

Barnet, Enfield and Haringey

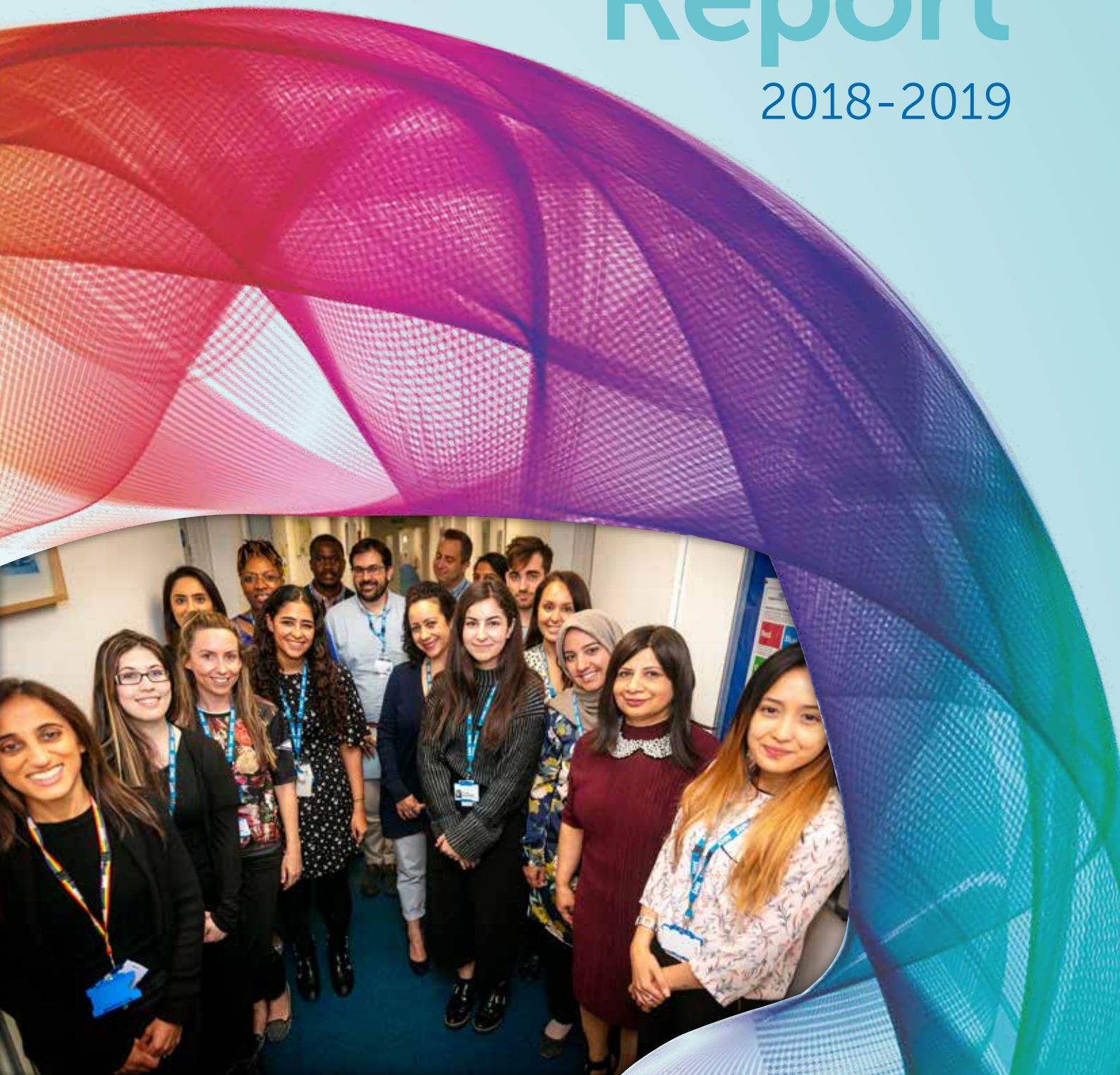


Mental Health NHS Trust

A University Teaching Trust

Annual Report

2018-2019



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Chairman's Foreword

Welcome to our Annual Report

This is my first Annual Report as Chairman and it comes at a time when the Trust has set a course for significant change.

The previous Chairman and Board laid excellent foundations for us to embark on that transformational journey by improving the quality of care, reducing the financial deficit and approving the much-needed redevelopment of St Ann's Hospital in Haringey.

We now have the stability, credibility and breathing space to re-think the way we work and the way we provide care on our wards and in the community. We need to do this with our partners through developing strategic alliances. This is the reason we have begun strengthening existing community partnerships and building new ones. As we look to the future of healthcare in north London, collaborative working locally and regionally will be increasingly important if we are to deliver even better services for those we care for.

Since arriving at the Trust, I have realised how much our partners are looking to us to provide a lead in the communities we serve. This presents us with the opportunity to strengthen our presence and credibility, whilst providing the lead our partners are looking for.

As someone whose previous career was in digital transformation and telecommunications, I am pleased that the Trust has started fresh digital ways of working. During 2018-19, we introduced mobile working and we are exploring the opportunities that the ever-evolving world of technology opens up for healthcare providers.

Whilst technology continues to evolve, people will always remain at the heart of our work. That includes patients, carers and our committed and loyal staff.

That is the reason I have prioritised diversity during my first few months as Chairman. I am passionate about respecting diversity and ensuring BEH is a place you are welcomed, no matter your gender, ethnicity, sexuality or faith. I am pleased that the Chief Executive has shown personal initiative in this area by establishing and chairing an equality and diversity committee.

We can transform the lives of so many people in Barnet, Enfield and Haringey if we continue to show the drive, innovation and partnership working I have seen in my first few months. I am confident that the Trust has the potential to be recognised as 'outstanding' in the next few years.

Mark Lam
Chairman





Chief Executive's Introduction

This Annual Report captures the significant developments and changes at the Trust over the last year.

I am honoured to have served as the new Chief Executive of Barnet, Enfield and Haringey Mental Health NHS Trust since July 2018. During my induction to the Trust, I found a wealth of enthusiastic and committed staff striving to improve services for our patients across Barnet, Enfield and Haringey and beyond.

I used my first 100 days as Chief Executive to meet as many patients, staff and partners as I could and I visited a cross section of services and facilities. One message I received internally and externally was that there was a need for clarity around our future direction as an organisation. We spent the autumn and winter period developing a new Trust Strategy. There was a clear consensus that at the heart of our new Strategy should be patients, our staff and the wider communities we serve.

Our new Trust Strategy is summarised later in the Annual Report. It is bold and ambitious and sets out our vision for the next five years. I am convinced that we have a great future ahead and that working together with our patients, carers, staff and partners we can deliver our ambitious vision.

Developing our new Trust Strategy involved a range of workshops, roadshows, surveys and meetings, internally and externally. These were very useful, not only to inform our new Strategy, but also to inform us about how we can make the Trust even better. I want to continue this engagement and continue to listen to feedback, so that we can continue to improve.

I also found that we didn't always get the staff experience right. One of my personal commitments is to ensure fairness, equality and diversity across our organisation. I am chairing our new Equality and Diversity Committee, which I established in response to feedback from staff. This is already producing tangible outcomes – notably

an Inclusive Mentoring Programme for employees from black and ethnic minorities. We intend ultimately to open it out to applications from all our staff.

The Trust is also focusing on strengthening our relationships with our partners, who are key to us providing the high quality, joined up care we know our patients and their carers want. As part of this, we have recently announced our proposed strategic alliance with neighbouring Camden and Islington NHS Foundation Trust, which are be taking forward in 2019-20. The North Central London plans to develop integrated health and care systems at borough level offer real opportunities to provide better, more holistic care for local people and we are already playing our full part in developing these. We are also strengthening the leadership of our borough based services, to provide dedicated leadership input to the development of more integrated care in each of our boroughs, both for mental health services and our important community health services in Enfield.

I look forward to working with colleagues and partners in 2019-20 and beyond to deliver our new Strategy and our key objectives.

Jinjer Kandola
Chief Executive



Trust Overview

Our Trust

Barnet, Enfield and Haringey Mental Health NHS Trust (BEH) provides integrated mental health and community health services to the people of North London, as well as some services regionally and nationally.

We have more than 3300 staff, which makes us one of the largest employers in our area. Last year we had 721,318 patient contacts, and helped treat 2804 people on our wards and 146,434 in the community. In 2018-19 our income was around £212 million.

We provide most of our services for young people, adults, and those who are elderly from 25 sites. We support people to overcome the hurdles they face with their health, and help them get back into the community, to get a job if they want one and to live as independently as they can. We follow an Enablement approach to providing care. We give people the skills they need to look after themselves with our support in the community. When they need more specialist treatment, we help them on our wards.

As a large mental health Trust we provide a wide range of services, for example helping people with personality disorders, drug and alcohol recovery, children's mental health issues, patients with dementia, anxiety, eating disorders, learning disabilities, and suicide prevention.

In addition, we run the North London Forensic Service (NLFS), which the CQC has rated as Outstanding. It treats and cares for people in the criminal justice system who have mental health conditions. NLFS is also embedded in Pentonville, Wormwood Scrubs and Brixton prisons in London, and HMP Springhill and Grendon in Buckinghamshire.

In addition to delivering mental health care to these five adult prisons we provide mental health services to two young offenders' institutions at Aylesbury and Feltham. We also are the lead provider for a group of five trusts delivering secure forensic inpatient services in North London. This 'New Care Models' partnership brings together regional providers of NHS England-commissioned specialist services in order to improve the quality of patient care.

In Enfield, we run community health services which include district nursing, diabetic clinics, health visiting, community paediatric nursing for children with complex health and palliative care needs. We also provide specialist services to help prevent teenage pregnancy and support young parents.

CBT



Our new Strategy

Vision, Values & Objectives

During 2018-19 we developed our strategy with service users, carers, staff, partners and other stakeholders.

We conducted many focus groups and Executive RoadShows and received more than a 1000 pieces of feedback, indicating that people were really engaged in getting the focus for our strategy right.

The outcome was a very clear message that we need to make sure that service users, staff and our community are at the heart of everything we do.

They are integral to the decisions we make, to ensure we support healthy lives by providing excellent integrated mental and community healthcare.

Our new Strategic Aims are:



Our Vision

To support healthy lives and healthy communities through the provision of excellent integrated mental and community healthcare

We summarise our Vision with our Motto:

Supporting healthy lives

Our Values:

More than 500 staff and service users helped to shape our values three years ago. During 2018-19 we encouraged staff to consider how they live those values through their working practices and approaches

Our objectives

During 2018-19 our objectives were:

- Happy staff
- Value for money services
- Excellent care

Our objectives for 2019-2020 are:

- Delivering our core services effectively (Brilliant Basics)
- Developing the organisation's culture and people
- Strengthening governance systems and processes
- Strengthening leadership
- Service transformation

Our objectives for 2019-2020 recognise that service transformation starts with getting the basics right while strengthening and developing both the organisation's systems and processes and its people – including its leaders.





Our Trust in numbers



54%

of our staff are from BAME backgrounds



2,804

Number of people we cared for in our wards in 2018-19

3,366

staff



565

Total number of trust beds, including Recovery Houses



721,318

patient contacts in 2018-19



Budget:

£212

million in 2018-19

148,404

Number of people who accessed our services



99.4%

of patients receive a follow up within seven days of being discharged from an inpatient ward – the best in London and above the national target of 95%



The Trust received 77 formal complaints – a

52%

fall compared to the previous year



Our Key Risks

The Board examines and discusses at each meeting the Board Assurance Framework (BAF). This sets out risks to achieving our objectives and how they are being managed. The Board papers include our performance against those objectives.

We have a range of procedures, performance management arrangements and policies in place to ensure internal control.

During 2018-19 the BAF contained the following strategic risks:

1. Regulatory standards
2. Managing services within resources
3. Recruit and retain staff
4. Development of the Trust's culture
5. Staff engagement
6. Financial management
7. Medium/Long Term financial sustainability
8. Local health economy
9. Estates management
10. Performance Information

Key Performance Indicators 2018-19

Like other NHS providers, we have a number of key performance indicators (KPIs) which allow us to measure our performance and benchmark ourselves against other providers.

The Trust Board reviews these at each meeting.

You can find the KPIs for 2018-19 in the following pages but we have picked out a few key trends or highlights.

BEH continues to be the top performing Trust in London for seven day follow up of patients discharged from inpatient wards – with an average annual figure of 99.4% compared to the national target of 95%.

We identified areas where a particular focus during 2018-19 could significantly improve patient care or improve the efficiency of the Trust. In many cases, this resulted in us surpassing the relevant national targets. For example, we worked hard to improve Did Not Attend (DNA) rates and as a result we scored 8.4% compared to the national target of 10%.

Other areas where we have consistently met or bettered the national target include:

- Patients provided with a single point of entry to services by the Crisis Resolution and Home Treatment Team
- Percentage of mental health service users in the community who are in settled accommodation and engaged in structured occupations

- Medical vacancy rates and spend on agency staff as a percentage of total staff costs
- Having a lower staff turnover
- Percentage of staff up to date with child safeguarding training
- Children's access to speech and language therapy, physiotherapy and occupational therapy

However, the Trust did not achieve the national targets in several important areas including: mean length of acute inpatient stay; one hour response times for A&E referrals to our mental health liaison service at the North Middlesex University Hospital; the proportion of staff compliant with individual mandatory training requirements; and, staff sickness rates. We are actively focusing on these areas in 2019-20, and further details are given later in this report.

Trust Key Performance Indicators 2018-19

OPERATIONAL		18-19	Target
Trust Performance against NHSI - Standard Operating Framework (SOF)			
Safe, Effective, Caring & Responsive	% patients gate kept by the Crisis Resolution and Home Treatment Team	97%	95%
	First Episode of Psychosis % of people treated within 2 weeks	81%	53%
	Let's Talk (Enfield IAPT) % of people treated within 18 weeks of referral	100%	95%
	Let's Talk (Enfield IAPT) % of people treated within 6 weeks of referral	90%	75%
	Let's Talk (Enfield IAPT) number entering treatment each month	486	441
	Let's Talk (Enfield IAPT) Recovery Rate	52%	50%
	Let's Talk (Barnet IAPT) % of people treated within 18 weeks of referral	100%	95%
	Let's Talk (Barnet IAPT) % of people treated within 6 weeks of referral	61%	75%
	Let's Talk (Barnet IAPT) number entering treatment each month	484	348
	Let's Talk (Barnet IAPT) Recovery Rate	54%	50%

Trust Key Performance Indicators 2018-19

OPERATIONAL National & Local Targets		18-19	Target
Safe, Effective, Caring & Responsive	CPA Acute & PICU % of patients followed-up 7 days after discharge	99%	95%
	Care Programme Approach: % of patients reviewed in the last 12 months	95%	95%
	% PbR Cluster Review completed on time	86%	85%
	% Admissions that are emergency readmissions within 28 days of previous discharge	4%	5%
	DToC - % All Occupied Bed Days (OBDs) due to delayed transfers	6%	2.5%
	DToC - % Adult OBDs due to delayed transfer of care	5%	2.5%
	DToC - Older People's OBDs due to delayed transfer of care	9%	2.5%
	DToC - Number of Patients delayed in the month	22	
	Adults - Mean length of acute inpatient stay on discharge (Untrimmed)	40	35
	Adults - Median length of acute inpatient stay on discharge (Untrimmed)	26	28
	Adults - % people on the acute inpatient caseloads that have had stays of over 100 days	13%	25%
	Older People - Mean length of acute inpatient stay on discharge (Untrimmed)	64	40
	Older People - Median length of acute inpatient stay on discharge (Untrimmed)	59	40
	Patients triaged by the CRHT as clinically requiring a response within 4 hours. These referrals are assessed as Emergency.	87%	90%
	Patients triaged by the CRHT as clinically requiring a response within 24 hours. These referrals are assessed as Urgent.	80%	80%

Trust Key Performance Indicators 2018-19

OPERATIONAL National & Local Targets		18-19	Target
Safe, Effective, Caring & Responsive	Liaison Service - North Middlesex 1-hour response time for A&E Referrals	81%	95%
	Liaison Service - Barnet 1-hour response time for A&E Referrals	89%	95%
	Percentage of people in receipt of community Mental Health services who are settled in accommodation	80%	70%
	Percentage of people in receipt of community Mental Health services who are engaged in structured occupations, including actively seeking work, parenting and running a home	25%	20%
	Mental Health DNA Rates (Excluding CRHTs)	7%	10%
	– Mental Health DNA Rates - Adults	8%	10%
	– Mental Health DNA Rates - Older Adults	3%	4%
	– Mental Health DNA Rates - CAMHS	9%	10%
	Memory Clinic: % of patients waiting less than 6 weeks from Referral to Diagnosis	50%	95%

Trust Key Performance Indicators 2018-19

WORKFORCE		18-19	Target
National & Local Targets			
Well-Led	Proportion of staff compliant with individual mandatory training requirements	83.1%	90%
	Sickness/absence rate	4.0%	3.5%
	Agency as a % of Employee Spend (Financial - agency spend as a % of staffing spend)	5.9%	8%
	Bank as a % of Employee Spend (Financial - bank spend as a % of staffing spend)	9.4%	10%
	Total vacancy rate (% established posts without staff members in place)	10.6%	10%
	Nursing vacancy rate	13.4%	10%
	Medical vacancy rate	6.6%	10%
	Time to hire (mean number of days from advert start to provisional start date)	84	77
	Staff turnover (total)	13.0%	15%
	- Staff turnover (unplanned)	11.4%	11%
	- Staff turnover (planned)	2.8%	5%
	Percentage of exit interviews where the Trust was described as a good place to work	62.0%	-
	Staff FFT - Overall score: % would recommend as a place to work - Quarterly Reporting	57.9%	50%
	Staff FFT - Overall score: % would recommend as a place for care - Quarterly Reporting	59.9%	55%

Trust Key Performance Indicators 2018-19

QUALITY National & Local Targets		18-19	Target
Safe & Caring	Falls resulting in severe injury or death	1	0
	Grade 3 or 4 pressure ulcers	22	0
	Formal complaints received	77	-
	Complaints: Response in time	46%	90%
	Patient Survey - Information provided	92%	80%
	Patient Survey - Involved in decisions	87%	80%
	Patient Survey - Treated with dignity	94%	80%
	Overall patient satisfaction	90%	80%
	Overall carer satisfaction	90%	80%
	Patient FFT - Mental health overall score	89%	80%
	Patient FFT - ECS overall score	98%	90%
	Inappropriate use of inpatient beds	0	0
	Number of never events	0	0
	136 Suite - Inappropriate use	22	0

North London Partners in health and care – our STP

We were fully involved in the North London Partners in health and care Sustainability and Transformation Partnership (STP) during 2018-19 and with its relevant work streams.

We are closely involved in the development of local Integrated Care Systems (ICSs) in Barnet, Enfield and Haringey. We actively participated in the 'InterGreat' ICS simulation events in Barnet, Enfield and Haringey early in 2019. We meet

regularly with the local clinical commissioning groups to build on our commitment to service integration and collaboration with partners as the local ICSs develop. We envisage playing a key role in the development of the local ICSs, particularly in Enfield, where we have a unique role as the only current provider of integrated mental health and community health services in North Central London.

Information Management and Technology

Over the last year we have delivered a number of strategic information management and technology system improvements focused on improving usability, patient care and safety. There is still plenty of work to do, but we have made material progress during 2018-19.

During the summer, we migrated our systems to Atos, our new IT service provider. Recognising the issues we had during the transition of our back end systems, we altered our approach to further system roll outs. We are in the process of upgrading from Windows 7 to Windows 10 and by the end of 2018-19 had successfully rolled out updated machines to half of the trust, with a view to completing the upgrade project by May 2019.

We replaced 2000 desktop computers, laptops and mobile phones to further improve the user experience. The deployment of Windows 10 brings with it improved functionality, such as a stable platform, quicker login times and faster access to documentation. To maximise the stability of our network and system performance, we began a network modernisation project which will be completed in 2019-20.

We continue to implement improvements and enhancements to our clinical system, RiO. Over the last year we made 59 changes at the request of clinical teams.

The roll out of phase one of the mobility project will be completed by June 2019. This gives staff the ability to work anywhere and at any time, while accessing and updating clinical information from a supported mobile device. They can now complete clinical activities – from accessing calendars to viewing patient test results in real time, without needing to return to a desk. This not only helps staff to spend more time with patients and less on paperwork but improves patient safety and lowers the risk of medical errors. We have seen improvements in the quality of documentation and activity reporting. Staff are able to connect to the network in a seamless manner.

Information governance has surpassed the mandatory requirements for clinical coding at the annual audit, which helps improve data quality.

The performance team has joined the IM&T department, and the Trust welcomed its new Chief Information and Performance Officer, who has responsibility for the integrated department, weeks before the end of 2018-19.

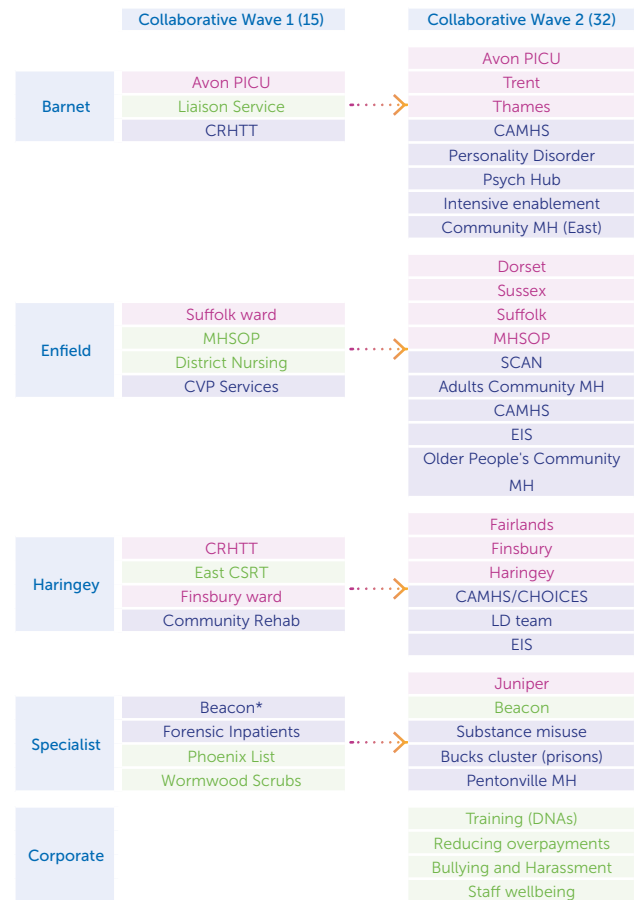
Our future plan includes working to improve reporting and interoperability on the use of clinical information for business intelligence and predictive analytics. This will give the Trust the ability to identify and respond to clinical and business issues in a timely manner. It will also help us connect to third party clinical systems outside the Trust.

Quality Improvement

In 2018-19 the Trust continued its quality improvement (QI) journey, more than doubling the number of new projects in the second year to 32.

All remained focused around three objectives:

- Violence & Aggression
- Making staff proud
- Enabling our patients



Year 2: 2018-19

Year 2 followed Year 1's collaborative model, with the central faculty – supported by clinical QI leads – coordinating the 12 month training and development of the teams involved.

This model has worked well for the first two years; we have trained over 100 members of staff across

our four divisions and launched in total nearly 50 improvement projects through this approach. That means about 28% of all BEH teams have been part of an improvement project. The benefits for our key stakeholders are clear.

For the Trust	For patients	For staff & teams
<ul style="list-style-type: none"> • Strong correlation between Outstanding Trusts and those which use QI as a way of working • Supports improved focus and productivity due to teams spending less time "boiling the ocean" • Reduces complexity/ inconsistency in the delivery of objectives because of the single approach 	<ul style="list-style-type: none"> • Care-giving tends to be more stable (outcomes improved) as motivated staff stay in one place • Mature QI approaches include a strong patient input throughout application of the method • Patient satisfaction, their feeling and their experience of care are improved overall 	<ul style="list-style-type: none"> • Motivation and retention are higher because ownership and autonomy are strengthened • QI support can be used to show both internal values & how we value staff • Staff can see clearly and immediately the impact of their changes through the focus on data

Year 3: 2019-20

As we move into Year 3, we recognise that the scale of our ambition and the delivery model needs to change again. Evidence shows that sustainable improvement requires the embedding of a single, systematic improvement methodology into the way we work. That runs from everyday, informal decisions through to major transformational programmes. To date we have agreed that the model for improvement is "the way we think about change" – while recognising that we need more work to sustain this in all that we do.

Firstly, we will be capacity-building at scale by developing further the improvement infrastructure created in year one. We are still embedding the wins we have achieved and this capacity-building focus will enable us to move from collaborative projects to "the way we do things round here". Bringing together the support and training offered by our proposed partner and what we are currently able to provide internally, the graphic below reflects the sort of tiered development model we are aiming for.

Staff covered	Level & outcomes	Course offering/ role locations	Staff capabilities	
1	Advanced Practitioner Deep understanding of improvement and confident in dealing with complexity and change	Dedicated change support role	"Inspiring improvement leaders" I can manage complex change. I can set improvement priorities> 5-day residential training
15%	Champion Sound QI knowledge and skills, engaged staff delivering for their own team and capable of bringing on others	(HAELO/AcQUA) Workshops and bespoke	"Improvement enthusiasts confident to deliver & share change methodology" I can deliver and teach others> 5-day intensive course
50%	Foundational Sound QI knowledge and skills, engaged staff delivering for their own team and capable of bringing on others	(HAELO/AcQUA) Workshops and bespoke	"Proven and committed change makers"> Full day 1-1
100%	Basics Relates to all staff in order to develop an understanding and basic awareness of their responsibilities for the improvement of local services	E-enabled learning (HAELO/AcQUA) Bitesize training (faculty, clinical leads)	"Improvement is everyone's job" I can work with others to deliver the improvement aim I can understand how basic improvement models support better care> Internet

Given the Board's leadership role in setting and modelling the organisational culture, we anticipate a short programme of supported workshops to align Board development with the QI ambition. This will equip the Board to lead the programme.

Good practice from other Trusts shows that for QI to take hold, it must work at every level, including the executive team. We will be ensuring that executive colleagues are supported to develop a good understanding of QI and take a proactive role in the leadership and sponsorship of programmes.

We will also seek to reflect improved outcomes for key organisational transformational priorities identified in year one. The strategy must allow us to respond to strategic operational and clinical priorities. This second aspect will be outlined in more detail through the implementation plans, with QI methodology providing evidence across these strategic priorities for 2019-20.

Enablement

Our Enablement programme is the foundation of our clinical strategy and the way we engage and work with the people who use our services.

By working in partnership with patients, their carers and our partners, we help people move towards recovery.

We focus on supporting a person's strengths so they gain the confidence and the hope that will allow them to achieve their goals and maximise their independence. Enablement is more than just a package of treatment: it is an individual plan for self-management and living a balanced, healthy life.

It challenges the traditional approaches – which can lead to dependency and long-term service-use.

Enablement focusses on empowering people to feel more in control of their own mental health by:

- Working with the individual rather than just their diagnosis
- Ensuring the individual is an active participant in decisions about their care
- Focusing on what people can do rather than what they cannot do
- Supporting people to develop skills and to access resources to help themselves stay well.

For those who require a high level of support, we work with partners in the community such as housing associations and employment agencies to find them stable, secure housing and employment.

The focus of our Enablement Partnership

In late 2017-18 we awarded a contract to user-led organisation Inclusion Barnet to continue to embed Enablement across services as part of the Trust-wide Enablement Partnership.

This partnership approach extends from individual interventions right through to service design. This year we focussed on two key areas:

- **Lived Experience in the Workforce:** embedding and developing effective peer roles within the workforce and creating a workforce that is more inclusive and that values the experience of colleagues with mental health difficulties
- **Co-production:** increasing the quantity and quality of co-production throughout the Trust.

Highlights from Year 1 of the Enablement Partnership

- The development of peer roles and the infrastructure to support them
- During 2018-19, the number of peer workers we employed rose from eight to 21. That number continues to grow
- All peer workers are now at Band 3 or above, in line with national best practice, and these roles are supported by new comprehensive job descriptions

- We developed and delivered bespoke in-house training for peer workers. The feedback from participants was extremely positive, with one noting: "The programme was superbly researched, expertly delivered, very supportive and inclusive. Thank you"
- Bespoke training for teams employing peers has been rolled out across the boroughs. The team workshops focus on clarifying what a peer worker is and what he or she does – as well as responding to the team's concerns, anxieties and potential misconceptions about the new role
- Improved support for peers and their managers is in place, including monthly peer-to-peer supervision where all peers join together to discuss best practice and challenges and their solutions. Monthly meetings with managers in each borough have stimulated discussion about the successes and challenges of integrating peer roles
- We have created a peer welcome pack and a peer manager's pack to improve information and guidance for peers and their managers
- The development of the 'wellness at work' pack, which was created with existing peer workers, ensures that both peer workers and their supervisors can have transparent conversations about support for peers

Changing the conversation around staff with lived experience of mental health issues

Historically, mental health services have not talked about the role of colleagues who have experienced their own mental health difficulties.

In year 1, the partnership brought together a group of talented and passionate staff to identify how we can value and use the lived experience of such staff in a way that benefits service users. The group is now working to identify and create an environment where staff feel the Trust values their lived experience.

The delivery of innovative co-produced borough-based projects

In Barnet, we have been working with the Child and Adolescent Mental Health Service (CAMHS) team on the co-production of their service transformation. This should mean that people who use Barnet CAMHS and their carers are involved in the transformation of the service, including service redesign.

The Barnet ADHD (attention deficit hyperactivity disorder) Awareness Campaign is a co-produced internal awareness raising campaign which highlights the realities of living with ADHD. The project aims to give people using the ADHD service a voice so they can help educate mental health care professionals about the condition.

Dialog+ CPA (Care Programme Approach) pilots are underway on Haringey and Enfield inpatient wards. Dialog+ is a tool that was co-produced with people using services provided by East London Foundation Trust. By introducing the tool on these wards, we aim to increase the number of CPAs co-produced by service users and their clinicians in a way which supports individual recovery.

We are piloting the introduction of session based peer work in Enfield's Pulmonary Rehab team.

The project uses peer support to give people the confidence, skills and motivation to manage their condition in the community.

The Haringey Post Traumatic Stress Disorder (PTSD) team and Mind in Haringey have co-produced a community PTSD Peer Support Group for people being discharged or who are in-between pathways in secondary care. The group helps people with on-going symptoms of PTSD to build support networks which support them to manage their condition in the community.

Championing co-production across the Trust the partnership team has worked closely with the Patient Experience Team to promote and improve co-production in all Trust services.

This has included:

- The creation of the Creative Co-production Forum where staff regularly share best practice
- The co-development of a new volunteer reimbursement policy for Experts by Experience working with the Trust
- Providing support for specific co-production projects - such as involving people who use services in the review of the Trust psychology services and the development of the Trust strategy



Redevelopment of St Ann's Hospital

Following final approval of the redevelopment of St Ann's Hospital in autumn 2018, work on site started over the winter period and the foundations for the new mental health inpatient building were laid as 2018-19 drew to a close. This was an exciting early milestone on a journey that will see patients and staff move into the new, state of the art, mental health facilities in the summer of 2020. The new building continues to progress and preparations are underway for moving in by late summer 2020.

Following completion of the new inpatient building, Phase 2 will commence by autumn 2020 and be completed by late 2022. Phase 2 involves a number of other significant improvements to the hospital campus including

the refurbishment of the current wards for patient services and support staff accommodation, the construction of a new staff restaurant and staff training / education facilities, improvements to G and H Blocks and a range of other site infrastructure improvements including landscaping, revised roadways and car parking. It will also include constructing a new Estates and Facilities yard on the retained part of the hospital site to enable the Trust to vacate the part of the site sold to the Greater London Authority (GLA).

Once the whole redevelopment is completed in late 2022, we will have a new hospital we can be really proud of, with major improvements for patients, visitors, staff and local people.

Clinical governance

Clinical governance ensures that organisations and their employees can assure and improve the quality of care they provide. This is achieved through our structures, processes and culture.

