Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

Annual Report and Accounts 2019-20

Supporting healthy lives

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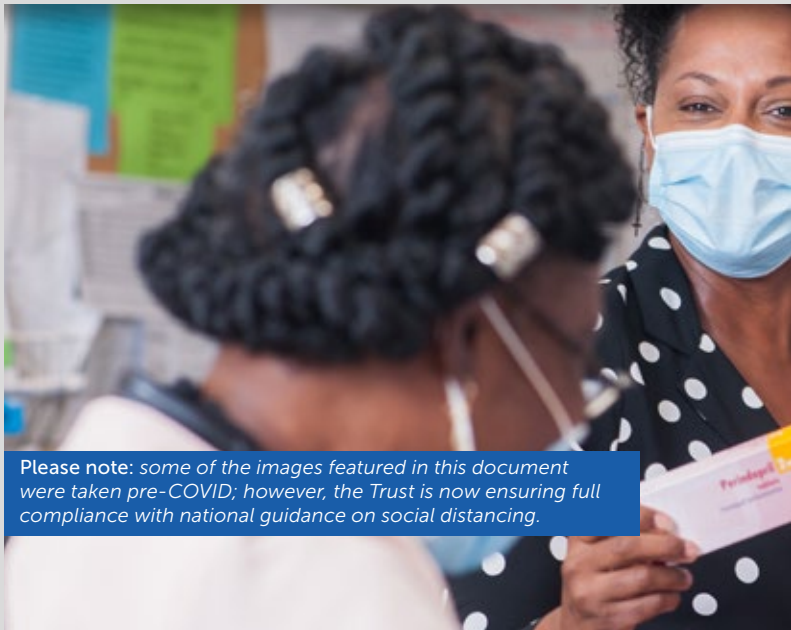


Please note: *some of the images featured in this document were taken pre-COVID; however, the Trust is now ensuring full compliance with national guidance on social distancing.*

Foreword from the Chair of the Board

Welcome to our Annual Report

At the end of the period covered by this report, responding to the COVID-19 pandemic and keeping our patients and staff safe became the Trust's top priority. More information on how the Trust responded is included within the report. As well as the devastating effect on individuals, coronavirus has also had a huge impact on the whole UK health and care system and, in some instances, speeded up the planned move towards joint working. As we move out of the pandemic, we will be operating more significantly as an integrated care system, with one North Central London Clinical Commissioning Group from 1 April 2020.

The NHS Long Term Plan published in 2019 sets out an ambitious transformation of mental health care to meet the increasing demand in our communities. This means providers and commissioners need to work together to innovate and change the way services are delivered and, in particular, to bring together physical and mental healthcare.

During 2019-20, our Trust took on the important role of the lead provider in the North London Forensic Consortium, which will commission inpatient and community forensic mental health services across the whole of north London. In this new model of care, we will act as the overall commissioner of all services, as well as one of the service providers.

We have continued to work with people with lived experience of mental ill health, the voluntary sector and with our partners across the health and social care system in North Central London to co-create more integrated approaches to delivery. Our intention is to continue to invest in our community mental health services so that more people can receive care at home. This will help to reduce the pressure on our acute mental health services and reduce the number of 'out of area' placements of inpatients, which is good news for people who do need a period of inpatient care.

This year, our Board has been strengthened by a number of new Non-Executive and Executive Directors, meaning we have an excellent mix of organisational experience and fresh thinking.

On a personal note, this is my second year as Chair and I have found it both fulfilling and exciting to witness a whole raft of improvements take place this year – most significantly our achievement of a 'Good' rating from the Care Quality Commission – and to see the enthusiasm and commitment across the Trust to deliver consistently high quality care for every single one of our service users.

Mark Lam
Chair

The ‘Good’ CQC rating reflected the hard work and sustained improvements across the Trust, providing a superb foundation on which to build.

Introduction

from the Chief Executive

I couldn't have predicted that my second year as Chief Executive would be so truly eventful – getting to 'Good' in our Care Quality Commission inspection, facing the unimaginable challenge of coronavirus, and seeing the near completion of our wonderful new inpatient unit at St Ann's Hospital.

The one constant throughout has been the exceptional commitment of my colleagues in Team BEH and it is with heartfelt gratitude to each and every one of them that I present our 2019-20 Annual Report.

Team BEH gave me one of my proudest moments when I learned that we had moved from 'Requires Improvement' to 'Good' in our latest CQC inspection. It reflected the hard work and sustained improvements across the Trust, providing a superb foundation on which to build.

A highlight of every year is our Celebrating Excellence Awards, never more so than in November when we marked the achievements of our amazing staff after our CQC result. I was humbled to meet so many remarkable colleagues, many of whom have dedicated their whole working lives to the NHS.

We were tested in an unprecedented way, and continue to be, as the world went into lockdown in early 2020 as a result of the pandemic, triggering the highest-ever NHS emergency response in March. We saw the fruition of many weeks of planning with the continued safe delivery of services, albeit very differently in many cases, aided by the latest video conferencing technology.

A new 24/7 mental health emergency phone line was set up to help those most in crisis and round-the-clock psychological support was offered to our staff – many of whom were redeployed from their normal work areas to care for COVID-19 positive patients. They always stepped up, despite their own very real fears for the safety of their families and themselves. Very sadly, we lost both patients and staff to the virus and are planning a permanent memorial in their honour.

This year we launched our strategic alliance with Camden and Islington NHS Trust, designed to improve services across both trusts and strengthen the voice of mental health. Early successes have been promoting fairness in career development opportunities, launching a joint mentoring scheme for staff, especially those from black and minority ethnic backgrounds, and ensuring that there is an Equality Champion on all interview panels for recruitment to senior grades.

We are working more closely than ever with partners across North Central London to integrate services and innovate. Over the last year, we have restructured our services into borough-based divisions, with stronger clinical leadership at local level, which will help us to strengthen further the integration of our services at borough level with our partners, all of whom I must also thank.

Looking to the future, I am keenly anticipating the opening of the new state-of-the-art St Ann's Hospital mental health inpatient unit, Blossom Court. It's been wonderful to see it take shape with fantastic input from service users and staff, making it somewhere I would be very happy to see a loved one receive care. We've already celebrated the opening of Shannon Ward in Barnet – a much better environment for patients and staff and it's been heart-warming to hear really positive feedback from both.

I hope you find this annual report an interesting read and I look forward to continuing to work with you all to make our services not just good, but truly outstanding. **Thank you.**

Jinjer Kandola
Chief Executive

Trust Overview

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

We employ more than 3,300 staff, which makes us one of the largest employers in our area. Last year we had 293,949 patient contacts, and helped to treat 2,330 people on our wards and 318,618 in the community. In 2019-20 our income was around £255 million.

We provide our services for young people, adults, and older people from over 20 sites. We support people to overcome the hurdles they face with their health and wellbeing, 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 care, we provide that on our wards.

We provide a wide range of local and more specialist mental health services, for example helping people with personality disorders, drug and alcohol recovery, children's mental health issues, patients with dementia, eating disorders, learning disabilities, and suicide prevention.

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

In Enfield, we run a wide range of community health services for physical health difficulties, including district nursing, diabetic clinics, health visiting, speech and language therapy, physiotherapy, our award-winning Care Home Assessment Team, community paediatric nursing and palliative care.

We give people the skills they need to look after themselves with our support in the community. When they need more specialist care, we provide that on our wards.

CQC Inspection

Trust achieves "Good" CQC rating, and is "very patient-centred"

The Trust was rated as "Good" by the Care Quality Commission (CQC) in its report published in September 2019.

This achievement reflects all the improvements that we have made since our last CQC inspection in 2017 when our rating was "Requires Improvement".

The CQC rated the Trust "Good" for being effective, caring, responsive and well-led. The report was based on an inspection during summer 2019.

The CQC found improvements in the majority of the teams and wards inspected. Forensic (secure) wards and community mental health services for older people were both rated "Outstanding". Enfield community health services maintained its existing overall rating of "Good".

The CQC also found "Outstanding practice" in wards for older people with mental health problems and in mental health crisis and health-based places of safety.

Across the Trust, the CQC highlighted:

- The "very patient-centred" culture of the Trust – staff "care deeply about delivering the best care possible for their patients"
- Effective leadership aware of and addressing the challenges facing the Trust including "an ambitious board" with "tremendous energy and commitment"
- The work under way to improve the quality of our buildings, including the large-scale redevelopment of St Ann's Hospital in Haringey
- Our Fit for the Future Strategy to continue to improve services which was developed collaboratively with patients, carers, staff and external stakeholders
- The Trust's improved financial position.

The CQC rated the Trust as Requiring Improvement on safety. It highlighted challenges with recruitment and retention of permanent staff, some delays with completing Mental Health Act assessments, and the need to ensure all staff complete their mandatory training. However, the CQC noted that the Trust was aware of these issues and was working hard to address them.

Welcoming the report, Jinjer Kandola, Chief Executive, said:

"This report reflects the significant improvements we have made as a Trust. The communities we serve rightly expect us to provide high-quality, responsive services to meet their mental health needs. I am very pleased that the CQC has found that overall we are meeting those expectations to a Good standard.

"I'd like to pay tribute to our caring, hardworking and passionate staff for their commitment to delivering the best care possible for our patients.

"We are already building on the areas identified by the CQC – both doing more of what is working well and addressing what needs to improve. Our ambition is to become a truly outstanding provider of integrated healthcare in north London and beyond."

Our Strategy

Vision, Values, Objectives

A key milestone on our journey to a 'Good' CQC rating was the development of our ambitious 'Fit for the Future' strategy in 2018-19, which set out the direction of travel for the next five years to ensure we meet the needs of our service users, staff and community.

Developed with the people who use our services, we defined a clear set of aims and priorities to achieve this.

Our four strategic aims are:

Excellence

Empowerment

Innovation

Partnerships

Our Vision

Our Vision as an organisation is: **"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

We developed our Values in 2018-19 through a significant engagement exercise with our staff. **They are:**

Since then, we have worked hard to embed them in everything we do, for example ensuring that the staff we recruit reflect and use these values in their daily working lives.

Our Strategy

Our Objectives

Our objectives for 2019-20 were:

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

We knew that to achieve 'Good', we had to start with getting the basics right, while strengthening and developing our systems, processes and our people, including our leaders at all levels. A summary of our progress against these objectives is given later in this Annual Report.

Our objectives for 2020-21 were developed to be explicitly aligned to our Strategic Aims. They were developed before the coronavirus pandemic and may be developed further to reflect the impact of the pandemic and the resulting changes to our services.

Our initial outcomes for 2020-21 are:

Strategic Aims	Outcomes
Excellence for Service Users	We deliver high quality care locally
	Patients and their families shape their own care
	Patients experience consistent, high quality care no matter what services they use
Empowerment for Staff	Staff are heard when they speak up to raise concerns
	We attract and retain high calibre staff
	All staff feel supported, valued and are treated and developed equally
Innovation in Services	We are financially sustainable by delivering best value services
	Technology is used to deliver innovative care
	We have a systematic approach to improvement
Partnerships with Others	By partnering we better meet the needs of our local communities across North Central London
	We are a trusted partner in the delivery of health and social care

COVID-19

Responding to the coronavirus pandemic

Barnet COVID-19 team. © Melinda Rees

Following the national guidance on self-isolation issued on 16 March 2020, the Trust declared a Business Continuity Major Incident. As a result, we moved into formal Major Incident Gold, Silver and Bronze Command and Control arrangements with daily video conferences to ensure a coordinated response.

Our overall aim was to keep services for our patients running safely and to ensure we looked after our staff; this report covers our response up to the end of March.

Clinical services ensured that, where appropriate and possible, services were delivered using telephone or video options, rather than face-to-face, and non-essential appointments were postponed. To provide extra support to our service users, we set up a new 24/7 emergency helpline to get help or advice in a mental health crisis. We also established inpatient isolation facilities to care for patients showing symptoms of coronavirus.

Patients and staff particularly at risk due to underlying health conditions were identified and we made appropriate arrangements to shield and protect them. We made sure we had sufficient supplies of Personal Protective Equipment, oxygen, medicines, food for patients and other vital items.

Non-essential meetings and events were postponed or delivered through video conferencing instead. We arranged for some staff to work from home and we redeployed others to areas of greater need.

The situation was fast-moving and we updated staff via detailed information and guidance on the Trust intranet, including a Frequently Asked Questions section, and a daily All Staff Coronavirus Update email from the Chief Nurse. We also supported our staff and our service users through this difficult period with a range of online wellbeing resources on the Trust intranet and website.

Very sadly, we lost a number of patients and staff to coronavirus. We ensured that we marked these appropriately and have planned to set up a permanent memorial to them later on.

We will be reviewing the learning from the pandemic and looking at what positive developments we can take from this difficult period. There are many new ways of working that we will be seeking to embed in our services going forward, such as video conferencing and online consultations where appropriate; the new 24/7 mental health crisis helpline and changes in the ways our community mental health services and our Enfield Community Services operate to deliver better, more integrated care for local people.


NHS

Our Trust in Numbers

We employ more than

3,300

staff and provide mental health and community services across three London boroughs at **20** main sites

293,949

patient contacts in **2019-20**

54%

of our staff are from Black, Asian and Minority Ethnic (BAME) backgrounds

113,549

number of people who accessed our services

98% of patients receive a follow up within seven days of being discharged from an inpatient ward

This is the best in London and above the national target of **95%**

2,330

number of people we cared for on our wards in **2019-20**

590

number of beds overall across the Trust, including Recovery Houses

BUDGET

£255

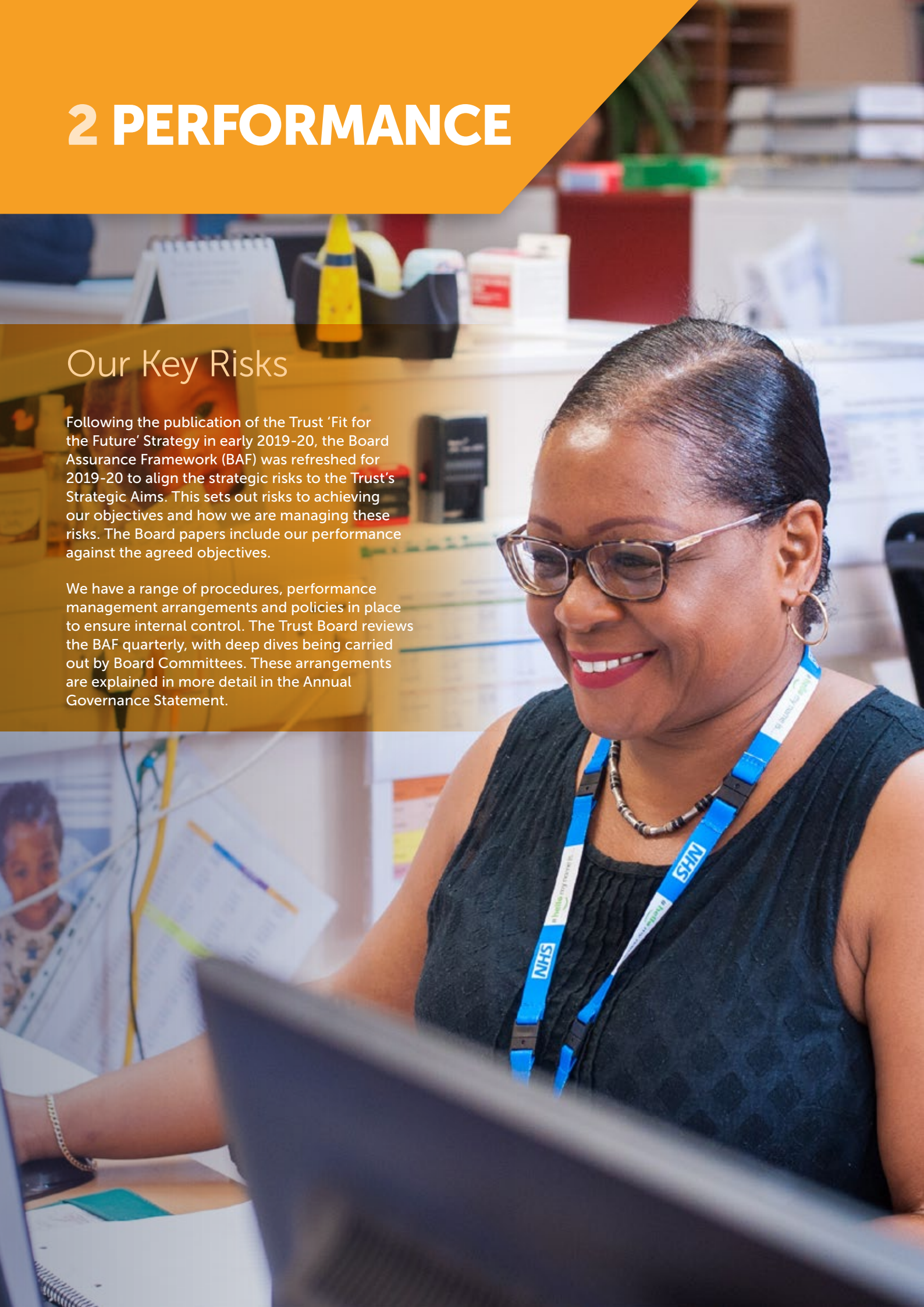
million in **2019-20**

The Trust received formal complaints **116** and **623** compliments

91% overall satisfaction rate across mental health and community services in **8,101** patient and carer surveys completed in 2019-20

93.5% of service users who responded to the Friends and Family Test said they would recommend our services

2 PERFORMANCE



Our Key Risks

Following the publication of the Trust 'Fit for the Future' Strategy in early 2019-20, the Board Assurance Framework (BAF) was refreshed for 2019-20 to align the strategic risks to the Trust's Strategic Aims. This sets out risks to achieving our objectives and how we are managing these risks. The Board papers include our performance against the agreed objectives.

We have a range of procedures, performance management arrangements and policies in place to ensure internal control. The Trust Board reviews the BAF quarterly, with deep dives being carried out by Board Committees. These arrangements are explained in more detail in the Annual Governance Statement.

During 2019-20, the BAF contained the following strategic risks:

Strategic Aims	Strategic Risk
Excellence for Service Users: We will deliver Brilliant Basics and beyond for our service users and carers	1. There is a risk that we will be unable to deliver consistent, high quality care if we are unable to recruit and retain sufficient number of appropriately skilled staff. As a result the quality and sustainability of our services will be impacted.
	2. There is a risk that we deliver care to patients in poor therapeutic environments and facilities due to under investment in our estate. As a result the quality and safety of our services will be impacted.
	3. There is a risk that we fail to consistently provide care in line with national legislation and standards (eg CQC and Mental Health Legislation), resulting in poor quality of care for our service users.
	4. There is a risk that we will not be able to effectively manage the commissioning risks which we take on from NHS England under New Models of Care. As a result the safety of patients, our sustainability and our reputation will be impacted.
Empowerment for Staff: We will nurture our culture and champion the capabilities of our people	5. There is a risk that we will be unable to deliver our strategy if we fail to nurture and develop an open and inclusive culture which empowers and enables our staff to deliver. As a result the quality of care for our service users will be impacted.
	6. There is a risk that we will not be seen as an attractive place to work externally if we are unable to make BEH a great place to work and positively improve the morale of our workforce. As a result our ability to recruit and retain the staff required to deliver our strategy will be impacted.
Innovation in Services: We will embed a culture of innovation to meet the increasing needs of our population	7. There is a risk that we will be unable to meet increasing demand for our services due to a lack of organisational capability and capacity to deliver innovative ways of working. As a result timely access to services for patients (and their experience of our care) will be compromised.
	8. There is a risk that our Information Management and Technology (IM&T) architecture is unable to support transformation and innovation as a result of the requirement for significant capital investment and lack of capability to meet the scale and pace of change needed. As a result we will be unable to effectively support the changes in working practices required to deliver our strategy.
Partnerships with Others: We will actively strengthen partnerships to deliver integrated care for the communities we serve	9. There is a risk that we will be unable to realise the benefits from strong and productive partnerships with our key stakeholder due to the changing external landscape and the lack of a shared vision for the future of services locally. As a result our sustainability will be impacted.
	10. There is a risk that we will be unable to successfully deliver on our commitments to commissioners and partners as a result of our underlying assumptions about demand and system level changes being incorrect. As a result we will not be seen as capable of delivering the service transformation required by the system and our reputation will be impacted.
	11. There is a risk that the Integrated Care System (ICS) and system level focus on common mental health problems will be at the expense of investment in specialist mental health services. As a result the stability and quality of our specialist mental health services will be impacted.
	12. There is a risk that we will be required to contribute significantly more than anticipated to address the system level financial deficit due to changes to the national and local health policy landscape. As a result we would be required to make decisions about which services to continue to provide and the sustainability of some of our services would be impacted.

Key Performance

Indicators 2019-20

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 of their meetings.

You can find the KPIs for 2019-20 in the following pages but we have picked out a few key trends and highlights.

BEH continues to be the top performing Trust in London for seven day follow-up of mental health patients discharged from inpatient wards – with an average annual figure of 98% compared to the national target of 95%.

We identified areas where a particular focus during 2019-20 could significantly improve patient care and/or improve the efficiency of our services. 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 reduced DNAs to only 7.6% compared to the national target of 10%.

However, the Trust did not achieve the national targets in several important areas including: mean length of acute mental health 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 2020-21 and further details on how we are addressing these issues are given later in this report.

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

- Patients provided with a single point of entry to services by the Crisis Resolution and Home Treatment Team
- Improving Access to Psychological Therapies (IAPT) recovery rates and waiting times for six weeks and 18 weeks
- Early Intervention in Psychosis patients treated within two weeks of referral
- Medical vacancy rates and spend on agency staff as a percentage of total staff costs
- Having lower staff turnover
- Children's access to speech and language therapy, physiotherapy and occupational therapy

Trust Performance

Scorecard 2019-20

SAFE

	2019-20	Target
Care Programme Approach Acute & Psychiatric Intensive Care Unit % of patients followed-up 7 Days after discharge	98%	95%
Care Programme Approach: % of patients reviewed in the last 12 months	94%	95%
Inappropriate use of inpatient beds	0	0
Number of Never Events	0	0
136 Suite – inappropriate use	114	0
Adult Acute Inpatient Risk Assessments - % Current (From sample)	99%	90%
Child and Adolescent Mental Health Services (CAMHS): The number of new referrals who received a 2nd contact in the recording month within 6 weeks of the 1st contact	36%	34%
CAMHS Waiting Lists - Percentage of all referrals waiting over 13 weeks (snapshot taken on last working day)	5%	0%

EFFECTIVE

	2019-20	Target
% Payment by Result Cluster Reviews completed on time	86%	85%
% Patients gate kept by the Crisis Resolution and Home Treatment Team	97%	95%
% Admissions that are emergency readmissions within 28 days of previous discharge	3%	5%
Falls resulting in severe injury or death	3	0
Grade 3 or 4 pressure ulcers	2	0
Formal Complaints received	10	-
Complaints: Response in time	78%	1%

Trust Performance

Scorecard 2019-20

CARING

	2019-20	Target
Patient Survey - Information provided	92%	80%
Patient Survey - involved in decisions	88%	80%
Patient Survey - treated with dignity	94%	80%
Overall Patient Satisfaction	91%	80%
Overall Carer Satisfaction	91%	80%
Patient FFT - Mental Health Overall Score	90%	80%
Patient FFT - ECS Overall Score	98%	90%

RESPONSIVE

	2019-20	Target
Delayed Transfers of Care - % All Occupied Bed Days (OBDs) due to delayed transfers	6.3%	7.5%
Delayed Transfers of Care - % Adult Occupied Bed Days (OBDs) due to delayed transfer of care	5.0%	5%
Delayed Transfers of Care - % Older People's Occupied Bed Days (OBDs) due to delayed transfer of care	11.1%	20%
Delayed Transfers of Care - Number of Patients delayed in the month	19	30
Let's Talk (Improving Access to Psychological Therapies - Enfield) % of people treated within 18 weeks of referral	100%	95%
Let's Talk (Improving Access to Psychological Therapies - Enfield) % of people treated within 6 weeks of referral	78%	75%
Let's Talk (Improving Access to Psychological Therapies - Enfield) number entering treatment each month	536	665
Let's Talk (Improving Access to Psychological Therapies - Enfield) Recovery Rate	53%	50%

Scorecard **2019-20**

RESPONSIVE

	2019-20	Target
Let's Talk (Improving Access to Psychological Therapies - Barnet) % of people treated within 18 weeks of referral	100%	95%
Let's Talk (Improving Access to Psychological Therapies - Barnet) % of people treated within 6 weeks of referral	64%	75%
Let's Talk (Improving Access to Psychological Therapies - Barnet) number entering treatment each month	628	773
Let's Talk (Improving Access to Psychological Therapies - Barnet) Recovery Rate	55%	50%
Early Intervention Psychosis % of people treated within 2 weeks	81%	56%
Patients triaged by the Crisis Resolution Home Treatment Team (CRHT) as clinically requiring a response within 4 hours. These referrals are assessed face to face as emergency	92%	90%
Patients triaged by the Crisis Resolution Home Treatment Team (CRHT) as clinically requiring a response within 24 hours. These referrals are assessed face to face as emergency	82%	80%
Liaison Service - North Middlesex Hospital 1-hour response time for A&E referrals	76%	95%
Liaison Service - Barnet Hospital 1-hour response time for A&E referrals	91%	95%

Trust Performance

Scorecard 2019-20

WELL LED

	2019-20	Target
Proportion of staff compliant with individual mandatory training requirements	87%	90%
Sickness/absence rate %	5%	3.5%
Agency as a % of Employee Spend (Financial - agency spend as a percentage of staffing spend)	5%	8%
Bank as a % of Employee Spend (Financial - bank spend as a percentage of staffing spend)	10%	10%
Total vacancy rate (% established posts without staff members in place)	11%	10%
Nursing Vacancy Rate	15%	10%
Medical Vacancy Rate	6%	10%
Time to hire (mean number of days from advert start to provisional start date)	80	77
Staff Turnover (Total)	14%	15%
- Staff turnover (Unplanned)	10%	11%
- Staff turnover (Planned)	4%	5%
Percentage of exit interviews where the trust was described as a good place to work	63%	-
Staff Friends & Family Test (FFT) - Overall score: % would recommend as a place to work	55%	50%
Staff Friends & Family Test (FFT) - Overall score: % would recommend as a place for care	61%	55%

Scorecard **2019-20**

ENABLEMENT

	2019-20	Target
Percentage of people in receipt of Community Mental Health services who are in settled accommodation	78%	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	23%	20%

ACTIVITY AND EFFICIENCY

	2019-20	Target
Adults - Mean length of acute inpatient stay on discharge (Untrimmed)	44	28
Adults - Median length of acute inpatient stay on discharge (Untrimmed)	28	28
Adults - percentage people on the acute inpatient caseloads that have had stays of over 100 days	15%	25%
Older People - Mean length of acute inpatient stay (Untrimmed)	61	40
Older People - Median length of acute inpatient stay (Untrimmed)	60	40
Mental Health Did Not Attend (DNA) Rates (Excluding Crisis Resolution Home Treatment Teams)	7%	10%
- Mental Health DNA Rates - Adults	8%	10%
- Mental Health DNA Rates - Older Adults	3%	3%
- Mental Health DNA Rates - CAMHS	8%	10%
Memory Clinic: Percentage of patients waiting less than 6 weeks from Referral to Diagnosis	84%	85%

North London Partners

in Health and Care

Development of local integrated care system and partnerships

We have actively strengthened partnerships over the last year in order to deliver more joined-up care to the communities we serve. We continued to be fully involved in the North London Partners in health and care Sustainability and Transformation Partnership (STP) and the wider work to develop a local integrated care system and borough-based partnerships.

