Healthcare science staff	-	-	**-**	-
Social care staff	10	-	**10**	6
Other	-	-	**-**	-
Total average numbers	**1,890**	**214**	**2,103**	**2,052**
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 2019. The figures include the 324 Trainee Clinical Psychologists and the 30 Education Mental Health Practitioners who are hosted on the Trust payroll.

Table: Breakdown of staff by Gender

	Female	Male	Total Headcount
Executive Director	3	6	9
Non-Executive Director	5	2	7
Senior Manager	7	11	18
Other Employees	1456	578	2034
Grand Total	1471	597	2068

2.11.3 Exit packages

The table below shows the exit packages paid during 2018/19

Reporting of compensation schemes - exit packages 2018/19

During the period there were three redundancy payments, one contractual payment in lieu of notice, and one settlement payment equivalent to contractual notice period and salary paid.	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	-	2	**2**
£10,000 - £25,000	1	-	**1**
£25,001 - 50,000	1	-	**1**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	2	2	**4**
Total cost (£)	£56,000	£14,000	**£70,000**

Reporting of compensation schemes - exit packages 2017/18

During the period there were 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**
£10,000 - £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 cost (£)	£0	£27,000	**£27,000**

Exit packages: other (non-compulsory) departure payments

	2018/19		2017/18	
	Payments agreed	Total value of agreement	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
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	2	14	4	13
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	2	14	5	27
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-
There were no non-contractual payments paid during 2018/19				

2.11.4 Off-payroll engagements

For all off-payroll engagements as of 31 March 2019, 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 2018 and 31 March 2019, 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 2018 and 31 March 2019.

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.	0

2.11.5 Expenditure on consultancy

The Trust reported a spend of £499,000k on consultancy expenditure in 2018/19, compared with £1,018k in 2017/18.

2.11.6 Trade Union Facility Time

The number of Trade Union Representatives in the organisation

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
10	0.98

The percentage of time spent on facility time

How many of our employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?

Percentage of time	Number of employees
0%	1
1-50%	8
51%-99%	1
100%	0

The amount spent on facility time

Percentage of our total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

The percentage of paid facility time spent on paid Trade Union activities

First Column	Figures
Provide the total cost of facility time	£22k
Provide the total pay bill	£98,647k
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.02%

The percentage of paid facility time spent on paid Trade Union activities

As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

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

2.11.7 Staff engagement and communication

This year's highlights include a well-attended Annual General Meeting held in the prestigious and impressive surroundings of the nearby Crick Institute. It included a performance by the Trust's choir, which is made up of staff and service users. There were keynote addresses from horticulturalist and garden designer, Matt Keighley; and Dr Michael Dixon, national clinical champion for social prescribing at NHS England.

Our Star of the Year Award ceremony goes from strength to strength and was held this year at Islington Town Hall with more than 200 staff and service users attending to hear about the very best of Camden and Islington. Feedback from staff is that these events are an important high point of the staff calendar.

Over the summer, we worked with our CCG partners to run a successful public consultation into our site redevelopment. We held more than 50 different meetings over 14 weeks and received 274 responses into the plans to redevelop our St Pancras site, build two new community mental health centres and a brand new inpatient hospital in Highgate. Following approval of our plans by the CCGs' Governing Body, we will carry on engaging with staff, service users, and other key health, social care and community partners into how our new buildings and sites will look and function.

Our Mental Health Matters expert talks continue to be well-supported by staff and patients and this year included a visit by Jacqui Dyer, MBE, a high profile Government advisor on mental health care and a founder of the Black Thrive community group in Lambeth. She set the scene for an impassioned and powerful debate about the many challenges that still remain.

Colleagues enjoy a cuppa for Time to Talk Day

VIP visits during the year included one to the Trust's Transition, Intervention and Liaison Service (TILS) by Minister for Defence People and Veterans, Tobias Ellwood, MP, on Time to Talk Day 2019 in February. Mr Ellwood heard about the work our staff, including psychologists, are doing to help servicemen and women, many of whom are still suffering trauma - often years after they have left the armed forces.

We continue to grow our social media presence as one of our key communication channels. We increasingly use Twitter and LinkedIn as a way of showcasing our services and supporting recruitment into the Trust and have grown our following to more than 2,100 followers, an increase of more than a third over 12 months.

We continue to proactively promote the Trust's expertise on local and national media. A particularly strong theme covered by BBC London, BBC Five Live, the Camden New Journal and BBC Radio 4's PM programme has been the Trust's work in helping to tackle the fallout from gang culture. Lead psychologist, Dr Jeff Halperin, has been interviewed extensively about the programme of mental health support on offer to gang members.

2.11.8 Staff Survey

Each year our staff members are invited to take part in the national annual Staff Survey, it gathers views on their experience at work around key areas including on

BBC London filming with our veterans for Remembrance Sunday

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 should be made. The Trust continues to have a strong practical commitment to engaging with staff and listening actively to their concerns.

There have been a number of changes to the Staff Survey reporting this year. In previous years responses have primarily been analysed in "Key Findings" (KF). These have now been replaced by more general "Theme" groupings. Previous years' responses have been re-analysed by the Staff Survey Coordination Centre to conform to these new groupings.

C&I Staff Survey 2018 Response Rate

Trust Score 2017	Trust Score 2018	National 2018 average for mental health	Trust Improvement/ Deterioration	Ranking compared with all mental health trusts 2018
50%	49%	54%	Deterioration of 1 percentage point	Below Average

The Trust's 2018 staff survey response rate was 49%, a decrease of 1% from last year and lower than the national average for mental health trusts of 54%.

Overall staff engagement

The Trust recorded a score of 7.1 (on a scale of 1-10) against a national average of 7.0 for mental health trusts. The recalculated C&I 2017 score was 7.0.

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

C&I Top Five Ranking Scores 2018

	Trust Score 2017	Trust Score 2018	National 2018 average for mental health	Trust Improvement/ Deterioration	Ranking compared with all mental health trusts 2018
Quality of Appraisals	3.43	3.38	3.23	Deterioration	Above (better than) average
Percentage of staff reporting good communication between senior management and staff	43%	41%	37%	Deterioration	Above (better than) average
Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves (lower is better)	53%	51%	53%	Improvement	Below (better than) average
Percentage of staff able to contribute towards improvements at work	77%	76%	74%	Deterioration	Above (better than) average
Staff satisfaction with level of responsibility and involvement	3.90	3.91	3.89	Improvement	Above (better than) average

There is a positive story to tell when comparing C&I with other London Mental Health trusts in England, particularly in staff appraisals and the relationships between managers and staff. This foundation enables us to build upon improving the areas of dissatisfaction and concerns from staff, particularly where staff feel that they do not receive feedback and access to career progression.

The themes of discrimination and of violence, harassment and bullying are areas of significant concern for Camden and Islington NHS Foundation Trust, especially when we compare ourselves with other London mental health trusts. The Trust is fully committed to tackling these serious issues as a priority. Dedicated work too continues to support progress on equality and diversity issues including our very successful internal promotions programme. See "Improving Staff Experience" on page 76 for further details.

None of the improvements or deteriorations highlighted in this report was calculated to be statistically significant changes to Trust scores since last year.

C&I Bottom Five Ranking Scores 2018

	Trust Score 2017	Trust Score 2018	National 2018 average for mental health	Trust Improvement/ Deterioration	Ranking compared with all mental health trusts 2018
Percentage of staff experiencing discrimination at work in the last 12 months (lower is better)	21%	25%	16%	Deterioration	Above (worse than) average
Percentage of staff experiencing physical violence from staff in last 12 months (lower is better)	2%	4%	2%	Deterioration	Above (worse than) average
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (lower is better)	37%	41%	32%	Deterioration	Above (worse than) average
Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months (lower is better)	23%	26%	20%	Deterioration	Above (worse than) average
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	74%	76%	82%	Improvement	Below (worse than) average

The Trust has identified the following key themes to focus on as areas where it will work hard to bring improvement in 2019/20;

• Experience of violence and aggression from service users and the public;

• Perceived discrimination in relation to career progression;

• Lack of positive action on Health and Wellbeing for staff;

• Bullying and Harassment;

• Impact of Poor Management;

• Morale;

• Increase in Staff experiencing violence from colleagues.

They will continue to 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 2019/20 Equality and Diversity Committee priorities. To strengthen our supporting activities through all of our workforce challenges we are looking at a set of strategic workforce priorities for the next two years and the interventions that will support across them in a more joined up cohesive approach.

To further strengthen our focus on Bullying and Harassment, the Trust has invested in training a total of ten staff to be

Bullying and Harassment ambassadors. The aim is 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 has recently completed the WRES training at NHS England, and this role will continue to add to the expertise already in the Trust to address discrimination and share best practice accordingly.

The Trust has established Trust-wide cultural pillars entailing four key themes, which includes 'valuing each other'. In additional to the cultural pillars, the Trust is developing strategic employee engagement initiatives to ensure Camden and Islington Foundation Trust is a 'great place to work'. This will entail a focus on ensuring we have leaders who listen and value their people and teams, having a fair and just culture, health and well-being conversations and strategies, career progression and development opportunities, and job enrichment.

2.11.9 Improving staff experience

A variety of activities and initiatives were organised in 2018/19 to support the health and wellbeing of staff, building on the progress of the previous year.

Exercise sessions such as Zumba continued to be popular on both hospital sites and

"mini health checks" organised by the Trust's occupational health provider PAM, 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.

A series of monthly themed wellbeing workshops, run by PAM Occupational Health, were held throughout the year covering topics such as Men's Health, Mental Wellbeing and Stress Management, and Mindfulness and Resilience.

Trust staff were encouraged to take part in Schwartz Rounds which are administrated through Islington and Hackney Clinical Commissioning Groups. This is a monthly one- hour multidisciplinary forum designed for staff to come together to discuss and reflect on the emotional and social challenges associated with working in health care. Each month there is a different theme and both clinical and non-clinical staff are welcome to attend.

A team of Anti-bullying and Harassment Ambassadors was trained and deployed during 2018. They are available on a helpline on Tuesday and Friday afternoons and there is also a dedicated email box. The service is run by staff for staff and they offer confidential support and guidance to anyone who has concerns about bullying or harassment

The Trust continues to place importance on protecting staff and service users from illness by providing free flu vaccinations over the winter period.

Staff continue to have access to free and confidential advice and guidance through the Employee Assistance programme.

A 'Pulse Survey' was carried out over the summer using CandiConnect, the staff engagement platform, to gauge staff's view of progress made in areas highlighted in the previous staff survey.

The refreshed Trust general staff induction programme places a strong emphasis on co-production, co-design and co-delivery with service users, demonstrating the ethos of the organisation early in joiners' experience of the organisation.

Meanwhile, the Trust choir, comprising staff and service users, has gone from strength to strength, having performed at several concerts throughout the year within the Trust and externally.
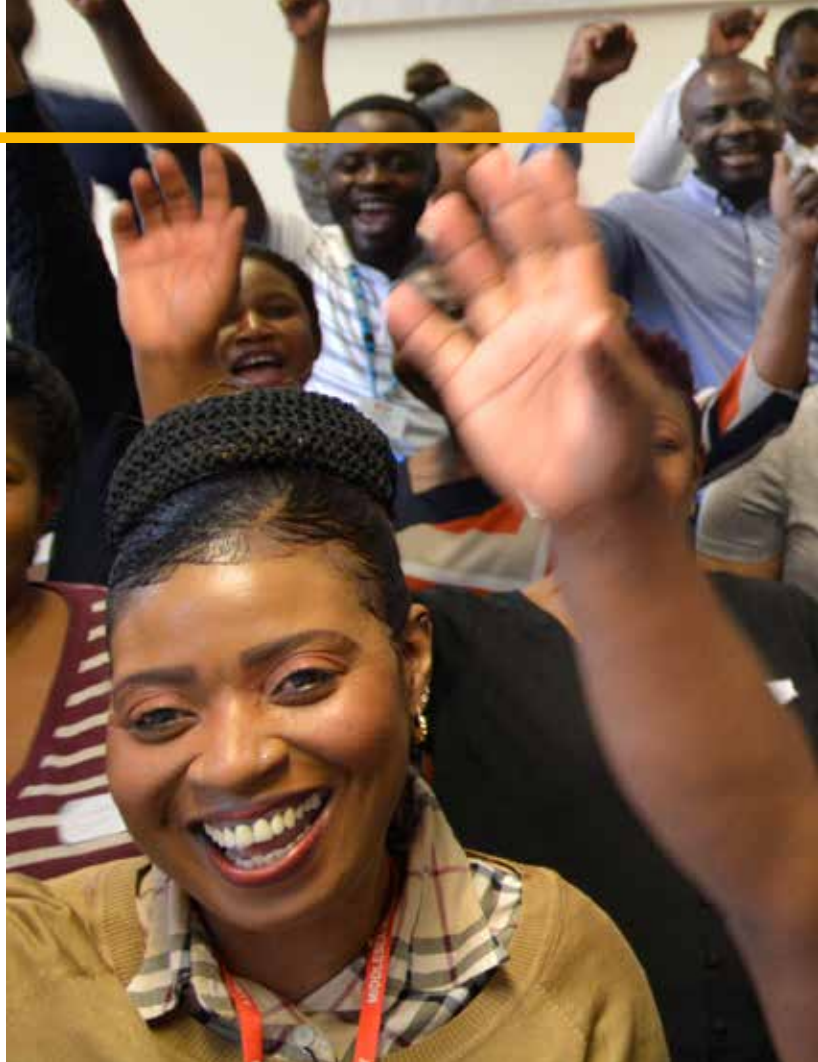
Celebrating International Nurses' Day

Jeremy Hunt when Health Secretary visits our Trust

Mental health nurses celebrating induction day

2.11.10 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 2018 (as per NHS improvement guidance)

	Average FTE (2017)	Adjusted FTE Sick Days	FTE Days available	FTE Days recorded sickness absence	Average Annual Sick Days per FTE
Data	1829	12600	659177	20438	6.7

Source: ESR

2.11.11 Health and safety performance

In September we were advised by the Health and Safety Executive (HSE) that the Trust had been selected alongside a number of others across the UK to be subject to inspection. The key focus of the inspection was to review management of risks from service user violence and aggression and also staff risks regarding musculoskeletal disorders particularly in relation to patient handling and moving. As a result, the HSE asked the Trust to undertake action to implement improvements in these areas. Accordingly, the Trust has submitted a 12 month action plan to do this. One of the first actions has been to review and update the Trust's health and safety policy which has been completed. Action to fulfil the action plan continues.

The Trust continues to emphasise the importance of risk management and response in relation to fire safety throughout the Trust and particularly within inpatient facilities. The Trust has entered into a Memorandum of Understanding with the London Fire Brigade to work collaboratively to reduce risks and improve response to fire incidents in mental health environments. Our Fire Safety Manager and Advisor have received thanks from the LFB for presentations that they have given to the Brigade Inspecting Officers demonstrating good practice adopted by the Trust.

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 continues for six monthly formal ligature risk assessments, undertaken by ward management.

2.11.12 Occupational Health

The Occupational Health (OH) service has been provided to the Trust by People Asset Management (PAM) for the last three years. The service continues to be accessed at a high rate and is used by both new and existing staff. This service is 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. Furthermore, PAM provides Employee Assistance Programme (EAP) to employees, which is a confidential support service in relation to counselling, family matters, debt, benefits, relationships. This service is available to all employees 24/7, 365 days a year. In the last year PAM has also provided a series of wellbeing-focused events on both St Pancras and Highgate sites.

Monthly service review continue to run alongside quarterly contract review meetings to ensure any issues and queries are resolved and PAM meets its contractual obligations.

2.11.13 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 2018. 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 2018 comprised 71% women and 29% men. Last year this was 70% women and 30% men;

- The Gender Pay Gap analysis shows that women employed by the Trust earn an average of 14.1% less than men in hourly pay (12.1% last year). The median Gender Pay Gap analysis shows women earn 10.1% less than men in hourly pay (7.8% last year);

- 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, where women earn more on average, and in the Nursing and the Additional Professional, Scientific and Technical staff groups. Here there is no pay gap.

- The tables below show the breakdown of the average hourly rate for women and men by staff group and pay band.

Table: Mean Average Hourly Rate by Staff group

Staff Group	Women	Men
Medical	£30.95	£40.54
Additional Professional Scientific and Technical	£21.50	£21.50
Administrative and Clerical	£16.96	£20.64
Allied Health Professionals	£19.58	£21.50
Nursing and midwifery Registered	£19.65	£19.65
Additional Clinical Services	£16.30	£13.15
Estates and Ancillary	£11.87	£12.30
Overall Trust Average Hourly Rate	£18.82	£21.98

Table: Mean Average Hourly Rate by Pay Band

Pay Band	Women	Men
Band 2	£12.27	£12.05
Band 3	£11.81	£12.59
Band 4	£12.91	£13.01
Band 5	£16.29	£16.75
Band 6	£17.77	£18.91
Band 7	£21.88	£22.47
Band 8A	£26.20	£24.90
Band 8B	£30.09	£30.64
Band 8C	£35.63	£38.75
Band 8D	£43.49	£44.95
Band 9	£55.35	£54.60
Consultant	£43.72	£46.57
Medical Training	£28.40	£26.69
Other Medical	£43.26	£30.70
VSM	£43.26	£30.70
Overall Trust Average Hourly Rate	£18.82	£21.98

The Gender Pay Gap report was shared with the Trust Board members at the meeting that took place on 7 March 2019 and was published on the 26 March 2019. 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 2019.

2.11.14 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 Anti-Bribery and Counter Fraud policy and a named local counter fraud specialist (LCFS), who is able to investigate all suspicions and allegations of fraud in a confidential manner. The LCFS also undertakes compliance reviews against the NHS CFA standards, proactive reviews, and organises counter fraud publicity and awareness materials.

2.11.15 Our commitment to ensuring equality and diversity

A fundamental and unique aspect of our Trust is the highly diverse, culturally-mixed population we serve. This diversity is strongly reflected in the make-up of our workforce, which is a characteristic we embrace and our aim is to embed equality, diversity and inclusion in all areas of the Trust. The Board acknowledges though that there is much more work to be done to better engage with representative staff and service user groups and this will be a focus for the Trust in 2019/20.

During the year, we further developed the 'Our Staff First' project, which has been effective in retaining and developing the Trust's own staff since it was launched in 2017. Almost a fifth of bands 8a and 9 roles are now filled by BME staff – a rise of 4% on the previous year.

To further increase the numbers of BME staff at 8a and above, we are changing the recruitment process to include the following:

• All recruiting managers at all levels, must complete interview training, including unconscious bias training, in order to sit on Trust interview panels;

• All interviews for positions at Band 8a and above must be carried out by diverse panels including a trained BME representative, in order to sit on Trust interview panels;

• Whenever a shortlisted BME candidate is not appointed to a Band 8a role or above the recruitment panel will write to the Director of Human Resources and Organisational Development to explain i) why the successful candidate was more suitable in terms of experience, skills or aptitude, ii) what the unsuccessful BME candidate(s) could do to develop their experience, skills or aptitude in order to be more likely to be appointed to a similar role in the future.

This new approach will provide assurance that managers are appropriately trained to ensure a fair and improved interview experience for BME staff. It will also ensure there is clarity and feedback for unsuccessful BME candidates, with clear pointers on how they can ensure success in future applications. In conjunction, the role of the Workforce Race Equality Standard (WRES) Expert has been further developed to support the equality, diversity and inclusion work for our BME colleagues.

The staff Network for Change is a crucial body within the Trust, representing our BME population, and its role continues to evolve at the heart of promoting equality, diversity and inclusivity in the Trust, and it has been a main contributor to Our Staff First strategy. A highlight for the Network in the year, was its hosting in October of a successful Strength in Diversity Conference, with keynote speakers including C&I's Human Resources and Organisational Development Director and the Director of the WRES NHS England.

The Disability+ Staff Network has been extremely active in the year and has co-produced material with the Equality, Diversity and Inclusion Lead, including the Supporting Staff with Disabilities and Long Term Conditions (physical and mental health conditions) Policy, reviewed the Equality, Diversity and Inclusion Policy and supported the renewed membership of the Disability Confident Scheme. It is supporting the Trust in achieving the next level in the scheme.

The Rainbow LGBT+ Staff Network has been fully established and is now a member of the Stonewall Diversity Champion Programme, and for the second year running will be attending the London Pride Parade.

The C&I rainbow lanyards continue to be a popular way of showing both staff and service users that we are an open and inclusive organisation. In addition, C&I's Recovery College and the Equality and Diversity Lead have further developed the range of equality and diversity courses and we now have a LGBT+ Course. All courses are co-produced and co-presented with service users.

The Anti-Bullying and Harassment Initiative is now embedded across the Trust with a successful poster campaign highlighting that the initiative is run by staff for staff and is accessible via the telephone, text and email.

All staff networks attend the Trust Induction and have hosted numerous road shows and workshops over the last year across the Trust. By working together with a philosophy of openness, respect, and celebration of diversity combined with a determination to bring about a positive change, we intend to bring awareness of our services to seldom-heard communities to reduce acute admissions and improve access for all. Our core values can become the lived experiences of each and every member of our diverse community.

There will be increasing focus in 2019/20 on ensuring the Trust properly represents its service users, communities and staff. In line with this there will be a review, for example, of the Trust chaplaincy service to make sure it supports all faiths and those of non-faith are offered relevant support.

There will be work too to ensure diversity within Mental Health Panels.

2.11.16 Freedom to Speak Up Guardian

There were ten cases raised with the Guardian during the year, most of these mainly seeking advice and reassurance. One case is currently being investigated though, relating to concerns including bullying and harassment, patient safety, recruitment and flexible working.

There was increased encouragement by senior management to develop a culture of speaking up, to counter unwillingness at times by some staff to raise issues if necessary.

2.11.17 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 2018/19, it has promoted how the Trust implements all aspects of mental health law ensuring 85% and 83% of all clinical staff received training on the Mental Health Act and the Mental Capacity Act respectively as core training topics.

It has also ensured that patients who are subject to the Mental Health Act and who are due to have a review with the Associate Hospital Managers have that review within eight weeks in over 80% of cases.

It has also overseen the signature of a new Service Level Agreement on Mental Health Act Administration with our partners in Whittington Health NHS Foundation Trust (and is currently overseeing negotiation with the Royal Free and Great Ormond Street hospitals).

It also actively contributed to the Independent Review of the Mental Health Act, which published its final report on 6 December 2018, and is already thinking of the practical implications the two recommendations already accepted by the Government might have: "Advance Choice Documents" and the new "Nominated Individual" concept.

Angela McNab
Chief Executive
28 May 2019

2.12 Remuneration report

We are pleased to present the Senior Managers' Remuneration Report for 2018/2019, 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 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 normally consists of three NEDs. During the year the Committee members were Leisha Fullick (Trust Chair), Angela Harvey and Kieran Parmar who was succeeded by Mark McLaughlin in December 2018. In line with succession plans and to ensure continuity, the Deputy Trust Chair, Pippa Aitken, attended two meetings as a full but temporary member. The Committee met three times including one virtual meeting. Attendance at meetings is detailed below:

Members	Meeting Attendance
Leisha Fullick (Committee Chair)	3/3
Kieran Parmar	0/1
Pippa Aitken	2/2
Mark McLaughlin	1/1
Angela Harvey	3/3

Islington SMI nurses

2.12.2 Chair of the Remuneration Committee's report

All Executive Directors are employed on a permanent Very 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 comprising the Committee. No Executive Director or Very Senior Manager receives 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. In 2018/19, our policy followed NHS Improvement guidance determining Very Senior Manager pay awards.

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.

2.12.3 Non-Executive Directors

Remuneration and terms of appointment for all Non-Executive Directors including the Trust Chair are determined by the Council of Governors' Nominations and Remuneration committee. This committee of the Council does not have any decision-making powers but makes recommendations to the Council of Governors with whom final decision-making powers solely rests.

This Governors' committee combines nominations and remuneration business in one group which comprises a majority of Governors. For the purpose of remuneration business the Committee met only once during the year. Due to the conflict of interest, the two Non-Executive Director members were excluded from this meeting and therefore could not influence the Committee's recommendations to the Council of Governors in any way. Attendance at this meeting is shown below.

Members	Meeting Attendance
Wendy Savage – Public Governor Islington (Committee Chair)	1/1
David Barry – Public Governor Islington and Lead Governor	1/1
Hagir Ahmed – Service User Governor	0/1
Simon Ramage – Staff Governor	1/1
Leisha Fullick – Trust Chair	0/0
Angela Harvey – Senior Independent Director	0/0

The Governors' Nominations and Remuneration Committee met on 1 February 2019 when it agreed to recommend that the Chair and NEDs should receive a 1.5% pay increase for 2018/19 backdated to 1 April 2018. This was in line with the lowest level of pay award granted to Trust staff on Agenda for Change contracts. The award was subsequently approved by the full Council on 12 February 2019.

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 2018/2019, and are subject to audit.

2.12.5 Salaries and allowances

Director Summary

Name and Title	2018/2019			2017/2018		
	Salary	Pension related benefits	Total	Salary	Pension related benefits	Total
	Bands of £5,000	Bands of £2,500	Bands of £5,000	Bands of £5,000	Bands of £2,500	Bands of £5,000
	£000	£000	£000	£000	£000	£000
Ms Angela McNab Chief Executive	160-165	12.5-15	175-180	160-165	25-27.5	185-190
Mr Andrew Rogers Chief Operating Officer	115-120	0	115-120	100-105	0	100-105
Mr David Wragg Director of Finance	120-125	0	120-125	115-120	7.5-10	125-130
Dr Vincent Kirchner * Medical Director	155-160	7.5-10	165-170	155-160	5-7.5	160-165
Mrs Caroline Harris-Birtles ** Director of Nursing	95-100	0	95-100	105-110	0	105-110

Notes

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

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

** Mrs Harris-Birtles retired in February 2019

2.12.6 Pension Benefits

Name and title	Real increase in pension at age 60 (bands of £2,500)	Lump sum at aged 60 related to real increase in pension (bands of £2,500)	Total accrued pension at age 60 at 31 March 2019 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2019 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2019	Cash Equivalent Transfer Value at 31 March 2018	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	30-35	0	579	483	82	24
Mr Andrew Rogers Chief Operating Officer	2.5-5	0	20-25	0	283	195	82	17
Mr David Wragg Director of Finance	0-2.5	0-2.5	45-50	135-140	1,024	889	109	17
Dr Vincent Kirchner Medical Director	0-2.5	0	70-75	110-115	1,152	982	140	22
Mrs Caroline Harris-Birtles ** Director of Nursing	0-2.5	2.5-5	35-40	105-110	0	762	0	13

Staff at the Huntley Centre, St Pancras Hospital, enjoying NHS 70th birthday celebrations

2.12.7 NED Salary Summary

	2018/2019			2017/2018		
	Salary Bands of £5,000 £0	Other Remuneration Bands of £5,000 £0	Benefits in Kind Rounded £000 £0	Salary Bands of £5,000 £0	Other Remuneration Bands of £5,000 £0	Benefits in Kind Rounded £000 £0
Leisha Fullick Trust Chair	40-45	0	0	40-45	0	0
Kieran Parmar Non Executive Director/Chair of Audit & Risk Committee	5-10	0	0	10-15	n/a	n/a
Angela Harvey Non Executive Director	15-20	0	0	15-20	0	0
Dr Sue Goss Non Executive Director	0-5	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	0-5	0	0	10-15	0	0
Tom Burns Non Executive Director	5-10	0	0	10-15	0	0
Richard Brooman Non Executive Director	5-10	0	0	n/a	n/a	n/a
Dalwardin Badu Non Executive Director	0-5	0	0	n/a	n/a	n/a
Jackie Smith Non Executive Director	0-5	0	0	n/a	n/a	n/a
Luisa Fulci Non Executive Director	0-5	0	0	n/a	n/a	n/a
Mark McLaughlin Non Executive Director	5-10	0	0	n/a	n/a	n/a

2.12.8 Fair Pay Multiple

	2018/19	2017/18
Band of Highest Paid Director's Total	165-170	160-165
Median Total	£34,795	£33,165
Remuneration Ratio	4.75	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 £165k - £170k.