We have integrated and embedded our clinical governance structures and processes into our day-to-day operations.

The Executive Director of Nursing, Quality and Governance is the designated Executive Director

for quality, risk and governance. The Medical Director is the Executive Lead for patient safety – including serious incidents and deaths.

The Trust's Quality and Safety Committee, a subcommittee of the Board, oversees the clinical governance agenda. Each of the three boroughs has its own clinical governance structure which covers all their teams. Oversight is conducted at deep dive meetings.

Our Clinical Services

During 2018-19 the Trust provided the following clinical services:

Community Mental Health Services

- Child and adolescent mental health services (CAMHS)
- Improving access to psychological therapies (IAPT) services for Barnet and Enfield
- Crisis resolution and home treatment teams (CHRTs)
- Complex care services
- Service for patients with psychotic illnesses
- Older people's community mental health service
- Learning disabilities services
- Personality disorder services, including the nationally renowned Halliwick Centre in Haringey
- Primary care liaison in Barnet and Enfield
- Locality mental health teams in Haringey, Enfield and Barnet
- Barnet, Enfield and Haringey Memory Services

Inpatient Mental Health Services

- Acute working age adult inpatient services
- Continuing care for working age adults with chronic and enduring mental illness

- Acute inpatient care for older adults
- Continuing care for patients with severe dementia
- Continuing care for older adults with chronic and enduring mental illness
- Recovery houses in partnership with Look Ahead
- Place of Safety Suite

Enfield Community Services

- Universal, targeted and specialist services for children
- Paediatric dietetics, occupational therapy, physiotherapy
- Paediatric specialist nursing
- Speech and language therapy Dysphagia, Early Years and School Age
- Health visiting
- School nursing
- Community paediatric nursing for children with complex health and palliative care needs
- Children's community therapies, including specialist services to help prevent teenage pregnancy and support young parents
- Universal, targeted and specialist services for adults and older people
- District nursing
- Long term conditions nursing and therapies
- Rehabilitative services



Specialist mental health services

- Eating disorders services, including inpatient and outpatient care
- Community drug and alcohol services in Enfield and Haringey (including Haringey Tier 3 community drug service)
- Mental health liaison services at North Middlesex University Hospital and the Royal National Orthopaedic Hospital
- CAMHS specialist (Tier 4) inpatient services.

Forensic Services

The North London Forensic Service provides the following services for Barnet, Enfield, Haringey, Camden and Islington:

- Medium and low secure inpatient care including specialist services for people with learning difficulties and women
- A range of inpatient, inreach, day care and therapy services in the following prisons - HMP Pentonville, HMP Brixton, HMP Wormwood Scrubs, HMP Spring Hill, HMP Grendon, HMP Aylesbury and HMYOI Feltham

- Offender Personality Disorder community and prison services
- Fixated Threat Assessment Service (FTAC)
- Stalking Threat Assessment Centre (STAC)
- National Stalking Clinic
- Police and Court Liaison and Diversion services in Metropolitan and British Transport Police Custody Suites
- British Transport Police, Suicide Prevention and Mental Health Team
- Community Forensic Outreach Teams
- PREVENT Liaison and Diversion Team
- Community outreach services

Our clinical services by borough

In the following pages we highlight some of the clinical successes each borough has achieved under this approach. We also feature updates from our specialist services.

Barnet

The Barnet Services made very good progress in 2018-19 – demonstrating particular excellence in engagement and innovation.

The directorate reached all its efficiency targets through growth and positive service development. The leadership approach adopted in Barnet has emphasised active engagement with teams, stakeholders and partners. This has helped build an atmosphere of trust that has created new opportunities through partnership working. We also delivered sessions for colleagues on diversity and bullying and harassment.

This year saw the departure of our clinical director, Dr Peter Dutton, after four years. He inspired a cultural legacy of openness, compassion, transparency and innovation which has shaped our services.

Barnet CAMHS

Our CAMHS service in Barnet has made very significant progress. We are working very closely with commissioning colleagues and leaders from across the CAMHS provider scene as key representatives on the Barnet Transformation Board. Our nationally bench-marked data demonstrates that we are a highly productive service which supports a very high number of young people and their families to navigate local mental health resources.

In March 2019 we successfully implemented a re-designed service based on a co-produced model of care. Trust CAMHS team members were central to the re-design process and there has been a real sense of optimism around the changes. The model is built upon 'Thrive' principles and offers a stepped care approach to people that is both personalised for the service user and has set components.

The model aims to provide rapid and accessible early help alongside highly specialist high quality, evidence-based assessments and treatments with shorter waiting times.

We have also made excellent progress in managing transitions between CAMHS and adult services.

The year also saw the launch of CAMHS Assertive Outreach provision. It is designed to support young people in times of crisis with the aim of preventing admission, providing care closer to home and in community settings and reducing inpatient stays. While this is a very limited resource at the moment, we hope that evidence of success will lead to further investment in it.

Barnet Improving Access to Psychological Therapies

Let's Talk Barnet has consistently over-performed on its monthly access target as well as exceeding the recovery rate target of 50% every month since April 2018. This is a partnership with some of the IAPT activity delivered by the Multi-Lingual Wellbeing Service.

Following the adult pathway redesign we now have much closer links with secondary care services and the borough's Crisis Resolution and Home Treatment Team. We sought additional resources to reduce waits so we could meet the increased targets for 2018-19. We also developed our offer for people with long term conditions.

We are talking with the commissioning teams about developing a more integrated service in primary care for people with diabetes, and are working hard to expand the range of groups and workshops we offer to people with a diagnosed long term condition.

Mental Health Liaison Services

Our liaison service supports the Accident and Emergency staff at North Middlesex University Hospital, working with patients having a mental health issue. The service has developed two outstanding schemes. The first targeted the provision of rapid assessment and expert guidance for people experiencing signs of dementia on the medical wards. The second involves experts by experience working as peer support workers as part of our liaison team to support service users and their families in the department.

This eases the assessment process and provides truly empathic support. It also helps to de-stigmatise mental health.

Performance of the liaison service at Barnet Hospital has remained very good throughout the year.

Quotes from Barnet IAPT user survey



I simply cannot thank the therapist and service enough for these sessions. It has allowed me to open up when I've been unable to speak to anyone else. I realise attending these sessions is the beginning of my journey to getting help, thank you.

When I first came I was sceptical about the service, but after a few sessions, I knew the service was there to help me, and I think I achieved what I came for.

It was the type of help I was looking for I felt safe and comfortable, and it helped me at a desperate time of need. Thank you.

Grief doesn't go away it just changes shape. I have changed the shape of mine.

The service I received was above and beyond what I expected. I am much happier and confident moving forward and feel well equipped to do so.

Barnet Acute Mental Health Services

The context in Barnet remains challenging for our acute services with increasing demand for home treatment and inpatient care. We have continued to implement the Trust's Enablement Strategy and recruited a peer support worker to our Crisis Resolution and Home Treatment Team. We have continued to develop and embed Quality Improvement methodology in our area – focussing on schemes that improve staff working lives and patient safety. Staff on Thames ward received recognition for their QI work at the Trust Annual Awards.

In 2019-20 we will develop a further adult acute inpatient facility in Barnet to improve the

availability of local beds for people needing this level of support.

We have started the challenging process of preparing for Royal College of Psychiatrists accreditation for our Home Treatment Team. Our determination to meet these standards shows our commitment to people receiving the quality of care and treatment they have the right to receive from our services when their need is greatest. We will continue to recruit people to work in our services who reflect our Trust's values, and we have welcomed many new colleagues to '#TeamBEH' in 2018-19.

Barnet Physical Health Care progression

The service has made good progress with the introduction of a physical healthcare lead in the directorate. We have already seen significant improvements in the physical healthcare we provide to people with severe mental illnesses across our community teams, our Wellbeing clinic and inpatient pathways.

We have adopted a co-operative and systematic approach with excellent contributions from our link-working team to support sharing of information between primary care practices and our secondary care services.

We know we can achieve more in this area and will be improving the approach through 2019-20 – building more physical healthcare screening capability into our teams and continuing to develop our monitoring systems.

Our acute services were very fortunate to receive a donation from the Hampstead Garden Suburb Free Church to spend on exercise equipment for our inpatient services. The equipment is in use at the Dennis Scott Unit.

Barnet Older People Services

The service achieved accreditation by the Memory Services National Accreditation Programme

(MSNAP), which is managed by the Royal College of Psychiatrists' Centre for Quality.

Barnet Younger Adult Services

We continued to embed the excellent Link Working service in the adult pathways and it secured on-going financial support from Barnet Clinical Commissioning Group. The service acts as a responsive expert point of entry to our services in Barnet and helps navigation of mental health services across the borough.

We worked successfully with CAMHS to monitor and plan transitions for young people as they approach their 18th birthday. There has been excellent joined up planning in this area with the CAMHS and Adult leads showing great leadership. Further work needs to be done in this area across other provider boundaries for 2019-20.

The early intervention service secured funding for a gardening project in the garden of our outpatient clinic – The Redhill Clinic in Edgware.

Our personality disorder team has provided structured clinical management training sessions for colleagues from across adult services and beyond. This is an evidence based support approach that enables practitioners to use a set methodology when working with people with complex needs associated with significant psychological distress. The training was very well received and will be rolled out further to enhance our workforce's capabilities.

Enfield

Psychological Services

Highlights from 2018-19 include embedding psychology in our inpatient services, notably the new rehab service in Suffolk Ward, and the establishment of the Enfield Therapy Service providing targeted outpatient psychological intervention.

Our learning disabilities team continues to demonstrate leadership in implementing Positive Behaviour Support – notably by holding the multi-agency event, 'Stepping Stones for change'. They continue to successfully prevent out of borough placements.

The work of the CAMHS psychological therapies workforce of highly experienced clinicians is now

complemented by child wellbeing practitioners. We will continue to improve multi-agency working through engagement via the THRIVE model. Some 97% of users of Mental Health Services for Older People (MHSOP) psychological therapies would recommend the service to friends and family. A QI project has reduced aggression by 25% on the first ward targeted. The team is participating in the UCL research project FACTOID, developing Acceptance and Commitment Therapy (ACT) for generalised anxiety disorder.

New horizons for 2019-20 include partnering with acute healthcare to develop a leading pain management service.

Care Homes Assessment Team (CHAT)

The Care Home Assessment Team (CHAT) has been commissioned by Enfield CCG to undertake the 'Trusted Assessor' (TA) function at North Middlesex University Hospital. The CHAT team assesses all patients returning from hospital to their care home in Enfield, speeding up discharge from hospital by avoiding the need for the care home to conduct an assessment. The CHAT team is an integrated physical and mental health team that works closely with 47 care homes in Enfield. The service has also had its TA pilot with Haringey care homes extended for a further six months.

The North Central London STP Dementia Project has identified CHAT as an example of best practice in dementia care. The STP is identifying best practice examples of initiatives and programmes in care homes which help to reduce emergency admissions and length of stay. As part of this work CHAT's impact will be reviewed during 2019-20.

Enfield Adult Mental Health Services

2018-19 was a very good year in Enfield Adult Mental Health Services – a year in which we embedded the new care pathways. This involved establishing new locality teams. We delivered well against our bed target and maintained high levels of compliance against our Key Performance Indicators.

Highlights included:

- The introduction of the Enfield Primary Care Link Worker scheme, which has been rolled out to 20 general practices in Enfield. These work closely with GP surgeries, community organisations and specialist mental health services to understand what services are available in Barnet to improve a particular individual's emotional health and wellbeing
- The launch of the Independent Placement Support scheme to help service users secure employment
- The opening of a 13 bed complex rehabilitation service on the Chase Farm site which means service users can be treated closer to home
- Improved physical health monitoring

in our Adult Mental Health Services. Cardio-metabolic assessments were introduced across inpatient and community services to assess cardiac health and general fitness

- A baseline audit of the inpatient diabetes prevalence competency framework, backed up by training

Challenges for the year included delivering the transformation programme associated with the requirements of a mobile workforce and the relocation of the Psychiatric Intensive Care Service to the Chase Farm Hospital site in March 2019.

Enfield adult mental health services are working collaboratively with the Enfield Carers Association and the voluntary sector on a new project to ensure safer discharge planning with patients and carers.

The project aims to:

- Improve the recognition of carers as expert partners in health
- Assist and enable smoother, safer discharge processes by supporting carers to be involved in discharge care planning
- Reduce delayed discharges by ensuring carers are adequately informed and prepared to provide appropriate care
- Provide and signpost carers to training that ensures they are suitably equipped and ready to care for the patient after discharge
- Empower carers through training, advocacy skills and timely information

Enfield Improving Access to Psychological Therapies (IAPT)

The 50% recovery rate target proved difficult to reliably sustain on a month by month basis. However, over the course of the year we surpassed it by achieving 51.8%.

IAPT services were also part of the reconfiguration of the adult care pathway, improving liaison with secondary care to provide a smoother care pathway for clients moving between services. This included a fully established care pathway for perinatal clients – with mothers and small children able to engage in workshops or working with midwives, health visitors and groups.

Plans for 2019-20 include integration and co-location within primary care. We are also working with North Middlesex University Hospital on an integrated care pathway for service users with long term conditions living with chronic pain.

CAMHS and Children Services

Administration teams from CAMHS were delighted to be nominated for the Trust Excellence Award and were winners of the Diamond Team award in November 2018. The Enfield CAMHS admin team demonstrated outstanding service delivery throughout the year and they have made a long-term contribution to service quality through their commitment to improving access and improving referral procedures.

The new CAMHS Access service started on 1st November, funded by additional investment from the CCG. CAMHS Access provides a central point of referral for professionals to refer young people with mental health concerns. The access team screens referrals through discussion with the young person, their family or the referrer before they are directed to the most appropriate CAMHS pathway or signposted to another service.

The service intends to offer more therapeutic advice, guided self-help, signposting and organised drop-ins. Better screening will result in more efficient use of CAMHS' clinical resources as initial assessments are allocated to those who require a full clinical assessment, resulting in fewer DNAs. Early indications from this project demonstrate high satisfaction levels from referrers and parents.

CAMHS has strengthened projects led by the young people's participation space. This work includes enhancing the reception area with artwork and poems as part of black history month, co-authoring bids for LGBT investment, developing questions and attendance at recruitment interview panels and involvement in building renovation works.

The creation of a children's hub at Bay Tree House planned for summer 2019 will bring together Universal and CAMHS services – improving the experience of service users who need access to both 0-19 universal services and psychological and specialist mental health services.

Universal Services' health visitors are continuing to deliver the Healthy Child Programme. Health visitors visit 96% of new babies within 14 days of birth. School nursing has merged teams into one corporate team and launched new email referrals and one telephone number for young people and parents to call. Better systems allow the right clinician to respond to individual client needs.

NHS England has said that the School Aged Immunisation Team is the most improved for immunisation uptake and reporting in London. We continue to improve and streamline all processes to ensure the upward trend continues. Specialist Children Services are in the process of securing full Trust support to launch a consultation for implementing the remodelled care group for children and young people with additional needs and disabilities. The vision is for greater integration across workforce disciplines and collaborations with partners, reducing duplication for children and young people.

Some highlights of the year include:

- Remodelling our local offer so we can continue to provide a graduated response which includes early help, targeted short term interventions and more specialist health support from 0-19 years
- The service has provided a range of accredited training and consultations to the early years workforce, education providers and parent groups. Our courses are quickly booked up and receive excellent feedback
- The Early Years staff have designed and developed UPCAT (Universal Play and Communication): a comprehensive package of early identification, intervention programmes and progress tracker being rolled out to all local nurseries and private and voluntary sector providers. The innovation, together with TalkACTivity in Enfield Children Centres, was selected and published by Public Health England as part of national Good Practice guidance
- The Voice of the Child project designed and shared a range of toolkits for staff and parents who have attended accredited training. A free resource is available on the Trust website

- **Working with Enfield CCG to secure funding for rolling out Positive Behaviour Support (PBS) training across the service and CAMHS/ Neuro disabilities services – together with partners in social care and education. The service has two accredited PBS coaches working with organisations, parents and providers**

Physiotherapy and Occupational Therapy have continued to engage with Enfield Leisure providers to improve access and physical activities for children and young people with a range of physical and motor disorders. Saturday football teams are playing at Enfield Football Club, with our teams competing nationally against similar clubs. Cycle Confident has delivered a 100% success rate with children able to ride their bikes independently. Staff will be working with Active Enfield to develop swimming groups in 2019-20.

The dieticians have been facilitating a weight management programme with school nursing and IAPT in specialist education. The groups with pupils and parents are delivering a 75% success rate on weight maintenance and reduction.

Integrated Learning Disabilities Service

The partnership with the London Borough of Enfield and Central North West London NHS Foundation Trust continues to provide excellent person centred health and social care services to people with learning disabilities in Enfield.

We continue to prioritise the avoidance of admission to assessment and treatment units. We have some of the lowest numbers of adult admissions for adults with learning disabilities in North Central London.

The service has worked with partners in education, CAMHS and children's social care to develop a Positive Behaviour Support pathway for young people aged 14-18 with challenging behaviour, again to avoid admission to hospital and out of borough residential education placements.

Our Occupational Therapists (OTs) have been invited to an international conference to share the results of joint research with the Norah Fry Institute for Disability Studies on best practice in working with parents with learning disabilities. We have increased the number of people with learning disabilities in paid employment and have developed a seamless pathway for young people with learning disabilities on the SEND Special Educational Needs and Disability supported internship programme as they become adults.

Our nursing service continues to work with primary care to ensure that people with learning disabilities receive an annual health check. NHSE confirmed during 2018-19 that Enfield was the most improved CCG area for such checks – ranking 10th in England.

New rehabilitation contract

A new contract was signed in 2018-19 for the Trust to deliver an additional rehabilitation ward (Capetown Ward on the Chase Farm Hospital site) for people with general rehab and neuro/stroke needs. The service transferred from the Royal Free London NHS Foundation Trust on 1st April 2019. The service is based in the Highlands Building on the Chase Farm Hospital site and joins a number of other rehabilitation services within Enfield adult community health services including Magnolia Ward, Intermediate Care Team, Community Physiotherapy and Community Stroke Rehabilitation services.

Community Pain Management Services

Enfield CCG has commissioned BEH to deliver an integrated pain management service. This is an exciting new development and will offer an integrated physical and mental health service for people with chronic pain. The service started in May 2019.



Haringey

During 2018-19 the team continued to work hard to provide high quality services to the residents of Haringey. Below is a brief outline of some of our significant achievements.

CAMHS Trailblazer

We were delighted that Haringey was chosen to be one of 20 national first wave pilot sites for the CAMHS Trailblazer initiative in December 2018. This involves £1m new funding related to the Children and Young People's Mental Health green paper intended to improve mental health services for children and young people.

We worked closely with Haringey CCG during the bidding process and are the lead provider organisation. The initiative involves close partnership working between ourselves, the London Borough of Haringey, Tavistock and Portman NHS Foundation Trust and several community and voluntary sector organisations including Open Door, the Tottenham Hotspur Foundation and Deep Black.

The funding will be used to establish two school-based mental health support teams in the east of the borough, an area identified as in the most need. These teams will work in primary and secondary schools to provide a range of mental health and emotional wellbeing support to local pupils and their carers. Teachers will also be supported with the management of challenging behaviour and the identification of pupils in need.

The Trailblazer initiative funding will also support generic CAMHS and Open Door to achieve a new four week waiting time target.

The first Trailblazer Partner and Networking event was held at St Ann's Hospital on 4th April 2019.

New wards for Haringey

The diggers and cranes are on site at St Ann's Hospital and the building of our new inpatient unit is proceeding at pace, opening in summer 2020. (See page 23 for a more detailed account).

Learning Disabilities

Our Haringey consultant psychiatrists in intellectual disability (ID) are nationally and internationally recognised through their work with the Royal College of Psychiatrists. During 2018-19 Dr Ken Courtenay was elected chair of the Royal College's ID faculty, a very prestigious national role. He is campaigning for improved autism awareness and for local services for people in Haringey with the condition but who do not have an intellectual disability.

Open Dialogue

This is a relational and network-based approach to mental illness that was pioneered in Finland more than 30 years ago, which has delivered improved outcomes to people presenting with mental distress and their families. The UK model emphasises the importance of involving peers with lived experience in the delivery of the service.

We have come a long way since developing an interest in the model in 2015 and more than 30 staff across Haringey have completed the training. Over the last year, a number of staff completed the mentoring training so in due course we will be able to train more colleagues ourselves. We host a bi-monthly forum called the 'POD space' for friends and families and anyone with an interest in Open Dialogue, held in the Oasis Café at St Ann's.

In summer 2019 we will begin recruiting to the ODDESSI trial (Open Dialogue: Development and Evaluation of a Social Network Intervention for Severe Mental Illness), the first UK randomised controlled trial of Open Dialogue. The trial is based in the South East Haringey Locality Team. Their patients will be randomised according to GP when presenting in crisis.

The BEH Haringey Open Dialogue Group held a hugely popular conference on 25th October 2018 in the Green Rooms in Wood Green with speakers including Mary Olsen, an Open Dialogue expert from the USA. Participants were invited to join the 'fishbowl', a novel way to share reflections and view things from the perspectives of others.

Quality Improvement Projects in Haringey

In September 2018 Haringey set up three major Quality Improvement Collaboratives. Each collaborative was led by an Assistant Director supported by the Trust's performance team and existing QI faculty and involved staff from both community and acute services and other stakeholders.

The project's aims are to:

- Reduce Haringey's out of area admissions to zero
- Reduce Haringey's spend on agency staff
- Improve staff satisfaction in community teams

The members of the collaboratives meet at fortnightly intervals, initially to agree on the aims, the data to be collected and 'driver diagram'. The current phase is testing out different change ideas.

We found that the methodology helped bring staff together to focus on creative solutions to some of our 'wicked' problems and introduced a more robust approach to trialling new ideas and the measurement of change.

Acute Mental Health Services

Haringey's Crisis Resolution and Home Treatment Team (CRHTT) piloted the Trust's new mobility technology, which enables staff to access patient records more easily while in the community and to make contemporaneous notes.

Over the last year the team focussed on improving the quality of its service. It looked initially at reducing medication errors but has since moved on to improving the service user/carer and referrer experience. It has created sub-teams to improve continuity of care and introduced the role of shift lead so that there is always a clinician on site to speak to referrers.

Haringey's CRHTT has registered with the Home Treatment Accreditation Scheme (HTAS) with the aim of securing accreditation. It held its first external peer review in 2018 and a 're-induction' day in February 2019. It set up a bi-monthly crisis collaborative with the other two Trust crisis teams. The team has also played a key role in Open Dialogue and will start recruitment to the ODDESSI trial during summer 2019.

Finsbury ward worked closely with colleagues from East London NHS Foundation Trust and NHS England to implement DIALOG+. This is a tool which enables improved communication between clinician and service user around goal setting and care planning.

Community Services

2018-19 has been a challenging year for younger adult community services, moving back to the St Ann's site following the closure of the Canning Crescent Centre. The move coincided with the reorganisation of the teams from being diagnosis-based to aligning with the GP collaboratives in primary care. This involved changes for both staff and patients and has taken time to consolidate.

We are delighted that the London Borough of Haringey recently appointed a new Head of Mental Health who is working closely with us to improve the delivery of holistic care.

Psychological Treatment Pathways

Staff from our PTSD treatment stream, Project Future and CAMHS supported staff and pupils at a local school in the aftermath of a tragic shooting in Tottenham in 2018.

The Haringey PTSD Team was commissioned in 2018-19 to provide Trauma Informed Training for staff across the statutory and voluntary sector in North Central London by Health Education England. The training is taking place at MIND in Haringey in 2019-20.

Dr Liza Messing and Dr Leon Simpson gave a presentation about our specialist Mood, Anxiety and Personality Disorder (MAP) treatment pathway at the Association of Cognitive Analytic Therapists' Research Conference in March 2019. The MAP programme offers a unique multidisciplinary team approach to providing a gentle stepped programme which supports treatment and recovery for people with severe, long term difficulties, while ensuring the provision of a secure relational base to facilitate this.

Haringey Memory Service

The Haringey Memory Service was grateful to have received the donation of a 'Tovertafel', an interactive, electronic table enabling people with moderate to severe memory problems to play games, have fun and interact with family and staff.

A staff member reported: "I once observed a service user who was almost totally nonverbal. She then started to talk when the Tovertafel proverb game was started. Her daughters and I were truly amazed and overwhelmed by her response. I have also witnessed service users recall events from their life, memories that were triggered by images such as the 'puppies fetching the ball game' from the Tovertafel."

Haringey Service User Forum

The monthly Haringey service user forum is co-chaired by Helen Brindley (Haringey psychological therapies lead) and a carer or service user. Each meeting has a particular topic as agreed by the membership – which could be a particular clinical service or service development, such as Open Dialogue. In other meetings a local voluntary sector organisation can give a presentation. The meetings have gone from meagre beginnings to being a staple in the monthly calendar from which we receive lots of useful ideas and feedback about how we can work together to improve services.

Haringey Primary Care Linkworker Pilot

Three experienced clinicians were seconded into the first Haringey primary care linkworker pilot in one of our four localities in 2018-19.

The clinicians are based in GP surgeries and have been supporting GPs in their work with patients with mental health problems, both those who've been discharged from secondary care and for people presenting in distress for the first time. The team have improved links between primary care and other appropriate community resources and have had a significant impact on the referral rate to secondary care.

Making Every Adult Matter (MEAM)

MEAM is a multi-agency approach to supporting the most vulnerable people who tend to slip between different agencies. MEAM is a methodology that has been successfully piloted in a few places around the country. It helps agencies to work together and to highlight particular local issues. The project was partly driven by the fact that there were 11 homeless deaths in Haringey in 2018. The London Borough of Haringey and partners (including BEH) successfully bid to be a MEAM site. The bid involved a number of partners signing a pledge to work together.

The target group is people with complex issues including mental health problems, substance misuse, homelessness and criminal justice involvement. The MEAM group has started to identify individuals and is holding case conferences attended by frontline staff who would not ordinarily work together to consider how to engage and stabilise these vulnerable individuals.



Specialist services

The Trust provides a range of innovative specialist services – either independently or in partnership with other NHS providers, local authorities and voluntary groups. These range from eating disorder services through to a ground-breaking forensic consortium that covers five north London providers of secure inpatient services.

Phoenix Ward, the inpatient specialist eating disorders unit

The environment on Phoenix Ward improved considerably during 2018-19. The ward was painted and decorated in colours chosen by the service users and there is new furniture in the lounge and group room – also selected by the service users. All taps on the ward have been replaced so that they are no longer a ligature risk. Phoenix feels much more welcoming and homely.

This has been accompanied by a significant improvement in service user engagement on Phoenix. The service users run a variety of peer led groups on the ward, such as creative writing and craft making groups, and regularly organise social events on the ward. They successfully raised funds for BEAT (the eating disorders charity) during Eating Disorders Awareness Week in February and at Christmas by selling greeting cards and other handmade items.

This engagement is reflected in the patient satisfaction scores which have increased dramatically. The overall patient satisfaction rating ranged between 89%-98% over the last six months of 2018-19.

The Phoenix Team secured Dragon's Den funding to upgrade the ward garden by making it wheelchair accessible and creating raised beds to grow produce, which then can be harvested and eaten by the service users as a way of changing their relationship with food.

Community Eating Disorders

During 2018-19 the waiting time from assessment to treatment for anorexia and bulimia fell significantly as a result of increased psychology input. The outpatient service now provides all three of the first line psychological treatments for anorexia recommended in the relevant NICE guidelines.

The weekly Peer Support Group, which is facilitated by two peer support group workers with lived experience of eating disorders, is held in the community and continues to be well attended. It is a highly valued part of the service's outpatient provision.

Eating Disorders Day Programme

In response to service user feedback, the day programme is now offered in a more flexible format so that it is accessible to a wider range of service users who need intensive support in the community. Service users can attend the day programme on a part-time or full-time basis on either the three month or six month treatment programme.

Prisons and Community Services

Highlights for 2018-19 included:

- Enhanced Liaison and Diversion provision has been agreed
- The Stalking Threat Assessment Centre service started
- The Enhanced Health and Wellbeing services in Brixton and Pentonville started and are going well
- The Trust won the retendering of drug and alcohol services in The Grove. The new contract runs for eight years.
- The Trust successfully bid for the retendering of HMP Brixton healthcare services. The contract begins in summer 2019
- Funding has been agreed for a Liaison and Diversion intervention model for youth in Wood Green through 2019-2020

Forensic inpatient services

Moselle House – Low Secure Forensic Learning Disability Service

New developments include the opening of a 12 bed low secure forensic learning disability inpatient ward for service users on the transforming care pathway. Commissioned by NHS England, BEH's expertise in this field has been recognised and the ward successfully opened in November 2018.

North London Forensic Community Service

In addition to the inpatient service, the North London Forensic Service has been commissioned to provide a specialist forensic learning disability community service which will provide invaluable support to service users at BEH and across north London.

Investing in Staff Training

In recognition of these developments and the increased demand within the inpatient service for specialist assessment and interventions, some of the funds released from the new care model have been diverted into staff training. Investing in the workforce is essential in delivering these challenging projects. Training has included specialist assessment of autistic spectrum disorders, dialectical behaviour therapy and mentalisation based therapy.

Resettlement and Discharge

A clear focus for 2018-19 has been the improvement of transition and discharge across the service. This has included the creation of a resettlement and discharge steering group, establishing a discharge panel and a discharge tracker to proactively manage the discharge process to reduce delays. The year saw a reduction in length of stay which directly benefits service users. To further ensure efficiencies which have service user interests at their heart, NLFS has developed a pathways lead consultant psychiatry role to work proactively with the North London Forensic Consortium and a pathways therapy team which will focus on community engagement and work and study to facilitate safe and effective discharge.

Clinical Supervision Training

Over 240 nursing and Occupational Therapy staff from Specialist Services have attended our in-house Supervision Training. This training has

been attended jointly by staff within Forensics, Eating Disorders, Drug & Alcohol Teams and Child & Adolescent Tier 4 Services and Mental Health staff from five prisons. The whole day session has proved positive in supporting staff to build on their experiences and reflective skills. It covers practical interventions within a shared learning approach. This is now being embedded in our Deputy Ward Manager Group Supervision sessions where we hope to support and enhance the quality of clinical supervision throughout our nursing workforce.

Beacon Centre, CAMHS Tier 4

NHS England requested that the Beacon Centre increased its capacity due to a demand for CAMHS beds in London. As a service the Trust opened two additional beds from August 2018.

NHS England carried out a comprehensive review of the Beacon Centre. This included auditing the Beacon against the new CAMHS specification, reviewing progress notes, inspecting the environment and interviewing staff, parents and young people. They were very complimentary about the service and believed it's one of the best inpatient units in England. They felt that we needed to promote our services better on the Trust website and social media and enter the service for national award schemes. Work has already started with the Communications Department to change Beacon Centre pages on the Trust website.

The North London Forensic Consortium

In July 2018 the North London Forensic Consortium (NLFC) was formed. It is made up of the five providers of secure inpatient services in North London:

- Host Provider - Barnet, Enfield and Haringey Mental Health NHS Trust (BEH)
- West London NHS Trust (WLHT)
- East London NHS Foundation Trust (ELFT)
- Central North West London NHS Foundation Trust (CNWL)
- North East London NHS Foundation Trust (NELFT)

It is a wave 2 New Care Model pilot site as part of NHS England's New Care Model Programme. Together the providers are collaborating on a project to work as one system in order to reduce the number of new and existing patient placements outside the consortium. All savings from a reduction in external placements are reinvested back into local frontline clinical services.

Quality Account Summary

Our Quality Account is an annual report that allows us to report on the quality of the services that are being delivered to our local communities and our stakeholders and through engagement with patients, stakeholders and staff, allows us to demonstrate good practice and improvements in the services we provide. This in turn provides us with the opportunity to identify areas we need to focus on and agree our priorities for improvement with our stakeholders in the delivery of our services.