The NHS Long Term Plan, which was published in January 2019, confirmed that all STPs are expected to continue to develop further so that every part of England is covered by an integrated care system and local integrated care partnerships by April 2021.

Locally in North Central London (NCL), each borough is developing an Integrated Care Partnership within an overarching NCL Integrated Care System. This was supported by the previous five Clinical Commissioning Groups in NCL merging to form one NCL Clinical Commissioning Group from 1 April 2020.

The Trust is closely involved in the NCL Integrated Care System and our three borough Integrated Care Partnerships to ensure that the needs of those who use our mental health services and community health services in Enfield are heard in taking key decisions and in continuing to improve the health and care of local people.

Information Management and Technology

During 2019-20 the Trust has continued to invest in our Information Management and Technology (IM&T) capabilities to offer improved technology to support the delivery of high quality care.

We completed our roll out of Windows 10 and refreshed hardware. We deployed mobility devices and the Mobilise application to 20% of our staff, enabling them to work anywhere at any time and giving them the ability to complete clinical activities without the need to return to a desk or to their work base. This project has released time to provide care to our service users, and over the course of next year we will further enhance our mobile working capabilities with appointment scheduling.

We recognise that to deliver the Trust's ambitions to transform our clinical services we need to have a stable and reliable technology infrastructure. To that end, this year the Trust has made significant investment in our network to upgrade connectivity and network speeds across the Trust and improve resilience and reliability. We have migrated to the new Health and Social Care Network (HSCN) and all N3 connections – the existing private network supplied by BT - will be replaced as part of the network upgrade.

Additionally, the Trust has made a significant investment in our server architecture and operating systems to ensure they are resilient and fit for purpose. Working with our technology partner Atos, we are redesigning our architecture to include a resilient SQL server cluster that will form the basis of a Trust-wide data warehouse, enabling the Trust to move forward with our plans to integrate our data sources and procure a Business Intelligence tool for implementation in 2020-21.

We committed to a further five year contract with the supplier of our clinical system, RiO, from August 2019, and successfully implemented a version upgrade in that month. As a result of the upgrade, we have been able to participate in the STP-led project to implement the Health Information Exchange (HIE) across NCL. This means that our staff can access information held in GP systems across Barnet, Enfield and Haringey from the RiO system, ensuring care decisions are based on the most up to date information.

Information governance has surpassed the mandatory requirements for clinical coding at the annual audit, which helps improve data quality. The Trust takes cyber security very seriously, and over the course of 2019-20 has implemented all the recommendations from an independent cyber security review.

We also rolled out Skype for Business across the Trust to enable staff to participate in meetings remotely. We had also planned to work with our technology partner and our local health economy to identify a system that would enable us to offer remote video consultations to service users, where appropriate. The impact of the coronavirus pandemic meant that we brought forward our plans and launched Attend Anywhere to enable remote video conferencing.

Quality Improvement

A key factor in improving patient care is developing a workforce that is empowered and that consistently delivers excellent care through a Quality Improvement (QI) approach. The QI approach focuses on quality and the role of the people within an organisation to develop changes in culture, processes and practice.

As planned, 2019-20, which was year three of the Trust's QI journey, saw a step change in both ambition and delivery.

Having completed our partnership with Haelo, we invested in our own QI infrastructure; recruiting to three new posts: a Deputy Director of Quality Improvement and two Quality Improvement Facilitators.

We adopted NHS England's Quality, Service Improvement and Redesign (QSIR) model of Quality Improvement and have so far trained 13 members of the QI Faculty; including psychological therapists, medics, nurses, allied health professionals and managers from across the Trust as QSIR Trainers.

The QSIR model allows us to scale up the training offer, as a percentage of those trained will go on to become trainers themselves. In the first year of QSIR delivery, we plan to train over 500 people, including some service users, to a 'Foundational' level. Of these, 150 will be trained to 'Champion' level, as certified QSIR Practitioners.

Embedding Quality Improvement across the Trust will be supported by the use of LifeQI. This online software platform allows our staff to plan, measure, and report on their QI work and offers a central repository for all of the improvements we make. The Trust had used the tool as part of our participation in a small number of national QI collaboratives, as it promotes collaboration and information sharing both within and between Trusts. We will be rolling this out as part of the training offer over the coming year.

Brilliant Basics

Our improved CQC rating resulted from achieving excellence for our service users and at the heart of this progress is our Brilliant Basics quality improvement programme.

In 2019-20, we moved from using QI across three areas to identifying the ten priorities listed below. Each of these is the focus of a Quality Improvement collaborative with a senior sponsor and an operational Trust lead, responsible for ensuring sustainable improvements at a Trust-wide level.

To ensure consistent delivery, each collaborative has a divisional lead from each of our five divisions, who coordinate activity in their respective area, feed back to the divisional Brilliant Basic working groups and then to the Trust-wide Brilliant Basics meeting which is chaired by the Chief Nurse.

Our Brilliant Basics

- Timely access to beds
- Shared learning
- Safe environments
- Floor to Board data
- Risk assessments and care planning
- Reducing restrictive practices
- Recruitment and retention
- 132 rights/capacity to consent
- Mandatory training
- Physical health monitoring

Flow Coaching Academy

2019-20 also saw the Trust being selected as a Flow Coaching Academy site. The Flow Coaching Academy (FCA) Programme (funded by The Health Foundation) aims to develop the capability to train improvement coaches across the UK, by making "improvements from within the NHS, by the NHS".

Based on Toyota's 'Big Room' approach to collaboration, the FCA programme enables Trusts to run their own Big Rooms by bringing all the different stakeholders together in one space to look at how to make improvements in care pathways. The FCA programme is a one-year course with a curriculum of 18 days face-to-face training, rooted in action learning.

The Trust has selected three pathways for its initial transformation work. Two flow coaches are assigned per pathway, one clinical and one non clinical. The coaches use the skills and knowledge they learn each month to coach staff in their own Big Rooms, realising quick and tangible benefits for the Trust. When a set of staff have been fully trained, they then become a faculty and set up their own Flow Coaching Academy offering training in their local region.

Enablement

When we created our Fit for the Future strategy, we invited the views of our service users who told us a key priority for them was being able to take an active and meaningful role in their recovery. One of the ways we are doing this is through our Enablement Programme.

What is Enablement?

The Enablement Programme is our approach to delivering mental health services in a way that empowers people who use our services. It increases people's control of their own mental health and aids their recovery. Enablement is an umbrella term for a number of evidence-based approaches, which include recovery-focused, person-centred and strengths-based approaches.

What is the Enablement Partnership?

The Enablement Partnership is a unique collaboration between BEH and peer-led charity Inclusion Barnet, which works to design, deliver and evaluate a wealth of projects across BEH under the Enablement ethos. The Enablement Partnership is completing its second year with successful activities focused on four core areas: peer support, co-production, enabling practices and lived experience of mental health challenges.

The Enablement Partnership operates on four key principles throughout its work:

- Always aiming to do *with* people rather than *to* or *for* people,
- Focusing on what people *can* do rather than what they *cannot* do,
- Supporting people to develop skills to help themselves stay well, and
- Working with the whole person and not just their diagnosis.

Peer Support

The number of Peer Support Workers employed in the Trust continues to grow, and we have an ambitious aim of recruiting 20 additional Peers in 2020-21. We currently have 25 permanent peer positions in areas across the Trust, such as our Liaison team who are based in the Emergency Department of North Middlesex University Hospital, Complex Rehabilitation wards, community teams and crisis teams.

In addition, we are piloting a respiratory Peer Support Worker in our Enfield Community Services to share the principles of peer support in mental health within physical health.

We have further developed our peer support networks and infrastructure by consistently reviewing our process of preparing for Peer Support Workers and through holding workshops with teams who are keen to develop new peer roles as part of their service. We also increased the amount of Peer to Peer Supervision offered. In addition, we are in the process of writing a 'Peer Support Strategy' showcasing the importance of peer roles in the evolving workforce skill set.

Enabling Practice

We have continued to pilot a care planning tool which focuses on the person's wants and hopes called DIALOG+. This is being tested in two wards across the Trust.

Findings so far have demonstrated that DIALOG+ has improved co-production of care plans and communication between clinician and the person using the service.

DIALOG+ is creating a cultural shift in how we conduct the Care Programme Approach (CPA) process to aid meaningful recovery based on the person's goals.

In addition, we are proud of the co-produced 'My Wellbeing Plan' resources which were co-designed with Peer Support Workers and clinical staff. These are a self-management and recovery tool which uses principles that support the recovery approach. Teams across the Trust have reported that the resources have been well-received by people using them for maintaining 'hope' on their recovery journey.

Co-Production

We have produced a bespoke co-production toolkit for staff, based on theory, evidence and experience that provides staff with the knowledge, guidance and practical support they need to start co-producing.

In addition, we designed and delivered training in effective co-production for staff with the aim of including a wider training programme.

The creative co-production forums serve as a platform where we share learning on co-produced projects and where staff have the opportunity to showcase best practice while providing insight into the barriers to co-production and service user improvement experience.

There has also been a co-produced awareness campaign video for adult attention deficit hyperactivity disorder (ADHD) with the Adult ADHD team and people who use the service. This video will enable people to have a better understanding of ADHD while also supporting referrals to this service.

In child and adolescent mental health services (CAMHS), we engaged in a project to train young people's parents in quality improvement methodology to enable them to co-produce with clinicians in workstreams that are being implemented in Barnet CAMHS new stepped model of care.

Lived Experience

Significant progress has been achieved in the ongoing Trust-wide project focused on ensuring staff with lived (i.e. personal) experience of mental health challenges are viewed and treated as an asset in the workforce.

By utilising the QI methodology to provide a robust method of tracking improvement in the culture, we developed a QI Collaborative with staff members to agree on the QI project aim, drivers, project measurements and 27 change ideas. As a result, together with staff, we have created and launched the Trust Lived Experience Strategy. In addition, we will have a lived experience feature in our Trust Matters magazine for staff to share their stories, and act as a launch pad for a Lived Experience Champions scheme.

Additionally, the Trust-wide Enablement Lead is leading the review and redesign of the Recovery Houses within the three boroughs of Barnet, Enfield and Haringey. This will ensure that service users and carers, crisis and community staff (including peer workers) and colleagues from social care, housing and clinical commissioning groups have input into the creation of a co-produced recovery and strength based model of service to be offered in 2021, offering hope and opportunity for the best possible recovery journey for people within adult mental health.

Redevelopment

of St Ann's Hospital in Haringey

The Trust operates from 20 sites across the three boroughs we serve. As part of our Fit for the Future strategy we are committed to operating from buildings which enable the delivery of high quality, safe, sustainable and affordable care for patients and are good for staff to work in.

A key milestone in delivering this has been the construction of the Trust's brand new, purpose built, mental health inpatient facilities at St Ann's Hospital in Haringey which are due to open in late summer 2020. The Trust has been working with patients, staff, local residents and local partners on the plans for over five years to significantly redevelop St Ann's Hospital; and the new mental health inpatient building is the first phase of this redevelopment project.

The new inpatient building is named Blossom Court and the four wards within it are named Tulip Ward, Iris Ward, Daisy Ward and Sunflower Ward. All the names were chosen following an open competition. Patients, staff and members of the public were invited to suggest names that reflect the special place in the community the new unit has. Each of the names has a significant meaning related to caring, hope and recovery, which are at the heart of what the Trust does.

Blossom Court provides modern, state-of-the-art, facilities for local people and is one of the best mental health units in the country. Work on Phase 2 begins in late 2020, with a series of refurbishments of other buildings, a new restaurant for patients, visitors and staff, a new staff training suite and site infrastructure and landscaping improvements. This phase of the project will be completed by late 2022.

The neighboring residential development on land purchased from the Trust by the Greater London Authority (GLA) is due to commence in 2023. The GLA will develop the land, which was surplus to NHS requirements, to create new family houses and flats for local people, with at least 50% of the new homes being designated as affordable housing. Twenty-two of the flats will be available to the Trust to help recruit clinical staff.

Fit for the Future

Divisional Restructure

We can only achieve the best for our patients by developing clear leadership structures where good work is recognised and valued, and views are listened to and supported.

During 2019-20 the Trust made organisational changes to the senior clinical leadership in our Barnet, Enfield and Haringey boroughs as well as the Specialist Services division and our Enfield Community Health Services division.

We invested over £500,000 in a new triumvirate structure for each area, comprising a Managing Director, a Clinical Director and a Lead Nurse, along with a series of strategic lead responsibilities for boroughs/specialties and senior managers. This investment was made to significantly increase the clinical leadership of each division, allowing the divisional leadership teams to focus in more depth on improving the quality of our clinical services.

This change also helped the Trust to engage more effectively in the emerging Integrated Care Partnerships at borough level and with each of the new Primary Care Networks in each borough, as well as supporting the wider North Central London Integrated Care System in delivering the NHS Long Term Plan.

The new clinical leadership structure provides greater accountability and focus within each division improving clinical practice and quality, development of the Trust culture, strengthening local governance, manging risk and business planning.

Recruitment to key posts in the new structure was completed in January 2020.

Our Clinical Services

During 2019-20 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 and part of Haringey
- Locality mental health teams in Haringey, Enfield and Barnet
- Barnet, Enfield and Haringey Memory Services
- Mental health liaison services at North Middlesex University Hospital, Barnet Hospital and the Royal National Orthopaedic Hospital

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
- School Aged Immunisation Taskforce (commissioned by NHSE)
- 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 providing inpatient, day programme, outpatient and liaison care
- Community Substance Misuse Services in Enfield and Haringey (including Haringey Tier 3 community drug service)
- CAMHS specialist (Tier 4) inpatient services
- Dual Diagnosis Services to Inpatients – Enfield and Haringey

Forensic Services

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

- Medium and low secure inpatient care for men and women, including specialist services for people with a learning disability
- Community outreach services for those with mental illness
- From November 2019, we have also provided community outreach services for those with a learning disability

Additionally, the following services are provided across a wider geographical area:

- Learning disability liaison and consultation services (as part of the community outreach service)
- Liaison and Diversion Services to Police Custody Suites and Magistrates' Courts
- Project Future at Magistrates' Courts
- Metropolitan River Police Suicide Prevention Team
- British Transport Police Suicide Prevention Team
- **Specialist Liaison Services:**
  - Fixated Threat Assessment Centre (FTAC)
  - Stalking Threat Assessment Centre (STAC)
  - Counter Terrorism and Vulnerability Hub (CTVHub)
  - London Pathways Project
- **Prison Mental Health Services:**
  - HMP Pentonville – Inpatient, Inreach, Enhanced Support, Wellbeing Centre and Therapy Services
  - HMP Wormwood Scrubs – Inpatient, Inreach and Therapy Services
  - HMP Brixton – Inreach and Therapy Services
  - HMP Springhill, HMP Grendon, HMP Aylesbury – Inreach Services
  - Offender Personality Disorder

Barnet Mental Health Services

The Barnet Services made very good progress in 2019-20, demonstrating particular excellence in engagement and innovation.

The services line reached all its key targets through growth and positive service development. The networked 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 both inside the division and with external agencies and partners.

Barnet CAMHS

We are working very closely with commissioning colleagues and leaders from across CAMHS providers on the Barnet Transformation Board. Our nationally benchmarked 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 redesigned service based on a co-produced model of care. The model is built upon 'Thrive' principles and offers a stepped care approach 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.

2019-20 saw the introduction and expansion of a new crisis team for 11-18 year olds in need of an urgent response from CAMHS. The CAMHS Assertive Outreach 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.

Accessible by GPs, CAMHS teams and colleagues in education and Children's services, this team have achieved excellent results meeting all key KPIs and seeing young people within the new timescales.

North Central London introduced out-of-hours CAMHS support at all the major hospital sites, allowing for specialist assessments in the Emergency Departments to better support young people in crisis.

This year also saw a reduction in waiting times for specialist neurodevelopmental assessments for autism and the introduction of a specialist neurodevelopmental pathway.

We developed new collaborative pathways with our colleagues in Adult services and supported better transition planning for young people, including joint assessments prior to transition with Adult ADHD services.

Qualitative feedback included:

- "It's a continuing service. Happy with the way the transition was organised. The fact that somebody had taken over."
- "I didn't have to worry about the gap between adult services. The transition was smooth."
- "Everyone worked together, there wasn't much waiting."
- "Transition was perfect."
- "It was a good experience having a pre-discharge meeting from CAMHS which my Care Coordinator from adult services attended which helped calm my anxiety."

Barnet Younger Adult Services

We continued to embed the excellent Link Working service in the adult pathways and it secured ongoing 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.

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

Barnet Improving Access to Psychological Therapies (IAPT)

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.

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."

Enfield Improving Access to Psychological Therapies Services (IAPT)

Let's Talk Enfield (which reports into Barnet) has also either met, or come very close to its agreed monthly access targets. The recovery rate target of 50% has been met consistently in Barnet and for the majority of months in Enfield.

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

Barnet Mental Health Services

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 successfully established another acute inpatient ward, the Shannon Ward at the Dennis Scott Unit at Edgware Community Hospital. This project provided many opportunities to involve service users and staff in decisions about the ward such as its name, choices of furniture, colour scheme and decoration. It was also an opportunity to have people visit the ward before it opened to view the environment and showcase the high quality environment including en-suite facilities in every bedroom. We also negotiated and continue to manage a new one year sub-contract with The Priory Southgate (Oaks Ward) to increase internal bed capacity.

We were accepted on to a two year national safety collaborative regarding sexual safety on mental health wards. The collaborative is hosted by the Royal College of Psychiatrists and involves a QI approach.

We are continuing to implement the Trust's Enablement Strategy and will be exploring opportunities to increase peer support worker roles across some of our services in the coming year. 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, which is now in use at the Dennis Scott Unit. We were very pleased to welcome the Mayor of London Borough of Barnet to an official opening ceremony of this facility.

We have started the 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.

Trust-wide Mental Health Liaison Services

Our Mental Health Liaison Services support patients with a mental health condition attending the Accident and Emergency Departments staff at Barnet Hospital and North Middlesex University Hospital, working with the A&E staff mental health patients. The service has developed two outstanding schemes. The first targets 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 more truly empathetic support.

Psychology HUB and Personality Disorder Service

Waiting lists for psychological assessment and treatment continue to be a concern. The HUB is building and developing local initiatives aimed at improving access to psychological therapy at the secondary care level for Barnet residents.

The Psychology HUB continues to manage and oversee the Mindfulness Project which provides site-based Mindfulness Meditation for staff to attend. Psychology staff have led the newly launched Service Users and Carers Group with the second meeting taking place in March 2020.

Psychology has also led in coordinating a day-long introduction to Trauma Informed Care. 120 Barnet staff across all areas attended the training, with many more expressing a strong interest. Feedback was resounding positive in particular about the way in which it helped people to make sense of interactions they had experienced with service users and other staff.

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 Memory Assessment Service

Over the past year the Barnet Memory Assessment Service has been able to maintain its high standing within the Memory Services National Accreditation Programme. In a survey of 32 memory clinics across England, the service came second for waiting times and diagnostic rate under six weeks.

The service has also started a carers' group over the past year and this has been very popular. We continue to deliver a very high standard of cognitive stimulation therapy groups and carers support, and we are currently working closely with Barnet Clinical Commissioning Group promoting the Barnet Action Alliance in making Barnet a dementia-friendly environment.

Barnet Older People's Community Mental Health team

This service was rated 'Outstanding' by the Care Quality Commission in its latest inspection. In particular, the CQC noted that the team provides a truly holistic approach to assessing, planning and delivering care and treatment to patients while being responsive to individual patients' needs and managing risk. Patients and carers reported that staff went the extra mile and exceeded their expectations. GPs particularly praised the responsive way in which the service responds in a collaborative manner with other health partners.

Barnet Day Hospital

The Barnet Day Hospital supports service users who have either been diagnosed with organic or functional mental health illness.

We recognised that more people experiencing a functional illness would benefit from our Day Hospital support to avoid or step down from inpatient admissions and we are now providing care to a larger number of people.

Case Study

Barnet Mental Health Services

Opening of Shannon Ward at Edgware Community Hospital

Our state-of-the-art new ward opened in December 2019 at Edgware Community Hospital. Shannon Ward is the new adult mixed acute mental health ward at the Dennis Scott Unit, previously known as the Avon Ward. The new ward comprises 15 bedrooms, all equipped with en-suite bathrooms.

Ward Manager, Muhammad Jaunbocus, said:
"I am very pleased to have been involved in opening Shannon Ward. All our colleagues in Barnet have worked relentlessly with service users to ensure that the ward is specifically meeting their needs. The ward has excellent facilities and I thank all Trust colleagues who made it possible."

Service users also had great feedback on the new facilities:

- "My bedroom is very clean, it is self-contained and I like it very much. I have an en-suite bathroom to myself. I have a table and chair which I use for my work. The other thing is, I am able to charge my phone any time I want."
- "It's an excellent, top notch ward."
- "It's very nice and clean and very well looked after. It's also bright."
- "The facilities are good and better than the other wards."

Enfield Mental Health Services

Adult Mental Health Services

2019-20 was a good year for Enfield Adult Mental Health Services. The development of the new care pathways in the community has continued. The service has also delivered well against our target for treating service users closer to home.

A number of new initiatives have been introduced in Suffolk Recovery House including:

- Providing on-site support to the Recovery House by deploying a member of staff from the Enfield Crisis Resolution & Home Treatment Team (CRHTT) on a daily basis to provide advice and support with managing referrals assessment, review and discharge arrangements for service users.
- There is also outreach support from the CRHTT Occupational Therapist who runs two groups a week in the Recovery House and a social worker from the CRHTT who goes to the Recovery House once a week to hold an open session for anyone who needs information and support regarding benefits and housing.

Service users do not need to be admitted to the Recovery House to have access to the support; they can also stay in their own home but attend the Recovery House during the day and weekends for support.

This means improved patient and carer experience, as the service has a more flexible and responsive approach. The average length of stay in the Recovery House has reduced from 21 days to 6.5 days and we are providing more users with alternatives to inpatient admissions.

We have strengthened leadership in our acute care services by appointing a psychology stream lead who also holds a clinical lecturer post in the Division of Psychiatry at University College London, meaning our services benefit from closer working with academics. Additional funding has been secured for psychology input to our Psychiatric Intensive Care Unit (PICU) and rehabilitation step down work. Improving support for carers has also been high on the agenda and we have worked closely with the Enfield Carers project producing a video and undertaking staff training to increase support for and partnership with carers.

The service has continued to working closely with local commissioners and primary care. Mental Health Link Workers are now co-located and delivering services in 24 GP practices in Enfield. The primary focus is to improve the patient journey by providing advice, support and signposting along the way. Link Workers focus on utilising existing resources and offering alternatives to increase patients' choice. They also play a key role in raising awareness of mental health issues, sharing knowledge and expertise with colleagues in primary care.

An innovative new way to assist our most at-risk adult service users began in Enfield in October 2019. Serenity Integrated Mentoring, or SIM, is an award-winning mentoring programme designed for High Intensity Service Users who are struggling to cope in the community, and often end up being detained by the police under Section 136 of the Mental Health Act.

This multi-dimensional team, working intensively with service users, agree care and response plans and gradually help prevent high intensity use of emergency services. It is hoped that over time the programme will be able to reduce the number of crisis calls and other high-risk events including police deployments, London Ambulance call outs, emergency department attendances and mental health bed admissions.

Enfield Mental Health Services

Mental Health Services for Older People

In 2019-20, Enfield Memory Services brought in a new and innovative assessment, diagnostic and treatment model which has been very well-received. Service performance is among the best in London, seeing all patients within the national six week access target. Dementia is a commonly under-diagnosed condition and because of this, a national target was brought in to ensure that a higher number of people are diagnosed so that important support and treatment can be provided. Enfield has performed the best in London this year, diagnosing a higher percentage of expected prevalence than all other London boroughs.

We continue to provide a key psychological service for the 12% of people in the borough who are over 65, addressing their emotional needs in the community and in inpatient settings. The service continues to partner with University College London in the FACTOID (Treatment Resistant Anxiety Disorder) study helping to develop Acceptance and Commitment Therapy for older adults with generalised anxiety. The psychology team lead successful Quality Improvement projects in the reduction of violence and aggression on our inpatient wards.

The Oaks Ward on the Chase Farm Hospital site, one of our main acute assessment wards for older people, introduced a weekly staff and patient improvement group. Improvement ideas from staff and patients are captured and posted on an 'improvement wall' where each week the group plan and review progress together. Patients have also been part of interview panels for new staff.

Child and Adolescent Mental Health Services (CAMHS)

The CAMHS Access service, introduced in November 2018, has continued to deliver a central point for professionals to refer young people with mental health concerns. The screening of referrals through discussion with young people, their families or the referrer has enabled more effective and responsive access to CAMHS pathways or signposting to more suitable services.

On 1 April 2019, Enfield CAMHS welcomed the employment of systemic family psychotherapists who joined our specialist multi-disciplinary CAMHS service. The psychotherapists have been an integral part of CAMHS in Enfield for many years, employed by Enfield Council, and the service was very pleased that they became part of the Team BEH workforce. Their transfer to the Trust enhances the governance, quality, and delivery of services to provide a comprehensive specialist CAMHS, offering a range of interventions to children, young people and families of Enfield.

The service took over as the lead provider for the Enfield Parent Infant Partnership (EPIP) Service. The service is a small team staffed by a specialist health visitor and parent infant psychotherapists. The team works with parents and their babies to help develop secure relationships between parents and infants.

After an extensive programme of refurbishment to Bay Tree House, several of our CAMHS teams moved into the new clinic in June 2019, alongside colleagues from Children's Universal Services. This has enabled us to deliver services in a community clinic setting with a stronger NHS identity. Co-location of the CAMHS teams has provided greater opportunities for sharing expertise and whole-service cohesion.

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 and reducing the length of stay where admission is unavoidable. 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.

We have been fully involved in the Learning Disabilities Mortality Review (LeDeR) process, reviewing learning disability deaths, and continue to address the health inequalities for those with learning disabilities. We have increased annual health checks for individuals through close and collaborative working with local GP practices.

Our occupational therapists 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, we are second top in London and seventh nationally, and have developed a seamless pathway for young people with learning disabilities on the Special Educational Needs and Disability (SEND) supported internship programme as they become adults.

Case Study

Enfield Mental Health Services

Serenity Integrated Mentoring (SIM) – Mentoring for health

An innovative new way to assist our most at-risk adult service users began in October 2019 at Chase Farm Hospital. Serenity Integrated Mentoring, or SIM, is an award-winning mentoring programme designed for 'high intensity' service users who are struggling to cope in the community, and often end up being detained by the police under Section 136 of the Mental Health Act.

Mental health crisis calls to emergency services and police detentions under Section 136 have been increasing consistently for the last 10 years. Alongside this issue, there is a further problem in many communities where up to 40% of crisis calls are from the same people: a small number of repeat callers who have severe mental health issues and who, as a result, place intensive operational demands on police, ambulance, A&E departments and mental health teams.

Recognising the rise in crisis calls, as well as the fact that NHS staff alone were not equipped to adequately support some of the most complex service users, specialist integrated mental health care and policing teams were formed to provide a unique blend of nursing care and behavioural management. These new teams work alongside the service users and encourage even the most challenging towards more consistent and healthy coping strategies.

Sharon Quidley, Project Manager for SIM Enfield explains: "Police officers are trained in responding to mental health high intensity users, risk management and basic clinical theory. The Enfield officer has an NHS honorary contract with the Trust, working with the local community mental health teams to assist with the clinical and risk management of the most challenging cases.

"With consistent support, the programme can drastically reduce crisis calls and other high risk events including police deployments, London Ambulance callouts, Emergency Department attendances and mental health bed admissions. We help high intensity users engage with their local services more appropriately – we can also assist service users to avoid criminal outcomes and ending up in court or worse, so it's a win-win situation."