The Trust's median staff remuneration is £35k. Therefore the ratio of Trust's median staff remuneration to the Chief Executive's remuneration is 4.75:1.

The Trust has implemented a new 3 year pay deal, which has led to an average pay rise of approximately 2.5% for Trust staff in 2018/19.

Executive Directors are the highest paid staff group within the Trust; no new directors received a higher salary than the previous post holder during 2018/19.

2.12.9 Governors

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

There was one Governor expenses claim paid during 2018/19. This was for £9 and related to necessary travel.

Angela McNab
Chief Executive
28 May 2019

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

Joy of Colour

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

- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators, and stakeholders to assess the NHS foundation trust's performance, business model and strategy and

- Prepare the financial statements on a going concern basis.

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

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
28 May 2019

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 2019 and up to the date of approval of the annual report and accounts.

The Trust's internal auditors completed their planned 2018/19 audit programme on schedule, And were able to offer an overall opinion of 'Significant assurance with minor improvements required'.

It raised a total of two high risk recommendations in the period relating to:

- IT disaster recovery – assurance over third party providers. Obtaining periodic assurance from third party IT providers over the robustness of their disaster recovery arrangements in the event of an IT disaster; and

- Freedom to Speak Up – record keeping: Keeping more formal records of cases raised to the Freedom to Speak Up Guardian to enable follow up or handover of cases, and sufficient records to enable reporting to the Board and the National Guardian's Office.

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. A copy of the strategy is available on the Trust intranet and website.

All staff members 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.

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 2018/19, work continued to further strengthen the Trust's Board Assurance Framework (BAF) and to embed related internal auditors' recommendations. Quarterly updates of the BAF are now routinely presented to the Audit and Risk Committee together with a narrative report highlighting key changes and progress made. Assurance is provided through a robust narrative on the progress of mitigating action plans and the Audit and Risk Committee Chair highlights particular areas the Board should be made aware of.

The major risks identified to delivery of the Trust's priority objectives in 2018/19 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 uncertainty of the long-term impact of the UK leaving the European Union.

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.

The Trust's Annual Risk Management Report 2017/18 gave a comprehensive account of management activities that had been undertaken, and those areas where improvements have been noted, including:

- A reduction in the number of high level risks recorded on the Trust Risk Register;
- The introduction of a system of 'deep dive' assessments presented routinely to the Audit and Risk Committee on specific risks;
- The introduction of a formal process for the scrutiny of Divisional Risk Registers;
- The introduction of a framework for mortality review;
- A reduction in the number of formal Complaints received by the Trust.

During 2018/19, introducing risk registers to our corporate departments and including them in the quarterly risk scrutiny process has been an area of focus for the Trust. There has also been a continuing focus on strengthening of processes around complaints and serious incidents management to improve response rates and the quality of investigations, as well as sharing of knowledge and good practice throughout the Trust. The Trust Board has maintained very close oversight of these areas and continues to receive regular progress reports directly and through its Committees.

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.

Our Trust has developed and implemented a workforce strategy that ensures the organisation have a robust plan in place to attract, develop and retain talent across the organisation. The Trust monitors on a monthly and quarterly basis key staffing performance indicators which are reported at the senior management meetings, Resources committee meetings and at Board meetings. This includes the monitoring and reporting on staff turnover, vacancy rates, time to hire, completion of mandatory training, performance appraisal completion rates and the effective use of temporary staffing.

To enable effective workforce planning, the workforce strategy is further supported by the current development and implementation of a recruitment strategy, a talent and succession planning strategy and a retention improvement plan. Measures are also in place to ensure safe staffing through electronic rosters and the effective use of staffing data and reports supported by staff systems, policies, procedures and process, and outcomes are measured through the National Staff Survey results and Staff, Friends and Family Tests.

The Trust has a robust policy on managing interest, gifts and hospitality. A register of interests is routinely published on the Trust's website and this is reviewed at every Board meeting.

Work is currently underway to further strengthen the policy with latest guidance by the NHS Counter Fraud Authority and processes are being reviewed to test their robustness.

2.14.5 Well Led Update

During the year, as part of our commitment to continuous improvement, the Trust implemented recommendations for changes in some areas against the NHS Improvement's Well Led Framework.

This followed the Trust's own self-assessment and the commissioning of an independent review by Deloitte of the organisation against the framework in 2017/18. Both reviews had 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.

Actions have already been undertaken to address areas for improvement identified under the self-assessment. This includes the following areas:

- Talent mapping and succession planning;
- Intelligent use of information via dashboards and integrated reporting;
- The role of the Freedom to Speak Guardian has been extensively promoted;
- Automating the risk register process;
- Recruiting a Trust secretary;
- Introduction of statistical process control into reporting;
- Engagement with governors.

The Trust will undertake a CQC Well Led assessment in 2019/20. The Trust provides regular updates on compliance with well led standards via regular engagement meetings with CQC.

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'.

Our Stacey Street Nursing Home for older adults with dementia and long term mental health difficulties was inspected in in January 2019 and rated as 'Good' overall and for each of the themes. **To see the full report, please go to the Care Quality Commission website.**

To support continuous assessment and compliance with CQC standards the Trust will, where possible, reflect this into the usual and ongoing processes and plans at the Trust that underpin governance, engagement, leadership and improvement.

Services complete and regularly refresh the internal CQC self-assessments and compliance action plans to ensure they are compliant with CQC standards. This supports ongoing assessment and helps prepare services for inspection.

Ratings	
Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

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).

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 2019/20 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 again 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 2019/20 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, which we continue to monitor to strengthen our quality of care;

- 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 action plan resulting from this continues to provide a key focus for the Board in scrutinising leadership, performance and effectiveness;

- The annual assurance provided to the Board in meeting the conditions of our Provider Licence;

- The regular Integrated Board Performance Reports; and

- Statements relating to the Trust accounts and financial position.

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 2018/19 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 2018/19, 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
28 May 2019

NURTURING RECOVERY THROUGH GARDENING

The Trust continues to use gardening as a tool to aid recovery, helping nurture service users as they cultivate an interest in horticulture.

In May we won a garden from the Chelsea Flower Show in a competition run by the Royal Horticultural Society (RHS). The Feel Good Garden, which was visited by the Queen and Prime Minister, was designed by internationally-renowned Matt Keightley to celebrate 70 years of the NHS and recognise the therapeutic benefits of gardening.

The plot was relocated to Highgate Mental Health Centre where is it will be used by staff and service users.

Andrew Kingston, C&I Recovery Service Manager with expertise in horticultural therapy, said:

The Queen is shown around our garden by its RHS designer Matt Keighley

"We serve older adults with mental health problems, such as schizophrenia and severe depression, or dementia. At the time of their arrival, people can be extremely distressed and agitated.

Service users from mental health rehabilitation wards at St Pancras are also involved in a

woodland garden project that won an award celebrating the use of church gardens and churchyards for wellbeing.

The garden at St Paul's Church, Camden Square, (top right) won the £2,000 top prize in the inaugural Green Health Awards, sponsored by the Church Times.

As well as the woodland garden, it has fruit and vegetables plots and a refuge for wildlife.

Trust service users visit every week with the support of staff, and have taken part in a range of gardening and conservation activities.

Tilly Williams, C&I Rehabilitation Psychology Lead, who has been instrumental in the Trust's involvement in the garden, said: "It encourages people, some of whom have spent much of their adult lives in hospital and are unlikely to engage in mainstream services, to venture out into the community to try a new activity, perhaps for the first time in many years."

Helping cultivate a haven for service users at St Paul's Church garden in Camden

"An attractive and well-maintained outdoor garden area will be invaluable in contributing to their recovery. It will also give these very vulnerable individuals a rare opportunity to interact with an outdoor environment and will be of significant support in their recovery. It's a unique and wonderful gift to patients, their relatives and carers, as well as staff on the units."

Volunteers with Andrew Kingston after helping prepare the new Highgate garden

QUALITY REPORT

3.0 QUALITY REPORT

Part 1

1. Statement on quality from the Chief Executive

It is my pleasure to present the Quality Report for 2018/19. This has been a good year in which we have provided a high level of care across our services, and made some further improvements against challenging targets.

In some areas where we have not quite achieved what we set out to, we have established very good progress to build on in the coming year.

Our Clinical Strategy – described as "excellent" by the Care Quality Commission in its 2018 inspection report – sets out the guiding principles for our delivery of care and the focus for service development.

In 2018/19, we again 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.

Some of these were also incorporated in the annual Commissioning for Quality and Innovation (CQUIN) framework, but also reflect other local health priorities and NICE-prescribed guidance. They additionally took into account the action plan the Trust put into place after its most recent CQC inspection.

With regard to patient safety, we made progress against our overall aim of promoting safe and therapeutic ward environments through preventing violence. There was a reduction in incidents involving violence and aggression, and we also started the roll-out on our wards of the Safewards intervention model. We also have introduced peer debrief in our acute services after restrictive interventions, an innovation building on the standard NICE requirements for debriefing.

We have not made quite as much progress though as we would have liked in this key area. We continue to have high levels of violence and aggression on our wards and are committed to seeking to change this. We are determined to learn openly from all serious incidents including the tragic homicide on an acute ward that occurred this year, and

make any necessary changes to strengthen our quality and safety.

Our focus this year will be on further reduction of violence in inpatient areas, reducing the level of harm from violence and ensuring we capture and categorise the types of verbal abuse used on wards.

We partly achieved our aim of ensuring comprehensive risk assessments, ensuring staff have the right skills and tools to carry them out effectively.

However, after the homicide and an annual CQC compliance audit, we have set up a Task and Finish Group to carry out a comprehensive overhaul of clinical risk management and care planning.

To support our clinical effectiveness, we achieved our priority for better involvement of service users in developing and reviewing their care plans and in developing our assessment and intervention with regard to their physical health.

There was much work, too, to implement a local suicide prevention strategy and make staff aware of the best approach to detecting risk and targeting help to prevent suicide.

With regard to patient experience, the Trust achieved its targets in learning from deaths and serious incidents and in involving service users in our Quality Improvement programme. We have more work to do in improving communication with service users' families and carers.

The Annual Community Survey published in November 2018 by the CQC provided a mixed picture with regard to rating of our services by our service users. We scored in the intermediate 60% range of all NHS trusts on the majority of survey questions, but in the top 20% for a number, relating for instance to care planning and review.

Our CQUIN results for 2018/19 were a positive picture overall, with further achievements improving the experience and outcomes for young people transitioning out of Children and Young People's Mental Health Services (CYPMHS) and taking steps to ensure healthy food at the Trust for service users, visitors and staff.

We also made progress in a number of other CQUIN targets relating to liaison with GPs as part of integrating physical and mental health care of service users; reducing frequent attenders at A&E; and helping prevent ill health in service users who abuse alcohol and those who smoke. We did not quite fully achieve our overall targets in these measures though.

We again exceeded national improvement targets, covering performance on seven day follow-up contact of Care Programme Approach (CPA) service users, admissions to inpatient services have 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.

The level of complaints received by service users or relatives and carers slightly increased for the year, but the overall trend continues to be downward. We think this reflects more effective resolution, avoiding the need to escalate and our teams addressing some of the factors that contributed to complaints in the first place, such as communication and long waiting lists.

Endorsing our continuous focus on providing high quality care, we were very pleased that following an unannounced inspection by the CQC to our Stacey Street Nursing Home, it received a "Good" rating. This was a fitting tribute to the hard work and dedication of staff, ahead of the facility closing and moving to a new, purpose-built location a mile away.

Our Quality Improvement approach has been further embedded in the Trust culture, with wider training of staff and the methodology being more formally adopted into divisional business and quality agendas.

Up to April 2019, there were 32 active QI projects, 14 of which had been successfully completed, with specific work streams addressing staff wellbeing, managing violence and aggression experienced by staff from service users, and the development of effective IT solutions.

I believe this Quality Report reflects our strong 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 pleased with the progress we have made during the year and look forward to continuing to work on key initiatives to further enhance the quality of our care, and sharing the outcome of our plans and our progress next year.

The Board is satisfied that the data contained in this Quality Report is accurate and representative.

Angela McNab
Chief Executive
28 May 2019

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 2019-20 are the final result of this process and

discussion at our Board.

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 report, 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 by emailing Communications@candi.nhs.uk.

If you have any feedback or suggestions on how we might improve our Quality Report, please do let us know 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 (MCA)

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.

Bringing a splash of colour at the Joy of Colour exhibition at St Pancras

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.

Statistical Process Control (SPC) chart

This is a tool which helps identify a project, obtain a baseline and evaluate how a process is currently operating as well as, helping to assess whether a project has made a sustainable difference.

Part 2

Priorities for improvement in 2019/20

This part of the report describes the areas for improvement that the Trust has identified for the forthcoming year 2019/20. 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 2019/20 based on local and national feedback and performance information.

This long list was then put to a public vote via our pubic website, intranet, social media platform (Twitter) and sent to commissioners, Camden and Islington local authorities and all stakeholders. It was also discussed at the Trust Board and considered in line with organisational priorities. As a result, the following priorities were selected:

Priorities for improvement in 2019/20

Patient Safety		
Priority 1	Promote safe and therapeutic ward environments reducing violence and aggression and strengthening safety for staff and service users	Builds on last year's Quality priority and on recent evidence
Priority 2	Strengthen further Risk Management and Care Planning including overall risk issues in acute ward patient groups	Builds on last year's Quality priority and incorporates evidence from incidents
Priority 3	Improve service user safety and staff wellbeing in community based teams	New Priority and recognises staff feedback
Patient Experience		
Priority 4	Building a just and learning Culture	New priority
Priority 5	Agree and Implement a revised patient experience strategy	New priority
Priority 6	Improve signposting for welfare support for service users	New priority
Clinical Effectiveness		
Priority 7	Improve dementia care	New priority SAMH Division
Priority 8	Continue progress with Patient flow	New priority
Priority 9	Improve Service Users' physical health care	Builds on last year's Quality priority

How these priorities will be delivered

We are confident that with sufficient energy and focus we can deliver progress with these priorities, and 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 2019/20.

How will these priorities be monitored to ensure achievement?

The quality priorities for 2019/20 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 and Quality. 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 reducing violence and aggression and strengthening safety for staff and service users

Description comprising the quality issue and rationale for prioritising

The Trust is committed to safe clinical environments for all staff, service users and visitors. Violent incidents are potentially harmful and impact on staff and patient wellbeing. To promote safe and therapeutic ward environments the Trust is introducing Safewards, an evidenced based, non-pharmacological clinical model known to reduce violence and aggression in mental health inpatient settings. The Safe Ward Model was introduced in November 2018 for all acute inpatient services and includes an emphasis of psychologically informed communication, structured activity and service user participation in the day to day operation of wards. A project team comprising a Band 6 Nurse and a Band 4 Practitioner is introducing the model over 12 months and the team is supported by a multidisciplinary task and finish group and QI methodology. Individual wards are also being supported to use QI to identify other actions that can reduce violence and aggression.

Data is collected via Datix Incident reporting and additional data collection in each unit involving both service user and staff assessments of the clinical environment. This adds additional context to incident reporting.

Identified areas for improvements

- The reduction in violence and aggression (including sexual safety)
- The reduction in restrictive practice, including restraint, seclusion
- Improved data collection; the Datix incident reporting system is currently underdeveloped to capture improved and more comprehensive data regarding the nature of physical and verbal aggression, and sexual violence and abuse. This will include enhanced report production
- Improved awareness, practice and culture regarding the recognition, prevention and management of sexual violence

How we will improve

- Reduced incidents via improved social and therapeutic culture and practice
- Improved service user satisfaction
- Improved working environments
- Introduction of a Sexual Safety Policy (May 2019) and the launch of the Department of Health Pathfinder Project.

How we will measure success

- QI methodology is being used to develop and evaluate the implementation of Safe Wards. Emerging data trends are encouraging and are being analyzed at the time of this report
- Datix reporting is currently being developed to capture more comprehensive data on sexual violence and physical and verbal aggression, and staff data collection and service user feedback is obtained via community meetings
- The implementation of the Sexual Safety Policy will be evaluated via the Awareness and Response to Domestic and Sexual Abuse collaboration and via the Pathfinder Project evaluation Framework

Priority 2:

Strengthen further Risk Management and Care Planning including overall risk issues in acute ward patient groups.

Description of the quality issue and rationale for prioritising

Comprehensive assessment including identification of risk and formulation of care plans are key to safety and quality care. The Trust has a dedicated risk management policy, risk management training, clinical supervision training requirements and electronic records to achieve this and will strengthen policies and procedures around risk assessing groups of patients being cared for on the wards.

Current picture

The Trust is responding to a need identified in 2018/19 to improve the quality of risk management, co-production with service users, care and families and to learning from recent incidents.

Identified areas for improvements

- The Trust has formed a Task and Finish Group with the following remit:
- Clinical model review and development
- Policy review and development
- Review and development of the electronic patient record (EPR) documentation format
- Review staff competencies, training and development needs
- Align this work with the Zero Suicide Ambition Plan
- improved relational risk assessments on wards

How we will improve

- Improved engagement of service users / co-production
- Improved utility of risk assessment for service users and clinicians
- Increased capacity and capability for staff to undertake comprehensive assessment and formulation
- Development of defined and accessible risk history summaries
- Better access to care / safety plans addressing risk
- Better quality of assessment of relational risks on wards
- Better and more consistent engagement of families, carers and other agencies when indicated

How we will measure success

- QI methodology to be used to develop and evaluate changes

Priority 3:

Improve service user safety and staff wellbeing in community based teams.

Description of the quality issue and rationale for prioritising

Service users' needs are varied and can be complex. To meet those needs, the Trust is continuously thinking of new ways to evaluate the needs of patients and to deliver personalised care. One way to identify gaps in meeting service users' needs relates to the issue of clinical risk and how this can be dynamic in nature. To address this community teams in the Rehab and Recovery Division have implemented daily MDT meetings. Attended by all professionals these daily meetings provide staff with an opportunity to discuss clients of concern, urgent clinical issues and ensure critical pieces of work are not missed by the team. The meetings adopt a Clinical Zoning structured approach to ensure that clinical risks are identified; plans are implemented with the support of the wider MDT and teams decide on the resources required to safely carry out the interventions required. As an outcome service users' needs are met in a timely manner and staff feel greater support when facing issues relating to clinical risk.

Current picture

Daily MDT meetings are currently take place across many Community teams. However, the implementation of a Clinical Zoning structure has been inconsistent. The standardised improvement to managing service users risks and needs in all community teams is not consistent.

Identified areas for improvement

- Standardised structured approach to Clinical Zoning
- Daily meeting with input from all professionals
- Recording system to track all actions, from day to day
- Recording of actions and outcomes on Carenotes
- Improved communication within teams
- Efficient use of resources
- Improved Crisis planning

How we will improve

- Effectiveness of Clinical Zoning – Standards developed
- Effective systems for managing concerns and gaps identified
- Improved patient experience
- Improved staff experience
- How we will measure success
- Compliance audit
- Regular review and evaluation of systems
- Monitor rates of incidents
- Monitor rates of inpatient admission

PATIENT EXPERIENCE

Priority 4:

Building a just and learning culture

Description of the quality issue and rationale for prioritising

Establishing a positive culture where fairness and empowerment enable staff to do their jobs well is a priority and such a culture will also enable better learning and higher quality care. NHS Improvement and UCLPartners have joined together to run a collaborative programme to help NHS trust teams to develop or enhance their organisational strategies for compassionate and inclusive culture and leadership. C&I is taking part to explore its current culture, identify areas for improvement and to develop a strategy for a positive, compassionate and inclusive culture – this in turn will influence staff behaviours and attitudes to improve patient experience.

Current picture

This is a new priority and preliminary meetings are being held to work out the plans and terms of engagement. It would support our workforce and enable staff in delivering quality care which in turn will improve patient experience.

Identified areas for improvement

- Understand the Trust's culture and how it varies in different teams
- Design a compassionate and inclusive leadership strategy
- Develop a culture which is just and fair

How we will improve

- Trust culture understood
- Actions taken to promote fairness and equality
- Implementation of a strategy modelled for C&I

How we will measure success

- Metrics incorporated in the strategy

Priority 5:

Agree and Implement a revised patient experience strategy

Description of the quality issue and rationale for prioritising

The Trust aims to deliver improved patient experience. We are revising the patient experience strategy, and its delivery/implementation plan. The current strategy has four over-arching principles:

- Always listening
- Understanding what we are told
- Collaboration and co-production, and
- Communication, transparency and accountability

Current Picture

The FFT is one source of feedback that we use to measure patient experience. We continue to meet the 20% response rate target. Patients who recommend their service has also remained above 80% the recommended target.

Within each division, services have bespoke patient experience tools to capture patient feedback. These are reported locally and shared within their division. There are also service areas that use 'realtime' methods to capture patient feedback. For example, our Community division has designed a PROM (patient reported outcome measures) and PREM (patient reported experience measures) to gather feedback in their services.

Our complaints and advice team manage complaints, compliments and concerns and extract reports for divisions which are discussed at their monthly performance meetings. Our patient experience lead and other colleagues within the Governance and Assurance team attend these meetings to discuss performance measures and the impact on patient experience. The Trust participates in national inpatient and community surveys annually. Reports are analysed and reported. Acute division is currently working on increasing the volume of FFT responses as a QI project. Information on how service users or a member of the public can send us feedback on our services is published on our Trust website.

Family and Friends Test (FFT) - Trust wide
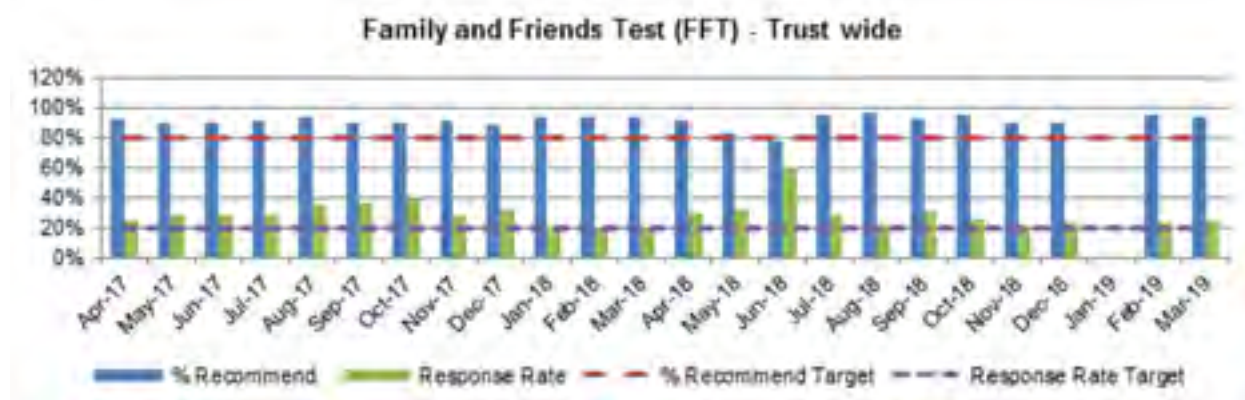
Service users are involved in collaborative working with staff in each division. They attend divisional/service team meetings and Trustwide governance meetings. Their input is always valued and they challenge us on issues they are not happy about. One area of collaboration and co-production is care planning. This is a priority in the trust and our aspiration is to have all care plans co-produced with service users. Our R&R division has completed a QI project co-producing care plans. It is currently being trialed in one of the wards. Following the trial, the results will be shared with other wards to enable staff to adapt their practice. There are a number of QI projects in progress that service users are involved in. All divisions have a patient experience plan.

Peer inspections are carried out by service users on our wards. The group of service users who conduct these inspections are members of the Patient Council. Their findings are shared with staff in clinical areas inspected and their reports are discussed at Trust meetings.

Service users present their stories at Trust Board meetings. This has been an opportunity for service users to highlight what is good and not so good about their own experience while receiving care and treatment. Board members have the opportunity to hear first-hand from service users and are able to have a dialogue with them.

Identified areas for improvement

- Increase the level of engagement and involvement of service users

- Finalise and launch a clear patient experience strategy

- Increase FFT response rates, a range of feedback mechanisms and the volume of responses

- Increase participation in co-producing care plans and collaborative working in

- delivering quality and service improvement

- Compliance with the accessible information standard

- improve patient access and experience for people with characteristics protected by

- the Equality Act 2010

How we will improve

- Record keeping of all patient experience activities

- Improved arrangements and preferences for involving carers and families for all service users

- Consistent recording of patient demographic details including next-of-kin

- Improved response rates and analysis

- Clearer understanding of what service users' preferences are.

How we will measure success

- Increased family and friends responses

- Metrics incorporated in the patient experience plans

Priority 6:

Improve signposting for welfare support for service users

Description of the quality issue and rationale for prioritising

The Trust has received feedback from Service Users that there is insufficient support and guidance on welfare rights. They have told us that this gap is a factor in not coping with their illness.

Current picture

Anecdotal reports suggest that there is good practice in some clinical areas in the trust. A baseline audit is planned to give us an indication of the current position. This will enable us to identify the issues and put actions in place to deliver improvements.

Identified areas for improvement

• Improve sources of support and guidance to facilitate signposting

How will we improve

• Effective engagement with agencies in the community

• Welfare support included in discharge planning

How we will measure success

• Documentation audit

CLINICAL EFFECTIVENESS

Priority 7:

Improve dementia care

Description of the quality issue and rationale for prioritising

The Trust aims to further enhance our post diagnosis offer for patients diagnosed with dementia. Our Services for ageing and mental health are keen to implement a wider range of clinical interventions to improve clinical effectiveness.

Current picture

This is a new priority and came up following staff review of dementia care. Staff see this as a means of challenging themselves to improve patient care and broaden their knowledge and experience.

Identified areas for improvement

• Introduction of additional clinical interventions

• Set up a research and innovation group

How we will improve

• Choice of clinical interventions available for service users

How we will measure success

• Documentation audit

Priority 8:

Continue progress with Patient flow

Description of the quality issue and rationale for prioritising

The Trust aims to improve timely access to our services, ensure that patients are assessed and receive appropriate treatment and support in the right clinical and care settings, and are able to be stepped down to suitable services when they need less intensive, or in some cases restrictive, care and treatment. As examples, we want to ensure that services users and local people having a mental health crisis can be rapidly assessed, ideally in the community. If they attend local Accident and Emergency Departments we want to ensure their waiting times are minimised. If they need an inpatient admission we want to ensure there is a bed available straight away, and when they are clinically ready for discharge from hospital ensure they have the right support in the community to enable that discharge to happen quickly and safely. Patient flow involves the clinical care, physical resources and internal systems needed to get service users from the point of referral/admission to the point of discharge/transfer, ensuring comprehensive high quality clinical treatment, care and support is offered.

Current picture

Over the past year we have focused on improving our flow through acute inpatient beds, with emphasis on reducing the number of people who have unnecessarily long lengths

of stay. This continues to be a challenge. Waiting times in Accident and Emergency Departments can extend beyond target times. Some of our community services have built up waiting lists due to limited capacity, delaying timely access.

Identified areas for improvement

- Consistently reducing waiting times in A&E

- Reducing inappropriately long lengths of inpatient stay

- How we will improve

- Quality Improvement methodology to test different approaches to improving patient flow

- Use data to predict patterns

- How we will measure success

- Monitoring of activity and waiting time data in relevant services.

- QI methodology to evaluate projects

Priority 9:

Improving physical health care

Description of the quality issue and rationale for prioritising:

- The Trust prioritises integrating physical health and mental health care and has made significant progress in this area

- The revised Physical Health Screening Tool (PHST) is now accessible on our electronic patient record system (Carenotes)

- While there has been an increase in the number of patients being screened and treated, this remains a Trust priority.