Quality priorities 2018-19

Our quality priorities for 2018-19 were built on our quality priorities from 2017-18, recognising the areas that required continued focus to deliver in full.

They were part of a broad programme of quality improvement work and are part of the Trust's objectives of improving quality by continuing to improve patient safety, clinical effectiveness and patient experience.

In partnership with key stakeholders, the agreed quality priorities for 2018-19 were:

- To continue to improve the physical health of our service users (a quality priority in 2017-18)
- To improve the use and effectiveness of risk assessments
- To continue to improve communication with GPs (a quality priority in 2017-18)

Quality priorities 2019-20

The Trust will maintain the overarching objectives of improving quality by continuing to improve patient safety, clinical effectiveness and patient experience. The quality priorities for 2019-20 will support the Trust with implementation of our Brilliant Basics priorities, and will encompass a range of activities. They will be reported through the Brilliant Basics work streams and at the relevant meetings at Trust, divisional and team level.

Our quality priorities for 2019-20 are:

- Timely access to beds
- Risk assessments and care plans
- Reducing restrictive practices
- Learning & improving from patient & carer feedback.

Quality Governance

We work hard to provide care of the highest quality for the people who use our services, and we embrace continuous improvement and learning.

Our Board of Directors proactively focuses not only on national targets and financial balance, but also continues to place significant emphasis on the achievement of quality in all our services.

Our quality governance systems support the arrangements in place to provide the Board of Directors with assurances on the quality of BEH's services and to safeguard patient safety by:

- Producing a comprehensive monthly Quality and Performance Dashboard (including safety,

experience and effectiveness)

- Undertaking compliance checks that mirror the Care Quality Commission's (CQC) essential standards
- Having an active national and local clinical audit programme
- Monitoring patient experience and complaints and having a robust risk management and escalation framework in place

Our quality governance system, as well as quality performance and assurance are overseen by the sub-committees of the Trust Board.

Safeguarding

During 2018-19 we continued to strengthen and improve the arrangements in place within the Trust to safeguard our most vulnerable patients. We continue to develop and embed a culture that puts safeguarding at the centre of care delivery.

Our safeguarding activity is overseen by our Integrated Safeguarding Committee (ISC), which is chaired by the Executive Director of Nursing, Quality and Governance. The ISC's role is to ensure processes within the Trust are in line with the current legal framework and national guidance – which will promote the wellbeing and safeguarding of vulnerable patients while they are in our care. In addition to Trust-wide members, external partners from the three CCGs and local authorities also sit on the committee. A safeguarding strategy informs the work of the ISC, together with an overarching three year work plan.

Key achievements over the last 12 months include the development of a safeguarding newsletter that is circulated to all staff twice a year. In addition, we have strengthened the role of safeguarding champions – ensuring that safeguarding really is everyone's business. The safeguarding team hosted the Trust's first inaugural safeguarding champions away day, which was attended by 58 champions from different services within the Trust.

The year also saw a significant increase in attendance at child protection case conferences. This followed a Quality Improvement initiative. We can now demonstrate that our response to child protection case conference invitations is timely and relevant.

To support our staff to deliver their safeguarding duties, the safeguarding intranet pages have been refreshed and updated. Initial feedback suggests that staff are finding the safeguarding pages useful and informative.



The away day was very useful and informative to my role.

Very useful to have a space dedicated to thinking about safeguarding.

From Prison Champion:

The away day was excellent. It supported networking and really made me feel part of BEH.

Glad I attended. I now feel clearer about my role!



Modern Slavery and Human Trafficking Act (2015)

Like all public sector organisations we are committed to preventing slavery and human trafficking and how we adhere to relevant legislation.

All members of staff have a personal responsibility for the successful prevention of slavery and human trafficking. The procurement department has responsibility for overall compliance.

We have zero tolerance of slavery and human trafficking and are committed to maintaining and improving systems, processes and policies to avoid complicity in human rights violations and to prevent slavery and human trafficking in our supply chain. Training is provided to those involved in the supply chain and across the organisation as part of our safeguarding role.

The Trust's policies, procedures, governance and legal arrangements are robust, ensuring that proper checks and due diligence are applied in employment procedures to ensure compliance with this legislation. We also conform to the NHS employment check standards within our workforce

recruitment and selection practices, including through our managed service provider contract arrangements. This strategic approach includes analysis of the Trust's supply chains and its partners to assess risk exposure and management.

The Board, Executive Team and all employees are committed to ensuring that there is no modern slavery or human trafficking in any part of our business activity, and wherever possible they hold our suppliers to account to do likewise. We will continue to support the requirements of the Modern Slavery Act 2015 and any future legislation.

Section 54 (1) of the Modern Slavery Act 2015 requires all public sector organisations to set out the steps they have taken during the previous year to ensure that slavery and human trafficking are not taking place in any of its supply chains, and in any part of its own business. This statement is intended to demonstrate that the Trust follows good practice and continues to take all reasonable steps to prevent slavery and human trafficking.

Pharmacy Department Report

During 2018-19 we focused on patient experience and patient safety. We have been encouraging our service users to ask to see a pharmacist or pharmacy technician if they have any queries around medication. This provides an opening for patient medication counselling; an example might be someone having trouble with their asthma inhaler or a person who is not sure what side effects their medicine may be causing.

We have been recording this as clinical pharmacy activity and are definitely encouraging our staff into patient facing activities. That is where we are at our most valuable.

A highlight of the year was medicine safety week. Following an influential report from the Prescribing Observatory for Mental Health (POMH), we decided to focus on incidents related to long acting injections and depot injections. The report indicated how important adherence to

treatment schedules is for overall outcome – such as avoiding hospital or crisis team admission. We decided to ask our staff how we can improve and support our patients. The tips offered included:

- **Electronic and paper based reminders**
- **Appointment cards**
- **Discussing "next due" dates at time of administration**
- **Regular audits of medicine charts in community teams**
- **Improving stock control and supply mechanisms**

It was great to share ideas in order to improve the outcomes for our service users.

During 2019-20 we will continue to incorporate quality improvement methodology and philosophy in our way of working across the Trust.



Patient experience

Listening to feedback from patients and carers about their care and treatment is a fundamental aspect of the Trust's continual improvement process. By understanding and responding to the experience of those using our services, we can ensure we are consistently delivering the highest standard of care.

The Patient Experience Team gathers both quantitative and qualitative data in a number of ways:

- Patient and Carer surveys and the national Friends and Family Test
- Recording patient stories
- Responding to feedback in compliments and complaints
- Working together with service users in experience based co-design

We explore below some of these channels in more depth.

Friends & Family Test

The national Friends and Family Test (FFT) asks service users whether they would recommend BEH to their friends and family, and why. During 2018-19, 10,733 BEH service users responded to this question and, of these, 90.21% said they would recommend our services.

I would like to thank you all for all your support and understanding. It is a very GREAT service. My recent experience was amazing. I really don't know what I would have done without you.
Early Intervention Service, Barnet

I get so much support and help when needed.
Health Visiting Services, Enfield

So helpful and reassuring, I felt listened to and not judged by the nurses. I didn't want to come to A&E before, but I feel ok about it now and in the future.
Psychiatric Liaison Team, Barnet A&E

The group could not be improved. Staff are extremely friendly and caring. My Dad has thoroughly enjoyed the sessions.
Enfield Memory Service

I like this place. The staff are good and listen to our concerns
Finsbury Ward, Haringey

Patient and carer surveys

The Trust's Service User and Carer survey provides those using our services with the chance to give feedback under three key domains: involvement, information and dignity and respect.

During 2018-19 a total of 10,105 surveys were completed. These produced an overall satisfaction rate of 90.14% across mental health and community services.

The Patient Experience Team works closely with services across the Trust to ensure that service user and carer feedback is incorporated into service design, as part of our You Said, We Did culture.

Just some of the examples of changes brought about from service user and carer feedback are:

- Service users said they wanted new sofas on our Phoenix inpatient ward in Haringey, as the current ones were too hard to relax on. We ordered new, comfier sofas chosen by our current patients
- Service users said that the meals available for inpatients were repetitive and not always popular. We reviewed our menus with service user input and removed the unpopular choices, bringing in fresh new options
- Service users and their families said that communication with staff was sometimes an issue. We worked with a group of service users to design a new induction training module which focuses on positive communication, reflecting our values of working together and respecting one another

Experts by Experience

Throughout 2018-19 we laid the foundations for a formalised, sustainable Expert by Experience programme which will pay a meaningful fee to those contributing to involvement activities across the Trust. The new Involvement Bank is due to be launched during 2019-20 with a pledge from the Trust's Board to fund the first 1000 hours of activity.

The Patient Experience Team supported a number of successful involvement activities during the year, including:

- Co-facilitated recruitment and selection, with service users forming part of interview panels for key roles
- Involvement in the development of the new Patient Experience induction training module

- Co-designed, co-produced and co-delivered service-specific training for Crisis Resolution and Home Treatment Teams
- Involvement in development of the new Trust website, ensuring it meets the needs of the user
- Contribution to policy reviews and updates

Most recently, the Trust has held service user and carer Executive RoadShows, hosted by the Chief Executive and other members of the executive team, to ensure that at the highest level we are listening to the voice of the service user. They have contributed to the development of the new Trust vision, which is:

Our Vision:

To support healthy lives and healthy communities through the provision of excellent integrated mental and community healthcare.



Complaints

The Trust received 77 formal complaints during 2018-19, a 52% fall on the previous year. While that is an encouraging trend, the team has continued to view each concern as an opportunity to improve and to value this vital form of feedback.

We've received our fair share of compliments too – with 497 patients or their families taking the time to share with us their positive experiences of our services.

During the year the Trust has revised and re-launched our complaints policy, introducing clearer processes for local complaint resolution and a new reporting system to allow for greater

responsiveness at the frontline. This has been supported by a new training programme for senior managers, which was co-designed and delivered by the Patient Experience Team and the Parliamentary and Health Service Ombudsman.

We have introduced a more effective triage system to ensure that concerns and complaints are handled in the most effective way and personalised to the needs of the complainant. Patient experience managers have been working closely with investigators to ensure that the final response offers clear feedback and to ensure there is an action plan for improvement.

Breakdown of complaints and compliments 2018-19:

313

Issues and
Concerns

77

Formal
Complaints

189

Informal
Complaints

497

Compliments



Table 2: Number of formal complaints 2015-19:

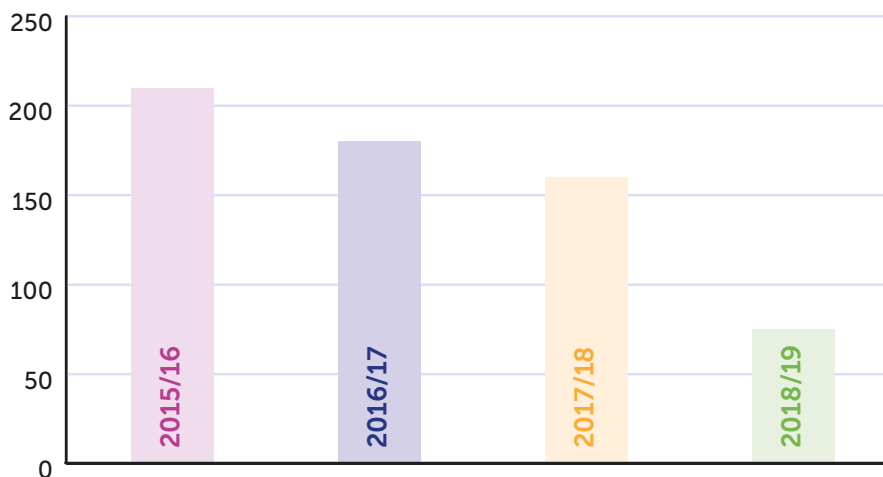
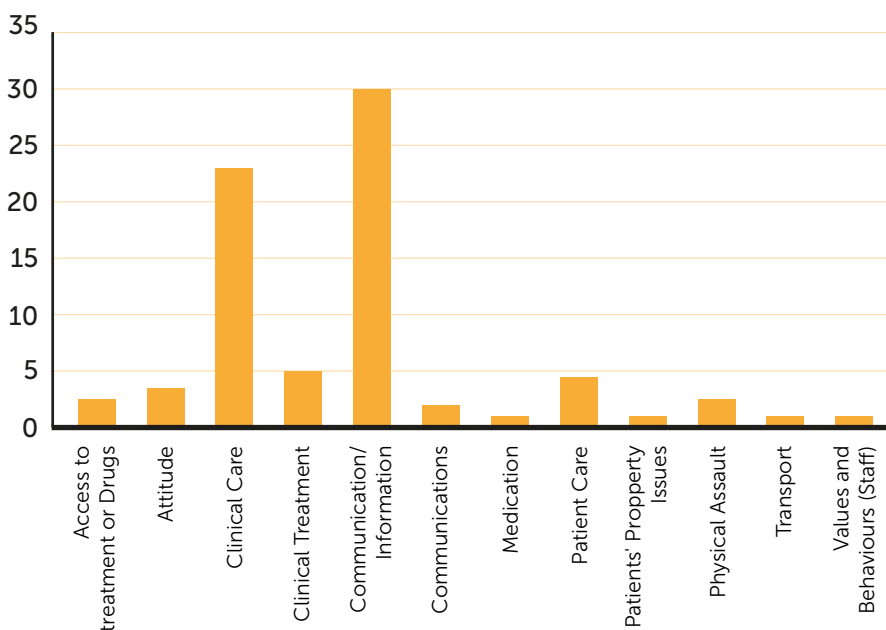


Table 2: Formal complaints per category:



Examples of some of the lessons we have learnt from complaints are:

- New operational guides have been developed within district nursing administration services to ensure that consistency of care is not affected by staffing changes
- We've introduced a review process in our mental health liaison services at North Middlesex University Hospital and Barnet Hospital to ensure that a staff member from the mental health liaison team meets with emergency staff at set intervals to review patient care
- The Trust complaints policy has been revised to ensure clear investigation routes and to better equip staff with information about the escalation process
- A service user has designed and delivered a training programme for staff within crisis services with a focus on understanding the person beyond the diagnosis



Workforce

Our people, our strength

We aim to recruit the right people with the right mix of skills and values who are motivated to deliver excellent care.

Our results in the 2018 national staff survey and our staff friends and family test scores underlined that we face complex challenges in achieving that aspiration.

These include:

- **Culture** – enabling all staff to live the Trust’s values in all settings, situations and circumstances when delivering services
- **Capability** – building the capabilities of staff at all levels to meet the needs of the service now and into the future
- **Capacity** – building capacity for people to positively embrace the changes and challenges that lie ahead

The staff survey results were disappointing and not where we hope to be as an organisation. The results showed limited improvement across a wide range of aspects of working at the Trust. We intend to improve our results through the delivery of our Workforce and Organisational Development strategies through 2019-20.

There were some bright spots. We scored highly compared to other mental health and community trusts in the quality of our appraisals – including identification of training and development needs and setting clear objectives for the employee. Staff also felt that feedback from service users was used to make informed decisions.

However, we did less well in terms of staff feeling they have adequate materials to work appropriately. The survey also suggests that we continue to have more problems than comparator trusts with bullying of staff by the public and with issues around promotion. Clearly, we are disappointed and concerned that only 57% of staff felt they would be happy with the standard of care we provide if a friend or relative needed treatment by the Trust.

In the first step towards achieving cultural and practical change, our new Chief Executive embarked on a series of staff engagement sessions at various sites after taking up her post in the summer of 2018. We also introduced a rolling programme of Executive RoadShows, each chaired by a Director, to hear feedback from staff about our plans for the Trust and the new Trust Strategy published early in 2019-20.

The new Chairman and Chief Executive, as well as all our Board members, have declared their personal commitment to improving equality, diversity and inclusion for staff and service users. Practical demonstrations of this have been the launch of an Equalities, Diversity and Human Rights Committee as a formal forum for senior staff to consider and set policy on the EDI agenda, backed by an Equality and Diversity Forum open to all staff, enabling them to contribute to progress in this area.

The year also saw a marginal improvement in our Workforce Race Equality Standard indicators – which measure the experiences of our staff from black and minority ethnic (BME) backgrounds. (See tables below.)

The Chairman launched a very successful LGBT+ allies initiative during LGBT+ history month in February, with over 300 staff signing up to signpost people to additional support and information on LGBT+ equality.

Gender Pay Gap Report

This is the second year in which the Trust has been required to prepare and publish information on the gap in pay between male and female staff. Under the regulations we are required to publish four types of figures annually:

- Gender pay gap (mean and median averages)
- Gender bonus gap (mean and median averages)
- Proportion of men and women receiving bonuses

- Proportion of men and women in each quartile of the organisation's pay structure

We also provide a narrative explaining the gap and what actions we are taking to close it. The gender pay gap report is a snapshot of the workforce data on 31 March of the previous year.

The tables below show the gender pay gaps in 2017 and 2018.

Table 3

2017		2018	
Women's hourly rate is:			
Lower (Mean)	Lower (Median)	Lower (Mean)	Lower (Median)
9%	5%	9%	5%
Pay Quartiles			
Number of men and women in each quarter of the Trust's payroll			
Top Quartile		Top Quartile	
Men	Women	Men	Women
27%	73%	36%	64%
Upper Middle Quartile		Upper Middle Quartile	
Men	Women	Men	Women
29%	71%	30%	70%
Lower Middle Quartile		Lower Middle Quartile	
Men	Women	Men	Women
32%	68%	32%	68%
Lower Quartile		Lower Quartile	
Men	Women	Men	Women
34%	66%	34%	66%

Gender Pay Gap Report

Table 4

Women's bonus pay is:

Lower (Mean)	Lower (Median)	Lower (Mean)	Lower (Median)
26%	25%	26%	25%

Who receives bonus pay

Men	Women	Men	Women
50%	70%	50%	70%

In 2017

Medical Clinical Excellence Awards

	Number of Consultants	Number Applied for CEA	% Applied	Number Awarded	% Awarded CEA
Women	50	10	20%	7	70%
Men	49	12	24%	6	50%

In 2018

Medical Clinical Excellence Awards

	Number of Consultants	Number Applied for CEA	% Applied	Number Awarded	% Awarded CEA
Women	43	13	30%	10	77%
Men	43	10	23%	7	70%

The gender split within the overall workforce in 2017 was

70% female and 30% male



Gender Pay Gap Report

Table 5

2017			2018		
The breakdown of the proportion of females and males in each banding					
Band	Male %	Female %	Band	Male %	Female %
Band 1	38%	62%	Band 1	33%	67%
Band 2	12%	88%	Band 2	26%	74%
Band 3	33%	67%	Band 3	35%	65%
Band 4	18%	82%	Band 4	20%	80%
Band 5	27%	73%	Band 5	26%	74%
Band 6	32%	68%	Band 6	31%	69%
Band 7	23%	77%	Band 7	25%	75%
Band 8a	33%	67%	Band 8a	31%	69%
Band 8b	29%	71%	Band 8b	37%	63%
Band 8c	46%	54%	Band 8c	39%	61%
Band 8d	40%	60%	Band 8d	27%	73%
Band 9	0%	100%	Band 9	0%	100%
Medical	46%	54%	Medical	45%	55%
Trust Board	67%	33%	Trust Board	71%	29%

Gender Pay Gap Report

Table 6

Average gender pay gap as a mean average

Overall	2017			2018		
	Male	Female	% Diff	Male	Female	% Diff
Mean Hourly Rate	£20.20	£18.38	9%	£20.27	£18.47	8.8%

AfC and Medical Mean Hourly Rate

	Male	Female	% Diff	Male	Female	% Diff
AfC	£18.34	£17.54	4%	£18.63	£18.09	2.9%
Medical	£40.40	£39.75	2%	£44.09	£38.19	13%

Average gender pay gap as a median average

	Male	Female	% Diff	Male	Female	% Diff
Median Hourly Rate	£17.57	£16.72	5%	£17.83	£16.91	5.2%

AfC and Medical Mean Hourly Rate

	Male	Female	% Diff	Male	Female	% Diff
AfC	£16.74	£16.72	0.1%	£18.63	£18.09	2.9%
Medical	£42.59	£40.91	4%	£44.09	£38.19	13%

Average bonus gender pay as a mean average (Medical)

	Male	Female	% Diff	Male	Female	% Diff
Mean Bonus payment	£12,216	£9,006	26%	£12,416	£8,307	33%

Average bonus gender pay as a median average (Medical)

	Male	Female	% Diff	Male	Female	% Diff
Median Bonus payment	£8,956	£6,714	26%	£9,040	£6,027	33%

Staff Tables

In line with the HM Treasury requirements we now include staff costs in this section of the Annual Report. (These tables and the data within in them are subject to audit.)

Table 7 **Staff Costs**

2018-19				2017-18
	Permanent £000	Other £000	Total £000	Total £000
Salaries & wages	124,856	-	124,856	118,295
Social security costs	13,157	-	13,157	12,530
Apprenticeship levy	623	-	623	577
Employer's contributions to NHS pensions	15,498	-	15,498	14,864
Temporary staff	-	9,661	9,661	8,635
Total gross staff costs	154,134	9,661	163,795	154,901
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	154,134	9,661	163,795	154,901
Of which:				
Costs capitalised as part of assets	540	135	675	821

Table 8 **Average number of employees (WTE basis)**

2018-19				2017-18
	Permanent Number	Other Number	Total Number	Total Number
Medical and dental	203	17	220	206
Administration & estates	259	52	311	682
Healthcare assistants & other support staff	1,006	188	1,194	577
Nursing, midwifery & health visiting staff	900	157	1,057	1,027
Scientific, therapeutic & technical staff	538	46	584	658
Total average numbers	2,906	460	3,366	3,150
Of which:				
Number of employees (WTE) engaged on capital projects	10	1	11	12

Table 9

Reporting of compensation schemes - exit packages 2018-19

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Exit package cost band (including any special payment element) <£10,000	-	2	2
Total number of exit packages by type	-	2	2
Total cost (£)	£0	£9,000	£9,000

Reporting of compensation schemes - exit packages 2017-18

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Exit package cost band (including any special payment element) £10,000 - £25,000	-	2	2
£25,001 - 50,000	-	1	1
Total number of exit packages by type	-	3	3
Total cost (£)	£0	£52,000	£52,000

Exit packages: other (non-compulsory) departure payments

	2018-19		2017-18	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
Contractual payments in lieu of notice	-	-	1	11
Exit payments following Employment Tribunals or court orders	2	9	1	13
Non-contractual payments requiring HMT approval	-	-	1	28
Total	2	9	3	52
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Median bonus payment

Our aim is to increase the proportion of women in higher paid posts to reflect their numbers in the overall workforce and to encourage more men to take up roles in lower pay bands as positive career options so that there is an equitable distribution of genders throughout the organisation.

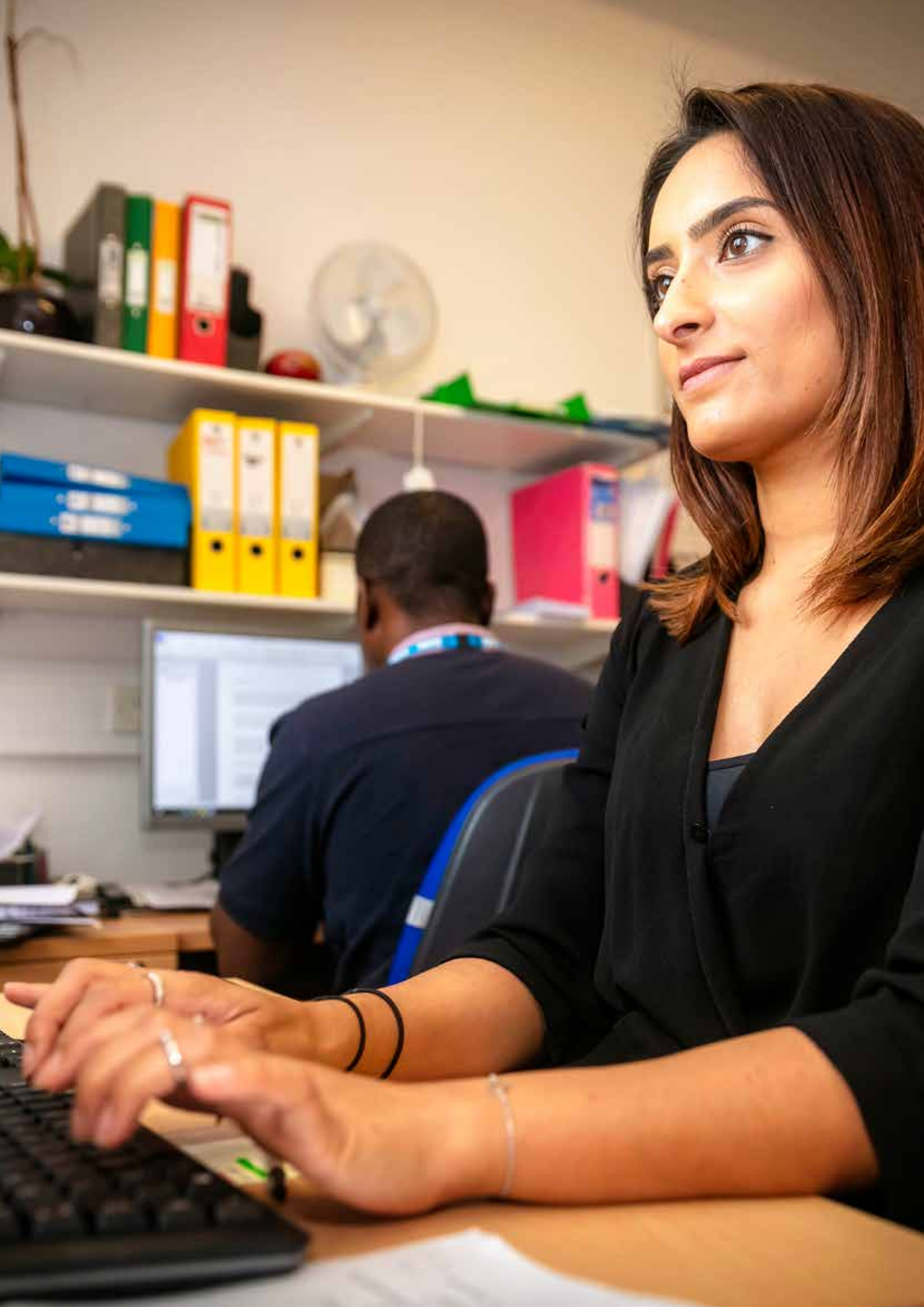
We intend to address the gap in relation to bonus pay.

Workforce Race Equality Standard (WRES) BEH WRES progress 2017-2018

Table 10

Indicator	2017	2018	Narrative/Trends
1. Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. In 2015 the indicator was expressed as the difference between the percentages of BME staff in Bands 8-9, VSM compared with the percentage of BME staff in the overall workforce.	The difference was: 21 48% (% BME staff in workforce): 27% (%BME staff in band 8 and above)	The difference was: 27 55% (BME staff in the Workforce): 28% (%BME staff in band 8 and above).	The proportion of BME staff in the workforce has increased by a much greater percentage than the proportion in senior roles. The trend continues to be positive (increase in the proportion of BME staff in bands 8-VSM)
2. Compare the data for White and BME staff: The relative likelihood of staff being appointed from shortlisting across all posts	1.44	1.39	Slight improvement over 2017. Indicative data for 2018-19 suggests that the situation continues to improve. This may be due in part to the rollout of recruitment and selection training which incorporates better understanding of the EDI aspects of recruitment and the need to have at least one trained person on the panel.
3. Compare the data for White and BME staff: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	2.02	5.10	The annual score is worse and the running average has worsened from 4.15 to 4.18. The Trust has an active QI project, supported by the London Leadership Academy, which has led to the development and roll out of an intervention to help managers consider effective and evidence based alternatives to use of formal action.

Indicator	2017		2018		Narrative/Trends
4. Compare the data for White and BME staff: Relative likelihood of staff accessing non-mandatory training and CPD	0.91		0.94		This is an improvement as it is moving towards parity (1)
	White	BME	White	BME	
5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	30%	38%	33%	38%	The indicator has improved, but due to more white staff experiencing bullying, harassment or abuse. Work on reducing the overall incidence of abuse in clinical areas continues.
	8		5		
6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	24%	31%	20%	21%	The overall incidence has reduced as well as the gap between BME and white staff. Work on promoting a respectful culture and promoting our Dignity & Wellbeing Advisers will begin in 2019-20 to sustain this trend.
	7		1		
7. Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion	81%	72%	84%	68%	The gap in perceptions has increased. Going forward the Trust will strengthen the narrative around equalities with evidence of the relative proportions of staff being selected for acting-up positions, successful internal candidates as well as profiling senior BME leaders and the commitment of the Trust Board to fairness.
	9		16		
8. Percentage of staff reporting that they have personally experienced discrimination (in the last 12 months) at work from any of the following manager/team leader/ other colleague	8%	13%	9%	13%	There is a trend of continued improvement in this area.
	5		4		
9. Difference between the percentage of BME voting Board membership and its overall workforce	-34.2		-29.1		This indicator has improved due to recent changes in the demographics of Board members. To achieve 0, the composition of the Board would need to match that of the workforce.



Staff policies applied in respect of people with a disability

We replaced our sickness absence policy with an attendance policy. It is recognised that illness associated with a disability should be considered alongside general sickness absence and that managers should use their judgement in supporting staff with long term conditions or disabilities.

We are pleased to have maintained our Disability Confident Employer status this year.

In the 2018 staff survey, nearly three quarters of the staff who said they have a long-standing illness, health problem or disability agreed that the Trust had made adequate adjustments to enable them to carry out their work. The Trust aims to improve on this score each year, as we did in 2018.

Staff wellbeing

We recognise that staff who feel cared for and who enjoy good physical health are more likely to deliver excellent care and to display positive health behaviours to service users.

The Trust has long been committed to supporting the health and wellbeing of our employees so it is disappointing that the 2018 national staff survey found staff experience had dipped in this area. Initial feedback from our staff focus group programme suggests that perceived work pressure may be a key factor in this.

We have continued our programme of activities to improve the health and wellbeing of staff.

This has included:

- Further publicity around our employee assistance programme – which includes health and wellbeing support
- Proactive and supportive action on absence
- Promoting the work of our cohort of Dignity and Wellbeing Advisors
- Promotion of rapid access to a physiotherapy service
- Free access to Headspace, a mindfulness online app
- Provision of mindfulness and resilience training

Apprenticeships

The Trust has offered apprenticeships for some years and is keen to increase the range and number of programmes.

Current apprenticeships on offer include:

- Business Administration level 2 and 3
- Human Resources
- Pharmacy Technician
- Team Leading level 3

We have providers in place for large contractual programmes such as nursing, business administration, accountancy and leadership and management.

Some 18 current healthcare support workers enrolled on a trainee nurse associate programme in December. With promotional campaigns attracting non-clinical staff to enrol on business administration and leadership programmes in recent months, we are confident that more staff will choose this route for development. During 2018-19, more than 50 staff embarked on or continued their apprenticeship programme.

Engaging our staff

We are committed to improving engagement with our staff so in 2018-19 we introduced a programme of events for our Senior Leadership Team, to enable senior leaders to contribute to strategy development. We also created a Senior Leadership Forum, bringing together our top 100 leaders to ensure they are well-informed about internal and external developments. They are then well-placed to inform their teams of key developments.

Valuing the input of staff at every level of the Trust, we developed a series of Executive RoadShows – seeking feedback on our plans for the organisation and our new Trust Strategy. These have been well attended and received by staff.

We have previously relied on the NHS national staff survey to gauge staff morale and feedback on their experience of working in the Trust. From 2019, staff will have more opportunity to share their views through a series of pulse surveys.

Supporting our student nurses, newly qualified nurses and allied health professionals

The Trust has a thriving hub of student nurses; we continue to work collaboratively with universities to provide the highest quality practice placements and education for them. We support students – whether they are trainee nurse associates, student nurses or trainee graduate mental health workers – through a number of forums. The students have found these both supportive and informative. The forums focus on student issues, concerns, complaints and recruitment.

For student nurses we have also designed and put in place final year student forums/focus groups to provide specific support to students who are approaching qualification and registration.

