NHS

Camden and Islington

NHS Foundation Trust

ANNUAL REPORT AND ACCOUNTS

2019-2020

Camden and Islington NHS Foundation Trust

Annual Report and Accounts 2019/20

Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

Staff at Highgate Mental Health Centre celebrating our Good rating from the CQC

1.0 PERFORMANCE REPORT

Chair and Chief Executive's statement

Welcome to the 2019-2020 Annual Report where we will share with you the challenges, successes and highlights of the last 12 months, of which there are many!

Although this is a look-back at the whole year, the enormous shadow cast by the Covid-19 pandemic cannot fail to be uppermost, still, in many minds. Its impact on the world has been far-reaching, changing forever how we all work and live our lives. Despite this, we are confident that new ways of working – many adopted overnight – our solid foundations as a Trust, and our achievements in the last year, will stand us in good stead as the recovery process continues.

In January, we retained our 'Good' rating following our CQC inspection, with many areas of outstanding practice highlighted. Its report found patients are treated with compassion and kindness across all areas, there is positive engagement with patients, carers and staff, and evidence of outstanding care supported by a flourishing QI programme. Areas of improvement relating to safety have been a key priority for action and this work continues.

Another landmark achievement was the publication of our new Digital Strategy following many months of work. It is already making patient care safer and supporting more seamless working using the very latest technology.

Closer integration and partnership working has never been more vital than at this time and we would like to thank all our health, social care and other partners for their expert support and collaboration during the past year. We were particularly pleased in June 2019 to sign a formal alliance with Barnet Enfield and Haringey NHS Trust. This agreement is already reaping rewards,

enabling us to improve services further across both organisations, support the development of all our staff and strengthen the voice of mental health across North Central London.

An artist's impression of our new hospital

Several exciting milestones were reached in our estate transformation programme which will allow us to build our new hospital at Highgate; deliver two integrated community mental health centres and redevelop the St Pancras site. In December 2019, the Trust appointed King's Cross Central Limited Partnership (KCCLP) to oversee the St Pancras redevelopment and in March we announced that BAM Construction would build the new hospital.

A new Place of Safety facility opened on our Highgate site in January, meaning that those detained under Section 36 of the Mental Health Act, are now being seen in this wonderful, calm and therapeutic setting, rather than the hectic environment of a busy A&E. We have had hugely positive feedback already from service users and their families, our emergency department colleagues and the police.

As the world went into lockdown from early 2020, the safety and wellbeing of our colleagues and service users informed every decision we took. We cannot praise our staff enough for the way they courageously stepped up as the crisis unfolded, despite the very real risks to themselves as frontline carers and their own worries for loved ones. Sadly, we lost a member of staff and several patients – we will never forget them and will be organising a permanent memorial in the coming months.

To help meet the challenge of Covid-19, we opened a very successful Mental Health Crisis Assessment Service on our St Pancras hospital site. This meant that people suffering an acute episode did not have to go to the emergency departments, which were busy treating coronavirus patients. We also harnessed latest technology more speedily than originally planned, enabling video consultations with our service users, and meetings and webinars for our staff. Both these developments – driven by urgent need – will be a more-welcome and permanent legacy of the pandemic.

Our Place of Safety was opened by Martin Machray, the joint-chief nurse for NHS England in London

It is hard to convey in words just how grateful we are to our staff for everything they do. We want each and every one of them to feel nurtured and supported and a wide-ranging cultural change programme, already underway when the pandemic struck, will continue with the aim of ensuring that every one of them firmly believes that C&I is the best place they could possibly work!

At the end of the year, Black Lives Matter shone a light across the world on the continuing inequalities that exist within our society. We will continue to re-focus our efforts on ensuring that Equality, Diversity and Inclusion runs through every aspect of what we do and that we proactively nurture and support the huge talent among our BAME workforce.

Last, but definitely not least, it was with great sadness that we said goodbye to our Trust Chair, Leisha Fullick, at the end of her six years in office. As well as overseeing major projects such as our estates transformation, Leisha was instrumental in setting up our staff recognition awards, re-launching the Trust charity and establishing the choir. A particular triumph last May was a pan-London concert for NHS choirs which Leisha hosted at UNISON HQ to great acclaim. Under her guidance the Trust has improved standards across so many areas and she leaves us with an enviable foundation for continuing advancement in future. We could not be more grateful for the dedication and commitment she has shown to C&I.

We hope you enjoy reading in greater detail about all that has happened in the last year at Camden and Islington, thank you for your continued support and we wish you all well in these uncertain times.

Signed:

Angela McNab
Chief Executive

23 June 2020

Jackie Smith
Trust Chair

23 June 2020

Staff, service users and governors held a farewell tea party for our Trust Chair Leisha Fullick

1.0 PERFORMANCE REPORT OVERVIEW

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

1.1 BRIEF HISTORY OF CAMDEN AND ISLINGTON NHS FOUNDATION TRUST AND OUR STATUTORY BACKGROUND

Camden and Islington NHS Foundation Trust (C&I) is the largest provider of mental health and substance misuse services to people living within Camden and Islington. The Trust also offers substance misuse and psychological therapies services to residents in Kingston. Inpatient facilities are available at St Pancras Hospital and at Highgate Mental Health Centre, and there are community-based services. In total, we have around 30 sites spread across all the three boroughs.

Our main headquarters at St Pancras Hospital was the location of a former workhouse, originally dating back to the 18th century. The first hospital on the site, housed in the building now known as South Wing, was built in 1885 for "chronic, infirm and bed-ridden patients".

In 1982, the site became the responsibility of Bloomsbury Health Authority and subsequently various NHS bodies. Camden and Islington Mental Health and Social Care Trust was established in 2002 and in March 2008 we became the first care Trust to achieve Foundation Trust status. Our income for 2019/20 was more than £160 million and we have more than 2,100 (Whole Time Equivalent) employees.

Our staff work in multi-disciplinary teams providing a holistic approach to recovery. This means that we often work with partner organisations, including the voluntary sector.

We aim to deliver high quality services to our patients and carers. In January 2020, the Care Quality Commission (CQC) rated us as 'Good'.

We have continued developing our Quality Improvement (QI) programme, which has led to increased quality of care and better working practices across many areas.

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

1.2 MENTAL HEALTH NEED

C&I covers a diverse population across Camden, Islington and Kingston, and had contact with more than 45,600 service users across the three boroughs during the year. More than 200 languages are spoken by our communities.

Camden

The official estimate of Camden's resident population was 262,200 at mid-2018, and government projections show an increase of nearly 10% during the next ten years. In the heart of London, Camden is a diverse borough where business centres contrast with exclusive residential districts as well as areas of relative deprivation. Although it is London's eighth smallest borough by area, it is the sixth highest by population density and has a large proportion of students and younger adults, relatively few children and older people compared to the national average. Camden's population is ethnically diverse, with more than a third of Camden residents from black, Asian or minority ethnic (BAME) groups. (Data: Camden Profile, London Borough of Camden, January 2020)

Islington

Islington's population was estimated to be 241,600 in 2019. This was an increase of approximately 17% since 2011, and it is expected to continue growing in the next decade. Islington is the most densely-populated local authority area in England and Wales. As in many London boroughs, there are affluent areas alongside deprived areas. Islington ranks third, nationally, on the income deprivation indicator for children, and fifth for income deprivation affecting older people. The borough has a younger-than-average age demographic, with the largest age group being 25-34, which accounts for nearly 15 per cent of the population. Almost a third of residents are from BAME backgrounds. Poverty is an issue in every part of the borough; there is a neighbourhood in every ward in Islington that is among the poorest 20% of neighbourhoods in England. (Data: State of Equalities in Islington 2019, London Borough of Islington)

Kingston

The Royal Borough of Kingston upon Thames has a population of just under 200,000 and this is forecast to rise by more than 10% in the next decade. Less than a third of people are from BAME backgrounds, compared to 43% cent of the population across London. Although there are areas of deprivation, overall this is less than London as a whole. For example, just under 12% of children in Kingston live in low-income families, compared to 19% across London. (Data: Kingston Data and Public Health, Royal Borough of Kingston upon Thames, 2020)

Our services in primary care include psychological therapies for mild to moderate mental illnesses, delivered by teams of psychiatrists and nurses who support GPs to manage mental health problems and act as the gateway to secondary care mental health services.

We have specialist community services for people with post-traumatic stress disorder (PTSD), personality disorders, complex depression and anxiety, psychotic disorders, addictions, dementia and mental health conditions associated with ageing.

We are one of only a few mental health trusts with a well-developed rehabilitation pathway for people with serious mental illness. We have an acute pathway, with crisis and home treatment teams, an acute day unit, crisis houses, a variety

of inpatient wards and a new Place of Safety for anyone detained by police under Section 136 of the Mental Health Act. We serve a population that is highly mobile, and about 40% of people admitted to our wards are new to us.

1.3 OUR PURPOSE AND ACTIVITIES

1.3.1 OUR VISION, STRATEGIC AIMS AND VALUES

In the past year we added a fourth key strategic priority on safety as a focus for our Trust.

C&I's Strategic Priorities

1	2	3	4
Early and effective intervention	Helping people to live well	Research and innovation	Keeping our service users, carers and staff safe

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

Based on feedback in the previous year from our staff, we agreed on four cultural steps – or pillars - to achieving our strategic priorities.

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

1.3.2 OUR PRINCIPAL CORPORATE OBJECTIVES AND RISKS

The Trust is committed to developing its partnership working, offering safe and high quality care while improving the staff experience, promoting equality, diversity and inclusion.

Our new Clinical Strategy continues to focus on early diagnosis and prevention, and closer working with our health and social care partners. Increasingly, this will mean moving away from hospital care wherever possible, and making services more streamlined and closer to where people live.

This led to a major rethink on the way our five divisions operate and we have been consulting on plans to restructure the organisation so that divisions are broadly geographical rather than functional. We believe the proposed new structure will better enable us to deliver our new Clinical Strategy and some of its key components – strengthening our community services, offering place-based care and supporting population health management. The focus of the NHS Long Term Plan and the new National Framework for Community Mental Health services is a shift firmly towards community care. To deliver this, we need to continue to build really strong and visible partnerships at a local level. Working in a borough-based way will help us do this, but will require additional funding to increase the number of staff working in the community. We will also need to train staff to equip them for new roles.

We have applied for additional funding to help us meet this ambitious programme and deliver even better mental healthcare for everyone in our communities.

The transformation of our estate continues as part of this; moving inpatient beds from St Pancras to our new hospital, which will be built adjacent to Highgate Mental Health Centre. We have continued to engage with local people, staff and service users for their input on the plans. Contractors have been appointed and we are in the process of applying to the local authority for planning permission.

Part of our new estate development programme is the use of agile working technologies to enable our staff to work remotely in the community. New digital tools offer the opportunity for us to work more efficiently and effectively while offering better care to patients. However we recognise that as more patient and business information goes online, the risks of cyber attack and system failure, increases. To protect us from this, the Trust is investing in new equipment and software, and we have been educating staff about cyber security and data management. As part of this programme we will start rolling out Windows 365 during 2020/21.

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

C&I's high level principal corporate objectives:

- Using principles of Quality Improvement, we will deliver safe, excellent and compassionate care for our service users and promote equality, diversity and inclusion for staff delivering the services and people using them.
- We will refresh and make progress in implementing our Clinical Strategy, aligned with the Long Term Plan and new National Framework for Community Mental Health. We will develop community and practice based services and improve the integration

of physical and mental health services, which will reduce acute bed usage.

- Diversity and inclusion in leadership, fairness, and a valued, developed, retained and workforce are a strategic workforce priority.
- We will achieve our break even control total (with PSF and FRF support) and deliver underlying break even in year two of our two year financial plan. We will ensure that our plans are underpinned by affordable and sustainable service delivery and investment.
- We will take forward our estate transformation plans including the development of Integrated Community Mental Health Centres and a new inpatient facility. The plans will be enabled by the St Pancras Transformation Business case.
- We will work as part of the North London Partnership, alongside BEH as part of a mental health alliance, and with emerging borough structures in Camden and Islington, to shape and support the development of integrated care systems, and deliver the NHS Long Term Plan.

Such an ambitious programme of change does not come without some risk. In order to maintain a strong system of governance, the Board of Directors and senior managers regularly review the key issues and risks that may undermine the achievement of the Trust's strategic objectives.

The major risks identified by the Board to delivery of the Trust's priority objectives in 2019/20 were as follows:

- **Rising demand and pressure on services**
  We have been working to improve bed management and patient flow to ease pressure on our inpatient services. Our Strategic Alliance with BEH has led to sharing of facilities and our new Clinical Strategy is designed to improve early intervention in care so that fewer people require acute services.
- **Safety and delivery of harm-free care**
  Following the death of a patient on one of our wards at the end of the last accounting year, there was an independent review and detailed examination of safety within the Trust, for service users and staff. We have made safety one of our cultural pillars and a comprehensive action plan is underway to develop consistent safety in all areas.
- **Recruitment and staff retention**
  The Trust has developed a new Workforce Strategy which aims to build a culture where every team member is valued, where their safety is key and where there is a focus on inclusivity and fairness. We want to build an organisation where teams are connected to one another and to local communities. We have introduced mentoring programmes to encourage staff to stay with us and develop their careers here.
- **Workforce, culture and inclusion**
  The senior leadership team has made it a priority to develop a change programme to make every aspect of the Trust kinder, fairer and more positive.
  Our staff survey found that only 64% of BAME staff believe there are equal opportunities for career progression compared to the average across all staff of 75%.

  Our mentoring programme is designed to help BAME staff develop their careers with the organisation, and we have a policy of having

a Equality Champion on every interview panel for Band 6 and above to help address the chronic under-representation of black and minority ethnic staff in senior roles in the NHS.

- **Financial balance and sustainability**

The Trust ended 2019/20:

- with cash holdings of £51.9m;
- achieving a relevant surplus on income and expenditure of £1.8m (£1.8m better than the control total for the year);
- having total assets employed of £169.7m, which was more than seven times higher than current liabilities (£23.5m); and
- achieving the highest score available (1) in the use of resources framework which NHS Improvement uses to assess Trust financial performance.

The Trust has planned to deliver break-even in 2020/21, compared to an initial £2.4m deficit control total set by NHS Improvement. The Covid-19 pandemic has increased financial risks, but which have been mitigated by:

- An interim income system set up by NHS England/ Improvement for at least four months to assure break-even for trusts who are accounting properly for their revenue and capital expenditure under this system;
- Trusts being relieved of the need to make cost improvements in 2020/21; and
- C&I responding to this new system by embedding appropriate new systems of financial governance to respond to the costs caused by Covid-19.

C&I plans to step up its work as Covid-19 restrictions are lifted, by planning for recovery with its key partners in the North Central London Sustainability and Transformation Partnership (STP), while maintaining tight control internally. The Trust's outline business case, which allows the development of a new inpatient unit at Highgate, the redevelopment of two integrated community mental health centres, and a major redevelopment on the St Pancras Hospital site, has been approved by the Department of Health and Social Care (DHSC) (May 2020). Following a short period of planned deficits, which will be covered by agreed bridging funding from DHSC, the new facilities will allow better care and more economical revenue costs, both of which enhance the Trust's ability to break even and to be financially and clinically sustainable.

- **Capacity and capability to deliver change**

We have established a dedicated team to manage our St Pancras transformation. This oversees the estates programme, and, as importantly, the review and development of service and clinical models, as well as new ways of working that will help us meet the ambitions in our Clinical Strategy.

Delivery of the Clinical Strategy is overseen by a programme board which reports into the Strategic Development Committee. This is supported by a programme and project management team and draws upon the expertise of our business development and partnerships team.

The Quality Improvement team supports continuous development, and service-led improvements. The Trust utilises this methodology to inform all service change, and is developing a Quality Management System.

- **Infrastructure not fit for purpose**

  We have long acknowledged that some of our buildings are old and not suitable for modern mental healthcare, and as a result we are undergoing an ambitious estate redevelopment programme; as we endeavour to relocate inpatient beds from St Pancras Hospital to a new purpose-built site at Highgate. We have continued to engage with local people, staff and service users for their input on the plans.

  While there are financial and delivery risks in undertaking a programme of this scale, we are mitigating these with close and careful scrutiny of the project at every stage.

An artwork on display in our Art of Caring exhibition at St Pancras Hospital

- **System partnership working**

  C&I is committed to shaping the development of the Integrated Care System in North Central London, as well as emerging Integrated Care Partnerships in the London Boroughs of Camden and Islington. The system-wide response to the Covid-19 pandemic has reinforced and accelerated the development of these systems. C&I is actively involved in leading the mental health programmes and partnerships in north London and in the boroughs, and participates in a range of programmes including emergency care, community services, digital and workforce.

- **Long-term impact of Brexit**

  We are monitoring how Brexit could affect our supply chain and have been making contingency plans. We have supported staff in applying for settled status and offered advice for those affected.

  Further information about our risk management strategy and the Board Assurance Framework in section 2.12.3 Capacity to handle risk, and section 2.12.4 The risk and control framework.

ENHANCING CAREER OPPORTUNITIES

One of the key commitments of the new alliance between C&I and Barnet, Enfield and Haringey (BEH) is ensuring that all staff have equal opportunity to progress and enjoy their careers. A mentoring programme, which works across both trusts is proving a great success.

Ian Griffiths, Divisional Director Acute Services – Mentor

"I am the divisional director for acute services, with particular responsibility for quality and safety. I have had a personal and very positive experience of mentoring after being mentored by a senior nursing leader at another Trust two or three years ago. It was fantastic to have the support and viewpoint of someone working in a different organisation. It was especially helpful to get a different perspective on various situations. It has been very interesting for me to mentor Naomi as she works in a non-clinical role and I found it interesting to hear about her experience of working at the Trust. It has been extremely rewarding to see Naomi's personal journey and development. What is striking is her enthusiasm and how reflective and honest she has been about her experience."

Naomi Williams, C&I Head of Business Development - Mentee

"Each month I have the opportunity to share my experiences, worries and aspirations with a senior, experienced colleague in the Trust. We have a great rapport (always lots of laughter!), and I really value our time together where I have the space to work through things that are important to me. My mentor also offers guidance where he thinks it would be helpful, and seeks my opinion too, which hopefully means he also gains from our relationship.

I'd really recommend getting a mentor. It's an excellent opportunity to have dedicated time each month to talk about you and your development. We're all extremely busy and often we don't set time aside to reflect about what's happening day to day and plan for the future."

1.3.3 OUR CLINICAL STRATEGY

We have largely achieved many of our goals in our current Clinical Strategy, including putting expert mental health teams into GP practices and developing our specialist services for people with specific illnesses in order to strengthen our offer of evidence-based interventions. It is therefore a good time to refresh and evolve our strategy.

Our two main priorities that we will focus on over the next few years are:

1. Developing a model of integrated core community mental health services
2. Improving patient flow and experience

We undertook a large exercise to hear the views of our service users, carers, staff and partner organisations to co-produce our revised strategy that addresses the ambitions of the NHS Long Term Plan and the Community Mental Health Framework for Adults and Older Adults. We reviewed the needs of our population and also compared our services to national benchmarking data in order to understand where to focus our attention and investment.

At the peak of what we want to achieve are four broad outcomes:

- Good clinical outcomes for our service users and carers
- A satisfied workforce
- Being a centre of excellence in equality, diversity and inclusion
- Financial sustainability

Our approach to clinical care will be:

- A recovery approach which means a strong emphasis on co-production of care with our service users and carers
- A trauma-informed approach that recognises the impact of traumatic events in the lives of people
- Offering evidence-based interventions
- Addressing drug and alcohol problems

We expect all our teams to pay special attention to equality, diversity and inclusion. They will also prioritise co-production of their services with services users and carers. Our two main vehicles for improving and innovating will be through using Quality Improvement methodology and research.