- The appointment of a physical health lead is significantly improving systems, policies and processes to ensure physical health care is routinely and consistently assessed and monitored.

- In 2019/20 the Trust aims to further use data to improve the quality of care delivery and outcomes for service users

- The Integrated Practice Unit (IPU) continues to develop structured services for the seriously mentally ill (SMI) population in partnership with primary care and other agencies, with a focus on chronic disease management.

- The IPU will capture additional intelligence to further understand morbidity and mortality rates and interventions offered

Current picture

- The revised Physical Health Screening Tool is accessible on Carenotes and enables service users/patients to have annual screening.

- The recently revised Physical Health and Wellbeing Policy

will be launched in June 2019 and provides improved and comprehensive guidance for clinical staff

- A Physical Health Dashboard has been developed with input from clinicians and service users and will provide data at patient, team, ward and division level regarding assessment and treatment achievement

- Training aligned to the Medical Devices Policy and the development of a standardised approach to procurement initial equipment checking and equipment use is now in place.

- The Trust has signed up to Safety Pledges for; venous thromboembolism (VTE), smoking cessation, pressure ulcers, nutrition and hydration, falls prevention, NEWS2 and the Deteriorating Patient

- A venous thromboembolism policy has been developed in line with new NICE Guidance (March 2018)

- A smoking cessation pathway has been further developed and E-Cigs vending machines have been installed in strategic areas in our hospitals, and are supported with training

Identified areas for improvements

- Implement the clinical dashboard to improve the governance of physical health interventions, including screening / assessment and signposting to treatment options

- Continued training of staff to ensure required competence is supported and monitored

- Improved use of data to improve practice and outcomes

- Further alignment of the Integrated Practice Unit providing physical health interventions for the seriously mental ill population with the Trust's broader physical health agenda

How we will improve

- Consistent, full and accurate completion of physical health assessments

- Appropriate referrals

- Staff access to expert advice

- Discharge summaries will include physical health information

- Staff will more effectively use data to improve practice

- Additional training / conference on smoking cessation and motivational interviewing is planned in 2019

How we will measure success

- Physical health dashboard

- CQUIN data

- Incidents, complaints and claims

- Audit cycles

Part 3

1. What we have achieved in 2018/19

What we have achieved in 2018/19

Progress against the quality priorities that we set for 2018/19

This section describes the Trust's progress against the quality priorities that we set for 2018/19. The Trust had nine quality priorities for the year.

Patient Safety		Achievement
Priority 1	Promote safe and therapeutic ward environments by preventing violence	Partly achieved
Priority 2	Provide comprehensive risk assessment	Partly achieved
Priority 3	Ensure mandatory training targets are achieved	Partly achieved
Clinical Effectiveness		
Priority 4	Engage service users and staff in suicide prevention strategies	Partly achieved
Priority 5	Better involvement of service users in developing and reviewing their care pans	Achieved
Priority 6	Improving physical health care	Achieved
Patient Experience		
Priority 7	Learning from deaths and serious incidents	Achieved
Priority 8	Improved communication with carers and families	Partly achieved
Priority 9	Involve service users in the trust's Quality Improvement (QI) programme	Achieved

PATIENT SAFETY

Priority 1:

Promote safe and therapeutic ward environments by preventing violence – partially achieved

Description of the quality issue and rationale for prioritising

Safe and therapeutic ward environments with prevention of violence, reduction in restraints and responsive support for service users and staff post incident are Trust priorities. Whilst progress has been made within this area further achievements are required.

Identified areas for improvements

• Continuous reduction in the level of violence and aggression in inpatient areas

• Reducing the level of harm from violence

• Improved data collection

• Introduction of Safe Wards

• Support for other Quality Improvement Initiatives that enable least restrictive practice

What we have achieved

Level of Harm	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
No Harm	358	357	402	408	379	359	393	338	331	376	295	306	4302
Low Harm	73	52	74	77	61	49	57	51	49	44	39	50	676
Moderate Harm	14	23	14	26	10	12	23	26	16	6	15	14	199
Severe Harm or Death	2	2	5	1	4	2	1	2	2	8	3	2	34

The overall trend on the number of incidents suggests continuing reduction in incidents of violence and aggression against staff and service users.

Incidents in all categories resulting in harm
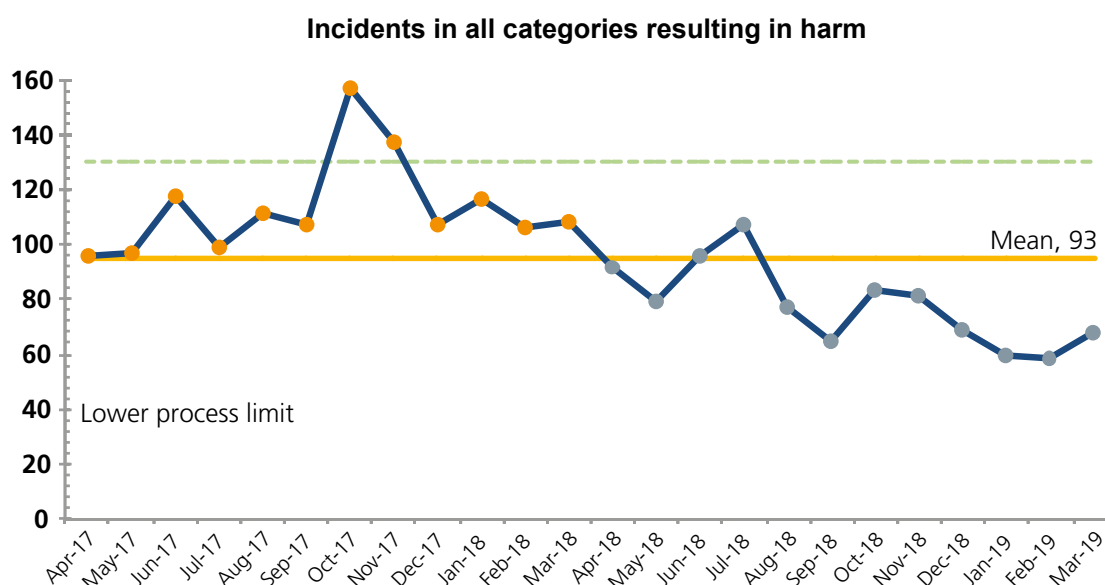
Number of restraints, prone restraints & planned prone restraints incidents
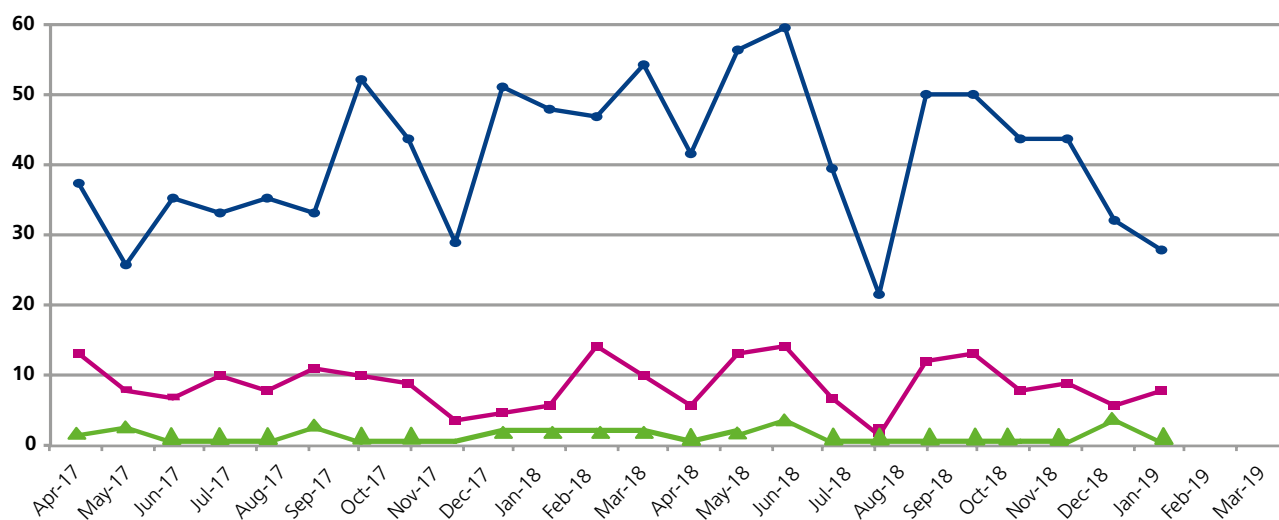
This data shows that the proportion of restraints that are prone restraints are being kept to a minimum.

Responding to Violence and Aggression:

- Incident follow-up; managers routinely review incidents of violence and aggression with service users and staff

- A Keeping Us Safe Forum was held in November 2018 as a listening exercise where clinical staff from acute inpatient services outlined their experience of violence and aggression and developed a charter. This forum launched the Safe Wards programme described above and will be repeated in November 2019 with an emphasis on sustaining practice change

- The Safe Wards implementation strategy (outlined above) commenced November 2018

- Restraint Peer Debrief and Volunteer role: this successful initiative offers service users a debrief after they have been restrained from a volunteer who has had experience of mental health problems. The initiative will be expanded in 2019 following a successful bid with Helpforce

- The Datix incident reporting system is in place and violence and aggression data is reviewed in the key Trust Forums, including the Trust Board and Health, Fire and Safety Committee

- Investment in Quality Improvement: projects undertaken in 2018-19 supporting the reduction of violence and aggression include standardisation of safety huddles, development of "chill out rooms" on wards and the structure use of community meetings to assess the ward mood

Next steps/future challenges

- Implementation is supported by stable teams

- Engaged clinical leadership and multidisciplinary engagement. This is achieved in many areas; efforts are required in some wards where these factors are variable

- It is recognised that sustainability is a key to the longer term success of this intervention. As a result, further progress on this priority will be monitored through the Safe Wards project and Positive and Proactive Care Group as priorities in 2019/20

Priority 2:

Provide comprehensive risk assessment - Partially Achieved

Description of the quality issue and rationale for prioritising

- A randomised audit was undertaken in four divisions between December 2018 and January 2019 demonstrating evidence of timely risk assessments and risk formulation. The scores range from 80% to 100%

- A Rapid Inpatient Audit conducted in February 2019 following a serious incident highlighted some inconsistencies in recording risk assessment on the electronic patient record system and populating care plans

Identified area for improvement

- Quality and timeliness of risk information

- Review and development of Risk Management Policy

- Review and development of Risk Management training

- Review and development of risk assessment documentation, including risk history summaries with the Trust's electronic recode system

- Increased co-production of safety plans / care planning with service users, carers and families

- Review and development of an comprehensive evaluation framework

What we have achieved

The Task and Finish group has achieved initial policy review, and identified documentation and training requirements and is aligning this work with an STP-wide suicide prevention initiative.

Next steps/future challenges

- Completion of the multi-disciplinary Task and Finish group review

- A structured implementation plan with the completion of the review

- A revised evaluation framework

Priority 3:

Ensure core skills (mandatory) targets are achieved - Partly Achieved

Description of the quality issue and rationale for prioritising

There has been considerable improvement in the completion of core skills training over the past 12 months, with overall compliance reaching 88%. There are, however, some skills areas where we have not reached target levels. The critical importance of core skills training was highlighted by the CQC as part of its inspection. Core skills/mandatory training supports staff to provide safe and effective care to service users and is at the core of safe care.

Identified areas for improvement

- Increase accessibility for Breakaway training

- Increase the number of days available for, and % of staff completing, CPR and ILS training

- Plan dates well in advance to accommodate all staff and increase uptake

- Reduce number of non-attendance

What we have achieved

Overall core skills compliance has reached 88.9% (an increase of 4% in the last month) and higher than at any point in the last 12 months. CPR (71.2%), ILS (78.7%); and Information Governance (86.2%) remain below the required levels. (Required levels are 80% for ILS and CPR and 95% for Information Governance.)

The increase in the number of days available for Breakaway training made a huge difference. Last year's compliance rate was 51.05%.

Actions have been put in place for improvement:

- Additional CPR sessions have been released between April and June this year in order to meet uplift in demand, and additional sessions will be provided later in the year

- Monthly Core Skills report will continue to be published on the intranet

- Weekly reporting will continue until those subjects that remain below their required level have exceeded it

- Trajectories will continue to form part of this reporting in order to highlight pinch points

- Trajectories will be monitored in order to manage supply and demand for face to face programmes

- Commissioning of courses will aim to flatten 'spikes' caused by periods of concentrated high demand

3.0 QUALITY REPORT

Core Skills	Target	Compliance
NHS|CSTF|Fire Safety - 1 Year|	80%	86.5%
NHS|CSTF|Infection Prevention and Control - Level 1 - 3 Years|	80%	89.0%
NHS|CSTF|Infection Prevention and Control - Level 2 - 2 Years|	80%	91.3%
NHS|CSTF|Moving and Handling - Level 1 - 3 Years|	80%	95.5%
NHS|CSTF|Information Governance - 1 Year|	95%	86.2%
NHS|CSTF|Equality, Diversity and Human Rights - 3 Years|	80%	91.2%
NHS|CSTF|NHS Conflict Resolution (England) - 3 Years|	80%	93.8%
NHS|MAND|Conflict Resolution - Dealing with Violence and Aggression - 2 Years|(Breakaway)	80%	84.6%
NHS|MAND|Conflict Resolution - Physical Intervention Skills - 2 Years|(PMVA)	80%	92.0%
NHS|CSTF|Resuscitation - Level 2 - Adult Basic Life Support - 1 Year| (CPR)	80%	71.2%
NHS|CSTF|Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year| (ILS)	80%	78.7%
NHS|CSTF|Safeguarding Adults - Level 1 - 3 Years|	80%	86.7%
NHS|CSTF|Safeguarding Adults - Level 2 - 3 Years|	80%	92.4%
NHS|MAND|Safeguarding Adults Level 3 - 3 Years|	80%	93.9%
455|LOCAL|Safeguarding Adults Level 4 - 3 Years|	80%	100.00%
NHS|CSTF|Safeguarding Children - Level 1 - 3 Years|	80%	87.8%
NHS|CSTF|Safeguarding Children - Level 2 - 3 Years|	80%	91.6%
NHS|CSTF|Safeguarding Children - Level 3 - 3 Years|	80%	95.8%
NHS|MAND|Safeguarding Children Level 4 - 3 Years|	80%	100.0%
NHS|CSTF|Preventing Radicalisation - Levels 1 & 2 (Basic Prevent Awareness) - No Renewal|	85%	92.9%
NHS|CSTF|Preventing Radicalisation - Levels 3, 4 & 5 (Prevent Awareness) - No Specified Renewal|	85%	94.6%
NHS|MAND|Mental Capacity Act - 3 Years|	80%	83.2%
NHS|MAND|Mental Health Act - 3 Years|	80%	85.5%

Going forward, core skills completion is a requirement under the new Agenda for Change pay deal and will therefore form part of decision-making on whether a member of staff will progress to the next pay point.

Next steps/future challenges

- Managers to monitor trajectories at a local level in order to plan ahead for required release of staff to attend core skills training as necessary
- Managers to ensure that staff have protected time to undertake relevant core skills training

- Maintaining the level of completion will require managers to forward plan the release of staff at a more measured pace in order to avoid spikes in demand and drop off in completion levels.
- Divisions need to support their managers to work through levelling out the spikes which tend to occur between November and March.

CLINICAL EFFECTIVENESS

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 recently made a public commitment to reducing self-harm and suicide, and all agencies have been asked 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.

Identified areas for improvement

- Implement the local suicide prevention strategy

- Set up a group to specifically look at reducing self-harm and suicide

What we have achieved:

As planned we have established a Risk Assessment and Suicide Prevention Group. The Group is responsible for the development of policy and good practice and for overseeing and monitoring implementation. The Group also works in collaboration with the Public Health Crisis Care Concordat that oversees suicide prevention across the two boroughs of Islington and Camden. We are establishing an information sharing agreement between the Trust and Public Health in order to have more complete information about the numbers and profile of suicides among service users in our boroughs of Islington and Camden. A strategy on reducing self-harm will be a focus of the group. The delay in completion is due to the complexity in having a local strategy while at the same time working in partnership with other stakeholders. However, we have embedded our focused training and guidance, briefing and de-briefing sessions and, sharing learning from investigations into suicide. In terms of learning from suicides, our approach is as follows;

- Serious Incident Investigations; all near misses and suicides trigger a Serious Incident Investigation with a root cause analysis. Lessons learned from the incident are disseminated via the Trust Divisional structure and within each Division there is a monthly 'lessons learned' workshop.

- Mortality Review Group; the group meets weekly to review the deaths of all Trust service users to determine if there should be a Serious Incident investigation. The group monitors patterns inpatient deaths, and identifies potential clusters of linked deaths, including suicides.

- Suicide Cluster Reviews; where a number of suicides occur that may be linked, the Trust commissions a cluster review. This will determine whether there is a pattern to the deaths and where risk of recurrence can be reduced.

- After Action Reviews (AAR); following serious incidents AARs are conducted to identify strengths and weaknesses and areas for improvement in policy and practice.

All in-patients have a care plan, a risk assessment, a safety plan, a suicide protection plan and a behavioural support plan, and these are documented on Carenotes.

A review of this risk documentation is being undertaken by the group. The existing documentation is fragmented and difficult to access. It also works against developing a clear formulation that brings these different elements together. The plan is to develop a single comprehensive safety plan that is more coherent, streamlined and easily accessible in one location on Carenotes. This plan will place greater emphasis upon formulation, protective factors and triggers for risk. Implementation will be overseen by the group and will need to be supported through clinical supervision and casenote audits.

 The Trust is also developing a zero suicide implementation plan for inpatients that is focused upon creating safe and effective care and treatment, a competent and skilled workforce for assessing and managing risk and improved learning from experience

The group has a clear vision of the approach the trust should take to reduce self-harm. It includes:

Reviewing training provision for staff to improve training and quality of practice

- Reviewing the existing Keeping the Patient safe training. The emphasis will be information gathering about the service user's current situation, history of risk, social factors, carers and relatives' views, quality of relationships and clinical judgement.

- Developing a culture of teams discussing risk management and suicide and the challenge of keeping people safe.

Emphasis upon team management of risk, creating a culture in which teams discuss risk issues and concerns, and to make best use of team meetings to do this.

- Reviewing the support of the training in clinical supervision with regular Carenotes reviews.

- Developing a new risk management policy that better reflects qualities of engagement and care required to be consistent with zero suicide ambition.

This priority is a project and in progress. Although we have not fully met what we set out to do, the group is committed to completing this work to make sure that our staff are equipped to practice safely and that we work in collaboration with service users, their carers and families.

Next steps/future challenges:

- Development of Zero Suicide Ambition Policy for Inpatient Services by end of May 2019

- Developing a C&I version of the 'Concerned about Suicide' leaflet for distribution to relatives and carers by the end of May 2019

- Working with Public Health to improve local data capture and knowledge of suicides in C&I. A data sharing agreement has been drawn up between C&I and Public Health which should be in place by the end of May 2019.

Priority 5

Better involvement of service users in developing and reviewing their care plans – Achieved

Description of the quality issue and rationale for prioritising

Over the past years, and since the CQC inspections of February 2016 and December 2017, 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.

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

What we have achieved:

Across divisions there is evidence from the Trust randomised documentation audit that care plans are co-produced, service users are receiving copies of their care plans, physical care needs are identified using the trust physical health screening tool and that care plans are up-to-date. The scores for each of those indicators range from 78% to 95%. There are variations in services and the quality of care plans was not assessed. The Trust's ambition going forward is that all care plans are co-produced with service users/carers, documentation is timely, clear, concise and understood by service users and it reflects both physical health and mental wellbeing.

Next steps/challenges:

- The Risk Assessment and Suicide Prevention Group will be reviewing various elements on Carenotes as part of their risk management work.

- The Deputy Director of Nursing is working in partnership on the DIALOG+ trial (DIALOG+ is an app-based therapeutic intervention incorporating the DIALOG scale. It improves the communication between a health professional and a patient and, through that, outcomes of mental health care. It combines assessment, planning, intervention and evaluation in one procedure).

- The Deputy Director of Nursing is also working with the Trust's digital connections forum. One aspect being looked at is the use of current templates and systems to accommodate inpatient feedback.

- Monitoring the quality of care plans.

- All care plans are co-produced

Priority 6

Improving physical health - Achieved

Description of the quality issue and rationale for prioritising

The Trust developed its first dedicated Physical Health Lead in 2018. Key outcomes from this role were:

- Embedding the National Early Warning Score (NEWS) that determines the degree of illness of a patient. The development and implementation of medical devices competencies

- Review and development of the physical health screening tool

- Further implementation and development of smoking cessation policy and practice

- Review and development of physical health policy and clinical protocols, including the management of Venous Thrombosis

- The introduction of e-cigarette use in inpatient services as part of the Trust's smoking cessation protocol

Identified areas for improvements

- Improved and consistent physical health care assessment aligned with individual service models

- Implementation of the medical devices policy, including competency assessment

- Increased smoking, alcohol and other drugs assessment and signposting to treatment options aligned with CQUIN ambitions

- All service users to have their NEWS recorded appropriately

- Elevated NEWS scores will be escalated appropriately and in a timely manner

What we have achieved:

- The physical health screening tool is now embedded in practice

Numbers of Physical Health Assessment undertaken April 2018 to March 2019	
Division	**Number of PH Screening Tool recorded**
Acute	1255
Community Mental Health	78
Recovery & Rehabilitation	989
Services for Ageing & Mental Health	266
Total	**2588**

- Improved use of the NEWS tool

- Training is available in varied format and media covering a range of physical health interventions

- The Physical Health and Wellbeing Policy has been comprehensively revised and is ready for re-launch in June 2019

Next steps/future challenges

- Review methodology for CQUIN data collection; to include the process for validation

- Weekly monitoring of completeness of data capture through automated reports and regular audits.

- Development of training for patient-facing staff, level 1 & 2 Smoking /Alcohol

- Launch Physical Health Dashboard and associated training

PATIENT EXPERIENCE

Priority 7

Learning from deaths and serious incidents – Being open with service users' families and carers - Achieved

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.

Identified areas for improvement

- Being open with service users' families and carers and including them in setting the scope of investigations

What we have achieved

There is a Learning from Deaths Policy that describes the process for reviewing deaths at the Trust and emphasises the importance of involving carers and families. The Trust has a Mortality Review Group (MRG) that meets on a weekly basis to review all deaths. The MRG is attended by the Medical Director, Nursing Director and Chief Operating Officer. When deaths are reviewed in the MRG, the views and concerns of the family are taken into account as part of the case review and serious incident process. It is now standard practice for all SI investigators to approach family/friends and carers at the outset of the investigation; to ascertain their views on care and to contribute to the investigations terms of reference.

All Serious Incident review authors are requested to document their attempts to contact family for the purpose of the serious incident report, and if not successful, to state how they attempted to establish contact and the challenges. There is a mandated section in the SI report for the family's views. Relatives are offered a face-to-face meeting with staff. There are support materials provided to relatives. There are template letters for staff to send to relatives and carers.

As part of the approach to being open, the Trust produces quarterly 'learning from deaths' reports that are heard at the public Board meetings. These reports include data for all deaths of Trust service users. The reports aim to identify any specific learning points as well as broader themes. There is more detailed information on the learning from deaths reports in part 3 of this report.

The challenge going forward is to ensure that the contact with families is tailored to meet their needs at each step in the process and ensure there is ongoing aftercare for bereaved families. NHSE have produced more recent guidance for staff on communicating with families and carers. The Trust will be incorporating this into standard templates and promoting this to relevant staff.

Next steps/future challenges:

- To collate information on difficulties in contacting families and carers and identify new approaches.
- The challenge going forward is to ensure the contact with families is tailored to meet their needs at each step in the process and ensure there is ongoing aftercare for bereaved families.

Priority 8

Improved communication with carers and families – Partly Achieved

Description of the quality issue and rationale for prioritising

Feedback from service user surveys tells us that we need to be consistent in making contact with families and carers and involving them in care planning. We need to ensure we record information on next-of-kin and service user preferences for contact with families. Carers, families and social networks can have a critical role when service users are in crisis, or to maintain health and quality of life. It is important that carers and families have a positive experience when in contact with teams, care coordinators or other Trust staff, and that Trust colleagues act in accordance with Trust values.

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

What we have achieved

There are variations in recording next-of-kin details on Carenotes. Results from the Trust randomised audit suggest the range is 36% to 100%, in different teams, of patients' next-of-kin details recorded on Carenotes.

As described in Priority 7, there is ongoing training for SI investigators to engage families in SI Investigations.

Feedback is requested from carers and families and the feedback received is consistently positive.

The Trust will continue to routinely audit the recording of next-of-kin details to make sure staff are alerted to gaps in their service.

Next steps/future challenges

- Consistently ensuring next-of-kin recording on Carenotes

- Developing care plans and advanced directives that include carers and families

Priority 9

Involve service users in the Trust's Quality Improvement (QI) Programme - Achieved

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.

Identified areas for improvement

- Train service users in QI

- Involve service users in new QI projects

What we have achieved:

The QI Hub has provided 2 hour training sessions for service users at their forum meetings. Four service user forums have been visited and training delivered. Eighteen service users are registered at present. All attendees trained receive a questionnaire to provide feedback. Feedback is positive with the exception of one who was neutral. Getting the right people on each QI team is the first stage of the QI process and for every project, the first stage of the process is to promote service user involvement.

The QI Hub has incorporated co-production as one of their key performance indicators. Projects can be rated as a 'big I' or 'little i' depending on the level of service user participation. Involvement with a 'little i' means getting service users' ideas and feedback at certain stages of a project. Involvement with a 'big I' means that service users are a fundamental part of the team throughout the project. An example of a 'big I' project is the development of a co-production audit tool. This has been developed by two service users and is being used by project teams to raise awareness of what is needed for co-production and measure how well they are doing. It also acts as a feedback mechanism to the QI Hub so they can monitor progress. A 'little i' project is running in Islington Learning Disabilities Partnership. Their aim is to improve service user feedback. They are involving service users by asking about their experience of care. Service users can participate by putting a token in one of three boxes labelled, 'good', 'not sure' and 'bad'.

The QI Hub keeps track of which QI projects do not have service user involvement and why that may me so that they can review and act.

Next steps/future challenges:

Increase the number of service users interested and offer training

2. Statements of assurance from the Board

During 2018-19, Camden and Islington NHS Foundation Trust provided and/or sub-contracted the following NHS services across approximately 30 Trust sites in Camden, Islington and Kingston; together with presence in GP practices for IAPT and Practice-Based mental Health in all three local authorities

Camden and Islington NHS Foundation Trust Divisions

• Acute Adult Mental Health

• Community Adult Mental Health

• Services for Ageing and Mental Health (SAMH)

• Recovery and Rehabilitation

• Substance Misuse 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 2018/19 represents 100% of the total income generated from the provision of NHS services by Camden and Islington NHS Foundation Trust for 2018/19.

An overview of the quality of care offered by the NHS foundation trust: Key indicators of safety, effectiveness and patient experience

Patient Safety

• The Trust uses Datix to report incidents. All staff are provided with training on reporting incidents at induction. There are online resources to support staff with incident reporting and management. The incident reporting policy is currently being updated.5,211 incidents were reported over the year. The Trust is using the staff bulletin to promote an open reporting culture and it was a topic at a News and Views event for staff.