While this platform is to ensure a smooth journey onto the NMC register, it also showcases wider developmental opportunities that the Trust offers. To help develop a hassle-free recruitment approach to newly qualified nurses who have had placements with us, we have initiated a fast track

recruitment model. They receive a conditional offer of employment towards the end of their university programme. This helped us to recruit almost every student that completed their training with us in 2018.

On successful completion of their training, all newly qualified nurses and allied health professionals employed by BEH start on the Trust Preceptorship Programme.

The programme gained accreditation from Middlesex University in the 2018-19 academic year. In early 2019 Capital Nurse awarded us their Preceptorship Quality Mark in recognition of the excellent quality of the content, delivery and multi-disciplinary/speciality approach of the programme.

There were 63 candidates in the 2018-19 preceptorship cohort, comprising registered mental health nurses, learning disability nurses, general adult nurses, occupational therapists and district nurses.

Trainee Nursing Associates (TNAs) and Trainee Graduate Mental Health Workers (TGMHWs)

In February 2019 the nursing associates joined the Nursing and Midwifery Council (NMC) register after successfully completing a pilot course with the Trust. The Trust has now committed to supporting staff development through this training route and has recruited a further 18 trainee nursing associates. They started their apprenticeship training programme in December 2018. We have started recruitment to the next cohort for later in 2019. The current trainees are being supported in

practice by qualified supervisors and the education team.

In February 2019, 29 trainee graduate mental health workers started their placement with the Trust. Trainees are supported through personal development forums, facilitated by Middlesex University and the Trust, alongside support in clinical practice by members of the education team and practice supervisors.

Staff Side

Staff Side Co-ordinators (the Chair and Secretary) received a combined facility time allocation amounting to three working days per week (22.5 hours). The allocation of this time was determined by the respective Staff Sides and could be re-designated to other officials. This allocation does not preclude individual trade unions from negotiating additional block release for senior representatives where this was required.



Communications

We know that engaging with patients, carers and staff is vital to the delivery of genuine patient-centred care by motivated employees. During 2018-19 the Communications Team has provided effective internal and external communications via a variety of channels – including a brand new website, social media activity, regular staff bulletins, further developing our Trust Matters magazine and supporting the Executive Team and staff in promoting essential information.

We have improved working relationships with journalists, as well as with our partners, patients and wider communities.

The team has ensured that BEH has had a steady stream of local, regional and national stories in the press and runs an active social media account.

We have helped ensure that staff learn about the very latest Trust developments through staff newsletters and emails, an increasing use of videos and blogs as well as via our website and intranet. We are planning to modernise our intranet.

Freedom to speak up guardians

In 2017 we asked staff to apply for the role of Freedom to Speak Up Guardian for the Trust.

For the last two years Tony Ross-Gower and Anna Spiteri, have each served in the role for one day a week. Tony had previously worked as a manager at the Beacon Centre in Edgware and is semi-retired. Anna works as a physiotherapist for the Trust.

Staff are able to report any concerns about patient safety to the guardians and they have helped deliver staff training. The pair have also rewritten the Raising Concerns policy soon after they were appointed.

A confidential email address and telephone number are available on the BEH intranet for both Anna and Tony.



Tony



Anna

Estates and facilities

BEH continues to develop its estate strategy and is investing to ensure its property is fit for purpose and supports 21st Century care. In 2018-19 we focussed on modernisation, safety and sustainability – and the start of a £41 million development of the St. Ann’s Hospital site in Haringey (see page 23).

This development will provide a new purpose-built inpatient unit and the refurbishment of existing inpatient wards with an improved site infrastructure.

During 2018-19 BEH also invested £6.3 million as part of its on-going programme to improve the quality of ward environments and to address statutory compliance, risk management and backlog maintenance. Some of that investment also supported ward moves across our sites to ensure efficient use of our estate and help coordinate patient care through the co-location of key services.

We now operate from only 11 main locations compared to 20 in 2017-18.

In Haringey, Canning Crescent was sold, allowing us to consolidate services on the St. Ann’s Hospital site.

In Barnet, services were largely consolidated at Edgware Hospital and the Springwell Centre – supported by two community sites, the Oak Lane and Redhill clinics.

In Enfield, refurbishment work started on Bay Tree House to enable the consolidation of CAMHS services and the relocation of Universal Children’s Services into a newly modernised building. At Chase Farm and at the St. Michaels Centre work started to further modernise and make better use of the estate and to help improve clinical services.

We are working on other estates strategies across London with NHS Improvement and NHS England that will create exciting opportunities, particularly in Barnet and Enfield.

Service Delivery and Standards

Catering

Our ongoing partnership with Medirest ensures that the focus is on patients’ needs with a wider choice of hot meals every day, flexible delivery methods and the use of ‘Steamplicity’ as the unique cooking system that steam cooks fresh food.

We regularly attend community meetings to collect meaningful feedback on food quality.

Following the successful introduction of self-catering in Blue Nile House in 2016, Specialist Services now have several wards providing 50/50 self-catered food capabilities. This means service users can make their own lunch and Medirest supply supper.

Basic food hygiene training is now delivered directly on the wards so it reaches both patients and clinicians. During 2018-19 85 patients and staff completed such training.

Throughout the year we continued to act on feedback and delivered new meals. To ensure a good patient experience, our food is reviewed

twice a year with Winter/Autumn and Spring/Summer menus.

Picture menus are available at all times and menu cards created to assist patients who have difficulty in communicating. Menus are available in 11 languages.

Our dieticians worked with Medirest to implement by mid-October 2018 the International Dysphagia Diet Standardisation Initiative that we were required to introduce by April 2019.

Overview of Services

We exceeded the national standards in all environmental areas. We achieved this by increasing staff engagement and procedural awareness through quality audit and monthly environment group meetings where performance issues relating to non-clinical services are routinely reviewed.

Service users are our primary partners. In 2018-19 five sites were patient-led assessed through the PLACE (Patient-led Assessments of the Care Environment) national programme.

Patient-led assessments of the Care Environment (PLACE)

Five sites were patient-assessed during 2018-19 as part of the Patient-led Assessments of the Care Environment (PLACE) programme.

This programme assesses a range of non-clinical services which contribute to the environment in which healthcare is delivered in both the NHS and the independent/private healthcare sector in England.

These included:

- Cleanliness
- Food
- Privacy, dignity and wellbeing
- Condition, appearance and maintenance
- Dementia assessment of healthcare premises
- Disability

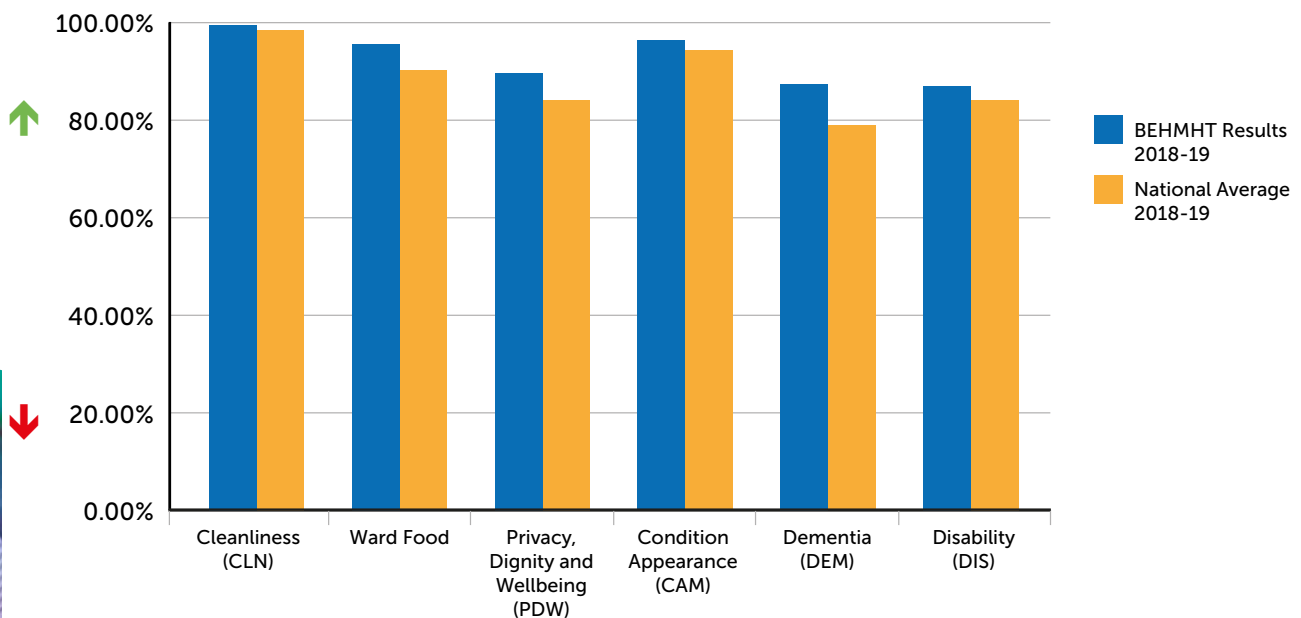
Overview of Services

The PLACE outcomes suggest that the Trust meets its responsibility and statutory obligations to deliver services in acceptable environments that exceed the national standards and that cleanliness and environmental quality remain a high priority.

This has been achieved by increasing staff and patient engagement and procedural awareness through quality audit and monthly environment group meetings where performance issues relating to non-clinical services are routinely reviewed.

Table 11 below indicates that the overall organisational scores in each category assessed in 2018-19 were above the overall national average scores.

Table 11: BEH Organisation Results against the National Average 2018-19





Sustainability

Report

BEH's Sustainable Development and Implementation Strategy aims to identify and implement environmentally responsible practices and procedures in order to reduce the overall impact of the Trust's activities on the environment, and address government targets by:

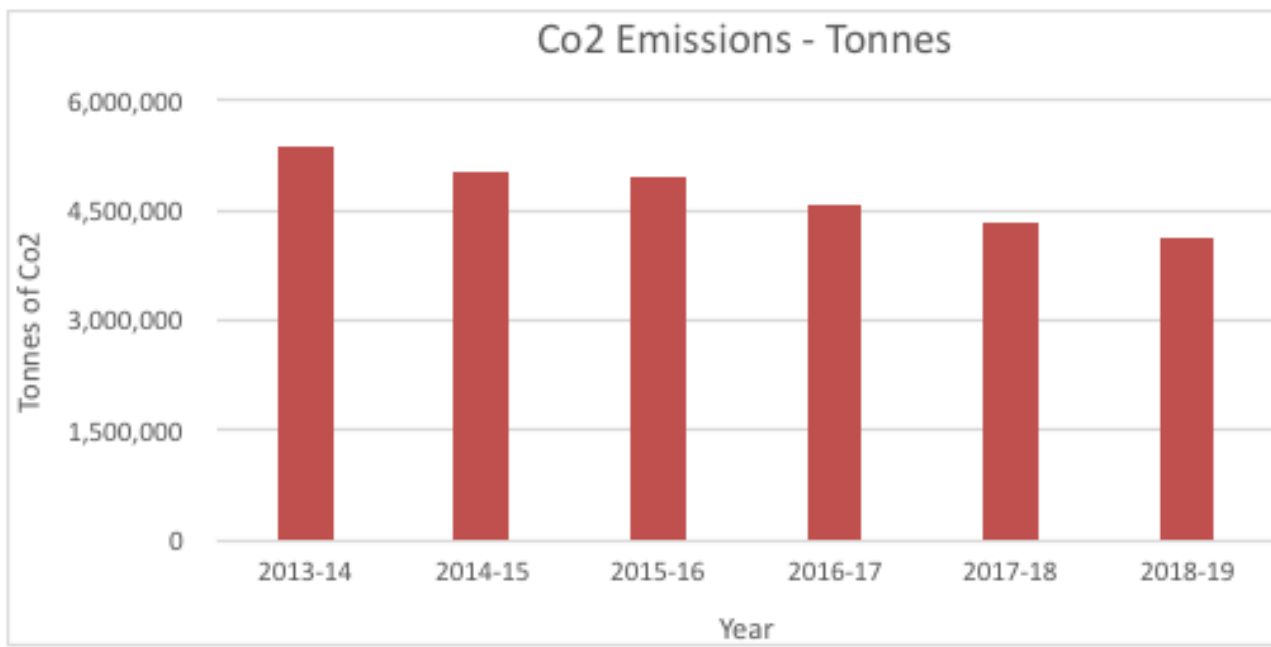
- Maintaining compliance with legislative requirements
- Encouraging behaviour and cultural change
- Developing a strategic framework to enable sustained delivery
- Reducing energy usage
- Maximising financial efficiencies

- Minimising waste
- Meeting and supporting NHS energy and carbon reduction targets

As part of its sustainability strategy, the Trust has developed a "Route Map for Sustainability" which provides a framework to address carbon emissions, energy efficiency and sustainable development. The Trust's Sustainable Development Group uses this to reduce carbon emissions and to provide a safe environment for all who use our services, as shown below.

The chart below shows that BEH has reduced its energy related CO₂ emissions by 23% since 2013.

Table 12: Co2 Emissions (tonnes)



This supports the delivery of the strategy's primary objectives to:

- Ensure that all environmental risks are assessed, managed and controlled
 - Ensure that environmental records are maintained in accordance with the Trust's Records Management policy
 - Promote and adopt best environmental practice throughout the Trust and to demonstrate commitment to continual improvement and innovation in all aspects of environmental management
 - Maintain and develop the Trust in a sustainable manner
 - Keep staff informed on environmental matters
 - Develop good working relationships with relevant external bodies and regulators
 - Develop staff by providing training and information on environmental management and sustainability as appropriate to their individual roles.
- Specific initiatives include:
- Energy Use/Carbon Emissions - we will continue to reduce our carbon footprint by 26% from 2007 levels by 2020, in line with the NHS target. Our on-going site rationalisation plans and the redevelopment of St Ann's will contribute towards meeting these commitments
 - Designing the Built Environment – we have designed and will continue to design sustainability and low carbon usage into our new developments
 - Travel and Transport – we have reviewed the need for staff, patients and visitors to travel, and have introduced a car parking strategy to try to reduce our carbon emissions
 - Procurement and Infrastructure - procurement is based on sustainable considerations with all contracts containing a "green" clause
 - Water – we have installed water meters to ensure efficient use of water by measuring and monitoring its usage
 - Food – BEH has implemented strategies through its Procurement Department to minimise waste at the buying stage; and, is working in partnership with suppliers to lower the carbon impact of all aspects of procurement
 - Waste – we have monitoring reports and have set targets on management of domestic and clinical waste
 - Open spaces – we have been working with the London Wildlife Trust to improve open spaces on the St Ann's site, incorporating tree planting and environmental improvements
 - Organisational and Workforce Development - our employees are encouraged to take action in their workplace on sustainability. The Trust supports staff by promoting increased awareness and behavioural change
 - Partnerships and networks – our Trust reviews collaborative working across a range of estates and facilities services within the North Central London Sector
 - Governance – we have signed up to the Good Corporate Citizenship Assessment Model and have a Board approved sustainable development management plan

Information Governance

The vision set out in 'The Power of Information' is that service users are in control of the information they need to improve their health and wellbeing and that NHS information systems are designed to support clinicians and other front-line staff to deliver safe, high quality care to their patients. Accurate, available and reliable information enables our Trust to provide patient-centred care.

The legal framework governing the use of personal confidential data in health care includes the Health and Social Care Act 2014, the Data Protection Act, the Human Rights Act and the General Data Protection Regulation (GDPR) – until further notice from the Information Commissioner.

To provide assurance that we are working within the law, the Trust is required to complete a Data Security and Protection toolkit assessment. The assessment is an online self assessment tool that enables the Trust to measure performance against the National Data Guardian's 10 data security standards. All organisations that have access to NHS patient data and systems must use the toolkit to provide assurance that they are practising good data security, and that personal information is handled correctly.

The GDPR became law in the UK in May 2018, with the intention to bring existing legislation into the 21st Century and to strengthen information rights. One of the challenges brought about by the GDPR included a lower threshold for reporting data security incidents. Incidents that did not previously meet the criteria for reporting to the Information Commissioner's Office (ICO) now need to be reported. This has resulted in an increase in the number of incidents reported. Fortunately, after reviewing each incident and associated action plan, the ICO was satisfied that the Trust took appropriate action to contain the incident and that there are robust systems and policies in place.

Additional information about how the Trust handles confidential information and privacy rights can be found in the Trust Privacy statement.

<http://www.beh-mht.nhs.uk/information-governance.htm>

Health & Safety

Legislation, including the Health and Safety at Work Act 1974 and the Management of Health and Safety Regulations of 1999, places a legal obligation on the Trust to provide a safe environment for staff and for patients, their carers and other visitors.

BEH complies with Health and Safety management standards and follows additional health and safety standards and best practice. The Trust is a member of the British Safety Council (BSC). As part of its charitable work, the BSC leads health and safety networking forums for all sectors and facilitates and promotes best practice in Britain and overseas. The Trust benefits from membership through development of best practice and access to resources to help reduce risk, prevent injuries and promote health and well-being in the workplace.

During 2018-19 we reviewed our health, safety and risk management policies to ensure they are up to date and aligned with current legislation, prevent

health and safety risks and promote good safety practice. The Trust has 34 key policies relating to management of health, safety and welfare. Staff can access all these policies through our internal intranet site, which provides general guidance on a wide range of relevant health and safety arrangements.

Compliance with the principles set out in the policies enables staff to work safely and to have regard to the health and safety of themselves and others. Systems and procedures are also established and implemented locally by each team for safe working.

Competence plays a very important role in controlling health and safety risks. The health and safety team offers bespoke health and safety training where course content is tailored to the specific needs of each department and sessions are held at a convenient time and place. This aligns with the Trust's objective and value of developing staff and supporting them to be the best that they can be.

BEH is one of the few NHS Trusts accredited as a training centre to deliver Ofqual accredited Level 2 Health and Safety Training for Health and Social Care. This health and safety training is specifically designed for employees working in the sector. Some 48 staff attended the training in 2018-19. Successful candidates are appointed as their team's Health and Safety Champion.

During the year 10 Executive Directors, Clinical Directors, Directors and Assistant Directors attended a Leading Safely Course developed by the Institution of Occupational Safety and Health. This course is gold standard for Directors and Assistant Directors.

The stand-out feature of the session is the opportunity for senior managers to benchmark their current and future health and safety vision and priorities in line with global models of safety, and to recognise good practice gathered from leading organisations internationally. They recognise the value of strategic health and safety planning and its integration into care delivery and performance. 20 senior managers have attended the training in the last two years.

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 places on the Trust the responsibility for managing the risks to staff who use sharps at work. The Trust has adopted retractable needles to manage these risks. Needles and Sharps Awareness training on the safe use of retractable needles was provided to staff during 2018-19. The course also covered the health risks, safe handling and disposal of sharp objects. Some 154 staff attended the training. They then teach, mentor or train other staff in their team. Needle and Sharps awareness training was included in the preceptorship study days in November and

December 2018 to train newly qualified nurses early on the use of retractable needle. Nearly 50 newly qualified nurses attended the training.

The Health and Safety (Display Screen Equipment) Regulations 1992 require employers to carry out an analysis and assessment of each employee's work station. Work stations must meet certain basic requirements that enable them to be appropriately adjusted and used without unacceptable risks to health and safety. Workstation assessments can be hugely beneficial in terms of reducing injury in the work place. The purpose of having a workstation assessment is to find any issues that may affect health. Once problems are identified, solutions can be made in order to improve the workstation. Nearly 250 workstation assessments were completed in the first three quarters of 2018-19.

The Health and Safety (First-Aid) Regulations 1981 require employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work. This arrangement was found to require improvement by the CQC in their last visit (CQC Action plan S67).

In response, first aid boxes have been distributed across various sites/teams in the Trust, based on risk. For example, in 2018-19 burn first aid boxes were provided in kitchens, eye wash stations in maintenance staff offices, travel first aid kits in all trust owned vans, sport first aid kit in gyms and children's first aid boxes provided in CAMHS offices and for health visitors. Also, we have a stock of items to replenish anything missing or used in the first aid boxes.

The Trust offers first aid training to staff.

Emergency Preparedness, Resilience & Response

The Trust has statutory responsibility to prepare for major emergencies and to plan for business continuity if we are affected by any of a range of challenges or incidents.

During 2018-2019 we continued to review our Major Incident and Business Continuity Plans and preparedness capabilities to ensure compliance with the Civil Contingency Act of 2004, NHS England standards and those of other regulatory bodies.

The Civil Contingencies Act of 2004 requires the Trust to work in partnership with other NHS organisations and other key partners such as the emergency services, local authorities and voluntary and faith sectors to develop clear and co-ordinated strategic, tactical and organisational response plans for major and serious incidents.

The Trust has achieved this during the past year by being an active participant on Barnet, Enfield & Haringey Borough Resilience Forums and also at the various North East & North Central London Emergency Preparedness Response and Resilience meetings hosted by NHS England.

NHS England uses the annual Emergency Preparedness Response and Resilience (EPRR) assurance process to test that NHS organisations are prepared to respond to an emergency and have resilience plans in place so they can continue to provide safe patient care during a major incident or event. All NHS trusts were required to carry out a RAG rated self-assessment against the 69 NHS Core Standards for EPRR in October 2018. There were an additional five 'Deep Dive' questions specifically in relation to Incident Coordination Centres.

In October 2018 the Trust Emergency Planning Liaison Officer met representatives from the NHS England (London) EPRR team, Camden & Islington NHS Foundation Trust and North Central London CCGs. This meeting was to review the

self-assessment RAG rating submitted by the Trust Emergency Planning Liaison Officer and amend it if necessary. Depending on the amber and red scores identified in the assessment, the meeting would agree a final assurance score of 'full compliance', 'substantial compliance', 'partial compliance' or 'non-compliance'.

Following this meeting a final RAG rating of 'partial compliance' was agreed for the Trust, and an action plan was drawn up to address both red and amber scores.

The EPRR assurance process requires that an action plan is drawn up to address areas of non or partial compliance against core standards.

Our action plan clearly states the relevant standard, what needs to be done, when by, and who is to do it. The action plan was presented to a 'Clinical Directors' meeting in December 2018 and approved by the Trust Board in January.

The Trust has continued to provide a dedicated major incident and emergency planning training session at staff induction. This training session is for all staff irrespective of job title or grade and fulfils the requirements of the Civil Contingencies Act 2004.

Every high risk area had either a "live" or a table top fire evacuation exercise during 2018-19 and useful lessons were learned for future events.

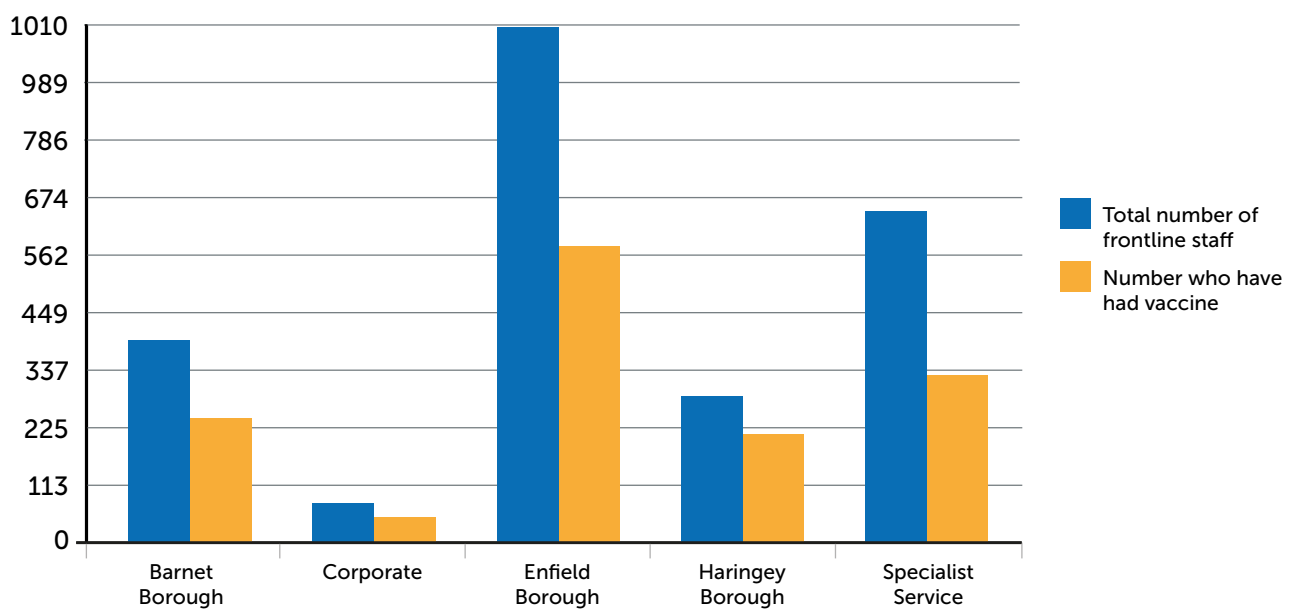
Flu Vaccine uptake

Each autumn NHS organisations and their partners launch campaigns aimed at encouraging both staff and particular sections of the public to get a 'flu jab'. The Department of Health and Social Care set a target for Trust staff of 75% in 2018-19.

The Department of Health and Social Care and the World Health Organisation state that frontline health and social care workers should be given the flu vaccine by their employer as part of the national flu vaccination programme. Objectives include striving to further improve vaccine uptake rates in all eligible cohorts, protecting healthcare workers, reducing the transmission of influenza to patients and avoiding disruption to health services.

At BEH we prioritise the promotion of staff wellbeing and for 2018-19 an inactivated quadrivalent (QIV) flu vaccine was offered to all employees, and not just those who have frontline contact with patients. 58.4% of our workforce were vaccinated in the winter of 2018- 19 compared to 48.7% the previous year. The year on year improvement enables us to achieve a half payment in respect of the national Flu Vaccination Commissioning for Quality and Innovation (CQUIN) target – compared to a quarter payment the previous year. The table below shows the final uptake by borough.

Table 13: Flu uptake/compliance 2018-19:



Compliance

with the Nolan Principles

The Trust's corporate governance approach is based on the seven Nolan principles of public life. The Board regularly reviews the corporate governance processes which ensure that these principles are upheld at BEH.

The Nolan Principles apply to anyone who holds public office. They are:

Selflessness

Those in public office should act solely in terms of the public interest.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

Counter Fraud

Ensuring staff are aware of fraud and bribery issues is the first line of defence. During 2018-19, the team of Local Counter Fraud Specialists (LCFS) focused on delivering training sessions throughout the Trust and for new starters at the corporate induction. It expanded to include the junior doctors' induction as well as targeting awareness sessions to staff in higher risk areas like HR, recruitment and finance.

The team also worked jointly with the Freedom to Speak up Guardians and the Local Security Management Specialists. The team has also focused on identifying and assessing the areas of fraud risk throughout the Trust. The fraud and bribery risk assessment has identified the risks and the level to which the Trust is exposed, as well as assessing the effectiveness of the measures the Trust already has in place to combat them. This ensures the efficient allocation of resources to tackle the highest areas of risk.

The Trust continues to support the investigation of all allegations of wrongdoing and uses the full range of disciplinary, civil, regulatory and criminal sanctions. These include seeking financial redress and recovery where appropriate and necessary. The Trust's approach is in line with guidance set by the NHS Counter Fraud Authority and supports their strategy.

The Counter Fraud team is led by Erin Sims, supported by Kate Harrington-Stillwell and Matt Flegg. This provides the scope to raise awareness and to prevent, detect and investigate fraud and bribery at the Trust.

"The Trust's zero tolerance approach is well supported by senior management and this has meant there is a strong counter-fraud culture and willingness to report and investigate allegations at BEH," says Kate Harrington-Stillwell.

Signed:



Jinjer Kandola

Chief Executive

Date: 23 May 2019

Corporate Governance

Directors' Report

The Trust Board

The Trust's Board of Directors considers performance against strategic and managerial standards and performance, governance and financial targets. The Trust is managed by full-time Executive and part-time Non-Executive Directors who collectively make up our unitary Board of Directors.

The Executive Directors are responsible for the day-to-day running of the organisation working with the Non-Executive Directors to translate the Trust's strategic vision into day-to-day operational practice.

The role of Non-Executive Directors is to provide an independent view on strategic issues, performance, key appointments and to hold the Executive Directors to account.

The Trust Board is made up of a Chairman, six Non-Executive Directors and six Executive Directors. The Chairman and Non-Executive Directors are appointed by NHS Improvement.

The Board held six meetings during 2018-19, which were open to the public, with agendas and reports available on the Trust's website. The Trust also held its Annual General Meeting on 17 September, at which we presented our Annual Report, our Annual Accounts and our Quality Account. The minutes and reports from Trust Board meetings are published on the Trust's website: www.beh-mht.nhs.uk

The Board considered its composition and the balance of skills needed to be effective, and considers that it has in place the right mix of skills to support the Trust moving forward. The Trust Board regularly has training sessions and holds Board Workshops to improve its effectiveness.

The Directors have confirmed that as far as they are aware the Trust's auditors have been provided with all relevant information for the purposes of their audit report. They further have confirmed that they have taken all the steps that they ought to have taken to make themselves aware of any such information.

Board Members

The Board of Directors during the year covered by this Annual Report comprised:

Michael Fox Chairman



Term of office:

1 April 2016 –
30 September 2018
(first appointed 1 April 2008)

Michael joined the Trust in April 2008. He has substantial experience in health and social care within and outside the NHS. He worked in a range of NHS senior posts in Islington and Tower Hamlets before becoming Chief Executive of the Barking and Havering Family Health Services Authority in 1992. In 1995 he was appointed as the first Chief Executive of the City and Hackney Community and Mental Healthcare Trust. Michael was the founding Chief Executive of the Prince of Wales's health charity, and was Chairman for five years of London Cyrenians Housing. Michael was a Non-Executive Director of the Medicines and Healthcare Products Regulatory Agency and was a Member of the Health Research Authority's Risk and Audit Committee. Due to the number of changes to the Board of Directors, Michael Fox's term of office was extended until 30 September in order to oversee the appointment of a new Chief Executive and other Executive Directors.

Mark Lam
Chairman



Term of office:
1 October 2018 –
30 September 2020

Mark Lam joined as Chairman of the Board in October 2018. He is an experienced board director and digital technologist with global experience in both private and public sectors. Mark has held a number of board appointments in healthcare, including as a Non-Executive Director at the Airedale NHS Foundation Trust and Barking, Havering and Redbridge University Hospitals NHS Trust. He is currently non-executive director of Social Work England.

Mark began his technology career during the dotcom boom, training at web start-ups before moving into telecommunications and business IT. He has held management positions at The Carphone Warehouse and Siemens. Mark's longest association was with BT Group, where he was a senior executive, finishing his career there as Chief Technology and Information Officer of Openreach, the national infrastructure provider.

Mark comes from Singapore originally and has lived in North London for over 20 years. He holds a degree in English Literature from Oxford University and is a Fellow of the Royal Society of Arts.

Catherine Jervis
Non-Executive Director /
Chair of the Audit Committee



Current term of office:
1 March 2017 –
28 February 2020
(first appointed 1 March 2015)

Catherine has been an Executive team member at Achievement for All, a national educational charity, since 2011, responsible for the establishment of the commercial strategy and extending the reach of the charity to transform the lives of vulnerable children across the UK. She is also a Non-Executive Director and Vice Chair for First Community Health and Care (FCHC) chairing their Finance and Audit, and Remuneration and Workforce committees.

Her previous executive experience includes five years as Director of PwC, where she led the Children's Team working primarily on education and social care assignments. Catherine recently completed a four year tenure as a parent governor for a large primary school in West London, where she was chair for the Inclusion Committee, responsible for setting up a new centre for children with autism. Catherine is a qualified accountant.

Cedi Frederick

Non-Executive Director /
Chair of the Mental Health Law
Committee



Current term of office:

1 April 2017 – 31 March 2019
(reappointed from 1 April 2019
- 31 March 2021)

Cedi Frederick joined BEH in April 2017. He is the owner and Managing Director (MD) of Article Consulting Ltd, which works with and supports health and social care organisations and leaders.