UCL Partners is coordinating the programme management of the SIM London sites in north and east London. Health economic analysis has shown that this type of intensive crisis behaviour can cost police, ambulance, emergency departments and mental health services between £20,000 and £30,000 a year per patient. It is estimated that there are around 2,000 to 2,500 people across the UK who place these repeat demands upon services.

Michael Salfrais, Service Lead also working on the SIM implementation says: "SIM intervention teams have been shown to reduce the pattern of high cost behaviour. Every person is different, but the best results so far in other areas of the country have seen crisis calls and demand reduced by up to 90%. By starting in Enfield, we hope to replicate this success across Barnet and Haringey."

"This project has had a tremendous impact in other areas of the country. Lives have been changed; not only for the service users but for their loved ones, their communities and for those who had previously managed their care."

This successful model has also been applied in the Netherlands and is being planned in Sweden, USA, New Zealand and Australia.

Enfield Community Health Services

Highlights from Adult's Services

Diabetes

NHS England has chosen Enfield to be an exemplar site for the work that we have done on enabling health care assistants to carry out insulin injections in the community. NHSE plans to pilot this model in seven sites in England and as the exemplar site we will support them.

Respiratory Services

The service is piloting a peer support worker scheme jointly with the Trust-wide Enablement Partnership. The pilot is focused on the use of an expert patient to help run Pulmonary Rehabilitation alongside the qualified team.

Rapid Response

The Rapid Response team worked tirelessly over the winter months; they saw an increase in referrals to the service and they helped reduce non-elective admissions to the acute trusts. They also saw referrals from the London Ambulance Service increase.

District Nursing

End of Life Care – District Nursing facilitated preferred place of dying for all referred palliative patients (100% achievement) in the last quarter of the year. All patients had a gold standard end of life care plan in place endorsed by the Macmillan services.

Releasing Time to Care – District Nurses successfully piloted this project for the Trust which resulted in increased productivity. This project focused on the use of mobile working devices, accessing Total Mobile for electronic records therefore reducing paper records and travel to and from bases between visits thus releasing additional time within the service to focus on patient care.

Community Matrons Multi-Disciplinary Team (MDT) meetings

The London Ambulance Service commenced a programme to refer frequent callers to Primary Care MDT meetings which are coordinated by our community matrons. There has been a decrease in frequent callers since these referrals began.

Tissue Viability and Lymphedema services

Our Lymphedema team is providing excellent support to the Macmillan Team at North London Hospice. This includes teaching cancer patients how to manage their lymphedema. The last session attracted more than 30 attendees, twice the expected number. Work is also in progress to ensure joint working between our tissue viability and lymphedema services in order to increase resilience.

Highlights from Children's Services

In June 2019, we created a children's hub at Bay Tree House which brought together Universal and CAMHS services.

The teams across Enfield CAMHS and Universal Children's services settled in well to their new environment. The benefits of co-location have been greater accessibility to health colleagues, case discussions and consultations about jointly held cases.

Health visitors continue to deliver New Birth contacts by 14 days at 98-99% compliance each month. School nurses have managed the safeguarding levels within the year, by attendance at case conferences. Both services are due to transfer to North Middlesex University Hospital (NMUH) Trust on 1 April 2020. The service has commenced some developmental work to sustain links and collaborative partnerships with existing Barnet, Enfield and Haringey services that will be important ›

Enfield Community Health Services

› following the transfer of service to NMUH to support the whole care pathway journey for children, young people and families.

NHS England has stated 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.

NHSE continues to be pleased with the delivery of the well-established School Aged Immunisation Taskforce. While uptake targets are rising, the team continue to make improvements in reaching out to schools and parents to ensure the highest uptake possible is maintained. This service is remaining part of BEH. The service has accommodated an intern from one of our local Special Needs Units that support employment and further training opportunities.

The Early Years Speech and Language service participated in a Local Government Association Peer challenge programme. The programme focussed on speech and language in the early years to help Enfield Council with their improvement plan by providing a practitioner perspective and 'critical friend' challenge. Key recommendations will strengthen joint partnership accountabilities and further investment in the dissemination of a speech and language locally-designed tool to extend reach of the wider workforce in early identification ad targeted interventions of at risk populations.

Our Positive Beginnings and Hanen parent-based workshops to support parents and carers of children with social communication disorders or autism have continued to be delivered with a high attendance rate and positive feedback including evidenced and measured outcomes for the children. Hanen is the name of an evidence-based parent led intervention to develop the best possible language, communication and literacy skills in young children. Many groups have developed parent-led social media accounts to share knowledge, ideas and creative strategies.

The clinical lead from Occupational Therapy was requested by the Royal College of Occupational Therapy to present their team's community leisure group pathway as an example of innovative practice and inter-agency working at a training day at the College.

In all Education Health and Care Plan Speech and Language Therapy clinical reports, advisors have included the voice of the child and young person in co-producing outcomes and provision to meet outcomes through Talking Mats. Talking Mats is a visual-based tool for all ages to give control to people who find verbalising difficult. Delivery of training on Talking Mats to the Youth Offender Unit staff has taken place with the development of a topic pack to be used in a Youth Justice context jointly devised by the users of YOU.

A new core requirement training resource for national police custody suites has been developed and launched by 12 London borough speech and language therapy services. The BEH speech and language therapy clinical lead in Social Emotional and Mental Health is a core member on the development team. The project follows growing recognition of the prevalence of speech and language needs in the justice system for young people and prison populations. The group is in further discussion with the Metropolitan Police to design bespoke training across national liaison and diversion teams.

Our Voice Parent Forum and our Talking Mats accredited trainer are involved in a single case study with a focus on: 'Gaining the voice of the child for children who are not using formal communication systems'. The study has been agreed with parents and a school for children with autism and learning disabilities. Methodologies include video analysis and adult-child interaction observations. The goals are for children and young people to have active control over their environment and develop decision-making skills. Staff and parents are involved in the study including delivery of trials and output analysis.

The mainstream speech and language therapy education team has delivered 1,940 clinical lead consultation sessions to schools, parent and education staff workshops, twilight sessions and action learning sets on a range of speech and language topics including developmental language disorder, colourful communication and zones of regulation. All workshops are free of charge, fully booked and highly in demand.

Case Study

Enfield Community Health Services

Leisure Projects to support children's occupational therapy

Occupational Therapists in Enfield developed and implemented integrated leisure groups as part of occupational therapy pathways of care. This approach was recognised by the Royal College of Occupational Therapy (RCOT) in 2019-20 and the team presented at RCOT seminars and workshops.

As children and young people who use our specialist service often cannot participate in activities at mainstream leisure facilities, occupational therapists in collaboration with locally established community providers created safe groups aimed specifically at them:

- Motor coordination football club at Enfield Town Football Club
- Physical disability football club at Enfield Town Football Club
- Swimming lessons for children with complex needs in collaboration with Active Enfield
- "Learning to ride my bike" group in collaboration with Cycle Enfield/Cycle Confident
- Running club in collaboration with Lee Valley Athletics
- Introduction to horse-riding one-off session in collaboration with Active Enfield and Gillian's Stable

The groups are run by occupational therapists and local club coaches and meet on an ongoing basis throughout the year.

We have received positive feedback from children and their parents:

- "Sammy has had a fantastic time: from being unable to ride he is now so much more confidence and able to ride on his own. Thank you."
- "It helped him as he was playing with children with the same ability as him."
- "Built his confidence and self-esteem."
- "It was somewhere she could be successful."

Haringey Mental Health Services

The new clinical leadership team has continued to provide hard work to deliver high quality services to the residents of Haringey.

Blossom Court at St Ann's Hospital

Staff and service users have been excited to see Blossom Court, our brand new inpatient facility, being built at St Ann's Hospital, due to open in late summer 2020. We are looking forward to working in an environment where all service users have their own rooms and accommodation is of a high standard. We have worked with staff and service users to co-produce a clinical model that will provide interventions in line with national best practice. (See page 28 for more details on the new inpatient facilities).

Rough Sleeping Team

NHS England identified Haringey as one of seven areas nationally to receive additional funding to develop a new service for adult rough sleepers. We are now working closely with our commissioners in Haringey to implement this service and have begun recruiting staff. The team will include a GP, psychiatrist and psychologist, working closely with community nurses and a Dual Diagnosis Worker to provide:

- trauma-informed approaches, including psychological and therapeutic support
- case co-ordination for each patient, providing dedicated personalised support
- liaison, training and advocacy in surrounding health, care and housing systems to ensure effective move on and mainstream support

Open Dialogue / ODESSI Trial

Open Dialogue is a relational and network-based approach to mental illness 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.

Haringey services, (both community and inpatient staff), have continued to participate in the ODESSI trial. This is a multi-centre site study looking at the open dialogue approach in mental health services. Haringey staff have been included in two cohorts of the national training programme and a number of staff have been trained as peer mentors. We continue to have peers working in our community teams as part of the trial.

Acute Mental Health Services

Finsbury Ward continues to work closely with Inclusion Barnet services to pilot DIALOG+. This is a tool which enables improved communication between clinicians and service users around goal setting and care planning.

Fairlands Ward has begun implementing the SafeWards programme to help reduce violence and aggression on the ward.

Haringey's Crisis Resolution and Home Treatment Team (CRHTT) continues to work with the Royal College of Psychiatrists to secure accreditation with the Home Treatment Accreditation Scheme, ensuring the team deliver high quality interventions.

The Haringey Crisis Team has worked closely with commissioners, London Borough of Haringey and the charity Mind, to develop a new peer-led crisis café service, offering a safe place where service users can go to receive support when in crisis. This is due to open in 2020 and will increase the provision of recovery house beds from seven to 13.

The team has also been working alongside colleagues in the Trust to review the use of our Recovery Houses and are excited to be developing plans for the new Recovery House opening on the Canning Crescent site which is due to open in 2021. This single site centre will incorporate the crisis house, the Recovery College, (currently based at Clarendon College), as well as the Safe Haven.

Adult Community Services

In Haringey Community Services, we are continuing to build on the hard work and quality patient care that led to Haringey Adult Community Services being rated as 'Good' following the recent Care Quality Commission (CQC) inspection, and Older Adult Services being rated as 'Outstanding'. The CQC commented that there had been considerable improvement in Haringey Community Mental Health Services, and the issues identified in the previous inspection had been addressed.

We are continuing to develop our relationship with partner agencies in Haringey, as evidenced by the introduction of Floating Support workers, (employed by One Housing), who are now co-located with Haringey Community Mental Health Services at St Ann's Hospital. The partnership working will support our clients to retain independence and sustain tenancies. Haringey Community services also continue to work closely with our co-located Homes for Haringey Housing Officer and Citizens Advice Bureau Advisor, to ensure clients receive support with their mental health and advice in one visit to St Ann's Hospital.

Our Care Co-ordinator Training programme has continued to develop our staff into Community Care Co-ordinator roles, which has significantly reduced the number of temporary staff working in our community teams.

The introduction of Total Mobile devices has also allowed us to rethink how our community services operate and it means clinicians are able to spend more time having face-to-face contact with our clients.

CAMHS: Towards a new ADHD Pathway in Haringey

To date, specialist Attention Deficit Hyperactivity Disorder (ADHD) services for children and young people in Haringey have only been provided by Haringey CAMHS. As part of our service redesign, Haringey CAMHS have intensively worked in the ADHD pathway transformation during the last year. This means that people who need ADHD assessment have a quicker access to our service, and that the treatment they receive meets high quality standards and is more integrated in the community.

It is estimated that 3% of young people are referred for ADHD specialist assessment and that 1% of them will require treatment. The last census counted 63,400 young people under the age or 21 in Haringey, a number that is expected to increase. At the moment, 1,100 new referrals are sent to the Single Point of Access system per year, of which approximately 400 referrals are accepted. According to these numbers, 330 of these referrals would need specialist ADHD assessment, and 110 would require medication and follow-up in the long term.

Highlights and achievements in 2019-20

Referrals from schools are now directed to the ADHD team, and the waiting lists for assessments have subsequently reduced from 1.5-2 years to 3-4 months.

We have skilled multi-disciplinary professionals who work more specifically in ADHD. There is a standardised assessment process, and the variability of behavioural and pharmacological interventions offered for young people and their parents has reduced.

We have offered ongoing parent training and psych-education to those families with children and adolescents with ADHD.

We have started to develop a multi-agency partnership and ownership of the ADHD care pathway with other key agencies, including school SENCos and voluntary sector organisations such as ADDISS. We understand that young people with ADHD and their families need extensive support outside the clinical setting. By closely liaising with schools and other external services, we aim to improve their quality of life while optimising our limited resources.

Haringey Mental Health Services

Our goals for 2020-21

- Developing a complete and comprehensive care approach which considers a stepped care model and an integrated multi-agency approach.
- Empowering young people and their parents, carers and families to access information on diagnosis and management, including involving service users in strategies that contribute to our local ADHD service design and development.
- Development of more cost-effective models of service delivery for assessment and management.
- Evaluating practice through audit and implementation of outcome measures.
- Development of a model that is evidence-based and promotes scientific research.

Haringey Community Services Psychological Therapies Developments

The post-traumatic stress disorder (PTSD) treatment pathway has continued to refine its treatment offer over the last year with the following developments:

- The first phase of our therapy programme, the psycho-education and symptom management component, is now provided to those who require an interpreter in multilingual groups, ensuring that we can offer equitable, effective and timely treatment to all patients.
- Most service users in the pathway suffer with distressing and debilitating nightmares. We have started a four-session Nightmare Re-Scripting Group. Feedback from the first five groups is positive with participants reporting that the group is useful and enjoyable.
- An Acceptance and Commitment Therapy (ACT) PTSD Group was developed for those unable to engage in trauma-focused treatment. Participants build on the values, skills and resources identified in the Symptom Management and Tree of Life groups aiming to do things in accordance with their values despite their PTSD symptoms. The pilot for the ACT group was finished in March.
- Continuing efforts to engage more with service users and move towards greater levels of co-production, we have developed a service user newsletter covering developments in the pathway.
- Following the establishment of the PTSD Peer Support Group with the help of Inclusion Barnet we are continuing to work with Mind and service users to establish the peer support group robustly.
- Haringey Community Education Provider Network (CEPN) commissioned training in Trauma Informed Care. Training at three levels was developed ranging from a half-day introductory course (delivered by Mind) to a three-day course with follow-up reflective practice groups. All courses were oversubscribed and received excellent feedback. The trainings developed have been used to provide additional training both within and outside of the Trust.

To reduce waiting times for cognitive behavioural therapy (CBT) in the Psychological Therapies Pathway, we have piloted Group Meta-Cognitive Therapy (MCT), a new approach within CBT, with encouraging outcomes. One of the features of psychological disorders, such as anxiety or depression, is that thinking becomes difficult to control and biased in particular ways that lead to a worsening and maintenance of emotional suffering. Many patients report that they feel that they have lost control over their thoughts and behavior and their thinking and attention becomes fixed in patterns of brooding and dwelling on the self and threatening information. MCT helps patients develop new ways of controlling their attention and relating to negative thoughts and beliefs, and to modify metacognitive beliefs that give rise to these unhelpful thinking patterns. We hope that up to 50% of patients referred for CBT may be able to benefit from the approach.

Case Study

Haringey Mental Health Services

Haringey Service User and Carer Forum

At BEH, we are committed to working with service users and carers to shape our services together and we do this in a whole range of different ways. One of the most well-established opportunities in Haringey is the monthly Service User and Carers Forum at St Ann's Hospital.

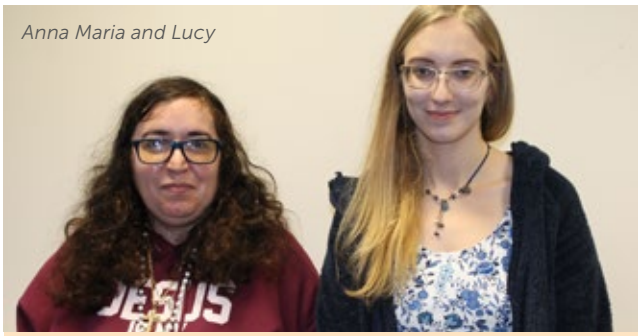
Helen Brindley, BEH staff member and co-chair of the forum says: "We invite all past and present service users and carers to come along to discuss their experiences and to share views with trust staff so that their ideas and feedback can influence the way the services are run. Around 30 people come every month – roughly half are service users or former service users and carers and half are staff members, from BEH and from other organisations in Haringey. We have a guest speaker each time to lead a discussion on different topics."

Anna Maria says she was encouraged by a peer support worker to come along and share her views: "I had a lot to say. I felt I had been failed by the mental health system. It was really good to meet people in the same circumstances and to feel I wasn't alone. Before, I felt ashamed of my diagnosis but now I don't and here I feel supported. It's not us and them in the forum. I came into the mental health system at 19 and I'm 45 now and still involved. Mental health issues were taboo back then but now more people speak out."

Anna Maria is now co-chair of the forum, helping to run the meetings alongside Helen, and says she put her name forward for the role because it's a way of helping others: "People who come to the forum find out more about what services are available for them or their family members and they can influence how those services are run."

Penny was a service user at the Halliwick Centre and explains: "It feels good to come back to a place where I successfully received treatment. I feel this is a way of giving back and I like the relaxed, informal setting. We sit in a circle so everyone feels equal and valued – we can all express our views and have an impact on how services are delivered."

Paul commented: "I think the professionals that attend the forum show that they genuinely value what service users have to say. It's obviously not always possible to act on every suggestion and things can seem to take a long time to change but the forum helps to move things in the right direction. Service users and carers have a genuine wish to help to improve services for people who may be using them in the future and they are in a position to give insights from a different perspective to professionals. This makes them a really useful resource for the trust. Taken together, service user, carer, and professional perspectives may offer a 'truer' reflection of how services are in reality and where they can improve. Potentially, that is really powerful."



Anna Maria and Lucy

Lucy was at the forum for the first time and said: "I didn't expect it to be so open to everybody. It's really welcoming, and I'll definitely come again." Lucy explains she is a member of the steering group for the new inpatient building at St Ann's helping to shape the therapeutic programmes and that's how she heard about the forum: "I was an inpatient on the Phoenix ward a few years ago – it was a really difficult time and I never thought I would ever choose to come back here but now I'm part of a working group, coming to the forum and I'm even applying for a peer support worker role with the trust!"

Anna Maria adds: "If you're not sure about whether the forum is for you or not, just come and try it. From my own experience I would say, you'll lose nothing and you will gain a lot."

The Forum usually meets on the second Monday of every month 2pm–3.45pm, Halliwick Centre, St Ann's Hospital N15 3TH

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

Phoenix Ward is a nationally-recognised eating disorders unit and 2019-20 saw visits to the ward from Sir Simon Stevens, Chief Executive of the NHS; Sir David Sloman, Regional Director of NHS London; and Baroness Dido Harding, Chair of NHS Improvement. These visitors commented on the high level of service user engagement on Phoenix Ward and the degree to which the service users had personalised the ward environment.

The service users on Phoenix Ward 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 the past two years by selling greeting cards and other handmade items.

Levels of carer engagement are also very high and the fortnightly Carers' Support Group is well-attended. During 2019-20, members of the Phoenix Multi-Disciplinary Team have been involved with a QI project focusing on improving patient satisfaction with the medication experience as part of NHS Quest's Improvement Science for Leaders Programme. The service users and staff on Phoenix Ward have been very involved in the development and design of the new ward and are looking forward to moving into the new ward during the summer of 2020.

Community Eating Disorders

The Community Eating Disorders Service is one of the largest adult community eating disorder services in the country. The service provides all three of the first line psychological treatments for anorexia recommended in the relevant NICE guidelines, as well as psychological treatments for bulimia nervosa and binge eating. In response to feedback from service users, a Bulimia Recovery Group commenced in East London in 2019 to make it more accessible for service users from NEL. There is also provision for outpatient treatment from the medical, liaison nursing and dietetics team. The weekly Peer Support Group, which is facilitated by two peer support 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 has continued to provide services 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. Throughout 2019-20, the day programme has been reviewing ways in which it can improve its ability to work towards preventing admissions and providing a step-down function from Phoenix Ward, thereby leading to a shorter inpatient admission.

Health in Justice Services

Liaison and Diversion

We opened a new Liaison and Diversion Service for young people at risk of serious violence, commissioned by NHS England. The full team is in post and are getting referrals from community stakeholders, particularly from Wood Green Magistrates Court. They are also offering consultation to local prisons and the Haringey Youth in Justice team.

NHS England continued to fund a pan-London Liaison and Diversion Network which the Trust runs in partnership with the Centre for Mental Health. The Network hosts learning events throughout the year and end with a full-day conference. The Trust was delighted to welcome David Lammy, MP to the most recent conference. The events are well-attended and highly valued by practitioners from across a range of custody suites.

Prison Healthcare

We rolled out an integrated Health and Wellbeing model across the sites, with consultation from the Health and Wellbeing Team at HMP Pentonville.

HMP Pentonville

We have continued to develop neuro-developmental pathways for autistic spectrum disorder (ASD) and ADHD, including gold standard assessments and integrated interventions across healthcare, education and the prison.

The Wellbeing Centre was awarded the Royal College of General Practitioners' award for Best Clinical Team in Secure Services in November 2019.

HMP Wormwood Scrubs

Despite a challenging environment, the recent HMIP inspection at HMP Wormwood Scrubs noted "impressive, integrated specialist mental health services provided a range of accessible interventions" and "the Seacole day centre offered an impressive and varied level of support".

The Therapy Lead and Lead Occupational Therapist continue to work with prison partners to make progress towards the Enabling Environment (EE) award for the Seacole Centre and NAS Autism Accreditation.

HMP Brixton

Expansion of the Therapies service means that the provision is now reaching a greater percentage of the prison population and has seen the introduction of a Mindfulness-Based Cognitive Therapy (MBCT) group.

In terms of mindfulness for staff, the Brixton psychological therapies service are working with Deputy Governor Louise Ysart, to offer short (20-minute) lunchtime guided meditation sessions for prison staff (e.g. 'being with breath and body'). These are delivered with prison officers and are open to all prison staff.

HMP Aylesbury, Springhill and Grendon

Aylesbury achieved joint work across prison and health care through clinical services. We have improved communication between health care and prison staff, as well as wellbeing initiatives for both staff and prisoners, for example creative writing and drawing competition for prisoners.

Additional nursing and therapy investment has also been secured in these environments to enable increased therapeutic work with offenders in our care.

Specialist Services

Forensic Inpatient Services

North London Forensic Community Services

Further investment through the North London Forensic Consortium in community-based services has seen the introduction of additional staff into our forensic outreach teams so that teams can support those presenting with greater need for longer and reduce the risks of recall to hospital.

The Trust has also developed a Forensic Community Hub where staff actively engage with service users on the discharge pathway and beyond. The team provides a base in the community where service users can continue to come together to access therapeutic activities and socialise with the aim of ensuring continuity and enhanced support during the period of the transition from inpatient to community and this has resulted in a reduction in readmissions.

In 2019-20, NHS England commissioned a Specialist Community Forensic Team due to start operating on 1 April 2020. The team is part of a national pilot and is working in partnership with West London NHS Trust. They will provide intensive input both within the wards and in the community to patients with the aim of reducing their length stay but also reducing the need to recall to hospital.

The Community Forensic Learning Disability team has been re-commissioned by NHSE and is providing case management and case assisted work to all boroughs north of the river. On top of this core work, they have delivered over 300 risk assessment training sessions, provided training in ADOD and ADI-R autistic spectrum disorder (ASD) and developed an ASD pathway whereby patients are provided within comprehensive assessment and treatment. The team have also developed training packages around sexual offending, positive behaviour support, stalking and sensory integration.

Investing in Staff Training

In recognition of these further developments and the increased demand within the inpatient service for specialist assessment and interventions, we continue to invest some of the funds released from the North London Forensic Consortium into staff training. Investing in the workforce is essential to deliver these challenging projects. Training has included specialist assessment of autistic spectrum disorders, personality disorder, cognitive behavioural therapy (CBT), motivational interviewing, family training, dialectical behaviour therapy and mentalisation based therapy.

Forensic Conference

The 13th International Conference was held at Emmanuel College, Cambridge on 19-20 September 2019. The conference itself pulled together diverse forensic themes including stalking, harassment and lone actor terrorism. It was well attended with national and international speakers and delegates and the feedback was very positive: "It absolutely 100% was the best conference ever"; "Excellent conference, high quality speakers and friendly organisers".

Managing Healthy Weight

Our focus for 2019-20 has been around managing healthy weight and the service has taken a broad ranging approach through Quality Improvement projects, personalised care planning and service changes in terms of supporting people to make better choices around food and exercise. By using Fitbit watches, seven wards are working as a QI collaborative to reduce BMI and improve fitness levels. Concurrently, people are supported to engage in self-catering and develop skills around healthy eating and healthy cooking. Staff have also engaged in this work, with a group completing the Couch to 5km and all noting improvements in health and fitness.

Clinical Supervision Training

Over 260 staff from Forensic Services, Eating Disorders, Substance Misuse Services and Child and Adolescent Tier 4 Services attended in-house supervision training. A new revised half-day session, facilitated by a drama therapist, senior occupational therapist and senior nurse manager, has proved positive in supporting staff to build on their experiences and reflective skills. It covers practical interventions within a shared learning approach.

Beacon Centre, CAMHS Tier 4

The Beacon Centre continues to provide high quality care to young people in need of an inpatient admission. An NHSE Quality Review in November 2019 praised the care and treatment that is provided at the unit, as well as the commitment and dedication of the staff. There has been a focus on the training needs of the staff in line with the 2019-20 Commissioning for Quality and Innovation (CQUIN) target to ensure that the team has the necessary skills to work effectively in a Tier 4 CAMHS inpatient setting. The Beacon Centre's Tier 4 Assertive Outreach Team (AOT) commenced in 2019, with a remit of reducing the length of stay of inpatient admissions by keeping the young people at the Beacon engaged with their community teams and services during their admission, such as their community CAMHS team, mainstream school and social care. There have been considerable improvements to the environment during 2019-20, including the installation of sensory rooms that have proved extremely popular with the young people, and work has begun on a sensory garden, which is due to be completed in Spring 2020.

The North London Forensic Consortium

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

- Barnet, Enfield and Haringey Mental Health NHS Trust (BEH) – host provider
- 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 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.

Case Study

Specialist Services

Award-winning wellbeing centre at HMP Pentonville

The Wellbeing Centre and Occupational Therapy Team at HMP Pentonville were named the 'Best Clinical Team in Secure Services' at the annual Health and Justice Summit in November 2019. The award, which is presented by the Royal College of General Practitioners (RCGP), was based on the team's transformation of the environment, both physical and social, into a therapeutic space within a very challenging prison – the first time a non-medical team has won this award.

Much of the physical transformation came about as a result of funding that the team bid for from the Trust's innovation fund a few years ago to refurbish the Occupational Therapy-led prison wing, alongside securing extra funding from NHS England. The main part of the project was to create a therapeutic kitchen where people can gather, sit and eat together and have a normal social exchange. The art and music rooms were also refurbished professionally, and the service users got involved in giving the rest of the space a much needed uplift, helping with furniture painting and tiling.

> **The team at Pentonville is made up of five occupational therapists, as well as a music teacher, a pottery teacher, two technical instructors and a yoga and massage therapist. They work alongside a broader team of psychologists in partnership with Care UK which is the lead provider of health and care services in the prison.**

Deborah Murphy, Wellbeing Centre Manager and Lead Occupational Therapist (OT), explains that the therapeutic group work service targets the most vulnerable men in prison, those who have complex mental health problems. They run a number of therapeutic groups aimed at developing social skills, and daily living skills, such as budgeting and cooking healthy meals like soup from scratch and eating it together. There are also art, music, pottery, yoga, mindfulness and gardening groups, as well as a range of discussion groups on themes such as current affairs and philosophy.