Incidents all categories by level of harm

Level of Harm	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
No Harm	358	357	402	408	379	359	393	338	331	376	295	306	4302
Low Harm	73	52	74	77	61	49	57	51	49	44	39	50	676
Moderate Harm	14	23	14	26	10	12	23	26	16	6	15	14	199
Severe Harm or Death	2	2	5	1	4	2	1	2	2	8	3	2	34

Incidents in all categories resulting in harm
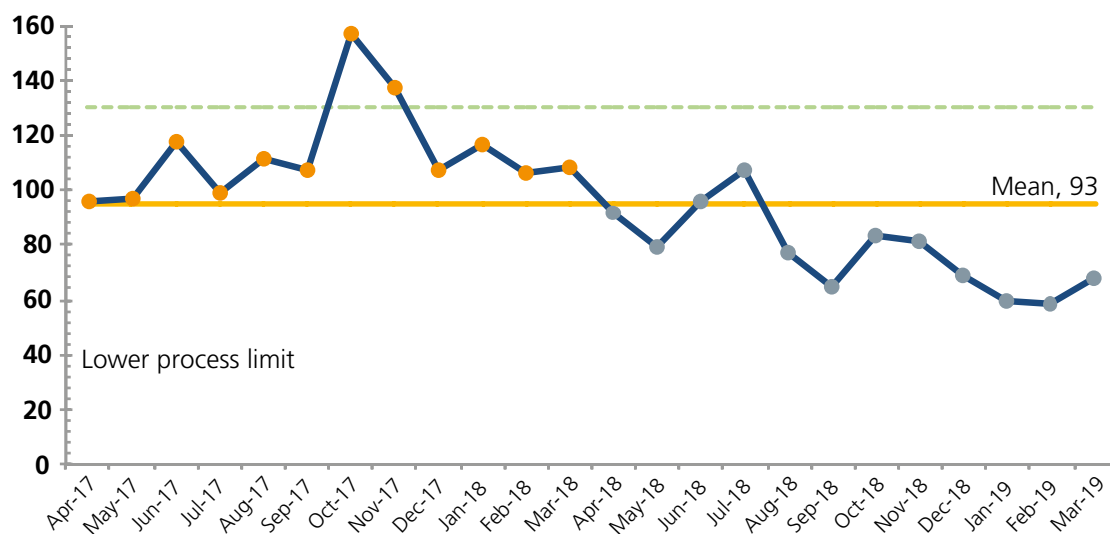
Total Incidents with harm by category (exmaple from March 2019)
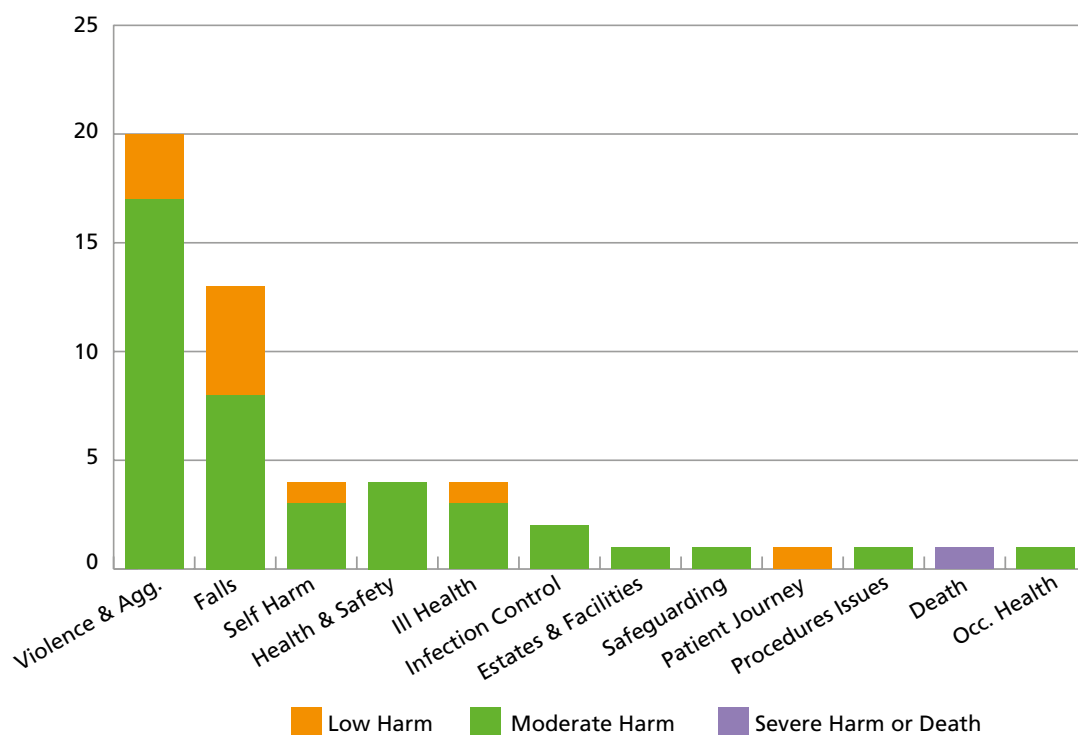
Seclusion:

The use of seclusion continues to decline and demonstrates the Trust is achieving least restrictive practice in this area. In May 2019, another White Ribbon training event will be held entitled 'Sexual Safety and the launch of the Pathfinder Project: Embedding Trauma-informed Practice'. The day will include the launch of the Sexual Safety Policy and Poster.

Number of times Seclusion was used
(each data point represents a 12 mth rolling total)
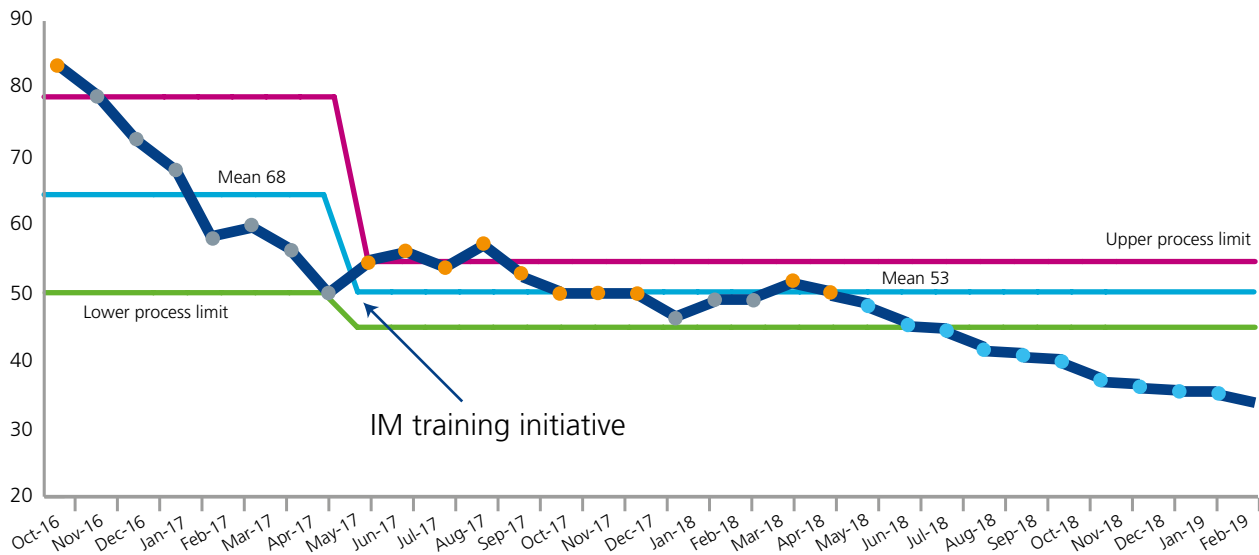
Falls:

There is a Falls Prevention Policy in place to support staff with reporting falls. There is a Falls Lead and a Falls Group where falls are reviewed.

Number of falls incidents by harm
(Trust 24 Hour Bedded Units & Day Centres)
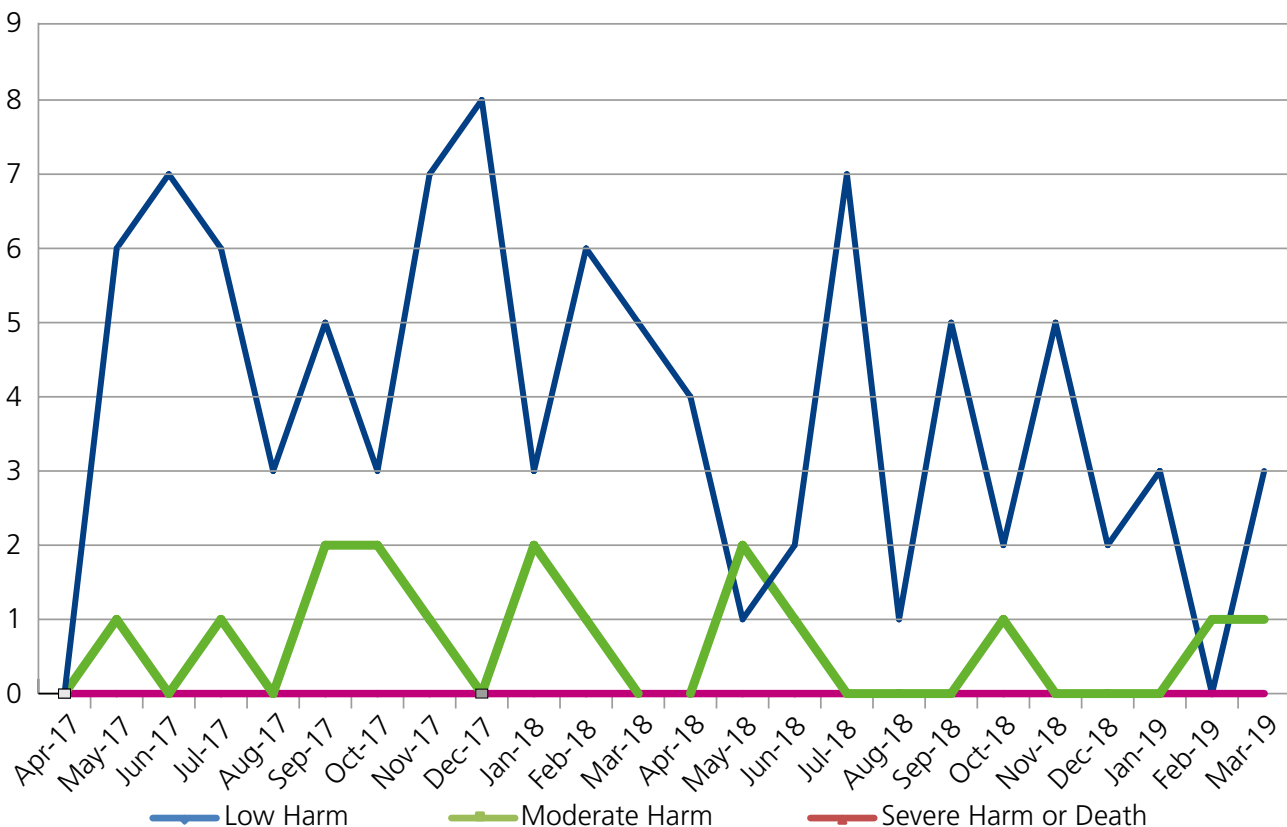
Patient experience indicators

We continue to meet the 20% response rate for our Family & Friends Test and patients recommending their service have also remained above 90%. The Trust is currently reviewing how to improve response rates; a survey is being carried out to identify issues and best practice relating to obtaining and inputting the information on to the Trust system (Meridian).

FFT 2017/18 - 2018/19

Financial Year	2017/18				2018/19			
Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
FFT Responses	662	860	645	525	951	670	578	454
% Recommended	90%	91%	89%	94%	82%	90%	92%	93%

Community Mental Health Service User Survey

Survey Year	2016	2017	2018
Overall Experience Score	68%	72%	69%

Complaints

Survey Year	2016/17	2017/18	2018/19
Number of complaints	172	127	136

Clinical effectiveness

Financial Year	2017/18				2018/19			
Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Quarter	99.1%	97.1%	97.7%	96.7%	97.1%	98.1%	96.5%	95.6%
Assessment ward LOS	13.6	14.5	12.6	10.8	13.2	17.7	11.3	14.0

Emergency Psychiatric Re-admission (30 days)	Area	Target	2017/18			
			Q1	Q2	Q3	Q4
	Camden	<6.2%	8.0%	10.3%	10.4 %	10.6%
	Islington	<6.2%	7.4%	8.8%	10.3%	11.6%

Emergency Psychiatric Re-admission (90 days)	Area	Target	2017/18			
			Q1	Q2	Q3	Q4
	Camden	<10%	13.9%	16.4 %	17.6%	13.4%
	Islington	<10%	19.3%	22.4%	18.4%	15.8%

Emergency Psychiatric Re-admission (30 days)	Area	Target	2017/18			
			Q1	Q2	Q3	Q4
	Trust	<6.2%	7.1%	8.2%	9.9%	10.1%

Emergency Psychiatric Re-admission (90 days)	Area	Target	2017/18			
			Q1	Q2	Q3	Q4
	Trust	<10%	15.4%	17.6%	19.5%	14.0%

Participation in clinical audits

National audits

In 2018/2019 the following nationally-mandated clinical audits were applicable to Camden and Islington Foundation Trust:

a) 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 topics this year include the following :

- 18a – The use of Clozapine

- 6d- Assessment of the side effects of depot/LAI

- 7f – Monitoring of patients prescribed lithium

b) The National Clinical Audit of Schizophrenia

c) The Early Intervention in Psychosis Audit (AEIP)

d) The National Audit of Intermediate Care

e) The National Audit of Anxiety and Depression - spotlight and core audit

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 and submission Period	Number of case submitted	Actions
POMH 18A- The use of Clozapine	1 June 2018 – 31 July 2018	90	Guidance and support are provided to ensure appropriate prescribing and safe practice
POMH 6D- Assessment of the side effects of depot /LAI Antipsychotics	1st October 2018- 30th November 2018	98	Guidance and support are provided to ensure appropriate prescribing and safe practice
POMH 7F – Monitoring of patients prescribed lithium	1 February 2019 - 29 March 2019	70	Guidance and support are provided to ensure appropriate prescribing and safe practice
National Audit of Intermediate Care	8 May 2018 – 27 July 2018	N/A	This report highlights the organisation's position on a number of key metrics across home, bed, re-ablement and crisis response.
National Audit of Care at the End of Life	June 2018 - October 2018	N/A	Awaiting report
National Audit of Anxiety and Depression –Core Audit	4 June 2018 – 9 September 2018	82	Awaiting report
National Audit of Anxiety and Depression –Spotlight audit	1 October 2018 – 31 January 2019	24	Awaiting report
National Clinical Audit of Psychosis spotlight audit	September 2018	200	Awaiting report

Local Audits

In 2018-2019 the Trust participated in both local and Trust-wide audits. Clinical audit has been crucial to providing ongoing assurance around our actions on the last CQC inspection. Examples include a Trust-wide documentation audit and an audit of 1:1 engagement between staff and service users. Teams and services have also used clinical audits to evaluate quality improvement projects to identify areas for improvement. Generally, all audits completed are evaluated and results peer-reviewed and discussed at meetings. Action plans are developed to make sure actions are taken to improve the quality of services and care delivered. Teams were encouraged to focus their audit plan around local and trust wide priorities when identifying audits. The Trust continues to encourage participation in Clinical Audit.

Actions taken in response to local audits

Audit participants are encouraged to share the learning with colleagues in their divisions and across the trust. Sharing is done at team meetings and divisional quality forums.

National Confidential Enquiry (NCE) into Patient Outcome and Death (NCEPOD) - 2018/19

National Confidential Enquiry (NCE) into Patient Outcome and Death (NCEPOD) - 2018/19

Audit Title	Data collection period	Survey Requested by NCE	Surveys Returned
Homicide	1 April 2018-April 2019	NCE no longer send out questionnaires for Homicide.	
Suicide	1 April 2018-April 2019	17	14

One of our 2018 Stars of the Year - Rosewood Ward

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 1,291 participants from 35 research studies in 2018/19 (Figures as at 30 April 2019).

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 five 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 18/19 Financial Year

Rank	IRAS ID	UKCRN ID	Study Name	Local Investigator	Last Financial Year Recruitment Grand Total
1	191878	20643	Lifestyle Health and Wellbeing Survey	David Osborn	291
2	250407	39886	A public survey of mobile mental health technologies (V 1.0)	Nicholas Green	212
3	218143	34823	Care and prevent: skin infections and kidney disease	John Dunn	176
4	205425	34784	Patient preferences for psychological help	Antonio Metastasio	140
5	201627	33093	Acute Day Units as Crisis Alternatives to Residential Care (AD-CARE)	David Osborn	67

1,291 participants recruited for C&I Adopted studies during 2018/19*

This recruitment came from 35 different studies*

*This data was cut from the open data platform (ODP) platform on 30 April 2019 and so has one recruit less.

Fig 2. Actual recruitment vs the target recruitment graph.
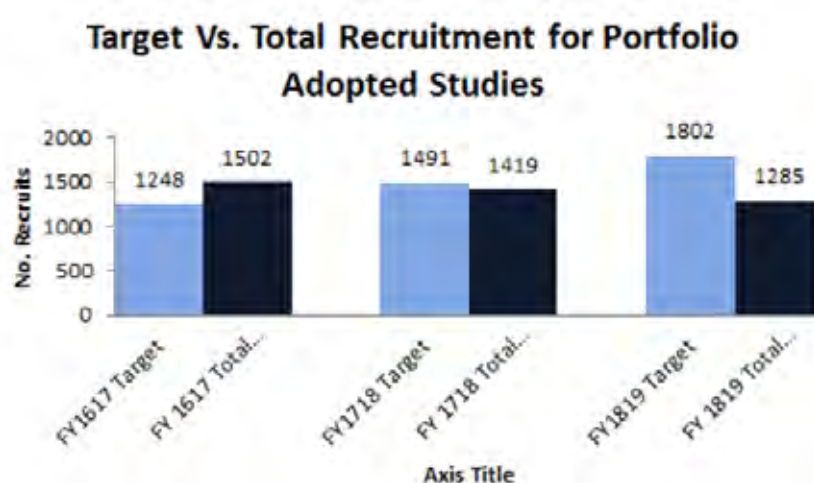
Institute of Mental Health (IoMH)

A programme of research seminars has taken place throughout 2018-19, highlighting clinical areas of importance such as the PRIMROSE Programme Improving Physical health for People with Psychosis and Repurposing statins and Other Agents in People with Severe Mental Illness.

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 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

A proportion of Camden and Islington NHS Foundation Trust's income in 2018/19 was conditional on achieving quality improvement and innovation goals stipulated through the Commissioning for Quality and Innovation (CQUIN) payment framework. The framework supports improvements in the quality of services and the creation of new, improved patterns of care. Further details of the national goals for April 2017 to March 2019 and for the following 12 month period are available electronically on the following link: **https://www.england.nhs.uk/nhs-standard-contract/cquin/**

NHS staff health and well-being

The Trust received a lower score across the three selected questions in the 2018 staff survey when compared to its baseline scores in the 2016 survey. The most noticeable reduction was in response to the question "Does your organisation take positive action on health and well-being?" The Trust is taking positive steps to address this through the launch and delivery of its Staff Health and Wellbeing Strategy in 2019. Whilst there was a concerted campaign to raise awareness and uptake of flu vaccinations with staff in the past year, the Trust fell short of the 75% target with

43% of frontline staff being vaccinated. This target will increase to 80% in the coming year.

Physical Health

The Trust successfully participated in the national Royal College of Psychiatrists audit into improving physical healthcare to reduce premature mortality in people with severe mental illness. Achievement against this goal will be assessed when the results of the audit are published later this year.

Accident & Emergency

For 2018/19 the Trust, in collaboration with its three acute partners – University College London Hospital, Royal Free and The Whittington – identified a new cohort of patients who would benefit from mental health and psychosocial interventions. This group was selected with a view to reducing their attendances in the local Accident & Emergency departments. Whilst collectively with our partners we were successful in achieving the required reduction, delivering the technical elements of this CQUIN goal has proved more challenging. However, the Trust has recently begun collaborating with partners to explore new and innovative ways of using integrated emergency care data to inform improvements in patient experience and outcomes.

Risky Behaviours

This CQUIN focused on providing advice and referral interventions for smokers and patients who drink alcohol above low-risk levels. The main challenges in delivering this goal arose in the creation and embedding of new systems of data capture for this measure. The Trust rolled out its Physical Health Screening Tool in April 2018, the usage of which has improved over the course of the year, this has been reflected in our improved results for this CQUIN goal in the last quarter of 2018/19. This improvement has been facilitated by the Trust's newly appointed Consultant Nurse for Physical Health whose role, along with the roll-out a new Trust Physical Health Dashboard, underlines the Trust's ongoing commitment to the physical health needs of its service users.

The table below summarises the Trust's level of achievement against the nationally set CQUIN targets in 2018/19:

Indicator	Achievement
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.	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
1.3 Improving the uptake of flu vaccinations for frontline clinical staff Achieving an uptake of flu vaccinations by frontline healthcare workers.	Not 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 to date - Results will be available in June 2019
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.	Partially Met
Accident & Emergency	
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 to ensure this reduction is sustainable.	Partially 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
Risky Behaviours	
9a Preventing ill health by risky behaviours - Tobacco screening. Admitted patients receive a tobacco screen with results recorded.	Partially Met
9b Preventing ill health by risky behaviours - Tobacco brief advice Admitted patients who smoke are given very brief advice.	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.	Partially Met
9d- Preventing ill health by risky behaviours - alcohol screening Admitted patients are screened for alcohol drinking risk levels.	Partially 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.	Partially Met

Care Quality Commission (CQC)

Registration:

CQC registers 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 (Stacey Street is now closed and moved to the new unit based at St Anne's Nursing Home)

Treatment of disease, disorder or injury

St Pancras Hospital

Stacey Street Nursing Home (Stacey Street is now closed and moved to the new unit based at St Anne's 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 had an unannounced inspection of one of its services in January 2019; Stacey Street Nursing Home. Stacey Street provides nursing care to older adults with dementia and long term mental health difficulties. At the time of the inspection the CQC was informed of a planned programme for the closure of the home by the end of March 2019. The report was published in March 2019.

The previous inspection was in July 2016 and the overall rating was Good.

Results for this inspection

Ratings	
Overall rating for this service	Good
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

What the CQC said about our service

From our observations of interactions between staff and people using the service, and conversations we had with some people, we found that people felt safe at the service. No concerns about people's safety had been raised since our previous inspection.

There were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected. Records showed that the service was applying these safeguards appropriately and making the necessary applications for authorisations to deprive people of their liberty, as required.

On the day of the inspection we found suitable numbers of staff were available to meet people's needs. The staff rota showed that suitable levels of staffing were also provided at other times of the day and despite the reduction of the number of people using the service, staffing levels had been maintained.

People's social and health care needs were assessed, and care was planned and delivered in a consistent way. People using the service had enduring long term mental health conditions and care plans showed that the information and guidance provided to staff was clear and identified potential risks to people and how to minimise these risks.

Staff received training to enable them to understand people's needs and how to provide safe and responsive care. People were offered choice at meal times and were consulted about the menu.

People's nutritional and hydration needs were met. Social and daily activities had continued to develop since our previous inspection and people were offered a variety of interesting activities and were free to choose if they participated or not.

People were able to complain or raise concerns if they needed to. The provider regularly reviewed the performance of the service to ensure that standards were maintained, and improvements were made. People's views and preferences were considered, not least in terms of the current planned closure of the home and alternative places being identified for people to move to.

Our Divisional Director, Peter Cartlidge, in whose division the Nursing Home sits, said: "This rating reflects the consistently excellent work and dedication of the staff and they have my heartfelt thanks."

He added that the rating was "a fitting final note" - Stacey Street Nursing Home is due to close shortly, with residents moving to a new, more modern, purpose-built home half a mile away.

Mental Health Act Monitoring Visits

Our inpatient wards receive an unannounced visit from the CQC every 18 months as part of its regular cycle of MHA monitoring visits. In 2018-19 the following 13 wards received a visit:

Legend: 🟩 Statutory requirements met 🟪 Improvement required

Domain Area	Amber	Sutherland	Jade	Pearl	Ruby	Garnet	Rosewood	Laffan	Topaz	Malachite	Opal	Montague	Sapphire
Care Plans	Improvement			Improvement	Improvement	Improvement			Improvement	Improvement			Improvement
S132 Rights	Met	Met	Improvement	Improvement	Met	Improvement	Improvement	Met	Met	Improvement	Met	Met	Met
S17 Leave of absence	Met	Met	Improvement	Met	Met	Met	Improvement	Met	Improvement	Met	Met	Met	Met
Consent to Treatment	Improvement	Met	Improvement	Improvement	Improvement	Met	Improvement	Improvement	Improvement	Improvement	Improvement	Improvement	Improvement
General Healthcare	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met

The top three concerns raised by the CQC are:

- Consent to treatment: when seeking the patient's consent prior to first administration and assessing the patient's capacity to consent to treatment, the nature of the decision for which the patient's capacity was being assessed was not recorded and/or the evidence for the conclusion of the capacity assessment (when the patient was found to lack capacity) was not available **(Breach of paragraph 24.41 of the Code of Practice to the Mental Health Act and Section 5 of the Mental Capacity Act)**; and

- Section 132 rights: evidence of attempts made on admission to explain their rights to patients, when unsuccessful, could not always be found **(Breach of S132 of the Mental Health Act)**; and

- Care plans: patients' views were not adequately reflected and copies were not always shared with patients **(Breach of Chapter 1 of the Code of Practice to the Mental Health Act)**.

The above concerns have, broadly speaking, been the top three domains causing concerns since the Mental Health Law Committee started reporting to the Board in 2015 however the specific issues within each domain have evolved as follows:

Domain	2015/16	2016/17	2017/18	2018/19
Consent to treatment	Evidence in some records	Evidence in some records	Evidence in some records	Evidence in some records
	Evidence in all records	Evidence in all records	Evidence in all records	Evidence in all records
	Capacity test correctly recorded	Capacity test correctly recorded	Capacity test correctly recorded	Capacity test correctly recorded
Section 132 Rights	Successful attempts recorded in some records	Successful attempts recorded in some records	Successful attempts recorded in some records	Successful attempts recorded in some records
	Successful attempts recorded in all records	Successful attempts recorded in all records	Successful attempts recorded in all records	Successful attempts recorded in all records
	IMHA information evidenced	IMHA information evidenced	IMHA information evidenced	IMHA information evidenced
	Unsuccessful attempts recorded in some records	Unsuccessful attempts recorded in some records	Unsuccessful attempts recorded in some records	Unsuccessful attempts recorded in some records
Care Plans	Some are up to date	Some are up to date	Some are up to date	Some are up to date
	All are up to date	All are up to date	All are up to date	All are up to date

Legend: 🟩 Statutory requirements met 🟪 Improvement required

The CQC findings are corroborated by internal assurance sources (see clinical audit results at 2.6). C&I introduced MHA key performance indicators (KPIs) for all divisions in July 2017 to reinforce accountability of Operations and make non-compliance issues more visible. Those KPIs will be reviewed in 2019/20.

The CQC commented on the fact that patients could not control viewing panels on seven wards in 2018/19. Those concerns had never been raised before. They were escalated to the C&I Estates and Facilities Department.

Data Quality

The clinical information team, along with 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 that encompasses Mental Health Services Data Sets (MHSDS), Improving Access to Psychological Therapies (IAPT), etc., with a particular focus on Contacts and Ward Stays (Inpatient Episodes). This has benefited from a closer working relationship between the Information Team and the Business Performance Managers. A new version (v4) of the MHSDS submission criteria has recently been implemented, and discreet data quality reports are generated to identify any anomalies.

- The Data Quality Improvement Group has been re-instated with the first meeting happening in April 2019. All the relevant stakeholders are included in this group ranging

offers, and this report is also being used to validate the information.

- The functionality of linking Carenotes EPR directly to the NHS Spine to look up any changes to patients' addresses, GPs and other key demographic fields has been implemented and this should further improve the data quality.

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. NHSI have stated that the 2018/19 assessments are "rolling standards" so will be assessed based on the Trust's ability to regularly attain, update and publish defined standards on the NHSI toolkit website.

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 in several aspects across the Trust.