Long-serving staff at C&I were praised for their commitment to the Trust and its service users at a celebratory event. Kay Frost, C&I Clinical Psychologist, pictured second on the left, was presented with a special award – having worked at the Trust for 47 years.

Our proposed model requires investment to grow our teams in primary care to create core community mental health teams that are aligned to Primary Care Network populations.

A detailed analysis of each Primary Care Network population will enable us to tailor services so that they are right for that population. Everyone who works with people with mental health problems in a Primary Care Network population will function as a member of a multiagency, multidisciplinary team or network.

Mental, physical and social support and interventions will be holistic and joined-up. We will use a strengths-based approach that will require detailed knowledge of community resources that people can be linked into. Evidence-based mental health interventions will be protected by having clinicians that specialise in interventions for people with particular conditions. The model also includes borough-wide intensive teams to work with people with very complex needs. There needs to be strong co-operation and easy flow between the intensive and core teams with an emphasis on population-based healthcare. The model requires newly-designed community services operating longer hours and a stronger focus on prevention and recovery which will deliver more out-of-hospital care.

Our services will operate at three population levels: Primary Care Networks, borough-wide and cross-borough, or wider. The main entry points will be through the core community mental health teams, the community acute and hospital liaison services, and directly into some teams who offer a service to well-defined groups. The bulk of our work will happen in the community teams.

We aim to change the way our organisation is structured so that we naturally facilitate population-based healthcare.

1.3.4 TRANSFORMING OUR ESTATE

Over the last year, several exciting milestones were reached in our estate transformation programme, which focuses on three main areas for redevelopment and is fundamental to the delivery of our new Clinical Strategy.

It involves:

- Building a new, modern, inpatient hospital in Highgate, opposite our existing facility there, to replace the ageing mental health wards at St Pancras
- Delivering two new integrated community mental health centres – one in each of our boroughs – to improve support close to where people live and work
- Redeveloping the St Pancras Hospital site – to allow the Trust to reinvest the money in new clinical and healthcare facilities

Co-designing our new facilities

Following a formal public consultation in summer 2018, which showed overall support for our proposals, work got underway in early 2019 to co-design our new facilities with service users and staff. The majority of the co-design work so far has focused on the new inpatient hospital, with work on the design of our community facilities picking up pace at the end of the year.

In addition to holding ten co-design workshops, our Medical Director visited more than 50 service user groups, having face-to-face conversations with more than 500 people in the community, to share the latest ideas and gather a wide pool of views to feed into the design process. A virtual group was also established online for those unable to attend meetings or workshops.

For the new inpatient hospital, service users told us they want access to outdoor space from

every ward, quiet spaces, single en-suite rooms, a gym, a family visiting room and a community café to promote social inclusion. At the end of 2019, the Trust appointed BAM Construction Ltd, to build the new inpatient facility and turn these year-long co-production discussions into a reality. Building work is due to begin later in 2020 and complete in 2022.

We want to provide more support in the community and detailed work is now underway to create new community facilities that have the right spaces, services and teams under-one-roof – all working together to support mental health and wellbeing in the community. Service users, their carers and our staff will remain at the heart of the co-design process for these new facilities.

Development partner for St Pancras

In December 2019, following a rigorous process to identify the right partner, the Trust appointed King's Cross Central Limited Partnership (KCCLP) as preferred bidder to undertake and oversee redevelopment of the St Pancras Hospital site. We believe the choice of KCCLP will enable us to get the very best out of this site, including clinical services, private and affordable homes, and commercial space. The Trust will maintain a flagship presence on the site and will retain the freehold.

President of The Royal College of Psychiatrists, Professor Wendy Burnham presents C&I Psychiatry Trainee, Dr Golnar Aref-Adib, with the 'Higher Psychiatric Trainee of the Year' award for her work as a clinician and academic to empower patients and colleagues. Her research work focused on digital interventions for people with severe mental illness.

1.3.5 OUR RESEARCH

In partnership with UCL the Trust has continued to invest in research to improve health outcomes for its patients and the wider population.

Research Participation

One of the Trust's key objectives is to give as many of our patients as possible the opportunity to participate in research. During 2019-20 a wide range of research was carried out last year resulting in more than 992 participants recruited to 31 funded studies. It was underpinned by strong patient engagement and an excellent research delivery team to deliver high impact research.

There have been some key projects conducted during the past year. One of these was led by Dr Mo Abdelghani, consultant psychiatrist in the Trust's Complex Depression, Anxiety and Trauma (CDAT) service; The BRIGhTMIND study investigates two different types of Transcranial Magnetic Stimulation (TMS) for the treatment of treatment-resistance depression. TMS therapy can provide a new way for patients suffering with depression to get treatment that is relatively non-invasive and provides long-lasting positive benefits.

Care Quality Commission (CQC)

The CQC revisited the Trust in 2019, and its report recognised that C&I promoted the use of research to improve the care and treatment of patients. It found examples of research being used to improve the care of people using the services delivered. For example, the carers of patients using the memory clinics were being offered access to a programme of psychological therapies which improved their ability to cope with the challenges of supporting a relative with dementia.

Research Alliance

Our formal alliance with Barnet, Enfield and Haringey NHS Mental Health Trust this year brought the opportunity to build on the already strong research partnership established over the past few years. The delivery teams in both trusts are now working as a cohesive team and, when possible, working more collaboratively with each other. One example of this is the R&D Director becoming a member of the Clinical Record Interactive Search (CRIS) Committee.

CRIS

The Trust continues to prioritise its database work using the Clinical Record Interactive Search (CRIS) with the aim of strengthening its research capabilities; as well as opening up the use of anonymised patient data at scale for clinicians. CRIS has been used to help researchers and clinicians to understand links between patient demographics and illness to improve services.

Institute of Mental Health (IoMH)

The Trust is working with University College London (UCL) to develop the Institute of Mental Health on the St Pancras Hospital site as part of the Trust's redevelopment plans. The IoMH was formally launched in July in 2019 and has focused on raising the profile of the Institute, both internally at UCL and externally. It has also focused on the wider aim of increasing awareness of mental health research taking place at UCL by:

- Developing the IoMH website as the first 'port of call' for mental health research at UCL.
- Hosting regular IoMH branded events throughout the year including a series of symposia open to all C&I staff. One of these events focused on immuno-psychiatry and looked at the immune system and its unique role in mental health disorders. The latest symposium on psycho-traumatology looked at the different ways that severe traumatic experiences can affect mental health. Mary Robertson, Consultant Clinical Psychologist and Head of the Traumatic Stress Clinic at C&I, was one of the speakers alongside Professor Chris Brewin, Professor of Clinical Psychology at UCL.
- Increasing the prevalence of news and discussion around mental health research on social media and blogs.

Biomedical Research Centre (BRC)

The broad strategic aims are detailed below:

- Capacity building
- New treatments
- Personalised/precision treatment and data science

The BRC has been particularly successful with early career researchers who have gained independent funding for mid-level fellowships with its support.

C&I, in partnership with UCL, is committed to ensuring that research is embedded across the Trust and all disciplines and professions.

1.4 OUR SERVICES AND HOW THEY HAVE PERFORMED

The BBC filmed gardening therapy at Camden Mews with service users and Recovery Service Manager, Andrew Kingston

Our services are organised into five divisions. These are:

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

Most of our services provide care for people in their own communities, and work with people towards their own recovery. We have drawn up proposals to change the structure of the organisation so that our divisions are arranged geographically. We believe this will mean people are treated more holistically and our services will be more integrated with those offered by local authorities and other agencies. This would mean a better quality of care and improved outcomes for our service users.

1.4.1 SERVICES FOR AGEING AND MENTAL HEALTH (SAMH)

Judged by the CQC in March 2018 as outstanding, our older people's community teams have continued to provide NICE-compliant specialist assessment and care for people living with dementia, and those suffering from mental illnesses associated with ageing. We provide a range of services including community mental health teams, memory services, inpatient wards and crisis services including our Home Treatment Team and Community Recovery Service. Notable achievements over the last year include our Home Treatment Team being awarded the National Older People's Mental Health and Dementia Award for crisis care and the successful merger of our Islington Dementia Navigator service with our Islington Memory Service. We also provide liaison services to our local care homes.

During the year, older people's services opened over 3,000 new referrals, and were involved in over 4,600 patients' care. We also provided 91 clinical interventions specifically to carers.

Throughout 2019/20 our two memory services continue to contribute to the top three highest dementia diagnosis against prevalence rates in London. Our post-diagnostic offering to all people living with dementia continues to be recognised as best practice in the national arena. This included presentations at the Annual Old Age Faculty Conference for RCPsych and a visit to see the services by Professor Alistair Burns,

National Clinical Director for Dementia and Older People's Mental Health and NHSE.

The Covid-19 pandemic has presented significant challenges to keeping our patient group safe. We adapted to this by assessing the risk of our service users, using remote working, and ensuring that the most vulnerable patients are linked into local voluntary sector organisations to help with food shopping. Covid-19 has particularly affected local care homes which have seen a large number of deaths. Our care home liaison service will be instrumental in providing psychological support to these staff teams during the coming months.

Perinatal mental health services

C&I provides perinatal mental health services to women across North Central London, and has clinical services in each of five acute hospitals that provide maternity care. The service expanded further during 2019/20, increasing the number of women that it assessed by 20%, and the number of contacts by 40%. It also held its first peer review in preparation for accreditation of the service by Royal College of Psychiatrists.

Following significant financial investment as part of the NHS Long Term Plan we have already recruited to support a further expansion which will take place during 2020/21, with the creation of new roles and reorganisation of the team structure to provide robust services embedded in the local communities that they serve.

Learning disabilities

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

Twenty-four of C&I's clinical staff are currently working in these joint teams, which include a joint research post with UCL. In 2018, the CQC rated our learning disabilities services as 'Good' overall, but as 'outstanding' for effectiveness, commenting that they

> *"observed staff to be respectful, kind and compassionate in all interactions with people using the service. It was clear that staff knew people using the service well and had built strong relationships with them."*

During 2019/20, both learning disabilities services have continued to be focused on the Transforming Care agenda with its two key themes: taking action to bring people with

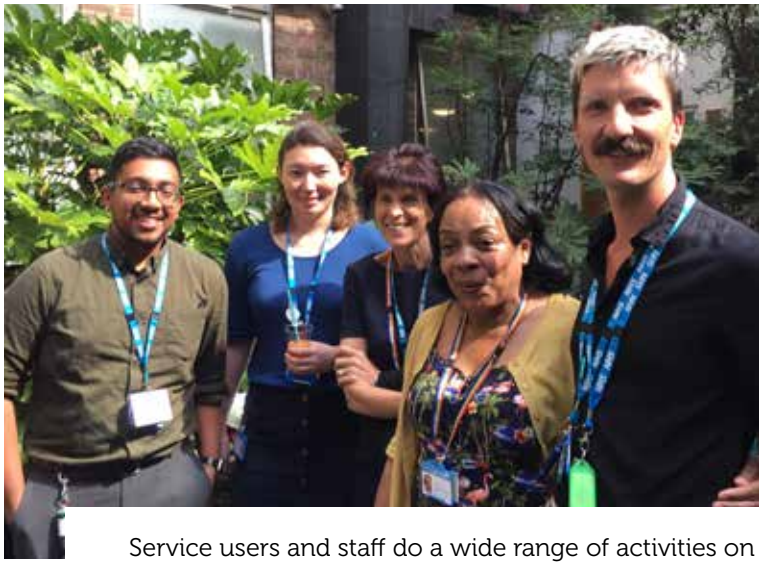
Prof Alistair Burns, NHS England's National Clinical Director for Dementia and Older People's Mental Health, visited C&I to hear about our Services for Ageing and Mental Health and the Home Treatment Team

severe learning disabilities home from out-of-area long term hospital care, and using At Risk of Admission registers/urgent multi-agency planning processes to avoid psychiatric hospital admission for this group whenever possible.

Both Camden and Islington services are also participating in the London Learning Disability Mortality Review (LeDeR) which means that all deaths of people with learning disabilities in both boroughs are reviewed via a multi-agency and transparent process.

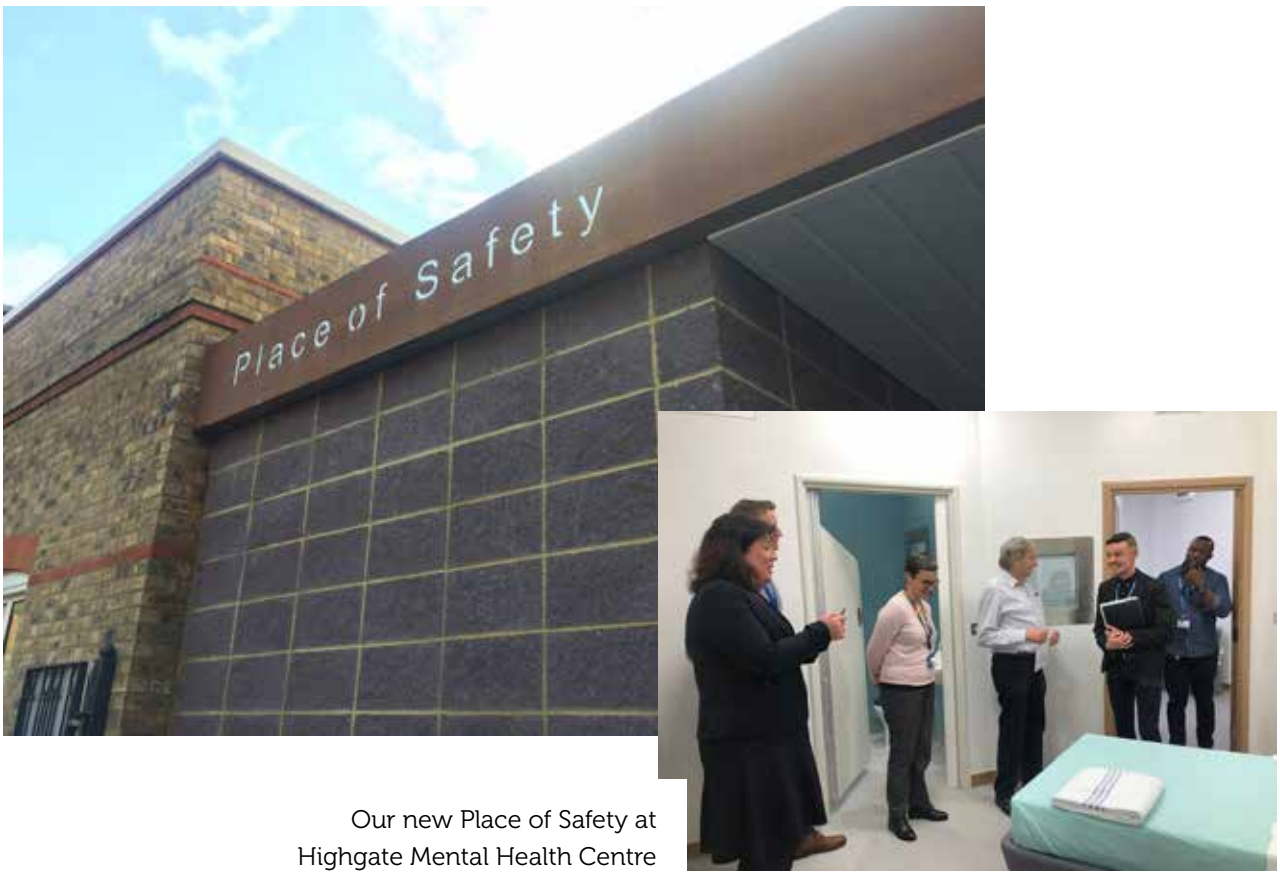
1.4.2 ACUTE DIVISION

The Acute Division provides expert assessment, care and treatment for those in mental health crisis. Specialist assessment is accessible via our Crisis Single Point of Access 24/7 phone line and Mental Health Liaison. This is ordinarily based in the three local emergency departments, but temporarily located at the St Pancras Hospital site as part of our coronavirus response. Crisis Resolution Teams (CRTs) provide home treatment as an alternative to hospital and crisis houses and Camden Acute Day Unit add to the available options for alternatives to hospital admission. For those with the highest level of need, acute inpatient hospital services include an assessment ward, Psychiatric Intensive Care Units (PICUs) and treatment wards.



Service users and staff do a wide range of activities on our wards. This year they enjoyed food and live music in the garden during the Huntley Centre summer party at St Pancras Hospital.

Laffan Ward had an artistic makeover this year: Ward Manager, Ash Wright, and Dr Stephen Ginn are pictured with some of the 23 paintings, depicting windows over a changing landscape, which were completed in partnership with Central St Martins Art School



Our new Place of Safety at Highgate Mental Health Centre

In 2019-20, the division continued focussing on reducing length of stay in hospital and supporting those with very long lengths of stay into alternative care. There has been steady progress made to bring our patients' length of stay experience in line with other London mental health trusts. There have been two new major service developments in this period: we opened a brand new health-based Place of Safety suite at the Highgate Mental Health Centre site, dramatically improving the experience of people detained under Section 136 of the Mental Health Act; and we successfully bid for transformation investment funds for our Community Reablement Teams – we have successfully recruited to expand these teams and included a new Peer Coaching Service in our home treatment offer.

Alongside this, patient safety in our hospital areas has been of the highest priority. A fatal incident in our male PICU in February 2019 generated a rapid improvement plan, followed by an intensive period embedding learning and improvement in line with external investigation recommendations.

Most recently, the division has been responding to the coronavirus epidemic. Keeping our patients safe, maintaining staffing levels in all our key services and supporting our local Emergency Departments have been our key priorities. Training and supply of PPE and cohorting patients has been important alongside social distancing measures including our approach to visitors, use of leave from hospital, suspending group activity and enhancing individual activity options. Patient and staff testing are current areas of focus. We have closed or repurposed wards, when needed, to support changes in demand and staff availability. The rapid mobilisation of a Mental Health Crisis Assessment Service has enabled us to divert the majority of mental health activity in local emergency departments.

In future, our planning will focus on learning from our coronavirus crisis experience and considering which service changes might be sustained in the longer term. We will continue our work on improving access to crisis services and acute hospital care – all linked to our crisis prevention strategy and ongoing initiatives to reduce length of stay.

1.4.3 SUBSTANCE MISUSE SERVICES

This has been a very successful year for Substance Misuse Services (SMS) in terms of partnership working, co-production and achieving key performance indicators. In Islington and Kingston, where we are in charge of the whole pathway, we have exceeded our targets in some of the major areas; and in Camden, where we manage the complex needs service, we have contributed to the overall improvement of the borough.

We have well-developed partnership working arrangements with statutory, voluntary and third sector services in both Islington and Kingston. All new initiatives are achieved in co-production with our service user groups. We also have very successful contracted partnerships with the charities WDP and Humankind in all three boroughs.