Occupational Therapy team HMP Pentonville

Jon Henshall, who joined the OT team last September, describes the wellbeing centre: "I think you really notice the difference in the environment. The wings are quite oppressive, they close in on you, the same grey colours everywhere – it's very harsh. Whereas in the wellbeing centre, there are colours straight away; it lifts your mood just being there."

One of the service users Chris, who works as a cleaner in the wellbeing centre, says: "When we come down here, it's not like we're in prison. It's different here. The team puts us at ease, there's no 'them' and 'us' like on the wings. Here the staff call us by our first names, they can get to know you and you can get to know them. Down here it's one big community. It's good down here."

The RCGP award is a testament to excellent teamwork, and the exemplary work doesn't go unnoticed by the outside world. The team had interest from commissioners and prison governors from all over the country, with OTs from 20 different prisons contacting them, many visiting to learn about their achievements and to see if they can replicate a similar model in their own institutions.

On celebrating the team's achievement, Dawn Jessop, regional manager of Care UK, said:
"The healthcare team at HMP Pentonville is a perfect example of multidisciplinary, collaborative patient care with multiple partners. I'm inspired and proud to work with these teams."

New Models of Care

Trust involvement in New Models of Care Provider Collaboratives

There are currently four NHS Provider Collaboratives in development in North London that are progressing to take responsibility for the NHS England Specialised Commissioning budgets.

BEH is the lead provider of the North London Forensic Consortium, which will commission inpatient and community forensic services for the population of North London. As the lead, BEH will act as the overall commissioner as well as one of the service providers. BEH is also a partner in the North East and North Central London CAMHS Provider Collaborative model for inpatient (Tier 4) CAMHS services, which is led by East London NHS Foundation Trust. We are also a partner member of the North London Eating Disorder Collaborative, which is led by Central and North West London NHS Foundation Trust.

The main objectives for these collaboratives are to ensure:

- Care closer to home through the elimination of out-of-area placements;
- Incentives for community care and non-inpatient services;
- Opportunity to join up pathways with secondary/primary care; and
- Providers in North London working as a system not in competition

Quality Account Summary

Our Trust strategy aspires to develop our services to deliver the best care possible across every area. Our Quality Account reports on the quality of care we deliver, as well as improvements in good practice and services.

The Quality Account also demonstrates our commitment to continuous evidence-based quality improvement across all services and provides us with the opportunity to identify areas we need to focus on. It also includes the next year's priorities for improvement which we have agreed with our stakeholders.

Quality Priorities for 2019-20

In February 2019, staff from across the Trust including the Chair, Chief Executive and Medical Director were joined by service users, peer workers, commissioners and representatives from other statutory and voluntary organisations to agree the Trust's quality priorities for 2019-20.

Our primary function is to deliver excellent care for our diverse population and our six quality priorities for 2019-20 were incorporated into our Brilliant Basics plan and monitored at the relevant Committee and sub-groups. **They were:**

- Timely access to beds
- Risk assessments and care plans (embedding a sound culture across all teams)
- Reducing restrictive practices
- Learning and improving from patient and carer feedback
- Reducing hospital acquired pressure ulcers within adult community health
- Reducing medication incidents in Enfield Community Health

Quality priorities for 2020-21

While it is important that we reflect on what we have achieved in the past year, it is important that we focus on the areas we must continue to develop and improve in the year ahead.

Four quality priorities have been identified for 2020-21. These take into consideration suggestions from stakeholders and the strategic objectives of the Trust. The priorities are aligned to the Brilliant Basics and will be embedded in the work being done make all our care consistently excellent and to look after the health and wellbeing of our staff.

1. **Co-production – staff and service users**
2. **Timely access to care**
3. **Continuity of care (reducing variation)**
4. **Creating and embedding a culture of continuous improvement Trust-wide.**

Additionally, it is expected that the Trust will continue to focus on areas identified by outcomes and experiences from 2019-20 as requiring continued efforts to improve quality.

Quality Governance

Quality governance provides a framework for organisations and individuals to ensure the delivery of safe, effective and high quality care and treatment. At BEH, quality governance arrangements are achieved through the governance structures and processes for continuous learning and improvement, which ensure there are arrangements in place from ward to Board. Among others, review, monitoring and oversight of these arrangements take place through the following:

1. **Trust Board**
2. **Quality and Safety Committee**
3. **Safe, Effectiveness and Experience Group**
4. **Divisional Quality and Workforce Meetings**

During 2019-20, Deloitte LLP undertook a review of the Trust's governance processes resulting in improved ward to Board reporting and escalation.

Our Board continues to focus proactively on the achievement of quality in all our services, as well as its other statutory duties around service and financial performance. We have integrated and embedded our quality governance structures and processes into our day-to-day operations. The Trust's Clinical Audit and Quality Assurance programme includes a rolling programme of audit against performance and quality indicators and is monitored through the Clinical, Audit and Effectiveness Group, a sub-group of the Safe, Effectiveness and Experience Group, which reports directly to the Quality and Safety Committee.

The Trust supports an open reporting culture and encourages our staff to report all incidents through our internal reporting system. The Trust's Management of Incidents Policy provides the framework for staff for the reporting, management and investigation of incidents and dissemination of lessons learnt, which is supported through the Shared Learning Brilliant Basics (Quality Improvement) Collaborative.

Patients' Experience

We put our service users, staff and community at the heart of everything we do. 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 several 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 and Family Test

The national Friends and Family Test (FFT) asks service users whether they would recommend BEH to their friends and family, and if so, why. During 2019-20, 8,668 of our service users responded to this question and, of these, 93.55% said they would recommend our services.

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 2019-20 a total of 8,101 surveys were completed. These produced an overall satisfaction rate of 91.04% 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:**

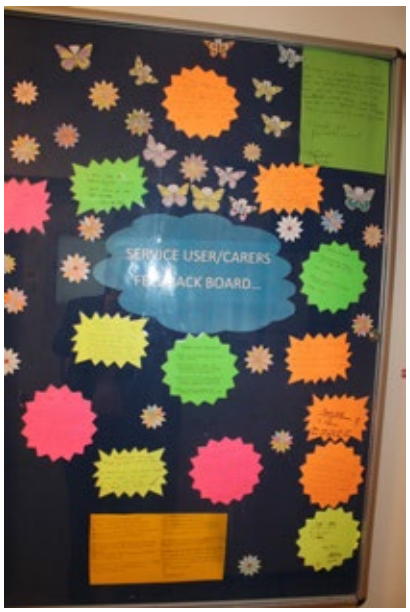
- Service users said they wanted water coolers in waiting areas and these have now been installed.
- Service users said that the meals available for inpatients were repetitive and not always popular. We reviewed our menus with service user input and removed the unpopular choices, bringing in fresh, new options.

Experts by Experience

Throughout 2019-20 we have formalised an Expert by Experience programme which pays the London Living Wage to those contributing to involvement activities across the Trust. In order to compensate service users for their time in this programme, a new Involvement Bank Register is due to be launched in 2020. Through the register, service users and experts by experience can be employed on the Trust bank for specific work that they do, such as being on an interview panel or being a core member of a Trust committee/group.

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

- Co-facilitated recruitment and selection, with service users forming part of interview panels for key roles
- Co-designed the new Service User Engagement and Involvement Three Year Strategy for 2020-22
- Involvement as members on key sub-committee group meetings within the Trust
- Contribution to policy reviews and updates.



Most recently, the Trust launched workstreams to support the St Ann's Hospital redevelopment. Service users took the lead on choosing furniture and colour schemes for the new wards, and are also actively involved in reviewing evidence-based practice and developing training for staff. This ensures that the input and experiences of people who use our services is integral to all decisions around the new development – from design and decoration to the clinical model.

Complaints

We welcome and invite service user feedback – both good and bad – as this is crucial to delivering high quality care across all of our services. The Trust received 116 formal complaints during 2019-20, a 51% increase on the previous year; although this is consistent with previous years. We view each concern as an opportunity to make improvements to our services.

We are committed to building on what we do well, too, and received 623 compliments from patients or their families this year – the highest number we have received in any year.

Breakdown of complaints and compliments 2019-20:

- 238 informal complaints
- 116 formal complaints
- 623 compliments

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

- Staff on the older people's inpatient services created individualised care plans around family members' involvement. These plans include visiting arrangements and regular weekly updates on relatives' care, to ensure that expectations are clear and agreed.
- The Immunisation Team has changed the layout of its consent form so it clearly distinguishes between the 'yes' and 'no' field.
- The CAMHS service has introduced a written plan for the first 12 weeks for their service users and their families. This could, for example, include clear communication to patients on the pathway and expected waiting times.
- The Early Intervention Service will ensure when discharge or transfer of a service user is being planned that the service user and carer or family are aware of the differences between primary, secondary and tertiary services, where appropriate.

Safeguarding

We continue to develop and embed a culture that puts safeguarding of all our patients, including the most vulnerable, at the centre of care delivery. During 2019-20, our Safeguarding Team made several appointments including a new Head of Safeguarding and the team is now at full strength.

Our safeguarding activity is overseen by our Integrated Safeguarding Committee (ISC), which is chaired by the Chief Nurse. The ICS's role is ensuring the wellbeing and safety of our vulnerable patients in line with national guidance and the legal framework.

In addition to Trust-wide members, external partners from the three Clinical Commissioning Groups and local authorities 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 an innovative integrated Level 3 Safeguarding Training Day. This training follows the story of a three generational family and addresses their safeguarding risks. Delegates experience a blended learning approach with learning outcomes that address all competencies in the adults and children's intercollegiate guidance documents. Key messages from the training are "make every contact count, see the adult see the child, professional curiosity consistently considering early help". We have strengthened the 'think family' approach across the Trust by developing the integrated safeguarding training and empowering staff to be professionally curious about the support networks of service users and the make-up of a family.

The year saw the Safeguarding Leads commence a Quality Improvement (QI) project to further strengthen the culture of learning from safeguarding inquiries and reviews by embedding safeguarding supervision across the Trust. Safeguarding Champions will be developed to deliver safeguarding supervision to all staff members in different formats. When embedded, this process will provide challenge to the safeguarding process, putting safeguarding at the centre of care delivery.

The Safeguarding Team recently appointed two Independent Domestic Violence Advocates (IDVAs). The IDVAs, who have been well received, support service users and staff through advice and guidance and signposting. Specific domestic abuse training has also been delivered with a view to holding bespoke training sessions for staff.

The Sexual Safety Task and Finish group, chaired by the Head of Safeguarding, has made a significant impact on the sexual safety of service users on our inpatient wards following the CQC report addressing sexual safety in mental health wards in 2018. This work has included the implementation of the Sexual Safety Charter across the Trust. Specific work is taking place with our inpatient Child and Adolescent Mental Health Service (CAMHS). Staff and service users have adopted a co-production approach to ensure the sexual safety standards are embedded within the adolescent mental health unit.

The team continue to deliver safeguarding training to Trust staff with some positive testimonials:

"It was so clever to have the case studies and they were all so 'to the point', highlighting the issues so well. I thought I would need coffee to keep me awake and I didn't even drink my coffee as it was so engaging and interesting. I really enjoyed the day. It was intense and really good."

Staff member attending Induction Plus

"The safeguarding training is extremely engaging and thorough. It is holistic and enables staff to learn in an interactive and thought-provoking way."

Manager new to the Trust

Workforce

Our diverse workforce is at the heart of our organisation and it is our responsibility to ensure staff are supported to deliver the best care possible for our patients.

Our people, our strength

We are committed to recruiting and retaining the right people with the right mix of skills and values who are motivated to deliver excellent care.

We are focused on our:

- 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 2019 staff survey results were disappointing and absolutely not where we want 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 Brilliant Basics quality improvement programme and a new approach to staff engagement during 2020 and beyond.

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 our staff.

Staff also felt that feedback from service users was used to make informed decisions and our safety culture is improving, with staff saying they are well-supported when reporting errors and near misses.

However, we did less well in terms of BAME staff feeling they have fair and equitable access to development and promotion. The survey also suggests that we continue to have more challenges than comparator trusts in terms of issues of bullying and harassment and reporting positive relationships with immediate line managers. The Board is determined to improve the experience of staff in this matter.

In 2019 our new Chief Executive embarked on a series of staff engagement sessions at various sites and these have been well-attended. In 2019, we held our first BEH Conversation open to staff at every level. This was well-attended and we heard some great ideas that we are taking forward, such as equality champions on interview panels and a BAME mentoring offer. We are continuing with a rolling programme of Executive Roadshows, each chaired by a Director, to hear feedback from staff about our plans for the Trust and new approach of local divisional staff engagement to focus on five high impact ideas raised in the staff survey and the quarterly Go Engage pulse survey.

The new Chair 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.

Table 1: Workforce Race Equality Scheme (WRES)

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 (BAME) backgrounds.

(See tables below)

% harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	28%	6	31%	5		8		5
	BAME	31%		40%		38%		38%	
% harassment, bullying or abuse from staff in last 12 months	White	22%	2	25%	4	24%	7	27%	1 (3.1)
	BAME	26%		29%		31%		28%	
% believing that trust provides equal opportunities	White	85%	16	85%	14	81%	9	84%	16 (17.5)
	BAME	69%		71%		72%		68%	
personally experienced discrimination at work from staff/ manager/colleagues	White	5%	10	7%	6	8%	5	9%	4 (8)
	BAME	15%		13%		13%		13%	

The networks go from strength to strength with the Women's Network celebrating its first anniversary on International Women's Day in March. The LGBTQ+ allies network again held events during LGBT+ History Month in February, with over 300 staff signing up to signpost people to additional support and information on LGBT+ equality.

Workforce

Gender Pay Gap Report

This is the third 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 2018 and 2019.

As at the 31 March 2019 (snapshot date), the relevant employee data (that included in GPG reporting) was 70% female and 30% male staff. It showed that the female mean hourly pay is 8.6% less than the male mean and 5.1% less than the male median.

If the mean gap is larger than the median gap it indicates the presence of a small number of top end outlier payment values favouring men, in relation to average hourly or bonus pay. This is not the case for BEH.

If there were balance across all the quartiles compared to the Trust overall, there would be 70/30 ratio of women to men at all banding levels. The higher ratios of women to men exist at bands 4-7 and 8D. There are fewer than 70% female at bands *A-C and band 9. The balance of females to males in the upper quartile will further balance next year as we know through the Divisional restructuring that there were a number of females successful in achieving posts in the upper quartile for pay.

As the proportion of men increases through the quartiles, it influences the gap in the median hourly rates. The most significant differential is at the lower middle quartile where there are 74% women to 26% men. There is an opportunity to take focused activities to attract men into posts in the lower and middle quartile Agenda for Change roles and continue to support women into senior management positions.

Successes and the Gender Balance Long Term Action Plan

Over the last two years in the aim towards gender parity, actions taken have been informed by the Government Equalities Office evidence-based publication[1] and the Advisory, Conciliation and Arbitration Service (Acas). These have included:

- Structured interviews, values-based assessments and objective assessment exercises were included in the Divisional restructure process 2019
- Monitoring of gender characteristics success through the recruitment pipeline (shortlisting, interview, selection)
- A dedicated Diversity and Inclusion specialist post and Equality and Diversity Committee has been formed and chaired by the Chief Executive
- Transparency of processes and policies for promotion and reward
- Revised clinical excellence award policy
- A reverse mentorship programme has been introduced providing support, advice and sponsorship for all communities of staff
- Encouraging flexible working for men and women and sponsored by senior leaders and an agile working programme
- An active women's network

Wider targeted investments in initiatives at BEH that may help to close the gap in terms of evidence include:

- Unconscious bias training
- Leadership development (covering inclusive leadership competencies)

[1]Reducing the gender pay gap and improving gender equality in organisations: Evidence-based actions for employers Government Equalities Office

Table 2: Gender Pay Gap

	Median	Mean
Gender pay gap	5.1%	8.6%
Gender bonus pay gap	48%	58%
Proportion of males and females receiving a bonus payment	MALE 3.8%	FEMALE 1.3%

NB *bonuses paid relate to clinical excellence awards which are for applicable consultants only rather than all employees (even though the calculation includes all staff)*

PROPORTION OF FEMALES AND MALES IN EACH QUARTILE BAND

Quartile	Female	Male
Top Quartile	65%	35%
Upper Middle Quartile	68%	32%
Lower Middle Quartile	74%	26%
Lower Quartile	71%	29%

BAND	MALE%	FEMALE%
1	0	100
2	35	65
3	35	65
4	19	81
5	28	72
6	28	72
7	25	75

BAND	MALE%	FEMALE%
8a	34	66
8b	36	64
8c	47	53
8d	25	75
9	33	67
Medical	45	55
Trust Board	50	50

Workforce

Table 3: Staff costs *(subject to audit)*

	2019-20			2018-19
	Permanent £000	Other £000	Total £000	Total £000
Salaries & wages	140,908	0	**140,908**	124,856
Social security costs	14,679	-	**14,679**	13,157
Apprenticeship levy	679	-	**679**	623
Pension cost - employer contributions to NHS pension scheme	17,080	-	**17,080**	15,498
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	7,483	-	7,483	0
Temporary staff - agency/contract staff	0	8,634	**8,634**	9,661
Total gross staff costs	**180,829**	**8,634**	**189,463**	**163,795**
Recoveries in respect of seconded staff	0	0	0	0
Total staff costs Of which:	**180,829**	**8,634**	**189,463**	**163,795**
Costs capitalised as part of assets	562	-	**-**	675

Table 4: Average number of employees-WTE basis *(subject to audit)*

	2019-20			2018-19
	Permanent Number	Other Number	Total Number	Total Number
Medical and dental	219	12	**231**	220
Administration and estates	257	57	**314**	311
Healthcare assistants and other support staff	1,046	220	**1,266**	1,194
Nursing, midwifery and health visiting staff	947	162	**1,109**	1,057
Scientific, therapeutic and technical staff	544	42	**586**	584
Other	7	-	**7**	0
Total average numbers Of which:	**3,020**	**493**	**3,513**	**3,366**
Number of employees (WTE) engaged on capital projects	13	1	**14**	11

Table 5: Reporting of compensation schemes - exit packages 2019-20 *(subject to audit)*

		Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
		Number	Number	Number
Exit package cost band (including any special payment element)				
<£10,000		-	1	1
£10,000 - £25,000		-	1	1
£25,001 - 50,000		3	1	4
£50,001 - £100,000		2	-	2
£100,001 - £150,000		1	-	1
£150,001 - £200,000		-	-	-
>£200,000		-	-	-
Total number of exit packages by type		6	3	9
Total cost (£)		**£377,000**	**£39,000**	**£416,000**

Workforce

Table 6: Reporting of compensation schemes - exit packages 2018-19

	Number of compulsory redundancies		Number of other departures agreed	Total number of exit packages
		Number	Number	Number
Exit package cost band (including any special payment element)				
<£10,000		-	2	2
£10,000 - £25,000		-	-	-
£25,001 - 50,000		-	-	-
£50,001 - £100,000		-	-	-
£100,001 - £150,000		-	-	-
£150,001 - £200,000		-	-	-
>£200,000		-	-	-
Total number of exit packages by type		-	2	2
Total cost (£)		**£0**	**£9,000**	**£9,000**

Table 6: *(continued)*

Exit packages: other (non-compulsory) departure payments

	2019-20		2018-19	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	9	416	-	-
Exit payments following Employment Tribunals or court orders	-	-	2	9
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**9**	**416**	**2**	**9**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Workforce

Workforce Race Equality Standard (WRES) progress

Since 1 April 2015 all NHS organisations have been required to demonstrate through the nine point Workforce Race Equality Standard (WRES) metric how they are addressing race equality issues in a range of staffing areas; this in turn is monitored by Commissioners and the CQC.

The Trust is making slow, but steady progress, but like much of London faces significant challenges due to the specifics of its labour market and cultural diversity. However, we are committed to maintaining our progress.

The Trust has seen the best improvement in indicator nine; the profile of the Board with a 30% BME representation placing the Trust in the top 10 Boards in England. Indicator three; the likelihood of BAME staff entering a formal disciplinary investigation has fallen by almost 2.5% from 5.1x as likely in 2018 to 2.7x as likely in 2019. This is as a result of a range of new approaches introduced last year, these include a triage of cases before they are submitted to a formal process, training with managers on informal resolution, mediation training and coaching and reflective practice supervision for managers.

There are still areas where we need to do work including indicator two; likelihood of white staff being appointed after shortlisting rose in the last year. Work continues with our WRES improvement plan examples of this are appointing Equality champions to every interview panel for band 7 and above roles, introduction of BAME mentoring to support staff in seeking development and job progression and the establishment of The Better Together network which supports and commissions focussed support for BAME staff.

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 2019 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.

Partnership working with Trade Union Colleagues

The Trust places great value on partnership working with Trade Union Colleagues and considers it critical in supporting the development of our values based organisational culture. We demonstrate this by providing adequate facility time that allows our Staff Side Chair and other representatives the ability to engage with our staff and act as their voice in the regular monthly Joint Staff Committee, chaired by our Director of Workforce and attended by executive and operational leaders.

Freedom To Speak Up

Guardians

The current Freedom To Speak Up (FTSU) Guardian arrangements at BEH have been in place since April 2017. Two members of staff are currently in post for one day a week each. It is a requirement by NHS England for every Trust to have a Freedom to Speak Up Guardian.

The role of the Freedom to Speak Up Guardian is to support staff to raise concerns about patient/staff safety. It is a unique role in that is impartial; we are there to support staff to raise their concerns about patient and staff safety.

During 2019-20, 111 concerns were recorded by the FTSU Guardian service at the Trust. In the last quarter of the year, particularly during March 2020, the majority of concerns raised have been the result of the COVID-19 pandemic, and included concerns about PPE, redeployment, infection control, access to uniforms, social distancing in the workplace and psychological safety.

We are very keen to improve the arrangements for speaking up in our Trust. We look forward to the opportunity to work with key stakeholders and staff to improve the arrangements for Freedom to Speak Up. The aim is to ensure that the Freedom to Speak Up arrangements at BEH are robust and a core part of the culture in our organisation, and to build on the increased visibility of the role during the pandemic.

The National Guardians Office for Freedom to Speak Up published a FTSU Index in October 2019. This was the first time that the speaking up culture had been measured in NHS trusts. It is derived from four questions in the NHS annual staff survey about staff perception of feeling encouraged, knowledgeable and secure to speak up.

Our vision is to improve the ranking of BEH in the FTSU Index year-on-year. The only way we can do this is to work with staff to ensure that they know the process to raise concerns and they feel secure to raise their concerns and not suffer detriment as a result of raising concerns.

Supporting the next generation of nurses

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 set up final year student focus groups to provide specific support to those who are approaching qualification and registration. While this platform is to ensure a smooth journey onto the Nursing and Midwifery Council (NMC) register, it also showcases wider developmental opportunities that the Trust offers. To develop a smooth recruitment approach for newly qualified nurses who have had placements with us, we have initiated a fast-track recruitment model. Students receive a conditional offer of employment towards the end of their university programme. This has helped us to recruit a record number of newly-qualified nurses this year, with 68 commencing with the Trust on completion of their training in 2019. In addition to this, the Trust supported three members of staff to complete their Trainee Nursing Associate programme; all three were recruited to nursing associate posts and entered the NMC register in 2019.

On successful completion of their training, all 71 newly-qualified nurses and nursing associates employed by BEH were enrolled onto the Trust Preceptorship Programme. The programme gained accreditation from Middlesex University in the 2018-19 academic year and 13 staff have opted in to undertake the preceptorship module, which upon successful completion awards the participant with 30 academic credits at Level 7, (Masters level). In 2019, Capital Nurse awarded us their Preceptorship Quality Mark in recognition of the excellent quality of the content, delivery and multidisciplinary approach of the programme.

This year has seen the introduction of Quality Improvement training incorporated into the preceptorship programme. This is to support our new registrants to engage with and participate in improvement projects in their respective teams and divisions.

Rotation Programme

Our first cohort on the rotation programme will complete the programme this year. This is an optional 18 months developmental programme for newly-qualified nurses which offers the opportunity to rotate into three varied clinical teams. The nurses are supported through action learning sets and regular meetings with an opportunity to use the Capital Nurse framework towards their professional development. They receive structured support to develop their confidence, knowledge and skills to transition from student to autonomous practitioner so that they can become the next generation of leaders.

Trainee Nursing Associates and Trainee Graduate Mental Health Workers

The Trust continues to work closely with Health Education England (HEE) and our North Central London partners to support Nursing Associates apprenticeships. The Trust currently has 22 staff on the Trainee Nursing Associate apprenticeship programme with Middlesex University. Out of the 22, 10 are due to finish in December 2020 to take on their new nursing roles.

To help develop a clear career pathway for these apprentices, the Trust has collaborated with other Trusts and Middlesex University to develop a BSc Nursing part-time apprenticeship/seconded pathway which has now been successfully validated by the NMC.

We have also collaborated with HEE and other mental health trusts across London to develop a flexible learning disability registered nurse apprenticeship. This will be delivered in partnership with the University of Hertfordshire from March 2020. The Trust encourages staff into this programme on a regular basis.

Trainee Graduate Mental Health Workers (TGMHW)

Cohort 11 of the TGMHW programme successfully commenced in January 2020. Out of the 30 candidates recruited by the Trust, one withdrew from the programme due to personal circumstances. The remaining 29 completed their first block of theory at the university and then moved in our practice areas for their placement one (13 weeks placement). We have also retained five trainees from cohort 10, successfully recruiting them into available Band 4 roles across the Trust.

Modern Slavery

and Human Trafficking Act (2015)

Like all public sector organisations we are committed to preventing slavery and human trafficking and we adhere to the relevant legislation with the Procurement Service having overall responsibility for compliance.

We are committed to maintaining and improving systems, processes, governance and policies to avoid complicity in human rights' violations and to prevent slavery and human trafficking in our supply chain. We provide training to those involved in the supply chain and across the organisation as part of our safeguarding role.

We also conform to the NHS employment check standards in 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 we 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.

Estates and Facilities

The Trust continues to develop our five-year Estate Strategy and is investing to ensure our properties are fit for purpose and support 21st century care. In late summer 2020 the first phase of our major redevelopment of the St Ann's Hospital site in Haringey will open. This will provide a new purpose-built inpatient unit, Blossom Court, which is modern, safe and sustainable. The second phase of the development is planned to be completed in late 2022, and will include the refurbishment of existing buildings and improving the sites infrastructure.

In addition, during 2019-20 BEH also invested £7.3 million as part of our ongoing programme to improve the quality of ward environments and to address statutory compliance, risk management and backlog maintenance this at our other sites. In Barnet a £2.2m refurbishment of Shannon Ward in the Dennis Scott Unit at Edgware Community Hospital provided 15 ensuite bedrooms. We also carried out fire safety improvement works at the Beacon Centre.

In Enfield, the refurbishment of Bay Tree House enabled the consolidation of CAMHS services and the relocation of Universal Children's Services into a newly modernised building. At Chase Farm Hospital, the Trust took over management of Cape Town Ward and relocated musculoskeletal services into Highlands Wing (now renamed Skye Unit). Work was also started to open a new 15 ensuite bedroom ward in Cumbria Villa to reduce out of area placements and act as a decant ward. Work to upgrade and improve our seclusion facilities continued with refurbishment in Sussex, Suffolk and Paprika Wards.

As part of the Trust's five-year ligature reduction plan, bedroom doors in four 'high-risk' wards were replaced with new low ligature doors incorporating door top alarms, with five more 'high-risk' wards to be completed in 2020-21.

Improvements to site security have been made with an investment of £100k in new security cameras across our sites and more investment to improve energy efficiency with the upgrading of lighting to LED and replacing old heating systems with new energy efficient ones.