	KPI	Area	Target	Q1 18-19	Q2 18-19	Q3 18-19	Q4 18-19
7 Day Follow up	CPA inpatient discharges followed up within 7 days (Face to face and telephone)	Trust	95%	96.5%	96.9%	96.6%	97.7%
Gatekeeping	Proportion of admissions gatekept by Crisis Resolution Teams	Trust	95%	97.2%	97.7%	97.8%	98.8%

from Finance, Contracts, Costing, etc., to ensure all data quality issues are captured and addressed effectively in a timely manner.

- 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

Reporting against core indicators

Since 2012/13 NHS foundation trusts have been required to report performance against a core set of indicators using data made available to the trust by NHS Digital.

Patient Experience of Community Mental Health:

The Annual Community Survey results were published in November 2018 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 asking the respondent to rate the service they received. This score is then used to benchmark the Trust's position in relation to all other responding organisations. Most of our scores are in the intermediate 60% range and some are in the top 20% of all trusts surveyed; sample of results stated below:

Your Care and Treatment

Service users who report they feel they are seen often enough for their needs is in the intermediate 60% range of all trusts surveyed.

Planning Your Care

Service users reported that the agreement on what care they will receive takes their personal circumstances into account. This score is in the top 20% of all trusts surveyed.

Reviewing Your Care

Some service users report not having an official 12 month review meeting. However, most service users feel that decisions are being made jointly in these meetings. This score is in the top 20% of all trusts surveyed.

Changes in Who You See

Most service users know why a change is taking place, however some report that a change in who they see has had a negative impact on their care. The Trust scores in the intermediate 60% range.

Medicines

Service users report that they were given information about medicines in a way that they could understand. This score is in the top 20% range.

NHS Therapies

Most service users report understanding their therapies, and feeling involved in deciding which ones to use. The Trust scores in the top 20% of all trusts surveyed for this section.

Patient Experience - Contact with Health and Social Care Workers scores

	C&I NHS FT score	Lowest trust score in England	Highest trust score in England	C&I No. of respondents	C&I 2017 scores
Health and social care workers section score	7.2	5.9	7.7	n/a	*
Were you given enough time to discuss your needs and treatment?	7.2	6.2	8.0	190	7.8
Did the person or people you saw understand how your mental health needs affect other areas of your life?	7.2	5.7	7.5	185	7.4

*not available for 2017 as question not asked in survey

Support and Wellbeing

The Trust scores in the top 20% of all trusts surveyed for providing advice to service users on physical health and financial support. The Trust also scores highly for providing help with joining a group and taking part in an activity, and is the highest scoring trust surveyed for getting support from people with the same mental health needs as patients.

Overall experience

The overall results for the Trust present a mixed picture. The overall rating of care is in the intermediate 60% range of all trusts surveyed by Quality Health. In addition, scores for respect and dignity are also in the intermediate 60% range. Both scores have declined slightly since the previous survey.

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 between 72 – 85% 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 learning from serious incidents.

Total incidents by harm

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
No Harm	358	357	402	408	379	359	393	338	331	376	295	306	4302
Low Harm	73	52	74	77	61	49	57	51	49	44	39	50	676
Moderate Harm	14	23	14	26	10	12	23	26	16	6	15	14	199
Severe Harm or Death	2	2	5	1	4	2	1	2	2	8	3	2	34

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 2018-19, the Trust further strengthened its operational and strategic risk management processes to help it identify significant risks and take appropriate action. The risk register has now been migrated to Datix to support efficient and effective management of risk.

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 136 formal complaints this year, compared to 126 in 2017/18 and 171 in 2016/17. Nine of these complaints were subsequently withdrawn. In addition, 235 concerns received via the Advice and Complaints Service were addressed informally. This only represents a proportion of the issues that staff resolve directly with service users on a daily basis.

Approximately two thirds of the formal complaints were made by service users themselves, with the remaining third being made by relatives/carers.

The line graph below shows numbers of complaints received - both formal and informal - by quarter over the past three business years.
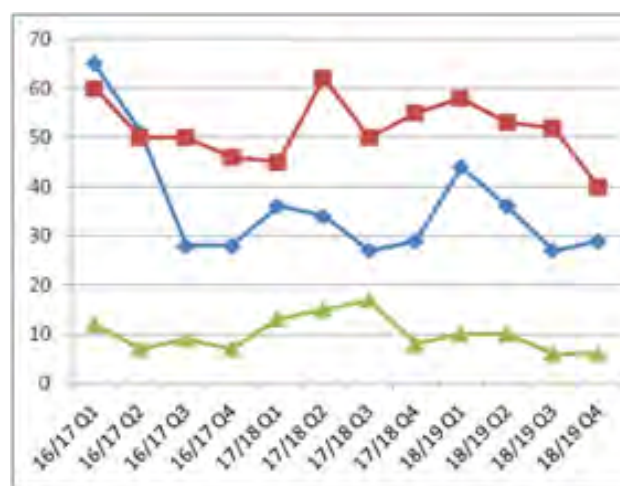
Formal

Informal

Enquiry

How do the complaints break down by division and subject?

The table below gives the breakdown of formal complaints received by division. Acute division received the most complaints followed by Community Mental Health; this is in line with usual patterns. It is noted that SMS and SAMH division continue to receive low numbers of complaints. The complaints team is working with these divisions to ensure that their service users are able to access the complaints process should they wish to do so.

Complaints by Division

	Acute	Community Mental Health	Corporate	Recovery & Rehabilitation	Services for Ageing & Mental Health	Substance Misuse Service	Total
18/19 Q1	18	10	1	10	2	3	44
18/19 Q2	13	11	1	10	1	0	36
18/19 Q3	10	7	1	6	2	1	27
18/19 Q4	10	9	0	6	2	2	29
Totals:	51	37	3	32	7	6	136

The chart below shows the different categories of complaint. Complaints about clinical treatment were, by some way, the largest category, followed by staff attitude and 'admissions, discharge and transfer issues' (these complaints generally relate to access to service but also cover issues such as premature discharge and transfer between wards/teams). These categories were also the top three in the previous business year. It is noted that these are generally broad categories within which there is a wide range of issues.

Complaints categories
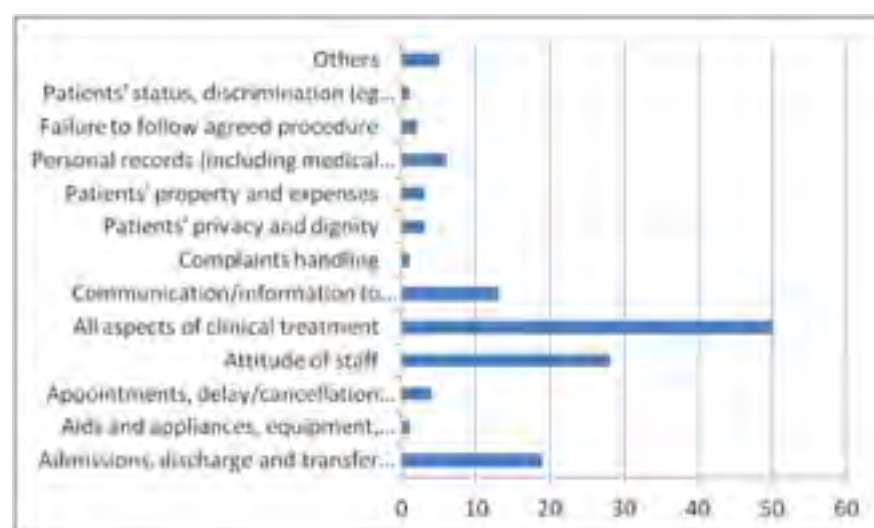
What were the outcomes of complaints and how do we learn from them?

Thirteen complaints are still being investigated at the time of report (02/05/2019). The table below gives the outcomes of the remainder:

Not Applicable/Withdrawn	9
Not Upheld	48
Partially Upheld	36
Upheld	30
Totals:	123

Just under 60% of the complaints we received this year were either fully, or partially, upheld, which is a very similar proportion to last year. Only four complaints were referred to the Parliamentary and Health Service Ombudsman during the year and the Ombudsman completed their investigations into two of them. Neither was upheld.

Learning

The Trust is committed to using the feedback we receive through complaints to improve our services. All teams are expected to have a regular slot at their meetings where any complaints can be discussed. 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. We have also used different methods for sharing learning, including computer screensavers and roadshows, from which we received positive feedback. The Trust website also identifies lessons learned from complaints with examples of actions taken, so that service users and carers can be assured their feedback really does make a difference.

The Trust continues to review and upgrade its complaints reporting systems to ensure we meet national reporting requirements. This also provides us with better quality

information to help us respond in a timely manner to any themes or trends arising from complaints.

Below are some examples of improvements made in the last year as the result of feedback from complaints:

- Following complaints about errors in correspondence, procedures for checking correspondence prior to sending have been reviewed in a number of teams. In some teams admin support has also been reviewed.

- All iCope staff have been reminded to explain to service users before / at the beginning of the assessment process, that in some circumstances it may not lead to treatment within the iCope service - as alternative services may be identified to better meet their needs.

- Procedures for arranging blitz cleans will be revised and a memorandum of understanding will be developed between the Mental Health Service and the organisation undertaking the blitz clean outlining the responsibilities of each party.

- When administering depot medication teams will offer the option of a topical local anaesthesia.

- There is now a question regarding carers on all initial assessment forms for clients attending SMS services. This is to identify key people in the service user's life who we can work with and also support.

C&I colleagues enjoy London Pride

Improving the timeliness of our responses

The Trust target is for 80% or more of complaints to be responded to within timeframe. Following the work done to address difficulty in achieving this in the 2017/18 business year (review of the policy with the introduction of a negotiated timeframe for more complex complaints), the first five months of the business year were very encouraging with over 70% compliance reported in each month (and over 80% for 3 of those months). Unfortunately, this was not maintained from October onwards, which coincided with extended sickness absence within the complaints team. From February 2019 onwards, there has been another push towards improvement and compliance rates have risen again. The overall compliance rate for the year is 65% (as at 26.04.19, with 15 complaints still ongoing). To help to sustain this improvement, the complaints tracker is now being circulated on a weekly basis and contains additional information around allocation of investigators. It has been emphasised to divisional management that it is crucial that investigators are allocated promptly so that they have an opportunity to complete within timeframes.

Despite the challenges around meeting timeframes, we believe that we continue to offer a quality service to people who raise concerns. People who wish to meet with investigators are offered the opportunity to do so. We have received feedback that the quality of the investigations/

responses is high, including from the Parliamentary and Health Service Ombudsman. The complaints team has offered a significant amount of individual support to investigators this year, as well as training to teams, with the rollout of further training being a priority for the new business year.

Compliments

Whilst we are always conscious of the need to learn and improve where we could have done better, we know that there is also lots of excellent practice within the Trust, and this is reflected in some of the positive feedback that we receive. Here are some examples received by a range of services across the Trust:

- Following a course of CBT, a service user wrote to say that it had transformed his life for the better. He wrote "It is as if a mighty stone of pain and misery has been lifted from my heart."

- Feedback for the crisis team: the service user was incredibly impressed by the whole service, he reported that everyone was genuine and caring and not at all patronising.

- The crisis call centre was complimented by a caller for responding immediately, professionally and efficiently.

- Thanks to Garnet Ward from the daughter of a service user for their care and kindness towards her father. She said "He could not have been in a better place."

Compliance with NICE guidance

The National Institute for Health and Care Excellence (NICE) produces evidence guidance and develops quality standards too for Health and Social Care Services. This includes health and social care professionals, patients and the public in addition to guidance from the Department of Health. The guidance and Quality standards produced by NICE is based on the best evidence available and designed to promote good health while preventing ill health.

The current process

The Trust is committed to providing the best evidence-based care and ensures that there is a process for monitoring compliance with NICE Guidance. Compliance is monitored regularly throughout the organisation and externally.

Each month, NICE releases new and updated guidance and quality standards. 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. This action plan is monitored regularly and updates and evidence are requested from leads.

Clinical Guidelines

The table below shows the total number of applicable guideline from 2011 - March 2019.

Division	Guidelines only	Outstanding Baseline assessments	Partially Implemented	Completed Guidelines / relevant sections of guidance
Acute	1	0	0	1
R&R	1	0	0	1
CMH	8	0	3	5
SAMH	8	1	0	7
SMS	5	0	0	5
Trust	33	1	6	25
Total	56	2	9	44

Quality Standards

The table below shows the total number of Quality Standards from 2011 to March 2019.

Division	Guidelines only	Outstanding Baseline assessments	Partially Implemented	Completed Guidelines / relevant sections of guidance
Acute	0	0	0	0
R&R	2	0	0	2
CMH	3	0	1	2
SAMH	5	0	0	5
SMS	1	0	0	1
Trust	13	1	2	10
Total	24	1	3	20

Key quality initiatives in 2018/19

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, which trains and provides coaching to staff across the trust to use the QI Methodology and many staff have had the opportunity to do the IHI (Institute for Healthcare Improvement) training online.

The QI Hub offers a range of training to C&I staff and service users, including:

- Introduction to QI (20mins) - we attend the corporate induction and team meetings to provide an introduction to QI and listen to staff ideas.
- QI Lab (1-2hrs) - this workshop gives teams a basic understanding of the QI method and experience of some QI in action.
- QI Surgery (2hrs or half day) - teams can bring problems or ideas to the workshop and we help them develop a project using the QI method and tools.
- Full day training – a practical overview of QI concepts and tools
- Ongoing support and coaching throughout projects.

Number of staff and Service Users who have taken part in the QI Lab
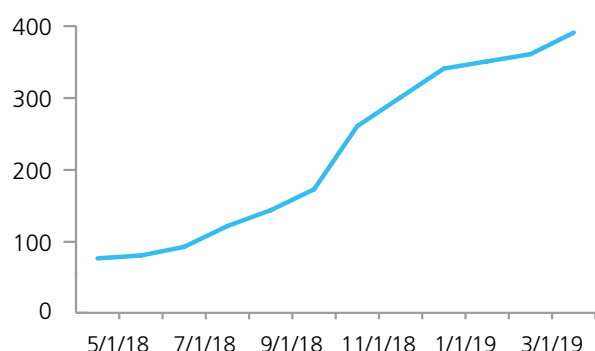
Number of staff and Service Users who have had an introduction to QI
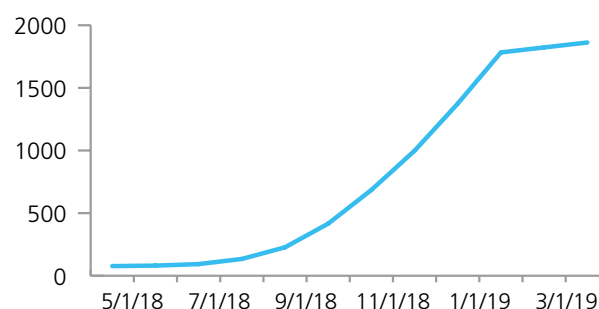
Measurement for Improvement

The CQC specifies that one of the signs of a mature quality improvement approach across an organisation is that the Board looks at data as time series analysis, makes decisions based on an understanding of variation and that there is a clear and consistent improvement method throughout the organisation.

A key focus for the QI Hub has been in supporting the Trust move towards using data for improvement. A system-based approach was used to up skill our workforce (outlined below). This included training staff to analyse, interpret and present data to others (known as analysts) and decision-makers (managers and clinicians) who need data to answer questions.

Trust, CCG and NHSI Meeting	Executive Team Board Level Seminar
A meeting was chaired between the CCG and NHSI where a Trust Board Report was presented as an example of presenting data in a different way.	Trust data was used to present and discuss an example Board Report illustrating the benefits of using data for improvement. Following this, the Board agreed that the Trust move to using SPC as the way of presenting data visually.
Corporate Team Training day	**Front line staff** QI training
Staff from HR, ICT, Governance and the Business Performance Managers attended this training. This was followed up by the QI hub to ensure implementation of learning occurred; specifically that SPC was included in the transformation of the Integrated Board report and Divisional Performance meetings.	Frontline staff have been trained to use run charts as this is an easier and more accessible way for them to observe whether the changes they are implementing are truly improvements.

'I have started having conversations with commissioners about the benefits of looking at performance over time series rather than focusing on fluctuations that happen between two points of data.'

Head of Performance

List of some of our QI projects

Access to Services

- Improving Referral System in Camden Acute Day Unit

- Improving the Dementia Pathway in Camden Learning Disability Service

- Reducing the Time from Referral to Dementia Diagnosis in Camden Memory Service

- Towards a Safer Caseload for Islington Crisis Team

Patient Centered Care

- Contraception on Adult Psychiatric Inpatient Ward

- High Dose Antipsychotic Treatment on Coral Ward

- Improving Close Observations on Rosewood Ward

- Increasing Service User Feedback for Islington Crisis Team

- Peer Coaching

- Reducing Violence and Aggression

- Smoking Cessation

Efficient Care

- Recording Section132 Attempts in Recovery and Rehabilitation Community Teams

- Reducing Admissions to Inpatient Wards by Crisis Teams Attending Mental Health Act Assessments

Feedback from Staff

Medical Director: 'SPC has changed the nature of the conversations at the Trust board'.

'We're able to see performance as a long term development and whether any changes implemented have had an impact in order to achieve our targets. We're not just comparing one month to the next'.

Health Intelligence Analyst

'We have made significant changes to the infrastructure of how data is collected and stored within Workforce intelligence.'

Head of Workforce Intelligence

Key Focus for 2019/2020

Ensuring the quality and standard of SPC reporting is high.

Over the next 12 months the key focus will be setting up a working group to start working on the following quality areas:

- Creating a central data point

- Improving data quality within the Trust

- Connecting frontline staff with data analysts and business managers.

Accreditation for Inpatient Mental Health Services (AIMS), Psychiatric Liaison Services (PLAN), and Crisis Resolution/Home Treatment Teams (HTAS)

These accreditations are conducted by the Royal College of Psychiatrists.

- All of our acute inpatient wards at Highgate Mental Health Centre have been awarded AIMS accreditation.
  All of the wards at the Huntley Centre, at St Pancras, have also been accredited, with the exception of Ruby ward (the women's PICU) which was not open at the time the accreditation process happened.

- All three of our acute hospital psychiatric liaison services, at University College London Hospital, the Royal Free Hospital and Whittington Health, have received PLAN accreditation.

- All of our Crisis/Home Treatment Teams are accredited under the Home Treatment Accreditation Scheme

These accreditations are recognition of the quality of these services and the work of staff in those teams.

Recovery College

The C&I Recovery College continue to offer public courses on mental health and wellbeing to build the population's self-care skills and improve their management of health conditions. We treat all people coming through our door as a whole person, understanding that life has its ups and downs, challenges and happy moments. Recovery to the college is on ongoing journey where we try to increase our resilience by having a tool box with several different tools available, discovering which tool works best and in what situation. We use the social model of disability and use co-production to learn all from each other.

New courses are prepared from scratch through partnership working e.g. Green prescription (Castlehaven Community Centre), Building connections in the community (Mind in Camden), Making the most of your memory (Trust Occupational Therapist), Dealing with Debt (Mary Ward Legal Centre), Living well with a long term condition (Whittington Health Clinician) and Men's Space (Jules Thorne Clinician).

The college works with other organisations to access space for running the courses and without these we would not be able to do what we are doing. To name a few: Birkbeck University, Kentish Town Community Centre, Kings Place Music Foundation, Crowndale Centre, Islington Town Hall and Sapphire Independent Training Resource Centre.

We were surprised last year to be asked to provide consultancy for Recovery College Berlin as they are at the early stages of their start up. Another organisation, Changing Lives, purchased our Men and Masculinity course materials together with two rounds of tutor preparation courses as they want to use it within their supported housing accommodation services for veterans.

We started to provide training to Newly Qualified Nurses with 'Co-production and Shared Decision Making' and 'Motivational Interviewing' CPD events. A QI project commenced to extract the benefits of tutoring at the college as a lot of trust employees seemed to use their learning for enhancing their career prospects.

Mental Health Matters events

Our "Mental Health Matters" events are a series of informal quarterly meetings for Trust members, service users and staff to discuss issues relating to mental health. Members of the public are also invited to attend. Below is a reflection on two of those events:

Race and inequality within mental health services – 25 September 2018

Black and ethnic minority communities access to mental health services took centre stage at this event. It is a topic that affects us all, and one to which we can no longer be indifferent.

Jacqui Dyer, MBE, a high profile Government advisor on mental health care and a founder of the Black Thrive community group in Lambeth, set the scene for an impassioned and powerful debate about the many challenges that still remain.

Two C&I service users then spoke movingly about their own personal experience of life in Britain over the last 20 years and the barriers they have personally encountered in getting effective mental health care. Their accounts reflect the difficulties service users from black and ethnic minorities routinely face, with race being a constant and often negative factor in their treatment.

Our Medical Director, Dr Vincent Kirchner, said of the event: "I was really pleased to see such a strong turnout of service users, staff, and colleagues from other Trusts at the event last week. What was notable, however, was that the majority were from our black community. A greater diversity of attendees at future such events would be wonderful and allow for an even more collaborative and effective discussion around the issues.

Our team that ensures intensive psychiatric care on our Ruby Ward

"It is the responsibility of all of us to constantly assess how we deliver care and support to all communities and the overriding tone at the event. Dr Vincent Kirchner, Medical Director

Exploring the links between alcohol and mental health – 25 January 2019

There was a thought-provoking discussion about the impact alcohol can have on mental health. With January traditionally being the month when many have a dry period without drinking and question their consumption, the event was aimed at exploring the topic in more detail to look at the inter-relationship between alcohol and depression and psychiatric conditions.

Dr Quentin Huys, Honorary Consultant Psychiatrist at C&I's Complex Depression, Anxiety and Trauma (CDAT) service and Senior Clinical Lecturer at UCL Psychiatry, provided an overview of the neurobiology of alcohol, its impact on the brain and how that might affect mental health conditions.

"First, its impact on dopamine can lead to the most obvious illness, namely addiction. When addicted, only drug-related cues and activities are relevant to us. Our day shrinks to finding drugs and ingesting them. We neglect our work, our friends, and our family.

"Because nothing else is rewarding again, our enjoyment of life more generally takes a hit and we start the descent into depression. That is the consequence of alcohol's impact on dopamine. Indeed, stopping drinking, or smoking, or any other drug of abuse for that matter, is an excellent anti-depressant. In fact, kicking the habit is often the best anti-depressant and anti-anxiety intervention around.

"Second, the impact on the GABA receptor puts us into a constant state of tension. First, this tension resembles anxiety, and indeed while one drink relaxes us by stimulating GABA, the nth drink gets rid of GABA and so causes a state of constant anxiety.

"Hence, alcohol can cause disorders of anxiety, and promoting everything from obsessions to panic attacks. Because of how hard this is on us, it further promotes depression. More generally, mental illness is always an interaction between the environment and our predisposition. Some people have serious mental illnesses, but are in a very supportive environment and are essentially fine. Others have a very lucky predisposition, but are in such rough environments that they suffer mental illness. Alcohol addiction, by putting us into a constant state of anxiety, and tension, functions as a harsh environment, and worsens all known mental illnesses, from schizophrenia to bipolar disorder, from borderline personality disorder to autism.

"So why then, if it makes all these mental illnesses worse, do people with common and serious mental illnesses have a predilection for alcohol? The answer, of course, lies in the lovely short-term effects, which are the exact opposite of the long-term effects. While the short-term effects are easy to ascribe to alcohol, the stealthy long-term effects are not, and so the drug that causes the problems can long feel like a crutch without which life is impossible."

Two service users with our Integrated Camden Alcohol Service (ICAS) then provided very frank and often harrowing accounts of their own chronic struggles with alcohol abuse and how it had impacted on their own mental health. They were applauded by other attendees for their openness.

Additional Information as stipulated by NHS England

Equality and Diversity, Staff Engagement and Organisational Development

Staff Survey

Each year our staff members are invited to take part in the national 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.

There have been a number of changes to the Staff Survey reporting this year. In previous years, responses have primarily been analysed in "Key Findings" (KF). These have now been replaced by more general "Theme" groupings. Previous years' responses have been re-analysed by the Staff Survey Coordination Centre to confirm to these new groupings.

C&I Staff Survey 2018 Response Rate

Trust Score 2017	Trust Score 2018	National 2018 average for mental health	Trust Improvement/ Deterioration	Ranking compared with all mental health trusts 2018
50%	49%	54%	Deterioration of 1 percentage point	Below Average

The Trust's 2018 staff survey response rate was 49%, a decrease of 1% from last year and lower than the national average for mental health trusts of 54%.

Overall staff engagement

The Trust recorded a score of 7.1 (on a scale of 1-10) against a national average of 7.0 for mental health trusts. The recalculated C&I 2017 score was 7.0.

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 in England.

C&I Top Five Ranking Scores 2018

	Trust Score 2017	Trust Score 2018	National 2018 average for mental health	Trust Improvement/ Deterioration	Ranking compared with all mental health trusts 2018
Quality of Appraisals	3.43	3.38	3.23	Deterioration	Above (better than) average
Percentage of staff reporting good communication between senior management and staff	43%	41%	37%	Deterioration	Above (better than) average
Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves (lower is better)	53%	51%	53%	Improvement	Below (better than) average
Percentage of staff able to contribute towards improvements at work	77%	76%	74%	Deterioration	Above (better than) average
Staff satisfaction with level of responsibility and involvement	3.90	3.91	3.89	Improvement	Above (better than) average

There is a positive story to tell when comparing C&I to other London Mental Health Trusts, particularly in the quality of staff appraisals and the relationships between managers and staff. This foundation enables us to build upon improving the areas of dissatisfaction and concerns from staff, particularly where staff feel that they do not receive feedback and access to career progression.

Not all of our feedback was positive however; the themes of discrimination and of violence, harassment and bullying are areas of significant concern for Camden and Islington NHS Foundation Trust, especially when we compare ourselves to other London Mental Health Trusts. This is a key area of workforce strategic focus in 2019.

None of the improvements or deteriorations highlighted in this report were calculated to be statistically significant changes to Trust scores since last year.

C&I Bottom Five Ranking Scores 2017

	Trust Score 2017	Trust Score 2018	National 2018 average for mental health	Trust Improvement/ Deterioration	Ranking compared with all mental health trusts 2018
Percentage of staff experiencing discrimination at work in the last 12 months (lower is better)	21%	25%	16%	Deterioration	Above (worse than) average
Percentage of staff experiencing physical violence from staff in last 12 months (lower is better)	2%	4%	2%	Deterioration	Above (worse than) average
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (lower is better)	37%	41%	32%	Deterioration	Above (worse than) average
Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months (lower is better)	23%	26%	20%	Deterioration	Above (worse than) average
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	74%	76%	82%	Improvement	Below (worse than) average

The Trust has identified the following key themes to focus on as areas for improvement in 2019/20;

- Experience of violence and aggression from service users and the public
- Perceived discrimination in relation to career progression
- Lack of positive action on Health and Wellbeing for staff
- Bullying and Harassment
- Impact of Poor Management
- Morale
- Increase in Staff experiencing violence from colleagues

To strengthen our supporting activities across all of our workforce challenges we are looking at a set of interventions in a plan that will support in a more joined up cohesive approach.

To further strengthen our focus on Bullying and Harassment, the Trust has invested in training a total of 10 staff to be Anti 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 has recently completed the WRES training at NHS England. This role will continue to add to the expertise already in the Trust of addressing discrimination and share best practice accordingly.

The Trust is currently revisiting its strategic workforce priorities for 2019 and beyond and these will pick up our strategic priority areas of challenge.

Engagement score through FFT

The Friends and Family questions continue to be sent out using the CandiConnect platform. The 2018/9 Pulse Survey was also carried out using this platform and exit surveys are also gathered via CandiConnect. The Trust has renewed its contract with the platform provider.