In the second year of Better Lives, (Islington Substance Misuse Services), we have focused on having a Quality Improvement (QI) approach to service development and delivery, with input from both staff teams and service users. Our focus on education and training for our partner services across the borough, which included co-production and delivery of services, has been very successful. We promote the importance of naloxone, in overdose prevention with professionals, carers and our service users

Ruby Ward, our women's Psychiatric Intensive Care Unit (PICU) at St Pancras Hospital celebrated two years of providin}g mental health care

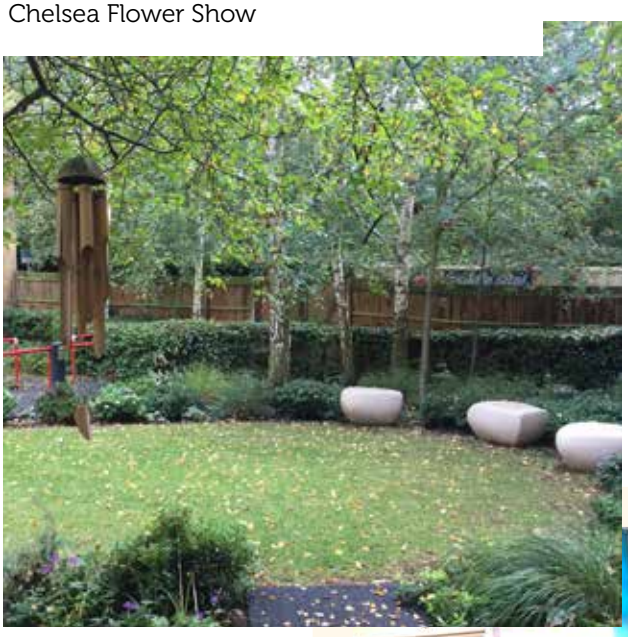
continuously. Our peer mentoring and short course programme offers confidence-building and resilience training to service users. This has also been in great demand and we will continue to embed this next year. We have successfully retained 97% of our service users in effective treatment by offering a variety of choices to suit their individual needs.

Camden Specialist Drug Services has had an excellent year, with a steady increase in the number of people successfully completing treatment. Our group programme was the winner of the Trust-wide QI showcase. We held a team away day, facilitated by learning and development colleagues, that focused on individual strengths and team dynamics to enhance team cohesion. We also hosted two community engagement events at the Margarete Centre, which have forged closer links with local police and resulted in monthly police surgeries for service users.

During the year, we appointed a community engagement worker to develop joint working and co-production with statutory, third and voluntary services across the borough. We will continue developing this work in the coming year. Recent feedback has said we are a

> *"caring, respectful service with supportive, amazing staff."*

Staff and service users celebrated the official opening of the Feel Good garden which is now flourishing outside Pearl and Garnet wards at Highgate Mental Health Centre, after being transplanted from the Chelsea Flower Show



Kingston Wellbeing Service continues to strive to develop more positive working relationships with local services and agencies. Through the Rough Sleepers Strategy and Action Group, we have increased support to Kingston residents who are homeless and have substance misuse and mental health needs. There are ongoing working relationships with our local homelessness services. With the support of the Moving On Together (MOT) service user group we marked Recovery Month with an art exhibition involving service users which was officially opened by the Director of Public Health, in Kingston. Two of the group leaders were presented with a community award by the Mayor of Kingston in recognition of their services.

The division took early action during the Covid-19 epidemic and put systems in place to ensure alternative arrangements for the supply of medication and contact with our service users. Working closely with partners such as pharmacists, GPs, third sector organisations and commissioners, we have successfully adapted to address the changing needs of our communities.

In December C&I welcomed more than 60 new mental health student nurses at the Trust induction which was led by Cathy Peake, Clinical Placement Manager

C&I JOINS FORCES WITH LONDON AMBULANCE SERVICE (LAS) TO HELP PEOPLE SUFFERING A MENTAL HEALTH CRISIS

Camden and Islington NHS Foundation Trust (C&I is one of several trusts across London taking part in a project, in which a senior mental health nurse and a paramedic respond to 999 mental health emergency calls in a joint response car to assess patients.

The scheme was piloted in south east London last year, and has now been rolled out across the capital with six mental health joint response cars on the road seven days a week. It means a mental health professional can assess someone in their own home and, if needed, make a referral to the crisis team immediately. This reduces the need for the patient to go to an emergency department, which can be a stressful environment for them.

C&I Consultant Psychiatrist and Clinical Lead for the London-wide project, Dr Fredrik Johansson, said:

> *"This collaborative work means that people in a mental health crisis are able to receive the right care in the right place. Approximately ten per cent of calls which LAS receive are related to mental health. This service is a great way to combine knowledge and skills of staff from different NHS organisations which, in turn, enables us to provide the best care for those using our services."*

Hayner Harries, a senior C&I mental health nurse who responds to 999 calls with paramedics, said:

Hayner Harries (on the right) with a colleague from LAS

> *"Working alongside a paramedic who can assess a service user's physical needs, I'm able to give a thorough mental health risk assessment in order to keep the service user safe."*

He said the service has received fantastic feedback, not only from carers and service users, but also from other organisations, including the police. Hayner added:

> *"Helping to educate non-mental health colleagues has also been really enjoyable. And it's nice to be learning more about physical healthcare."*

1.4.4 RECOVERY AND REHABILITATION

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

In April 2019, the Camden Community Matron, Anthony Jemmott, attended the European Congress of Psychiatry in Poland. The work presented focused on a screening tool we developed to identify care needs relating to smoking, blood pressure, pre-diabetes and obesity.

These include: inpatient and community rehabilitation units, locality-based community recovery teams, assertive outreach teams that work with service users with complex needs and a history of poor engagement, and early intervention services that are provided in partnership with child and adolescent mental health services to support people with a first episode psychosis.

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

Notably during 2019/20 the division has worked hard to strengthen the rehabilitation pathway and further explore the development of our community services in line with the Trust's Clinical Strategy and the publication of the new Community Framework for Mental Health.

Our ambition to achieve this has meant that clinicians and leaders have been actively involved in the discussions and planning of a future community service model which will be based around neighbourhoods, be integrated with other health and social care providers and ensure that care is focused on mental health and physical health.

Our rehabilitation pathway has been strengthened by commissioners' approval across North Central London (NCL) for the implementation of a longer-term high dependency unit. The unit will provide care for service users across NCL who have complex needs and pose considerable risks to themselves and others. Currently these service users are being treated in out-of-area services which are often far away from families and their communities. The new unit will enable them to move back to a local service with a specialist rehabilitation team. During the year, the Camden Accommodation Team was formed by bringing together many accommodation-related support functions including the Camden Community Rehabilitation Team, Accommodation Team, Intensive Support and Reablement teams.

The division also continues to work on plans to change 154 Camden Road into a Supported Housing project. It is currently reviewing the service model options which will bring about

the best service user outcomes and ensure the most cost-effective model to operating, as with many other examples across mental health, the Trust is seeking a supported housing provider to collaborate with.

Clinicians have contributed to the work of creating a Standard Operating Procedure (SOP) to describe the care and support that someone with a serious mental illness will receive following a referral to psychosis services. The next stage, during the coming year, is to implement the SOP in South Camden, initially, and then to share the learning across all serious mental illness teams.

THE RECOVERY COLLEGE

Students

In 2019/20 the C&I Recovery College enrolled 936 students. Students from BAME backgrounds made up a large proportion of our student base, with only 39% of students identifying as 'White British'. We ran 89 courses across three terms, including courses which had several sessions.

Partners

The Recovery College developed and piloted several new courses throughout the year, including a creative movement taster session with our Lookahead Recovery Specialist, Kundalini Yoga sessions with the Guru Ram Das Project, as well as the Time to Create programme which we ran with Mind in Camden and the generous sponsorship and venue provision of Samsung KX. We also ran new courses on physical wellbeing and creativity-oriented courses in response to requests at our 2018 Annual General Meeting.

Widening access to further education

In 2019/20 The Recovery College had 18% more enrolments than the previous year.

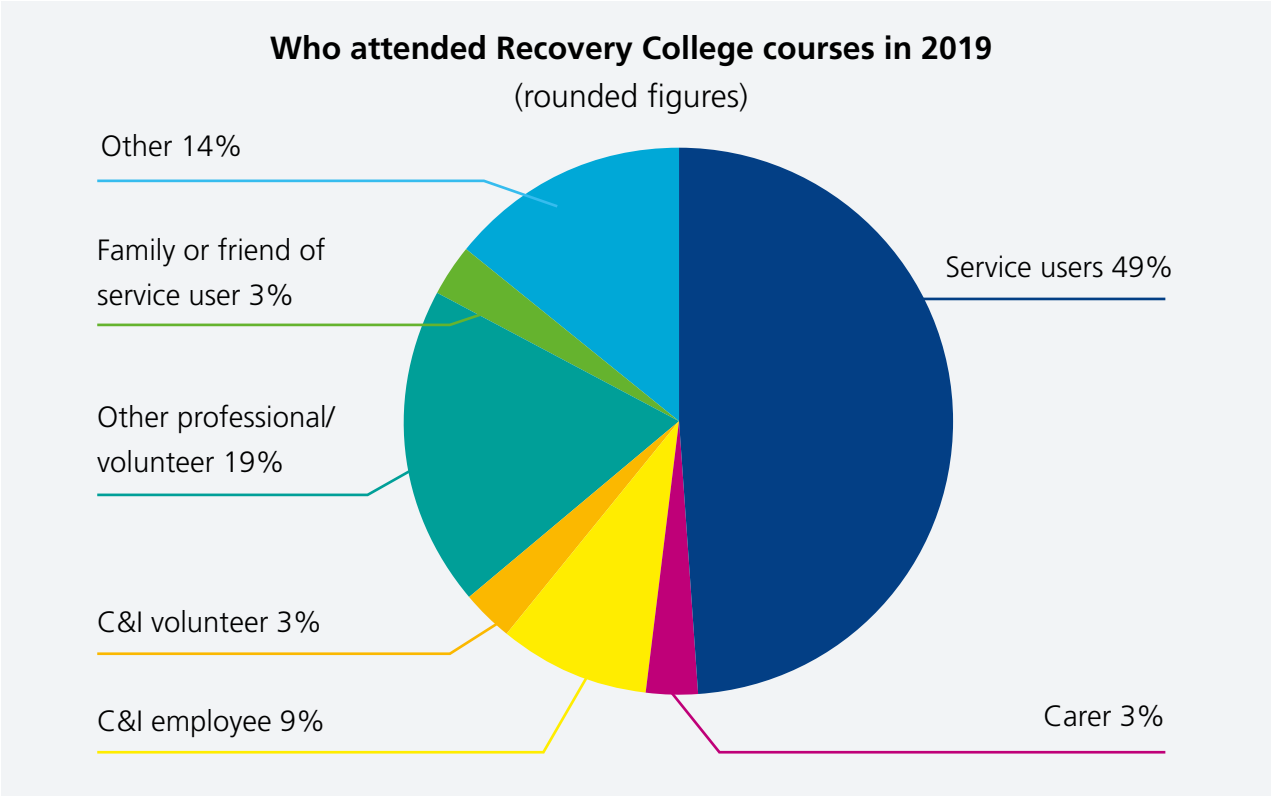
We formed a new partnership with Westminster Kingsway College to offer a course called 'Developing Assertive Behaviour (Level 1)'. This course was accredited via the Open College Network, a national not-for-profit organisation that creates and awards qualifications. We co-produced the materials with Westminster Kingsway to cater for students with multiple disabilities and impairments.

Seventeen students who had previously attended our Assertiveness for All course registered on this new course, with the intention of using it to refresh and deepen their understanding of the subject matter. We provided Individual Learning Journey meetings as support during and after the course to cater for special learning needs. Support was also given at the college to assist students to complete the Westminster Kingsway enrolment requirements.

Fifth Anniversary Celebrations

The Recovery College celebrated its fifth anniversary in September 2019. Miles Rinaldi,

The Recovery College marked its 5th birthday with an afternoon of celebrations attended by staff, service users and the local community



the Recovery Lead for South West London & St Georges NHS Foundation Trust which piloted the UK's first Recovery College, kicked off the celebrations by reflecting on Recovery College history in the UK and internationally. He reminded attendees that the Recovery College is still a relatively young model in this country, and aims to empower mental health service users to learn about recovery and self-care tools from peers 'who have been where they were' at some point of their own recovery journey.

As part of the anniversary celebrations, the college held taster sessions for students and colleagues, including a 'Steel Pan' workshop, yoga and creative movement.

Future Plans

Two members of staff from the Steel Pan Trust attended our Continuing Professional Development (CPD) accredited 'Co-production & Train the Tutor' three day preparation course in 2019. Iris Dearne, Recovery College Manager, is now a C&I Staff Governor and the college has applied for Governor funding to enable it to run a series of sessions with the Steel Pan Trust. Together it will give students the opportunity to experience 'sound healing' and to produce beautiful notes or songs together as a group in 2020.

GIVING PEOPLE THE SKILLS AND CONFIDENCE TO GET BACK INTO WORK

After years of poor physical and mental health – including clinical depression, psychosis, cirrhosis and a liver transplant - 27-year-old Asiimwe Allen found it difficult to find permanent work.

> *My life has really changed in a very short time. I've got more confidence and self-esteem and have lots of things to look forward to*

Now, after help from Camden Work and Wellbeing service (CWAW), she has a permanent job dealing with student records at The School of Oriental & African Studies, University of London.

A hospitality and tourism management graduate, Asiimwe first received support from the CWAW pilot in 2017. She was referred to the service after being diagnosed with depression and psychosis, and worked with an employment advisor who helped her to apply for jobs.

She had several work placements and won a contract job at the Royal Academy of Dramatic Arts as a registry officer. Her health then deteriorated again and in the summer of 2018, she had a liver transplant.

Asiimwe said:

> *I was out of work for more than a year after having the transplant and time away from work meant I had very low self-esteem.*

Placement and Support Caseworker, John Stevens with Asiimwe Allen

After a year recovering, Asiimwe returned to the service and was successful in getting a permanent job.

She said:

> *Working has given me confidence and helped me develop a routine. I enjoy what I am doing and feel it is helping people.*

She is one of the many success stories from Camden Work and Wellbeing Service, which, in December, held a celebration to mark its second anniversary.

Run by Hillside Clubhouse in partnership with C&I, Camden Work and Wellbeing (CWAW) uses a scheme called Individual Placement and Support (IPS), which involves employment specialists working alongside clinical teams, providing one-to-one support, including helping with writing CVs and applications, and liaising with employers.

Since its launch in spring 2018, CWAW has helped 228 mental health service users into employment using the IPS model and supported 162 other people to return to or retain their jobs. It is recognised as a centre of excellence for IPS, which is being rolled out across England, with the NHS putting extra funding in to increase access.

1.4.5 COMMUNITY MENTAL HEALTH

The Community Mental Health Division provides a wide range of services to meet the needs of the populations of Camden, Islington and Kingston. It has a wide spectrum of NICE compliant specialist interventions for people with a variety of non-psychotic disorders using a stepped care approach that spans primary and secondary care. It also offers mental health services for veterans/ former members of the armed services, across London and the South East of England; and runs innovative services to improve access to specialist mental health support for marginalised, difficult-to-reach groups,

Primary Care

Our Primary Care services are the entry point for all routine referrals for assessment and advice. Primary care services include practice-based multi-disciplinary teams and iCope, and are provided across all three boroughs. Our primary care mental health teams remained open to referrals and have provided support to GP colleagues throughout the Covid-19 pandemic.

The C&I model of primary care mental health, places specialist multi-disciplinary teams, led by consultant psychiatrists, in surgeries where they work alongside GPs to provide specialist mental health assessment, consultation and short-term interventions close to a service user's home. Further detail on iCope is provided in the iCope section that follows.

Camden Primary Care Mental Health was launched early in the year, and was very well received, with positive feedback from GPs; it has received a consistently-high rate of referrals. The Islington Practice Based Team continues to mature and has had a positive impact on referrals into secondary care teams.

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

Our peer coaching service expanded during the year, working in both Camden and Islington, with new roles and opportunities for career progression.

Specialist Care Pathways

Our specialist care pathways offer clearly-defined, evidence-based assessments and management beyond what is possible in primary care. They sit within a range of community services:

- **Complex Depression Anxiety and Trauma Service (CDAT)** provides multidisciplinary, assessment, care coordination and treatment for people suffering with complex presentations of depression, anxiety and trauma
- **Personality Disorder Service** provides structured clinical management, care coordination and a range of specialist therapies. Our Personality Disorder Service has worked to reduce the number of unhelpful admissions to inpatient care though working closely with the police, A&E liaison teams and C&I inpatient wards
- **Psychologically Informed Consultation and Training (PICT)** offers consultation and training to support the effective management of personality disorder and other complex mental health needs
- **Psychotherapy services** work with people seeking to explore the underlying causes of their emotional difficulties

- **Traumatic Stress Clinic (TSC)** works closely with those who have experienced trauma including specific services for Syrian Refugees, and those affected by childhood abuse
- **Neuro-Developmental Disorders Service** helps people with Attention Deficit and Hyperactivity Disorder and Autism Spectrum Disorders. This team expanded during the year with a new, more efficient and productive service model.
- **Health Psychology Team** works with Whittington Hospital patients and won an award at this year's Macmillan Professionals Excellence Awards. This same team has offered invaluable psychological support to acute hospital colleagues working with Covid-19 patients.

CAMDEN ICOPE, ISLINGTON ICOPE, KINGSTON ICOPE

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

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

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

During 2019/20 there were more than 29,000 referrals to iCope services, with a high proportion (64% in Camden and Islington and 82% in Kingston) being self-referrals. Over 15,600 people entered a course of treatment with iCope.

Over the last year, our data shows that 56% of people receiving IAPT treatment in Kingston "recovered", 51% in Islington, and 50% in Camden, with these figures based on self-report measures of anxiety and depression.

Over the last year iCope services have:

- Developed our work with people who have long term physical health conditions, especially our links with diabetes and respiratory teams
- Established employment advisors in IAPT in Kingston and Camden
- Continued a focus on staff wellbeing
- Developed service user involvement via our advisory groups and peer wellbeing workers
- Increased our use of digital options for therapy
- Developed work with local universities to increase support for students

In response to the Covid-19 pandemic the iCope service has:

- Adapted our interventions to provide therapy remotely – via video, telephone or digitally
- Developed a new page on our website for Covid-related information
- Re-orientated our service to ensure that we can provide a quick response to people struggling to cope with the current situation

- Called all new referrals to offer brief psycho-educational advice and signposting re Covid-19.
- Developed a brief Cognitive Behavioural Therapy (CBT) based Covid-19 intervention for those overwhelmed by the current situation and needing more immediate support with coping strategies.
- Worked with local partners to help develop a pathway for those who have been bereaved in Camden and Islington.

VETERANS' MENTAL HEALTH TRANSITION, INTERVENTION AND LIAISON SERVICE (TILS) AND COMPLEX TREATMENT SERVICE (CTS) – LONDON AND SOUTH EAST ENGLAND

C&I is the lead contractor for one of the four NHS England Veterans' Mental Health Transition Intervention and Liaison Services (TILS) launched in April 2017 and the Complex Treatment Service (CTS) launched in April 2018, for veterans and their families across the UK. The Trust works in collaboration with Sussex Partnership NHS Foundation Trust to provide these specialist services to UK Armed Forces veterans and those approaching discharge across London, East Sussex, West Sussex, Surrey and Kent.

The TILS provides comprehensive assessments of multiple domains of need including: mental, emotional and physical health, drug and alcohol use, social, employment, housing, financial and legal issues, and family and partner issues. The TILS then negotiates access to the most appropriate services, both statutory and non-statutory, to meet the needs of each veteran.

The CTS treats veterans with complex military-attributable difficulties who have not responded earlier in their care pathways and provides a range of interventions including psychological therapy medication and case management. Both the TILS and CTS also provide carers' consultations where the needs of the veteran's partner and family are considered.

In October 2019, in collaboration with the veteran charities, STOLL and the Royal British Legion, the TILS launched the only veterans' monthly drop-in of its kind in London. It was attended by veterans, a number of veterans' services, and Sky News. The drop-in is now a regular event, (held on the second Wednesday of each month at St Pancras Hospital), which is co-produced with the service users' group and enables clients directly access a range of help from the NHS and charity sector. Attending veterans are also able to speak to both staff and former services users in order to get a clear idea of what they can expect from the care pathway going through the service. The drop-in allows for informal meetings with our staff and to meet representatives from other services including Royal British Legion, Poppy Factory, Veterans UK, and Alcoholics Anonymous amongst others. The service users' group has also co-produced training and community engagement initiatives.