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. In Haringey, we continue to consolidate services on the St Ann's Hospital site with the relocation of services from the Burgoyne Road clinic. At Chase Farm and at the St Michael's Centre, work started to further modernise and make better use of the estate and to help improve clinical services. We are working on the development of the next stage of our Estate Strategy with local partners and NHS Improvement/NHS England.

Service Delivery and Standards

Support services are focused on ensuring a positive environment is maintained to aid recovery and support the wellbeing of everyone who passes through the Trust sites. This is achieved through staff training, regular quality environmental audits and monthly operational environmental group meetings, where performance of non-clinical services is reviewed. Our positive environment is confirmed through the 2019-20 PLACE (Patient-led Assessments of the Care Environment) national assessments where the Trust exceeded the national standards in all environmental areas.

Catering

In partnership with our main catering service provider Medirest, our services aim to meet patients' needs and support their health and wellbeing. We achieve this through providing nutritious and appetising choice of meals which include cultural and religious varieties.

We use Steamplicity, a micro-steaming system that enables a range of raw and pre-cooked ingredients to be freshly cooked in minutes. The controlled steaming process means more key vitamins are retained when compared to conventional cooking methods. It also offers the benefits of a plated system with the added advantage of delivering quality food consistently. The flexibility of the system enables order-taking a few hours before each mealtime service and patients who miss their meal due to treatment or poor appetite still have the opportunity to have a hot meal at other times.

In order to refresh the Winter/Autumn and Spring/Summer menus, catering representatives attend community meetings with service users and carry out regular meal audits to collect meaningful feedback. The menus are provided in 11 different languages with pictorial menus to assist patients who have difficulty in communicating. We met the requirement to introduce by April 2019 the International Dysphagia Diet Standardisation Initiative, which supports people with swallowing difficulties, ahead of time in October 2018.

We also hold quarterly catering review meetings attended by catering services, patient representatives, ward representatives, dietitians and estates and facilities. We use this as a way of gathering feedback from staff on staff catering.

The introduction of the self-catered meals in some wards continues particularly within the Trust's Specialist Services. This means that service users can make their own lunch and Medirest supply supper. Certified basic food hygiene training is provided to both staff and patients and 87 people completed this training during 2019-20. The training included a baking workshop with patients.

Following unannounced Environmental Health Officer (EHO) inspections, St Ann's Hospital patient dining room was awarded a 5 star hygiene rating.

Since Medirest's early engagement with the Government's Public Responsibility Deal in 2011, we have significantly reduced the sales of high fat, saturated fat, salt and sugar products at the Trust's hospital restaurants.

Patient-led Assessments of the Care Environment (PLACE)

Five sites were patient-assessed during 2019-20 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

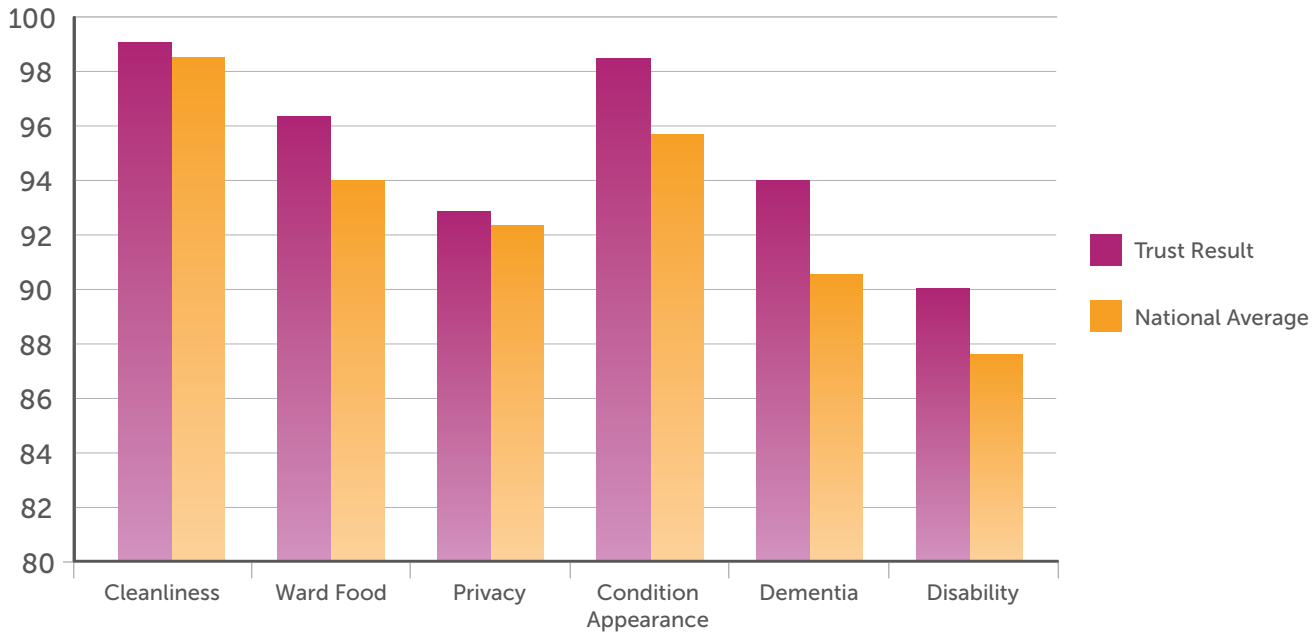
Estates and Facilities

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 7 below indicates that the overall organisational scores in each category assessed in 2019-20 were above the overall national average scores.

Table 7: BEH organisation results against the national average 2019-20



Sustainability

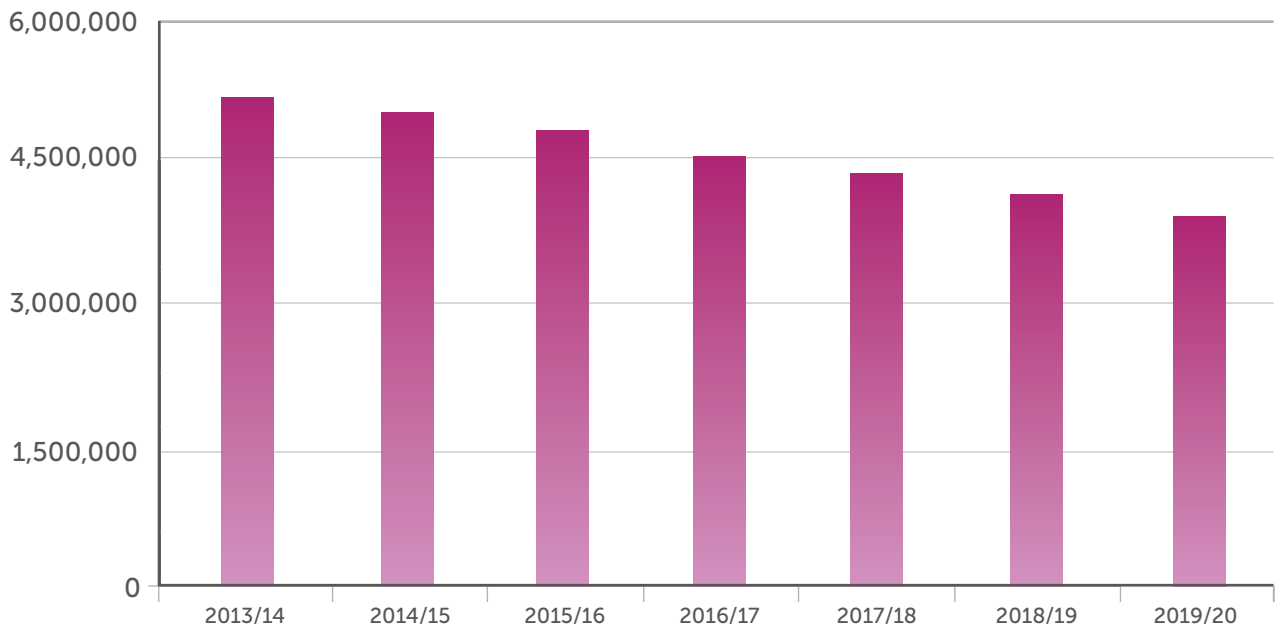
BEH's Sustainable Development and Implementation Strategy aims to identify and implement environmentally-responsible practices and procedures in order to reduce the Trust's overall impact on the environment, and address government targets by:

- 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 our sustainability strategy, the Trust has developed a 'Route Map for Sustainability' which gives us a framework to address carbon emissions, energy efficiency and sustainable development. The 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 shows that BEH has reduced its energy-related CO2 emissions by 32% since 2013.

Table 8: CO2 Emissions (tonnes)



Sustainability

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 – The Trust has reduced its carbon footprint from 2007 level meeting the NHS carbon reduction target. Our ongoing site rationalisation plans and the redevelopment of the St Ann's site will contribute towards meeting further carbon reduction 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 – we have implemented strategies through our Procurement Department to minimise waste at the buying stage; and we are 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 North Central London.
- Governance – we have signed up to the Good Corporate Citizenship Assessment Model and have a Board approved sustainable development management plan.

Pharmacy

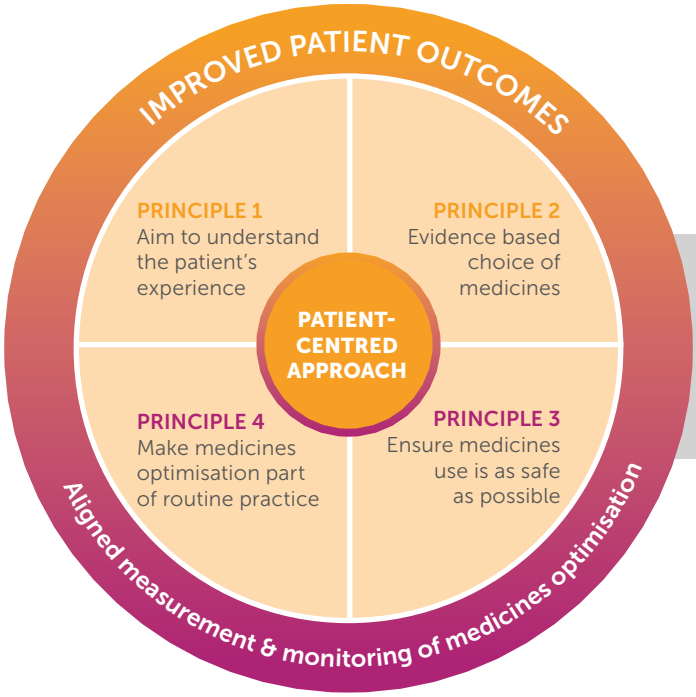
This year has been a busy one for the Pharmacy Team. We have been working with our colleagues across the Trust and are proud to have collaborated in developing new services for example, on Cape Town Ward at our Chase Farm Hospital site, and on Shannon Ward on the Edgware Community Hospital site. We seek to put medicines optimisation at the heart of the planning process for new services as it is a big part of the service delivery and patient experience. We are very proud of our staff working across the whole Trust. For example, our medicines optimisation in care homes staff work closely with the award-winning Care Home Assessment Team (CHAT), and have had a big impact on efficient and evidence-based use of medicines in the care home sector in Enfield and Haringey.

The Pharmacy Team has been focusing on development and team members have taken part in leadership and clinical education programmes. This drive to improve is also exemplified in Quality Improvement programmes we have taken part in. We worked with our specialist eating disorders unit Phoenix Ward to improve staff confidence and patient experience around controlled drugs, and we looked at our own dispensary at St Ann's Hospital and have made changes in processes to improve safety and experience.

Next year we are looking towards further integration across north London and especially at pointing

our resources toward the community-based teams and being a good partner. We are working with the North Central London Medicines Efficiency team to implement changes that reduce costs and improve patient safety. To that end, we are working with GP practices to reduce the use of older, less safe antidepressants in our local communities.

In summary, we are guided by the principles of medicines optimisation in everything our service does.



Summary of the four principles of medicines optimisation from Medicines Optimisation: helping patients to make the most of medicines – Good practice guidance for healthcare professionals in England, as published by the Royal Pharmaceutical Society, May 2013.

Information Governance

The Trust's aim is that all service users are in control of their own personal information and our NHS information systems are designed to support clinicians and other frontline staff to deliver safe, high quality care to our patients. Our focus in 2019-20 has been to ensure all information is accurate, available and reliable to enable the Trust to provide exceptional patient care.

The legal framework that governs the use of personal confidential data in healthcare includes the Health and Social Care Act 2014, the Data Protection Act 2018, the Human Rights Act 1998 and the General Data Protection Regulation 2016 (GDPR) – until further notice from the Information Commissioner's Office (ICO).

To provide assurance that the Trust is compliant with the above law and manages risks appropriately, BEH has formed a bi-monthly Information Governance Group which is chaired by the Trust's Caldicott Guardian. This group is attended by the Trust's Senior Information Risk Owner (SIRO) and Deputy SIRO, and from April 2020 it will report into the newly-formed Digital Steering Group which will be chaired by the Chief Information and Performance Officer. This group will, in turn, report to the Executive Leadership Team.

In addition, the Trust is required to complete the online Data Security and Protection Toolkit (DSPT) assessment. This is an online self-assessment tool that enables us to measure our performance against the National Data Guardian's 10 data security standards. All organisations that access NHS patient data and systems must use the toolkit to provide assurance that they are practising good data security, and that all personal information is handled correctly. As a Trust, we have successfully completed the DSPT for 2019-20 and have embedded a Data Security Improvement Plan to ensure any weaknesses that do exist are being tracked and monitored.

Cyber Security

Cyber security is important in managing data. As part of our Cyber Assurance Work Programme, the Trust recently appointed a third party to carry out a Cyber Security Audit, The aim of the audit is to ensure we continue to benefit from the lessons learnt from the WannaCry Ramsomware attack, and to validate that our processes are compliant with Cyber Security Protocols. This approach has strengthened our systems and processes and ensured we regularly undertake security patching and upgrade our network and devices when necessary. The newly formed Digital Steering Group will oversee all our IT projects, including our cyber management responsibilities to ensure we minimise any IT risks that may exist in the Trust.

The Trust recognises the importance of gaining independent external assurance to validate our Information Governance (IG) and IT frameworks and will continue to do so in the forthcoming year to ensure our policies and processes are adequate and appropriate.

Information Governance Serious Incidents

All IG Serious Incidents in the NHS must be reported using the NHS Digital Breach Assessment Grid. Where high risk incidents are regarded as likely to impact the rights and freedoms of individuals, the incident must be reported to the ICO through the DSPT Incident Management Tool. Similarly, the Security of Network and Information Systems Regulations 2018 stipulates incidents involving any network and information systems which have a 'significant impact' on the continuity of essential services must be reported.

During 2019-20, the Trust has reported one serious incident via the DSPT tool to the ICO. This incident involved the unauthorised disclosure of 1,250 patients' demographic details. Although current guidance means that this incident was not subject to compulsory reporting, the Trust did report it in the spirit of transparency. The investigation is still pending with the final report awaiting sign-off.

Information Governance Risk Management

The Trust has a system of internal controls which is designed to manage information risks within the organisation. These controls are designed to not always eliminate the risk but to control and mitigate the issue through improved policies and processes and more key focused objectives.

At BEH, all information risks are managed through the Information Risk Policy. It is an ongoing review process where risks of projects are continually reviewed through the corporate IT/IG Risk Register to ensure benefits are achieved and risks are prioritised in order of high, medium and low impact. This system of internal control has been in place throughout 2019-20 and will continue in future to ensure our systems and processes remain resilient.

Oversight and assurance of our operational risks are managed by the Trust Executive Leadership Team. The Board Audit Committee undertakes the primary approval and delivery of our clinical IG and IT risks and ensures there is a co-ordinated approach to risk management within IG and IT.

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 and Safety

We believe that excellence in safety performance not only protects the Trust employees, service users and all those that visit our premises but also contributes positively to our 'Fit for the Future' Strategy. The Trust recognises its obligations under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 in the conduct of its activities. This is to ensure the protection of health, safety and welfare of our employees, service users and others who may be affected by its activities and to meet our responsibilities as an employer to do all that is reasonably practicable to prevent accidents, injuries and damage to health.

The Trust has signed up with British Safety Council (BSC) to attain ISO 45001 certification. The benefits of our membership of the BSC include development of best practice and access to resources to help reduce risk, prevent injuries and promote health and wellbeing in the workplace. We are part of a network with members in more than 60 countries committed to protecting and improving the wellbeing of workers believing that a healthy and safe work environment is also good for business.

The pre-audit of the Trust health and safety management system against international best practice (ISO 45001) by the BSC was completed in 2019-20. The audit goes far beyond the requirements of current UK health and safety law and regulations. Undertaking this audit demonstrates our commitment to achieving best practice in health and safety standards. ISO 45001 is an International Standard that specifies requirements for an occupational health and safety (OH&S) management system to enable an organisation to proactively improve its OH&S performance in preventing injury and ill-health.

We have received the audit report which provides a quantified outcome with detailed recommendations against a contemporary best practice specification and requirements of ISO 45001. The primary aim of this pre-assessment was to provide a realistic benchmark of the current safety management arrangements and comparison to the requirements of the global best practice as stated in ISO 45001. Shortfalls against the standard identified in the audit will form the basis of an action plan to further improve and develop the Trust health and safety management systems to meet the certification requirement.

The Health and Safety Team now train, support and assist ward managers to undertake ligature risk assessment in both inpatient and outpatient areas. This new approach ensures that ligature points are identified, assessed for level of risk and managed. It allows for effective clinical risk assessment, health and safety risk management skills and use of structured professional judgement in identifying risk factors that apply to an individual and their care environment in reaching a conclusion on the likelihood of a serious or untoward incident occurring. Risk assessment was completed in 32 wards 2019-20.

The use of plastic bags as bin liners has been banned in all wards in the Trust. This ban was introduced as a result of the death of two patients in Scotland from suffocation using plastic bags. Plastic bags must not be used as bin liners anywhere in inpatient areas and plastic shopping bags must be taken away from patients.

A review of a lone working device for all staff working in the community was carried out in 2019-20. A large number of our staff work alone in community settings such as in patients' homes or on outreach work. These staff can be vulnerable and at increased risk of physical or verbal abuse and harassment from patients, clients, their relatives or members of the public, simply because they don't have the immediate support of colleagues or security staff. The move by the Trust towards mobile working, with greater use of technology such as laptops and tablets, and more community-based care means that the number of staff working alone is likely to increase.

We have proposed the installation of a lone working mobile app on staff work phones for staff working in the community. The app will allow staff to activate a dedicated Red Alert button which will put them in direct contact with the Alarm Receiving Centre (ARC). A business case will be submitted to the Executive Leadership Team for funding.

Emergency Preparedness, Resilience and Response

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, 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 and Haringey Borough Resilience Forums and also at the various North East and North Central London Emergency Preparedness Response and Resilience Meetings hosted by NHSE.

During 2019-20, the Trust has continued to review our Incident Response Plan and Business Continuity Plans and preparedness capabilities to ensure compliance with the Civil Contingency Act of 2004, NHSE standards and those of other regulatory bodies.

Every year, NHS trusts are required to submit a Red Amber Green (RAG) rated assurance report to NHS England (London) outlining standards of compliance with emergency preparedness, response and resilience standards. Trusts can achieve full compliance, substantial compliance, partial compliance or non-compliance depending on agreed RAG ratings.

The annual Emergency Preparedness, Response and Resilience (EPRR) assurance process is used by NHS England in order to be assured that NHS Trusts are prepared to respond to an emergency and have resilience in place to continue to provide safe patient care during a major or serious incident or business continuity event. All NHS trusts were required to carry out a RAG rated self-assessment against the 69 NHS Core Standards for EPRR in October 2019. There were an additional 20 'Deep Dive' questions specifically in relation to Severe Weather Response.

A meeting took place on 21 October 2019 attended by representatives from NHS England and Improvement, a peer reviewer from Moorfields Eye Hospital, the Trust Emergency Planning Liaison Officer and the Trust Executive Chief Operations Officer.

The purpose of this meeting was to review the self-assessment RAG rating submitted by the Trust, amend it if necessary, and agree a final assurance score of 'Full Compliance', 'Substantial Compliance' 'Partial Compliance' or 'Non-Compliance' depending on amber and red scores identified in the assessment. Following this meeting a final RAG rating of 'Substantial Compliance' was agreed for the Trust, and an action plan was subsequently drawn up to address the two amber scores.

A requirement of the EPRR assurance process is to draw up an action plan to address areas of non or partial compliance against core standards.

The Trust has therefore drawn up an action plan to address areas highlighted as an amber score in the EPRR assurance process. The action plan clearly states the relevant standard, what needs to be done, when by, and by whom.

Every high-risk area had either a "live" or a table top fire evacuation exercise during 2019-20 and useful lessons were learned for future events.

The Trust Emergency Planning Liaison Officer has continued to provide a brief introduction to Emergency Preparedness, Resilience and Response at the staff induction and a Strategic, Tactical, and Operational Command training programme has been put in place to ensure all staff are kept up to date and the Trust fulfils all requirements under the Civil Contingencies Act 2004.

In line with the original EPRR requirements, the COVID-19 pandemic planning started during the first week of March. The Trust pandemic flu plan was assessed and found to be fit for purpose for using in combating the COVID-19 pandemic. The Trust has declared a Major Incident on 17 March in response to the COVID-19 incident. As a result, the Trust's Major Incident Plan and Divisional Business Continuity Plans were invoked to manage the incident response across the Trust.

COVID-19 has been declared a Level 4 incident under the Civil Contingencies Act 2004 (CCA) and is therefore a National Direction by Her Majesty's Government. The Trust has been cooperating with those management structures including STPs and CCGs in our response.

Emergency Preparedness, Resilience and Response

EU Exit

The Trust's preparations for the EU Exit followed the national guidance published by the Department of Health and Social Care (DHSC) in January 2019.

The national guidance required the Trust to undertake a number of key actions, which were:

- Confirm the Trust's Board-level Senior Responsible Officer (SRO) for No Deal Brexit preparations to NHS England. The Executive Leadership Group confirmed the Chief Operating Officer as the Trust's SRO.
- Carry out an initial evaluation of potential risks in the seven key areas identified in the guidance by the end of January.
- Test existing business continuity and incident management plans against EU Exit risks by the end of February to ensure they are fit for purpose.
- Review capacity and activity plans, as well as annual leave and control plans, leading up to and immediately after the proposed EU Exit date of 31 October 2019.
- Record any additional costs directly incurred in complying with the DHSC Guidance.

Key Issues

The national DHSC guidance on preparations in the event of a No-Deal EU Exit highlight seven key risk areas which Trusts should assess:

1. **Supply of medicines and vaccines**
2. **Supply of medical devises and clinical consumables**
3. **Supply of non-clinical consumables, goods and services**
4. **Workforce**
5. **Reciprocal healthcare cost recovery**
6. **Research and clinical trials**
7. **Data sharing, processing and access**

In order to oversee and coordinate the Trust's preparations, a No Deal EU Exit Task and Finish Group was set up with agreed Terms of Reference which was chaired by the Chief Operational Officer.

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 vaccination. The Department of Health and Social Care (DHSC) set a target for Trust staff of 80% in 2019-20. The DHSC and the World Health Organization 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, as part of our promotion of staff wellbeing, an inactivated quadrivalent (QIV) flu vaccine was offered to all employees in 2019-20, not just those who have frontline contact with patients. In the winter of 2019-20, 65% of our frontline clinical workforce were vaccinated, made up of 64% of staff in the mental health divisions and 71% of staff in Enfield Community Services.

Our year on year improvement of flu vaccination rates enables us to achieve a graded payment in respect of the national Flu Vaccination Commissioning for Quality and Innovation (CQUIN) target. The tables below show the final uptake by division.

Table 9: Mental Health Divisions Vaccination Rate

	Barnet		Enfield		Haringey		Specialist		Corporate		Total	
Staff Group	Staff	Vacc	Staff	Vacc	Staff	Vacc	Staff	Vacc	Staff	Vacc	Staff	Vacc
Medical & Dental	58	26	51	32	47	26	59	62	1	1	216	147
Nursing and Midwifery Registered	99	48	163	56	102	55	224	156	9	9	597	324
Other qualified Clinical Staff ST&T/AHPs	97	38	113	42	40	35	111	102	15	13	376	230
Support to Clinical Staff and Nurses	68	100	97	82	39	46	202	137	5	4	411	369
Support to ST&T	29	10	41	16	12	14	81	14	0	0	163	54
Grand Total	351	222	465	228	240	176	677	471	30	27	1763	1124
	63%		49%		73%		70%		90%		64%	

Table 10: Enfield Community Services Vaccination Rate

Staff Group	Staff	Vacc	TOTAL
Medical & Dental	2	1	
Nursing and Midwifery Registered	203	181	
Other qualified Clinical Staff ST&T/AHPs	187	115	
Support to Clinical Staff and Nurses	77	57	
Support to ST&T	47	13	
Grand Total	516	367	71%

Compliance with the Nolan Principles

The Trust's corporate governance approach is based on the seven Nolan principles of public life. Our 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

During 2019-20, the Local Counter Fraud Specialists' (LCFS) approach centred on raising awareness among Trust staff. The team delivered training sessions throughout the Trust in high risk areas like finance and HR and provided bespoke identity verification training with presentations tailored to those specific risk areas. During fraud awareness month, they worked in partnership with the Freedom to Speak up Guardians. The LCFS also engaged with all new starters at the corporate and junior doctors' induction sessions.

They have also been working closely with the Trust's risk team and local risk owners to ensure those risks identified and assessed as part of the 2018-19 fraud risk assessment are incorporated into the Trust's risk management processes.

The Counter Fraud team also work to prevent, detect and investigate fraud and bribery at the Trust. The Trust continues to support the investigation of all allegations of wrongdoing and uses the full range of disciplinary, civil, regulatory and criminal sanctions.

3 ACCOUNTABILITY

Directors' Report

The Trust Board

The Trust Board is collectively responsible for the strategic direction of the Trust, its day-to-day operations, and its overall performance including clinical and service quality, finances and governance. The powers, duties, roles and responsibilities of the Trust Board are set out in the Board's Standing Orders. **The main role of the Board is to:**

- Provide leadership of the Trust within a framework of prudent and effective controls which enable risk to be assessed and managed whilst driving continuous improvement
- Set the Trust's strategic aims, taking into consideration the views of stakeholders, ensuring that financial resources and staff are in place for the Trust to achieve its objectives
- Ensure the quality and safety of healthcare services, education, training and research delivered by the Trust, and to apply the principles and standards of clinical governance set out by the Department of Health and Social Care, the Care Quality Commission, and other relevant bodies
- Ensure compliance by the Trust with mandatory guidance issued by NHS Improvement, Care Quality Commission, relevant statutory requirements and contractual obligations
- Regularly review 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 Trust Board.

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 eight Non-Executive Directors (including the Chair), seven Executive Directors (including the Chief Executive) and a non-voting Executive Director. The Chair and Non-Executive Directors are appointed by NHS Improvement.

During 2019-20, the Board held six meetings which were open to the public, with agendas and reports available on the Trust's website. When discussing issues of a confidential nature, the Board resolved to meet in private in accordance with the Public Bodies (Admissions to Meeting) Act 1960 s1 (2).

The Trust also held its Annual General Meeting on 16 September 2019, at which we presented our Annual Report and Accounts 2018-19, as well as our Quality Account.

The minutes and reports from Trust Board meetings are published on the Trust's website: **www.beh-mht.nhs.uk/trust-board.htm**

The Trust's Standing Orders, Standing Financial Instructions and Scheme of Reservation of Powers to the Board and Delegation of Powers, were most recently reviewed in November 2019 by the Audit Committee and ratified by the Board.

The Board had a majority of Non-Executive Directors during the year. The Board considered its composition and the balance of skills needed to be effective, and believes 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 have further confirmed that they have taken all the steps that they ought to have taken to make themselves aware of any such information.