Two questions are asked in the Family and Friends test:

- How likely are you to recommend Camden and Islington NHS Foundation Trust to friends and family if they needed care or treatment?
- How likely are you to recommend Camden and Islington NHS Foundation Trust to friends and family as a place to work?

A response between "Very Likely" and "Very Unlikely" is required by the survey and an opportunity is given to explain the reason for one's answer. Answers of "Very Likely" and "Likely" are considered positive scores.

How likely are you to recommend Camden and Islington NHS Foundation Trust to friends and family if they needed care or treatment?

Extremely likely, 67, 27%
Likely, 100, 40%
Extremely unlikely, 12, 5%
Unlikely, 24, 10%
Neither likely nor unlikely, 44, 18%

How likely are you to recommend Camden and Islington NHS Foundation Trust to friends and family as a place to work?

Likely 93.38%
Extremely likely 71.29%
Extremely unlikely 71.29%
Unlikely 71.29%
Neither likely nor unlikely 40.16%
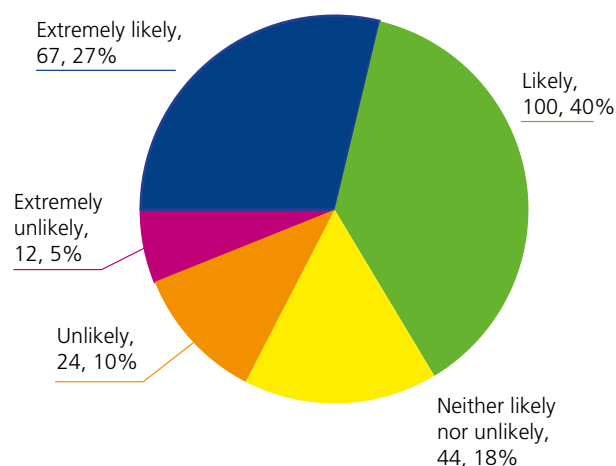
FFT Q4 shows 67% positive for the first question (treatment) and 67% positive for the second (work)

The previous FFT online survey (Q1 2018/9) showed 68% and 63% positive, so these figures represent a drop of 1% for recommendation for friends and family to be treated and an improvement of 4% for recommendation for friends and family to work. The differences are not statistically significant and are likely to be due to random factors.

In free text responses to the survey, there were positive comments about colleagues and teamwork but also negative ones relating to perceived discrimination in appointments, poor working conditions and high numbers of vacancies leading to concerns about the service being provided. This mirrors comments made in the 2018 staff survey.

Replies to the same questions as part of the staff survey are consistently 5-10% lower than in the standalone FFT online survey, which has a considerably lower sample size / response rate. This implies that there is likely to be a positive bias in the standalone FFT surveys. The Staff Survey results however still show an upward trend over four years when recommending C&I as a place to work and receive treatment.

Our commitment to ensuring equality, diversity and inclusion

A fundamental and unique aspect of this Trust is the diverse community we serve and our diverse workforce. This year we have further developed The Our Staff First Project. This has been very effective in retaining and developing the Trust's own staff since it was launched in 2017. Almost a fifth of bands 8a and 9 roles are now filled by BME staff – a rise of 4.5% on the previous year.

Recommend as a place to work
Recommend as a place to receive treatment
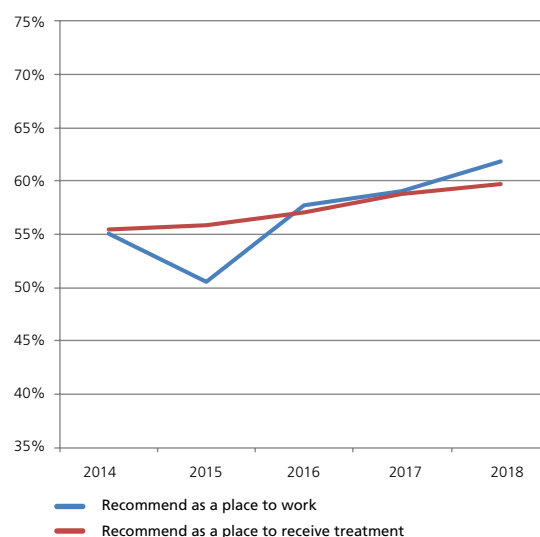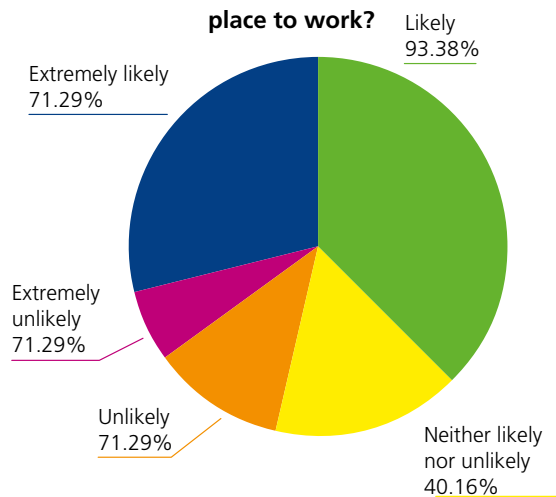
Our Staff Survey and WRES results tell us that despite introducing Our Staff First we need to think differently and look at other ways of supporting fairness and discrimination. This will be a key strategic priority in our refreshed Workforce Strategy and a focus of our refreshed Equality and Diversity Strategy.

To further increase the numbers of BME staff at 8a and above we have added a new intervention to our recruitment process and this is overseen by the Director of HR & OD who will be advised prior to offer of any decision not to recruit a BME member of staff if the scoring is three points or less different to a white candidate.

In conjunction with Our Staff First and our Workforce Race Equality Standard (WRES) action plan, the role of the WRES Expert has been further developed to support the equality, diversity and inclusion work for BME and is working closely with the Employee Relations Team to ensure fairness in the disciplinary process and how it is applied.

Hosting a Japanese medical delegation at Highgate Mental Health Centre

The Staff Network for Change (BME) continues to contribute to the Our Staff First strategy and hosted the successful Strength in Diversity Conference in October, with keynote speakers including C&I's Human Resources and Organisational Development Director and the Director of the WRES NHS England.

The Disability+ Staff Network is extremely active and has co-produced material with the Equality, Diversity and Inclusion Lead, including the Supporting Staff with Disabilities and Long Term Conditions (physical and mental health conditions) reviewed the Equality, Diversity and Inclusion Policy and supported the renewed membership of the Disability Confident Scheme, and are supporting the Trust in achieving the next level in the scheme.

The Rainbow LGBT+ Staff Network is now fully established and is making headway with their membership of the Stonewall Diversity Champion Programme and for the second year running will be attending the London Pride Parade. The C&I rainbow lanyards continue to be a popular way of showing both staff and service users that we are an open and inclusive organisation. In addition C&I Recovery College and the Equality and Diversity Lead have further developed the range of equality and diversity courses and we now have a LGBT+ Course. All courses are co-produced and co-presented with service users.

Organisational Development

In 2018/9 there were 16 apprenticeship starts, undertaking qualifications in Business Administration, Trainee Nurse Associate, Senior Leadership and Human Resources. This represents a new way of addressing learning needs and alternative career pathways for new staff and existing staff.

The Trust has entered into a collaborative with colleagues in other Trusts to examine our organisational culture and to build a culture of collaborative leadership. We will be working with The Whittington Hospital, Moorfields Eye Hospital and Newham Hospital. This initiative is set to last 18 months and comprises a Discovery, Design and Delivery phase. During this time, staff from across bands, professions and services will be invited to be involved in the work and decision making.

The OD Manager has been working with London Leadership Academy and the Transformation project team to plan the engagement with staff in the design and reconfiguration of services to be housed in the Integrated Community Mental Health Centres (formerly known as community hubs).

Recruitment and Retention

In 2018/19 we recruited a total of 390 staff that were new to the Trust, out of the 390 we recruited 16 BME staff were recruited into band 8a and above roles, a rise from six the previous year.

We have continued to work in partnership with Vercida (a diversity site) and in 2018/19, we have worked to improve our visibility on their website by publishing numerous articles over the year aiming to have one new article every month to increase traffic and interest in applying for roles with C&I.

The Trust ran its first recruitment open day which was immensely successful resulting in us being able to offer 53 candidates roles in the trust ranging from band 2 – 6.

The Trust commissioned an article with the Guardian in November in effort to support our recruitment the article was aimed at highlighting Camden and Islington as a great place to work.

We continue to focus on our hard-to-recruit-to roles, teams and wards, along with retention issues in specific roles and areas and this is an area of particular focus as part of our Workforce Strategy.

Learning from Death

There is a Learning from Deaths process at the Trust. There are weekly Mortality Review Meetings Group meetings where all deaths are subject to case review. Quarterly Learning from deaths reports are presented at the Board.

Item	Prescribed information	Comments
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- 102 Q2- 112 Q3 – 101 Q4 - 129
27.2	The number of deaths included in item 27.1 which the provider has subjected to a local 72 hour investigation or Serious Incident Investigation. Including a quarterly breakdown of the annual figure.	72 Hour investigation Q1 - 28 Q2 - 35 Q3 – 37 Q4 - 42 SI investigation Q1- 8 Q2- 7 Q3 - 1 Q4 - 9
27.3	Of the deaths reported in item 27.2, all were investigated to determine avoidability of death in terms of provider care. The avoidability 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- 0 death scored as <=3 Q2- 0 deaths scored as <=3 Q3-4 not available
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:	

Learning:

• Poor physical health is a key theme in the deaths reported during Quarter 1. Action plans to address these issues include; training for new staff on the Physical Health Screening Tool, and addressing health issues in the service user care plan.

• Communication between Trusts and Primary care and other external providers was seen as problematic and affected patient care. There is evidence of problems with incompatible IT systems, awareness of referral criteria for services, and communication for the coordination of care for service users.

• Service users who present with diagnostic uncertainty may not be receiving the care they need at a time they need it. This occurred in two of the investigations where service users experienced delays in accessing the care they required due to them being referred to an inappropriate service, or decisions about referral to an appropriate service is delayed due to diagnostic uncertainty.

• Incomplete documentation continues to be a theme in Serious Incident Reviews. Although direct causal relationships are not clear.

• The option to "create a new" risk assessment function on Carenotes, means that historical important information in the previous risk assessment is not carried forward into the most up-to-date report. There is a risk of information getting lost.

• There appears to be gaps in engaging carers of service users and fulfilling the requirements under The Care Act 2014including undertaking formal carers' assessments.

• Delays in Mental Health Act assessments and how to support services users during the delays emerged again this quarter.

continued

Learning:

Key themes identified from the serious incident investigations undertaken into service user deaths in the Trust.

- Expected natural deaths, are the highest cause of death for this population. Many are the result of many years of poor lifestyle, Diet, smoking, sedentary lifestyle and substance misuse.

- The need for prompt engagement by services after a service user death was an area of improvement from one of the reports. Families felt they were not contacted sooner, or offered the right support post the death of a loved one. The Being Open and Duty of Candour Policy (2015) outlined the expected timeframes for families to make contact with families after the death of a service user. There can be improvement in teams responding as outlined in the Trust Policy.

- Communication and interface within the organisation (between teams), and with external providers (other NHS Trusts, GPs) has been a concern repeated in a number of the deaths' reviews from this quarter. Investigations evidence that not all necessary information was shared as would be expected. None however has been directly linked to the cause of the death; however this is a key learning point from these investigations.

- The need for joint investigations into care was highlighted with the first recorded service user death from the Specialist Perinatal Mental Health Service (SPMHS). The SPMHS was formed in November 2017, to work across the five North East London Boroughs, (Camden, Islington, Barnet, Enfield, and Haringey). This was an unexpected unnatural death, which found at Inquest that the care provided by the SPMHS was good and the death could not have been prevented.

- NHS England have completed their substantial piece of work to provide literature for services, and families/carers affected by a homicide by a service user with a mental health diagnosis. These can be obtained online at https://www.england.nhs.uk/london/our-work/mhsupport/. This is in addition to the "helping hand" booklet, for families and carers of persons who end their life through suicide. The latter has been shared Trustwide. The Homicide literature will be shared accordingly.

- The reviews of these deaths also brought up issues regarding the planning and discharge process from inpatient units. This includes referral onto community teams in a timely way, with understanding of the triage processes and response time of the receiving team. Also, to ensure discharge plans are communicated clearly with the service user, family, and other C&I and non-C&I providers.

- During this period, one patient death occurred on the ward. This was recorded as a natural death, however learning from the review detailed gaps in physical health management, including ECG and VTE assessments as per the Physical Health and Wellbeing Policy.

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 p eriod (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
	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

NHS Improvement Targets

In 2018/19 the Trust continued to be assessed on a quarterly basis to meet selected national standards for access and outcomes.

NHS Improvement Single Oversight Framework

Camden and Islington NHS FT considers this data is as described due to the following reasons - the data for these indicators are derived from our internal performance systems. Camden and Islington NHS FT has taken the following actions to make further improvements on these indicators even though the indicators are on target, and so the quality of its services, by reviewing the data to identify gaps and taking appropriate actions.

Service Performance Target	Target	Q1	Q2	Q3	Q4
CPA inpatient discharges followed up within seven days	95%	96.5%	96.9%	96.6%	99.1%
Proportion of admissions Gatekept by Crisis Resolution Teams	95%	97.2%	97.7%	97.8%	98.0%
MHSDS: Identifier metrics	95%	99.3%	99.2%	99.3%	
MHSDS: Priority Metrics	85%	90.2%	89.7%	89.6%	
Data Quality Maturity Index (DQMI) – MHSDS dataset score	95%	98.8%	98.9%	TBC	

Proportion of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr/19
Patients meeting target 14 day Target =	6	13	16	6	15	8	15	13	16	19	14	14	155
Total patients in cohort =	9	17	22	15	25	10	20	17	21	22	14	14	206
% Performance =	66.7	76.5	72.7	40.0	60.0	80.0	75.0	76.5	76.2	86.4	100	100	75.2

	Q1		Q2		Q3		Q4	
Patients meeting target 14 day Target =	35		29		44		47	
Total patients in cohort =	48		50		58		50	
% Performance =	72.9%		58.0%		75.9%		94.0%	

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):

Camden and Islington NHS FT considers this data is as described due to the following reasons - the data for these indicators are derived from our internal performance systems. Camden and Islington NHS FT has taken the following actions to make further improvements on these indicators and particularly those relating to 'proportion of people completing treatment who move to recovery', and so the quality of its services by close review with improvement plans in place.

Inappropriate out-of-area placements for adult mental health services:

NB: Figures include Acute/PICU OAP placements:

Camden and Islington NHS FT considers this data is as described due to the following reasons - the data for this indicator are derived from our internal performance system. Camden and Islington NHS FT has taken the following actions to improve this indicator, and so the quality of its services by:

1. Focusing on long stayers (over 50 days) on our acute wards, with a set of actions being developed and implemented following the recent long stayer audit

2. The development of plans to reduce admissions

3. Analysis of demand for male PICU, with an appraisal of options to develop additional C & I capacity to treat all men who need intensive care locally

IAPT Service Performance Indicator	Target	Area	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Waiting time to begin treatment within 6 weeks of referral	75%	Camden	83%	85%	85%	85%	88%	90%	88%	86%	83%	86%	80%	
		Islington	88%	89%	90%	87%	91%	89%	91%	89%	92%	90%	82%	
		Kingston	92%	94%	95%	92%	94%	91%	96%	92%	93%	97%	94%	
Waiting time to begin treatment within 18 weeks of referral	95%	Camden	98%	98%	98%	97%	99%	99%	99%	99%	99%	98%	99%	
		Islington	100%	100%	100%	98%	100%	99%	99%	98%	98%	100%	99%	
		Kingston	100%	100%	97%	98%	98%	95%	99%	99%	98%	99%	97%	
Proportion of people completing treatment who move to recovery	50%	Camden	56%	46%	49%	47%	42%	44%	50%	49%	50%	46%	50%	
		Islington	50%	50%	60%	53%	53%	43%	53%	51%	49%	50%	44%	
		Kingston	51%	57%	56%	52%	59%	59%	54%	53%	57%	61%	56%	

	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	2018/19
Inappropriate out-of-area placements for adult mental health services (Occupied Bed days) monthly average:	154	226	230	32	160
Inappropriate out-of-area placements for adult mental health services (total occupied Bed days):	461	679	689	95	1924

Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:

The Trust's physical health screening tool enables staff to screen all patients and ensure that they are assessed appropriately. The physical health policy has been revised and there are a number of physical health initiatives at present to provide further support for staff in all service areas.

Admissions to adult facilities of patients under 16 years old

No patients <16 within C&I

Welcoming new colleagues at our Induction Fair

Stakeholder involvement in Quality Reports

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, trust members and governors and other stakeholders, on what they feel the Trust needs to focus on to ensure ongoing improvements in delivering quality of care. The information from this survey is used to inform the development of the Quality Report.

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.

Sources of information included:

• Governance and management leads and groups

• Feedback received through user forums

• Commissioners and local authorities feedback

• Stakeholder consultation

Stakeholder Statements

Commissioners' Statement

"NHS Islington Clinical Commissioning Group (CCG) is responsible for the commissioning of Mental Health services from Camden and Islington NHS Foundation Trust on behalf of the population of Islington and all associate CCGs. In its capacity as lead co-ordinating Commissioner, the CCG welcomes the opportunity to provide a statement for the Camden and Islington NHS Foundation Trust Quality Account.

Throughout 2018/19, the CCG has continued to meet with the Trust on a monthly basis at its Clinical Quality Review Group meetings (CQRG). This forum is where Commissioners are provided with assurance regarding the quality of care and services provided by the Trust.

There has been robust discussion with the Trust regarding the targets it has met and those that require further work.

Islington CCG confirms that the information contained within the draft Quality Account (provided to the CCG in May 2019) has been reviewed. We confirm that the document received complies with the required content as set out by the Department of Health or where the information is not yet available, a placeholder was inserted. The layout of the report is easy to follow and user-friendly.

We noted that the Trust did not fully achieve four out of nine ambitious 2018/19 priorities, including engaging with service users and staff in suicide prevention strategies. However, we were pleased to see that the Trust will continue to work on these over the coming year. It is envisaged the Trust will make substantial progress in 2019/20 in achieving measures to further engage with service users and staff.

Camden and Islington NHS Foundation Trust have worked consistently to engage with Commissioners and have demonstrated commitment to a high level of service user care and staff experience.

The CCG support the nine priorities identified by the Trust for 2019/20 which focus on:

Patient Safety

• Promote safe and therapeutic ward environments by introducing safe wards in all inpatient areas

• Risk Management and Care Planning

• Service user safety and staff safety and wellbeing

Patient Experience

• Culture and Leadership Collaborative

• Implement revised patient experience strategy

• Signposting for welfare support for service users

Clinical Effectiveness

• Improve dementia care

• Patient flow

• Improving physical health care

Islington CCG looks forward to hearing of progress against the Trusts' chosen priorities for 2019/20 and is committed to fostering an excellent working, supportive relationship with the incoming Trust Director of Nursing and his team. We will continue to work towards greater collaboration and to provide the support and constructive challenge required to ensure continuing quality of the services provided".

Tony Hoolaghan

Tony Hoolaghan

Chief Operating Officer

NHS Islington Clinical Commissioning Group

Received 21 May 2019

Comments from Camden Council Health and Adult Social Care Scrutiny Committee

Disclaimer: The Health and Adult Social Care (HASC) Scrutiny Committee did not sit between the receipt of the draft quality report and the due date for comments. They could not therefore provide comments on the named quality report. The following statement was provided solely by the Chair of the HASC Scrutiny Committee, Cllr Alison Kelly, and it should not be understood as a response on behalf of the Committee.

"Thank you for sending through the Quality Accounts for 2018/19. In future it would be helpful for Trust colleagues to ensure that draft reports are sent to the appropriate scrutiny committee Chair and supporting officer/s to avoid delay.

The report is business like and comprehensive. The technical information at the start of the report is necessary, however most Trusts include it towards the end.

It might be appropriate to include, early on in the report, some examples of your patient centred work and some short case studies of your successes, to make more positive reading right from the outset.

The following observations were made in accordance with a set of core governance principles which guide the scrutiny of health and social care in Camden:

1) Putting patients at the centre of all you doIt is clear from the report that improving the health of patients is at the centre of everything done by the Trust. We would like to thank the Trust for the huge amount of hard work by Trust colleagues and thank them for their commitment.

2) Focussing on a common purpose, setting objectives, planning

   The Trust's priorities for improvement as articulated in Parts 2 and 3 in 2018/19 and 2019/20 are clear. C&I Foundation Trust is to be congratulated on the progress made in 2018/19.

   It is confusing, however, to have future priorities covered in Part 2 and priorities covering the period of the report included later in Part 3. It would have been easier to understand the overall story if the order had been transposed.

3) Working collaboratively

   No Trust is an island and it is positive to read about the clinical research in which the Trust is participating.

   However, it is a missed opportunity that the close working of the Trust with Camden and Islington Councils and with local voluntary and community organisations has not been highlighted.

Under Priority 6, improving physical health, far more could have been achieved if the priority had been more ambitious and the actions had included more joint working.

It is interesting that the redevelopment of the St Pancras site and the Trust's estate are not covered in the report. They are hugely important for the Board, for the Governors and for local people.

4) Acting in an open, transparent and accountable way - using inclusive language, understandable to all - in everything it does

It states at the beginning of the Quality Account that the Trust has a statutory duty to produce an annual report to the public about the quality of services it delivers.

However the report is overlong and the language is at times difficult to comprehend. Indeed some information on priorities is provided in different formats in different parts of the report without clear links to the priority. This makes it difficult to comprehend the full story.

It would have been helpful if the statement in quality from the Chief Executive had been included in the draft.

Sometimes the Trust is described as 'the Trust', sometimes 'C&I' and sometimes as 'Camden & Islington'. Greater consistency would help to avoid unnecessary confusion.

The index is helpful but should have corresponded with the page numbers in the report provided. All sections listed in the index should also have been included.

Under the 'Current picture' section, it is not always clear how far the delivery of a priority has progressed. It is also unclear why some priorities that have only been partly met have not been carried forward to 2019/20.

It is not clear why new priorities have been chosen until the whole report is read. For example, culture and leadership collaboration is a priority for 2019/20 but the data to explain why is provided 50 pages later.

I would like to finish by reiterating our huge thank you to Trust colleagues for their amazing hard work and total dedication. It is truly appreciated."

Councillor Alison Kelly

Chair of Health and Adult Social Care Scrutiny Committee

Received 21 May 2019

Comments from Islington Council Health and Adult Social Care

"This is a response from me, rather than a Committee. We don't have the Committee structure in Islington any more, but Executive (Cabinet) members. We do have a Scrutiny Committee and C&I does give presentations to that Committee.

My comments, on behalf of myself and the relevant senior officers in the Council, are as follows:

"Many thanks for sharing the C&I draft Quality Account for Islington Council's input. The document helpfully sets out your priorities and areas for improvement. It is particularly pleasing to see patient safety and patient involvement as top areas; patient safety is absolutely vital and meaningful patient involvement, we know, will drive a range of improvements across service delivery.

Islington Council is pleased to see the inclusion of more access to Welfare Support, though we would suggest that starting this at assessment rather than discharge may be more helpful, especially for the large number of patients you support in community settings. Islington Council and its Voluntary and Community Sector has a wide range of support services available; let us work together to support people out of poverty and housing crises.

We note your initiative on improving patient flow which we welcome as we are aware of some services experiencing access problems. It would be useful to understand where in the Trust these initiatives will focus and what services would benefit.

Overall the Council finds the Quality Account a useful document. May we suggest, however, that in future years there is more focus on social care and work that we deliver in Partnership, for example driving the implementation of a Strengths Based Approach to social work".

Councillor Janet Burgess M.B.E.

Labour Councillor for Junction Ward; Deputy Leader of the Council and Executive Member for Health & Adult Social Care Islington Council

Received 20 May 2019

Comments from Healthwatch Camden

"We were pleased to be involved in the Trust's discussions on service change during the year. However, we are not making a formal comment on Quality Report this year. This decision should not be seen as any lack of interest in or support for your work. Pressure of other work in the context of falling core income and increased complexity in the local NHS means that we do not have the human resources to consider Quality Report in the detail that they deserve this year. We look forward to commenting in future years."

Frances Hasler

Director

Healthwatch Camden

Received 8 May 2019

Comments from Healthwatch Islington

"In 2018/19 Healthwatch Islington has contributed to the Trust's Estates Strategy discussion. Although in 2018/19 the Trust did not engage residents directly through Healthwatch Islington they have updated the Chief Executive on developments, and Healthwatch Islington submitted a series of comments on the consultation document.

We welcomed the Trust's commitment to not cut services under this proposal and the opportunity to improve services and buildings for local residents and the staff that care for them. We are aware that the Trust plans further engagement on the development of community hubs, which we would welcome as these will best serve the community if the community is given a real voice in their development and use.

We have raised concerns that health inequalities continue, and we would like to see the Trust be ambitious about addressing these during these developments and within its integration work. Local voluntary sector partners would welcome the opportunity to work with the Trust in addressing these and we hope that integration across services will include these partners as they can reach residents to whom statutory services are often less accessible.

During the year we also supported Islington Council to engage mental health day service users in the commissioning of mental health day services. During this activity we heard a lot about how much service users valued the support offered at the Islington Road Recovery Centre."

Emma Whitby

Chief Executive

Healthwatch Islington

Received 21 May 2019

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 20 May 2019

Response to Stakeholder Statements

The Trust would like to thank stakeholders for their comments. We look forward to working with stakeholders in the forthcoming year to achieve our priorities.

FEEDBACK

If you would like to give any feedback on aspect of the Quality Report 2018/19 or to ask questions, please contact the Governance and Quality Assurance Team. The team can be contacted by emailing governanceandquality.assurance@candi.nhs.uk. If you would like to give feedback on services at Camden & Islington Foundation Trust, please email us at 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:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance

- the content of the Quality Report is not inconsistent with internal and external sources of information including:

  - Board minutes and papers for the period April 2018 to the 23/05/2019

  - papers relating to Quality reported to the Board over the period April 2018 to 23/05/2019

  - feedback from commissioners dated (21/05/2019)

  - feedback from governors dated (20/05/2019)

  - feedback from Camden Healthwatch dated (08/05/2019)

  - feedback from Islington Healthwatch dated (21/05/2019)

  - feedback from Islington Council Health and Adult Social Care (20/05/2019)

  - feedback from Camden Council Health and Adult Social care Scrutiny Committee (20/05/2019)

  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated (03/05/2019)

  - the national patient survey (22/11/2018)

  - the national staff survey (22/02/2019)

  - the Head of Internal Audit's annual opinion over the Trust's control environment dated (20/05/2019)

  - CQC inspection report dated (14/03/2019)

- the quality report presents a balanced picture of the NHS Foundation Trust's performance over the period covered

- the performance information reported in the Quality Report is reliable and accurate

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice

- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and

- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.
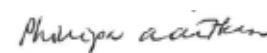
The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

**By order of the board
28 May 2019**

Angela McNab
Chief Executive
28 May 2019

Pippa Aitken
Deputy Chair
28 May 2019

ANNEX 2:

Independent Practitioner's Limited Assurance Report to the Council of Governors of Camden & Islington NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Camden & Islington NHS Foundation Trust to perform an independent limited assurance engagement in respect of Camden & Islington NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and additional supporting guidance in the 'Detailed requirements for quality reports 2018/19' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral

- inappropriate out-of-area placements for adult mental health services

We refer to these national priority indicators collectively as "the indicators".