This year the TILS successfully secured another year's funding from NHS England for the TILS HMP Wandsworth Prison in-reach service and continues to deliver a mental health awareness programme in collaboration with the veterans' charity SSAFA, through covenant funding to promote awareness of the TILS and veteran-

The way C&I supports the Armed Forces community has been recognised in a prestigious Ministry of Defence (MOD) award. The Employer Recognition Scheme (ERS) Silver Award was for our support of the Armed Forces Community in our Services, and initiatives in the workplace.

sensitive practice across the Criminal Justice System in London. The veterans' champion, Len Duvall, based at City Hall, has given support to the service to meet its longer-term ambitions across London.

The Trust developed a Veterans' Workstream across C&I to ensure the upholding of the covenant which advocates that members of the armed forces and their families should suffer no disadvantage as a result of their military service. C&I was subsequently one of 34 employers across the country to have received the MOD's Employer Recognition Scheme (ERS) Silver Award. This recognises organisations who actively demonstrate support to the Armed Forces Community by delivering 'forces-friendly' initiatives in the workplace. The Trust's efforts were recognised formally at an awards ceremony in November held at The Cavalry and Guards Club, in Piccadilly, London.

HELPING OTHERS UNDERSTAND THE LIVES OF VETERANS

C&I Counselling Psychologist, Silvia Miranda, with former veteran, John Allison

People working in the criminal justice system are being given training through C&I to help them understand the problems and issues faced by veterans.

The scheme, run by the Veterans' Mental Health Transition, Intervention and Liaison Service, (TILS), offers knowledge and insight into military culture and jargon, and problems in transitioning to civilian life. It also explores the offending patterns of veterans, the role of trauma in offending behaviours and common mental health issues experienced by veterans.

Part of a project commissioned by the Armed Forces Covenant Fund Trust, the trauma-informed training is being offered to a wide range of organisations working with offenders across London.

C&I Counselling Psychologist, Silvia Miranda, who leads the project, said:

> *"The training helps people who are dealing with veterans to understand what they are going through and why they may be behaving in this way. It means the veterans can be given appropriate help and support."*

One key contributor is former veteran, John Allison, a regular trainer in the project. He speaks about his own experiences of transition after 24 years in the forces, serving with the Royal Engineers and the Intelligence Corps.

C&I Counselling Psychologist, Silvia Miranda with magistrates who found the course informative and valuable

John said:

> *"A couple of years after the military, I had a lot of things going on; I was struggling with the challenges of self-employment, tackling issues related to the loss of my mother and brother, plus my dad was ill. I really felt the loss of the army family and finding suitable housing was a major issue too."*

John was referred to the Veterans Mental Health TIL Service at C&I and that helped him to recover and cope with the changes in his life.

He said:

> *"Hearing my story brings it home to people. They appreciate the challenges that veterans may face in transition and it helps them to understand and know what to do and how to help."*

Training has been delivered to people across the criminal justice field, including the Metropolitan Police, British Transport Police, prison staff and magistrates. Those who've attended have said it gave them new insight into the difficulties veterans face.

1.4.6 BUSINESS DEVELOPMENT

The team supports the development of partnerships and helps C&I shape, and respond to, integrated care developments in Camden and Islington. It also coordinates bids and tenders for services which could be provided by the Trust. The focus of the team has shifted towards partnerships in the last year, as the number of competitive tenders for NHS services has reduced.

The contribution of the team was recognised when it was awarded 'Team of the Year' at the Trust's annual Star of the Year Awards.

Partnerships

It has been pivotal in proactively engaging with, and leading, work across the boroughs and at a North Central London (NCL) Sustainability and Transformation Partnership (STP) level. The ambition is to embed practice that takes a population-based approach to the health and wellbeing of our local communities, working in an integrated way with partners across the system. Examples of this work include:

- Collaborating with providers and commissioners across NCL to submit a plan to NHS England/Improvement for delivery of the NHS Long Term Plan, covering the period 2019/20 – 2023/24.
- Coordinating C&I's engagement in STP and borough-level activity to develop integrated care, as part of NCL's transition to an Integrated Care System (ICS) by April 2021.

Bids, Tenders and Business Cases

The national picture has seen a move away from the competitive bid and tendering process, and more towards local organisations working together to deliver integrated services within their area. In light of this, we have taken a strategic approach to the opportunities that have been progressed, working closely with local partners to ensure that the most appropriate care is delivered by the most appropriate organisation.

The Business Development Team has had a number of successes supporting teams with competitive bids, tendering and developing business cases for additional funding in 2019/20.

Funding from Health Education England (HEE) was secured to test a new integrated mental and physical health intervention, based on the Primrose study led by UCL, (published in The Lancet Psychiatry), which found that a primary care intervention focused on physical health led to a large reduction in psychiatric hospital admission costs and significantly reduced total healthcare costs.

The team was also awarded funding from Sports England to investigate a range of interventions aimed at increasing the physical activity levels of adults accessing Improving Access to Psychological Therapies (IAPT) services in Camden and Islington. Similarly to the Primrose study, this has a strong research element and is to be evaluated formally by UCL.

We have also been successful in securing significant levels of NHS England (NHSE) and NHS Improvement (NHSI) transformation funding for crisis and home treatment services to increase the number of service users accessing home treatment as an alternative to hospital and improve access to 24/7 Crisis Single Point of Access (C-SPA) support, signposting and assessment.

In addition, NHSE/I has awarded additional funding to increase the capacity of C&I's Transition, Intervention & Liaison Service (TILS) and Complex Treatment Service (CTS) delivered

in partnership with Sussex Partnership NHS Foundation Trust (SPFT), in response to the unexpected demand created by a third sector reduction in provision.

The Trust has also been notified that we are the successful bidders to provide a pan-London, high-intensity service (HIS) for veterans presenting in crisis. This will be an extension of our existing TILS/CTS services, with the addition of intensive, wrap-around support and psychosocial interventions delivered with third sector partners to crisis teams across London. The service is due to mobilise from summer 2020.

C&I Wellbeing

C&I Wellbeing has become a well-known provider of high quality mental health training and expertise. This comes with reputational benefits, as many of our clients are large companies and household names. In its second year of operation, C&I Wellbeing's income doubled, and so it was agreed that the initiative should progress for another year.

Expertise from the business development team is now being used to inform the Trust's health and wellbeing agenda.

C&I Wellbeing continues to receive enquiries and bookings, however Covid-19 understandably had an impact during the end of the year.

Covid-19 Response

As part of the of the Covid-19 response, the Business Development Team reprioritised its workload and led on a number of projects to support the overall Trust-wide efforts. For example, a Covid-19 Command Centre was established to coordinate activity and establish and oversee various internal and external processes to support with assurance and planning. One of our heads of business partnerships has managed this alongside the head of programmes. Our Trust wellbeing lead offered support and resources to help maintain the physical and mental wellbeing of staff during the pandemic.

Medical Director, Dr Vincent Kirchner, at a Body Worlds exhibition launch, which was held in partnership with C&I to promote the importance of mental health. All visitors, including school children, were given facts, figures and tips for enhancing mental wellbeing.

HOW ART IS USED TO INSPIRE AND HEAL

The Trust hosts several art exhibitions during the year with works by Trust members, service users, local artists and rising stars of the art world, exploring different aspects of mental health.

Our Art of Caring exhibition featured works by 30 artists, which examined the relationship between art, health and care. It included oil portraits of patients on South Wing about 40 years ago that have been re-discovered after being stored in a garden shed. They were painted by Jane Allison when she was an artist-in-residence for Camden Primary Care Trust in the 1980s and 1990s.

More than 400 people attended the annual Loudest Whispers exhibition launch at St Pancras Hospital in February as part of the 2020 LGBTQ+ History Month celebrations. This year's theme was 'A Midwinter Night's Dream'.

Colourful knitted and crocheted works were showcased under the title "The Gently Explosive Art of Yarn Bombing and Other Acts of Stitchery".

Yarn bombing art exhibition

More than 400 people attended the annual Loudest Whispers exhibition launch

Art of Caring exhibition, paintings by Jane Allison

1.5 PERFORMANCE ANALYSIS

This performance analysis summarises the Trust performance for 2019/20 and highlights how we measure our performance against national requirements.

We verify the quality of the data we use to measure performance through our Information Assurance Framework. This provides a current update on the data quality and data improvement plan for all the 2019/20 key performance indicators, which were agreed with colleagues at our clinical commissioning groups and the Commissioning Support Unit. We monitor any current or future risks to our performance through the Trust's risk register and present a performance report regularly to the Board. We focus on three key areas to help us deliver high quality services: Patient safety, patient experience and clinical effectiveness.

1.5.1 NATIONAL PERFORMANCE FRAMEWORK

We also report on a monthly basis to the Board on the Trust's operational, quality, workforce and financial performance against national and local standards. The focus is defined by the Trust's priorities, which are informed by nationally-defined objectives for providers – the NHS Constitution, the Long Term Plan and NHS Improvement's Oversight Framework.

Under the NHS Oversight Framework, there is a series of service performance targets. These cover seven-day follow-up contact of service users; and people experiencing a first episode of psychosis being treated with a NICE-approved care package within two weeks of referral. There are also several mental health services data set metrics and tiers of targets covering recovery rate of Improving Access to Psychological Therapies (IAPT) services in Camden, Islington and Kingston. For all targets, except one, the performance indicator thresholds were consistently met throughout the year. The exception was the proportion of people completing IAPT treatment who move to recovery but the performance showed good progress in the last three months.

Service users and staff enjoyed live music at the Huntley Centre summer party.

1.5.2 LOCAL PERFORMANCE FRAMEWORK

In addition to the national targets, there are a number of internal organisational targets that stems out of national or local commissioning targets such as the Service Development and Improvement Plan (SDIP), Data Quality Improvement Plan (DQIP), Commissioning for Quality and Innovation framework (CQUIN). The SDIPs and DQIPs – along with some of the other national performance measures – are closely monitored and managed as part of the monthly technical meetings with the commissioners and also part of the quarterly Contract Review Group (CRG) meetings. There are a number of Quality Improvement (QI) priorities set to assist and support the service development plans and there were significant achievements against our Quality Improvement priorities that we set ourselves for 2019/20. CQUIN results for 2019/20 showed good progress in some areas. The intended progress with regard to preventing ill-health related to smoking and alcohol consumption, for instance through screening and providing advice, was partially achieved during the year. All the performance measures have an accountable, internal executive lead, along with the clinical and divisional leads.

The quarterly divisional performance review meetings monitor and support the delivery of key constitutional standards, commissioner and provider operating plans, and organisational objectives across the quality, workforce and finance domains. These meetings help the Trust in setting clear priorities, establishing proper measures, agreeing specific actions that are required, implementing them, and reviewing the outcomes formally on a regular basis. Inputs and actions from the internal performance meetings, such as the monthly ward and community scrutiny, quality and governance, and senior divisional management meetings will also report into the divisional performance review meetings for a 'ward-to-board' approach. These meetings provide the framework to allow the executive team to fulfil appropriate oversight and assurance functions. This, in turn, allows the executive team to provide appropriate assurance to the Trust Board. In setting our 2019/20 improvement priorities, the Trust also took into account the action plan following inspection by the CQC in 2018.

Staff at Better Lives in Islington celebrated our Good rating from the CQC

1.5.3 GOVERNANCE AND QUALITY ASSURANCE

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

As part of assessing compliance with the CQC, our services carried out a self-assessment to provide assurance on safety and quality. This built on the successful achievement of a 'Good' rating from the CQC, based on the inspection report published in January 2020.

The Trust has continued to adapt approaches to learning from incidents and complaints, national staff survey results were positive for staff reporting and learning from incidents. There are weekly serious incident meetings, as well as a mortality review group. The Trust regularly uploads details of incidents to the National Reporting and Learning System (NRLS) and when benchmarked with other trusts, is not a low incident reporter.

The current focus has been on improving complaint and serious incident response times, as well as safety awareness. The Trust has also launched online risk registers using the Datix system to allow a more dynamic and participative approach to risk management.

The Trust participated in a number of national clinical audits, as well as running a local clinical audit programme. There is a quality improvement programme with a dedicated resource in place to support initiatives and improvements. Friends and Family Test results have remained positive, as have the results of the Annual Community Patient Survey.

Our Community Recovery Service for Older People marked the CQC's Good rating

Angela McNab and Dean Howells announced the CQC's Good rating to staff at St Pancras Hospital

1.5.4 CARE QUALITY COMMISSION (CQC) INSPECTION/WELL-LED

The Trust was rated 'Good' overall by the CQC in January 2020. We were rated 'Outstanding' for being Effective, 'Good' for being Caring, Responsive and Well-Led and 'Requires Improvement' for being Safe.

Across the organisation, the CQC found:

- Patients were treated with compassion and kindness across all services with respect for their privacy and dignity
- 'Evidence of some outstanding care' supported by a flourishing and well-embedded QI programme
- Establishment of the Primary Care Mental Health Networks ensuring joined-up care
- Positive engagement with patients, carers and staff including a wide range of co-production work and a strategy to improve staff health and wellbeing
- A 'capable and experienced leadership team' who are open about the challenges they face
- Effective partnerships with other stakeholders across north London

The CQC report highlighted challenges including high demand for acute beds, high caseloads in some community-based mental health, and delays to both Mental Health Act (MHA) assessments and serious incident investigations.

The CQC also identified the need for more work to strengthen support networks to meet the needs of staff and patients with protected characteristics.

The Trust is developing an action plan to ensure our care is consistently high at all times and across all services. Key aspects of the plan are a new Safety Amnesty and launching our Safety First campaign and Suicide Prevention Strategy. Since the inspection, there have been improvements in wait times for MHA assessments and serious incident response times. Actions are monitored by the Trust Quality and Safety Committee.

IMPROVING QUALITY OF CARE ACROSS THE TRUST

The Trust has a dynamic and proactive Quality Improvement (QI) team that has successfully implemented schemes across the Trust to drive up standards of care and the working experience of staff.

QI provides a systematic yet simple approach for teams to test their ideas within a small, local setting before rolling them out and putting them into everyday practice.

Staff and service users give their feedback on projects, which is used, along with data, to transform working practices, and help people make better-informed decisions.

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

In 2019-20, there were more than 110 QI-coached projects, 29 of which have been successfully completed, with specific workstreams addressing staff wellbeing, length of stay and managing violence and aggression on our inpatient wards.

Reducing aggression on Coral Ward

Staff on Coral Ward, our male psychiatric intensive care unit, have been using QI techniques to reduce the number of violence and aggression incidents. They have seen incredible results with physical violence reduced by 83% and verbal aggression down by 64%.

Lil Irish, Ward Manager, and Neil Stewart, Consultant Psychiatrist, have been supporting their staff to use safety huddles to help identify potential incidents early on and put plans in place to prevent them from occurring. The safety huddles help improve communication and responsiveness and, since April 2019, they have been consistently held twice a day.

Nurse-led activities have increased on Coral Ward

With greater stability on the ward, the nursing team was able to increase the number of nurse-led activities from 18 to 28. Patient-led safety huddles were introduced, giving staff and service users the opportunity to discuss concerns together, helping to break down communication barriers and create a sense of community within the ward.

Since the implementation of these ideas, Lil and Neil have been working hard to develop the role of health care assistants and are also looking at whether the use of body cams could further reduce violence and aggression.

The success of this project was shared with other inpatient wards, where staff have also introduced safety huddles.

The QI Hub started work at C&I in 2018. During the year, it was led by Dr Freddie Johansson, with QI Psychologist Laura McMurray and QI Coaches, Nicola Ballingall, Daryl Dowey and Sifi Bahuleyan.

1.5.5 ENERGY EFFICIENCY AND IMPACT ON THE ENVIRONMENT

The Trust continues to purchase its electricity and gas via the Crown Commercial Service (CCS) framework agreement. CCS is the largest public sector buyer of gas and electricity in the UK with skilled, in-house market analysts, risk management specialists and robust independent governance. Bulk buying on behalf of central Government and the NHS continues to yield significant savings for the Trust compared to other energy tariffs. There is an opportunity to review and change contractual arrangements in April 2021 and Estates and Procurement will undertake the necessary review of utility suppliers to ensure we continue to pay the lowest prices for the best service.

With the support of its total facilities management provider, the Trust will meet and exceed April 2020 targets set for the NHS Plastic Pledge. The pledge is to extinguish single use plastics including disposable cups and millions of other disposable cutlery pieces as well as many other avoidable single-use clinical and non-clinical plastic items. EPS (polystyrene) clam shell containers, plastic bags, plastic straws and stirrers have all been removed from the Trust and plastic straws have been retained for patient catering only. Suitable organic and or bio-degradable alternatives are being used instead.

The Trust is co-creating its Green Plan, (formally known as the Sustainable Development Management Plan), with its stakeholders. This aims to deliver the ambitions of the national NHS Net Zero campaign and covers all aspects of sustainability: environmental, social and financial. It will seek to optimise all available opportunities such as the St Pancras Transformation estates reconfiguration. It is anticipated that the plan will be approved at the start of 2020-21.

Some green spaces at the Trust are nurtured by staff and services users, including the Montagu Garden at St Pancras Hospital

1.5.6 FACILITIES MANAGEMENT

In 2019, the Trust once again achieved very good scores in the annual PLACE (Patient Lead Assessment of the Care Environment) inspections. This assessment looks at non-clinical aspects of the care environment which are nonetheless important to service users. These focus on inpatient facilities or community homes and include criteria such as cleanliness, the quality of the food, the condition and appearance of the environment and its disability and dementia friendliness etc.

Our estates team and contractor ISS handed out water and ice lollies to staff and service users across the Trust during the summer heatwave as temperatures rose to a record-breaking 39C in London

ISS

2019 has been the first full year of service provided by our new total facilities management provider – ISS. It was a difficult start, but after some changes and the implementation of a service recovery plan, they started meeting contractual requirements by February 2020. They have since been an important partner to keeping C&I service users and staff safe during the Covid-19 pandemic.

CQUIN

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

1.5.7 OUR FINANCES

The Trust reported a deficit of £2.1m for 2019/20 (£0.4m in 2018/19). There were no profits on asset sales in 2019/20 (2018/19 included £2.8m), but included were the receipt of £2.7m of provider sustainability funding (PSF) and financial recovery funding (FRF) (PSF, £4.0m in '18/19) and a technical adjustment for the impairment of fixed assets of £3.9m (£6.7m in '18/19). A view of the Trust's underlying performance, which excludes the above items would show an underlying deficit of £0.9m (£0.6m in '18/19), which is a small worsening of the position. The Trust however reported a position that was very much better (by £1.8m) than the control total target agreed with NHS Improvement at the start of the financial year (a deficit of £2.7m).

In 2019/20 we saw an increase in total operating income of about £9.8m from £151.9m in 2018/19, which includes an increase in NHS commissioner income of £9.1m, predominantly resulting from the application of the national non-tariff inflator and growth applied to existing local contracts. Central funding of £4.4m was included to cover the uplift in the employer's contribution to the NHS superannuation scheme. Central funding for the Agenda for Change pay award of £1.5m which was included in 2018/19 was included in commissioner contracts for 2019/20. Income from local authorities fell by £0.2m.

An eye-catching artwork in our popular Yarn Bombing exhibition

In the same period, expenditure rose by £8.3m. Pay costs rose from £104.2m in 2018/19 to £114.0m in 2019/20 (up by £9.8m). Pensions costs rose by £5.3m, and other pay costs by £4.5m. The non-pension pay costs have increased as a result of the 2019/20 pay awards, and incremental drift, and an increase in average staff numbers.