Board Members

Biographies of current Boardmembers are available on the Trust's website at www.beh-mht.nhs.uk/trust-board-profiles.htm.

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

Mark Lam

Chair

Term of office:
1 October 2018 - 30 September 2020

Catherine Jervis

Non-Executive Director
Chair of the Audit Committee

Term of office:
29 February 2020 - 28 February 2022
(first appointed 1 March 2015)

Cedi Frederick

Non-Executive Director
Chair of the Mental Health Law Committee
(until July 2019)
Chair of People and Culture Committee
(from September 2019 until November 2019)

Term of office:
1 April 2019 - 30 November 2019
(first appointed 1 April 2017)

Charles Waddicor

Non-Executive Director
Chair of the Finance and Investment Committee
Chair of Charitable Funds Committee

Term of office:
29 February 2020 - 28 February 2022
(first appointed 1 March 2015)

Neil Brimblecombe

Non-Executive Director
Chair of Quality and Safety Committee
(from September 2019)
Chair of Mental Health Law Committee
(from October 2019)

Term of office:
1 September 2018 - 31 August 2020

Paul Pugh

Non-Executive Director

Term of office:
1 January 2020 - 1 December 2021

Sue Rubenstein

Non-Executive Director
Chair of People and Culture Committee
(from November 2019)

Term of office:
1 September 2019 - 31 August 2022

Paul Ryb

Non-Executive Director

Term of office:
10 February 2019 - 9 February 2021
(first appointed 10 February 2017)

Ruchi Singh

Non-Executive Director
Chair of the Quality and Safety Committee
from July 2018 – July 2019)

Term of office:
30 January 2019 - 15 January 2021
(first appointed 16 January 2017)

Jinjer Kandola
Chief Executive
Appointed July 2018

Stanley Riseborough
Interim Chief Operating Officer

Term of office:
November 2018 - July 2019

Natalie Fox
Chief Operating Officer
Appointed July 2019

David Griffiths
Chief Finance and Investment Officer
Appointed September 2017

Jonathan Bindman
Medical Director

Term of office:
December 2013 - November 2019

Mehdi Veisi
Medical Director
Appointed December 2019

Amanda Pithouse
Director of Nursing, Quality and Governance
Appointed October 2018

Jackie Stephen
Director of Workforce and Organisational Development

Term of office:
16 July 2018 - 31 October 2019
(Interim Director of Workforce and OD from 1 June 2018 - 15 July 2018)

Julie Hull
Interim Director of Workforce and Organisational Development

Term of office:
November 2019 - December 2019

Lisa Anastasiou
Interim Director of Workforce and Organisational Development
Appointed March 2020

Sarah Wilkins
Chief Information and Performance Officer
Appointed March 2019

Murray Keith
Interim Director of Strategy, Transformation and Partnerships

Term of office:
October 2019 – January 2020

David Cheesman
Director of Strategy, Transformation and Partnerships
Appointed January 2020

Board Members

Balance and appropriateness of the Board of Directors

The makeup and balance of the Board is continuously kept under review by the Chair. The Non-Executive membership has extensive experience in the NHS, public, private and non-profit sectors, digital technology, financial management, strategic leadership and mental health nursing.

Changes on the Trust Board during the period 1 April 2019 - 31 March 2020

- **Stanley Riseborough,** interim Chief Operating Officer, left the Trust in July 2019.
- **Natalie Fox** was appointed as Chief Operating Officer in July 2019.
- **Sarah Wilkins,** Chief Information and Performance Officer, was appointed as non-voting member on the Board in September 2019.
- **Jackie Stephen,** Director of Workforce and OD, left the Trust in October 2019.
- **Julie Hull** was appointed interim Director of Workforce and OD in November 2019 and left in December 2019.
- **Lisa Anastasiou** was appointed interim Director of Workforce and OD in March 2020.
- **Cedi Frederick,** Non-Executive Director, left the Trust on 30 November 2019.
- **Sue Rubenstein** was appointed as Non-Executive Director in September 2019.
- **David Cheesman** was appointed as Director of Strategy, Transformation and Partnerships in January 2020.
- **Paul Pugh** was appointed as Non-Executive Director in January 2020.
- **Catherine Jervis,** Non-Executive Director, was re-appointed from 29 February 2020.
- **Charles Waddicor,** Non-Executive Director, was re-appointed from 29 February 2020.

Board Committees

To support its work in carrying out its duties effectively, the Board has established the following Board Committees:

- Audit Committee
- Remuneration Committee
- Quality and Safety Committee
- Mental Health Law Committee
- Finance and Investment Committee
- People and Culture Committee
- Trust Charitable Funds Committee

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 Board Committees during 2019-20 is shown in Table 11.

Table 11: Board Membership of Committees (as at 31 March 2020):

	Audit Committee	Remuneration Committee	Quality and Safety Committee	Mental Health Law Committee	Finance and Investment Committee	People and Culture Committee *	Trust and Charitable Funds Committee
Mark Lam Chairman	-	✓ Chair	-	-	-	-	-
Charles Waddicor Non-Executive Director	✓	✓	-	-	✓ Chair	-	✓ Chair
Catherine Jervis Non-Executive Director	✓ Chair	✓	✓	-	-	-	-
Ruchi Singh Non-Executive Director	-	✓	✓	-	✓	-	✓
Paul Ryb Non Executive Director	✓	✓	-	-	✓	-	✓
Neil Brimblecombe Non-Executive Director	-	✓	✓ Chair	✓ Chair	-	✓	-

Board Membership

Table 11: *(continued)*

	Audit Committee	Remuneration Committee	Quality and Safety Committee	Mental Health Law Committee	Finance and Investment Committee	People and Culture Committee *	Trust and Charitable Funds Committee
Paul Pugh Non-Executive Director	-	✓	-	-	✓	✓	✓
Sue Rubenstein Non-Executive Director	-	✓	-	-	-	✓ Chair	-
Jinjer Kandola Chief Executive	-	Executive Lead	-	-	✓	-	-
Natalie Fox Chief Operating Officer	-	-	✓	-	✓	✓	✓
David Griffiths Chief Finance and Investment Officer	Executive Lead	-	-	-	✓ Executive Lead	-	✓ Executive Lead
Amanda Pithouse Director of Nursing, Quality and Governance	-	-	✓ Executive Lead	✓ Executive Lead	-	✓	-
Mehdi Veisi Medical Director	-	-	✓	✓	✓	-	-
David Cheesman Director of Transformation, Strategy and Partnerships	-	-	-	-	✓	-	✓

Table 11: *(continued)*

	Audit Committee	Remuneration Committee	Quality and Safety Committee	Mental Health Law Committee	Finance and Investment Committee	People and Culture Committee *	Trust and Charitable Funds Committee
Sarah Wilkins Chief Information and Performance Officer	-	-	-	-	-	✓	-
Lisa Anastasiou Interim Director of Workforce and OD	-	-	✓	-	-	✓ Executive Lead	-

* The People and Culture Committee was established in September 2019.

Table 12: Previous Board members' Membership of Committees:

	Audit Committee	Finance and Investment Committee	Mental Health Law Committee	People and Culture Committee *	Quality and Safety Committee	Remuneration and Terms of Service Committee	Trust and Charitable Funds Committee
Cedi Frederick Non-Executive Director	-	-	✓ Chair	✓	✓	✓	-
Jonathan Bindman Medical Director	-	✓	✓	-	✓	-	-
Stanley Riseborough Interim Chief Operating Officer	-	✓	-	-	✓	-	✓
Jackie Stephen Director of Workforce and OD	-	-	-	✓	✓	-	-
Julie Hull Interim Director of Workforce and OD	-	-	-	✓	✓	-	-

* The People and Culture Committee was established in September 2019.

Committee Responsibilities

Audit Committee

The Audit Committee is responsible for providing assurance to the Trust Board that appropriate and robust risk management and internal control systems and 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 wrongdoing or malpractice in the Trust. It oversees the work of the Trust's Internal Auditors, External Auditors and the Local Counter Fraud Specialists, and monitors the integrity of the financial statements of the Trust.

Remuneration Committee

The Remuneration Committee 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 NHS Improvement guidance, 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.

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 that support the achievement of the Trust's objectives.

Mental Health Law Committee

The Mental Health Law Committee provides 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.

Finance and Investment Committee

The Finance and Investment Committee oversees 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 to review new investment and business proposals.

People and Culture Committee

The People and Culture Committee monitors the development and delivery of the Workforce and Organisational Development Strategy and provides scrutiny and constructive challenge in this regard to ensure the Trust can deliver its strategy and be sustainable in the long term. The committee reports to the Trust Board and provides assurance against regulatory requirements relating to workforce.

Trust and Charitable Funds Committee

The Trust and Charitable Funds Committee acts 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.

Table 13: Board and Committee Attendance (April 2019 – March 2020):

Numbers indicate the total number of meetings attended out of the possible during each Director's term in office or membership of a committee.

	Trust Board	Audit Committee	Remuneration Committee	Quality and Safety Committee	Mental Health Law Committee	Finance and Investment Committee	People and Culture Committee	Trust and Charitable Funds Committee
Mark Lam	6 of 6	-	5 of 5	-	-	-	-	-
Neil Brimblecombe	6 of 6	-	5 of 5	6 of 6	3 of 3	-	4 of 4	-
Cedi Frederick	4 of 4	-	2 of 3	3 of 4	2 of 2	-	1 of 1	-
Catherine Jervis	5 of 6	5 of 5	3 of 5	6 of 6	-	-	-	-
Paul Pugh	2 of 2	-	1 of 1	-	-	2 of 2	2 of 2	2 of 2
Sue Rubenstein	4 of 4	-	4 of 4	-	-	-	4 of 4	-
Paul Ryb	6 of 6	3 of 5	5 of 5	-	-	2 of 6	-	0 of 2
Ruchi Singh *	4 of 5	-	4 of 4	2 of 4	-	4 of 5	-	2 of 2
Charles Waddicor	6 of 6	5 of 5	4 of 5	-	-	6 of 6	-	2 of 2
Jinjer Kandola	6 of 6	In attendance 1 of 1	In attendance 5 of 5	-	-	4 of 6	-	-

* Ruchi Singh was on sabbatical from November 2019 to January 2020

Table 13: *(continued)*

	Trust Board	Audit Committee	Remuneration Committee	Quality and Safety Committee	Mental Health Law Committee	Finance and Investment Committee	People and Culture Committee	Trust and Charitable Funds Committee
Lisa Anastasiou	1 of 1	-	-	0 of 0	-	-	0 of 0	-
Jonathan Bindman	4 of 4	-	-	4 of 4	2 of 3	1 of 3	-	-
David Cheesman	2 of 2	-	-	-	-	2 of 2	-	1 of 1
Natalie Fox	5 of 5	-	-	4 of 5	-	3 of 5	3 of 4	1 of 2
David Griffiths	6 of 6	In attendance 5 of 5	-	-	-	6 of 6	2 of 2	2 of 2
Julie Hull	1 of 1	-	-	0 of 1	-	-	1 of 1	-
Amanda Pithouse	6 of 6	-	-	5 of 6	2 of 4	-	3 of 3	-
Stanley Riseborough	2 of 2	-	-	2 of 2	-	2 of 2	0 of 0	-
Jackie Stephen	3 of 3	-	-	3 of 3	-	-	1 of 1	-
Mehdi Veisi	2 of 2	-	-	3 of 3	1 of 1	2 of 2	-	-
Sarah Wilkins	4 of 4	-	-	-	-	-	3 of 4	-
Juliet Oliver In attendance	5 of 5	-	4 of 4	-	2 of 3	-	2 of 3	-

Table 14: Board Members' Register of Interests (as at 31 March 2020)

Mark Lam Trust Chair	• Non-Executive Director, Social Work England • Private business consultant • Former Chief Technology and Information Officer, Openreach, a BT Group business
Lisa Anastasiou Interim Director of Workforce and Organisational Development	• None
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) • Chair, Policy and Practice Committee, Mental Health Nurse Academics UK • Periodically provides consultancy services to the NHS (currently working with the Tavistock and Portman NHS Foundation Trust on a short term piece of work with the Organisational Development team)
David Cheesman Director of Strategy, Transformation and Partnerships	• Non-Executive Director of NHS Elect Advisory Board
Natalie Fox Chief Operating Officer	• None
David Griffiths Chief Finance and Investment Officer	• Wife is Chief Finance Officer of Mid-Essex, Southend and Basildon Hospitals Group

Table 14: *(continued)*

Catherine Jervis Non-Executive Director	• 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 • Non-Executive Director, Hillingdon Hospital NHS Foundation Trust
Jinjer Kandola Chief Executive	• None
Juliet Oliver Aspirant Non-Executive Director, NExT Director scheme	• Solicitors Regulation Authority – General Counsel (full-time) • General Optical Council – Chair of Investigation Committee and case examiner (ad hoc meetings, outside of office hours) • Chartered Institute of Management Accountants – member of Professional Standards Committee (three half day meetings per year) • Law Society – member of Mental Health and Disability Committee (six half day meetings a year)
Amanda Pithouse Director of Nursing, Quality and Governance	• None
Paul Pugh Non-Executive Director	• Director, KCBD Ltd from 2015 • Governor Middlesex University • Trustee, Campus Educational Trust • Non-Executive Director, Institute of Customer Service • Wife is Deputy Head of Mental Health, NHS England
Sue Rubenstein Non-Executive Director	• Trustee at Cuckoo Hall Academies Trust which runs five schools in Enfield • Chair of Bloody Good Period – a charity that campaigns for menstrual equity and provides period products to asylum seekers and refugees • Director of Corum Investments Ltd • Director of the Grove, Maidenhead Ltd • Periodically provides consultancy services to the NHS but none currently within the North Central London system

Table 14: *(continued)*

Paul Ryb Non-Executive Director	• Managing Director, The BIGlittle 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 • Trustee for the Royal Leicestershire, Rutland and Wycliffe Society for the Blind declared under the name VISTA
Ruchi Singh Non-Executive Director	• Director, Kaleidoscope Transformations Ltd, a strategy consulting company • Business Advisor – Transformation – First Class Partnership (Rail Consultancy) • Business Advisor – Transformation Incendium (Real Estate Consultancy)
Mehdi Veisi Medical Director	• Undertakes occasional medico-legal reports
Charles Waddicor Non-Executive Director	• Director / Owner of SAMRO – health and social care solutions • Chair / Trustee of The Primary Care Respiratory Society UK • 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
Sarah Wilkins Chief Information and Performance Officer	• None

Previous Board Members' Interests

(from Register prior to departure from role)

Cedi Frederick

Non-Executive Director

- Owner of Article Consulting Ltd, a health and social care consultancy (not currently working with the NHS).
- Owner/Chief Executive Officer of La Nova Group, which delivers events, programmes and experiences which optimises health, wellbeing and personal performance.
- Board Member of Basketball England (Governing Body of Basketball)

Jackie Stephen

Director of Workforce and OD

- None

Julie Hull

Interim Director of Workforce and OD

- None

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

Stanley Riseborough

Interim Chief Operating Officer

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

Annual Governance Statement

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Barnet, Enfield and Haringey Mental Health 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.

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 and 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 and Haringey Mental Health NHS Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

In March 2019, the Board engaged Deloitte to carry out an independent governance review, improve its risk management and quality governance arrangements, and support the migration of data from Datix to its new incident and risk reporting system Ulysses. A revised Risk Management Strategy was approved and implemented in September 2019.

Furthermore, the Board approved a new Trust Strategy in March 2019. In July 2019 the Board defined and agreed the key risks to the delivery of the Trust's strategic objectives. These were discussed at a Quality and Safety Committee meeting in September 2019 where a number of changes were requested. A Board workshop was held in October 2019 where the Board Assurance Framework (BAF) and the Trust's risk appetite were reviewed and approved. Each of the risks on the BAF is assigned to a Board committee.

Leadership to the risk management process is given through a number of measures, including designation of Executive and Non-Executive Directors to committees within the Trust's governance structure.

The Audit Committee has delegated responsibility for ensuring the Board Assurance Framework is well maintained and risks are managed effectively. The other committees scrutinise and carry deep dives of risks relevant to their terms of reference. The Audit Committee receives the minutes of the Quality and Safety Committee and the Audit Committee Chair is also a member of the Quality and Safety Committee.

The Director of Nursing, Quality and Governance has delegated responsibility for ensuring implementation of the risk management framework and is assisted by the Deputy Director for Quality who leads and manages the Trust's Patient Safety Team. All directors have responsibility to identify and manage risk within their specific areas of control, in line with the Trust's management and accountability arrangements. Divisions have identified leads for risk management.

Risk management operates through the corporate and divisional structures. This arrangement supports the need for central oversight and systems whilst ensuring local ownership in managing and controlling all elements of risk to which the Trust may be exposed.

Divisional Risk Registers are reviewed monthly at Divisional Team Management meetings and are further scrutinised monthly by the Operational Risk Management Group (accountable to the Executive Leadership Team) to ensure effective Trust-wide management of risk. The Corporate Risk Register which includes risks with a score of 15 or above isreviewed monthly by the Executive Leadership Team, bi-monthly by the Quality & Safety Committee and quarterly by the Board.

The Patient Safety Team and particularly the newly established Head of Risk Management role, provide support to Divisions and corporate teams on all aspects of effective risk assessment and management. The Team maintains the Trust's incident and risk reporting system, and risk registers. The Team also has a vital role in training which is provided regularly.

All staff members are trained in risk management at a level relevant to their role and responsibilities. Members of staff have access to additional support and training to ensure that they have the necessary skills and knowledge and are competent to identify, control and manage risk within their work environment. All policies relating to risk management are accessible and available to staff on the Trust's intranet.

In supporting the Medical Director, the Patient Safety Team is also responsible for the dissemination of good practice and lessons learned from incidents or near misses. Good practice and learning are disseminated within the Trust through information sharing, blue light bulletins to all staff, cascading of information via the groups and committees included in the governance framework, and maintenance of the incident register.

Arrangements during COVID-19

During the COVID-19 Level 4 major incident, the Board agreed a set of specific focused strategic objectives for the effective management of the incident. A dedicated COVID-19 Risk Register was developed and reviewed daily through a Gold, Silver and Bronze command structure, weekly by the Executive Leadership Team and monthly by the Quality and Safety Committee and the Board.

The Risk and Control Framework

Key elements of the Risk Management Strategy

Management of and attitude to risk is embedded within the Trust's Risk Management Strategy. The strategy and related procedures set risk management activities within a broad framework within which the Trust leads, directs and controls its key functions in order to achieve its strategic objectives, quality and safety of services, and in which it relates to patients, staff, the wider community and partner organisations.

The key elements of the strategy are to manage and control identified risks appropriately – both clinical and non-clinical. This is achieved by providing an organisational framework which enables easy identification of risk, coordination of risk management activity, provides a safe working environment for staff and for patients, and reduces unnecessary expenditure. It ensures that all staff are aware of their roles and responsibilities in managing risk and describes the Trust structures and processes in place by which risks is assessed, controlled and monitored.

Risks are identified through many sources such as risk assessments, clinical benchmarking, audit data, clinical and non-clinical incident reporting, complaints, claims, patient and public feedback, stakeholder and partnership feedback and internal and external assessment.

Risks are assessed by using a 5x5 risk matrix on the impact and likelihood of the risk occurring, where the total score is an indicator as to the seriousness of the risk. This supports the decision-making process about whether the identified risk is considered acceptable or unacceptable.

Board Assurance Framework and Corporate Risk Register

As mentioned above, the Trust has in place a Board Assurance Framework (BAF) and a Corporate Risk Register which provide a structure for the effective and focussed management of the principal risks to meeting the Trust's strategic objectives.

Annual Governance Statement

The Board Assurance Framework enables easy identification of the controls and assurances that exist in relation to the Trust's strategic objectives and the identification of significant risks. Risks are assessed and monitored by the Board and its sub-committees. Key issues emerging from this assessment and monitoring include a review of balance between absolute and acceptable risk, quantification of risks where these cannot be avoided, implementation of processes to minimise risks where these cannot be avoided and learning from incidents. These issues are cascaded throughout the Trust via divisional and multi-disciplinary representative attendance at committee and governance group meetings.

While it was being refreshed, the Board Assurance Framework was reported to the Board at each meeting. The future plan is for the BAF to be reported on a quarterly basis, with the red rated risks to be reported at each meeting.

Quality Governance assurances

The Trust reviewed and improved its quality governance arrangements in light of the recommendations of the Deloitte review. The Board receives a regular report on quality and safety issues at each meeting. The quality of performance information is assessed through the Data Security and Protection Toolkit (DSPT) and through the annual Quality Accounts audit. Assurance on compliance with CQC registration requirements is obtained through the role of the Quality and Safety Committee, the performance framework, and from the Trust's own schedule of deep dives to services and Executive and Non-Executive walk arounds.

Workforce Strategy

The Trust approved a new Workforce Strategy in March 2019. The Board further established a People and Culture Committee in November 2019 to monitor the implementation of the Workforce Strategy and the Organisational Development Strategy. The Board receives a workforce update at every Board meeting. A safe staffing report is also submitted to every Board meeting and an inpatient skill mix review was undertaken in 2019-20. 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.

Care Quality Commission Compliance and Well-led inspection

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Care Quality Commission carried out a core inspection of our services from 18 to 27 June 2019, followed by a well-led inspection from 29 to 31 July 2019, rating the Trust overall GOOD for the first time. A quality improvement action plan was put in place to address issues raised. In respect of the CQC's Well-Led Domain, the Trust's performance was assessed as GOOD.

Register of Interests and Gifts and Hospitality

The Trust has published on its website 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.

The Register of Board Directors' Interests is reviewed at the beginning of each Board meeting. In addition, an annual review of declaration of interests, gifts and hospitality, and third party transactions is carried out.

NHS Pension Scheme

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.

Equality and diversity

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Carbon reduction

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.

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 introduction of the General Data Protection Regulation 2016 (GDPR) amended and lowered the criteria for reporting information governance incidents to the Information Commissioner, thus resulting in a declaration of higher number of incidents being reported by the Trust to the Information Commissioner's Office (ICO) for 2019-20 than in previous years.

For 2019-20, the Trust reported 10 incidents to the ICO on its Incident Reporting Tool via the DSPT. All incidents were investigated swiftly in line with the Trust's robust Policies and Procedures with the majority attributed to human error. None of the incidents resulted in regulatory action or fine.

The Trust recognises that it needs to promote its procedures and processes more effectively and will continue to adopt various methods of delivery to ensure staff are fully aware of their data handling obligations. This will take the form of improved e-learning/IG annual training, face to face training and staff awareness briefings both in the Trust's staff newsletter and on the IG staff intranet webpages.

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 2020 to seek the views of the Trust's stakeholders as part of the Trust's preparation for the 2019-20 Quality Account.

The Director of Nursing, Quality and Governance is the executive director lead for the Quality Account, and work is coordinated by the Trust's Safety, Effectiveness and Experience Group which reports to the Board's Quality and Safety Committee.

> **The Quality Account contains two main parts of information: details of the Trust's quality priorities 2020-21 and performance against the quality indicators for 2019-20. The draft report is reviewed by the Board and stakeholders to ensure it represents a balanced view.**

The Trust has a quality improvement programme in place, the Brilliant Basics, managed through key workstreams. Furthermore, during the year it established a dedicated Quality Improvement Team led by a newly appointed Deputy Director for Quality Improvement to support the programme and build capacity of staff across the Trust to deliver further locally led quality improvement initiatives.

There are controls in place to ensure the Quality Account is an accurate statement of te Trust's performance during the year. Information regarding the Trust's performance is produced through the Trust's performance management systems and is regularly reported to the Board and performance management meetings throughout the year.

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.

Annual Governance Statement

Due to the COVID-19 major incident and in line with guidance issued by NHS Improvement extending the publication date by December 2020, the Trust's Quality Account will be published in September 2020.

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, the Quality & Safety Committee and the Executive Leadership Team, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Internal audit services are outsourced to RSM UK, who provide an objective and independent opinion on the degree to which risk management, control and governance support the achievement of the Trust's objectives. Individual audit reports include a management response and action plan. Internal Audit routinely follows up actions with management to establish the level of compliance and the results are reported to the executive Leadership Team and the Audit Committee.

In his audit opinion for 2019-20, 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".

The Trust has also a Counter Fraud service in place, in line with the NHS standard contract. This includes undertaking the Annual Fraud Self Review Tool, which resulted in an overall green rating meaning that Trust was fully compliant with NHS Counter Fraud Authority Standards and can demonstrate the impact of the work undertaken. The Audit Committee receives regular reports from the Counter Fraud service.

Internal Control Issues

During 2019-20, the Trust's Internal Auditors have not given any 'no assurance' reports. They issued seven internal audit reports where they provided 'reasonable assurance' and six 'partial assurance' over the design and application of the controls in place to manage the identified risks. **These were as follows:**

Internal audit reasonable assurance opinions:

- Bed Management
- CIP Benefits Realisation
- Recruitment and Retention
- Staff Engagement
- Quality review of inpatient and community wards
- Well led governance review; and
- Board Assurance Framework and Risk Management

Internal audit partial assurance opinions:

- **CQC.** This review identified that the Trust's Improvement Action Plan developed following the 2017 CQC Inspection was comprehensive and appropriate processes were in place to track and evidence implementation, and to share learning. However, the review also found further opportunities to strengthen the Trust's policies and procedures in respect of Lone Working, Physical Health Monitoring and the Management of Diabetes, and patient involvement in Care Plans. It also recommended improvements to the Trust's integrated governance forums at divisional and team levels. The Trust subsequently asked Internal Audit to review the Improvement Action Plan developed following the CQC Inspection in July 2019. This report provided Reasonable Assurance that the Trust had effective arrangements in place to respond to the CQC Must and Should-do Actions.
- **Complaints – Learning Lessons.** This review found that the Trust had introduced a new, improved, Complaints Procedure but that there was further scope to ensure the procedure was fully embedded within the organisation, improve complaint response time and ensure that lessons learnt from complaints and compliments were effectively shared and acted upon across the organisation.
- **Key Financial Controls – Payroll and Overpayments.** This review recognised that the Trust had undertaken a number of initiatives to reduce the number of salary overpayments, but identified that further improvements were required to the Trust's processes for actioning sickness absence, starter, termination, and amendment forms and for managing the recovery processes for overpayments.
- **Functionality of the new RIO Forms.** This review considered how improvements to the Trust's clinic system, RIO, were managed. It concluded that new forms were signed off appropriate prior to launch but there was a need to improve staff training to ensure the reports were fully used and to review the functionality of the forms post-implementation.
- **Business Continuity & Emergency Planning.** This review focused on the disaster recovery policies and procedures of the Trust's IT infrastructure supplier. It recommended that the Trust negotiates further improvements to the contract to document service recovery requirements for the secondary data centre and ensure this data centre had full coverage of all key Trust systems. It also recommended that a full disaster recovery test is performed and the Trust receive more assurance regarding the performance of daily back-ups.
- **Transformation Programmes Governance Processes.** This review confirmed that the Trust had established new governance arrangements for oversight of a number of transformation schemes. However, there was scope for improving processes to ensure that all schemes had expected benefits set at their start, that quality impact assessments were documented and key performance measures set for scheme objectives. While risk registers were in place and being reported to the Transformation Board, updates on actions being taken to mitigate identified risks were not being reported or followed up.

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.

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
26 June 2020

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.

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

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

Jinjer Kandola
Chief Executive
26 June 2020

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 six occasions in 2019-20.