In a 40 year career in the public, not-for-profit and private sectors, Cedi has held a series of senior positions including MD of a BME Housing Association and also Chief Executive of a Barnet based multi-regional charity that supports people with learning disabilities, autism and mental health problems.

organisational transitions and responsible for the health care of a population of 950,000. Charles has also been the Director of Social Services in a number of local authorities and his responsibilities have included Housing, Arts and Libraries.

In addition, Charles has experience of a number of non-executive roles, including being a Trustee for the Primary Care Respiratory Society (since May 2013), member of the NICE TA Committee D (from 2010 - 2013), member of the Board of Trustees for the National Association for the Care and Resettlement of Offenders (from 1997 to 2007), including as Chair of the Mental Health Advisory Committee from 2000 to 2007. He is currently the Chair of Herefordshire and Worcestershire Sustainability and Transformation Partnership.

Charles Waddicor

Non-Executive Director /
Chair of the Finance and
Investment Committee



Current term of office:

1 March 2017 –
28 February 2020
(first appointed 1 March 2015)

Charles is currently working for Optum on projects for integrated Health and Social Care. He has also been a Clinical Advisor for Mental Health Inspections for the CQC since June 2014. He has significant experience within the NHS, most notably as Chief Executive of NHS Berkshire West from 2007 to 2011 and then of the expanded NHS Berkshire from 2011 to 2013, overseeing various

Frank Devoy

Non-Executive Director



Term of office:

1 February 2018 –
31 October 2018
(first appointed 1 February
2016)

Frank is a Chartered Surveyor and has an MBA from Strathclyde Business School. After a career in the construction industry in Glasgow, Frank moved to London to work in Ernst & Young's Real Estate Group. After leaving Ernst & Young in 2003, Frank set up his own real estate consulting business and has advised on a number of high-profile real estate transformation projects, such as Shell Centre, BBC Television Centre, the European Commission's Headquarters in Brussels and the Olympic Stadium. He was Chief Executive and Chief Financial Officer of Thames Enterprise Park in Essex.

Neil Brimblecombe

Non-Executive Director



Term of office:
1 September 2018 -
31 August 2020

Neil Brimblecombe joined the Trust in September 2018. He also works as Professor of Mental Health at London South Bank University and Mental Health Clinical Lead for the London Urgent and Emergency Care Collaborative. He has been a mental health nurse since 1986 and previously worked in Executive Director of Nursing and Chief Operating Officer roles in three NHS Trusts.

Neil was Director of Mental Health Nursing at the Department of Health for England, where he led a national review of the profession. He completed his PhD on Crisis/Home Treatment services and edited the first book in the UK on this topic. Other interests include the development and evaluation of new roles in mental services and learning from international approaches to mental health care.

Paul Farrimond

Non-Executive Director /
Chair of the Mental Health Law
Committee and the Quality and
Safety Committee



Term of office:
1 July 2016 – 30 June 2018
(first appointed 1 July 2013)

Paul started work in the NHS in 1975. He is a qualified general and mental health nurse and has worked as a clinician and manager in provider and commissioner roles across the NHS and social

care. Paul has held a number of Executive Director roles on NHS Trust Boards and since retiring from a Primary Care Trust in 2007 he has continued in Interim Director roles including the Care Services Improvement Partnership and National Institute for Mental Health (England). He was also the interim Director of Operations and Nursing at this Trust in 2008. Paul has had Charitable Trustee experience with the mental health charity "Together for Mental Wellbeing".

Paul Ryb

Non-Executive Director



Current term of office:
10 February 2019 –
9 February 2021
(first appointed 10 February
2017)

Paul joined the Trust in January 2017. He has a lot of experience in the finance and investment sector, having been Managing Director at the Royal Bank of Scotland as well as at a number of other investment banks. He has worked in the City of London for more than 20 years. He currently holds board positions in the commercial, public and charity sectors, while also managing an investment portfolio for a private family office.

After 2007 when Paul lost his central vision due to macular dystrophy, he became involved in a number of sight charities including RNIB, the Macular Society, and Blind in Business, where he continues to use his experiences in dealing with sight loss to benefit others.

Paul is a keen sportsman. He's held a British number 1 Tennis title for the last 3 years, is a brown belt in kickboxing, and enjoys high octane sports in the Alps including white water rafting and canyoning. Paul has two children, and lives in London.

Ruchi Singh

Non-Executive Director /
Chair of the Quality and
Safety Committee

Current term of office:

30 January 2019 –
15 January 2021
(first appointed 16 January
2017)



Ruchi Singh joined BEH in January 2017. She is a Strategy and Transformation specialist who has worked across central government and the private sector for more than 20 years. After a career in management consultancy working for companies such as Ernst & Young, PwC and IBM, Ruchi joined HM Treasury in 2005. There she supported delivery of the Treasury efficiency reviews on the Departments of Health, Justice and HMRC. In 2008 Ruchi joined the National Offender Management Service (NOMS) where she led on efficiency and transformation initiatives including negotiations with police constabularies and the MoD (Ministry of Defence) on the development of the prison population and the reconfiguration of the prison estate.

She has also worked closely with the NHS and Public Health England co-commissioning bodies to develop mutually beneficial commissioning strategies. Ruchi has now set up an independent management consultancy with clients including the Financial Conduct Authority and HS2.

Andy Graham

Interim Chief Executive
December 2017 – July 2018

Chief Operating Officer
July 2018 – November 2018
appointed June 2014



Andy joined the Trust from his previous position as Assistant Chief Executive at Mid Essex Hospital NHS Trust. He has worked at Board level in acute hospital Trusts over the last five years following work as Head of Performance for NHS East of England. Andy qualified as a mental health nurse in 1989 and is a MBA graduate. He has worked in commissioning, mental health, hospital, prison and primary care roles.

Jinjer Kandola

Chief Executive
appointed July 2018



Jinjer Kandola joined our Trust in July 2018 as the CEO. Jinjer brings with her a wealth of knowledge, with over 18 years senior level experience across both mental and physical healthcare.

She joined us from Hertfordshire Partnership University Foundation Trust where she was the Deputy CEO and Executive Director of Workforce and Organisational Development. Jinjer was the lead for the Trust cultural change programme which embedded the Trust vision and values, as well as an ethos of continuous improvement.

Jinjer believes passionately in collective leadership and is focused on improving the quality and safety of care for our patients by empowering staff to focus on the best outcomes for our patients and their families. She is empowering our staff to share learning as well as developing a culture of putting service users at the heart of everything we do.

Jinjer has a background in Human Resources and in 2015 was awarded the prestigious title of the Human Resources Director of the Year.

Philip King

Interim Chief Operating Officer
February 2018 - April 2018



Philip started his career as a student nurse in 1987. Before joining the Trust Philip held a number of senior posts within the health and social care professions, undertaking a number of long term interim assignments and substantive posts as Chief Operating Officer and as an Executive Director in Mental Health and Community Trusts. He is a Registered Nurse with a Masters in Mental Health Studies. He has been Chief Nurse and Director of Governance and has worked in acute hospitals, in commissioning and the independent sector. Previously, Philip was a director at the Care Quality Commission.

Richard Milner

Director of Improvement and
acting Chief Operating Officer
April 2018 – July 2018



Richard joined the NHS from the private sector via the Gateway to leadership entry scheme in 2003. Over the previous fifteen years he has held Board-level posts across Primary Care, Commissioning, acute and community Trusts before joining BEH.

His roles have focused on operational leadership, performance and strategy development exclusively for Trusts in London. As a local resident and previously a local councillor in Haringey, Richard is committed to improving outcomes for users, with a particular interest in local collaboration with GPs and Local Authorities.

Stanley Riseborough

Interim Chief Operating Officer
appointed November 2018



Stanley joined the Trust at the end of November 2018. He is a nurse by background and has spent most of his career in the NHS. As an Executive Director he has led substantial strategic change and service transformation with organisations including; Lincolnshire Partnership Trust, Surrey and Borders Partnership Trust and Hertfordshire Partnership Trust.

In the last few years he has worked as a health consultant undertaking specialist roles or complex projects in the UK and also Asia. Most recently, this year he worked as Improvement Director, alongside staff in West London Mental Health Trust.

David Griffiths

Chief Finance and
Investment Officer

appointed September 2017



David joined the Trust in September 2017 as Chief Finance and Investment Officer. He is a member of the Chartered Institute of Public Finance and Accountancy, and has an extensive range of NHS experience as Finance Director of both commissioning and provider organisations, most recently as Director of Resources of North Essex Partnership University NHS Foundation Trust.

Linda McQuaid

Interim Executive Director of
Nursing, Quality and Governance

January 2018 – October 2018



Linda trained as a nurse at Great Ormond Street Hospital for Children and is qualified in both adult and children's nursing. Her first Director of Nursing role in 1999 was with Barnet Healthcare, one of the predecessor organisations to the Trust. Since then she has held several other Director posts in nursing, children's services and operations. She has worked in an interim capacity for 10 years including roles in strategic development, service improvement and clinical leadership.

Jonathan Bindman

Medical Director

appointed December 2013



Dr Bindman joined the Trust from South London and Maudsley NHS Foundation Trust (SLaM) where he was Clinical Director of the Mood Anxiety and Personality Clinical Academic Group at SLaM and King's Health Partners. He has an academic background in health services research at the Institute of Psychiatry, and has also worked in a range of adult mental health teams, both inpatient and community since 1990.

Amanda Pithouse

Executive Director of Nursing,
Quality and Governance

appointed October 2018



Amanda joined BEH in October 2018. She qualified as a mental health nurse in 1993 and spent much of her early clinical career in adult acute mental health in both inpatient and community services. Amanda held a number of nursing leadership positions within South London and Maudsley NHS Trust and has led a number of organisation wide improvement programmes. Amanda has an extensive academic background, completing the prestigious Florence Nightingale Foundation Leadership Scholarship and an MSc in Leadership and Healthcare Improvement

at London Southbank University. She is also a trained Improvement Advisor from the Institute for Healthcare Improvement.

Mark Vaughan

Executive Director of Workforce
February 2015 - May 2018



Mark Vaughan joined the Trust having been a Board Director for over 14 years in the NHS at three acute Trusts - the Queen Elizabeth Hospital in King's Lynn, West Hertfordshire Hospitals and the Royal National Orthopaedic Hospital. Mark has worked in HR since 1992 and has spent most of his career in the NHS including three years at Barnet Healthcare in the late 1990s.

Jackie Stephen

Executive Director of
Workforce and OD
appointed July 2018

(Interim Executive Director
of Workforce and OD from
1 June 2018 – 15 July 2018)



Jackie began her career working in the BBC and the financial sectors in the UK and UAE, undertaking training needs analysis for clients and providing training on career development. She became a freelance HR consultant in 1997, before joining the NHS 14 years ago. Jackie's first NHS role was for the Royal National Orthopaedic Hospital NHS Trust in London where she worked as Head of Engagement, Learning and Development, working as deputy to the Director of HR and OD.

She joined BEH in 2015 and led on the refresh of the Trust values and commissioned and co-designed the 'living our values' programme. Jackie has also co-produced the strategic leadership programme in association with Middlesex University to increase the Trust's portfolio of leadership and management development.

Changes in the Board of Directors during the period

1 April 2018 – 31 March 2019

- **Michael Fox**, Chairman, left the Trust on 30 September 2018.
- **Mark Lam**, was appointed as Chairman on 1 October 2018.
- **Frank Devoy**, Non-Executive Director, left the Trust on 31 October 2018.
- **Neil Brimblecombe**, was appointed as a Non-Executive Director in 1 September 2018.
- **Paul Farrimond**, Non-Executive Director, left the Trust on 30 June 2018.
- **Andy Graham**, returned to his role of Chief Operating Officer in July 2018 and then left the Trust in November 2018.
- **Jinjer Kandola**, was appointed as Chief Executive in July 2018.
- **Philip King**, Interim Chief Operating Officer, left the Trust in April 2018.
- **Richard Milner**, was appointed as Interim Chief Operating Officer in April 2018 and returned to his role as Director of Improvement in July 2018.
- **Linda McQuaid**, Interim Executive Director of Nursing, Quality and Governance left the Trust in October 2018.
- **Amanda Pithouse**, was appointed as Executive Director of Nursing, Quality and Governance in October 2018.
- **Mark Vaughan**, Executive Director of Workforce left the Trust in May 2018.
- **Jackie Stephen**, was appointed as Executive Director of Workforce and OD in July 2018.

Balance and appropriateness of the Board of Directors

The makeup and balance of the Board is continuously kept under review by the Chairman. The Non-Executive membership has extensive experience within the NHS, public services and estates sectors.

Board Committees 2018-19

To support the work of the Board in carrying out its duties effectively, the Trust has a number of Committees. During the year, the structure, function and membership of the committees was reviewed, which resulted in amended terms of reference for several Committees.

Board membership at the seven board Committees during 2018-19 is shown in Table 14 overpage.

Table 14: Board Membership of Committees
(as at 31 March 2019)

	Audit Committee	Finance and Investment Committee	Improvement Committee*	Mental Health Law Committee	Quality and Safety Committee	Remuneration and Terms of Service Committee	Trust and Charitable Funds Committee
Mark Lam Chairman	-	-	✓ Chair	-	-	✓ Chair	-
Catherine Jervis Non Executive Director	✓ Chair	-	-	-	✓	✓	-
Cedi Frederick Non Executive Director	-	-	✓	✓ Chair	✓	✓	-
Charles Waddicor Non Executive Director	✓	✓ Chair	-	-	-	✓	✓ Chair
Neil Brimblecombe Non Executive Director	-	-	✓	-	✓	✓	-
Paul Ryb Non Executive Director	✓	✓	-	-	-	✓	✓

* The Improvement Committee was disestablished in November 2018.

Table 15: Board Membership of Committees *(continued)*
(as at 31 March 2019)

	Audit Committee	Finance and Investment Committee	Improvement Committee*	Mental Health Law Committee	Quality and Safety Committee	Remuneration and Terms of Service Committee	Trust and Charitable Funds Committee
Ruchi Singh Non Executive Director	-	✓	✓	-	Chair	✓	✓
Jinjer Kandola Chief Executive	Expected but not as a 'member'	✓	✓	-	-	-	-
Stanley Riseborough Interim Chief Operating Officer	-	✓	-	-	✓	-	✓
David Griffiths Chief Finance and Investment Officer	Expected but not as a 'member'	✓	Expected but not as a 'member'	-	-	-	✓
Jonathan Bindman Medical Director	-	✓	✓	✓	✓	-	-
Amanda Pithouse Executive Director of Nursing, Quality and Governance	-	-	✓	✓	✓	-	-
Jackie Stephen Executive Director of Workforce	Regular attendance but not as a 'member'	-	✓	-	✓	-	-

* The Improvement Committee was disestablished in November 2018.

Previous board members:

	Audit Committee	Finance and Investment Committee	Improvement Committee*	Mental Health Law Committee	Quality and Safety Committee	Remuneration and Terms of Service Committee	Trust and Charitable Funds Committee
Michael Fox Chairman	-	-	✓ Chair	-	-	✓ Chair	-
Frank Devoy Non Executive Director	-	✓	-	-	-	✓	✓
Paul Farrimond Non Executive Director	-	-	-	✓ Chair	✓ Chair	✓	-
Andy Graham Chief Operating Officer	-	✓	-	-	✓	-	✓
Richard Milner Interim Chief Operating Officer	-	✓	-	-	✓	-	✓
Linda McQuaid Interim Executive Director of Nursing, Quality and Governance	-	-	✓	✓	✓	-	-
Mark Vaughan Executive Director of Workforce	Regular attendance but not as a 'member'	-	✓	-	✓	-	-

* The Improvement Committee was disestablished in November 2018.

Responsibilities of the Audit Committee

The Audit Committee is established to provide assurance to the Trust Board that appropriate and robust risk management and internal control procedures are in place. The Audit Committee oversees corporate and clinical governance, risk management and internal controls, including arrangements to enable staff to raise concerns about potential serious wrong-doing or malpractice within the Trust. It oversees the work of the Trust's Internal Auditors, External Auditors and the Local Counter Fraud Service and monitors the integrity of the financial statements of the Trust.

Responsibilities of the Finance and Investment Committee

The purpose of the Finance and Investment Committee is to oversee the Trust's financial performance management functions, the strategic Capital Programme, the Treasury Management function, the business planning process, the Estates Strategy and the IM&T Strategy, and reviewing new investment and business proposals.

Responsibilities of the Improvement Committee

The purpose of the Improvement Committee was to review the medium to longer-term developmental programmes and initiatives led by the Trust. The Improvement Committee provided assurance to the Trust Board by monitoring progress and engagement with major Quality Improvement initiatives. The Improvement Committee was dis-established in November 2018.

Responsibilities of the Mental Health Law Committee

The purpose of the Mental Health Law Committee is to provide assurance to the Board on all matters relating to the functions of Hospital Managers and all aspects of the Mental Health Act 1983, its

subsequent amendments and the Mental Capacity Act 2005. The Committee also oversees all the duties of the Hospital Managers as set out in Chapter 30 of the Mental Health Act Code of Practice.

Responsibilities of the Quality and Safety Committee

The purpose of the Quality and Safety Committee is to provide scrutiny and challenge with regard to all aspects of quality and clinical safety, including strategy, delivery, clinical governance and audit, in order to provide assurance and make appropriate reports or recommendations to the Board in relation to patient safety, clinical effectiveness and patient experience.

Responsibilities of the Remuneration Committee

The purpose of the Remuneration Committee is to determine the remuneration and conditions of service of Executive Directors, ensuring that these properly support the objectives of the Trust, represent value for money and comply with statutory and Department of Health requirements. The Committee is also responsible for monitoring and evaluating the performance of the Chief Executive and Executive Directors and receiving the Annual Report and recommendations of the local awards committee in respect of the Clinical Excellence Awards Scheme.

Responsibilities of the Trust and Charitable Funds Committee

The purpose of the Trust and Charitable Funds Committee is to act on behalf of the Corporate Trustee (the Trust) in all charitable fund matters in relation to the Barnet, Enfield and Haringey Mental Health NHS Trust Charity, (Registered Charity Number 1103407), including all subsidiary funds, except day to day management of fund-raising, which is an executive function of the Barnet, Enfield and Haringey Mental Health NHS Trust.

Board Members'

Register of Interests *(as at 31 March 2019)*

Mark Lam

Trust Chairman

- Non-Executive Director, Airedale NHS Foundation Trust.
- Non-Executive Director, Barking, Havering and Redbridge University Hospitals NHS Trust. Former Chief Technology and Information Officer, Openreach, a BT Group business.
- Non-Executive Director, Social Work England.

Catherine Jervis

Non-Executive Director

- Non-Executive Director for First Community Health and Care, a not for profit company (social enterprise) which provides community health services (primarily to the NHS) in East Surrey. Registered in England No: 07711859.
- Non-Executive Director for Achieving for Children, Community Interest Company Registered in England and Wales as a Private Limited Company, Registration Number 08878185.
- Non-Executive Director for the Independent Office for Police Conduct.

Cedi Frederick

Non-Executive Director

- Owner of Article Consulting Ltd, a health and social care consultancy (not currently working with the NHS).
- Chief Executive Officer of La Nova Group, which delivers events, programmes and experiences which optimises health, wellbeing and personal performance.
- Board member of CommonAge, a Not for Profit organisation established to promote positive aging across the Commonwealth.

Charles Waddicor

Non-Executive Director

- Director / Owner of SAMRO health and social care solutions.
- Chair / Trustee of The Primary Care Respiratory Society UK.
- Mental Health Clinical Advisor to the Care Quality Commission.
- Small shareholding in Ventura Group.
- Chair of a Board, operated by Social Finance, overseeing projects running in Haringey, Tower Hamlets, and Staffordshire, supporting people with mental health problems into employment.
- Chair of Herefordshire and Worcestershire Sustainability and Transformation Partnership.

Neil Brimblecombe

Non-Executive Director

- Member of Thrive London, Suicide Prevention Reference Group since 2016.
- Member of London Review of Mental Health Bed Based Care Steering Group.
- Professor of Mental Health, London South Bank University – Role to develop research programmes and collaborative links between LSBU and other organisations (one day per week).
- Clinical Lead Mental Health, London Urgent and Emergency Care collaborative, Healthy London Partnership – supporting NHS services to deliver care in ways that reduced pressure on urgent and emergency capacity (four sessions per month – equivalent to two days).

Paul Ryb

Non-Executive Director

- Managing Director, The BIGlitttle Co. Ltd.
- Non-Executive Director of SpareRyb Global Alliance Ltd.
- Co-Owner Anytime Fitness Mill Hill 24/hour Gym, North London.
- Trustee for The Macular Society.
- Finance Committee member for the Thomas Pocklington Trust.

Ruchi Singh

Non-Executive Director

- Director, Kaleidoscope Transformations Ltd, a strategy consulting company.
- Ministry of Housing, Communities and Local Government - Delivery Strategy Advisor to the Post Grenfell Building Safety Programme.
- Department of Work and Pensions – Advisory support to mobilise and embed the strategy and planning function within the new estate organisation.

Jinjer Kandola

Chief Executive

- None.

Stanley Riseborough

Interim Chief Operating Officer

- Owner and Director of SHR Health consulting – small consulting company.
- Wife works for Sussex Partnership Trust.

David Griffiths

Chief Finance and Investment Officer

- Wife is Director of Finance at Colchester University NHS Foundation Trust.

Jonathan Bindman

Medical Director

- Unpaid adviser to Raphael, a Jewish counselling service based in Barnet.

Wife's interests are:

- Works as a GP currently working at St Stephens Health Centre, Bow.
- Independent Clinical Adviser for Out of Hours Primary Care Service, City and Hackney CCG.
- GP Clinical Lead for Medicines Optimisation at Tower Hamlets Clinical Commissioning Group.
- Chair of the North East London Faculty Board of the Royal College of General Practitioners.

Amanda Pithouse

Executive Director of Nursing, Quality and Governance

- None.

Jackie Stephen

Executive Director of Workforce

- None.

Previous Board Members' Interests

(from register prior to departure from role):

Michael Fox

Trust Chairman

- None.

Philip King

Interim Chief Operating Officer

- None.

Frank Devoy

Non-Executive Director

- Director and shareholder of Building Change Ltd, a strategic real estate consultancy (no previous or expected work with the NHS).
- Director and shareholder of Waverley Investments Ltd, a property developer.
- Wife is a Community Pharmacist.

Richard Milner

Interim Chief Operating Officer

- Wife is employed by GlaxoSmithKline.

Linda McQuaid

Interim Executive Director of Nursing, Quality and Governance

- Chair of Heartline Families, a charity supporting children with heart disorders and their families.

Paul Farrimond

Non-Executive Director

- Director of P.F. Consultancy Ltd.
- Specialist Advisor on Mental Health for NHS Providers
- Member of the Care Quality Commission's (CQC) Mental Health Act External Advisory Group.
- Member of the CQC's Deprivation of Liberty Safeguards Advisory Group.
- Member of the CQC's review of how NHS Trusts investigate and learn from deaths expert advisory group.
- Member of the Department of Health's Mental Health Workforce Programme Board.

Mark Vaughan

Executive Director of Workforce

- None.

Andy Graham

Chief Operating Officer

- None.

Annual Governance Statement

1 Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS 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 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 Trust Accountable Officer Memorandum. This includes ensuring controls and procedures are in place and Standing Orders and Standing Financial Instructions are adhered to Trust-wide.

2 Governance framework of the Trust

The Trust Board is made up of a Chairman, six Non-Executive Directors and six Executive Directors. The Chairman and Non-Executive Directors are appointed by NHS Improvement. Their role is to provide an independent view on strategic issues, performance, key appointments and to hold the Executive Directors to account. Since the last report Michael Fox, Chairman, left the Trust on 30 September 2018 and Mark Lam was appointed Chairman on 1 October 2018. Other changes to the Non-Executive Directors were: Neil Brimblecombe, took up his post as Non-Executive Director from 1 September 2018; Paul Farrimond left his post as Non-Executive Director on 30 June 2018 and Frank Devoy left his on 31 October 2018.

The Chief Executive and five other Executive Directors are the most senior managers in the Trust. They are responsible for working with the Non-Executive Directors to translate the Trust's strategic vision into day-to-day operational practice. During the year there have been a number of changes. Jinjer Kandola was appointed as Chief Executive in July 2018 and Andy Graham returned to his role of Chief Operating Officer, subsequently leaving the Trust in November 2018. Philip King, Interim Chief Operating Officer left the Trust in April 2018. Richard Milner was appointed to the post of Acting Chief Operating Officer in April

2018 alongside his role as Director of Improvement and returned to his role solely as Director of Improvement in July 2018. Following the departure of Linda McQuaid, Interim Executive Director of Nursing, Quality and Governance, in October 2018, the Trust appointed Amanda Pithouse as Executive Director of Nursing, Quality and Governance. Mark Vaughan, Executive Director of Workforce left the Trust in May 2018 and Jackie Stephen was appointed as Executive Director of Workforce and Organisational Development in July 2018. (She held an interim post as Executive Director of Workforce and Organisational Development from 1 June – 15 July 2018),

The Board carries out its roles and responsibilities with the aid of a structured and focused annual board cycle, which takes into account the setting of strategy and the monitoring of key risks, performance, governance and quality issues. The Board's business is conducted through bi-monthly Trust Board meetings, which are held in public and through formal Committees of the Board. During 2018 - 2019 the Trust has reviewed the effectiveness of its Committees. There are six Committees of the Board, the Improvement Committee having been disestablished in November 2018.

- **Audit Committee**
- **Finance and Investment Committee**
- **Mental Health Law Committee**
- **Quality and Safety Committee**
- **Remuneration and Terms of Service Committee**
- **Trust and Charitable Funds Committee**

A new Workforce and People Committee will be in place from May 2019.

The minutes of each Committee meeting are received by the Board.

Attendance at the Board and Board Committees for 2018 - 2019 is detailed in the table below. Across all Board level meetings attendance was 81.10%.

Table 16

	Board 6 meetings	Audit Committee 5 meetings	Finance and Investment Committee 7 meetings	Improvement Committee 4 meetings	Mental Health Law Committee 4 meetings	Quality and Safety Committee 6 meetings	Remuneration and Terms of Service Committee 4 meetings	Trust and Charitable Funds Committee 2 meetings	Total number of meetings attended
Michael Fox Chairman (Left 30.09.18)	3/3 Chair	-	-	3/3 Chair	-	-	2/2 Chair	-	8/8
Mark Lam Chairman (Appointed 01.10.18)	2/2 Chair	-	-	1/1 Chair	-	-	2/2 Chair	-	5/5
Catherine Jervis Non Executive Director	6/6	5/5 Chair	-	-	-	5/6	4/4	-	20/21
Cedi Frederick Non Executive Director	4/6	-	-	4/4	3/4 3 as chair	5/6	3/4	-	19/24
Charles Waddicor Non Executive Director	6/6	5/5	7/7 6 as chair	-	-	-	4/4	2/2 Chair	24/24
Frank Devoy Non Executive Director (Left 31.10.18)	2/3	-	2/3	-	-	-	3/3	-	7/9
Neil Brimblecombe Non Executive Director (Appointed 01.09.18)	4/4 attendance but not as a 'member'	-	-	2/2	2/2	4/4	1/3	-	13/15
Paul Farrimond Non Executive Director (Left 30.06.18)	1/1	-	-	-	1/1 Chair	1/1 Chair	-	-	3/3
Paul Ryb Non Executive Director	3/6 attendance but not as a 'member'	3/5	5/7	-	-	-	1/4	0/2	12/24

	Board 6 meetings	Audit Committee 5 meetings	Finance and Investment Committee 7 meetings	Improvement Committee 4 meetings	Mental Health Law Committee 4 meetings	Quality and Safety Committee 6 meetings	Remuneration and Terms of Service Committee 4 meetings	Trust and Charitable Funds Committee 2 meetings	Total number of meetings attended
Ruchi Singh Non Executive Director	3/6	-	4/7 1 as Chair	2/4	-	6/6 5 as Chair	3/4	1/2	19/29
Andy Graham Interim Chief Executive <i>(Left post July 2018)</i>	1/1	(1)	1/1	2/2	-	(1)	-	-	4/4 (2)
Jinjer Kandola Chief Executive <i>(Appointed July 2018)</i>	5/5	(2)	4/6	2/2	-	(1)	(4)	-	11/13 (7)
Richard Milner Acting Chief Operating Officer & Director of Improvement <i>(April-July 2018)</i>	1/1	-	1/1	(2)	-	2/2	-	-	4/4 (2)
Andy Graham Chief Operating Officer <i>(July-November 2018)</i>	2/2	-	2/3	(1)	-	1/2	-	0/1	5/8 (1)
Stanley Riseborough Interim Chief Operating Officer <i>(Appointed November 2018)</i>	3/3	-	2/2	-	-	0/2	-	1/1	6/8
David Griffiths Chief Finance and Investment Officer	6/6	(5)	7/7	(3)	-	-	-	2/2	15/15 (8)
Jonathan Bindman Medical Director	6/6	-	4/7	4/4	2/4	5/6	-	-	21/27

	Board 6 meetings	Audit Committee 5 meetings	Finance and Investment Committee 7 meetings	Improvement Committee 4 meetings	Mental Health Law Committee 4 meetings	Quality and Safety Committee 6 meetings	Remuneration and Terms of Service Committee 4 meetings	Trust and Charitable Funds Committee 2 meetings	Total number of meetings attended
Linda McQuaid Interim Executive Director of Nursing, Quality and Governance (Left October 2018)	2/3	-	-	3/3	1/2	3/3	-	-	9/11
Amanda Pithouse Executive Director of Nursing, Quality and Governance (Appointed October 2018)	3/3	-	-	1/1	-	3/3	-	-	7/7
Mark Vaughan Executive Director of Workforce (Left May 2018)	1/1	(1)	-	1/1	-	1/1	-	-	3/3 (1)
Jackie Stephen Executive Director of Workforce (Appointed July 2018)	3/5	(3)	-	1/3	-	4/5	-	-	8/13 (3)
Members attendance only	67/79 84.84%	13/15 86.67%	39/51 76.47%	26/30 86.67%	9/13 69.23%	40/47 85.11%	23/30 76.67%	6/10 60%	223/275 81.10%
(In attendance, not as a member)	(0)	(12)	(0)	(6)	(0)	(2)	(4)	(0)	(24)

KEY:

- "6/6" indicates the number of meetings attended against the number of meetings expected as a member of the Committee.
- "(4)" indicates the number of meetings attended but not as a member of the Committee.
- Andy Graham attended one meeting of the Audit Committee but not as a member.
- Jinjer Kandola attended two meetings of the Audit Committee but not as a member.
- David Griffiths attended five meetings of the Audit Committee but not as a member.

- Mark Vaughan attended one meeting of the Audit Committee but not as a member.
- Jackie Stephen attended three meetings of the Audit Committee but not as a member.
- Richard Milner attended two meetings of the Improvement Committee but not as a member.
- Andy Graham attended one meeting of the Improvement Committee but not as a member.
- David Griffiths attended three meetings of the Improvement Committee but not as a member.
- Andy Graham attended one meeting of the Quality and Safety Committee but not as a member.
- Jinjer Kandola attended one meeting of the Quality and Safety Committee but not as a member.

Audit Committee

In line with the requirements of the NHS Audit Committee Handbook, NHS Codes of Conduct and Accountability, and the Higgs report, the Audit Committee provides an independent and objective review of the Trust's financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS. It oversees the programme of internal audit, the Trust's counter fraud work and ensures there is an audit of the Trust's risk management processes. It also reviews the list of waivers of Standing Orders and Standing Financial Instructions, creditors and debtors, registers of gifts, interests and hospitality, write-offs of debt and salary overpayments.

The Audit Committee is authorised by the Board to act as the Trust's Audit Panel in accordance with the Local Audit and Accountability Act 2014.

Independent assurance was provided principally by the Trust's Internal and External Auditors and Counter Fraud. The Trust has developed action plans in response to the recommendation of each of these bodies.