Net capital and interest charges rose by £0.9m. When impairments of assets are corrected for between years, the total increase in non-pay is £0.8m (+1.7%), which is in line with non-pay inflation nationally.

This continued reporting of a small underlying deficit is disappointing, but this should be placed in the context of a control total of £2.7m deficit, which reflects our regulators' expectation of an achievable position in the light of past performance and expected 2019/20 income losses and cost increases. The Trust was able to score the best available score on the use of resources rating, as a result of bettering its control total target, its underlying level of operating surplus and its strong liquidity.

The regulator of NHS foundation trusts, NHS Improvement, awards a risk rating to trusts. This is a measure based on the organization's liquidity, its ability to cover its public dividend capital payments from its earnings, its margin

One of the new paintings on Laffan Ward that depict a journey though a changing landscape

on income and expenditure, the accuracy of its financial planning, and its use of agency staff. The ratings vary between a '1' which is the best score and a '4' which is the worst. The Trust achieved an overall rating '1' for 2019/20 (following a '1' in 2018/19), mainly because our deficit was much better than plan and the planned receipt of Provider Sustainability Funding and Financial Recovery Funding.

The Trust's overall balance sheet remained relatively stable during 2019/20 with only a £5.6m growth in the assets employed: £4.2m due to the growth in property plant and equipment, and £1.4m due to the growth in current assets.

The Trust has spent £9.2m on its planned capital programme for 2019/20, which was in line with the plan target, a significant part of it on the costs of the St Pancras hospital redevelopment programme. This overall programme has included a sizeable investment at the Highgate Mental Health Centre site, St Pancras Hospital and on the procurement of ICT equipment and software.

The Trust retained healthy liquidity balances of £51.9m at 31 March 2020 (£40.6m at 31 March 2019), these are being held for our estate redevelopment. These balances were predominantly held in Government Banking Service accounts, with only minor balances held elsewhere for operational purposes.

The Trust has very strong cash balances, and although the Covid-19 pandemic has placed a high level of financial risk on NHS providers, the Trust is confident that the system put in place by NHS Improvement to allow Trusts to break-even, by receiving a top up to their income for the first six months at least of 2020/21, coupled with new capital controls, will allow the Trust's income to cover its expenditure. It has therefore prepared its accounts on a going concern basis.

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

1.5.8 NHS IMPROVEMENT'S SINGLE OVERSIGHT FRAMEWORK

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

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

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

Single Oversight Framework table

Area	Metric	2018/19 Q1 score	2018/19 Q2 score	2018/19 Q3 score	2018/19 Q4 score		2017/18 Q1 score	2017/18 Q2 score	2017/18 Q3 score	2017/18 Q4 score
Financial Sustainability	Capital Service Capacity	2	2	2	1		3	2	2	1
	Liquidity	1	1	1	1		1	1	1	1
Financial Efficiency	I&E Margin	3	3	3	1		4	3	3	1
Financial Controls	Distance from Financial Plan	1	1	1	1		3	1	2	2
	Agency Spend	2	2	2	2		3	3	2	2
OVERALL SCORE		**2**	**2**	**2**	**1**		**3**	**2**	**2**	**1**

Angela McNab
Chief Executive

23 June 2020

2.0 DIRECTORS' REPORT

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

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

2.1 WORKING WITH OUR STAKEHOLDERS AND SERVICE USERS

We are aware of the importance of working with our service users, local authorities and other agencies and have developed partnerships, alliances and collaborative working practices in all areas of the Trust.

Our new Clinical Strategy aims to deliver services integrated with those of local authorities and other organisations so building and maintaining good relationships and working arrangements with others is of the utmost importance.

Pepper, the compassionate robot, was on display at this year's annual #MHProud19 conference, hosted by My Care Academy, a knowledge building community between C&I, Barnet Enfield and Haringey Mental Health NHS Trust and Middlesex University.

2.1.1 SERVICE USER INVOLVEMENT IN THE TRUST

We have continued our drive to work more closely with our service users in the planning and delivery of all our services. During the past year, the emphasis has been on both ensuring continued good quality service user involvement within the Trust and an aim to move towards a model with even greater co-production.

Service users and staff helped to organise our NHS cake sale and bring-and-buy which relaunched our Trust Charity

Instrumental in this is the role of the Service User Involvement Facilitator (SUIF), who supported regular and effective communication with service users via a more developed and extensive database of people. The SUIF communicated regularly about news and developments in the Trust as well as relevant information relating to our boroughs. This ensured increased communication between both the existing service users who are involved in Trust activities, as well as others who previously took part in smaller areas of work on the periphery of our services, but wanted to be kept informed and updated. We have also seen greater diversity among the service users now engaged with the Trust.

The Trust has more than 12 service user groups and there is an active Service User Alliance, the main forum for their representatives. The alliance is organised and chaired by the SUIF with service users in the group taking minutes. In the last year, the Service User Alliance has become much more active and is now held monthly. This ensures time to discuss the important work within the service user groups and forums and for Trust staff to disseminate important plans within the Trust. It has also become an expert reference hub.

The Alliance is a diverse group, representing not just a variety of mental health conditions, but also a rich, cultural heritage, such as the Nubian Users' Forum. There is also a Women's Strategy

The Nubian Users Forum organised an event to mark the anniversary of Windrush and celebrate the relationship between the Windrush generation and the NHS

Group and representatives from across all the groups. This is in line with the vision of the Trust to continue to reach out to the lesser-seen and lesser-heard voices within the community. To achieve this, there has also been continuing work between the SUIF and the Equality, Diversity and Inclusion Lead.

In the latter part of the year, there has been a lot of work planning and writing a new Service User Involvement Strategy with input from the Service User Alliance. The design of the new document is to ensure an accessible and succinct framework. Some background work was undertaken to research other trusts' service user strategies to use as examples of good practice. All divisional teams were consulted in a series of road shows. This is in keeping with the continued aim for a more co-productive way of working. This input, alongside the work of the Alliance, will ensure a more cohesive strategy.

There has been ongoing consultation with the St Pancras Transformation Programme. Two service users are representatives on the new Programme Board, which means that the Trust and service users are working side by side. Equally, there has been close working with the QI team to ensure all projects have service user representation.

Monthly meetings of the Service User Reflective Group have continued, and attendance has increased. The meetings appear to provide a safe place for people to reflect on their involvement work within the Trust which, although immensely rewarding, can prove challenging to some.

During the coronavirus pandemic there was a major change in working, to ensure the safety of all our staff, service users and carers. With the use of the internet and video conferencing software, the SUIF has been able to maintain contact with everyone on the database via regular emails and has set up facilitated a weekly online Reflective Group, as well as a weekly video conferencing meeting. It has been critical to ensure regular support and contact with those who may find themselves even more isolated.

In January, Arsenal footballer, Bernd Leno, visited one of our weekly football sessions, run by C&I occupational therapists with Arsenal Community, part of Arsenal Football Club. Bernd learned how the sessions provide service users with a place to have fun, meet new people, improve football skills as well as aid mental health recovery.

2.1.2 SERVICE USER AND PATIENT EXPERIENCE

The Trust is currently evaluating our approach to patient experience. This work is being undertaken by Leeds Brooke University and will inform our new Patient Experience Strategy which will be re-launched in 2020. One of the early findings is that we need to align the approaches we use to involve and engage with services users and carers so that we are better at capturing their views and experiences. From this evaluation, the Trust will build on the successful work already being done around service user involvement to develop a more comprehensive approach to service user and carer engagement and experience.

Three key indicators of patient experience for the Trust are the Friends and Family Test, the community survey, and complaints. The results for both surveys have been positive in 2019/20.

Patient Survey Results

The Friends and Family Test (FFT) is an ongoing measure of satisfaction rates throughout the year. We continue to meet our 20% target response rate; during the 2019-20 reporting year 90.8 per cent of patients recorded that they would recommend their service, which is well above our 80% target level.

The National Community Service User Survey is commissioned by the CQC and was undertaken in 2019. The survey runs between February and June 2019. The response rate was 25%. A national comparator survey is also published by the CQC.

Overall, we have managed to maintain or improve performance. Results for C&I compared with the average of responses for all providers nationally are below.

In London, we are the highest scoring Trust for six out of the 11 scored themes, including overall views on care and experience and overall experience. We are in the intermediate range for three themes – but at the very top end of this range. We are then in the top performing category for all but one other section, which is NHS therapies. We have an action plan in place to improve how we work with clients to explain and involve them in therapies.

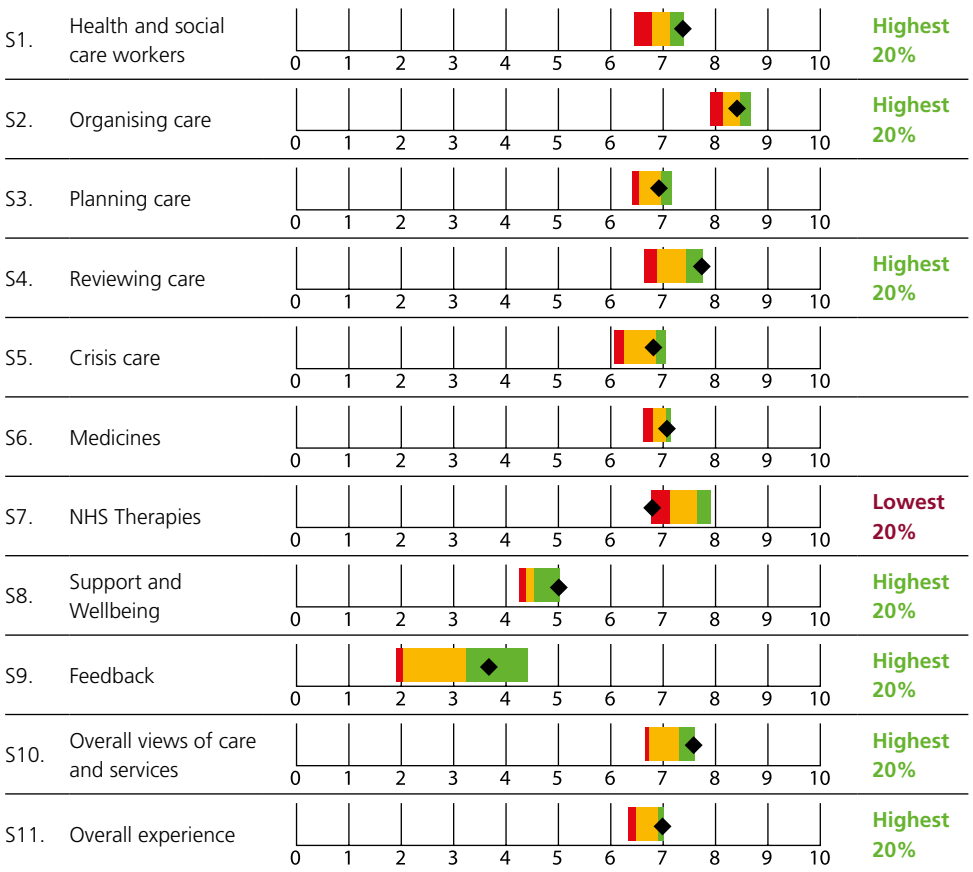
Complaints

The Trust received 137 formal complaints this year, one more than the previous year. In addition, 218 concerns were received via the Advice and Complaints Service that were resolved informally, (against 235 in the previous year). This only represents a proportion of the issues that staff resolved directly with service users on a daily basis. Our Acute Division received the most complaints, followed by Community Mental Health Division and then the

The National Community Service User Survey

	2018	2019	All	
• Overall Rating of Experience	69%	70%	68%	
• Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	83%	82%	83%	
• Aside from in this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care	–	37%	23%	↑

Results for C&I compared with other London Trusts:



Rehabilitation and Recovery Division. Complaint numbers in Substance Misuse Services and Services for Older People remain low.

The Trust aims to respond to at least 80% of complaints within the timeframe. This target has remained challenging this year, with around 60% of complaints meeting the deadline. We have been successful in making short term improvements and are reviewing the complaints process to ensure improvements can be sustained with consistently high response rates.

Although complaint numbers appear fairly consistent year-on-year, the complexity of complaints does seem to be increasing. Complexity can include the number of issues raised, scope of issues raised and the difficulty of trying to resolve issues where resolution may already have been attempted without success by the time that formal process begins. The complaints received cover a wide variety of issues, often quite specific to the individual's care or experience and it is not always possible to identify common themes. However the following issues have featured in complaints:

- Discharge process
- Waiting lists and access
- Communication and input with service users and their carers

Themes from complaints are used to inform quality improvement Initiatives and service developments. There has been ongoing work to improve discharge and the Trust has invested in a new tool to improve service user and carer involvement in care planning.

Priorities for patient experience in 2020/21

- Re-launching a new Patient Experience Strategy
- Further developing and building on the success of peer coaching
- Improving complaints' responses and feedback
- Capturing better information about protected characteristics
- Improve on our Accessible Information Standards

2.1.3 CARERS

C&I recognises the positive contribution that carers make to the lives of service users. We understand that family and friends who support people with mental health conditions often need support themselves. At C&I we have initiated carers' leads in our Rehabilitation, Services for Ageing and Mental Health and Acute Divisions, and are working with carers, service users and staff to expand this support more widely across our services. In the future, all of our services should have a full-time carers' lead to coordinate this support and improve awareness of, and training for, the role of carers.

We work closely with carers' hubs commissioned in both boroughs who are able to do assessments for us if necessary.

To ensure that staff understand the importance of the role of the carer, and to co-produce care with services users and carers, C&I has introduced six standards to enable staff to assess their practice against the triangle of care:

- Standard 1 – Carers and their essential role identified at first contact or as soon as possible afterwards
- Standard 2 – Staff are carer aware and trained in carer engagement strategies
- Standard 3 – Policy and practice protocols re: confidentiality and sharing information are in place
- Standard 4 – Defined posts responsible for carers are in place
- Standard 5 – A carer introduction to the service and staff is available, with a relevant range of information across the care pathway
- Standard 6 – A range of carer support is available

Carers' awareness training has been provided since 2018 and these sessions have been very well-attended. This now forms part of the induction training for new members of staff. Listening to carers is one of the ways in which C&I can ensure that care is provided in a consistent way across all its services; to that end, volunteers from the carer community will be asked to attend Board meetings, in the same way that service users are represented.

There is a carers' partnership which includes local authority representatives, C&I staff and carers and representatives from the hubs. This group has three stated aims; to ensure the needs of carers are met, to ensure carers' views are valued and to influence the shape of the Trust going forward.

We held a tea party and gave free books to volunteers to mark World Book Night 23 April 2019, celebrating the benefits of reading on mental health

2.1.4 VOLUNTEERS

The Voluntary Services Department recruits and manages more than 70 volunteers who help support, enhance and improve our services for patients and service users in a number of ways, from befriending in the community to offering a debrief to patients who have experienced restraint whilst in hospital.

Our Restraint Debrief Volunteer Team were shortlisted for the "Co-Created with Patients Award" at the NHS Elect National Patient Experience and Quality Improvement Conference, which is recognition of the valuable contribution they provide. They were also presented with the Trust's Volunteer of the Year title at our annual award ceremony.

To mark National Volunteers Week 2019 we held a party for our volunteers to thank them for their work

2.2 INFORMATION AND COMMUNICATIONS TECHNOLOGY

We have been improving our staff and service users' health, safety, wellbeing and experience of care through the use of data and digital technologies.

Throughout 2019/20 we delivered high quality, safe, patient care, enabled by our strong digital infrastructure. C&I was ranked second for our digital capabilities out of ten mental health trusts in Greater London by The Digital Maturity Assessment, an NHS England toolkit to measure how well healthcare services in England are supported by the effective use of digital technology. We were third for our digital readiness, and fourth for our digital infrastructure.

We continue to develop efficient and effective information technology, safe use of new digital opportunities, good governance securing information and technological advances, and an infrastructure that is reliable and efficient for clinicians, enabling more time for care.

Key achievements 2019/20:

- We successfully managed the replacement of 435 old devices, (PCs and laptops), which were not compliant with Office 365 and our new, agile ways of working. After a full review of our supplier list, we now have a single provider for hardware purchases. We also reviewed our smartphone contracts. With more than 800 smartphones in use, we will be migrating contracts to one provider to improve efficiency and reliability.
- We achieved a 100% Trust Wi-Fi coverage on all sites where clinical activity and corporate meetings take place, including full coverage at Highgate Mental Health Centre, full ward area coverage at St Pancras Hospital, and in our Kingston services. We fixed the permanent Trust guest Wi-Fi issues and made it NHS Digital compliant.
- We initiated the Office 365, Windows 10, Cyber security, Mitel Telephony, Managed WAN and Firewall migration, EE SIM migration and N3 to HSCN migration projects.
- We upgraded our Service Desk system to improve IT support resources and better management of the infrastructure.
- In December 2019, we were awarded the Cyber Essentials certificate. This UK government scheme sets out five basic security controls to protect organisations against around 80% of common internet cyber-attacks. The certification lets our service users and supply chain know we have considered security controls and are working in a safe and secure environment. By 2021, we will have achieved Cyber Essentials Plus (CE+). This will help us to guard against the most common cyber threats and will demonstrate our commitment to cyber security.
- After many months of consulting and engaging with colleagues, Executive Director of Clinical Information, Jeff Boateng, launched the Trust's brand new Digital Strategy which aims to make patient care safer and to support more seamless working using the very latest technology.
- Thirty clinical teams attended the Digital Connections Forum during 2019. This forum is open to any clinician in the Trust with ideas that need digital support to succeed, connecting them with the people who can help to deliver them.

2.3 EMERGENCY PREPAREDNESS AND RESILIENCE RESPONSE (EPRR)

In accordance with both the Civil Contingencies Act 2004 and current NHS-wide national framework requirements, the Trust has continued to evolve its plans to deal with major incidents and business continuity issues. The plans have been developed in light of the learning and best practice identified by incidents such as the Grenfell Tower fire, and the Manchester Arena bombing, to enable the Trust to better manage the response to both internal and external incidents.

In the internal context, their use has been instrumental in proactively managing infrastructure replacement and refurbishment programmes in such a way that they minimised any adverse effect on patient experience.

The Trust is a key member of both Camden and Islington borough resilience forums, contributing fully to the local resilience planning arrangements.

The Trust provides annual training to its staff at Strategic, Tactical, and Operational command levels, and has provided this training to other partner agencies, as part of its Civil Contingencies Act requirement.

Under NHS England's latest annual assurance process, the Trust carried out self-assessment against EPRR core standards followed by peer review, with NHS England accepting the self-assessment and acknowledging we had continued to make improvements in EPRR since 2018 the Trust was found to be fully compliant for the second successive year, with those core standard requirements.

2.4 DATA LOSS OR CONFIDENTIALITY BREACHES

Patient confidentiality and security of information about service users is very important to the Trust. Confidential information is held largely in electronic form in our electronic patient record system, CareNotes, supported by Advanced Healthcare.

All incidents that involve the loss, or unauthorised disclosure, of personal information are reported centrally and are closely monitored on the Trust's Datix system. In addition to local clinical and corporate incident management and reporting tools, a new incident reporting tool for data security and protection incidents has been launched within the Data Security and Protection Toolkit (DSPT), which reflects the new reporting requirements of the GDPR, and for relevant organisations, the Networks and Information System (NIS) Regulations.

The Trust has a duty to report a notifiable breach to the Information Commissioner's Office (ICO) without undue delay, and within 72 hours. Once submitted, the notification will be sent to NHS

Subcategory	2019/20
Breach of Confidentiality	62
Information Security - Near Miss	9
Loss of Information (e.g.records, memory sticks, laptop, diary)	3
Loss of IT Equipment	2
Miscellaneous Option (please specify in description)	3
Mislaid Information	3
Theft of IT equipment	1
Unauthorised Access to Information	3
Unauthorised Use of Information	1
Inappropriate internet access	1
Total	**88**

Digital, the Information Commissioner's Office and other regulators.