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 2018-19 or 2019-20.**

Table 15: Salaries and emoluments of Non-Executive and Executive Directors of the Trust *(subject to audit)*

	2019-20				2018-19			
Name and Title	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)
Michael Fox Chair	N/A	N/A	N/A	N/A	15-20	N/A	N/A	15-20
Mark Lam Chair (from 1 October 2018)	35-40	N/A	N/A	35-40	15-20	N/A	N/A	15-20
Paul Farrimond Non-Executive Director	N/A	N/A	N/A	N/A	0-5	N/A	N/A	0-5
Frank Devoy Non-Executive Director	N/A	N/A	N/A	N/A	0-5	N/A	N/A	0-5
Neil Brimblecombe Non-Executive Director (from 1 September 2018)	5-10	N/A	N/A	5-10	0-5	N/A	N/A	0-5

Table 15: *(continued)*

Name and Title	2019-20 Salary (bands of £5,000)	2019-20 All pension-related benefits (bands of £2,500)	2019-20 Compensation for loss of office (bands of £2,500)	2019-20 TOTAL (bands of £5,000)	2018-19 Salary (bands of £5,000)	2018-19 All pension-related benefits (bands of £2,500)	2018-19 Compensation for loss of office (bands of £2,500)	2018-19 TOTAL (bands of £5,000)
Catherine Jervis Non-Executive Director	5-10	N/A	N/A	5-10	5-10	N/A	N/A	5-10
Charles Waddicor Non-Executive Director	5-10	N/A	N/A	5-10	5-10	N/A	N/A	5-10
Paul Ryb Non-Executive Director	5-10	N/A	N/A	5-10	5-10	N/A	N/A	5-10
Ruchi Singh Non-Executive Director	5-10	N/A	N/A	5-10	5-10	N/A	N/A	5-10
Cedi Frederick Non-Executive Director (to 30 November 2019)	0-5	N/A	N/A	0-5	5-10	N/A	N/A	5-10
Sue Rubenstein Non-Executive Director (from 1 September 2019)	5-10	N/A	N/A	5-10	N/A	N/A	N/A	N/A
Paul Pugh Non-Executive Director (from 1 January 2020	0-5	N/A	N/A	0-5	N/A	N/A	N/A	N/A
Jinjer Kandola Chief Executive	170-175	120-122.5	N/A	290-295	115-120	15-17.5	N/A	135-140
Jonathan Bindman Medical Director (to 30 November 2019)	80-85	45-47.5	N/A	125-130	140-145	15-20	N/A	165-170
Mehdi Veisi Medical Director (from 1 December 2019)	30-35	0-2.5	N/A	30-35	N/A	N/A	N/A	N/A

Table 15: *(continued)*

Name and Title	2019-20				2018-19			
	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)
David Griffiths Chief Finance and Investment Officer	130-135	42.5-45	N/A	170-175	120-125	17.5-20	N/A	140-145
Andy Graham Chief Operating / Officer Acting Chief Executive	N/A	N/A	N/A	N/A	80-85	12.5-15	N/A	90-95
Philip King Interim Chief Operating Officer	N/A	N/A	N/A	N/A	0-5	0-2.5	N/A	0-5
Richard Milner Interim Chief Operating Officer	N/A	N/A	N/A	N/A	30-35	2.5-5	N/A	35-40
Stanley Riseborough Interim Chief Operating Officer (to 30 June 2019)	50-55	N/A	N/A	50-55	45-50	0-2.5	N/A	45-50
Natalie Fox Chief Operating Officer (from 1 July 2019)	95-100	0-2.5	N/A	95-100	N/A	N/A	N/A	N/A
Mark Vaughan Executive Director of Workforce (to 31 May 2018)	N/A	N/A	N/A	N/A	15-20	2.5-5	N/A	20-25
Jackie Stephen Executive Director of Workforce (from 1 June 2018 to 24 October 2019)	70-75	7.5-10	N/A	80-85	90-95	12.5-15	N/A	105-110
Julie Hull Interim Executive Director of Workforce (from 25 October 2019 to 19 December 2019	20-25	0-2.5	N/A	20-25	N/A	N/A	N/A	N/A

Table 15: *(continued)*

Name and Title	2019-20 Salary (bands of £5,000)	2019-20 All pension-related benefits (bands of £2,500)	2019-20 Compensation for loss of office (bands of £2,500)	2019-20 TOTAL (bands of £5,000)	2018-19 Salary (bands of £5,000)	2018-19 All pension-related benefits (bands of £2,500)	2018-19 Compensation for loss of office (bands of £2,500)	2018-19 TOTAL (bands of £5,000)
Lisa Anastasiou Interim Executive Director of Workforce (from 16 March 2020)	5-10	0-2.5	N/A	5-10	N/A	N/A	N/A	N/A
Linda MacQuaid Interim Director of Nursing, Quality and Goverance	N/A	N/A	N/A	N/A	75-80	0-2.5	N/A	80-85
Amanda Pithouse Director of Nursing, Quality and Governance	120-125	42.5-45	N/A	165-170	50-55	7.5-10.0	N/A	60-65
Murray Keith Interim Director of Transformation, Strategy and Partnerships (from 30 September 2019 to 24 January 2020)	65-70	0-2.5	N/A	65-70	N/A	N/A	N/A	N/A
David Cheesman Director of Transformation, Strategy and Partnerships (from 27 January 2020)	20-25	0-2.5	N/A	25-30	N/A	N/A	N/A	N/A
Sarah Wilkins Chief Information and Performance Officer (from 1 September 2019)	75-80	0-2.5	N/A	75-80	N/A	N/A	N/A	N/A

Where a director has only served for part of 2019-20, their starting or leaving dates are given above.

There were no taxable benefits, performance pay or bonuses paid in 2018-19 or 2019-20. There were no payments to past directors or payments for loss of office in 2018-19 or 2019-20.

The Medical Director undertakes 2 clinical sessions as part of his role, which accounts for approximately £5,000-£10,000 of the salary reported above.

Table 16: Pension benefits of Trust Executive Directors

(subject to audit)

Pension benefits of senior managers							
Name and Title	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 2020 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2020 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2020	Cash Equivalent Transfer Value at 31 March 2019	Real increase in Cash Equivalent Transfer Value
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Jonathan Bindman Medical Director	0.0-2.5	5.0-7.5	65.0-70.0	200.0-205.0	0	1429	0
Mehdi Veisi Medical Director	Not a member of the pension scheme						
David Griffiths Chief Finance and Investment Officer	2.5-5.0	0.0-2.5	50.0 -55.0	130.0-135.0	1058	969	47
Stanley Riseborough Interim Chief Operating Officer	Not a member of the pension scheme						
Natalie Fox Chief Operating Officer	(2.5)-0.0	(2.5)-0.0	45.0-50.0	110.0-115.0	833	733	0
Jinjer Kandola Chief Executive	5.0-7.5	10.0-12.5	70.0-75.0	165.0-170.0	1381	1204	123
Amanda Pithouse Director of Nursing, Quality and Governance	2.5-5.0	0.0-2.5	15.0-20.0	0.0-5.0	217	173	23
Jackie Stephen Executive Director of Workforce	0.0-2.5	0.0-2.5	20.0-25.0	70.0-75.0	585	533	15
Julie Hull Interim Executive Director of Workforce	Not a member of the pension scheme						

Table 16: *(continued)*

Pension benefits of senior managers

Name and Title	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 2020 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2020 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2020	Cash Equivalent Transfer Value at 31 March 2019	Real increase in Cash Equivalent Transfer Value
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Lisa Anastasiou Executive Director of Workforce	0.0-2.5	0.0-2.5	20.0-25.0	50.0-55.0	404	0	0
Sarah Wilkins Chief Information and Performance Officer	0.0-2.5	0.0-2.5	30.0-35.0	65.0-70.0	544	0	0
David Cheesman Director of Transformation, Strategy and Partnerships	0.0-2.5	0.0-2.5	45.0-50.0	100.0-105.0	842	0	0
Murray Keith Interim Director of Transformation, Strategy and Partnerships	0.0-2.5	0.0-2.5	15.0-20.0	0.0-5.0	223	0	0

Fair Pay Multiple (subject to audit)

The banded remuneration of the highest paid Director in the Trust in the financial year 2019-20 was £170,000 - £175,000 (2018-19: £140,000 - £145,000). This was 4.0 times (2018-19: 3.5) the median remuneration of the workforce, which was £43,197 (2018-19: £40,756).

In 2019-20, no employees (2018-19: none) received remuneration in excess of the highest-paid Director.

The median remuneration figures used above do not comply with paragraph 3.60 of the Group Accounting Manual as this requires that they are produced based on annualised, full time equivalent remuneration of all staff (including temporary and agency staff). The figures used above do not include annualised figure for agency staff due to the complexity of producing this information. This applies to both 2019-20 and 2018-19 figures.

Compensation for loss of office

(subject to audit)

There were no redundancy payments to former Directors in the financial year 2019-20 (2018-19: none).

Payments to past directors

(subject to audit)

There were no payments to former Directors in the financial year 2019-20 (2018-19: none).

Off Payroll Reporting

Table 17: Off-payroll engagements longer than 6 months

For all off-payroll engagements as of 31 March 2020, for more than £245 per day and that last for longer than six months

No. of existing engagements as of 31 March 2020	19
Of which...	
No. that have existed for less than one year at time of reporting.	17
No. that have existed for between one and two years at time of reporting.	2
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0

Table 18: New Off-payroll engagements

or all new off-payroll engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020, for more than £245 per day and that last for longer than six months

No. of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	42
Of which...	
No. assessed as caught by IR35	22
No. assessed as not caught by IR35	20
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.	0
No. of engagements that saw a change to IR35 status following the consistency review	0

Table 19: 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 2019 and 31 March 2020

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
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.	22


NHS
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4 FINANCIAL STATEMENTS

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 2020, together with a review of the Trust's financial plans for 2020-21.

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 ongoing 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 2019-20:

- 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 2020-21
- 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 2019-20 the Trust was set a "Control Total" (a financial target set by NHSI) of a £(5.5)m deficit, which, if achieved, would enable us to access £5.5m of Provider Sustainability Funding (PSF) and Financial Recovery Fund (FRF), and thus deliver a net breakeven position of £0.0m. In order to achieve this target the Trust identified the need to plan for £8.3m of new productivity savings in 2019-20.

The Trust reported a deficit of £11.7m for 2019-20, however adjusted financial performance on a control total basis (after adjusting for impairments of £12.8m not scoring to the Departmental Expenditure Limit) is a surplus of £1.1m. This is a positive variance of £1.1m from the control total of breakeven set by NHSI.

Table 20: Performance against NHSI control total

	Deficit per statutory accounts	**(11,685)**
LESS:	Items excluded from Key Statutory Duties	
	Impairments	**12,799**
	Adjusted surplus against Key Statutory Duties	**1,114**
LESS:	NHSI adjustments to Control Total	
	Additional Mental Health income	**1,066**
	Net performance against adjusted control total	**48**
	NHSI control total	**0**
	Overperformance against adjusted NHSI control total	**48**

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:** £(0.0)m deficit **Actual:** £1.1m surplus	✓
Keep Capital Expenditure within our Capital Resource Limit	**CRL** = £27.2m **Actual** = £26.9m	✓
Remain within our External Financing Limit (EFL), our net limit on borrowing allowed	**EFL** = £20.7m **Actual** = £16.1m	✓
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 2019-20 of £35.1m.

Breakeven duty financial performance is determined as guided by NHSI, which excludes items not taken into account for key statutory duties. There were no adjustments required to the adjusted financial performance (control total basis) therefore the breakeven duty financial performance for the Trust in 2019-20 was a surplus of £1.1m.

Table 22 below sets out the breakeven duty cumulative position:

Table 22: Breakeven duty financial performance

	2017-18	2018-19	2019-20
Breakeven financial performance in-year position	34,212	(182)	1,114
Breakeven cumulative position	34,212	34,030	35,144

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 2020 is set out in Table 23 below, together with the plan set at the beginning of the financial year.

Table 23: Finance and Use of Resource Risk Rating Performance

Finance and use of resources rating	Plan	Actual
Capital service cover rating	2.00	2.00
Liquidity rating	1.00	1.00
I&E margin rating	2.00	2.00
I&E margin: distance from financial plan	N/A	1.00
Agency rating	2.00	2.00
Overall rating	N/A	2.00

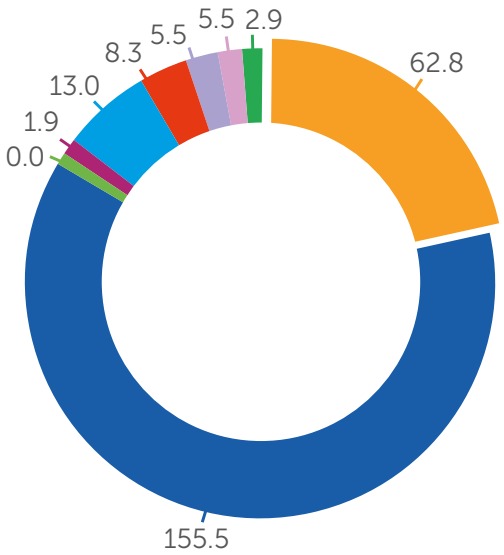
Additional costs of £0.25m were incurred during March 2020 in relation to the Covid-19 pandemic, which were fully reimbursed by NHSE/I.

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 (£155.5m) and Local Authorities (£12.9m), and from the provision of specialist forensic mental health services to NHS England (£62.8m). Other major sources of non-clinical income were PSF and FRF funding (£5.5m) and education/training (£5.5m).

The Trust operating income in 2019-20 of £255.3m can be analysed between:

Table 24: Source of Trust Operating Income



- NHS England
- Clinical commissioning groups
- Department of Health and Social Care
- Other NHS providers
- Local authorities
- Non NHS patient care: other
- Other income - Education & training
- Other income - PSF

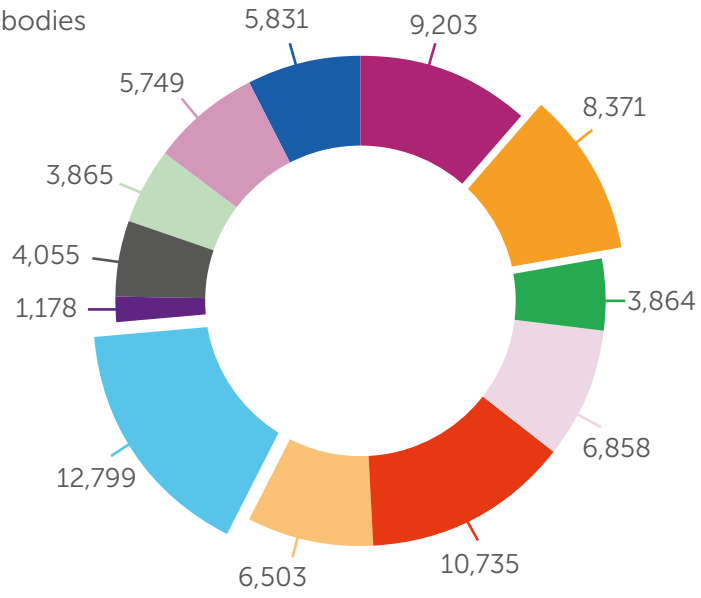
Total operating expenditure for the 12 month period ended 31 March 2020 was £268m.

Around 72% of total operating expenditure was spent of staff costs (£189m). Of the total amount spent on staff costs around £161.2m was spent of substantive staff (85%), with £19.6m on bank staff (10%), and £8.6m on agency and contract staff (5%). The remaining £79m was spent on a range of non-pay costs.

A breakdown of this £79m is shown below:

Table 25: Non-Pay costs

- Purchase of healthcare from NHS and DHSC bodies
- Purchase of healthcare from non-NHS and non-DHSC bodies
- Supplies and services (excluding drugs costs)
- Drug costs
- Establishment
- Premises
- Depreciation & Amortisation
- Net impairments
- Education and training
- Rentals under operating leases
- Other
- PDC dividend charge



Efficiency and Income Generation Initiatives

As highlighted on the previous page, the Trust's planning process for 2019-20 identified a total efficiency requirement of £8.3 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 £8.3 million, the Trust successfully delivered savings totalling £7.1m during 2019-20. Of these, £6m were delivered on a recurrent basis, and with a full year effect of £7.1m, and £1.1m were delivered on a non-recurrent basis. The £1.2m recurrent shortfall in savings delivered in 2019-20 has been factored into the Trust's plans for the 2019-20 financial year.

2020-21 Financial and Operational Plans

The Trust's Annual Plan for 2020-21 is a deficit of £2m, in line with a revised Control Total set for the Trust by NHSI. This reflects an underlying deficit target of £4.1m, which if delivered, will be offset by £2m of additional funding from NHSI. In order to achieve this, the Trust will again need to make efficiency savings of around £10.1m (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 2020-21 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 by updating its Medium Term Financial Plan during the summer of 2020 in support of this requirement and the development of a new medium term financial plan for the North Central London system. This timetable may change subject to the continuation of the COVID-19 pandemic.

However, there are interim contractual arrangements in place with the CCGs and NHSE/I due to the Covid-19 pandemic, with the intention that Trusts are supported to breakeven each month during April to July 2020. A block payment based on the values for CCG and NHSE/I income shown in the month 9 2019-20 financial return is being paid to Trusts monthly in advance to support with cash flow during this period. In addition, Trusts receive a monthly top-up payment calculated with reference to their reported expenditure as at month 9 2019-20. Trusts will continue to report their monthly income and expenditure to NHSE/I and a retrospective top up payment will be made if needed.

The interim contractual arrangements are due to be reviewed in July 2020.

Capital Expenditure

Our Capital Investment Plans and Performance for 2019-20

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 £26.9m out of a total planned capital programme of £32.5m in 2019-20, with the biggest single investment being the redevelopment of St Ann's Hospital which started in 2018.

The main components of the Trust's capital investments in 2019-20 were as follows:

Table 26:
Capital Investments 2019-20

Programme	£'000
Statutory Compliance/Risk Management Projects	4,141
Backlog Maintenance	321
IM&T Programmes	2,173
St Ann's Redevelopment	20,261
TOTAL	**26,896**

Capital Expenditure Plans for 2020-21

A capital investment budget of £22.7m has been agreed for 2020-21. This includes £15.7m 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 £7m is funded by depreciation and other asset disposals. However in early April 2020 a new approach to capital funding was introduced by NHSI, the main purpose of which is the allocation of a capital envelope for each STP/ICS. The capital envelope allocated to NCL STP exceeds the current capital plans submitted to NHSI and therefore plans are being reviewed across all Trusts to meet the revised envelope. The STP/ICS is required to submit a revised financial plan on 29 May 2020.

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 27: Agreed Capital Investment Plans 2020-21

Programme	£'000	%
Statutory Compliance/Risk Management Projects	4,609	20%
Backlog Maintenance	725	3%
IM&T Programmes	1,633	7%
St Ann's Redevelopment	15,694	69%
TOTAL	**22,661**	**100%**

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 2019-20 financial year with a £55.5m cash balance mainly due to the part-disposal of the St Ann's Hospital site in March 2018, offset by the subsequent repayment in May 2018. During 2019-20 the Trust generated £0.3m of interest from cash management activities.

The Trust ended the period with cash balances of £41.6m, 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 2 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 2019-20 the Trust held one asset (Burgoyne Road clinic in Haringey) in preparation for disposal with a market value of £1.3m. An offer has been accepted on this property but the disposal was delayed and did not complete in 2019-20

Taxpayers Equity

The Trust holds Public Dividend Capital of £149.7m, plus negative reserves relating to income and expenditure deficits generated over the years (£18.2m), and reserves from asset revaluations arising from the impact of valuations of the Trust's estate (£98.7m). The total of these (£230.3m) 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 28: Performance against Better Payments Practice Code

	2019-20		2018-19	
	By Number	By Value	By Number	By Value
Non NHS	**85%**	**89%**	**86%**	**92%**
NHS	**86%**	**87%**	**90%**	**94%**

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 2019-20, 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 2019-20 financial year was presented to the Board of Directors in June 2020. **Reports issued during the 2019-20 financial year were as follows:**

- Draft Audit Plan 2019-20
- Interim Audit Report

The total fee for external audit for 2019-20 was £57,000 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 remuneration report is set out on pages **107** to **112** of the annual accounts for 2019-20.

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 2019-20 will be available from January 2021 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 2019-20.

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;
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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: 26 June 2020

Signed: 

David Griffiths
Chief Finance and Investment Officer

Date: 26 June 2020

Annual Accounts

for the Year Ended 31 March 2020

Statement of Comprehensive Income	Note	2019-20 £000	2018-19 £000
Operating income from patient care activities	3	241,422	212,545
Other operating income	4	14,694	12,371
Operating expenses	6, 8	(261,918)	(222,405)
Operating surplus/(deficit) from continuing operations		**(5,802)**	**2,511**
Finance income	11	351	296
Finance expenses	12	(305)	(365)
PDC dividends payable		(5,749)	(5,063)
Net finance costs		**(5,703)**	**(5,132)**
Other gains / (losses)	13	(180)	(50)
(Deficit) for the year from continuing operations		**(11,685)**	**(2,671)**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations		-	-
(Deficit) for the year		**(11,685)**	**(2,671)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(20,972)	(5,360)
Revaluations	17	52,674	233
May be reclassified to income and expenditure when certain conditions are met:			
Total comprehensive income / (expense) for the period		**20,017**	**(7,798)**
Adjusted financial performance (control total basis):			
(Deficit) for the period		(11,685)	(2,671)
Remove net impairments not scoring to the Departmental expenditure limit		12,799	2,489
Adjusted financial performance surplus / (deficit)		**1,114**	**(182)**

Statement of Financial Position	Note	31 March 2020 £000	31 March 2019 £000
Non-current assets			
Intangible assets	14	1,494	2,281
Property, plant and equipment	15	213,494	173,411
Investment property	18	200	380
Receivables	20	3,113	3,971
Total non-current assets		**218,301**	**180,043**
Current assets			
Inventories	19	83	81
Receivables	20	25,234	27,360
Non-current assets held for sale / assets in disposal groups	22	755	755
Cash and cash equivalents	23	41,593	55,536
Total current assets		**67,665**	**83,732**
Current liabilities			
Trade and other payables	24	(40,309)	(37,753)
Borrowings	26	(511)	(511)
Provisions	29	(3,470)	(4,574)
Other liabilities	25	(3,483)	(2,560)
Total current liabilities		**(47,773)**	**(45,398)**
Total assets less current liabilities		**238,193**	**218,377**
Non-current liabilities			
Borrowings	26	(6,673)	(7,171)
Provisions	29	(1,241)	(1,194)
Total non-current liabilities		**(7,914)**	**(8,365)**
Total assets employed		**230,279**	**210,012**
Financed by			
Public dividend capital		149,688	149,438
Revaluation reserve		98,745	67,223
Income and expenditure reserve		(18,154)	(6,649)
Total taxpayers' equity		**230,279**	**210,012**

The notes on pages **131 to 173** form part of these accounts.

Signed: 

Jinjer Kandola
Chief Executive

Date: 26 June 2020

Statement of Changes in Equity for the year ended 31 March 2020	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**149,438**	**67,223**	**(6,649)**	**210,012**
Surplus/(deficit) for the year	-	-	(11,685)	**(11,685)**
Impairments	-	(20,972)	-	**(20,972)**
Revaluations	-	52,674	-	**52,674**
Other recognised gains and losses	-	(180)	180	-
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-
Public dividend capital received	250	-	-	250
Taxpayers' and others' equity at 31 March 2020	**149,688**	**98,745**	**(18,154)**	**230,279**

Statement of Changes in Equity for the year ended 31 March 2019	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**147,814**	**72,400**	**(4,028)**	**216,186**
Prior period adjustment	-	-	-	-
Taxpayers' and others' equity at 1 April 2018 - restated	**147,814**	**72,400**	**(4,028)**	**216,186**
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' and others' equity at 31 March 2019	**149,438**	**67,223**	**(6,649)**	**210,012**

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows	Note	2019-20 £000	2018-19 £000
Cash flows from operating activities			
Operating surplus / (deficit)		(5,802)	2,511
Non-cash income and expense:			
Depreciation and amortisation	6.1	6,503	6,129
Net impairments	7	12,799	2,489
(Increase) / decrease in receivables and other assets		2,984	2,184
(Increase) / decrease in inventories		(2)	10
Increase in payables and other liabilities		2,357	10,444
Increase / (decrease) in provisions		(1,061)	2,311
Net cash flows from / (used in) operating activities		**17,778**	**26,078**
Cash flows from investing activities			
Interest received		351	296
Purchase of intangible assets		(60)	(596)
Purchase of PPE and investment property		(25,844)	(12,105)
Sales of PPE and investment property		-	2,400
Net cash flows from / (used in) investing activities		**(25,553)**	**(10,005)**
Cash flows from financing activities			
Public dividend capital received		250	1,624
Movement on loans from DHSC		(498)	(13,748)
Interest on loans		(301)	(383)
PDC dividend (paid)		(5,619)	(5,223)
Net cash flows (used in) financing activities		**(6,168)**	**(17,730)**
(Decrease) in cash and cash equivalents		**(13,943)**	**(1,657)**
Cash and cash equivalents at 1 April - brought forward		**55,536**	**57,193**
Prior period adjustments			-
Cash and cash equivalents at 1 April - restated	23.1	**55,536**	**57,193**
Cash and cash equivalents at 31 March		**41,593**	**55,536**

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 2019-20 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis.

The Trust reported a deficit of £11.7m in 2019-20 (a surplus of £1.1m excluding impairments from land & buildings revaluation) and was planning, prior to COVID-19 a deficit position of £2.0m for 2020-21, which was in line with the Control Total set by NHS Improvement. The original 2020-21 plan included a CIP target of £10m (4% of expenditure), similar to previous years. The Department of Health has put in place interim financial arrangements for the period April – July 2020 which will ensure that the Trust receives sufficient income to achieve a breakeven position The Trust is forecast to have sufficient reserves to meet all liabilities as they arise in 2020-21 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 2019-20 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 2019-20:

- 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 2020/21
- 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 and Haringey Mental Health NHS Trust is a going concern for financial reporting purposes. Therefore no additional disclosure is required.

Note 1.3 Revenue from contracts with NGS customers

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

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

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

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.

Provider sustainability fund (PSF) and Financial recovery fund (FRF)

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

Note 1.4 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to

an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Schemes

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The schemes are not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they are defined contribution schemes: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due. Additional pension liabilities arising from early retirements are not funded by the schemes 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 1.6 Expenditure on other goods and services

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

Note 1.7 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where all of the following apply:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

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.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated. Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure. Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses. Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

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

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

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met. Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met. The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Useful lives of property, plant and equipment

	Min life years	Max life years
Land	-	-
Buildings, excluding dwellings	5	80
Plant and machinery	5	15
Information technology	3	10
Furniture and fittings	5	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

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

	Min life years	Max life years
Development expenditure	-	7
Software licences	5	10

Note 1.10 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 1.11 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. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

Note 1.12 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 1.13 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are 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).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.14 **Leases**

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

The Trust as a lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

The Trust as a lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.15 **Provisions**

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2020:

		Nominal rate
Short-term	Up to 5 years	0.51%
Medium-term	After 5 years up to 10 years	0.55%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2020:

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

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.5% in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 29.2 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 1.16 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 30 where an inflow of economic benefits is probable.Contingent liabilities are not recognised, but are disclosed in note 30, 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 1.17 Public dividend capital

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

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

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

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

Note 1.18 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 1.19 Corporation tax

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

Note 1.20 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 1.21 Third party assets

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

Note 1.22 Losses and special payments

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

Note 1.23 Gifts

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

Note 1.24 Early adoption of standards, amendments and interpretations

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

Note 1.25 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2021, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021-22, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

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

The Trust currently has a number of arrangements for the use of buildings where no written contract is in place. These arrangements are primarily with other NHS bodies. In the absence of a contract the Trust's judgement on the expected future use of these buildings could have a material affect on the valuation of the right of use asset and lease liability.

NHS providers submitted an IFRS 16 impact return to NHSE/I in January 2020. This return provided an estimate of the financial impact on the Statement of Financial Position and expenditure in the 2020-21 financial year, and would have been reflected in its closing balances at 31 March 2021.