Respective responsibilities of the directors and Practitioner

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' 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 2018/19' 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 2018/19'; 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 2018/19' and supporting guidance and the six dimensions of data quality set out in the "Detailed requirements for external assurance for quality reports 2018/19'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2018/19' 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 2018 to 23 May 2019

- papers relating to quality reported to the Board over the period 1 April 2018 to 23 May 2019;

- feedback from commissioners dated 21/05/2019;

- feedback from governors dated 20/05/2019;

- feedback from local Healthwatch organisations dated 08/05/2019 and 21/05/2019;

- feedback from the Overview and Scrutiny Committees dated 20/05/2019;

- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009, dated 03/05/2019;

- the national patient survey dated 22/11/2018;

- the national staff survey dated 22/02/2019;

- the Head of Internal Audit's annual opinion over the Trust's control environment dated 20/05/2019;

- the Care Quality Commission's inspection report dated 14/03/2019

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these 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 & Islington NHS Foundation Trust as a body, to assist the Council of Governors in reporting Camden & 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 2019, 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 & 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 2018/19' and supporting guidance to the categories reported in the Quality Report; and

- reading the documents.

A limited assurance engagement is narrower 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 2018/19' 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 & Islington NHS Foundation Trust.

Our audit work on the financial statements of Camden & Islington NHS Foundation Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as Camden & Islington NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to Camden & 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 & 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 & 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 & Islington NHS Foundation Trust and Camden & 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 2019:

• 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 2018/19' 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 2018/19'; and

• the indicators in the Report identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

Grant Thornton UK LLP

Chartered Accountants London

28 May 2019

Our newly qualified nurses celebrate their success

4: SUMMARY FINANCIAL STATEMENTS

4.1 Statement of comprehensive income 2018/19

	2018/19 £000	2017/18 £000
Operating Income from Continuing Operations	**151,910**	150,180
Operating Expenses of Continuing Operations	**(151,736)**	(141,336)
OPERATING SURPLUS	**174**	8,844
Finance Costs		
Interest Receivable	**291**	111
Interest Payable	**(5)**	(8)
PDC Dividends Payable	**(3,715)**	(3,907)
NET FINANCE COSTS	**(3,429)**	(3,804)
Profit on Sale of Assets	**2,827**	5,940
SURPLUS/(DEFECIT) FOR THE YEAR	**(428)**	10,980
Other Comprehensive Income		
Impairments	**(2,381)**	(1,785)
Revaluations	**2,911**	573
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD	**103**	9,768

	as at 31st Mar 2019	as at 31st Mar 2018
	£000	£000
Non-Current Assets		
Intangible Assets	0	0
Property, Plant & Equipment	122,550	118,060
Investments	0	0
Trade and Other Receivables	0	0
Total Non-Current assets	**122,550**	118,060
Current Assets		
Stocks and Work in Progress	59	0
Trade and Other Receivables	17,490	14,172
Investments	0	0
Non-current assets held for sale and assets in disposal groups	0	0
Cash and Cash Equivalents	40,550	48,226
Total Current Assets	**58,099**	62,398
Current Liabilities		
Trade and Other Payables	(16,167)	(16,202)
Provisions	(338)	(478)
Other Liabilities	(70)	(23)
Total Current Liabilities	**(16,575)**	(16,703)
TOTAL ASSETS LESS CURRENT LIABILITIES	**164,074**	163,755
Non-Current Liabilities		
Trade and Other Payables	0	0
Provisions	(38)	(38)
Other Liabilities	0	0
Total Non-Current Liabilities	**(38)**	(38)
TOTAL ASSETS EMPLOYED	**164,036**	163,717
FINANCED BY:		
Taxpayers Equity		
Public Dividend Capital	60,565	60,348
Revaluation Reserve	48,932	50,632
Donated Asset Reserve	0	0
Government Grant Reserve	0	0
Other Reserves	0	0
Income and Expenditure Reserve	54,539	52,737
TOTAL TAXPAYERS EQUITY	**164,036**	163,717

FINANCIAL STATEMENTS

4.3 Statement of changes in taxpayers equity 2018/19

	2018/19 £000	2017/18 £000
Taxpayers Equity at 1st April 2018	163,717	153,949
Surplus/(deficit) for the year	(428)	10,980
Revaluation (Losses) Property, Plant and Machinery	(2,381)	(1,785)
Revaluation Gains Property, Plant and Machinery	2,911	573
Public dividend capital received	217	0
Taxpayers Equity at 31st March 2019	**164,036**	163,717

4.4 Statement of cash flows 2018/19

	2018/19 £000	2017/18 £000
CASH FLOWS FROM OPERATING ACTIVITIES		
Operating Surplus from Continuing Operations	174	8,844
OPERATING SURPLUS	**174**	8,844
Non-Cash Income and Expense		
Depreciation and Amortisation Charge	4,230	5,055
Fixed Asset Impairments and Reversals	6,672	333
(Gain)/Loss on disposal	0	0
Transfer from Donated Asset Reserve	0	0
(Increase)/Decrease in Receivables	(2,700)	(4,538)
(Increase)/Decrease in Inventories	-59	0
Increase/(Decrease) in Trade and Other Payables	(549)	(6,070)
Increase/(Decrease) in Other Liabilities	47	(58)
Increase/(Decrease) in Provisions	(145)	258
Tax (Paid)/Received	0	0
NET CASH GENERATED FROM/(USED IN) OPERATIONS	**7,670**	3,824
Cash Flows from Investing Activities		
Interest Received	281	98
Sale of Financial Assets	0	0
Purchase of Property, Plant and Equipment	(16,957)	(4,525)
Sale of Property, Plant and Equipment	5,436	8,194
Interest Element of Finance Leases	0	0
NET CASH GENERATED FROM/(USED IN) INVESTING ACTIVITIES	**(11,240)**	3,767
Cash Flows from Financing Activities		
Public Dividend Capital Received	217	0
Interest Paid	0	(7)
Public Dividend Capital Paid	(4,323)	(3,884)
NET CASH GENERATED FROM FINANCING ACTIVITES	**(4,106)**	(3,891)
INCREASE/(DECREASE IN CASH AND CASH EQUIVALENTS	**(7,676)**	3,700
Cash and Cash Equivalents at 1st April	48,226	44,526
CASH AND CASH EQUIVALENTS AT 31ST MARCH	**40,550**	48,226

4.5 Income (by source) 2018/19

The Trust's income for the full year amounted to £152m, the majority coming from CCGs and NHS England for the provision of patient activity.

	£'000
CCGs, NHS England, DOH & NHS Trusts	103,268
Foundation Trusts	1,634
Local Authorities	12,765
Education, Training and Research	21,285
Non-NHS Other	549
Other Operating Income	8,401
Sustainability and Transformation Fund	4,008
TOTAL	**151,910**

Non-NHS Other 0%
Other Operating Income 6%
Education, Training and Research 14%
Local Authorities 9%
Foundation Trusts 1%
CCGs, NHS England, DOH & NHS Trusts 70%
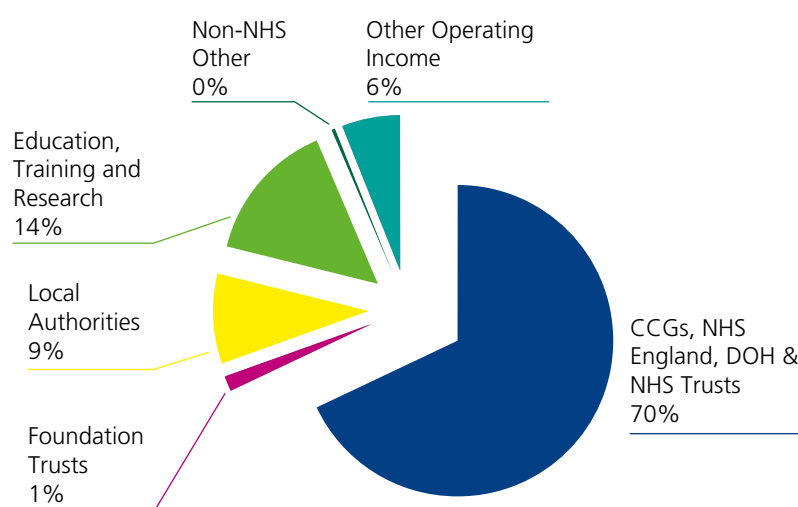
4.6 Expenditure (by type) 2018/19

Total operating expenditure for the year was £152m, the biggest item being spent on staff.

The breakdown of the Trust's full expenditure is as follows:

	£'000
Pay Costs (incl non executive directors)	104,172
Purchase of Health and Social Care from Other Organisations	5,195
Drugs	3,125
Supplies and Services	11,319
Establishment & Premises	5,207
Depreciation	4,230
Impairments	6,672
Consultancy and Other Services	1,678
Other	10,138
TOTAL	**151,736**
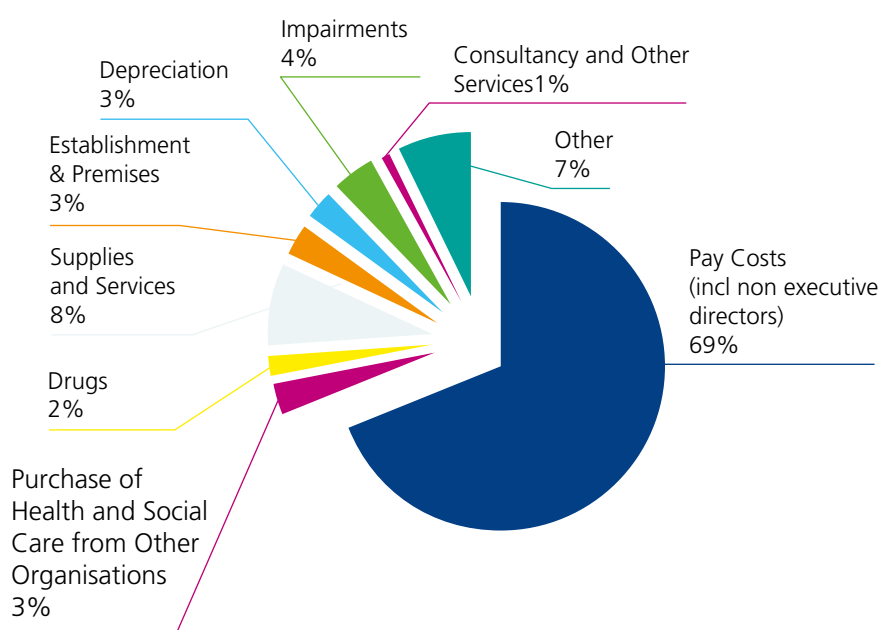
The summary statements are a summary of information derived from the Trust's annual accounts. Information to allow a full understanding of the Trust and of its' policies and arrangements concerning director's remuneration are provided by the full annual financial statements and report.

The statements were approved by the Board on 23 May 2019, following a recommendation from the Audit & Risk Committee, and signed on behalf of the Board by:

Angela McNab
Chief Executive
28 May 2019

Independent auditor's report to the Council of Governors of Camden & 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 & Islington NHS Foundation Trust (the 'Trust') for the year ended 31 March 2019 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Accounts Directions issued under the National Service Act 2006, the NHS foundation trust annual reporting manual 2018/19 and the Department of Health and Social Care group accounting manual 2018/19.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2019 and of its expenditure and income for the year then ended;

- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care group accounting manual 2018-19; 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.

Conclusions relating to going concern

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

- the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

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

Overview of our audit approach

Financial statements audit

- Overall materiality: £2,827,000, which represents 1.9% of the Trust's gross operating expenses;

- Key audit matters were identified as:

- Valuation of land and buildings

- Occurrence and accuracy of non-block contract patient care income and other operating income and existence of associated receivable balances

- We have tested the Trust's material income and expenditure streams and assets and liabilities, covering 99% of the Trust's income, 99% of the Trust's expenditure, 99% of the Trust's assets and 91% of the Trust's liabilities

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

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

Key audit matters

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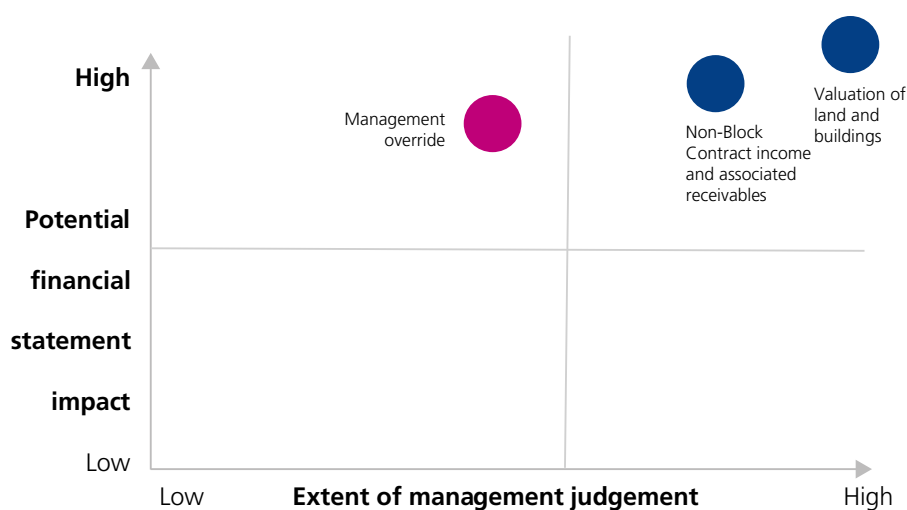
Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included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

Key Audit Matter	How the matter was addressed in the audit
Risk 1 Valuation of land and buildings The Trust revalues its land and buildings on a five-yearly basis to ensure that carrying value is not materially different from current value in existing use. This represents a significant estimate by management in the financial statements. We therefore identified valuation of land and buildings as a significant risk, which was one of the most significant assessed risks of material misstatement.	Our audit work included, but was not restricted to: Evaluation the Trust's accounting policy for recognition of income from patient care activities for appropriateness; Evaluating management's processes and assumptions for the calculation of the estimate, the instructions issued to valuation experts and the scope of their work; • Evaluating the competence, capabilities and objectivity of the valuation expert; • Discussions with the valuer about the basis on which the valuations were carried out and challenge of the key assumptions; • Challenging the information used by the valuer to assess completeness and consistency with our understanding; • Testing revaluations made during the year to ensure they were recorded accurately in the Trust's asset register; • Evaluating the assumptions made by management for those assets not revalued during the year and how management has satisfied themselves that carrying value is not materially different to current value in existing use. • Using an auditor's expert to corroborate the reasonableness of the valuations produced by management's expert The Trust's accounting policy on valuation of property, plant and equipment is shown in note 1.7 to the financial statements and related disclosures are included in note 17 **Key observations** We obtained sufficient audit assurance to conclude that: • the basis of the valuation of land and buildings was appropriate and the assumptions and processes used by management in determining the estimate were reasonable; • the valuation of land and buildings disclosed in the financial statements is reasonable.

Continued overleaf

Key Audit Matter	How the matter was addressed in the audit
Risk 1 Valuation of land and buildings	**Key observations** We obtained sufficient audit assurance to conclude that: • the basis of the valuation of land and buildings was appropriate and the assumptions and processes used by management in determining the estimate were reasonable; • the valuation of land and buildings disclosed in the financial statements is reasonable.
Risk 2 – Occurrence and accuracy of non-block contract patient care income and other operating income and existence of associated receivable balances The Trust's significant income streams are operating income from patient care activities and other operating income. The Trust recognises income from patient care activities during the year based on the completion of these activities. This includes the block contract, which is agreed in advance at a fixed price, and non-block contract income. Patient care activities provided that are additional to those incorporated in the block contracts with NHS commissioners, are subject to verification and agreement of the completed activity by commissioners. As such, there is a risk that income is recognised in the financial statements for these additional services that is not subsequently agreed to by the commissioners. Due to the nature of block contracts we have not identified a significant risk of material misstatement in relation to block contracts. The Trust also receives other income which is predominantly in respect of research and development, education and training and Provider Sustainability Funding (PSF). The risk around other operating revenues is related to the improper recognition of revenue. We therefore identified occurrence and accuracy of all non-block contract patient care income and other operating income and existence of associated receivable balances as a significant risk, which was one of the most significant assessed risks of material misstatement.	**Our audit work included, but was not restricted to:** • Evaluating the Trust's accounting policies for recognition of income for appropriateness and compliance with the Department of Health and Social Care (DHSC) group accounting manual 2018-19; • Obtaining an understanding of the Trust's system for accounting for income and evaluating the design of the associated controls; **In respect of patient care income:** • Obtaining an exception report from the 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 obtaining supporting information for all differences over £300,000, to corroborate the amount recorded in the financial statements by the Trust; • Agreeing, on a sample basis, non-block contract income from patient care activities to invoices and subsequent cash receipts or, for cases in our sample where cash was yet to be receipted, to alternative evidence.; • Agreeing, on a sample basis, non-contract 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. **In respect of other operating income** • Agreeing, on a sample basis, other income to invoices or alternative evidence. • Agreeing PSF income to year end confirmation from DHSC The Trust's accounting policy on income recognition is shown in notes 1.4.1, 1.4.2 and 1.4.3 to the financial statements and related disclosures are included in note Note 3 and Note 25 **Key observations** We obtained sufficient audit evidence to conclude that: • The Trusts accounting policies for recognition of income from NHS contracts and other income complies with the DHSC Group Accounting Manual 2018/19 and has been properly applied; and • Income from patient care income and other operating income and the associated receivable balances, are not materially misstated.

Our application of materiality

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

Materiality was determined as follows:

Materiality Measure	Trust
Financial statements as a whole	£2,827,000 which is 1.9% of the Trust's gross operating expenses. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the Trust has expended its revenue and other funding. Materiality for the current year is at a slightly lower percentage of gross operating costs than we determined for the year ended 31 March 2018 due to a slight increase in gross operating expenses in 2018/19. We did not identify any significant changes in the Trust or the environment in which it operate
Performance materiality used to drive the extent of our testing	**75%** of financial statement materiality
Communication of misstatements to the Audit & Risk Committee	£141,000 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

25% Tolerance for potential uncorrected mistatements

75% Performance materiality
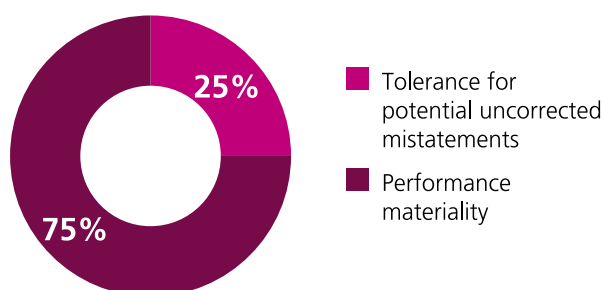
An overview of the scope of our audit

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 environment including relevant IT systems and controls over key financial systems.

The scope of our audit included:

- obtaining supporting evidence, on a sample basis, for all of the Trust's material income streams covering 99% of the Trust's revenues;

- obtaining supporting evidence, on a sample basis, for 99% of the Trust's operating costs;

- obtaining supporting evidence, on a sample basis, for property plant and equipment and the Trust's other material assets and liabilities.

- There were no changes in the scope of the current year audit from the scope of the prior year

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially

misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

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

- Fair, balanced and understandable 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 & Risk Committee reporting in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance – the section describing the work of the Audit & Risk Committee does not appropriately address matters communicated by us to the Audit & Risk Committee.

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

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2018/19 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

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

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2018/19 and the requirements of the National Health Service Act 2006; and

- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

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

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or

- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure that was unlawful, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

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

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer, 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 2018/19, for

being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust without the transfer of the Trust's services to another public sector entity.

The Audit & Risk Committee is Those Charged with Governance. Those charged with governance are responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

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

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

Under the Code of Audit Practice, we are required to report to you if, in our opinion we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

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

Significant risks

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

Significant risks	How the matter was addressed in the audit
Financial Sustainability, including the Impact of 'Brexit', in the Medium Term	**Our audit work included, but was not restricted to:**
Before the start of each financial year the Trust agrees to a control total set by NHS Improvement (NHSI) which determines the target financial performance for the financial year. Achievement of the control total also ensures the Trust receives additional Provider Sustainability Funding (PSF).	Monitoring the Trust's performance against its operational plan and achievement of its control total for the financial year 2018/19;
The Trust's initial control total for 2018/19 was a £1,017,000 surplus, excluding any PSF funding. This was revised during the year, with the Trust's agreement, to reflect the planned sale of The Hoo site. The control total was increased to a £2,500,000 surplus, which resulted in an increase in the Trust's PSF allocation.	Evaluating the forecast position throughout the year and the Trust's final outturn against budget; Assessing the Trust's overall arrangements for achievement of its control total, including the realisation of profits from its planned sale of the Hoo; delivery of planned savings for 2018/19; and the establishment of financial savings plans for 2019/20;
The risk is whether the Trust has adequate arrangements in place to ensure it meets its control total and therefore receive its allocated PSF funding.	Understanding the Trust's own assessment and arrangements in preparing for the UK's EU Exit and assessing their adequacy.
The Trust forecast that it needed to make savings of £7million in 2018/19 to achieve its revised control total. £2.1 million of these savings were unidentified halfway through the year. In addition, the Trust needs to identify a further £5.6 million of savings for 2019/20 to achieve future financial targets.	Key findings The Trust recorded a deficit of £428,000 in 2018/19, . After adjusting for PSF income received, impairments and Agenda for Change costs this gives a £2,382,00 surplus. The Trust met its initial control total but fell slightly short of its revised control total and as a result its PSF income allocation was reduced.
Further pressure could also result from uncertainties related to the planned departure of the UK from the European Union on 31st October 2019, which had the potential to adversely affect the availability and cost of staff, drugs and other supplies at the Trust.	Overall, the Trust had adequate arrangements in place to deliver its agreed control total in 2018/19. The deficit incurred by the Trust in 2018/19: is relatively small, particularly in comparison to that recorded by other NHS Trusts in 2018/19; arose predominantly as a result of a large non-recurring impairment in respect of a land purchase made towards the end of 2018/19.
	The Trust has adequate arrangements in place for the development of additional savings plans for 2019/20. As per the Operational Plan submitted in February 2019, the Trust has identified savings plans for £5 million of the Trust's £5.6 million savings target.
	The UK was due to leave the EU on the 29th March, however an extension has since been granted to 31st October. We are satisfied that the Trust has adequate arrangements in place for preparing for the impact that the UK's exit from the EU could have.

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 2019, 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 & 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.**

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Paul Dossett, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

London

28 May 2019

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 2018/19, the Trust recognised £118,216k of income from activities. Of this amount £93,238k related to Commissioner Requested Services and £24,978k related to Non-commissioner Requested Services.

4.10 Going concern disclosure

After making appropriate 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 was one retirement in 2018/19. The estimated additional pension liability of this ill-health retirement is £243k.

This information has been supplied by NHS Business Services Authority – Pensions Division, and the cost will be borne by them.

Sheena with work

Camden and Islington NHS Foundation Trust
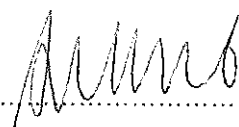
Annual accounts for the year ended 31 March 2019

Foreword to the accounts

Camden and Islington NHS Foundation Trust

These accounts, for the year ended 31 March 2019, 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   **23 May 2019**

Statement of Comprehensive Income
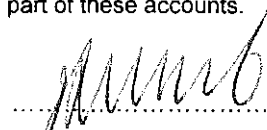
	Note	2018/19 £000	2017/18 £000
Operating income from patient care activities	3	118,216	114,201
Other operating income	4	33,694	35,979
Operating expenses	7, 9	(151,736)	(141,336)
Operating surplus/(deficit) from continuing operations		**174**	**8,844**
Finance income	12	291	111
Finance expenses	13	(5)	(8)
PDC dividends payable		(3,715)	(3,907)
Net finance costs		**(3,429)**	**(3,804)**
Other gains / (losses)	14	2,827	5,940
Share of profit / (losses) of associates / joint arrangements	21	-	-
Gains / (losses) arising from transfers by absorption	46	-	-
Corporation tax expense		-	-
Surplus / (deficit) for the year from continuing operations		**(428)**	**10,980**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	15	**-**	**-**
Surplus / (deficit) for the year		**(428)**	**10,980**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(2,381)	(1,785)
Revaluations	19	2,911	573
Share of comprehensive income from associates and joint ventures	21	-	-
Fair value gains/(losses) on equity instruments designated at fair value through OCI	22	-	-
Other recognised gains and losses		-	-
Remeasurements of the net defined benefit pension scheme liability / asset	38	-	-
Other reserve movements		-	-
May be reclassified to income and expenditure when certain conditions are met:			
Fair value gains/(losses) on financial assets mandated at fair value through OCI	22	-	-
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	14	-	-
Foreign exchange gains / (losses) recognised directly in OCI		-	-
Total comprehensive income / (expense) for the period		**103**	**9,768**

Statement of Financial Position

	Note	31 March 2019 £000	31 March 2018 £000
Non-current assets			
Intangible assets	16	-	-
Property, plant and equipment	17	122,550	118,060
Investment property	20	-	-
Investments in associates and joint ventures	21	-	-
Other investments / financial assets	22	-	-
Receivables	25	-	-
Other assets	26	-	-
Total non-current assets		**122,550**	**118,060**
Current assets			
Inventories	24	59	-
Receivables	25	17,490	14,172
Other investments / financial assets	22	-	-
Other assets	26	-	-
Non-current assets held for sale / assets in disposal groups	27	-	-
Cash and cash equivalents	28	40,550	48,226
Total current assets		**58,099**	**62,398**
Current liabilities			
Trade and other payables	29	(16,167)	(16,202)
Borrowings	32	-	-
Other financial liabilities	30	-	-
Provisions	34	(338)	(478)
Other liabilities	31	(70)	(23)
Liabilities in disposal groups	27	-	-
Total current liabilities		**(16,575)**	**(16,703)**
Total assets less current liabilities		**164,074**	**163,755**
Non-current liabilities			
Trade and other payables	29	-	-
Borrowings	32	-	-
Other financial liabilities	30	-	-
Provisions	34	(38)	(38)
Other liabilities	31	-	-
Total non-current liabilities		**(38)**	**(38)**
Total assets employed		**164,036**	**163,717**
Financed by			
Public dividend capital		60,565	60,348
Revaluation reserve		48,932	50,632
Financial assets reserve		-	-
Other reserves		-	-
Income and expenditure reserve		54,539	52,737
Total taxpayers' equity		**164,036**	**163,717**

The notes on pages 7 to 54 form part of these accounts.

Signed ....

Name	**Angela McNab**
Position	**Chief Executive**
Date	**23 May 2019**

3

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

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2018 - brought forward	**60,348**	**50,632**	**52,737**	**163,717**
Impact of implementing IFRS 15 on 1 April 2018	-	-	-	**-**
Impact of implementing IFRS 9 on 1 April 2018	-	-	-	**-**
Surplus/(deficit) for the year	-	-	(428)	**(428)**
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	-	(2,381)	-	**(2,381)**
Revaluations	-	2,911	-	**2,911**
Transfer to retained earnings on disposal of assets	-	(2,230)	2,230	**-**
Share of comprehensive income from associates and joint ventures	-	-	-	**-**
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	-	**-**
Fair value gains/(losses) on equity instruments designated at fair value through OCI	-	-	-	**-**
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	**-**
Other recognised gains and losses	-	-	-	**-**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	**-**
Public dividend capital received	217	-	-	**217**
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 2019	**60,565**	**48,932**	**54,539**	**164,036**

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2017 - brought forward	**60,348**	**52,640**	**40,961**	**153,949**
Prior period adjustment	-	-	-	**-**
Taxpayers' equity at 1 April 2017 - restated	**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	-	-	-	**-**
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**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

	Note	2018/19 £000	2017/18 £000
Cash flows from operating activities			
Operating surplus / (deficit)		174	8,844
Non-cash income and expense:			
Depreciation and amortisation	7.1	4,230	5,055
Net impairments	8	6,672	333
Income recognised in respect of capital donations	4	-	-
(Increase) / decrease in receivables and other assets		(2,700)	(4,538)
(Increase) / decrease in inventories		(59)	-
Increase / (decrease) in payables and other liabilties		(502)	(6,128)
Increase / (decrease) in provisions		(145)	258
Tax (paid) / received		-	-
Operating cash flows from discontinued operations		-	-
Other movements in operating cash flows		-	-
Net cash generated from / (used in) operating activities		**7,670**	**3,824**
Cash flows from investing activities			
Interest received		281	98
Purchase and sale of financial assets / investments		-	-
Purchase of intangible assets		-	-
Sales of intangible assets		-	-
Purchase of property, plant, equipment and investment property		(16,957)	(4,525)
Sales of property, plant, equipment and investment property		5,436	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		**(11,240)**	**3,767**
Cash flows from financing activities			
Public dividend capital received		217	-
Public dividend capital repaid		-	-
Movement on loans from the Department of Health and Social Care		-	-
Movement on other loans		-	-
Other capital receipts		-	-
Interest on loans		-	-
Other interest		-	(7)
Interest paid on finance lease liabilities		-	-
Interest paid on PFI, LIFT and other service concession obligations		-	-
PDC dividend (paid) / refunded		(4,323)	(3,884)
Financing cash flows of discontinued operations		-	-
Cash flows from (used in) other financing activities		-	-
Net cash generated from / (used in) financing activities		**(4,106)**	**(3,891)**
Increase / (decrease) in cash and cash equivalents		**(7,676)**	**3,700**
Cash and cash equivalents at 1 April - brought forward		**48,226**	**44,526**
Prior period adjustments			-
Cash and cash equivalents at 1 April - restated		**48,226**	**44,526**
Cash and cash equivalents transferred under absorption accounting	46	-	-
Unrealised gains / (losses) on foreign exchange		-	-
Cash and cash equivalents at 31 March	28.1	**40,550**	**48,226**

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 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts

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 histroical 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, ii) accruals, which are based on management's best judgement of likely receivables and payables and iii) asset valuations which are based on professional advice.