The table shows the number of reported Information Governance incidents for this reporting timeframe.

2.5 THE CALDICOTT GUARDIAN

The Caldicott Guardian is responsible for patient confidentiality across the organisation. The Trust's Caldicott Guardian is our Medical Director, Dr Vincent Kirchner, who has completed Caldicott and General Data Protection Regulation (GDPR) training. Within the Trust, there is a high level of awareness about the role.

The Caldicott Guardian receives queries about patient confidentiality through the Information Governance Office, and has contributed significantly to the ongoing development of CareNotes, our electronic patient record system.

During 2019/20, there was an increase in the number of queries received by the Caldicott Guardian, compared to the previous year. Queries tend to be complex and often require interpretation of NHS guidance and GDPR, along with consideration of other legislation and ethical issues. This approach ensures patient safety and confidentiality. The Caldicott Guardian also authorises data-sharing agreements and makes decisions about appropriate disclosure of information. During the year, more than 50 issues were raised, of which 11 could be regarded as highly complex, requiring more detailed investigation and consideration by the Caldicott Guardian. A log of issues referred to the Caldicott Guardian is kept by the Information Governance Team.

During the year, there was a focus on implementing the General Data Protection Regulation Act (2018) and making staff aware of the implications of the Act in terms of assigning a lawful basis for the sharing of information.

This year, issues referred to the Caldicott Guardian included:

- Ruling on whether the medical notes of a deceased patient without next-of-kin, could be seen by her friends
- Creating a consent form on CareNotes, our patient records system
- Reviewing Subject Access Requests, where disclosure may cause harm and distress to an individual
- Dealing with breaches of confidentiality
- Authorising data-sharing agreements with other organisations

2.6 WELL-LED GOVERNANCE REVIEW

The Trust has been rated Good overall by the CQC (January 2020) and achieved Good for Well-led. The main findings were:

- There was good, effective leadership at all levels of the organisation
- The Trust Board and senior leadership team had set a clear strategy and strategic priorities were well-embedded in its work
- There was effective partnership with other stakeholders across north London
- Governors were actively involved in the operation of the Trust. They were able to perform their role of appointing and holding the non-executive directors to account. Governors felt on balance that they attended enough meetings and were sufficiently informed to perform their roles.
- Staff were supported to develop. Arrangements were in place to promote leadership development for staff across the organisation
- Leaders and staff recognised the need to put improving culture at the centre of their work
- The Trust had strengthened its governance structures and processes since the last inspection with the introduction of three programme boards sitting beneath the board sub-committees There were systems in place for escalating and gaining assurance on risk
- The Trust collected, analysed, managed and used information well to support all its activities
- The Trust was making good use of data as part of its programme of change, for example, to understand the demand and capacity issues facing services
- There was positive engagement with patients, carers and staff. This included a wide range of co-production work
- Staff were engaged in various ways to learn, improve and innovate and were given time to do this in their day-to-day roles.
- The Trust was committed to delivering a Quality Improvement (QI) programme and had invested in this across the organisation

Improvements

The CQC found that the Trust needed to improve performance against the Workforce Race Equality Standards, Workforce Disability Equality Standards and the Accessible Information Standard. The Trust was already working on making improvements in these areas and there are extensive action plans in place to support these; this is linked to the Trust's key strategic objectives.

2.7 TRUST MEMBERSHIP REPORT

In February 2020 the Council of Governors approved a new, three-year Membership Engagement Strategy. It takes into account the changing external environment, pressure on resources and organisational priorities. The strategy is focused on high priority deliverables and sets out a number of targets that are tailored to the current resource envelope.

Facilitating engagement between Governors and Members continues to be a key area of focus as well as the four key pillars of the Trust's Membership Engagement Strategy. These are:

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

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

Growing a sizeable and representative membership

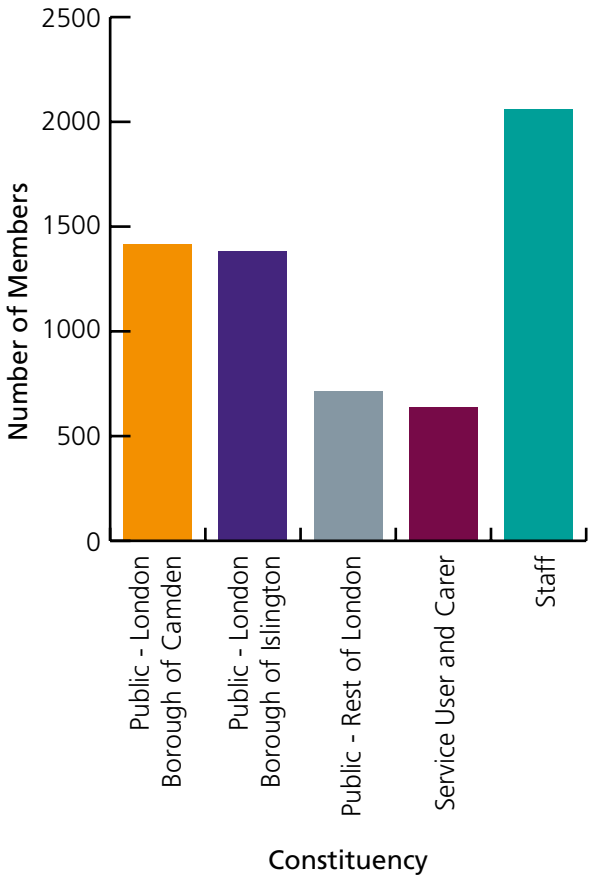
Throughout the year, work continued to update the Trust's membership database and governors have actively recruited new members. The impact of the Trusts' extensive recruitment and promotional activities was evident in the very strong participation in this year's governor elections.

The process for registering new members has been simplified through a revised membership form and work has started to enhance membership information on the Trust's website.

As at the end of April 2020, the public membership figure dropped from 3,728 on the previous year to 3,511 and service user and carer membership decreased from 688 to 639.

Engaging the service user and carer constituency has been a key focus and work was underway to promote membership and the role of Governor across the Trust's inpatient and community services. However, due to the restrictions of the Covid-19 pandemic, engagement activity has been halted until further notice.

Membership by Constituency



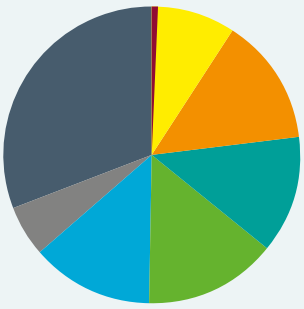
Diversity and representation

As part of the membership application process, the Trust asks people to provide demographic data so that it can monitor how well its membership reflects the communities it serves and be as inclusive as possible. However, many applicants choose not to volunteer this. Therefore, at present, there is insufficient data to make a meaningful comparison between the demographics of the local population and that of the Trust. This is something we are working on and we hope that this information can be published in future reports.

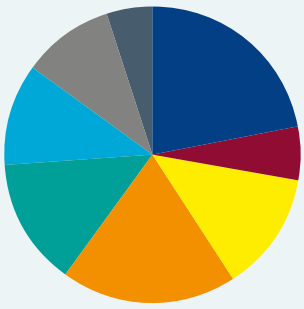
Breakdown of public and service user membership by age

Age	C&I Public and Service User Members (%)	Local Population (%)
0-16	0.00%	22%
17-21	0.22%	6%
22-29	9.11%	13%
30-39	13.76%	19%
40-49	12.94%	14%
50-59	14.48%	11%
60-74	13.13%	10%
75+	5.61%	5%
Not stated	30.76%	0%

C&I



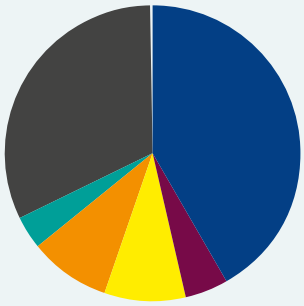
Local Population



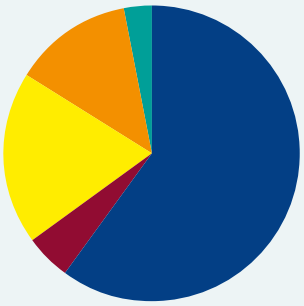
Breakdown of public and service user membership by ethnicity

Ethnicity	C&I Public and Service User Members (%)	Local Population (%)
White	41.89%	60%
Mixed	4.63%	5%
Asian or Asian British	8.96%	19%
Black or Black British	8.89%	13%
Other	3.69%	3%
Not stated	32.11%	0%

C&I

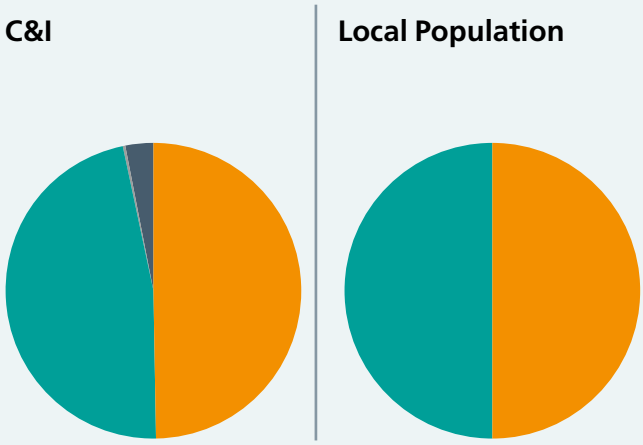


Local Population



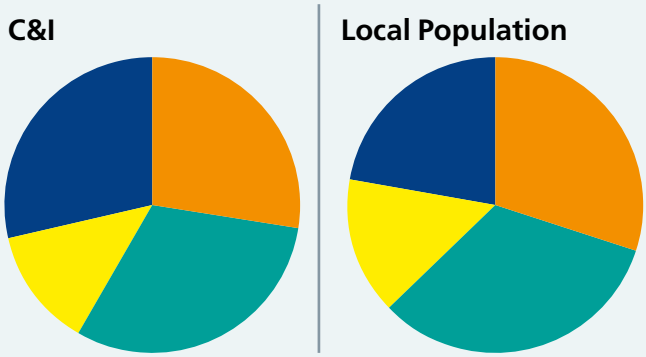
Breakdown of public and service user membership by gender

Gender	C&I Public and Service User Members (%)	Local Population (%)
Female	41.89%	60%
Male	4.63%	5%
Transgender	8.96%	19%
Unspecified	8.89%	13%
Other	3.69%	3%
Not stated	32.11%	0%



Breakdown of public and service user membership by socio-economic group

Socio-Economic Class	C&I Public and Service User Members (%)	Local Population (%)
AB[1]	41.89%	60%
C1[2]	4.63%	5%
C2[3]	8.96%	19%
DE[4]	8.89%	13%



1 AB – Higher and intermediate managerial, administrative and professional occupations
2 C1 – Supervisory, clerical and junior managerial, administrative and professional occupations
3 C2 – Skilled manual occupations
4 DE – Semi-skilled and unskilled manual occupations, unemployed and lowest grade occupations

C&I's membership continues to be broadly representative of the local population, but during the year the Trust spent time developing ideas on how to attract under-represented ethnic community groups to become members. Work continues on exploring new methods of promoting the benefits of Trust membership to all communities.

Developing and maintaining an active and engaged membership

During 2019/20 and with the development of the new three-year strategy, efforts continued to further engage members in the Trust's activities and our continuous efforts to improve services and the experience of our service users. Facilitating engagement between Governors and Members continues to be a key area of focus within the Trust's membership strategy in the following ways:

- Governors actively use a wide range of external events to promote the work of the Trust and the work of the Council of Governors, to keep members engaged and informed and to sign up new members

- The Membership Working Group is now taking direct editorial ownership of the Governors' Annual Report as well as the quarterly membership newsletter
- There is increased focus on the Annual Members' Meeting as a key engagement opportunity with members and local communities. Plans for the 2020 event include targeting young people and students specifically and promoting future workforce and employment/career opportunities in mental health
- Printed promotional materials are being made available to governors more widely and engagement is extending to increased use of social media and governors' online presence
- The very successful series of "Mental Health Matters" sessions continued throughout the year with four very well-attended events, the final one of the year taking place during LGBT History Month, discussing how members of the LGBT community access and experience local services.

Governance and accountability

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

Throughout the year, a key focus has been on strengthening the engagement between Governors and Non-Executive Directors through the working groups and committees, as well as a number of informal meetings such as the Governor open meetings. Non-executive directors have also begun to give short presentations at council meetings to enable Governors to have a more direct line of sight into directors' work and activities on the Board.

Governor training and development

A range of activities and resources continued to be available to Governors throughout the year, which included:

- The Governors' Handbook which continues to be refreshed with every Governor election campaign.
- The Governor Buddy Programme, launched in 2018, continued and was applied more robustly with the 2019 cohort of new Governors. All nine elected Governors were paired with an existing Governor buddy. Most feedback has been extremely positive, while a number of further improvements have been identified to strengthen future buddying arrangements.
- An in-house induction session for all newly appointed Governors was held in October 2019 which included a number of presentations by directors on the work of the Trust.
- C&I continued to promote the full range of NHS Providers' 'Govern-well' training courses, and interest and attendance has been steadily increasing over the past 12 months.
- The Board office continued to promote training and other developmental opportunities, such as joining directors on their routine service visits, through the fortnightly Governors' newsletter.
- Governors are encouraged to identify individual training requirements but uptake of this offer has been very limited.

Learning and Improvement

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

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

Summary of eligibility requirements

C&I's membership is laid down in the Trust's Constitution and comprises three constituencies: public, service users/carers and staff. Individuals are eligible to become members of one constituency, and those who are eligible to join the staff constituency cannot join as public or service user members while they are eligible for staff membership.

Public membership:

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

Service user membership:

To be eligible for this membership, the individual must have accessed one or more of the Trust's services within the last five years when they join and be 16 or over. Carers may also become members under this constituency as long as they are 16 or over and they have been a carer of someone who has accessed Trust's services within the last five years.

Staff membership:

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

Getting in contact with governors:

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

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

Getting in contact with the Trust Board:

Members who wish to contact the Board can do so by emailing: Trust.Secretary@Candi.nhs.uk or by writing to:

C&I Board
Freepost RTGZ_ZKAY_XGGC
Camden and Islington NHS Foundation Trust
St. Pancras Hospital, 4 St Pancras Way
London
NW1 0PE

Getting in contact with the Membership Office:

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

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

2.8 OUR GOVERNANCE

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

Our governance arrangements are led by the Trust Chair, Jackie Smith. Jackie is the Chair of our Board of Directors and the Council of Governors. She is supported by the Trust Company Secretary to whose advice the whole Board continuous to have access to.

With the emerging pandemic crisis towards the end of the reporting period, the Board significantly re-focused its attention on the management of the emergency situation. In response, the Trust Company Secretary, in close collaboration with the Trust Chair and other non-executive directors, reviewed the Trust's governance arrangements to ensure they remained fit for purpose during a potentially extended emergency situation. A number of governance provisions are being refined which will be approved by the Trust's Audit and Risk Committee early in the new financial year.

2.8.1 BOARD OF DIRECTORS

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

- The Board of Directors comprises:
- An independent non-executive chair
- Six independent non-executive directors
- Eight executive directors (of whom three are non-voting members)

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

The expertise of the non-executive directors is wide-spread and diverse, and includes finance, human resources, marketing, strategic property development, equality, diversity and inclusion, governance, quality and service improvement and management consultancy. The names, roles, and a description of the background of each director are shown later in section 2.8.17.

All directors are signatories to the Code of Conduct for NHS Boards and Code of Accountability for NHS Boards of Directors. In March 2020, the Board of Directors adopted a revised Code of Conduct, incorporating the latest guidance relating to counter-fraud and anti-bribery. This document also sets out the

key responsibilities of board directors and their responsibilities in relation to the Council of Governors.

The Board delegates the operational management of the organisation to the Chief Executive and the Executive Team, which includes all executive directors.

The Trust has a scheme of delegation which sets out the types of decision to be delegated to managers by the Board ('Reservation of powers to the Board and delegation of powers') and those that the Board reserves for itself. These were updated and approved by the Board in December 2019.

The Board believes it has a balanced and appropriate membership in line with the requirements of being an NHS Foundation Trust. Due to the recent appointment of one of the Board's non-executive directors to be the Trust Chair, the Board currently has one non-executive director vacancy. Recruitment to this vacancy is currently underway.

2.8.2 BOARD CONFLICTS OF INTEREST AND REGISTER OF INTERESTS

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

During this year, the policy and process for declaring and managing interests as well as gifts and hospitality was reviewed and updated to incorporate the latest guidance by the NHS Counter-fraud Authority and to ensure the Trust continues to have robust procedures in place.

Board members do not hold directorships in companies with whom the Foundation Trust has done business within this financial year and each non-executive director is required to confirm that they remain independent. This is also considered by the Council of Governors when they appoint or re-appoint non-executive directors. The Trust considers that all non-executive directors are independent.

2.8.3 COUNCIL OF GOVERNORS

The Council of Governors has a number of statutory powers and responsibilities articulated in the Trust's constitution which reflect the legal requirements as laid down in the National Health Service Act 2006 and the 2012 Health and Social Care Act. The specific statutory powers and duties of the Council of Governors are to:

- Develop our membership and represent the interests of the members of the Trust as a whole and the interests of the public
- Contribute to the development of the Trust's strategy and forward plans
- Appoint and, if appropriate, remove the Chair and the other non-executive directors; the Council of Governors' Nominations and Remuneration Committee is responsible for overseeing the procedure of the appointment and removal of a non-executive director
- Discuss and agree the outcome of the Chair's appraisal

- Decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other non-executive directors
- Approve the appointment of the Chief Executive
- Appoint and, if appropriate, remove the Trust's Auditor
- Receive the Trust's annual accounts, any report of the Auditor on them and the Annual Report
- Hold the non-executive directors, individually and collectively, to account for the performance of the Board of Directors
- Approve significant transactions as defined in the Trust's constitution
- Approve an application by the Trust to enter into a merger, acquisition, separation or dissolution
- Decide whether the Trust's non-NHS work would significantly interfere with its principal purpose
- Approve amendments to the Trust's constitution

During the year, the Council exercised many of these duties. In particular it:

- Approved short-term extensions to the terms of office of the sitting Trust Chair and Senior Independent Director to allow their terms of office to end at different times and allow the Senior Independent Director to assist with the appointment of the Trust's next Chair
- Agreed the timeline for the 2019 Governor Elections
- Considered, and decided against, the Trust appointing a 'Chair in Common' with Barnet, Enfield & Haringey Mental Health NHS Trust
- Agreed to the Council's first Co-opted Governor role
- Appointed a new Trust Chair in December 2019
- Approved two significant transactions as part of the Trust's St Pancras Transformation Programme
- Agreed the 2019/20 pay award for the Trust Chair and non-executive directors
- Agreed to the optional extension of the Trust's External Audit contract

The Council has continued to play an important role in helping to shape the strategy of the Trust and holding the non-executive directors to account through the governor-led working groups which all have at least one non-executive director as a member of each group. Each working group has agreed objectives, and a focus on one of the following areas of Trust performance:

- Service User/Staff Experience and Quality
- Membership
- Finance and Business Planning
- St Pancras Transformation Programme

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

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

- Refresh of the membership engagement strategy for 2020-2023
- Further expansion of the Governors' Handbook
- The Governor Buddy Programme which was first launched in October 2018 was implemented for a further cohort of new governors

- The NHS Providers' Governwell training modules continue to be promoted to governors and uptake has grown considerably particularly among newly elected governors
- The Chair and Senior Independent Director have continued to hold informal governors' open meetings at which governors are invited to raise any issue, question or concern they wish
- Governor induction has been strengthened and this will be further built on as part of the next round of governor appointments
- We have started to implement a number of improvements to how our Council meetings are conducted including agenda planning, providing governors a better line of sight into the Trust's services and closer engagement between governors and non-executive directors; this work continues into the next reporting period.