The Committee oversaw the work of Internal Audit during the year. This covered a range of potential risks identified in the Internal Audit plan as well as reviewing the implementation of management actions arising from internal audit reports. The Committee also oversaw the work of the External Auditors.

The Committee considered the Counter-Fraud plan and the work of the Local Counter Fraud Specialist to ensure that the Trust continues to develop its programme of deterrence, prevention and detection and the Audit Committee was satisfied with the processes and the conclusions of this work.

Finance and Investment Committee

The Finance and Investment Committee is responsible for overseeing the Trust's financial performance management functions, the strategic Capital Programme, the Treasury Management function, new investment and business proposals, the business planning process, the Estates Strategy, the Information Management and Technology Strategy and the Procurement function.

Improvement Committee

The Improvement Committee was responsible for reviewing the medium to longer-term developmental programmes and initiatives led by the Trust, including the expansion of the Trust's Improvement Programme, the development of the Trust's Enablement Programme, and the implementation of the Trust's Workforce and Organisational Development Strategy. The Improvement Committee was disestablished in November 2018.

Mental Health Law Committee

The Mental Health Law Committee provides assurance to the Board on all matters relating to the functions of the Associate Hospital Managers (Mental Health Act Associate Members), all aspects of the Mental Health Act 1983, its subsequent amendments, and the Mental Capacity Act 2005. The Committee reviews all national policies and procedures and ensures these are reflected in the Trust's arrangements. It reviews the outcome of all regulatory visits undertaken in line with the Mental Health Act, as well as other monitoring arrangements.

Quality and Safety Committee

The Quality and Safety Committee provides scrutiny and challenge with regard to all aspects of quality and clinical safety, including strategy, delivery, clinical governance and audit, in order to provide assurance and make appropriate reports or recommendations to the Board in relation to patient safety, clinical effectiveness and patient experience.

The Committee obtains assurance through reviewing the Corporate Risk Register, reports about compliance with external assessment and reporting, arrangements for safeguarding children and vulnerable adults, quality indicators and metrics, learning from trends in complaints, incidents and Serious Incidents and internal reports, local or national reviews and enquiries and other data and information that may be relevant for understanding quality and safety with the Trust.

The Committee oversees the Trust's quality governance arrangements, including arrangements for assurance on the content and publication of the Quality Account, clinical audits, never events, Serious Untoward Incidents and relevant action plans.

Remuneration and Terms of Service Committee

In line with the requirements of the NHS Codes of Conduct and Accountability, and the Higgs report, the Remuneration and Terms of Service Committee advises the Trust Board about appropriate remuneration and terms of service for the Chief Executive and other Executive Directors, including all aspects of salary, provisions for other benefits, arrangements for termination of employment and other contractual terms.

Trust and Charitable Funds Committee

The Trust and Charitable Funds Committee undertakes the role as Corporate Trustee for all funds held in trust, either as charitable or non-charitable funds, and administers those funds in accordance with legal requirements and best practice required by the Charity Commission.

The Trust continues to monitor its governance processes to ensure that these are in line with the Corporate Governance Code. There are no substantial areas where the Trust does not comply, although work continues to strengthen and develop governance processes. The Care Quality Commission inspected the Trust in September 2017 and rated the Trust as 'Good' for Well-led, highlighting that the Trust had robust governance structures in place and that from ward to Board there was a good understanding of the challenges facing the Trust.

In March 2019 the Trust commissioned Deloitte LLP to undertake an independent review of the Trust's governance process against the new "Well-Led" criteria jointly developed by the Care Quality Commission and NHS Improvement. The review also recommended improvements to the Trust's internal governance mechanisms and to the Trust's risk management arrangements, both areas which had already been identified by the Trust as needing further strengthening and improvement.

The Trust regularly checks the arrangements for the discharge of its statutory functions and is confident that it is legally compliant.

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 on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Barnet Enfield & Haringey Mental Health NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Barnet Enfield & Haringey Mental Health NHS Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

<p>The Risk & Control Framework</p>	<p>Review of effectiveness of risk management and internal control</p>	<p>Significant Issues</p>
<p>The Trust's Risk and Control Framework starts with the Trust's Business plan for the establishment of objectives and the identification of key risks to achieving the objectives. Key internal controls are developed and maintained through policies, procedures and performance management arrangements. Internal and External Auditors are an additional support for management arrangements for the evaluation of key controls, obtaining assurance and identifying gaps in assurance. There is a Trust Risk Management Strategy which has the following key elements:</p> <ul style="list-style-type: none"> • Risk Management Objectives • Risk Management System • Risk Identification • Risk Assessment • Assurance of Controls • Learning • Roles and Responsibilities 	<p>Policies and procedures are reviewed by various Committees of the Board, following their development and approval through existing corporate policy development forums. All policies are then ratified via the Trust's Policy Group and oversight is undertaken by the Quality & Safety Committee.</p> <p>The Trust's Risk Management Strategy was reviewed and approved by the Trust Board at the January 2018 meeting, but is currently under review. The Quality & Safety Committee has one reporting Committee, the Patient Experience Committee. This provides a formal report, forming a standard agenda item at each meeting of the Quality and Safety Committee. The Trust's Governance arrangements and their effectiveness continue to be reviewed by the Trust's auditors and demonstrate both compliance and assurances are currently in place.</p>	<p>A review by Internal Audit in 2018-19 found that there was inconsistent understanding across the Trust in respect of the Trust's Risk Management Strategy and Procedures, and that staff believed that the Trust's risk management culture required improvement. An action plan has been agreed to address these concerns.</p>
<p>The strategy provides a uniform approach for the identification, grading and treatment of risk (in all areas of its activity), through the introduction of a Trust wide risk register and Board Assurance Framework, where risks are graded consistently as to their likelihood and severity. These are reported to the Board at every meeting with the most significant risks being highlighted in the reports. The strategy also details the Trust's attitude towards risk and defines both acceptable and unacceptable risks.</p>	<p>The Trust's risk register is reviewed by the Executive Leadership Team, in Borough Deep Dive meetings, the Quality and Safety Committee, and the Trust Board. Reports on risk registers show movement of existing risks, overdue risks for review.</p> <p>Actions plans are developed for risks that are assessed as significant and are followed up and tracked in subsequent meetings, with both verbal updates and follow-up reports.</p>	<p>In January 2019 the Trust changed its risk management system. The new system, Ulysses allows reporting on incidents, risks, complaints, concerns, compliments, safety alerts and learning from excellence. The system is still being embedded within the trust and the Patient Safety Team is working to increase levels of reporting and improve the functionality of the risk register element of the Ulysses system.</p>

The Risk & Control Framework	Review of effectiveness of risk management and internal control	Significant Issues
	<p>All risks have mitigating actions and key controls in place to address and manage them and these are reflected on the corporate risk register. When the risk register is reviewed progress on mitigating action is provided and discussed including requests for further remedial action.</p> <p>Changes to actions to mitigate risks are made when such actions are not addressing and improving the risks identified. Challenge and scrutiny of the corporate risk registers risk scoring is applied by the Board Committees and the Board itself and no risks are closed on the risk register without Board, Sub-Committee, Executive Director of Nursing, Quality & Governance review and approval. The staff are supported in risk management by the Patient Safety Team with regular training, advice, updates and information leaflets with monitoring of the risk registers at the Borough Deep Dives.</p> <p>The Trust's internal auditors undertook a number of internal audits in 2018-19, and the Board can take reasonable assurance that the controls in place to manage this risk are suitably designed and consistently applied. Identified actions and local management actions are tracked and monitored in respects to achievement of outstanding actions through the Trust's Audit Committee.</p>	<p>An action plan has been developed to take forward this work and progress is monitored by the Executive Leadership Team.</p> <p>The Trust Board Assurance Framework and Corporate Risk Register are being more closely aligned following the "Well-Led" review by Deloitte LLP, due for completion by May 2019. Internal Audit review risk registers annually, and make a number of recommendations that have and are being actioned.</p> <p>A review by Internal Audit in 2018-19 found that there was inconsistent application of the Trust's Risk Management Strategy in some teams, with some teams not having action plans for risks they had identified and risks were not being discussed regularly at team meeting. In addition some risks had not being escalated to the Corporate Risk Register. An action plan has been agreed to address these concerns.</p>

The Risk & Control Framework	Review of effectiveness of risk management and internal control	Significant Issues
<p>Identifying risks - Risk management training is aimed at transferring skills to ensure that all staff can report any incidents/accidents via the Trust Incident Reporting System. Each service/department is required to keep an operational risk register and these are co-ordinated and reported to the Board through the Trusts' Corporate Risk register.</p> <p>The identification of risk begins with an annual 12 category risk assessment completed by all teams in the Trust covering risk potentials as identified in National Policy and by various regulatory and statutory bodies such as the NHS Litigation Authority, the National Patient Safety Agency, The Health and Safety Executive and the Care Quality Commission. Following this formal risk identification process, all teams log risks onto a team risk register which in turn feeds into the service line/departmental risk register from which all corporate risks are taken as per the strategy's risk escalation pathway.</p> <p>Risk appetite is determined on the basis of residual risk ratings which determine the level of escalation warranted by a risk as per the strategy's risk escalation pathway. The corporate risk register holds risks with a residual risk rating of 15 and above whilst service line registers include all risks from teams which have a residual risk rating above 6 following mitigation.</p>	<p>The Executive Director of Nursing, Quality and Governance is the designated Executive Director for risk management and has the lead responsibility for implementing the organisational and clinical risk management systems. They are responsible for ensuring that the Chief Executive and the Board of Directors are advised of all high and catastrophic risks.</p> <p>The Executive Chief Operating Officer and Clinical Directors are responsible for ensuring the Corporate Risk Register is updated and submitted to the Quality and Safety Committee. Both the Executive Director of Nursing, Quality and Governance and the Executive Chief Operating Officer have the authority to amend the Corporate Risk Register between meetings of the Quality and Safety Committee.</p> <p>The Quality and Safety Committee has the collective authority to re-grade risks on the Corporate Risk Register.</p> <p>Each department/team within the Trust maintains a risk register which is updated to record all identified risks. The Trust has developed agreed criteria that are used to score all risks on a 5 by 5 matrix of likelihood and impact. Department / team risk registers are reviewed by teams within their governance forums, and are further reviewed, interrogated and challenged at service line Deep Dive meetings. Actions following review of risk registers are actioned and tracked in subsequent service level governance Forums.</p>	<p>Deloitte LLP are currently undertaking a review of governance within the trust. Trust Board has accepted the recommendation of closer linkage of the Corporate Risk Register with the BAF. Work is also on-going on the transfer to a new risk management system to cleanse risk registers supported by additional training and guides.</p>

The Risk & Control Framework	Review of effectiveness of risk management and internal control	Significant Issues
<p>Quality is considered to be integral to the delivery of all services provided by the Trust and as such the Trust has integrated governance arrangements for patient safety, patient experience and clinical effectiveness as these are inextricably linked.</p>	<p>All significant risks are reported to the Trust's Quality and Safety Committee which meets every other month to review all risks and action plans that have been identified to mitigate or eliminate those risks.</p> <p>All Trust teams now hold a Ulysses – risk management system, risk register which feeds into the service line and Borough risk registers thus escalating risks as per the Risk Management Strategy. At the financial year end there were 10 risks rated 15 and above on the Corporate Risk Register, all of which are monitored, managed and reported in respects to progress and change.</p>	
<p>Evaluating and controlling risk - The Board Assurance Framework provides the Board with a summary of those key risks that may prevent the Trust from achieving its corporate objectives. Risks identified from a number of sources have been aligned to the Trust's objectives and the required controls identified. Sources of assurance that the identified controls are or remain effective are identified for each of these risks. The Trust has reviewed the format of the Assurance Framework during the year with the aim of strengthening the links with sources of assurance.</p>	<p>The Trust Board has a BAF which is reviewed by each of the executive leads and discussed and reviewed at the Trust Board to ensure continuous review and strategic oversight.</p> <p>All risks are reviewed and evaluated as per the strategy's governance structure beginning at a local team level in the team clinical governance meeting which in turn informs the service line and Borough meetings, which report to the Quality and Safety Committee, which has responsibility for risk management.</p> <p>An Internal Audit of the Board Assurance Framework was undertaken in 2017.</p>	<p>As above work is currently in progress to more closely align the BAF with the Corporate Risk Register.</p> <p>Any actions arising from the recommendations of the 2018-19 internal audit will be implemented as required.</p>

The Risk & Control Framework	Review of effectiveness of risk management and internal control	Significant Issues
	<p>The audit demonstrated good processes, and concluded that the Board could take reasonable assurance that the controls in place to manage this area were suitably designed and consistently applied, although a number of recommendations to improve the BAF processes were made and these are being taken forward. A further internal audit was undertaken in 2018-19, with the draft report again concluding that the Board could take reasonable assurance in respect of the BAF process. The Trust will develop an action plan to implement the recommendations of this latest report.</p>	
<p>Embedding Risk management within Trust's activities – Risk management is incorporated into the responsibilities of all managers. The Trust's Risk Management strategy specifies the appropriate responsibilities for all management and staff to try to ensure effective management and reporting of risks at both operational and strategic levels.</p>	<p>Each team and Borough in the Trust maintains a risk register which is regularly reviewed at Operational Management / Governance Meetings and any major risk identified is escalated to the Quality and Safety Committee as appropriate.</p> <p>All teams currently use Ulysses' risk management system to register risks, fulfilling previous internal audit recommendations.</p>	<p>Issues of a new system being implemented have included staff not reviewing risks and incidents in a timely manner – work is on-going to support staff with training and production of guides. Further work has also been commissioned from Deloitte LLP specifically in respect of simplifying the design of the risk register on the Ulysses system and clarifying for teams how risks should be recorded on the new system and managed.</p>

The Risk & Control Framework	Review of effectiveness of risk management and internal control	Significant Issues
<p>Deterrent to risks arising – in addition to the governance structure and reporting framework the Trust carries out a self-assessment on an annual basis as to its resilience in relation to fraud, bribery and corruption. The Trust also engages a Local Counter Fraud Specialist to carry out both proactive work based on the four key areas as specified by NHS Counter Fraud Authority (formerly NHS Protect), as well as reactive investigations.</p>	<p>The Trust's Counter Fraud Provider carried out a review of the Trust's self-assessment and the local counter fraud work. The Trust was rated green overall in terms of its resilience in relation to fraud, bribery and corruption. The Trust investigated 15 referrals to counter fraud during the year which demonstrates the effectiveness of the awareness activity. There were no significant issues raised in assessing the efficacy of counter fraud work and the Trust performed well against the measures that can be taken to prevent and deter fraud.</p>	<p>No significant issues have arisen from the review undertaken.</p>
<p>Internal audit play a key role in assisting the Trust to identify risk, as well as making recommendations as to how to manage the risk going forward.</p>	<p>The recommendations from each audit are discussed with managers and implementation plans agreed. In addition all outstanding recommendations are reported to the Audit Committee in year, with an update on their progress. During the 2018-19 financial year there was one internal audit reports where partial assurance was given. The report was on Ward Rounds.</p> <p>For all reports action plans are in place to implement the recommendations arising from the reviews, and progress in doing so is overseen by both Internal Audit and the Audit Committee.</p>	<p>The issues raised in the report were not deemed significant in terms of the overall effectiveness of the system of overall internal control.</p>

<p>The Risk & Control Framework</p>	<p>Review of effectiveness of risk management and internal control</p>	<p>Significant Issues</p>
<p>A Corporate risk register is maintained for reporting and controlling risks. Action plans are developed when corrective actions are required to be taken.</p> <p>The effective achievement of the Trust's objectives, supported by the work of the Audit and Quality and Safety Committees and the reports of Internal and External auditors on the effectiveness of the control framework throughout the year provides a basis for the Governance Statement.</p>	<p>The Trust's risk register is reviewed by the Executive Leadership Team, in Borough Deep Dive meetings, the Quality and Safety Committee, and the Trust Board. Reports on risk registers show movement of existing risks and overdue risks for review.</p> <p>The Trust's internal reviews indicate that the existing systems are working and the risk escalation pathway is in full use. All teams have a Ulysses risk register thereby fulfilling internal audit recommendations as set.</p>	<p>As above , implementing a new system has seen a drop in reporting and review but this is being monitored and actioned by the corporate safety huddle and Patient Safety Team</p>



The Risk & Control Framework	Review of effectiveness of risk management and internal control	Significant Issues
<p>The Trust has policies and processes in place to ensure that it fulfils all the requirements specified by the Care Quality Commission.</p> <p>The quality of performance information and compliance with the Care Quality Commissions registration standards is assessed at a combination of performance meetings and the governance Committees and groups as set in the risk management strategy. Internal Assurance is obtained via a combination of reports and audits which include team quality assurance audits, practice standard lead Peer Review assessments, patient surveys and the consistent monitoring of complaints, claims and incidents. Rigorous internal scrutiny begins at the Borough Deep Dive (formerly Service Line Scrutiny) meetings which are chaired by the Director of Nursing or her deputy. At this meeting service line management are held to account for all aspects of patient safety, patient experience, clinical effectiveness and risk.</p> <p>Deep dive reviews result in remedial action being taken where deficits are identified. Lessons learnt and success is shared and celebrated at the Quality & Safety Committee. External assurance is sought and provided via regulator visits and internal and external auditor review reports.</p>	<p>The Trust is fully compliant with the registration requirements of the Care Quality Commission and has maintained its registration status with Care Quality Commission.</p> <p>The Care Quality Commission carried out its hospital inspection in September 2017, and formally presented the report at the Quality Summit in February 2018. The Trust has remained rated overall as 'Requires Improvement', but with significant improvements from the previous inspection, with two services rated as Outstanding, and the domains of Caring, Responsive, and Well-Lead rating as Good. The CQC's reports identified 18 compliance actions and 76 'should do's' for the Trust to implement.</p> <p>The Trust formulated an action plan in response to specific recommendations in the CQC report. Building on this work the Trust developed a new set of Quality Priorities, "Brilliant Basics", during 2018-19 to further improve and embed quality improvements across our services. Progress in implementing "brilliant basics" is being monitored fortnightly and update reports presented to the Trust Quality & Safety Committee bimonthly. Updates are also provided to our Board, the CQC and our commissioners.</p>	<p>All regulatory compliance issues are robustly managed through the development of actions plans, which identify key actions, owned by key clinical staff and management teams within the Trust and that are monitored at both a local level at both governance groups, at exceptional meetings, and through trust wide forums including Quality and Safety Committee and Deep Dive Meetings. During 2018-19 internal audit reviewed the processes and action plan for the post CQC Inspection 2017 and concluded they were robust.</p> <p>The Trust subsequently asked Internal Audit to undertake a further review looking at how quality improvements were being embedded within individual services. This found that there continued to be a level of variation across individual services that indicated that the positive progress made since the last CQC inspection was still not fully embedded across the Trust. The learning from these reviews has been taken forward as part of the 2019-20 Quality Priorities, "Brilliant Basics".</p>

The Risk & Control Framework	Review of effectiveness of risk management and internal control	Significant Issues
<p>As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations</p>	<p>The Trust's internal auditors carry out periodic reviews on the payroll as part of the audit plan. The most recent audit report on payroll by the internal auditors in March 2016 gave the Trust a partial assurance but did not identify any weaknesses or make any recommendations relating to the pension scheme.</p>	<p>No significant issues have arisen from the review undertaken.</p>
<p>Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.</p>	<p>Managers in the Trust have been provided training on awareness on equality, diversity and human rights legislation. The Trust has a senior manager to lead on equality, diversity and human rights supported by a co-ordinator. The Trust has a series of voluntary self-organised staff groups promoting race, disabilities LGBT+ and gender equalities, which are supported by the Trust. The Chief Executive chairs formal Equalities, Diversity and Human Rights Committee, as well as an informal Equalities, Diversity and Human Rights Forum open to all staff. The formal Committee has representation from all staff equalities groups a, services and staff side, and will report to the Board via the new People and Culture Committee. The Trust's equality and diversity lead provides advice and training to staff and gathers evidence on compliance with the relevant legislation which is reported to the Trust Board.</p>	<p>The Trust is focusing on addressing staff perceptions of unfairness in the area of career development, improvements in the collection and use of demographic data in service development and improving engagement with staff and other stakeholders.</p>

The Risk & Control Framework	Review of effectiveness of risk management and internal control	Significant Issues
	<p>All policies and major service developments are subject to a formal equality impact assessment process and all reports contain an equality impact statement before approval by the Board or delegated Committee.</p>	
<p>The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.</p> <p>The Trust is fully aware of the potential risks to its future income and has put in place systems and processes aimed at addressing these at an early stage, through regular dialogue and consultation with sector counterparts.</p>	<p>The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.</p> <p>Progress against action plans and the results of the carbon footprint monitoring are reported to the Trust's Senior Management Group on a regular basis, with any follow ups being implemented as appropriate.</p>	None



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

The Trust has a range of processes to ensure that resources are used economically, efficiently and effectively. This includes clear and effective management and supervision arrangements for staff, regular reporting to the Board on quality, operational performance and finance, with further review and scrutiny on a bi-monthly basis at meetings of the Finance and Investment and Quality and Safety Committees.

The Trust has an agreed risk-based annual audit programme with the Trust's internal auditors. These audit reports are aimed at evaluating our effectiveness in operating in an efficient and effective manner and are focused on reviewing our operational arrangements for securing best value and optimum use of resources in respect of the services we provide.

The Trust continues to identify and implement a range of efficiency schemes across all operations and has put in place governance systems to both challenge and support operational and corporate staff in identifying and delivering the required level of savings. The Executive Board and the Finance and Investment Committee monitor progress at every meeting.

Information Governance

The General Data Protection Regulation has lowered the threshold for reporting data breaches to the Information Commissioners Office (ICO), resulting in the Trust declaring more incidents than previous years. The Trust reported 14 incidents to the Information Commissioners Office which included information shared in error and loss of an unencrypted disc. Investigation of the incidents identified that the majority of them were attributed to human error. To date no regulatory action has been applied by the ICO due to the Trust having sufficiently robust policies and procedures in place.

Annual Quality Account

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.

The Quality Account is developed and published annually, with consultation with all stakeholders

to ensure that the Quality Account presents a balanced view. A Stakeholder event took place in February 2019 to seek the views of the Trust's stakeholders as part of the Trust's preparation for the 2018-19 Quality Account.

There is an annual external review of the Quality Account prior to its publication. This review by External Audit covers data validation, systems for development, and adherence to mandatory guidelines. A limited assurance opinion from the external auditors is produced and is included in the Quality Account prior to publication.

Workforce Strategy

The Trust approved a new Workforce Strategy in March 2019 and monitors its implementation via its sub-committees. It also receives a workforce update at every Board meeting. A safe staffing report is submitted to every Board meeting and an inpatient skill mix review was undertaken in 2018-19. Key performance indicators relating to workforce and quality are submitted to the Quality and Safety Committee as well as the Trust Board as part of the Trust's performance dashboard. The Trust uses an electronic rota system to ensure that safe staffing levels are maintained and can be monitored and reported.

Register of Interests

The Trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

Review of Effectiveness

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

In his audit opinion for 2018-19 the Head of Internal Audit has given an opinion that "the organisation has an adequate and effective framework for risk management, governance and internal control. However our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective". Three internal audit reports (two Final, and one Draft) were rated at red/amber (partial assurance). This rating acknowledges that there are some weaknesses in the systems of control but these do not affect the overall Head of Internal Audit assessment and I do not consider them to be significant internal control issues for the purposes of disclosure in the Annual Governance Statement. Following all reports Trust management have agreed the actions required to address the issues raised by Internal Audit, with the implementation of these actions being monitored by the Executive Leadership Team, Internal Audit and the Audit Committee.

The key weaknesses identified in the Ward Rounds final report and the actions required to address these were:

- The review found that there was substantive qualified staffing levels are a real challenge, due to a number of unfilled vacancies, including a substantive qualified nurse, which put considerable pressure on Ward Managers to ensure all managerial functions were undertaken. Internal Audit also observed variation in the clinical leadership on Trust wards. Patient care may be compromised due to the lack of clinical leadership and input.
- Additionally, although the review found appropriate risk assessments and updates were undertaken using RiO, there was variation across the wards in the use of a risk related progress notes section in RiO where risk updates are recorded. There was a risk to patient safety and the performance of the Trust in achieving quality standards.
- The Trust is responding to this across all wards and has already held successful recruitment events and Workforce had started work on developing career pathways to improve staff retention. A ward level action plan has been developed and shared across all boroughs in parallel to the CQC action plan which was being addressed by the Director of Nursing, Quality and Governance and the senior nursing team.

The key weaknesses identified in the draft Implementing CQC Action Plan and the actions required to address these were:

- The review found that whilst the actions set out in the Action Plan developed after the 2017 CQC inspections had been implemented, there remained a degree of variation across the wards sampled as to how well the actions had been embedded. This was in relation to: compliance with the Trust's Lone Worker Policy; ensuring that all staff had sufficient training and knowledge to support patients with diabetes; comprehensive physical assessments being undertaken and advice given to service users; and all care plans being personalised and holistic.
- The Trust had already identified these issues, which are being addressed through the 10 new Quality Priorities (the 'Brilliant Basics' programme) that was established in the last quarter of 2018-19.

The key weaknesses identified in the Final Risk Register report and the actions required to address these were:

- The review found that whilst wards were maintaining risk registers, these were not reviewed and updated with sufficient frequency and the risks identified did not always have action plans to mitigate the risk. A similar conclusion was drawn in respect of the Trust Corporate Risk Register.
- The review included a risk culture questionnaire. Some of the findings suggested a lack of awareness of the Trust's Risk Management strategy and procedures and that some staff had concerns about the effectiveness and openness of discussions about risks at team level caused by a lack of clarity about the Trust's risk culture.
- The Trust has commissioned external support to recommend improvements in how risk registers are maintained and is reviewing its overall Risk Management Strategy in response to these findings.

Conclusion

My review confirms that no significant internal control issues have been identified and that Barnet Enfield and Haringey Mental Health NHS Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives.



Jinjer Kandola
Chief Executive

23 May 2019

3 Statement of Accounting Officer's Responsibilities

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- Value for money is achieved from the resources available to the trust;
- The expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- Effective and sound financial management systems are in place; and
- Annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.



Jinjer Kandola
Chief Executive

23 May 2019

4 Remuneration and staff report (contents have been subject to audit)

The Remuneration Committee

The Trust's Chairman chairs the Remuneration Committee which is comprised of all Non-Executive Directors.

The Remuneration Committee is a Committee of the Trust Board and it determines the remuneration and conditions of service of Executive Directors, ensuring that these properly support the objectives of the Trust, represent value for money and comply with statutory and Department of Health requirements.

The Remuneration committee will review the salaries of executive directors on a regular basis based on individual director performance, external job market factors, changes to Director portfolios and any national requirements. The Remuneration Committee met on four occasions in 2018-19.

The table below provides details of the salaries and emoluments of the Non-Executive Directors and Executive Directors of the Trust. No benefit in kind was provided to the Executive Directors in either 2017-18 or 2018-19.

Table 17

Salaries and emoluments of Non-Executive and Executive Directors of the Trust (subject to audit)

	2018-19				2017-18			
	Salary (bands of £5,000)	All pension-related benefits (bands of £2,500)	Compensation for loss of office (bands of £2,500)	TOTAL (bands of £5,000)	Salary (bands of £5,000)	All pension-related benefits (bands of £2,500)	Compensation for loss of office (bands of £2,500)	TOTAL (bands of £5,000)
	£000	£000	£000	£000	£000	£000	£000	£000
Michael Fox Chairman (To 30 September 2018)	15-20			15-20	35-40			35-40
Mark Lam Chairman (from 1 October 2018)	15-20			15-20	N/A	N/A		N/A
Paul Farrimond Non-Executive Director	0-5			0-5	5-10			5-10
Frank Devoy Non-Executive Director (To 31 October 2018)	0-5			0-5	5-10			5-10
Neil Brimblecombe Non-Executive Director (from 1 September 2018)	5-10			5-10	N/A	N/A		N/A
Catherine Jarvis Non-Executive Director	5-10			5-10	5-10			5-10
Charles Waddicor Non-Executive Director	5-10			5-10	5-10			5-10
Paul Ryb Non-Executive Director	5-10			5-10	5-10			5-10
Ruchi Singh Non-Executive Director	5-10			5-10	5-10			5-10
Cedi Frederick Non-Executive Director	5-10			5-10	5-10			5-10

2018-19

2017-18

	2018-19				2017-18			
	Salary (bands of £5,000)	All pension-related benefits (bands of £2,500)	Compensation for loss of office (bands of £2,500)	TOTAL (bands of £5,000)	Salary (bands of £5,000)	All pension-related benefits (bands of £2,500)	Compensation for loss of office (bands of £2,500)	TOTAL (bands of £5,000)
	£000	£000	£000	£000	£000	£000	£000	£000
Jinjer Kandola Chief Executive (from July 2018)	115-120	15.0-17.5		135-140	N/A	N/A	N/A	N/A
Maria Kane Chief Executive (to December 2017)	N/A	N/A		N/A	125-130	20.0-22.5		145-150
Jonathan Bindman Medical Director	140-145	15-20		165-170	140-145	17.5 – 20.0		160-165
Simon Goodwin Chief Finance and Investment Officer	N/A	N/A		N/A	20-25	2.5-5.0		25-30
David Stonehouse Chief Finance and Investment Officer	N/A	N/A		N/A	20-25	0.0-2.5		20-25
David Griffiths Chief Finance and Investment Officer	120-125	17.5-20.0		140-145	75-80	10.0-12.5		85-90
Andy Graham Chief Operating Officer/ Acting Chief Executive	80-85	12.5-15.0		90-95	120-125	17.5-20.0		135-140
Philip King Interim Chief Operating Officer	0-5	0-2.5		0-5	25-30	2.5-5.0		25-30
Richard Milner Interim Chief Operating Officer	30-35	2.5-5.0		35-40	N/A	N/A		N/A
Stanley Riseborough Interim Chief Operating Officer	45-50	0.0-2.5		45-50	N/A	N/A		N/A

	2018-19				2017-18			
	Salary (bands of £5,000)	All pension-related benefits (bands of £2,500)	Compensation for loss of office (bands of £2,500)	TOTAL (bands of £5,000)	Salary (bands of £5,000)	All pension-related benefits (bands of £2,500)	Compensation for loss of office (bands of £2,500)	TOTAL (bands of £5,000)
	£000	£000	£000	£000	£000	£000	£000	£000
Mark Vaughan Executive Director of Workforce (to 31 May 2018)	15-20	2.5-5.0		20-25	115-120	15.0-17.5		130-135
Jackie Stephen Executive Director of Workforce (from 1 June 2018)	90-95	12.5-15.0		105-110	N/A	N/A		N/A
Linda MacQuaid Interim Director of Nursing, Quality and Governance	75-80	0.0-2.5		80-85	25-30	0.0-2.5		25-30
Amanda Pithouse Director of Nursing, Quality and Governance (from October 2018)	50-55	7.5-10.0		60-65	N/A	N/A		N/A
Mary Sexton Director of Nursing, Quality and Governance (To February 2018)	N/A	N/A		N/A	115-120	15.0-17.5		130-135

There were no taxable benefits, performance pay or bonuses paid in 2017-18 or 2018-19.