The Trust's estimate identified £16.3m of leased additions to be capitalised as right of use assets in 2020-2021. The impact on the net reported position is offset by a corresponding £16.3m of lease obligations. The forecast impact on expenditure was minimal.

During 2020-21, the Trust will continue to identify the impact of IFRS 16 on its financial statements for the 2021-22 financial year.

Note 1.26 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 it's 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 1.27 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's estimation of its non current asset values and useful economic life involves estimation and judgement. During 2019-20 a valuation of all the Trust's land and buildings was carried out by an external professional valuer as at 31 March 2020. Specialised buildings are valued based on a depreciated Modern Equivalent Asset(MEA) basis with non specialised buildings valued based on Existing Use (EUV). The valuation provided has been used for closing net replacement costs. The valuation is based on current location and footprint. This reflects the Trusts favourable location based near the border of Enfield and Haringey - the two key purchasers and with minimal unutilised space. Remaining useful economic lives are included at note 17.

The valuation exercise was carried out between January and March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation

Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

The valuation report does not provide a potential scale of the uncertainty and includes factors which might lead to a higher as well as lower valuation. The assessed value of the buildings is £77.9m. The impact of a 10% change would be to change the PDC dividend by £0.1m in 2019-20 based on the closing value of assets. The impact in 2020-21 would be a change in depreciation of £0.2m as well as £0.3m change in PDC dividend based on the opening value of assets.

The valuation report is dated 7 May 2020, and in particular in section 6.2 refers to the uncertainty created by the COVID-19 Pandemic. The valuations are therefore reported on the basis of 'material valuation uncertainty' as per VPS 3 and VPGA 10 of the RICS Red Book Global. Consequently, less certainty – and a higher degree of caution – should be attached to the valuation than would normally be the case.

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 receipted, valuations of work completed if available, otherwise management experience and knowledge has been applied to assess the value of costs incurred before the year end.

The value of holiday accrued by staff but not taken at 31 March 2020 was estimated based on information recorded in the Trust's E-Rostering system, adjusted for the maximum amount of annual leave that staff can carry forward.

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	
	2019-20	2018-19	**2019-20**	2018-19	**2019-20**	2018-19
	£000	£000	**£000**	£000	**£000**	£000
Income	**188,887**	164,193	**67,260**	60,671	**256,147**	224,864
Surplus/(Deficit)						
Segment surplus/(deficit)	**1,935**	(17)	**11,383**	11,154	**13,318**	11,137
Common costs	**(12,204)**	(11,319)		0	**(12,204)**	(11,319)
Surplus/(deficit) before impairment	**(10,269)**	(11,336)	**11,383**	11,154	**1,114**	(182)

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3

Note 3.1 Income from patient care activities (by nature)	2019-20	2018-19
	£000	£000
Mental health services		
Cost and volume contract income	669	5,294
Block contract income	169,228	151,263
Clinical partnerships providing mandatory services (including S75 agreements)	678	2,998
Other clinical income from mandatory services	25,691	18,636
Community services		
Community services income from CCGs and NHS England	29,866	24,177
Income from other sources (e.g. local authorities)	7,839	7,990
All services		
Agenda for Change pay award central funding*		2,187
Additional pension contribution central funding**	7,451	-
Total income from activities	**241,422**	**212,545**

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

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019-20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2019-20	2018-19
	£000	£000
NHS England	62,785	47,843
Clinical commissioning groups	156,731	139,021
Department of Health and Social Care	-	2,187
Other NHS providers	657	2,594
Local authorities	12,957	13,659
Non-NHS: overseas patients (chargeable to patient)	70	-
Non NHS: other	8,222	7,241
Total income from activities	**241,422**	**212,545**
Of which:		
Related to continuing operations	241,422	212,545

Note 3.3 **Overseas visitors (relating to patients charged directly by the provider)**	2019-20	2018-19
	£000	£000
Income recognised this year	70	-
Cash payments received in-year	-	-
Amounts added to provision for impairment of receivables	70	-
Amounts written off in-year	-	-

Note 4 Other operating income

	2019-20			2018-19		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	323	-	**323**	215	-	**215**
Education and training	5,484	6	**5,490**	5,001	53	**5,054**
Non-patient care services to other bodies	107		**107**	63		**63**
Provider sustainability fund (PSF)	1,739		**1,739**	4,150		**4,150**
Financial recovery fund (FRF)	3,746		**3,746**			
Rental revenue from operating leases		798	**798**		972	**972**
Other income	2,491	-	**2,491**	1,917	-	**1,917**
Total other operating income	**13,890**	**804**	**14,694**	**11,346**	**1,025**	**12,371**
Of which: Related to continuing operations			**14,694**			**12,371**

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2019-20	2018-19
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	2,560	2,275
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 6.1 Operating expenses

	2019-20	2018-19
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	5,831	3,472
Purchase of healthcare from non-NHS and non-DHSC bodies	9,203	8,405
Staff and executive directors costs	188,869	163,120
Remuneration of non-executive directors	92	81
Supplies and services - clinical (excluding drugs costs)	2,428	3,154
Supplies and services - general	5,943	5,709
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	3,864	3,523
Consultancy costs	100	305
Establishment	6,843	8,697
Premises	10,735	8,748
Transport (including patient travel)	1,400	1,188
Depreciation on property, plant and equipment	5,656	5,159
Amortisation on intangible assets	847	970
Net impairments	12,799	2,489
Movement in credit loss allowance: contract receivables / contract assets	198	(234)
Change in provisions discount rate(s)	59	-
Audit fees payable to the external auditor		
audit services- statutory audit	57	50
other auditor remuneration (external auditor only)	7	7
Internal audit costs	141	130
Clinical negligence	812	834
Legal fees	552	339
Education and training	1,178	2,429
Rentals under operating leases	4,055	3,704
Hospitality	249	123
Other	-	3
Total	**261,918**	**222,405**
Of which: Related to continuing operations	**261,918**	**222,405**

Note 6.2 **Other auditor remuneration**	2019-20	2018-19
	£000	£000
Other auditor remuneration paid to the external auditor:		
2. Audit-related assurance services	7	7
Total	**7**	**7**

Note 6.3 Limitation on auditor's liability

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

Note 7 Impairment of assets

	2019-20	2018-19
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	-	-
Changes in market price	12,799	2,489
Total net impairments charged to operating surplus / deficit	**12,799**	**2,489**
Impairments charged to the revaluation reserve	20,972	5,360
Total net impairments	**33,771**	**7,849**

The impairment resulting from changes in market price arises from a revaluation of the Trust's land and buildings as at 31 March 2020 by independent RICS qualified surveyors, full details of which are included in note 17.

Note 8 Employee benefits

	2019-20	2018-19
	Total	Total
	£000	£000
Salaries and wages	140,908	124,856
Social security costs	14,679	13,157
Apprenticeship levy	679	623
Employer's contributions to NHS pensions	24,531	15,498
Temporary staff (including agency)	8,634	9,661
Total staff costs	**189,431**	**163,795**
Of which: Costs capitalised as part of assets	**562**	**675**

Note 8.1 Retirements due to ill-health

During 2019-20 there was 1 early retirement from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £93k (£93k in 2018-19).

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

Note 9 Pension costs

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

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

Note 10 Operating leases

Note 10.1 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.

	2019-20	2018-19
	£000	£000
Operating lease revenue		
Minimum lease receipts	798	972
Contingent rent	-	-
Other	-	-
Total	**798**	**972**

	31 March 2020	31 March 2019
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	395	487
- later than one year and not later than five years;	99	84
- later than five years.	2,446	2,077
Total	**2,940**	**2,648**

Note 10.2 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.

	2019-20	2018-19
	£000	£000
Operating lease expense		
Minimum lease receipts	4,055	3,704
Total	**4,055**	**3,704**

	31 March 2020	31 March 2019
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	2,216	1,978
- later than one year and not later than five years;	462	508
- later than five years.	84	169
Total	**2,761**	**2,655**
Future minimum sublease payments to be received	-	-

Note 11 Finance income

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

	2019-20	2018-19
	£000	£000
Interest on bank accounts	351	296
Total finance income	**351**	**296**

Note 12.1 Finance expenditure

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

	2019-20	2018-19
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	301	361
Interest on late payment of commercial debt	-	-
Total interest expense	**301**	**361**
Unwinding of discount on provisions	4	4
Other finance costs	-	-
Total interest expense	**305**	**365**

Note 13 Other gains / (losses)

	2019-20	2018-19
	£000	£000
Gains on disposal of assets	-	-
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	**-**	**-**
Fair value (losses) on investment properties	(180)	(50)
Total other (losses)	**(180)**	**(50)**

Note 14.1 Intangible assets - 2019-20

	Software licences	Development expenditure	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2019 - brought forward	775	11,654	12,429
Additions	-	60	60
Valuation / gross cost at 31 March 2020	775	11,714	12,489
Amortisation at 1 April 2019 - brought forward	370	9,778	10,148
Provided during the year	72	775	847
Amortisation at 31 March 2020	442	10,553	10,995
Net book value at 31 March 2020	333	1,161	1,494
Net book value at 1 April 2019	405	1,876	2,281

Note 14.2 Intangible assets - 2018-19

	Software licences	Development expenditure	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2018 - as previously stated	775	11,208	11,983
Prior period adjustments	-	-	-
Valuation / gross cost at 1 April 2018 - restated	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 - as previously stated	298	8,880	9,178
Prior period adjustments	-	-	-
Amortisation at 1 April 2018 - restated	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

Note 15.1 **Property, plant and equipment - 2019-20**	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2019 - brought forward	64,068	105,109	6,263	1,654	19,897	4,239	201,230
Additions	-	5,071	19,109	465	2,115	76	26,836
Impairments	(11,339)	(22,432)	-	-	-	-	(33,771)
Revaluations	37,912	4,962	-	-	-	-	42,874
Reclassifications	(781)	781	-	-	-	-	-
Valuation/gross cost at 31 March 2020	89,860	93,491	25,372	2,119	22,012	4,315	237,169
Accumulated depreciation at 1 April 2019 - brought forward	-	7,798	-	1,430	14,746	3,845	27,819
Additions	-	3,529	-	32	1,862	233	5,656
Impairments	-	-	-	-	-	-	-
Revaluations	-	(9,800)	-	-	-	-	(9,800)
Reclassifications	-	-	-	-	-	-	-
Accumulated depreciation at 31 March 2020	-	1,527	-	1,462	16,608	4,078	23,675
Net book value at 31 March 2020	89,860	91,964	25,372	657	5,404	237	213,494
Net book value at 1 April 2018	64,068	97,311	6,263	224	5,151	394	173,411

Note 15.2 **Property, plant and equipment - 2018-19**	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2018 - as previously stated	65,577	103,651	1,057	1,654	16,653	4,228	192,820
Prior period adjustments	-	-	-	-	-	-	-
Valuation / gross cost at 1 April 2018 - restated	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 assets held for sale	242	723	-	-	-	-	965
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 - as previously stated	-	4,494	-	1,397	13,024	3,745	22,660
Prior period adjustments	-	-	-	-	-	-	-
Accumulated depreciation at 1 April 2018 - restated	-	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 assets held for sale	-	-	-	-	-	-	-
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

Note 15.3 **Property, plant and equipment financing - 2019-20**	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020							
Owned - purchased	89,860	91,964	25,372	657	5,404	237	213,494
NBV total at 31 March 2020	**89,860**	**91,964**	**25,372**	**657**	**5,404**	**237**	**213,494**

Note 15.4 **Property, plant and equipment financing - 2018-19**	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019							
Owned - purchased	64,068	97,311	6,263	224	5,151	394	173,411
NBV total at 31 March 2019	**64,068**	**97,311**	**6,263**	**224**	**5,151**	**394**	**173,411**

Note 16 Donations of property, plant and equipment

The Trust did not receive any donated assets in 2019-20.

Note 17 Revaluations of property, plant and equipment

The Trust carried out a revaluation of its land and buildings as at 31 March 2020 using external independent professional experts in compliance with the Treasury directive (see note 1.6). The valuation was conducted by Cushman & Wakefield (C&W) 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
- 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 £178,529k and resulted in a net impairment debit to the I&E of £12,799k and a decrease in the revaluation reserve of £20,972k.

The valuation exercise was carried out in March 2020 with a valuation date of 31 March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19resulting in an unprecedented set of circumstances on which to base a judgement. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

Asset lives for each class of asset are as follows:

- Land - unlimited life
- Buildings - up to 80 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 - 10 years
- Furniture and fittings - 10 years

There have been no changes in the basis of revaluation in 2019-20 compared to prior years, with no changes to useful economic lives, valuation methodology or depreciation methods.

Note 18.1 Investment Property

	2019-20	2018-19
	£000	£000
Carrying value at 1 April - brought forward	380	430
Prior period adjustments		-
Carrying value at 1 April - restated	380	430
Movement in fair value	(180)	(50)
Carrying value at 31 March	**200**	**380**

Note 18.2 Investment property income and expenses

	2019-20	2018-19
	£000	£000
Direct operating expense arising from investment property which generated rental income in the period	(3)	-
Direct operating expense arising from investment property which did not generate rental income in the period	(10)	(14)
Total investment property expenses	**(13)**	**(14)**
Investment property income	70	47

Note 19 Inventories

	31 March 2020	31 March 2019
	£000	£000
Drugs	47	47
Consumables	32	32
Other	4	2
Total inventories	**83**	**81**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £1,200k (2018-19: £1,248k). Write-down of inventories recognised as expenses for the year were £0k (2018-19: £0k).

Note 20.1 Receivables

	31 March 2020	31 March 2019
	£000	£000
Current		
Contract receivables	27,780	26,474
Allowance for impaired contract receivables / assets	(4,561)	(4,564)
Prepayments (non-PFI)	1,476	3,514
VAT receivable	14	796
Other receivables	525	1,140
Total current receivables	**25,234**	**27,360**
Non-current		
Prepayments (non-PFI)	2,961	3,971
Other receivables	152	-
Total non-current receivables	**3,113**	**3,971**
Total current receivables		
Current	22,589	21,369
Non-current	152	-

Note 20.2 Allowances for credit losses

	2019-20		2018-19	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	4,564	-	-	**5,960**
Prior period adjustments			-	-
Allowances as at 1 April - restated	**4,564**	**-**	**-**	**5,960**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018			5,960	**(5,960)**
New allowances arising	1,863	-	3,615	-
Reversals of allowances	(1,665)	-	(3,849)	-
Utilisation of allowances (write offs)	(201)	-	(1,162)	-
Allowances as at 31 Mar 2020	**4,561**	**-**	**4,564**	**-**

Note 20.3 Exposure to credit risk

All outstanding sales ledger invoices at 31 March 2020 were reviewed to assess the requirement for any Allowances against Credit Loss based on the specific customer debt recovery history, knowledge of any disputes raised relating to the invoices etc. Allowances against specific invoices (£2,603k) equalled 14% of the total value outstanding. Further Allowances against Credit Loss were also made against uninvoiced amounts where it was considered that amounts may not be fully recoverable (£420k) and for situations where invoices have been paid in full but the customer is now claiming a credit should be raised (£1,538k), for example for subsequently identified non-performance.

Note 22.1 Non-current assets held for sale and assets in disposal groups

	2019-20	2018-19
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	755	4,120
Prior period adjustment		-
NBV of non-current assets for sale and assets in disposal groups at 1 April - restated	**755**	**4,120**
Assets classified as available for sale in the year	-	755
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**	**755**

The asset classified as held for sale during 2018-19 and held throughout 2019-20 is a vacated, surplus freehold property. The disposal process was delayed but is continuing and completion is expected in 2020-21.

Note 23.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2019-20	2018-19
	£000	£000
At 1 April	55,536	57,193
Prior period adjustments		-
At 1 April (restated)	**55,536**	**57,193**
Net change in year	(13,943)	(1,657)
At 31 March	**41,593**	**55,536**
Broken down into:		
Cash at commercial banks and in hand	88	63
Cash with the Government Banking Service	41,505	55,473
Total cash and cash equivalents as in SoFP	**41,593**	**55,536**
Bank overdrafts (GBS and commercial banks)	-	-
Total cash and cash equivalents as in SoCF	**41,593**	**55,536**

Note 23.2 Third party assets held by the trust

Barnet, Enfield and Haringey Mental Health NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the Trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2020	31 March 2019
	£000	£000
Bank balances	716	721
Total third party assets	**716**	**721**

Note 24.1 Trade and other payables

	31 March 2020	31 March 2019
	£000	£000
Current		
Trade payables	1,521	6,023
Capital payables	4,337	3,345
Accruals	28,275	22,812
Social security costs	1,992	1,432
Other taxes payable	1,617	1,559
PDC dividend payable	324	194
Other payables	2,243	2,388
Total current trade and other payables	**40,309**	**37,753**
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	11,959	11,419
Non-current	-	-

Note 24.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2020 £000	31 March 2020 Number	31 March 2019 £000	31 March 2019 Number
to buy out the liability for early retirements over 5 years	-		-	
number of cases involved		-		-

Note 25 Other liabilities

	31 March 2020 £000	31 March 2019 £000
Current		
Deferred income: contract liabilities	3,483	2,560
Total other current liabilities	**3,483**	**2,560**
Non-current		
Deferred income: contract liabilities	-	-
Total non-current trade and other payables	**-**	**-**

Note 26.1 Borrowings

	31 March 2020 £000	31 March 2019 £000
Current		
Loans from DHSC	511	511
Total current borrowings	**511**	**511**
Non-current		
Loans from DHSC	6,673	7,171
Total non-current borrowings	**6,673**	**7,171**

Note 26.2 Reconciliation of liabilities arising from financing activities - 2019-20

	Loans from DHSC	Total
	£000	£000
Carrying value at 1 April 2019	7,682	**7,682**
Cash movements:		
Financing cash flows - payments and receipts of principal	(498)	**(498)**
Financing cash flows - payments of interest	(301)	**(301)**
Non-cash movements:		
Application of effective interest rate	301	**301**
Carrying value at 31 March 2020	**7,184**	**7,184**

Note 26.3 Reconciliation of liabilities arising from financing activities - 2018-19

	Loans from DHSC	Total
	£000	£000
Carrying value at 1 April 2018	21,417	**21,417**
Prior period adjustment	-	-
Carrying value at 1 April 2018 - restated	**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**

Note 29.1 **Provisions for liabilities and charges analysis**	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Equal Pay (including Agenda for Change)	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2019	**979**	**342**	**142**	**1,502**	**512**	**-**	**2,291**	**5,768**
Change in the discount rate	**44**	**15**	**-**	**-**	-	**-**	**-**	**59**
Arising during the year	-	-	**23**	-	**48**	-	**1,422**	**1,493**
Utilised during the year	(150)	(29)	(13)	(378)	-	-	(31)	**(601)**
Reversed unused	-	-	-	**(895)**	-	-	**(1,117)**	**(2,102)**
Unwinding of discount	**3**	**1**	-	-	-	-	-	**4**
At 31 March 2020	**876**	**329**	**152**	**229**	**560**	**-**	**2,565**	**4,711**
Expected timing of cash flows:								
not later than one year;	103	13	152	229	560	-	**2,413**	**3,470**
later than one year and not later than five years;	412	52	-	-	-	-	**-**	**464**
later than five years.	361	264	-	-	-	-	**152**	**777**
Total	**876**	**329**	**152**	**229**	**560**	**-**	**2,565**	**4,711**

Early Departure Costs

IThe pensions relating to former staff who left the NHS employment after 5th March 1995 has been provided for by the Trust for a balance of £876k (£979k at 31 March 2019). 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 £329k (£342k at 31 March 2019). 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, clinicians pension tax payments and employment issues.

Note 29.2 Clinical negligence liabilities

At 31 March 2020, £3,337k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Barnet, Enfield and Haringey Mental Health NHS Trust (31 March 2019: £3,726k).

Note 30 Contingent assets and liabilities

	31 March 2020	31 March 2019
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(119)	(99)
Gross value of contingent liabilities	**(119)**	**(99)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(119)**	**(99)**
Net value of contingent assets	**-**	**-**

Note 31 Contractual capital commitments

	31 March 2020	31 March 2019
	£000	£000
Property, plant and equipment	14,409	1,728
Total	**14,409**	**1,728**

Note 32 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 2020	31 March 2019
	£000	£000
not later than 1 year	2,560	2,995
after 1 year and not later than 5 years	3,355	5,915
paid thereafter	-	-
Total	**5,915**	**8,910**

Note 33 Financial instruments

Note 33.1 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 33.2 Carrying values of financial assets

	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2020				
Trade and other receivables excluding non financial assets	23,744	-	-	**23,744**
Cash and cash equivalents	41,593	-	-	**41,593**
Total at 31 March 2020	**65,337**	**-**	**-**	**65,337**

	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2019				
Trade and other receivables excluding non financial assets	23,049	-	-	**23,049**
Cash and cash equivalents	55,536	-	-	**55,536**
Total at 31 March 2019	**78,585**	**-**	**-**	**78,585**

Note 33.3 Carrying values of financial liabilities

	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2020				
Loans from the Department of Health and Social Care	7,184	-	-	**7,184**
Trade and other payables excluding non financial liabilities	36,376	-	-	**36,376**
Total at 31 March 2020	**43,560**	**-**	**-**	**43,560**

	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2019			
Loans from the Department of Health and Social Care	7,682	-	**7,682**
Trade and other payables excluding non financial liabilities	34,562	-	**34,562**
Total at 31 March 2019	**42,244**	**-**	**42,244**

Note 33.4 Maturity of financial liabilties

	31 March 2020	31 March 2019
	£000	£000
In one year or less	36,887	35,073
after 1 year and not later than 5 years	498	498
after 1 year and not later than 5 years	1,494	1,494
paid thereafter	4,681	5,179
Total	**43,560**	**42,244**

Note 33.5 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 34 Losses and special payments

	2019-20		2018-19	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Bad debts and claims abandoned	57	201	8	407
Stores losses and damage to property	1	3	1	5
Total losses	**58**	**204**	**9**	**412**
Special payments				
Compensation under court order or legally binding arbitration award	15	13	13	55
Ex-gratia payments	7	3	9	1
Total special payments	**22**	**16**	**22**	**56**
Total losses and special payments	**80**	**220**	**31**	**468**
Compensation payments received		-		-

Note 35 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 and 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 and 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:

NHS England

CCGs
(mainly Barnet CCG, Enfield CCG and Haringey CCG)

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 including HM Revenue and Customs and the Mayor's Office for Policing and Crime and Metropolis Police Commissioner. Most of these transactions have been with the local London Boroughs of Barnet, Enfield and Haringey.

Barnet, Enfield and 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.

Note 36 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. However, there are two events that have the potential to materially affect future financial statements:

In March 2020 the Trust declared a Major Incident as part of the NHS' response to the COVID19 Pandemic. The Trust incurred an additional £250,528 of revenue costs in February and March which were reimbursed by NHS England. The Trust's provision for untaken annual leave was also higher than previous years, although this increase was not funded by NHS England but was taken into account when the Trust's performance against its Control Total and eligibility for Provider Sustainability Funding/Financial Recovery Funding was assessed. The Trust also incurred an additional £87,207 of Capital costs related to the purchase of IT equipment to support home working by Trust staff. The DoH will provide additional Public Dividend Capital to reimburse these costs in 2020/21. In addition the Department of Health have introduced a new financial regime for the NHS, initially for the period April to July, by which all NHS providers receive sufficient block income, and a top-up payment to report a breakeven position for this period, taking into account the additional costs incurred in responding to the pandemic. In April and May 2020 the Trust reported to NHS Improvement that it had incurred £1.8m of additional revenue costs related to COVID19, as well as a further £124,909 of Capital costs.

In April 2020 the Trust was due to take on the lead-provider role for North London Forensic Services (a consortium of the five North London NHS Trusts and Foundation Trusts who provide Low and Medium Secure Services), but this has now been postponed to 1 October 2020 due to the COVID-19 pandemic. Through a contract with NHS England the Trust will manage, on behalf of the consortium, the commissioning budget for all North London patients. This will increase Trust income and expenditure by c£106m per annum.

Note 38 Better Payment Practice code

	2019-20		2018-19	
	Number	£000	Number	£000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	24,144	93,758	21,400	55,849
Total non-NHS trade invoices paid within target	20,958	85,734	18,485	51,414
Percentage of non-NHS trade invoices paid within target	86.8%	91.4%	86.4%	92.1%
NHS Payables				
Total NHS trade invoices paid in the year	553	12,103	572	12,637
Total NHS trade invoices paid within target	473	10,465	515	11,859
Percentage of NHS trade invoices paid within target	85.5%	86.5%	90.0%	93.8%

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.

Note 39 External financing limit

The Trust is given an external financing limit against which it is permitted to underspend

	2019-20	2018-19
	£000	£000
Cash flow financing	13,695	(10,467)
External financing requirement	**13,695**	**(10,467)**
External financing limit (EFL)	20,739	(8,332)
Under spend against EFL	**7,044**	**2,135**

Note 40 Capital Resource Limit

The Trust is given an external financing limit against which it is permitted to underspend

	2019-20	2018-19
	£000	£000
Gross capital expenditure	26,896	15,507
Less: Disposals	-	(2,400)
Charge against Capital Resource Limit	**26,896**	**13,107**
Capital Resource Limit	**27,201**	**15,561**
Under spend against CRL	**305**	**2,454**

Note 41 Breakeven duty financial performance

	2019-20
	£000
Adjusted financial performance surplus (control total basis)	1,114
Breakeven duty financial performance surplus	**1,114**

Note 42 Breakeven duty rolling assessment

	1997-98 to 2008-09	2009-10	2009-10	2010-11	2011-12	2013-14
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		239	274	2,023	2,021	595
Breakeven duty cumulative position	6,013	6,252	6,526	8,549	10,570	11,165
Operating income		173,628	204,547	190,725	190,518	192,748
Cumulative breakeven position as a percentage of operating income		**3.6%**	**3.2%**	**4.5%**	**5.5%**	**5.8%**

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	(4,555)	(7,336)	(12,268)	34,212	(182)	1,114
Breakeven duty cumulative position	6,610	(726)	(12,994)	21,218	21,036	22,150
Operating income	192,988	191,931	202,027	229,478	224,916	256,116
Cumulative breakeven position as a percentage of operating income	**3.4%**	**(0.4%)**	**(6.4%)**	**9.2%**	**9.4%**	**8.6%**

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 2020 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 2020, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International 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 2019 to 2020.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2020 and of its expenditure and income for the year then ended; 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 2019 to 2020; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

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

The impact of macro-economic uncertainties on our audit

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

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

Conclusions relating to going concern

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

- the 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.

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

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

Emphasis of Matter – effects of Covid-19 on the valuation of land and buildings

We draw attention to Note 1.27 of the financial statements, which describes the effects of the Covid-19 pandemic on the valuation of land and buildings as at 31 March 2020. As disclosed in Note 1.27 to the financial statements, in applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the Trust's valuer has declared a "material valuation uncertainty" in their valuation report which was carried out in March 2020 with a valuation date of 31 March 2020. This is on the basis of uncertainties in markets caused by COVID-19. The values in the valuation report have been used to inform the measurement of property assets at valuation in the financial statements. Our opinion is not modified in respect of this matter.

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 in April 2015 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 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 2019 to 2020 and the requirements of the National Health Service Act 2006[1]; 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.

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[1] The DHSC Group Accounting Manual 2019-20 sets out the parts of the Remuneration and Staff Report that are subject to audit. The Trust should clearly highlight which disclosures in the accountability report have been audited.

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

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

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

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

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

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

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of the financial statements of 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

Paul Grady
Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

London
29 June 2020


NHS

Produced by the Communications Department at Barnet, Enfield and Haringey Mental Health NHS Trust

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