We held our first Christmas Fair at Highgate Mental Health Centre to raise money for the Trust charity

2.8.4 CONSTITUENCIES OF THE COUNCIL OF GOVERNORS

Public constituency, which is divided into three classes, namely,

- Camden
- Islington
- Rest of London

And:

- Service user and carer constituency
- Staff constituency
- Appointed governors

2.8.5 COMPOSITION OF THE COUNCIL OF GOVERNORS

The Council of Governors currently comprises 21 elected governors and five appointed by stakeholder and partner organisations, as well as one co-opted governor. The breakdown is shown below:

- Six elected by service user and carer members
- 11 elected by members of public constituencies
- Four elected by C&I staff
- One co-opted by Council of Governors for a period of 18 months to support the St Pancras development working group
- Five appointed by partnership organisations

In line with the Trust's Constitution, the 27 governors nominate one of them to act as the Lead Governor. During May 2019, elections were held and Professor Wendy Savage took over as Lead Governor from Mr David Barry. Two Deputy Lead Governors, Ms Hagir Ahmed and Ms Michelle Murray, were also elected.

Fabric artworks make a bold fashion statement in our Yarn Bombing exhibition

Members of the Council's two Committees, the Steering Committee and the Nominations and Remuneration Committee, were also elected in May 2019.

2.8.6 GOVERNOR ELECTIONS

Elected governors normally hold office for periods of three years and are eligible for re-election at the end of their term to a maximum of nine years' service.

Governor elections were held during 2019/20 seeking to fill nine vacancies across several constituencies as follows:

- Service User Governors: two seats
- Public Governors for Camden: three seats
- Public Governors for Islington: one seat
- Public Governors for Rest of London: one seat
- Staff Governors: two seats

Contrary to recent national trends, the 2019 Governor elections were very successful in that, on average, there were at least three nominations for every vacant seat. This was the result of an extensive communications and engagement campaign run in the lead-up to and during the election process.

One of the existing staff governors resigned in December 2019 and this vacancy was filled from the pool of candidates from the most recent elections in accordance with the Trust's election rules. The appointment was approved by the Council of Governors on 12 December 2019.

Governors also agreed in-year to establish a co-opted governor role. This post, agreed for 18 months, allowed the Council to retain Governor Ms Monika Schwartz's experience as Chair of the Governors' St Pancras Transformation Working Group and allow time for her to pass on her knowledge to a successor in due course.

No elections are scheduled to be held during 2020-21.

2.8.7 GOVERNOR VACANCIES

At the time of preparing this report, there are no vacancies on the Council of Governors. Preceding the 2019 elections, the Trust carried two Public Governor and one Service User Governor vacancies which were filled as part of the elections.

2.8.8 NAME AND DESCRIPTION OF CONSTITUENCIES AND ORGANISATIONS APPOINTING GOVERNORS

The public constituency comprises members of the public who reside in any of the 18 electoral wards in the London Borough of Camden, the 16 electoral wards in the London Borough of Islington, and all electoral wards within the City of London

and the remaining 30 principal subdivisions of the administrative area of Greater London, each governed by a London borough council, established by the London Government Act 1963.

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

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

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

Voluntary Action Islington, (VAI), is Islington's umbrella agency for the voluntary sector and the main provider of support for local voluntary organisations. The mission of VAI is to promote a thriving, effective and influential third sector that is working to improve the quality of life, and the life chances of people in Islington.

London Borough of Camden, (LBC), is the local authority for Camden.

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

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

2.8.9 COUNCIL OF GOVERNOR MEETINGS

- The Trust Chair is also the Chair of the Council of Governors.
- Governors are expected to attend Council of Governors' meetings and there are provisions in the Trust's Constitution relating to non-attendance at three consecutive meetings.
- The Chief Executive is required to attend. Directors also attend Council meetings on a regular basis particularly when their attendance would be beneficial to the discussion on a topic within their remit.
- Our Council of Governors' general meetings were held during 2019/20 on the following dates:
  - 14 May 2019
  - 10 September 2019
  - 10 December 2019 and
  - 11 February 2020

A quorum was present at all meetings and meeting papers continue to be published on the Trust's website accessible using this link: https://www.candi.nhs.uk/about-us/who-we-are/our-governors/board-papers

2.8.10 TERMS OF OFFICE AND MEETING ATTENDANCE

Governors' current terms of office and their attendance at the four general meetings of the Council of Governors held during 2019/20 are reported below:

Council of Governors' Term of Office and Meeting Attendance Record

Name	Elected/ Appointed	Term	Council Meeting Attendance
Public Constituency - Camden			
Dr Zaheer Afridi**	Elected	2016-2019	1 / 2
Ms Amanda Checkley*	Elected	2019-2022	2 / 2
Ms Alison Lowton*	Elected	2019-2022	2 / 2
Ms Michelle Murray	Elected	2018-2021	4 / 4
Ms Ellen Nkomo	Elected	2018-2021	3 / 4
Ms Maaria Siddiqi*	Elected	2019-2022	2 / 2
Public Constituency – Islington			
Mr David Barry	Elected	2018-2021	4 / 4
Mr Rob Drummond*	Elected	2019-2022	2 / 2
Ms Olga Cecilia Farach	Elected	2018-2021	4 / 4
Ms Valerie Graham-Dunkley	Elected	2018-2021	4 / 4
Prof Wendy Savage	Elected	2018-2021	4 / 4
Ms Monika Schwartz***	Elected	2016-2019	2 / 2
Public Constituency – Rest of London			
Ms Saira Nawaz**	Elected	2016-2019	2 / 2
Ms Adeola Akande*	Elected	2019-2022	2 / 2
Service User and Carer Constituency			
Ms Hagir Ahmed	Elected	2018-2021	4 / 4
Ms Julia Austin**	Elected	2016-2019	0 / 2
Mr Eric Crossfield*	Elected	2019-2022	2 / 2
Ms Annika Pauts*	Elected	2019-2022	2 / 2
Mr Roger Searle****	Elected	2018-2021	1 / 4
Mr Paul Ware	Elected	2018-2021	3 / 4
Service User and Carer Constituency			
Ms Hagir Ahmed	Elected	2018-2021	4 / 4
Ms Julia Austin**	Elected	2016-2019	0 / 2
Mr Eric Crossfield*	Elected	2019-2022	2 / 2
Ms Annika Pauts*	Elected	2019-2022	2 / 2
Mr Roger Searle****	Elected	2018-2021	1 / 4
Mr Paul Ware	Elected	2018-2021	3 / 4
Mr Yoav Zohar	Elected	2018-2021	3 / 4
Co-opted Governor			
Ms Monika Schwartz***	Co-opted	2019-2021	2 / 2
Appointed Governors			
Cllr Nasim Ali	London Borough of Camden	2018-2021	2 / 4

Name	Elected/ Appointed	Term	Council Meeting Attendance
Appointed Governors			
Cllr Nasim Ali	London Borough of Camden	2018-2021	2 / 4
Professor Claudia Cooper	By UCL Medical School	2018-2021	3 / 4
Cllr Satnam Gill	London Borough of Camden	2019-2022	2 / 3
Mr Andy Murphy	Voluntary Action Islington	2016-2019	0 / 1
Mr Kevin Nunan**	Voluntary Action Camden	2019-2020	2 / 4
Ms Katy Porter	Voluntary Action Islington	2019-2022	3 / 3
Cllr Marian Spall**	London Borough of Islington	2018 - 2019	0 / 1

* Governor elected in the 2019 election or appointed mid-year.

** Governor stood down in-year.

*** Governor reached end of term but retained as Co-opted Governor.

**** Granted a leave of absence for personal reasons.

During 2019/20, three Council of Governors' meetings were chaired by Ms Leisha Fullick, Trust and Council of Governors' Chair. Ms Jackie Smith took over in this role in February 2020 and chaired the last Council of Governors' meeting. All meetings were attended by Ms Angela McNab, Chief Executive.

2.8.11 COMMITTEES OF THE COUNCIL OF GOVERNORS

The Council of Governors has continued to operate with two standing committees, which are a joint Nominations and Remuneration Committee, and a Steering Committee. Both committees hold their meetings in private, and an update is reported at the next Council of Governors' meeting.

2.8.12 COUNCIL OF GOVERNORS' NOMINATIONS AND REMUNERATION COMMITTEE

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

Members	Role	Meetings attended
Professor Wendy Savage	Public Governor, Islington (Committee Chair part-year)	12 / 13
Leisha Fullick (until January 2020)	Trust Chair (Committee Vice Chair)	3 / 4
Jackie Smith (from February 2020)	Trust Chair (Committee Vice Chair)	2 / 2
Hagir Ahmed	Service User Governor	7 / 13
David Barry	Public Governor, Islington (Committee Chair part-year)	13 / 13
Angela Harvey	Senior Independent Director	10 / 10
Simon Ramage	Staff Governor	11 / 13
Pippa Aitken	Deputy Trust Chair	8 / 8
Monika Schwartz	Co-opted Public Governor	10 / 10

Work of the Council of Governors' Nominations and Remuneration Committee in 2019/20

The Nominations and Remuneration Committee had another very busy year dealing with a number of items of nominations and remuneration business. To avoid any potential conflicts of interest, attendance and temporary changes to membership were managed effectively on the advice of the Trust Company Secretary.

In particular, the committee dealt with the following items on behalf of the Council of Governors:

- Succession planning for the roles of Trust Chair and Senior Independent Director
- Evaluation of a proposal to have a Chair in Common with Barnet, Enfield and Haringey Mental Health NHS Trust
- Review and recommendation to implement a new Non-Executive Director Remuneration Policy
- Recommendation to approve an annual pay-award for non-executive directors
- Appointment of a new Trust Chair
- The committee also oversaw the annual Chair's appraisal process led by the Senior Independent Director.

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

2.8.13 COUNCIL OF GOVERNORS' STEERING COMMITTEE

Committee membership

The Governors' Steering Committee membership consists of the Lead Governor who chairs the Committee, two Deputy Lead Governors, four further governors representing all constituencies duly elected by the Council of Governors, the Trust Chair and the Senior Independent Director.

Committee members and their attendance

The Committee held four meetings in 2019/20. Attendance by Committee members is detailed below.

Members	Role	Meetings attended
Prof Wendy Savage	Public Governor, Islington (Lead Governor from May 2019) (Committee Chair from May 2019)	3 / 4
Mr David Barry	Public Governor, Islington (Lead Governor until May 2019) (Committee Chair until May 2019)	1 / 1
Ms Hagir Ahmed	Service User Governor (Deputy Lead Governor from May 2019)	2 / 3
Ms Julia Austin	Service User Governor	0 / 1
Ms Sandra Chakara	Staff Governor	1 / 2
Ms Olga Cecilia Farach	Public Governor, Islington	3 / 3
Cllr Satnam Gill	Appointed Governor, London Borough of Camden	3 / 3
Dr Stephen Ginn	Staff Governor	1 / 1
Ms Michelle Murray	Public Governor, Camden (Deputy Lead Governor from May 2019)	0 / 3
Mr Paul Ware	Service User Governor	3 / 3
Ms Leisha Fullick	Trust Chair (until January 2020) (Committee Vice Chair)	4 / 4
Ms Angela Harvey	Senior Independent Director	4 / 4
Ms Angela McNab	Chief Executive	3 / 4

Work of the committee in 2019/20:

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

2.8.14 GOVERNORS' CONFLICT OF INTEREST AND REGISTER OF INTERESTS

Governors are required to register with the Trust any details of company directorships or other material interests held by governors including those where those companies or related parties are likely to do business, or are possibly seeking to do business, with the Trust. All declarations continue to be reviewed at least annually in line with other annual checks and declarations.

The Register of Interests for Governors can be viewed by via the Trust's website using this link: https://www.candi.nhs.uk/about-us/who-we-are/our-governors.

2.8.15 THE NHS FOUNDATION TRUST CODE OF GOVERNANCE

Camden and Islington NHS Foundation Trust continues to promote good corporate governance and has applied the principles of the NHS Foundation Trust Code of Governance on a 'Comply or Explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

This code, published by NHS Improvement, brings together best practice from the private and public sectors. It provides an overarching framework for corporate governance and complements the statutory and regulatory obligations placed on foundation trusts. The Trust considers that it has applied the principles of the Code and continues to strive to embed established best practice in order to meet its obligations under the Foundation Trust Provider Licence.

2.8.16 OUR BOARD OF DIRECTORS

The accounting year 2019-20 saw one major change to the Board's composition with Ms Jackie Smith taking over as Trust Chair from Ms Leisha Fullick who had reached the end of her allowable term of office at the end of January 2020. All other Board members remained in place throughout the year, with the following exceptions:

- Mr Andy Rogers, Chief Operating Officer, had a leave of absence from October 2018 to January 2020. During this time, Mr Darren Summers, Director of Strategy and Business Development acted up to the role of Chief Operating Officer.
- Subsequently, upon Mr Rogers' return it was agreed that Mr Darren Summers continued to act up for a period of time to allow for the re-integration of the Chief Operating Officer to be managed effectively.
- Mr Dean Howells was appointed as Director of Nursing and Quality, starting in post in June 2019.
- Mr Jeff Boateng, Director of Clinical Information Management and non-voting member of the Board, had his fixed-term contract extended to 30 September 2020.

The Board has maintained its strong leadership position and through a programme of Board development activities, it continued to build on this throughout 2019-20.

The Senior Independent Director's term of office is due to end in August 2020, therefore, work to plan for her succession commenced in March 2020.

2.8.17 BOARD MEETINGS

The Board of Directors met in public eight times during 2019/20 followed by a private and confidential meeting on each occasion. It held an additional two private sessions during this period. It also held a number of seminars and away days as part of its Board development programme. Board papers for the meetings held in public continued to be published on the Trust's website accessible via this link: https://www.candi.nhs.uk/about-us/who-we-are/board-papers-and-minutes.

The Board agendas are agreed by the Trust Chair and Chief Executive. Agendas include regular service user stories, feedback from service visits, and a range of reports on quality, performance, strategic and operational matters presented by the Executive Directors, as well as routine reports from the chairs of the Board's seven committees. The Trust's strategic risks, set out in the Board Assurance Framework, were also reviewed on a quarterly basis.

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

- Hearing directly from service users about their experience of Trust services through a series of service visits and service user stories being presented to the Board. We discuss what we hear and we encourage change where necessary
- Strategic oversight of plans and decisions relating to the Trust's estate, its development options and joint working arrangements with Barnet, Enfield and Haringey Mental Health NHS Trust
- Monitoring the Board Assurance Framework to ensure robust monitoring of the Trust's strategic risks and continued learning from reported serious incidents and their agreed action plans
- Approving refreshed key Trust's strategies for 2020-2023 in relation to workforce and digital development
- Agreeing refreshed clinical priorities and defining principles for the Trust, whilst monitoring progress on refreshing the Trust's Clinical Strategy
- Monitoring the Trust's response to significant demand and capacity pressures during the year, ensuring appropriate management action was taken, while supporting the further development of Quality Improvement initiatives
- Overseeing the re-establishment of the Trust's own Charitable Fund
- Introducing the inclusion of Staff Network Chairs, on rotation, at Board meetings held in public
- Maintaining an overview of the potential impact of the UK leaving the European Union
- Agreeing and approving the Trust's Clinical Strategy 2020-2025
- Approving an updated Board Committee Handbook

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

Members	Meetings attended:
Ms Leisha Fullick, Trust Chair (until January 2020)	7 / 7
Ms Angela McNab, Chief Executive	7 / 8
Ms Pippa Aitken, Deputy Trust Chair	7 / 8
Mr Dalwardin Babu, Non-Executive Director	8 / 8
Mr Jeffrey Boateng, Director of Clinical Information Management	7 / 8
Ms Luisa Fulci, Non-Executive Director	8 / 8
Ms Angela Harvey, Senior Independent Director	7 / 8
Dr Vincent Kirchner, Medical Director	7 / 8
Mr Mark McLaughlin, Non-Executive Director	8 / 8
Ms Linda McQuaid, Interim Director of Nursing (until June 2020)	2 / 2
Mr Dean Howells, Director of Nursing and Quality (from June 2019)	6/6
Ms Sally Quinn, Director of Human Resources and Organisational Development	8 / 8
Mr Andy Rogers, Chief Operating Officer (from January 2020)	2 / 2
Ms Jackie Smith, Trust Chair (from February 2020) and Non-Executive Director	8 / 8
Mr Darren Summers, Acting Chief Operating Officer (until January 2020) / Director of Strategy and Business Development	8 / 8
Mr David Wragg, Director of Finance	8 / 8

OUR BOARD OF DIRECTORS

Trust Chair, Jackie Smith

Jackie Smith has over 30 years of experience in regulation and law and has been in public service all of her working life. She spent 12 years in the Crown Prosecution Service in the late 80s and 90s, following which she took up a post at the General Medical Council regulating doctors.

She moved from there to the Nursing and Midwifery Council in August 2010 as the Director of Fitness to Practise. In June 2012, Jackie became the Chief Executive of the Nursing and Midwifery Council leading the organisation for more than six very successful years. Jackie left the NMC at the end of July 2018 and took up a role as Non-Executive Director in December 2018 before starting her role as Chair in February 2020. Jackie enjoys long-distance running and supporting numerous charities, including the Samaritans.

Angela McNab, Chief Executive

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

Among her previous senior and high-profile roles, she has been Chief Executive at NHS Luton and NHS Bedfordshire and worked as Director of Public Health, Delivery and Performance, at the Department of Health. Angela also led the Human Fertilisation & Embryology Authority for five years. Angela has a key interest in engagement and involving clinicians, service users and carers in developing and improving services.

Pippa Aitken, Deputy Trust Chair

Pippa Aitken was reappointed as Non-Executive Director for a second term in May 2018.

Born and educated in Australia, she moved to the UK in 1979, beginning her planning career in Camden Council where she progressed to running a Development Control team covering the part of the borough that includes St Pancras Hospital. She then spent over 30 years as a planning consultant in three global property advisory firms, most recently as Head of the Consulting Division at Colliers International. Professionally, she has a longstanding interest in public and private partnership working, reflected in her involvement in some very large development projects for clients.

In 2015, she joined the Board of Family Mosaic housing association, having served on its Finance and Development Committee since 2010, and in 2017, upon the merger of FM and Peabody, another housing association, she joined the Board of Peabody. She also sits on Peabody's Development and Thamesmead Committees.

Pippa is also a Governor at Villiers High School in Southall, reflecting her keen interest in young people and diversity. She lives in Haringey and previously lived in Islington.

Dalwardin (Dal) Babu, Non-Executive Director

Dalwardin Babu served for over 30 years in the Metropolitan Police and is a former borough commander of Harrow. He was the first chair of the National Association of Muslim Police which worked with home secretaries, chief constables and community leaders.

In 2010 he was elected to the National Police Superintendent Association of England and Wales. He has extensive board level experience in policing, community safety, child and adult safeguarding.

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

Dalwardin is a director of a School Academy and a trustee for Médecins Sans Frontières, House of Illustration, Artichoke, and Comedy School. He volunteers for a number of charities and enjoys football, cycling, hiking as well as cricket with his daughters.

Jeff Boateng, Director of Clinical Information Management

Jeff Boateng has over 15 years' experience in Organisational Performance Management and Improvement. Prior to joining C&I, he was Deputy Director of Delivery and Performance at NHS North West London Collaboration of Clinical Commissioning Groups (covering Brent, Central London, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow & West London).