Table 18

Pension benefits of Trust Executive Directors (subject to audit)

Pension benefits of senior managers

	Real Increase in pension at age 60 (bands of £2,500)	Real increase in Pension Lump sum at aged 60 (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
Jonathan Bindman Medical Director	0.0 - 2.5	0.0 - 2.5	60.0 - 65.0	190.0 - 195.0	1,429	1,220	208	0
David Griffiths Chief Finance and Investment Officer	2.5 - 5.0	0.0 - 2.5	50.0 - 55.0	125.0 - 130.0	969	824	145	0
Stanley Riseborough Interim Chief Operating Officer	0.0 - 2.5	0.0 - 2.5	0-0 - 5.0	0.0 - 5.0	0	0	0	0
Jinjer Kandola Chief Executive	7.5 - 10.0	15.0 - 17.5	60.0 - 65.0	150.0 - 155.0	1,204	932	272	0
Amanda Pithouse Director of Nursing, Quality and Governance	2.5 - 5.0	0.0 - 2.5	10.0 - 15.0	0.0 - 5.0	173	117	56	0
Jackie Stephen Executive Director of Workforce	0.0 - 2.5	0.0 - 2.5	20.0 - 25.0	65.0 - 70.0	533	0	533	0
Andy Graham Chief Operating Officer	10.0 - 12.5	2.5 - 5.0	55.0 - 60.0	135.0 - 140.0	1038	792	246	0
Richard Milner Interim Chief Operating Officer	0.0 - 2.5	0.0 - 2.5	25.0 - 30.0	50.0 - 55.0	425	347	78	0
Mark Vaughan Executive Director of Workforce	0.0 - 2.5	5.0 - 7.5	40.0 - 45.0	130.0 - 135.0	1032	904	129	0

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director / member in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid Director in the Trust in the financial year 2018-19 was £140,000 - £145,000 (2017-18: £145,000 - £150,000). This was 3.5 times (2017-18: 3.6) the median remuneration of the workforce, which was £40,756 (2017-18: £40,990). The pay multiple comparative has been restated from the 2017-18 annual report to include the correct calculation.

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

In 2018-19, no employees (2017-18: none) received remuneration in excess of the highest-paid Director.

There were no redundancy payments to former Directors in the financial year 2018-19 (2017-18: none).

Off payroll reporting

Table 19

Off-payroll engagements longer than 6 months

For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last for longer than six months

No. of existing engagements as of 31 March 2019	10
Of which...	
No. that have existed for less than one year at time of reporting.	7
No. that have existed for between one & two years at time of reporting.	2
No. that have existed for between two and three years at time of reporting.	1
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

Table 2

New Off-payroll engagements

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 per day and that last for longer than six months

No. of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	31
Of which...	
No. assessed as caught by IR35	
No. assessed as not caught by IR35	
No. engaged directly (via PSC contracted to the entity) and are on the departmental payroll	0
No. of engagements reassessed for consistency / assurance purposes during the year.	
No. of engagements that saw a change to IR35 status following the consistency review	

Table 20

Off-payroll board member/senior official engagements

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	
No. of individuals that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both off-payroll and on-payroll engagements.	



Jinjer Kandola
Chief Executive

23 May 2019



Financial review and annual accounts

Chief Finance and Investment Officer's Financial Review

Overview

This section of the Annual Report provides a commentary on the financial position of the Trust for the year ending 31 March 2019, together with a review of the Trust's financial plans for 2019-20.

Going Concern

The Trust's accounts have been prepared on the basis that the Trust is a 'going concern'. This means that the Trust's assets and liabilities reflect the on-going nature of the Trust's activities.

Public sector bodies are assumed to be 'going concerns' where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents. Where a NHS Trust ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of Financial Statements. If services will continue to be provided the financial statements are prepared on the going concern basis.

The following is evidence that the Trust meets these requirements and those set out in section 4.11 of the Department of Health and Social Care Group Accounting Manual 2018-19:

- The Trust is a separate statutory body
- The Trust has an agreed Constitution which is operating for the governance of its activities
- The Trust has been allocated funds from NHS England and local CCGs for 2019-20
- The Trust has not been informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity

Therefore the Trust's Directors have considered and declared that: "After making enquires, the

Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the 'going concern' basis in preparing the accounts."

Financial Performance

The Trust has experienced significant financial challenges in recent years, in common with much of the NHS and wider public sector. In part, this reflects the fact that the demand for healthcare, particularly caused by the ageing population, has been rising faster than the increase in resources made available to the NHS, but also specific local challenges that the Trust has faced. These have included:

- significant increases in demand for inpatient psychiatric services, over and above the Trust's local bed base, which have not been funded by commissioners
- increased agency costs arising from difficulties in recruiting and retaining sufficient permanent staff; and
- difficulties in identifying and implementing cost improvement programmes at the levels required

As a consequence of these financial pressures the Trust started the 2018-19 financial year with an underlying financial deficit. Although the Trust had achieved a surplus, before impairments, of £35.0m in 2017-18 this arose from the one-off partial sale of the St Ann's Hospital site to the Greater London Authority in March 2018 and the receipt of additional Sustainability and Transformation Fund (STF) Incentive funding from NHS Improvement (NHSI).

For 2018-19 the Trust was set a "Control Total" (a financial target set by NHSI) of a £(5.0)m deficit, which, if achieved, would enable us to access £1.6m of Provider Sustainability Funding (PSF), the renamed STF, and thus deliver a net deficit

of £(3.4)m. In order to achieve this target the Trust identified the need to plan for £8.2m of new productivity savings in 2018-19.

The Trust achieved a deficit of £(4.3)m in 2018-19, a positive variance of £0.7m from the target set by NHSI. This resulted in additional PSF becoming available from NHSI such that the final overall deficit, before impairments, for 2018-19 was £(0.2)m, £3.2m better than planned.

The Trust has four key financial statutory duties to meet each year. Our performance against these is set out in Table 21 below.

Table 21: Trust Statutory Financial Duties

Duty	Performance	Achieved
Break-even on Income and Expenditure*	Target: £(3.4)m deficit Actual: £(0.2)m deficit	✓
Keep Capital Expenditure within our Capital Resource Limit	CRL = £15.6m Actual = £13.1m	✓
Remain within our External Financing Limit (EFL), our net limit on borrowing allowed	EFL = £8.3m. Actual = £10.5m	✓
Achieve a 3.5% return on investments	Target = 3.5% Actual = 3.5%	✓

*The Trust’s performance against its break-even duty is cumulatively assessed over a rolling three-year period. The Trust met this requirement with a cumulative three-year surplus at the end of 2018-19 of £21.8m

In addition to these Statutory Duties the Trust’s financial performance is also assessed, on a quarterly basis, by NHSI through its Finance and Use of Resources rating. This considers a number of financial metrics and the Trust’s performance as at 31 March 2019 is set out in Table 22 below, together with the plan set at the beginning of the financial year.

Table 22: Finance and Use of Resource Risk Rating Performance

Finance and use of resources rating	Plan	Actual
Capital service cover rating	4	4
Liquidity rating	1	1
I&E margin rating	4	3
I&E margin: distance from financial plan	n/a	1
Agency rating	1	2
Overall Rating	3	3

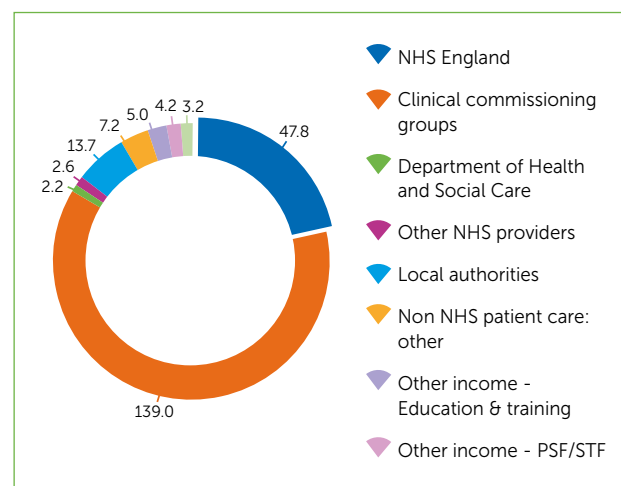
Note 1 – best score; 4 – worst score

Operating Income and Expenditure

The majority of the Trust’s income was earned from the provision of mental health and community services to Clinical Commissioning Groups (£139.0m) and Local Authorities (£13.7m), and from the provision of specialist forensic mental health services to NHS England (£47.8m). Other major sources of non-clinical income were PSF funding (£4.2m) and education/training (£5.0m)

The Trust operating income in 2018-19 of £224.9m can be analysed between:

Table 23: Source of Trust Operating Income

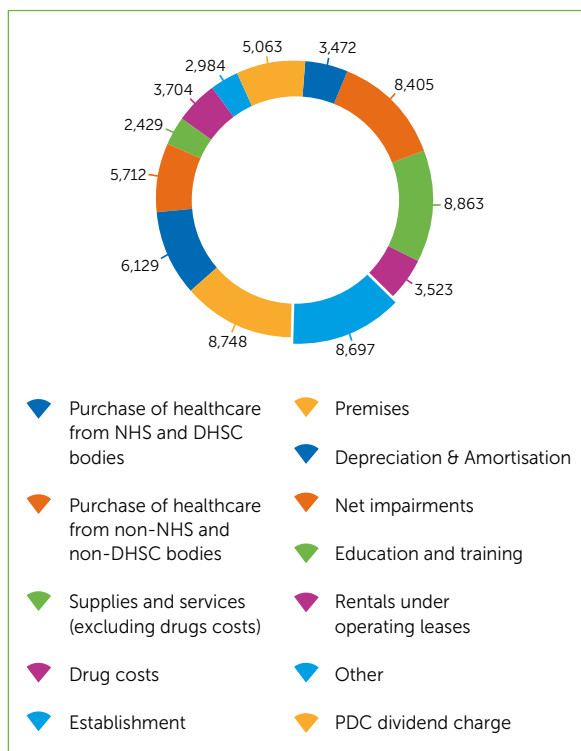


Total operating expenditure for the 12 month period ended 31 March 2019 was £225.6m.

Around 72 per cent of total operating expenditure was spent on staff costs (£163.2m). Of the total amount spent on staff costs around £138.9m was spent on substantive staff (85%), with £15.2m on bank staff (9%), and £9.7m on agency and contract staff (6%).

The remaining £68m was spent on a range of non-pay costs. A breakdown of this £68m is shown below:

Table 24: Non-Pay costs



Efficiency and Income Generation Initiatives

As highlighted above, the Trust's planning process for 2018-19 identified a total efficiency requirement of £8.2 million (c4% of operating expenditure). This was double the assumed efficiency requirement built into the national planning assumptions for the year, reflecting the need to address a number of other local cost pressures and to make further in-roads into the Trust's underlying deficit. As far as possible the Trust continues to try to minimise the impact on front line services, and the plans therefore included estates savings which could be achieved without impacting on clinical care, workforce skill mix changes, business development opportunities and improving productivity.

Against the total efficiency requirement for the year of £8.2 million, the Trust successfully delivered savings totalling £7.5m during 2018-19. Of these,

£5.7m were delivered on a recurrent basis, and with a full year effect of £7.2m, and £1.9m were delivered on a non-recurrent basis. The £1m recurrent shortfall in savings delivered in 2018-19 has been factored into the Trust's plans for the 2019-20 financial year.

2019-20 Financial and Operational Plans

The Trust's Annual Plan for 2019-20 is to break even, in line with a revised Control Total set for the Trust by NHSI. This reflects an underlying deficit target of £5.5m, which if delivered, will be offset by £5.5m of additional funding from NHSI. In order to achieve this, the Trust will again need to make efficiency savings of around £8.0m (4%), and manage on-going cost pressures particularly in respect of the costs of inpatient activity that can't be managed within the Trust's existing capacity.

The 2019-20 planning guidance requires the Trust to agree with NHSI a longer-term trajectory by which the Trust will return to a break-even position without the need for NHSI support. The Trust will therefore be updating its Medium Term Financial Plan during the summer of 2019 in support of this requirement and the development of a new medium term financial plan for the North Central London system.

Capital Expenditure

Our Capital Investment Plans and Performance for 2018-19

Our capital investments are aimed at improving and providing fit for purpose facilities and information technology to support and deliver high quality clinical services. We spent £15.5m out of a total planned capital programme of £18.4m in 2018-19, with the biggest single investment being the start of the redevelopment of St Ann's Hospital which started in 2018.

The main components of the Trust's capital investments in 2018-19 were as follows:

Table 25: Capital Investments 2018-19

Performance	£'000
Statutory Compliance/Risk Management Projects	3,292
Backlog Maintenance	1,634
IM&T Programmes	3,690
St Ann's Redevelopment	5,205
Chase Farm Utilities/RFH project	1,686
TOTAL	15,507

Capital Expenditure Plans for 2019-20

A capital investment budget of £32.5m has been agreed for 2019-20. This includes £23.5m for the redevelopment of St Ann's which is funded by the partial disposal of the St Ann's site in March 2018. The balance of £9.0m is funded by depreciation and other asset disposals.

The programme builds on the improvements that have been made in the last few years. A summary of the agreed capital investment plans for the year is shown below:

Table 26: Agreed Capital Investment Plans 2019-20

Programme	£'000	%
Statutory Compliance/ Risk Management programmes	1,458	4%
Backlog Maintenance	214	1%
IM&T Projects	2,255	7%
St Ann's Redevelopment	23,481	72%
Estates Strategy Implementation	5,044	16%
TOTAL	32,452	100.0%

Trust's Working Capital Structure and Liquidity

Working Capital and Liquidity

The Trust has robust cash management and forecasting arrangements in place, which are considered at each meeting of the Board's Finance and Investment Committee. The Trust started the 2018-19 financial year with a £57.2m cash balance following the part-disposal of the St Ann's Hospital site. During 2018-19 the Trust repaid all of its historic working capital loans (£13.25m), and generated £0.3m of interest from cash management activities in 2018-19.

The Trust ended the period with cash balances of £55.5m, reflecting the continued holding of the sale proceeds from the partial disposal of the St Ann's site until the expenditure is incurred on the redevelopment of the remainder of the site in the next 3 years.

Interest rate effects and impacts

The Trust's capital loan with the Department of Health has a fixed rate of interest payable. Therefore the interest charge or level of repayments will not be affected by interest rate movements.

Carrying Amount vs. Market Value of Land

In accordance with the provisions of International Financial Reporting Standards, the Trust carried out a review of the value of its land and buildings using external valuers, including the use of RICS approved indices, to ensure that these values still remain appropriate. The values of these assets in the balance sheet have been amended to reflect the valuation. Therefore, there are no significant differences between the values of land as shown in the Trust's balance sheet and the market value.

Assets Held for Sale

At the beginning of 2018-19 the Trust held two assets (Baytree House and Canning Crescent) in preparation for disposal with a market value of £4.1m. Canning Crescent was sold to Haringey Borough Council in February 2019. Following a further review of options in respect of Baytree House, a decision was made to bring it back into operational use as a new centre for the Trust's children's services in Enfield and it was thus declassified as an Asset Held for Sale during 2018-19. One further asset, Burgoyne Road clinic in Haringey, was vacated during 2018-19 and has been formally reclassified as an Asset Held for Sale as at 31 March 2019 with a market value of £0.8m.

Taxpayers Equity

The Trust holds Public Dividend Capital of £149.4m, plus negative reserves relating to income and expenditure deficits generated over the years (£6.6m), and reserves from asset revaluations arising from the impact of valuations of the Trust's estate (£67.2m). The total of these (£210.0m), represents the level of taxpayers equity in the Trust.

Finance Costs

The Trust is required to pay the Treasury dividends in respect of the Public Dividend Capital held by the Trust and which was historically given by Treasury for capital financing. Dividends are paid to Treasury twice a year during September and March, and are payable at a rate determined by Treasury (currently 3.5%) on the average relevant net assets of the Trust. Average relevant net assets are based on the opening and closing balances of the Statement of Financial Position, and therefore a debtor or creditor arrangement may exist at year end between the Treasury and the Trust.

Pension Liabilities

The provisions of the NHS Pensions Scheme cover all past and present employees of the Trust. The Scheme is an unfunded, defined benefits scheme allowed under the direction of the Secretary of State, in England and Wales.

The scheme is 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, the scheme is accounted for as if it were a defined contribution scheme. The cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The Annual Accounts give a fuller explanation of how pension liabilities are treated.

Statement on Better Payments Practice Code

NHS Trusts are required to pay their creditors in accordance with the CBI 'Better Payments Practice code'. This lays down targets that all creditors should be paid within 30 days of the receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed with the supplier.

Table 27: Performance against Better Payments Practice Code

	2018-19		2017-18	
	By Number	By Value	By Number	By Value
Non NHS	86%	92%	90%	91%
NHS	90%	94%	85%	85%

Statement on Prompt Payments Code

The Trust has signed up to the NHS Prompt Payment code. This outlines similar targets for the payment of the Trust's creditors as that included in the CBI's Better Payments Practice Code above.

Name of external auditor and cost of its work

The Trust's external auditors are Grant Thornton LLP. The Trust's Engagement Lead is Paul Grady and Marcus Ward is the Trust's Engagement Manager. During 2018-19, the Trust's external auditors have primarily focused on the audit work covered by the requirements of Part 5 of the Local Audit and Accountability Act 2014, having due regard to the Comptroller and Auditor General's Code of Audit Practice issued by the National Audit Office.

The Trust's Annual Governance Report for the 2018-19 financial year was presented to the Board of Directors in May 2019. Reports issued during the 2018-19 financial year were as follows:

- Draft Audit Plan 2018-19
- Interim Audit Report

The total fee for external audit for 2018-19 was £42,000 in respect of the completion of the statutory audit work.

Counter Fraud Activities

The Trust receives a dedicated local counter fraud specialist advice service from RSM UK. The Trust has agreed a comprehensive counter fraud work plan in accordance with guidance received from the NHS Counter Fraud Authority. The Trust also has a Counter Fraud and Bribery policy approved by the Trust Board of Directors. Anyone suspecting fraudulent activities within the Trust's services should report their suspicions to the Local Counter Fraud Specialist or the Chief Finance and Investment Officer or telephone the national confidential hotline on 0800 0284060. The Freedom to Speak Up Guardians can also receive concerns in relation to fraud or bribery at the Trust.

Cost Allocation and Charging Requirements

The Trust has complied with the cost allocation and charging requirements set out by HM Treasury.

NHS Pensions and Directors Remuneration

The accounting policy in relation to employee pension and retirement benefits and the 127 of the annual accounts for 2018-19.

Charitable Funds

The Trust operates a registered charity (number 1103407) called the Barnet, Enfield and Haringey Mental Health NHS Trust Charity which has resulted from fund raising activities, donations and legacies received over many years. The Charity consists of a number of restricted funds which are used to purchase equipment and other services in accordance with the purpose for which the funds were raised or donated, and as well as unrestricted (general purpose) funds which are more widely available for the benefit of patients and staff. The Board of Directors act as Corporate Trustee for the Charity, and are further supported by the Trust and Charitable Funds Committee. The Committee is chaired by a Non-Executive Director and includes three further Non-Executive Directors, the Chief Finance and Investment Officer and the Executive Chief Operating Officer. The charity's accounts are not consolidated into the Trust's main accounts on the grounds of materiality, as permitted by the Department of Health's Group Accounting Manual.

A copy of the charity's Annual Report and Accounts for 2018-19 will be available from January 2020 upon request to the Chief Finance and Investment Officer.

Political and Charitable Donations

The Trust did not make any political or charitable donations from its exchequer or charitable funds during 2018-19.

Statement of Director's Responsibilities

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors 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 trust's performance, business model and strategy

By order of the Board

Signed: 

Jinjer Kandola *Chief Executive*

Date: 23 May 2019

Signed: 

David Griffiths *Chief Finance and Investment Officer*

Date: 23 May 2019

Barnet, Enfield and Haringey Mental Health NHS Trust

Annual Accounts for the year ended 31 March 2019

Statement of Comprehensive Income		2018-19	2017-18
	Note	£000	£000
Operating income from patient care activities	3	212,545	199,201
Other operating income	4	12,371	30,277
Operating expenses	7, 9	(222,405)	(206,399)
Operating surplus/(deficit) from continuing operations		2,511	23,079
Finance income	12	296	23
Finance expenses	13	(365)	(647)
PDC dividends payable		(5,063)	(6,127)
Net finance costs		(5,132)	(6,751)
Other gains / (losses)	14	(50)	18,640
Surplus / (deficit) for the year from continuing operations		(2,671)	34,968
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	15	-	-
Surplus / (deficit) for the year		(2,671)	34,968
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(5,360)	(385)
Revaluations	17	233	6,706
Total comprehensive income / (expense) for the period		(7,798)	41,289
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period		(2,671)	34,968
Remove net impairments not scoring to the Departmental expenditure limit		2,489	(756)
CQUIN risk reserve adjustment (2017-18 only)		-	(588)
Adjusted financial performance surplus / (deficit)		(182)	33,624

Statement of Financial Position	Note	31 March 2019 £000	31 March 2018 £000
Non-current assets			
Intangible assets	15	2,281	2,805
Property, plant and equipment	16	173,411	170,160
Investment property	18	380	430
Receivables	20	3,971	-
Total non-current assets		180,043	173,395
Current assets			
Inventories	19	81	91
Receivables	20	27,360	33,515
Non-current assets held for sale / assets in disposal groups	21	755	4,120
Cash and cash equivalents	22	55,536	57,193
Total current assets		83,732	94,919
Current liabilities			
Trade and other payables	23	(37,753)	(24,983)
Borrowings	26	(511)	(498)
Provisions	27	(4,574)	(2,203)
Other liabilities	24	(2,560)	(2,275)
Total current liabilities		(45,398)	(29,959)
Total assets less current liabilities		218,377	238,355
Non-current liabilities			
Borrowings	25	(7,171)	(20,919)
Provisions	26	(1,194)	(1,250)
Total non-current liabilities		(8,365)	(22,169)
Total assets employed		210,012	216,186
Financed by			
Public dividend capital		149,438	147,814
Revaluation reserve		67,223	72,400
Income and expenditure reserve		(6,649)	(4,028)
Total taxpayers' equity		210,012	216,186

The notes on pages 125 to 165 form part of these accounts.

Signed: 

Jinjer Kandola Chief Executive

Date: 23 May 2019

Statement of Changes in Equity for the year ended 31 March 2019	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2018 - brought forward	147,814	72,400	(4,028)	216,186
Impact of implementing IFRS 15 on 1 April 2018	-	-	-	-
Impact of implementing IFRS 9 on 1 April 2018	-	-	-	-
Surplus/(deficit) for the year	-	-	(2,671)	(2,671)
Impairments	-	(5,360)	-	(5,360)
Revaluations	-	233	-	233
Public dividend capital received	1,624	-	-	1,624
Other reserve movements	-	(50)	50	-
Taxpayers' equity at 31 March 2019	149,438	67,223	(6,649)	210,012

Statement of Changes in Equity for the year ended 31 March 2018	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2017 - brought forward	147,814	79,717	(52,634)	174,897
Prior period adjustment	-	-	-	-
Taxpayers' equity at 1 April 2017 - restated	147,814	79,717	(52,634)	174,897
Surplus/(deficit) for the year	-	-	34,968	34,968
Impairments	-	(385)	-	(385)
Revaluations	-	6,706	-	6,706
Transfer to retained earnings on disposal of assets	-	(13,638)	13,638	-
Taxpayers' equity at 31 March 2018	147,814	72,400	(4,028)	216,186

Information on reserves

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		2018-19	2017-18
	Note	£000	£000
Cash flows from operating activities			
Operating surplus / (deficit)		2,511	23,079
Non-cash income and expense:			
Depreciation and amortisation	7.1	6,129	6,635
Net impairments	8	2,489	(756)
(Increase) / decrease in receivables and other assets		2,184	(21,197)
(Increase) / decrease in inventories		10	(3)
Increase / (decrease) in payables and other liabilities		10,444	6,238
Increase / (decrease) in provisions		2,311	(519)
Net cash generated from / (used in) operating activities		26,078	13,477
Cash flows from investing activities			
Interest received		296	23
Purchase of intangible assets		(596)	(1,054)
Purchase of property, plant, equipment and investment property		(12,105)	(5,956)
Sales of property, plant, equipment and investment property		2,400	53,000
Net cash generated from / (used in) investing activities		(10,005)	46,013
Cash flows from financing activities			
Public dividend capital received		1,624	-
Movement on loans from the Department of Health and Social Care		(13,748)	2,752
Interest on loans		(383)	(641)
PDC dividend (paid) / refunded		(5,223)	(5,711)
Net cash generated from / (used in) financing activities		(17,730)	(3,600)
Increase / (decrease) in cash and cash equivalents		(1,657)	55,890
Cash and cash equivalents at 1 April - brought forward		57,193	1,303
Prior period adjustments		-	-
Cash and cash equivalents at 1 April - restated		57,193	1,303
Cash and cash equivalents at 31 March	22	55,536	57,193

Notes to the Accounts

Note 1. Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care 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 1.2 Going concern

These accounts have been prepared on a going concern basis. The Trust reported a deficit of £0.2m in 2018-19 and is planning a breakeven position for 2019-20, which is in line with the Control Total set by NHS Improvement. This 2019-20 plan includes a CIP target of £7.4m (3.3% of expenditure) for which schemes have been identified, although £2.1m are rated as High Risk.

Following the disposal of part of the St Ann's Hospital site in March 2018 working capital support loans totalling £13.25m were repaid in full by the Trust to the Department of Health and Social Care in May 2018. The Trust is forecast to have sufficient reserves to meet all liabilities as they arise in 2019-20 without any cash support being required.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

Where a NHS Trust ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of Financial Statements. If services will continue to be provided the financial statements are prepared on the going concern basis.

The Department of Health Group Accounting Manual 2018-19 outlines the following in respect of the going concern assumption:

"4.11 The FReM notes that in applying paragraphs 25 to 26 of IAS 1, preparers of financial statements should be aware of the following interpretations of Going Concern for the public sector context."

For non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern. DHSC group bodies must therefore prepare their accounts on a going concern basis unless informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity. A trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up.

The following is clear evidence that the Trust meets the requirement highlighted above and as set out in section 4.11 of the Department of Health Group Accounting Manual 2018-19:

- The Trust is a separate statutory body
- The Trust has an agreed Constitution which is operating for the governance of its activities
- The Trust has been allocated funds from NHS England and local CCGs for 2019-20
- The Trust has not been informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity

Based on the above, it is therefore concluded that under the Government Financial Reporting Manual (FReM) that Barnet Enfield & Haringey Mental Health NHS Trust is a going concern for financial reporting purposes. Therefore no additional disclosure is required.

Note 1.3.1 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 is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in

the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

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

Note 1.3.2 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 1.3.3 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 1.4 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.

Note 1.5 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 1.6 Property, plant and equipment

Note 1.6.1 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 1.6.2 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.

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 1.6.3 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 1.6.4 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 1.6.5 Useful lives of property, plant & equipment

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

	Min life Years	Max life Years
Land		infinite
Buildings, excluding dwellings	-	60
Plant & machinery	5	15
Information technology	5	5
Furniture & fittings	5	5

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 1.7 Intangible assets

Note 1.7.1 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 1.7.2 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 1.7.3 Useful economic life of intangible assets

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

	Min life Years	Max life Years
Development expenditure	5	10 infinite
Software licences	5	10

Note 1.8 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 1.9 Investment properties

Investment properties are measured at fair value.

Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment.

Note 1.10 Cash and cash equivalents

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

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.11 Financial assets and financial liabilities

Note 1.11.1 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 1.11.2 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 as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

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

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

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

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).

Expected credit losses are determined by reviewing individual debtor balances and taking into account recent discussions with the debtor, credit histories and market conditions.

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 1.11.3 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 1.12 Leases

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

Note 1.12.1 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 1.12.2 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 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using 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 27.2 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 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 28 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 28, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 Public dividend capital

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

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 1.16 Value added tax

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

Note 1.17 Corporation tax

The Trust has determined that it has no Corporation Tax liability as it does not undertake any taxable activities.

Note 1.18 Foreign exchange

The functional and presentational currency of the trust is sterling.

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

The Trust has no assets or liabilities denominated in a foreign currency at the Statement of Financial Position date.

Exchange gains or losses on monetary items (arising on settlement of the transaction) are recognised in income or expense in the period in which they arise.

Note 1.19 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 1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, 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 1.21 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 carries out a review at the end of each year to ensure that the Going Concern assumption can be applied to the annual accounts. This involves the review of actual performance and cash flows, budgets and latest forecast outturns as well as assessments of the position of the Department of Health and NHS Improvements regarding the Trust's financial position, any changes in regulatory or market conditions, outstanding legal claims, etc. which could impact upon the Trust's ability to meet its statutory annual targets and financial obligations. More detail on this review is disclosed in note 1.2 above.

The Trust carries out an annual review to determine whether it controls any other entity and whether the Barnet Enfield and Haringey Mental Health Trust Charitable Funds are required to be consolidated in the Trust's annual accounts. Given the level of Charitable Funds are immaterial in comparison to the Trust's income, expenditure, assets and liabilities, the Trust has chosen not to consolidate the Charitable Fund with the Trust's accounts.

Note 1.22 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 carries out regular reviews of its outstanding debts in order to determine their recoverability. Provisions are made on a specific basis for individual invoices which in the judgement of management may not be recovered.

In calculating the appropriate level of provisions, assumptions have been made as to the likelihood of events occurring. In the case of legal claims these estimates are made by the NHS Resolution whilst those of pensions relating to staff and injury benefit awards are made by the NHS Pensions Agency. All other assumptions have been made using the experience and knowledge of Trust management and their advisors.

Fixed assets are capitalised and depreciated over their estimated useful economic lives. The lives are estimated by management using their own experience and judgement as well as NHS and national standards. The Trust carries out a review at the end of each year to ensure that the carrying value of its land and buildings are

not materially different from their fair values. In 2014-15 a full valuation exercise was undertaken on land & buildings at 31 March 2015 by an independent firm of RICS approved property valuation experts. A desktop revaluation of land & buildings was completed as at 31 March 2019 by the same valuers, which is reflected in the accounts. Details of the valuation approach adopted, the significant assumptions made and the financial impact of the revaluation can be found in note 17 to these accounts.

Any differences between the valuation and the net book values have been treated in accordance with Standard Accounting Practice. The carrying values of the assets in the financial statements have been amended to reflect the valuation carried out by the professional valuers. The valuation of each property was provided, analysed between structure and plant & equipment on a consistent basis. Where properties are situated on a main Trust site the land value of the site was provided in one amount which was then pro-rated across the properties based on the area occupied by each property.

Where it is known that costs have been incurred but invoices have not been received in time, estimates have been made of the relevant cost. These have been based on the value of Purchase Orders placed/goods received, valuations of work completed if available and otherwise management experience and knowledge to assess the value of costs incurred before the year end.

The value of holiday accrued by staff but not taken at 31 March 2019 was estimated based upon returns by ward managers/team leaders across the Trust representing over 29% of Trust employees. These were then extrapolated using total staff number and cost information.

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018-19.

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

The HM Treasury FReM does not require the following Standards and Interpretations to be applied in 2018-19.

- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 April 2020.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021.
- IFRIC 23 Uncertainty over Income Tax treatments – Application required for accounting periods beginning on or after 1 January 2019.

Note 2. Operating Segments

Segmental reporting disclosures relate to where operating segments are components of the organisation about which separate financial information is available and are regularly evaluated by the chief operating decision maker (the Trust Board) in deciding how to allocate resources and assessing performance.

Segmental information is based on service lines with separately identifiable income from outside of block contracts which exceed 10% of the total income of the Trust.

Most of the income of the Trust is from block contracts and the Trust does not apportion

block contracts for internal reporting purposes. Therefore service lines mainly funded via block contract income are not separately reported in the accounts.

Also, the Trust does not apportion assets and liabilities or cash flows for internal reporting purposes and therefore these are not reported by service line in the accounts. Consequently it is not possible to allocate depreciation and PDC dividend payments, along with income payable and receivable, between operating segments. These costs are all shown as part of Other which has the impact that the reported deficit before impairments for Other is overstated and the surplus for Specialist Services is correspondingly overstated.