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 1.4.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

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

Revenue from NHS contracts

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

Revenue from research contracts

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

Note 1.4.2 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 1.4.3 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments 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. Therefore, the scheme is accounted for as though it is a defined contribution scheme. 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 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. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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

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

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

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

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

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 lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

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

Revaluation gains and losses

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

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

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

Impairments

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

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

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Note 1.7.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:
  • the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
  • the sale must be highly probable ie:

    - management are committed to a plan to sell the asset
    - an active programme has begun to find a buyer and complete the sale
    - the asset is being actively marketed at a reasonable price
    - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
    - the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned 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 useful 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, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

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

Note 1.7.6 Useful lives of property, plant and equipment
Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	Max life
	Years	Years
Land	n/a	n/a
Buildings, excluding dwellings	16	78
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 life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.8 Intangible assets

Note 1.8.1 Recognition

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

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.
Expenditure on development is capitalised only where all of the following can be demonstrated:
• the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
• the trust intends to complete the asset and sell or use it
• the trust has the ability to sell or use the asset
• how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
• adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset and
• the trust can measure reliably the expenses attributable to the asset during development.

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

Note 1.8.2 Measurement

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

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

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

Amortisation

Intangible assets are amortised over their expected useful 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. The cost of inventories is measured using the first in, first out (FIFO) method.

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 Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Financial assets and financial liabilities

Note 1.12.1 Recognition
Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

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

Note 1.12.2 Classification and measurement
Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified and subsequently measured at amortised cost, fair value through income and expenditure or fair value through other comprehensive income.

Financial liabilities are classified and subsequently measured at amortised cost or fair value through income and expenditure.

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

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

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

Financial assets and financial liabilities at fair value through income and expenditure
Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

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

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

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

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

Note 1.12.3 Derecognition
Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

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

Note 1.13 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 charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases
Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially 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's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

Operating leases
Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.14 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 34.2 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 35 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 35, 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 is has no corporation tax liability.

Note 1.19 Foreign exchange

The functional and presentational currency of the trust is sterling.

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

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

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

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

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

Note 1.20 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 2018/19.

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 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.

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 threfore has no distinct and separate operating segments.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.1

Note 3.1 Income from patient care activities (by nature)	2018/19 £000	2017/18 £000
Mental health services		
Cost and volume contract income	6,773	3,857
Block contract income	97,136	96,879
Clinical partnerships providing mandatory services (including S75 agreements)	12,765	13,465
Clinical income for the secondary commissioning of mandatory services	-	-
Other clinical income from mandatory services	-	-
Agenda for Change pay award central funding	1,542	-
Total income from activities	**118,216**	**114,201**

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2018/19 £000	2017/18 £000
NHS England	891	925
Clinical commissioning groups	98,300	95,085
Department of Health and Social Care	1,542	32
Other NHS providers	4,169	4,170
NHS other	-	-
Local authorities	12,765	13,465
Non-NHS: private patients	-	-
Non-NHS: overseas patients (chargeable to patient)	-	-
Injury cost recovery scheme	-	-
Non NHS: other	549	524
Total income from activities	**118,216**	**114,201**
Of which:		
Related to continuing operations	118,216	114,201
Related to discontinued operations	-	-

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

The Trust had no overseas visitor income relating to patients charged directly in 2018/19 or during the prior year, 2017/18.

Note 4 Other operating income

	2018/19	2017/18
	£000	£000
Other operating income from contracts with customers:		
Research and development (contract)	1,622	1,602
Education and training (excluding notional apprenticeship levy income)	19,663	19,605
Non-patient care services to other bodies	-	-
Provider sustainability / sustainability and transformation fund income (PSF / STF)	4,008	6,040
Income in respect of employee benefits accounted on a gross basis	1,009	1,002
Other contract income*	5,047	5,468
Other non-contract operating income		
Research and development (non-contract)	-	-
Education and training - notional income from apprenticeship fund	-	-
Receipt of capital grants and donations	-	-
Charitable and other contributions to expenditure	-	-
Support from the Department of Health and Social Care for mergers	-	-
Rental revenue from finance leases	-	-
Rental revenue from operating leases	2,345	2,262
Amortisation of PFI deferred income / credits	-	-
Other non-contract income	-	-
Total other operating income	**33,694**	**35,979**
Of which:		
Related to continuing operations	33,694	35,979
Related to discontinued operations	-	-

The most significant item recorded under Other Income is £2,326k of estates recharges resulting from the Trust's total facilities management contract (£2,610k in 2017/18)

Note 5.1 Additional information on revenue from contracts with customers recognised in the period

	2018/19
	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	23
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-

Note 5.2 Transaction price allocated to remaining performance obligations

The Trust has no revenue from existing contracts allocated to remaining performance onligations, expected to be recognised in future years.

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

Note 5.3 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider 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:

	2018/19	2017/18
	£000	£000
Income from services designated as commissioner requested services	93,238	92,026
Income from services not designated as commissioner requested services	24,978	22,175
Total	**118,216**	**114,201**

Note 5.4 Profits and losses on disposal of property, plant and equipment

The Trust made one disposal during 2018/19 which resulted in a profit on sale of £2,827k (2 disposals in 217/18 with profits on sale of £5,940k)

Note 6 Fees and charges

HM Treasury requires disclosure of fees and charges income. The Trust had no income from charges to service users (where income from that service exceeds £1 million) in 2018/19 or for the prior year 2017/18.

Note 7.1 Operating expenses

	2018/19 £000	2017/18 £000
Purchase of healthcare from NHS and DHSC bodies	163	153
Purchase of healthcare from non-NHS and non-DHSC bodies	2,940	4,771
Purchase of social care	2,092	4,243
Staff and executive directors costs	104,049	98,647
Remuneration of non-executive directors	123	127
Supplies and services - clinical (excluding drugs costs)	296	348
Supplies and services - general	11,023	10,781
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	3,125	2,659
Inventories written down	31	-
Consultancy costs	499	1,018
Establishment	1,099	1,280
Premises	4,108	4,258
Transport (including patient travel)	671	502
Depreciation on property, plant and equipment	4,230	5,055
Amortisation on intangible assets	-	-
Net impairments	6,672	333
Movement in credit loss allowance: contract receivables / contract assets	5	-
Movement in credit loss allowance: all other receivables and investments	-	(11)
Increase/(decrease) in other provisions	-	-
Change in provisions discount rate(s)	(1)	(3)
Audit fees payable to the external auditor		
audit services- statutory audit	45	45
other auditor remuneration (external auditor only)	5	5
Internal audit costs	87	108
Clinical negligence	520	497
Legal fees	197	231
Insurance	89	90
Research and development	-	-
Education and training	696	439
Rentals under operating leases	816	353
Early retirements	180	-
Redundancy	(155)	378
Car parking & security	-	-
Hospitality	17	18
Losses, ex gratia & special payments	56	106
Grossing up consortium arrangements	-	-
Other services, eg external payroll	1,179	1,072
Other*	6,879	3,833
Total	**151,736**	**141,336**
Of which:		
Related to continuing operations	151,736	141,336
Related to discontinued operations	-	-

Other expenditure includes £4,329k relating to sub contracted healthcare contracts (£2,562k in 2017/18)

Note 7.2 Other auditor remuneration

	2018/19 £000	2017/18 £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	5
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**	**5**

Note 7.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2m (2017/18: £2m).

Note 8 Impairment of assets

	2018/19 £000	2017/18 £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	-	-
Other	6,672	333
Total net impairments charged to operating surplus / deficit	**6,672**	**333**
Impairments charged to the revaluation reserve	2,381	1,785
Total net impairments	**9,053**	**2,118**

The most significant impairment incurred by the Trust in 2018/19 related to property purchased from Whittington Health in March 2019. The property was formally re-valued upon acquisition, by the District Valuer, which resulted in an impairment of £6,650k.

Note 9 Employee benefits

	2018/19	2017/18
	Total	**Total**
	£000	**£000**
Salaries and wages	76,314	71,894
Social security costs	7,894	7,429
Apprenticeship levy	349	335
Employer's contributions to NHS pensions	9,355	8,872
Pension cost - other	-	-
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	-	-
Temporary staff (including agency)	10,137	10,117
Total gross staff costs	**104,049**	**98,647**
Recoveries in respect of seconded staff	**-**	-
Total staff costs	**104,049**	**98,647**
Of which		
Costs capitalised as part of assets	-	-

Note 9.1 Retirements due to ill-health

During 2018/19 there was 1 early retirement from the Trust agreed on the grounds of ill-health (none in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £234k (£0k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 10 Pension costs

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

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

a) 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

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 11 Operating leases

Note 11.1 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.

	2018/19 £000	2017/18 £000
Operating lease revenue		
Minimum lease receipts	2,345	2,262
Contingent rent	-	-
Other	-	-
Total	**2,345**	**2,262**

	31 March 2019 £000	31 March 2018 £000
Future minimum lease receipts due:		
- not later than one year;	1,955	2,127
- later than one year and not later than five years;	5,289	5,778
- later than five years.	1,690	2,841
Total	**8,934**	**10,746**

Note 11.2 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.

	2018/19 £000	2017/18 £000
Operating lease expense		
Minimum lease payments	816	353
Contingent rents	-	-
Less sublease payments received	-	-
Total	**816**	**353**

	31 March 2019 £000	31 March 2018 £000
Future minimum lease payments due:		
- not later than one year;	407	345
- later than one year and not later than five years;	894	849
- later than five years.	203	328
Total	**1,504**	**1,522**
Future minimum sublease payments to be received	-	-

Note 12 Finance income

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

	2018/19	2017/18
	£000	£000
Interest on bank accounts	291	111
Interest income on finance leases	-	-
Interest on other investments / financial assets	-	-
Other finance income	-	-
Total finance income	**291**	**111**

Note 13.1 Finance expenditure

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

	2018/19	2017/18
	£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
Total interest expense	**-**	**7**
Unwinding of discount on provisions	5	1
Other finance costs	-	-
Total finance costs	**5**	**8**

Note 13.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2018/19	2017/18
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims under this legislation	-	7
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 14 Other gains / (losses)

	2018/19	2017/18
	£000	£000
Gains on disposal of assets	2,827	5,940
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	**2,827**	**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 financial assets mandated as fair value through OCI	-	-
Total other gains / (losses)	**2,827**	**5,940**

The Trust disposed of a 17 Lyndhurst Gardens ("The Hoo") in March 2019. The disposal price was £5,500k. The disposal resulted in a profit on sale of £2,827k that is disclosed in these accounts.

Note 15 Discontinued operations

The Trust had no discontinued operations during 2018/19 or for the prior year 2017/18.

Note 16.1 Intangible assets - 2018/19

The Trust had no intangible assets in 2018/19 or in 2017/18.

Note 17.1 Property, plant and equipment - 2018/19

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2018 - brought forward	**27,054**	**84,999**	**811**	**127**	**-**	**13,653**	**1,199**	**127,843**
Additions	9,150	3,430	4,635	-	-	256	-	17,471
Impairments	(6,651)	(2,381)	-	-	-	-	(28)	(9,060)
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	201	353	-	-	-	-	-	554
Reclassifications	-	674	(732)	-	-	58	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	(804)	(1,908)	-	-	-	-	-	(2,712)
Valuation/gross cost at 31 March 2019	**28,950**	**85,167**	**4,714**	**127**	**-**	**13,967**	**1,171**	**134,096**
Accumulated depreciation at 1 April 2018 - brought forward	**-**	**1,389**	**-**	**74**	**-**	**7,488**	**833**	**9,784**
Provided during the year	-	2,404	-	7	-	1,709	110	4,230
Impairments	-	(7)	-	-	-	-	-	(7)
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	(2,357)	-	-	-	-	-	(2,357)
Reclassifications	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	(103)	-	-	-	-	-	(103)
Accumulated depreciation at 31 March 2019	**-**	**1,326**	**-**	**81**	**-**	**9,197**	**943**	**11,546**
Net book value at 31 March 2019	**28,950**	**83,841**	**4,714**	**47**	**-**	**4,771**	**228**	**122,550**
Net book value at 1 April 2018	**27,054**	**83,610**	**811**	**53**	**-**	**6,166**	**366**	**118,060**

Note 17.2 Property, plant and equipment - 2017/18

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2017 - as previously stated	28,068	97,740	1,550	125	-	16,014	3,816	147,313
Prior period adjustments *	-	(14,301)	-	2	-	(3,977)	(2,793)	(21,069)
Valuation / gross cost at 1 April 2017 - restated	28,068	83,439	1,550	127	-	12,037	1,023	126,244
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	84,999	811	127	-	13,653	1,199	127,843
Accumulated depreciation at 1 April 2017 - as previously stated	-	12,561	-	53	-	9,794	3,453	25,861
Prior period adjustments *	-	(14,299)	-	2	-	(4,016)	(2,756)	(21,069)
Accumulated depreciation at 1 April 2017 - restated	-	(1,738)	-	55	-	5,778	697	4,792
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	-	1,389	-	74	-	7,488	833	9,784
Net book value at 31 March 2018	27,054	83,610	811	53	-	6,166	366	118,060
Net book value at 1 April 2017	28,068	85,177	1,550	72	-	6,260	326	121,453

*The Trust in agreement with audit completed a transfer between gross cost and accumlated depreciation for alignment purposes during 2018/19.

Note 17.3 Property, plant and equipment financing - 2018/19

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2019								
Owned - purchased	28,950	83,841	4,714	47	-	4,771	228	**122,550**
Finance leased	-	-	-	-	-	-	-	**-**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	**-**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	-	**-**
Owned - donated	-	-	-	-	-	-	-	**-**
NBV total at 31 March 2019	**28,950**	**83,841**	**4,714**	**47**	**-**	**4,771**	**228**	**122,550**

Note 17.4 Property, plant and equipment financing - 2017/18

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2018								
Owned - purchased	27,054	83,610	811	53	-	6,166	366	**118,060**
Finance leased	-	-	-	-	-	-	-	**-**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	**-**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	-	**-**
Owned - donated	-	-	-	-	-	-	-	**-**
NBV total at 31 March 2018	**27,054**	**83,610**	**811**	**53**	**-**	**6,166**	**366**	**118,060**

Note 18 Donations of property, plant and equipment

The Trust had no donated assets in 2018/19 or during the prior year 2017/18.

Note 19 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) as at 1st March 2019. 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, Highgate and The Whittington) 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 20.1 Investment Property

The Trust had no investment property as at 31 March 2019 or during the prior year 2017/18.

Note 20.2 Investment property income and expenses

The Trust had no investment property income or expenses as at 31 March 2019 or during the prior year 2017/18.

Note 21 Investments in associates and joint ventures

The Trust had no investment in associates or joint ventures as at 31 March 2019 or during the prior year 2017/18.

Note 22 Other investments / financial assets (non-current)

The Trust had no other investments as at 31 March 2019 or during the prior year 2017/18.

Note 22.1 Other investments / financial assets (current)

The Trust had no other investments as at 31 March 2019 or during the prior year 2017/18.

Note 23 Disclosure of interests in other entities

The Trust had no interests in other entities as at 31 March 2019 or during the prior year 2017/18.

Note 24 Inventories

	31 March 2019 £000	31 March 2018 £000
Drugs	59	-
Work In progress	-	-
Consumables	-	-
Energy	-	-
Other	-	-
Total inventories	**59**	**-**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £24k (2017/18: £0k). Write-down of inventories recognised as expenses for the year were £31k (2017/18: £0k).

Note 25.1 Trade receivables and other receivables

	31 March 2019 £000	31 March 2018 £000
Current		
Contract receivables*	14,791	
Contract assets*	-	
Trade receivables*		3,296
Capital receivables	-	-
Accrued income*		8,477
Allowance for impaired contract receivables / assets*	(105)	
Allowance for other impaired receivables	-	(100)
Deposits and advances	-	-
Prepayments (non-PFI)	918	541
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	25	15
Finance lease receivables	-	-
PDC dividend receivable	871	263
VAT receivable	512	521
Corporation and other taxes receivable	-	-
Other receivables	478	1,159
Total current trade and other receivables	**17,490**	**14,172**
Non-current		
Contract receivables*	-	
Contract assets*	-	
Trade receivables*		-
Capital receivables	-	-
Accrued income*		-
Allowance for impaired contract receivables / assets*	-	
Allowance for other 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	12,192	11,366
Non-current	-	-

*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 25.2 Allowances for credit losses - 2018/19

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 Apr 2018 - brought forward		100
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	100	(100)
Transfers by absorption	-	-
New allowances arising	39	-
Changes in existing allowances	-	-
Reversals of allowances	(34)	-
Utilisation of allowances (write offs)	-	-
Changes arising following modification of cotractual cash flows	-	-
Foreign exchange and other changes	-	-
Allowances as at 31 Mar 2019	**105**	**-**

Note 25.3 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	All receivables £000
Allowances as at 1 Apr 2017 - as previously stated	127
Allowances as at 1 Apr 2017 - restated	127
Transfers by absorption	-
Increase in provision	(11)
Amounts utilised	(16)
Unused amounts reversed	-
Allowances as at 31 Mar 2018	**100**

Note 25.4 Exposure to credit risk

The Trust has no material exposure to credit risk.

Note 26 Other assets

The Trust held no other assets as at 31 March 2019 or for the prior year ending 31 March 2018.

Note 27 Non-current assets held for sale and assets in disposal groups

	2018/19 £000	2017/18 £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	**-**	**1,000**
Transfers by absorption	-	-
Assets classified as available for sale in the year	-	1,254
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 sale	-	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	**-**	**-**

Note 27.1 Liabilities in disposal groups

The Trust had no liabilities in disposal groups as at 31 March 2019 or for the prior year ending 31 March 2018

Note 28.1 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.

	2018/19 £000	2017/18 £000
At 1 April	**48,226**	**44,526**
Prior period adjustments	-	-
At 1 April (restated)	**48,226**	**44,526**
Transfers by absorption	-	-
Net change in year	(7,676)	3,700
At 31 March	**40,550**	**48,226**
Broken down into:		
Cash at commercial banks and in hand	101	82
Cash with the Government Banking Service	40,449	48,144
Deposits with the National Loan Fund	-	-
Other current investments	-	-
Total cash and cash equivalents as in SoFP	**40,550**	**48,226**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**40,550**	**48,226**

Note 28.2 Third party assets held by the trust

The Trust held cash and cash equivalents which relate to monies held by the 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 2019 £000	31 March 2018 £000
Bank balances	209	171
Monies on deposit	-	-
Total third party assets	**209**	**171**

Note 29.1 Trade and other payables

	31 March 2019 £000	31 March 2018 £000
Current		
Trade payables	9,375	6,161
Capital payables	890	376
Accruals	3,867	4,976
Receipts in advance (including payments on account)	34	217
Social security costs	1,129	1,074
VAT payables	-	-
Other taxes payable	346	869
PDC dividend payable	-	-
Other payables	526	2,529
Total current trade and other payables	**16,167**	**16,202**
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	3,189	3,106
Non-current	-	-

Note 29.2 Early retirements in NHS payables above

The Trust had no amounts included in the note above relating to early retirements in 2018/19 or in the previous year 2017/18.

Note 30 Other financial liabilities

The Trust had no derivatives or other financial liabilities in 2018/19 or in the previous year 2017/18.

Note 31 Other liabilities

	31 March 2019 £000	31 March 2018 £000
Current		
Deferred income: contract liabilities	70	23
Deferred grants	-	-
PFI deferred income / credits	-	-
Lease incentives	-	-
Other deferred income	-	
Total other current liabilities	**70**	**23**
Non-current		
Deferred income: contract liabilities	-	-
Deferred grants	-	-
PFI deferred income / credits	-	-
Lease incentives	-	-
Other deferred income	-	-
Net pension scheme liability	-	-
Total other non-current liabilities	**-**	**-**

Note 32 Borrowings

The Trust had no borrowings at 31 March 2019 or for the prior year ending 31 March 2018.

Note 32.1 Reconciliation of liabilities arising from financing activities

The Trust had no liabilities arising from financing activities at 31 March 2019 or for the prior year ending 31 March 2018.

Note 33 Finance leases

The Trust had no finance leases as at 31 March 2019 or for the prior year ending 31 March 2018.

Note 34.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Re-structuring £000	Equal Pay (including Agenda for Change) £000	Redundancy £000	Other £000	Total £000
At 1 April 2018	46	-	60	-	-	378	32	516
Transfers by absorption	-	-	-	-	-	-	-	-
Change in the discount rate	(1)	-	-	-	-	-	-	(1)
Arising during the year	-	-	28	-	-	150	133	311
Utilised during the year	(7)	-	(12)	-	-	(16)	-	(35)
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	-	-
Reversed unused	-	-	(26)	-	-	(362)	(32)	(420)
Unwinding of discount	5	-	-	-	-	-	-	5
At 31 March 2019	43	-	50	-	-	150	133	376
Expected timing of cash flows:								
- not later than one year;	5	-	50	-	-	150	133	338
- later than one year and not later than five years;	22	-	-	-	-	-	-	22
- later than five years.	16	-	-	-	-	-	-	16
Total	43	-	50	-	-	150	133	376

The Trust has made provisions for member contributions for provisions held by NHS Litigation Authority, and for potential backpay and redundancy payments.

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Note 34.2 Clinical negligence liabilities

At 31 March 2019, £10,271k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Camden and Islington NHS Foundation Trust (31 March 2018: £6,328k).

Note 35 Contingent assets and liabilities

The Trust had no contingent assets or liabilities as at 31 March 2019 or for the prior year ending 31 March 2018.

Note 36 Contractual capital commitments

	31 March 2019 £000	31 March 2018 £000
Property, plant and equipment	1,750	-
Intangible assets	-	-
Total	**1,750**	**-**

Note 37 Other financial commitments

The Trust had no other financial commitments as at 31 March 2019 or for the prior year ending 31 March 2018.

Note 38 Defined benefit pension schemes

The Trust contributes to the London Borough of Islington pension scheme for 4 individuals who were previously employed by the Borough, but who transferred to the Trust when the Trust took responsibility for the delegated activities.

Note 38.1 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 4 individuals who were previously employed by the Borough, but who transferred to the Trust when the Trust took responsibility for the delegated activities.

Note 39 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 2019 or for the prior year 2017/18.

Note 40 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 2019 or for the prior year 2017/18.

Note 41 Financial instruments

Note 41.1 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 2019, 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 41.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Carrying values of financial assets as at 31 March 2019 under IFRS 9	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
Trade and other receivables excluding non financial assets	15,189	-	-	**15,189**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents at bank and in hand	40,550	-	-	**40,550**
Total at 31 March 2019	**55,739**	**-**	**-**	**55,739**

Carrying values of financial assets as at 31 March 2018 under IAS 39	Loans and receivables £000	Assets at fair value through the I&E £000	Held to maturity £000	Available-for-sale £000	Total book value £000
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**

Note 41.3 Carrying value of financial liabilities

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost	Held at fair value through the I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9			
Loans from the Department of Health and Social Care	-	-	**-**
Obligations under finance leases	-	-	**-**
Obligations under PFI, LIFT and other service concession contracts	-	-	**-**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	14,658	-	**14,658**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2019	**14,658**	**-**	**14,658**

	Other financial liabilities	Held at fair value through the I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39			
Loans from the Department of Health and Social Care	-	-	**-**
Obligations under finance leases	-	-	**-**
Obligations under PFI, LIFT and other service concession contracts	-	-	**-**
Other borrowings	-	-	**-**
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**

Note 41.4 Fair values of financial assets and liabilities

The Trust believes that the carrying value of it's financial assets and liabilities are a reasonable approximation of fair value.

Note 41.5 Maturity of financial liabilities

	31 March 2019	31 March 2018
	£000	£000
In one year or less	14,615	14,221
In more than one year but not more than two years	5	8
In more than two years but not more than five years	22	25
In more than five years	16	5
Total	**14,658**	**14,259**

Note 42 Losses and special payments

	2018/19		2017/18	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	1	-	5	-
Fruitless payments	-	-	-	-
Bad debts and claims abandoned	-	-	-	-
Stores losses and damage to property	1	31	-	-
Total losses	**2**	**31**	**5**	**-**
Special payments				
Compensation under court order or legally binding arbitration award	8	46	8	103
Extra-contractual payments	-	-	-	-
Ex-gratia payments	28	7	16	4
Special severence payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**36**	**53**	**24**	**107**
Total losses and special payments	**38**	**84**	**29**	**107**
Compensation payments received		-		-

Note 43 Gifts

	2018/19		2017/18	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Gifts made	6	-	8	-

Note 44.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Note 44.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

Note 45 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 contributions
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
The Trust has applied a de minimis limit of £1,000k.

Note 46 Transfers by absorption

The Trust has had no transfers by absorption during 2018/19, or for the year ending 31 March 2018

Note 47 Prior period adjustments

The opening balances were amended following an exercise carried out to ensure that the gross valuation/ cost and accumulated depreciation on the PPE note reflects the Fixed Asset Register. In prior year accounts although the net book value included on the balance sheet continued to be correctly stated, the gross value/ cost and the accumulated depreciation was misstated. The restatement of the buildings values relate to the accumulated depreciation on buildings not being reversed at the point of revaluation in prior years.
As these were misstated by material amounts, following a prior year audit recommendation, opening balances within this note have been restated. The balance sheet has not been restated as the balance sheet values were not misstated in prior year accounts.

Note 48 Events after the reporting date

There are no events after the reporting date to report.

Note 49 Final period of operation as a trust providing NHS healthcare

2018/19 is not the final period of operation for the Trust.

Note 50 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 2018/19

	2018/19	2017/18
	£000	£000
Income		
Foundation trust	10,671	10,164
London Borough of Islington	3,004	3,229
	13,675	**13,393**
Expenditure		
Pay	11,311	12,528
Drugs	392	384
General Supplies and Services	53	124
Clinical Supplies and Services	15	28
Establishment	79	69
Other *(Incl premesis costs)*	2,012	329
	13,862	**13,462**
Net under / (over) spend	**-187**	**-69**
	-1%	*-1%*

All of the income and expenditure related to the pooled budget is accounted for within the Trust's books, and is therefore accounted for in line with the accounting policies set out in Note 1. Both the income and expenditure is included within the income and expenditure shown in subsequent notes to the accounts.