The two segments disclosed below are:

Other

General Adult & Child mental health together with Community Health services within the borough of Enfield and trust wide income and expenditure which cannot be analysed between other identifiable segments

Specialist Services

Specialist Mental Health services commissioned by NHS England

	Other		Specialist Services		Total	
	2018-19	2017-18	2018-19	2017-18	2018-19	2017-18
	£000	£000	£000	£000	£000	£000
Income	164,193	174,736	60,671	54,743	224,864	229,479
Surplus/(Deficit)						
Segment surplus/(deficit)	(17)	19,429	11,154	11,006	11,137	30,436
Common costs	(11,319)	3,779	0	0	(11,319)	3,779
Surplus/(deficit) before impairment	(11,336)	23,208	11,154	11,006	(182)	34,215

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3.1

Note 3.1 Income from patient care activities (by nature)	2018-19	2017-18
	£000	£000
Mental health services		
Cost and volume contract income	5,294	46,573
Block contract income	151,263	105,632
Clinical partnerships providing mandatory services (including S75 agreements)	2,998	3,822
Other clinical income from mandatory services	18,636	12,224
Community services		
Community services income from CCGs and NHS England	24,177	23,065
Income from other sources (e.g. local authorities)	7,990	7,885
All services		
Agenda for Change pay award central funding	2,187	-
Total income from activities	212,545	199,201

NHS England Forensic Service contract moved to a block contract in 2018-19 from cost and volume in 2017-18

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2018-19	2017-18
	£000	£000
NHS England	47,843	42,722
Clinical commissioning groups	139,021	133,271
Department of Health and Social Care	2,187	-
Other NHS providers	2,594	2,434
Local authorities	13,659	14,068
Non NHS: other	7,241	6,706
Total income from activities	212,545	199,201
Of which:		
Related to continuing operations	212,545	199,201

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)	2018-19	2017-18
	£000	£000
Income recognised this year	-	-
Cash payments received in-year	-	-
Amounts added to provision for impairment of receivables	-	-
Amounts written off in-year	-	-

Note 4 Other operating income	2018-19	2017-18
	£000	£000
Other operating income from contracts with customers:		
Research and development (contract)	215	255
Education and training (excluding notional apprenticeship levy income)	5,001	5,534
Non-patient care services to other bodies	63	443
Provider sustainability / sustainability and transformation fund income (PSF / STF)	4,150	21,039
Income in respect of employee benefits accounted on a gross basis	-	-
Other contract income	1,917	1,960
Other non-contract operating income		
Education and training - notional income from apprenticeship fund	53	1
Charitable and other contributions to expenditure	-	5
Rental revenue from operating leases	972	1,040
Total other operating income	12,371	30,277
Of which:		
Related to continuing operations	12,371	30,277

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 within contract liabilities at the previous period end	2,275
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-

Note 5.2 Transaction price allocated to remaining performance obligations	31 March 2019
	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	-
within one year	-
after one year, not later than five years	-
after five years	-
Total revenue allocated to remaining performance obligations	-

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

Note 6 Fees and charges

HM Treasury requires disclosure of fees and charges income. The following disclosure is of income from charges to service users where income from that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

	2018-19	2017-18
	£000	£000
Income	-	-
Full cost	-	-
Surplus / (deficit)	-	-

Note 7.1 Operating expenses	2018-19	2017-18
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	3,472	4,803
Purchase of healthcare from non-NHS and non-DHSC bodies	8,405	4,920
Staff and executive directors costs	163,120	154,080
Remuneration of non-executive directors	81	82
Supplies and services - clinical (excluding drugs costs)	3,154	2,023
Supplies and services - general	5,709	5,594
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	3,523	3,186
Consultancy costs	305	240
Establishment	8,697	6,355
Premises	8,748	8,825
Transport (including patient travel)	1,188	1,204
Depreciation on property, plant and equipment	5,159	5,627
Amortisation on intangible assets	970	1,008
Net impairments	2,489	(756)
Movement in credit loss allowance: contract receivables / contract assets	(234)	
Movement in credit loss allowance: all other receivables and investments	-	431
Audit fees payable to the external auditor		
audit services- statutory audit	50	57
other auditor remuneration (external auditor only)	7	15
Internal audit costs	130	103
Clinical negligence	834	1,048
Legal fees	339	417
Insurance	-	8
Education and training	2,429	909
Rentals under operating leases	3,704	4,036
Hospitality	123	121
Other	3	2,063
Total	222,405	206,399
Of which:		
Related to continuing operations	222,405	206,399

Note 7.2 Other auditor remuneration	2018-19	2017-18
	£000	£000
Other auditor remuneration paid to the external auditor:		
2. Audit-related assurance services	7	15
Total	7	15

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	2017-18
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	2,489	(768)
Other	-	12
Total net impairments charged to operating surplus / deficit	2,489	(756)
Impairments charged to the revaluation reserve	5,360	385
Total net impairments	7,849	(371)

The impairment resulting from changes in market price arises from a revaluation of the Trust's Land and buildings as at 31 March 2019 by independent RICS

qualified surveyors, full details of which are included in note 17.

Note 9 Employee benefits	2018-19	2017-18
	£000	£000
Salaries and wages	124,856	118,295
Social security costs	13,157	12,530
Apprenticeship levy	623	577
Employer's contributions to NHS pensions	15,498	14,864
Temporary staff (including agency)	9,661	8,635
Total gross staff costs	163,795	154,901
Recoveries in respect of seconded staff	-	-
Total staff costs	163,795	154,901
Of which		
Costs capitalised as part of assets	675	821

Note 9.1 Retirements due to ill-health

During 2018-19 there were 2 early retirements from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £93k (£39k 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 for Health 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 FRM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with

updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

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

Note 11 Operating leases

Note 11.1 Barnet, Enfield and Haringey Mental Health NHS Trust as a lessor

This note discloses income generated in operating lease agreements where Barnet, Enfield and Haringey Mental Health NHS Trust is the lessor.

	2018-19	2017-18
	£000	£000
Operating lease revenue		
Minimum lease receipts	972	1,040
Total	972	1,040

	31 March 2019	31 March 2018
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	487	484
- later than one year and not later than five years;	84	84
- later than five years.	2,077	2,119
Total	2,648	2,687

Note 11.2 Barnet, Enfield and Haringey Mental Health NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Barnet, Enfield and Haringey Mental Health NHS Trust is the lessee.

	2018-19	2017-18
	£000	£000
Operating lease expense		
Minimum lease payments	3,704	4,036
Total	3,704	4,036

	31 March 2019	31 March 2018
	£000	£000
Future minimum lease payments due:		
- not later than one year;	1,978	2,152
- later than one year and not later than five years;	508	671
- later than five years.	169	249
Total	2,655	3,072
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	296	23
Total finance income	296	23

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	361	637
Interest on late payment of commercial debt	-	6
Total interest expense	361	643
Unwinding of discount on provisions	4	4
Other finance costs	-	-
Total finance costs	365	647

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	-	6
Amounts included within interest payable arising from claims under this legislation	-	6
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	-	18,640
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	-	18,640
Fair value gains / (losses) on investment properties	(50)	-
Total other gains / (losses)	(50)	18,640

Note 15.1 Intangible assets - 2018-19	Software licences	Licences & trademarks	Patents	Internally generated information technology	Development expenditure	Intangible assets under construction	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2018 - brought forward	775	-	-	-	11,208	-	11,983
Additions	-	-	-	-	446	-	446
Valuation / gross cost at 31 March 2019	775	-	-	-	11,654	-	12,429
Amortisation at 1 April 2018 - brought forward	298	-	-	-	8,880	-	9,178
Provided during the year	72	-	-	-	898	-	970
Amortisation at 31 March 2019	370	-	-	-	9,778	-	10,148
Net book value at 31 March 2019	405	-	-	-	1,876	-	2,281
Net book value at 1 April 2018	477	-	-	-	2,328	-	2,805

	Software licences	Licences & trademarks	Patents	Internally generated information technology	Development expenditure	Intangible assets under construction	Total
	£000	£000	£000	£000	£000	£000	£000
Note 15.2 Intangible assets - 2017-18							
Valuation / gross cost at 1 April 2017 - as previously stated	325	-	-	-	10,391	63	10,779
Prior period adjustments	-	-	-	-	-	-	-
Valuation / gross cost at 1 April 2017 - restated	325	-	-	-	10,391	63	10,779
Additions	450	-	-	-	754	-	1,204
Reclassifications	-	-	-	-	63	(63)	-
Valuation / gross cost at 31 March 2018	775	-	-	-	11,208	-	11,983
Amortisation at 1 April 2017 - as previously stated	240	-	-	-	7,930	-	8,170
Prior period adjustments	-	-	-	-	-	-	-
Amortisation at 1 April 2017 - restated	240	-	-	-	7,930	-	8,170
Transfers by absorption	-	-	-	-	-	-	-
Provided during the year	58	-	-	-	950	-	1,008
Amortisation at 31 March 2018	298	-	-	-	8,880	-	9,178
Net book value at 31 March 2018	477	-	-	-	2,328	-	2,805
Net book value at 1 April 2017	85	-	-	-	2,461	63	2,609

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Note 16.1 Property, plant and equipment - 2018-19							
Valuation/gross cost at 1 April 2018 - brought forward	65,577	103,651	1,057	1,654	16,653	4,228	192,820
Additions	-	6,600	5,206	-	3,244	11	15,061
Impairments	(1,829)	(6,642)	-	-	-	-	(8,471)
Reversals of impairments	-	622	-	-	-	-	622
Revaluations	78	155	-	-	-	-	233
Transfers to / from assets held for sale	242	723	-	-	-	-	965
Disposals / derecognition	-	-	-	-	-	-	-
Valuation/gross cost at 31 March 2019	64,068	105,109	6,263	1,654	19,897	4,239	201,230
Accumulated depreciation at 1 April 2018 - brought forward	-	4,494	-	1,397	13,024	3,745	22,660
Provided during the year	-	3,304	-	33	1,722	100	5,159
Impairments	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-
Accumulated depreciation at 31 March 2019	-	7,798	-	1,430	14,746	3,845	27,819
Net book value at 31 March 2019	64,068	97,311	6,263	224	5,151	394	173,411
Net book value at 1 April 2018	65,577	99,157	1,057	257	3,629	483	170,160

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Note 16.2 Property, plant and equipment - 2017-18							
Valuation / gross cost at 1 April 2017 - as previously stated	93,948	105,262	37	1,639	16,389	4,240	221,515
Prior period adjustments	-	-	-	-	-	-	-
Valuation / gross cost at 1 April 2017 - restated	93,948	105,262	37	1,639	16,389	4,240	221,515
Additions	-	3,447	1,020	15	264	-	4,746
Impairments	(235)	(721)	-	-	-	(12)	(968)
Reversals of impairments	-	1,339	-	-	-	-	1,339
Revaluations	-	6,671	-	-	-	-	6,671
Transfers to / from assets held for sale	(643)	(1,757)	-	-	-	-	(2,400)
Disposals / derecognition	(27,493)	(10,590)	-	-	-	-	(38,083)
Valuation/gross cost at 31 March 2018	65,577	103,651	1,057	1,654	16,653	4,228	192,820
Accumulated depreciation at 1 April 2017 - as previously stated	-	4,734	-	1,334	11,233	3,490	20,791
Prior period adjustments	-	-	-	-	-	-	-
Accumulated depreciation at 1 April 2017 - restated	-	4,734	-	1,334	11,233	3,490	20,791
Provided during the year	-	3,518	-	63	1,791	255	5,627
Impairments	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-
Revaluations	-	(35)	-	-	-	-	(35)
Transfers to / from assets held for sale	-	-	-	-	-	-	-
Disposals / derecognition	-	(3,723)	-	-	-	-	(3,723)
Accumulated depreciation at 31 March 2018	-	4,494	-	1,397	13,024	3,745	22,660
Net book value at 31 March 2018	65,577	99,157	1,057	257	3,629	483	170,160
Net book value at 1 April 2017	93,948	100,528	37	305	5,156	750	200,724

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Note 16.3 Property, plant and equipment financing - 2018-19							
Net book value at 31 March 2019							
Owned - purchased	64,068	97,311	6,263	224	5,151	394	173,411
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	64,068	97,311	6,263	224	5,151	394	173,411
Note 16.4 Property, plant and equipment financing - 2017-18							
Net book value at 31 March 2018							
Owned - purchased	65,577	99,157	1,057	257	3,629	483	170,160
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	65,577	99,157	1,057	257	3,629	483	170,160

Note 17 Revaluations of property, plant and equipment

The Trust carried out a revaluation of its land and buildings as at 31 March 2019 using external independent professional experts in compliance with the Treasury directive (see note 1.6). The valuation was conducted by District Valuer Services (DVS) using RICS registered valuers. The valuations were provided on a Modern Equivalent Asset Valuation (MEAV) basis for non specialised properties, and on a Depreciated Replacement Cost (DRC) basis for specialised properties (where no market exists), in compliance with the following standards:

- Government Financial Reporting Manual
- International Financial Reporting Standards published by the International Accounting Standards Board
- International Valuation Standards published by the International Valuation Standards Committee
- International Public Sector Accounting Standards of the International Federation of Accountants' Public Sector Accounting Standards Board
- Valuation Standards (sixth edition) of the Royal Institution of Chartered Surveyors

The following significant assumptions were applied:

- All properties were subject to the prospect and viability of the continued occupation and use for the provision of healthcare services
- The same floor areas of the existing buildings will be required for modern equivalent assets.

- The underlying land held by the Trust is allied to prevailing land values in the vicinity of the existing site.
- All buildings were assumed to have a maximum life expectancy from new of 60 years with the buildings depreciated on a straight line basis from 100% at completion of construction to zero, once their life span has been met.

This valued the assets reviewed at £158,786k and resulted in a net impairment debit to the I&E of £2,128k and a decrease in the revaluation reserve of £5,127k

Asset lives for each class of asset are as follows:

- Land - unlimited life
- Buildings - up to 60 years, engineering plant up to 30 years
- Dwellings - 60 years
- Assets under construction - up to 60 years from date of completion only
- Plant and machinery - 5,10 or 15 years depending on asset type
- Transport equipment - 7 years
- Information technology - 5 years
- Furniture and fittings - 10 years

There have been no changes in the basis of revaluation in 2018-19 compared to prior years, with no changes to useful economic lives, valuation methodology or depreciation methods.

Note 18.1 Investment Property	2018-19	2017-18
	£000	£000
Carrying value at 1 April - brought forward	430	430
Prior period adjustments		-
Carrying value at 1 April - restated	430	430
Movement in fair value	(50)	-
Carrying value at 31 March	380	430

Note 18.2 Investment property income and expenses	2018-19	2017-18
	£000	£000
Direct operating expense arising from investment property which generated rental income in the period	-	-
Direct operating expense arising from investment property which did not generate rental income in the period	-	-
Total investment property expenses	-	-
Investment property income	-	-

Note 19 Inventories	31 March 2019	31 March 2018
	£000	£000
Drugs	47	38
Work In progress	-	-
Consumables	32	22
Energy	-	-
Other	2	31
Total inventories	81	91
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £1,248k (2017-18: £1,139k).
Write-down of inventories recognised as expenses for the year were £0k (2017-18: £0k).

Note 20.1 Trade receivables and other receivables	31 March 2019	31 March 2018
	£000	£000
Current		
Contract receivables*	26,474	
Contract assets*	-	
Trade receivables*		14,764
Accrued income*		21,866
Allowance for impaired contract receivables / assets*	(4,564)	
Allowance for other impaired receivables	-	(5,960)
Prepayments (non-PFI)	3,514	1,716
VAT receivable	796	602
Other receivables	1,140	526
Total current trade and other receivables	27,360	33,515
Non-current		
Contract receivables*	-	
Contract assets*	-	
Trade receivables*		-
Accrued income*		-
Allowance for impaired contract receivables / assets*	-	
Allowance for other impaired receivables	-	-
Prepayments (non-PFI)	3,971	-
VAT receivable	-	-
Other receivables	-	-
Total non-current trade and other receivables	3,971	-
Of which receivables from NHS and DHSC group bodies:		
Current	21,369	26,727
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 20.2 Allowances as at 1 April 2018	Contract receivables and contract assets	All other receivables
	£000	£000
Allowances as at 1 Apr 2018 - brought forward		5,960
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	5,960	(5,960)
Transfers by absorption	-	-
New allowances arising	3,615	-
Changes in existing allowances	-	-
Reversals of allowances	(3,849)	-
Utilisation of allowances (write offs)	(1,162)	-
Changes arising following modification of contractual cash flows	-	-
Foreign exchange and other changes	-	-
Allowances as at 31 March 2019	4,564	0

Note 20.3 Allowances as at 1 Apr 2017

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	7,802
Prior period adjustments	
Allowances as at 1 Apr 2017 - restated	7,802
Transfers by absorption	
Increase in provision	431
Amounts utilised	(2,273)
Unused amounts reversed	
Allowances as at 31 March 2018	5,960

Note 21 Non-current assets held for sale and assets in disposal groups	2018-19	2017-18
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	4,120	1,720
Prior period adjustment		-
NBV of non-current assets for sale and assets in disposal groups at 1 April - restated	4,120	1,720
Transfers by absorption	-	-
Assets classified as available for sale in the year	755	2,400
Assets sold in year	(2,400)	-
Assets no longer classified as held for sale, for reasons other than sale	(1,720)	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	755	4,120

The asset reversed from held for sale in 2018-19 was a vacated, freehold property for which a purchaser had been identified but legal issues over the rights of access to the property meant that its net value decreased and so the disposal was reassessed and an alternative use within the Trust was identified resulting in the sale process being discontinued.

The asset classified as held for sale during 2018-19 is also a vacated, surplus freehold property. The disposal process is continuing and completion is expected in 2019-20.

Note 22 **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	2017-18
	£000	£000
At 1 April	57,193	1,303
Prior period adjustments	-	-
At 1 April (restated)	57,193	1,303
Net change in year	(1,657)	55,890
At 31 March	55,536	57,193
Broken down into:		
Cash at commercial banks and in hand	63	54
Cash with the Government Banking Service	55,473	57,139
Total cash and cash equivalents as in SoFP	55,536	57,193
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	55,536	57,193

Note 22.1 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	31 March 2018
	£000	£000
Bank balances	721	690
Monies on deposit	-	-
Total third party assets	721	690

Note 23.1 Trade and other payables	31 March 2019	31 March 2018
	£000	£000
Current		
Trade payables	6,023	3,358
Capital payables	3,345	539
Accruals	22,812	15,059
Social security costs	1,432	1,656
Other taxes payable	1,559	1,408
PDC dividend payable	194	354
Accrued interest on loans*		35
Other payables	2,388	2,574
Total current trade and other payables	37,753	24,983
Non-current		
Trade payables	-	-
Capital payables	-	-
Accruals	-	-
Other taxes payable	-	-
Other payables	-	-
Total non-current trade and other payables	-	-
Of which payables from NHS and DHSC group bodies:		
Current	11,419	8,594
Non-current	-	-

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note . IFRS 9 is applied without restatement therefore comparatives have not been restated.

Note 23.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2019	31 March 2019	31 March 2018	31 March 2018
	£000	Number	£000	Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-

Note 24 Other liabilities	31 March 2019	31 March 2018
	£000	£000
Current		
Deferred income: contract liabilities	2,560	2,275
Total other current liabilities	2,560	2,275
Non-current		
Deferred income: contract liabilities	-	-
Total other non-current liabilities	-	-

Note 25 Borrowings	31 March 2019	31 March 2018
	£000	£000
Current		
Loans from the Department of Health and Social Care	511	498
Total current borrowings	511	498
Non-current		
Loans from the Department of Health and Social Care	7,171	20,919
Total non-current borrowings	7,171	20,919

Note 25.1 Reconciliation of liabilities arising from financing activities	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	Number	£000	Number	
Carrying value at 1 April 2018	21,417	-	-	-	21,417
Cash movements:					
Financing cash flows - payments and receipts of principal	(13,748)	-	-	-	(13,748)
Financing cash flows - payments of interest	(383)	-	-	-	(383)
Non-cash movements:					
Impact of implementing IFRS 9 on 1 April 2018	35	-	-	-	35
Application of effective interest rate	361	-	-	-	361
Carrying value at 31 March 2019	7,682	-	-	-	7,682

	Pensions: early departure costs	Pensions: injury benefits*	Legal claims	Re- structuring	Equal Pay (including Agenda for Change)	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Note 26 Provisions for liabilities and charges analysis								
At 1 April 2018	1,064	384	169	-	516	-	1,320	3,453
Transfers by absorption	-	-	-	-	-	-	-	-
Change in the discount rate	-	-	-	-	-	-	-	-
Arising during the year	42	17	27	1,502	-	-	971	2,559
Utilised during the year	(130)	(60)	(54)	-	-	-	-	(244)
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	-	-
Reversed unused	-	-	-	-	(4)	-	-	(4)
Unwinding of discount	3	1	-	-	-	-	-	4
At 31 March 2019	979	342	142	1,502	512	-	2,291	5,768
Expected timing of cash flows:								
- not later than one year;	85	42	142	1,502	512	-	2,291	4,574
- later than one year and not later than five years;	339	166	-	-	-	-	-	505
- later than five years.	555	134	-	-	-	-	-	689
Total	979	342	142	1,502	512	-	2,291	5,768

* In 2018-19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within other provisions.

Early Departure Costs

The pensions relating to former staff who left the NHS employment after 5th March 1995 and those who left employment after 5th March 1995 has been provided for by the Trust for a balance of £979k (£1,064k at 31 March 2018). These costs were calculated by using actuarial assumptions about the individuals ages which were obtained from the NHS Pensions Agency. The costs are payable on a quarterly basis over the future lifetimes of the former employees.

Injury Benefits

Provisions relating to injury benefit awards payable to staff for injuries received at work amount to £342k (£384k at 31 March 2018). Details of the costs involved were supplied by the NHS Pensions Agency using actuarial assumptions about the individuals concerned. They are payable throughout the lifetime of the individuals concerned.

Other provisions

Other provisions are all expected to be resolved in 2019-20 and relate to former staff terms and conditions, property related costs, restructure costs and employment issues.

Note 27 Clinical negligence liabilities

At 31 March 2019, £3,726k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Barnet, Enfield and Haringey Mental Health NHS Trust (31 March 2018: £3,102k).

Note 28 Contingent assets and liabilities	31 March 2019	31 March 2018
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(99)	(116)
Employment tribunal and other employee related litigation	-	(121)
Gross value of contingent liabilities	(99)	(237)
Amounts recoverable against liabilities		-
Net value of contingent liabilities	(99)	(237)
Net value of contingent assets	-	-

Note 29 Contractual capital commitments	31 March 2019	31 March 2018
	£000	£000
Property, plant and equipment	1,728	1,316
Intangible assets	-	38
Total	1,728	1,354

Note 30 Other financial commitments

The Trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	31 March 2019	31 March 2018
	£000	£000
Not later than 1 year	2,995	3,986
After 1 year and not later than 5 years	5,915	8,910
Paid thereafter	-	-
Total	8,910	12,896

Note 31 Financial instruments

Note 31.1 Financial risk management

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

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health and Social Care (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with clinical commissioning groups, local authorities and NHS England, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from depreciation, asset sales and loans or public dividend capital from DHSC. The Trust is not, therefore, exposed to significant liquidity risks.

Note 31.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied retrospectively 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	Total book value
	Number	£000
Carrying values of financial assets as at 31 March 2019 under IFRS 9		
Trade and other receivables excluding non financial assets	23,049	23,049
Other investments / financial assets	-	-
Cash and cash equivalents at bank and in hand	55,536	55,536
Total at 31 March 2019	78,585	78,585

	Loans and receivables	Total book value
	Number	£000
Carrying values of financial assets as at 31 March 2018 under IAS 39		
Trade and other receivables excluding non financial assets	29,691	29,691
Other investments / financial assets	-	-
Cash and cash equivalents at bank and in hand	57,193	57,193
Total at 31 March 2018	86,884	86,884

Note 31.3 Carrying values of financial liabilities

IFRS 9 Financial Instruments is applied retrospectively 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.

Note 31.3 Carrying value of financial liabilities

	Held at amortised cost	Total book value
	Number	£000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9		
Loans from the Department of Health and Social Care	7,682	7,682
Obligations under finance leases	-	-
Obligations under PFI, LIFT and other service concession contracts	-	-
Other borrowings	-	-
Trade and other payables excluding non financial liabilities	34,562	34,562
Other financial liabilities	-	-
Provisions under contract	-	-
Total at 31 March 2019	42,244	42,244

	Other financial liabilities	Total book value
	Number	£000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39		
Loans from the Department of Health and Social Care	21,417	21,417
Obligations under finance leases	-	-
Obligations under PFI, LIFT and other service concession contracts	-	-
Other borrowings	-	-
Trade and other payables excluding non financial liabilities	19,645	19,645
Other financial liabilities	-	-
Provisions under contract	-	-
Total at 31 March 2018	41,062	41,062

Note 31.4 Fair values of financial assets and liabilities

Management consider that the book value (carrying value) is a reasonable approximation of fair value for all financial assets and liabilities held.

Note 31.5 Maturity of financial liabilities

	2018-19	2017-18
	£000	£000
In one year or less	35,073	20,143
In more than one year but not more than two years	498	10,498
In more than two years but not more than five years	1,494	4,744
In more than five years	5,179	5,677
Total	42,244	41,062

Note 32

Losses and special payments

	2018-19	2018-19	2017-18	2017-18
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Bad debts and claims abandoned	8	407	219	591
Stores losses and damage to property	1	5	1	4
Total losses	9	412	220	595
Special payments				
Compensation under court order or legally binding arbitration award	13	55	7	56
Ex-gratia payments	9	1	21	8
Special severance payments	-	-	1	28
Total special payments	22	56	29	92
Total losses and special payments	31	468	249	687
Compensation payments received		-		-

Note 33.1 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.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £35k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model did not result in a change in the carrying value of receivables.

Note 33.2 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).

The introduction of IFRS 15 has not had a material impact on the amount by which each financial statement line item is affected in the current reporting period.

Note 34 Related parties

During the year none of the Department of Health and Social Care Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Barnet Enfield & Haringey Mental Health NHS Trust.

The Department of Health and Social Care is regarded as the Trust's parent department and a related party. During the year Barnet Enfield & Haringey Mental Health NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. For example:

CCGs

- NHS Foundation Trusts
- NHS Trusts
- NHS Resolution (formerly NHS Litigation Authority)
- NHS Business Services Authority

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with the local London Boroughs of Barnet, Enfield and Haringey.

Barnet Enfield & Haringey Mental Health NHS Trust Charity (charity registration number 1103407) is regarded as a related party as the Trust Board is the Corporate Trustee of the Charity. There were no material transactions with the charity in the year.

Shown below are those organisations for which the total transacted value in the year has exceeded £500k. The table also includes local authority bodies where transaction value similarly has exceeded £500k.

Organisation	Income £'000	Expenditure £'000	Receivables £'000	Payables £'000
NHS Enfield CCG	62,991	84	5,466	770
NHS England	51,944	4	9,907	154
NHS Haringey CCG	37,026	5	1,034	445
NHS Barnet CCG	34,851	0	2,314	0
London Borough of Enfield	10,218	1,260	1,846	322
Health Education England	5,000	54	41	817
London Borough of Haringey	2,595	26	2,990	0
Department of Health and Social Care	2,248	0	0	0
Royal Free London NHS Foundation Trust	1,794	3,182	733	4,268
The Whittington Health NHS Trust	1,039	81	119	13
London Borough of Barnet	850	84	297	127
NHS Islington CCG	578	10	5	55
NHS City and Hackney CCG	521	0	14	0
NHS Pension Scheme	0	15,498	34	2,261
HM Revenue & Customs	0	13,780	796	2,991
NHS Property Services	0	2,798	0	4,075
East London NHS Foundation Trust	0	2,403	0	1,001
NHS Resolution (formerly NHS Litigation Authority)	0	833	0	10
North East London NHS Foundation Trust	0	598	0	299
West London Mental Health NHS Trust	0	520	0	277

Comparators to the related party transactions shown above, for 2017-18, are provided below:

Organisation	Income £'000	Expenditure £'000	Receivables £'000	Payables £'000
Enfield CCG	60,436	0	2,240	525
NHS England (London Specialised Commissioning Hub)	41,000	0	596	525
Haringey CCG	35,270	0	510	258
Barnet CCG	31,957	0	1,257	0
NHS England (NHS England Core)	22,264	0	20,374	0
London Borough of Enfield	10,678	903	937	14
Health Education England	5,534	0	0	661
London Borough of Haringey	2,197	0	49	7
NHS England (London Regional Office)	2,032	0	0	0
London Borough of Barnet	1,449	177	690	0
Royal Free London NHS Foundation Trust	1,438	1,744	155	2,764
The Whittington Hospital NHS Trust	1,338	340	213	363
Islington CCG	540	0	6	20
City & Hackney CCG	510	0	48	0
NHS Pension Scheme	196	14,864	34	0
East London NHS Foundation Trust	1	3,661	1	711
NHS Resolution (formerly NHS Litigation Authority)	0	1,048	122	0
HM Revenue and Customs	0	13,107	602	3,064
NHS Property Services	0	3,753	0	3,539

Note 35 Events after the reporting date

Management are not aware of any events occurring after the balance sheet date which will materially affect the figures reported within the financial statements.

Note 36 Better payment practice code	2018-19	2018-19	2017-18	2017-18
	Number	£000	Number	£000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	21,400	55,849	23,851	49,838
Total non-NHS trade invoices paid within target	18,485	51,414	21,377	44,534
Percentage of non-NHS trade invoices paid within target	86.4%	92.1%	89.6%	89.4%
NHS Payables				
Total NHS trade invoices paid in the year	572	12,637	565	9,080
Total NHS trade invoices paid within target	515	11,859	478	7,280
Percentage of NHS trade invoices paid within target	90.0%	93.8%	84.6%	80.2%

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

The trust is given an external financing limit against which it is permitted to underspend:

Note 37 External financing	2018-19	2017-18
	£000	£000
Cash flow financing	(10,467)	(59,490)
Finance leases taken out in year		
Other capital receipts		
External financing requirement	(10,467)	(59,490)
External financing limit (EFL)	(8,332)	1,482
Under / (over) spend against EFL	2,135	60,972

Note 38 Capital Resource Limit	2018-19	2017-18
	£000	£000
Gross capital expenditure	15,507	5,950
Less: Disposals	(2,400)	(34,360)
Charge against Capital Resource Limit	13,107	(28,410)
Capital Resource Limit	15,561	6,231
Under / (over) spend against CRL	2,454	34,641

Note 39 Breakeven duty financial performance	2018-19
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	(182)
Breakeven duty financial performance surplus / (deficit)	(182)

Note 40 Breakeven duty rolling assessment	1997-98 to 2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		239	274	2,023	2,021	595	(4,555)	(7,336)	(12,268)	34,212	(182)
Breakeven duty cumulative position	6,013	6,252	6,526	8,549	10,570	11,165	6,610	(726)	(12,994)	21,218	21,036
Operating income		173,628	204,547	190,725	190,518	192,748	192,988	191,931	202,027	229,478	224,916
Cumulative breakeven position as a percentage of operating income		3.6%	3.2%	4.5%	5.5%	5.8%	3.4%	(0.4%)	(6.4%)	9.2%	9.4%

Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009-10, NHS Trust's financial performance measurement has been aligned with the guidance issued by HM Treasury in respect of measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to IFRIC 12 schemes (which would include PFI schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluded when measuring Breakeven performance. Other adjustments are made in respect of accounting policy changes (impairments and the removal of the donated asset and government grant reserves) to maintain comparability year to year.

Over the three-year period ending 31 March 2019 the Trust has met the breakeven duty requirement.

Independent auditor's report to the Directors of Barnet, Enfield and Haringey Mental Health NHS Trust

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Barnet, Enfield and Haringey Mental Health NHS 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 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; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the 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 Directors' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Directors have 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.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

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

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the guidance issued by NHS Improvement or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report and Staff Tables to be audited have been properly prepared in accordance with 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 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 Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

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

Responsibilities of the Directors and Those Charged with Governance for the financial statements

The Directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Directors determine 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 Directors are 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 they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those charged with governance are responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

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.

Responsibilities of the Accountable Officer

The Accountable 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 Section 21(1)(c) and Schedule 13 paragraph 10(a) of the Local Audit and Accountability Act 2014 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 Barnet, Enfield and Haringey Mental Health NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

This report is made solely to the Directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's Directors 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 Directors, as a body, for our audit work, for this report, or for the opinions we have formed.

Paul Grady
Key Audit Partner


for and on behalf of Grant Thornton UK LLP, Local Auditor
London

27 May 2019





Produced by the Communications
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