Jeff has also held senior roles in Cafcass (Children and Family Court Advisory and Support Service), Wandsworth Council, and a number of other NHS commissioning and acute organisations. Jeff's particular areas of expertise and interest are performance improvement methodologies and reporting, data warehousing and visualisation, system working and population health analytics.

Luisa Fulci, Non-Executive Director

Luisa Fulci has 20 years' corporate commercial experience with significant financial responsibility and is currently Commercial Director Consumer and Small and Medium Enterprises at Royal Mail, responsible for consumer and business customer services. Luisa has a proven track record of delivering major change initiatives and developing customer-centric marketing strategies within complex and regulated environments. Luisa is a member of the Consumer and Network Access Royal Mail executive.

Luisa is also a non-executive director at CILEx Regulation, the independent regulator of CILEx lawyers, where she is the joint Lead for Practitioner and Entity Authorisation and Supervision, and for Education and Standards. She is committed to ensuring that the consumer is at the centre of decision making.

Luisa has lived in Islington for 25 years.

Angela Harvey, Senior Independent Director

Angela Harvey FCIPD FRSA was appointed on 1 September 2013, re-appointed in 2016, with a further extension to August 2020. She is Chair of the Resources Committee (Finance, Digital, Performance, Estates), member of the Strategic Alliance Committee and Senior Independent Director.

Angela is a Westminster councillor. She was Chair of Licensing, and a Member of the Mayor of London's Night Time Commission. As Cabinet Member for Housing, she led Westminster to be the No.1 housing authority in the country. Responsibilities included the rough sleeper strategy, annually helping 1,600 people back towards independent living. She sponsored the Westminster Housing Commission. She has extensive experience in planning and the built environment. Across London she led on regional employee relations, negotiating deals worth £100Ms. Angela was Lord Mayor of Westminster 2012-2013, the Diamond Jubilee, Olympics and Paralympics year.

She is an HR professional and executive coach in corporate, public and third sectors; she is also a chair of a not-for-profit private housing board.

Dean Howells, Director of Nursing and Quality

Dean Howells joined C&I in June 2019 as Executive Director of Nursing and Quality with experience in the NHS, Independent and Charity Healthcare sectors.

Dean's most recent NHS role was as Executive Director of Nursing, Quality and Patient Experience at Nottinghamshire Healthcare NHS Foundation Trust, providing leadership for over 5,000 nursing staff including diverse Community Services which resulted in a CQC rating of 'Outstanding' for care.

Dean has considerable experience of providing specialist High Secure Mental Health Services having held the role of Director of Nursing for the Forensic Services based at Rampton Hospital.

Dean's passion focuses on quality patient care and the development of a well-trained, compassionate and caring staff. He was appointed a Queen's Nurse in 2014, in recognition of his commitment to high standards of practice and patient-centred care. Dean works closely with Middlesex University and is a Honorary Professor of Clinical Practice at the School of Health & Education

Dr Vincent Kirchner, Medical Director

Dr Vincent Kirchner has been the Medical Director for C&I since 2015 and has worked in mental health services for 27 years. He said: "In my career I have had the privilege of working with many, many brave people who battle mental illness on a daily basis. Mental illness has touched my life personally through my parents who both have serious mental illnesses".

He studied medicine in South Africa, emigrated to the UK in 1996 and completed his psychiatric training in East London. He joined C&I as a consultant in 2000 and his roles have included lead consultant, associate medical director and deputy medical director. He is a graduate of the NHS Leadership Academy's Nye Bevan programme. He is the co-clinical director for mental health networks for NHSE London.

He is also responsible for the Clinical Strategy of C&I and is committed to C&I delivering high quality services that result in good patient experience, good clinical outcomes and the safest care possible.

Mark McLaughlin, Non-Executive Director

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

From 2007, he worked in Central Government: for the Home Office and the Environment Agency and from 2015 to 2017 was the first Chief Finance Officer at the Department for Environment, Food and Rural Affairs.

Mark has a science degree from the University of St Andrews and a PhD from the University of Nottingham. He has lived in London since 1987, moving there to take up a research position at the Institute of Neurology in Bloomsbury.

Christian Oribio, Trust Company Secretary

Christian Oribio joined C&I as Trust Company Secretary in April 2018. He is passionate about good governance and actively promotes sound stewardship and the Nolan Principles, which set out the ethical standards expected by public office holders.

He is an Institute of Chartered Secretaries and Administrators (ICSA) graduate Company Secretary and has over 10 years' governance and business management experience in the NHS.

After working at South London and Maudsley NHS Foundation Trust and NHS London, he joined Health Education England as Board Secretary and became the governance lead for the London and South East region. He previously worked internationally in the private sector and still practises as an executive coach, and Myers-Briggs and 360 Feedback Facilitator.

Sally Quinn, Director of HR and Organisational Development

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

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

Particular areas of interest and expertise are workforce planning, performance development, talent management, organisational development and staff engagement. She is a Chartered Fellow of the Chartered Institute of Personnel and Development.

Andy Rogers, Chief Operating Officer

For the four years prior to joining the Trust, Andy Rogers was Executive Director of Operations at North Staffordshire Combined Healthcare NHS Trust, based in Stoke-on-Trent. He has board level experience of mental health, learning disabilities and substance misuse services.

Andy's previous roles include Director of the Children and Families Directorate at Birmingham Community Healthcare NHS Foundation Trust and Associate Director of Operations at Heart of Birmingham Teaching Primary Care Trust.

Darren Summers, Deputy Chief Executive/Director of Strategy and Business Development

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

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

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

David Wragg, Director of Finance

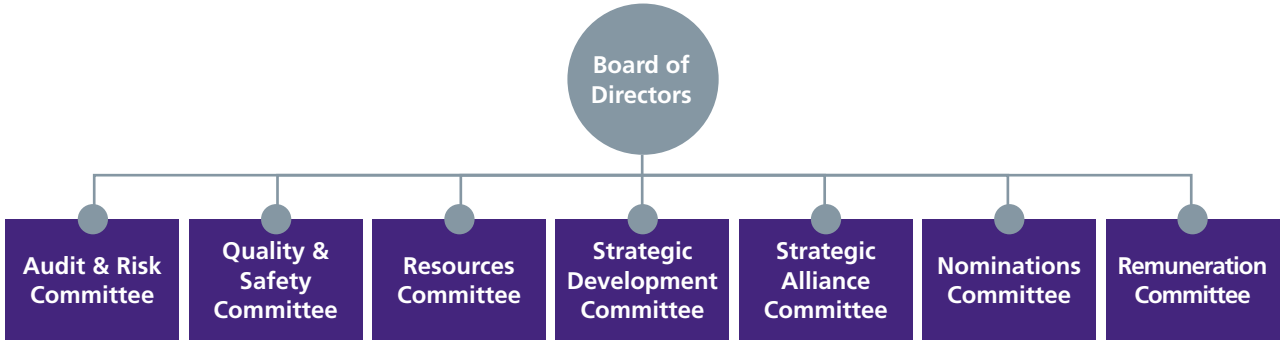
David Wragg joined C&I in October 2012 and has responsibility for estates and facilities management, and information and communications technology (ICT), as well as the Trust's finances.

Prior to joining C&I, he gained 13 years of Board level experience as Finance Director in two other London trusts. He has also worked in management consultancy and external audit, but always with NHS and other health bodies. David has contributed to expert NHS committees and has been a director in an NHS owned joint venture company.

He is a professionally qualified accountant, a member of the Chartered Institute of Public Finance and Accountancy, and is a former resident of both the boroughs of Camden and Islington.

2.8.18 BOARD OF DIRECTORS' COMMITTEES AND ATTENDANCE

The Board of Directors reviewed and reconfirmed the standing committees of the Board during 2019-20. Terms of reference for each committee are published on the Trust website as part of the Board Committee Handbook accessible using this link: https://www.candi.nhs.uk/about-us/who-we-are/our-board. The standing committees of the Board are each chaired by a non-executive director and the current Board committee structure is illustrated below:



- In June 2019 the Strategic Alliance Committee was established as a new joint committee with Barnet, Enfield and Haringey Mental Health NHS Trust to oversee the joint workstreams delivered under the alliance.
- The year also saw the oversight of workforce matters being transferred from the Resources Committee to the Quality and Safety Committee, with the Resources Committee taking on a new responsibility for oversight of performance reporting to the Trust Board.

- The membership of each Board committee comprises a minimum of three non-executive directors, one of whom is the designated chair of that committee. Quorum requires a minimum of two non-executive directors to be present.
- During 2019/20, work continued to focus on strengthening how committees routinely report to the Board on their activities and performance and further developing robust information flows between committees and the Board.
- In January 2020 a new process for reviewing committee effectiveness was introduced. All committees completed their self-assessments by March 2020.

2.8.19 AUDIT AND RISK COMMITTEE

- The Audit and Risk Committee comprises three non-executive directors, including an independent Non-Executive Chair.
- Ms Luisa Fulci joined this Committee in January 2020 as Ms Jackie Smith stood down upon her appointment as Trust Chair.
- Senior officers of the Trust who regularly attend the Audit and Risk Committee include the Chief Executive, Director of Finance, Head of Governance and Quality Assurance, Risk and Patient Safety Manager, Deputy Director of Finance and the Trust Company Secretary.
- Representatives from the Trust's external and internal auditors, along with counter-fraud specialist representation, also normally attend meetings.

Committee members and their attendance

The Audit and Risk Committee met four times in 2019/20. Attendance was as follows:

Members:	Meetings attended:
Mark McLaughlin, Non-Executive Director (Committee Chair)	4 / 4
Pippa Aitken, Deputy Trust Chair	4 / 4
Luisa Fulci, Non-Executive Director	1 / 1
Jackie Smith, Trust Chair (from February 2020) and Non-Executive Director	3 / 3

Role and duties

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

Work of the committee in 2019/20:

At its meetings in 2019/20, the Audit and Risk Committee:

- Maintained an overview of the activities of engaged internal audit, counter fraud and security management services
- Monitored the performance of Grant Thornton as the Trust's external auditor and recommended that the Council of Governors exercise the optional two-year extension taking their contract to 2022
- Sought assurance that adequate information governance and data security arrangements were in place within the Trust
- Scrutinised the Trust's Board Assurance Framework on a quarterly basis and received requested deep-dive reports on specific risk areas
- Scrutinised the Trust's 2018/19 Annual Report and Accounts on behalf of the Trust Board
- Received reports covering the Trust's 'Freedom to Speak Up' arrangements and agreed the Trust's Freedom to Speak Up Strategy
- Approved updated versions of key governance policies and received a range of annual reports
- Sought assurance that required Guardian Services were available to Trust staff
- Undertook a self-assessment of the committee's performance closely following best practice guidance by the Healthcare Financial Management Association (HFMA)

2.8.20 QUALITY AND SAFETY COMMITTEE

Committee membership

- In March 2019, the Committee's membership was increased from two non-executive directors to three and the quorum was strengthened in respect of non-executive representation.
- The Quality and Safety Committee membership consists of a non-executive director chair, two further non-executive directors and five executive directors comprising the Chief Executive, Director of Nursing and Quality, Deputy Chief Executive/Chief Operating Officer, the Medical Director and the Director of Human Resources and Organisational Development. Other senior officers, including the Deputy Director of Nursing, Head of Governance and Quality Assurance, Trust Company Secretary and more recently the Deputy Director of Human Resources and Organisational Development and Director of Clinical Information Management, also regularly attend.

Committee members and their attendance

The Committee held five regular meetings and three extraordinary meetings in 2019/20. Attendance by Committee members is detailed below.

Members	Meetings attended
Ms Jackie Smith, (Committee Chair), (Non-Executive Director until January 2020, Trust Chair from February 2020)	8 / 8
Mr Dalwardin Babu, Non-Executive Director	7 / 8
Ms Leisha Fullick, Trust Chair (until January 2020)	6 / 7
Ms Angela McNab, Chief Executive	8 / 8
Mr Dean Howells, Director of Nursing and Quality (from June 2019)	7 / 7
Ms Linda McQuaid, Interim Director of Nursing (in post from January to June 2019)	1 / 1
Dr Vincent Kirchner, Medical Director	7 / 8
Mr Andy Rogers, Chief Operating Officer (from January 2020)	2 / 2
Mr Darren Summers, Acting Chief Operating Officer (until January 2020) and Director of Strategy and Business Development	4 / 6

Role and duties

- Formerly known as the Quality Committee, in March 2019, as part of the annual review of committee terms of reference, the focus of this Committee was refreshed to strengthen the emphasis on safety and accordingly the Committee's name was revised. Furthermore, in September 2019, workforce was moved from the remit of the Resources Committee to the Quality and Safety Committee.
- The role of the Committee is to seek assurance and carry out deep-dive analysis on behalf of the Trust Board in relation to the Committee's four primary areas of focus: safety, patient experience; quality and effectiveness; and workforce and strategic human resource change management.

Work of the committee in 2019/20:

At its meetings in 2019/20, the Quality and Safety Committee:

- Considered quality and safety and received and discussed reports on serious incidents, learning from deaths, complaints and Mental Health Act assessments
- With the Strategic Development Committee, oversaw the development of the Trust's Clinical Strategy
- Maintained oversight of the CQC action plans
- Considered Quality Improvement programme progress reports
- Considered the Trust Suicide Prevention Strategy and the Mental Health Annual Report 2018-19
- Considered the draft Workforce Strategy 2019-22 and strategic workforce priorities
- Considered the 2019 Trust 'pulse' staff survey report and the Workforce Race Equality Standard
- Received reports following directors' service visits
- Reviewed its effectiveness through a procedure endorsed by the Trust Board in December 2019

2.8.21 RESOURCES COMMITTEE

Committee membership

- The Resources Committee's membership comprises a non-executive director chair, two further non-executive members as well as the Director of Finance and Chief Operating Officer. Other executive directors present at every meeting were the Director of Human Resources and Organisational Development and the Director of Clinical Information Management, along with a range of other senior managers, as appropriate.

Committee members and their attendance

The Committee met six times in 2019/20. Attendance by Committee members is detailed below.

Members:	Meetings attended:
Ms Angela Harvey, Senior Independent Director (Committee Chair)	6 / 6
Ms Luisa Fulci, Non-Executive Director	6 / 6
Ms Leisha Fullick, Trust Chair (until January 2020)	4 / 5
Mr Andy Rogers, Chief Operating Officer (from January 2020)	2 / 6
Ms Jackie Smith, Trust Chair (from February 2020) and Non-Executive Director	1 / 1
Mr Darren Summers, Acting Chief Operating Officer (until January 2020) and Director or Strategy and Business Development	4 / 6
Mr David Wragg, Director of Finance	6 / 6

Role and duties

- The role of the Resources Committee is to oversee the strategic planning and management of the Trust's operational resources, including those related to finance, digital, performance, estates, and procurement. In October 2019 responsibility for workforce transferred from Resources to Quality & Safety Committee and simultaneously Resources Committee took responsibility for performance.

Work of the committee during 2019/20:

At its meetings in 2019/20, the Resources Committee:

- Oversaw development of the Trust's strategies for Workforce, Digital and Procurement. The focus of the Workforce strategy is on staff capacity; equality, diversity & inclusion; and staff wellbeing.
- Maintained an overview of the Trust's financial position, with a keen interest in the achievement of the cost improvement programme
- Maintained oversight of the Total Facilities Management service provider's contractual performance and ensured the Estates and Facilities function was adequately resourced

- Maintained an overview of the transfer of the Trust's procurement systems to a shared service hosted by North East London NHS Foundation Trust
- Oversaw digital provision and support within the Trust including cyber security
- Oversaw the provision of Wif-fi within the Trust.
- As part of its performance responsibilities the Committee requested a number of deep dive reports including Early Intervention in Psychosis Services,
- Approved the procurement of a specialist housing provider to support service users at 154 Camden Road
- Reviewed the 2018 National Staff Survey Results and the Trust's response
- Considered the Trust's 2019 "Pulse" staff survey report
- Considered the Gender Pay Gap report
- Oversaw of the development of apprenticeship roles
- arrangements
- Retained an overview of potential implications for the Trust in preparation for the UK exiting the EU.
- Reviewed its effectiveness through a procedure endorsed by the Trust Board in December 2019

2.8.22 STRATEGIC DEVELOPMENT COMMITTEE

Committee membership

The Strategic Development Committee's membership consists of a non-executive director Chair, two further non-executive directors and five executive directors comprising the Chief Executive, Medical Director, Chief Operating Officer, Director of Finance and Director of Strategy and Business Development. Regular attendees include the St Pancras Transformation Programme Director, St Pancras Development Project Director, Director of Delivery Improvement and Head of Business Partnerships.

Committee members and their attendance

The Committee met 11 times in 2019/2020. Attendance by Committee members is detailed opposite.

Committee members and their attendance

The Committee met 11 times in 2019/2020. Attendance by Committee members is detailed below.

Members	Meetings attended
Leisha Fullick, Trust Chair (from February 2020) and Non-Executive Director (Committee Chair until January 2020)	9 / 9
Jackie Smith, Trust Chair (until January 2020) and Non-Executive Director (Committee Chair from February 2020)	2 / 2
Pippa Aitken, Deputy Trust Chair and Non-Executive Director	10 / 11
Mark McLaughlin, Non-Executive Director	10 / 11
Angela McNab, Chief Executive	11 / 11
Vincent Kirchner, Medical Director	6 / 11
Andy Rogers, Chief Operating Officer (from January 2020)	3 / 3
Darren Summers, Acting Chief Operating Officer (until January 2020) and Director of Strategy and Business Development	10 / 11
David Wragg, Director of Finance	9 / 11

Role and duties

The role of the Strategic Development Committee is to:

- Drive and oversee all major strategic projects and developments to support the sustainability of the Trust and its services and to lead the implementation of the Trust's Clinical Strategy
- Act as the lead committee for the St Pancras Transformation Programme to scrutinise and oversee all critical programme milestones

Work of the committee in 2019/20:

At its meetings in 2019/20, the Strategic Development Committee:

- Discussed service development priorities and contract negotiations in the context of the long-term plan
- Considered opportunities for collaborative working with partner organisations
- Oversaw progress in relation to the St Pancras Transformation Programme, including the selection of parties involved
- Considered quarterly updates from the Clinical Strategy Programme Board and discussed the refresh of the Clinical Strategy and long-term strategic priorities
- Considered the Sustainable Development Management Plan and Agile Working;
- Considered updates from the Strategic Alliance Committee including a review of progress against joint work streams
- Reviewed its effectiveness through a procedure endorsed by the Trust Board in December 2019.

2.8.23 STRATEGIC ALLIANCE COMMITTEE

Committee membership

- In June 2019 the Strategic Alliance Committee was established as a new joint committee with Barnet, Enfield and Haringey Mental Health NHS Trust to oversee a number of workstreams jointly undertaken by both Trusts. Joint working arrangements have been put in place to improve service delivery and are aligned to the NHS's aims for working in partnership.
- Committee meetings have an equal number of members from each organisation including the Trust Chairs, Chief Executive Officers, non-executive directors and representative executive directors from each Trust. Ms Jackie Smith took over as Joint Chair of this Committee as Ms Leisha Fullick's successor in February 2020.

Committee members and their attendance

The Committee met 11 times in 2019/2020. Attendance by Committee members is detailed below.

Members	Meetings attended
Ms Leisha Fullick, C&I Trust and Joint Committee Chair (until January 2020)	2 / 3*
Ms Jackie Smith, C&I Trust and Joint Committee Chair (from February 2020) and C&I Non-Executive Director	1 / 3
Ms Angela Harvey, C&I Senior Independent Director	3 / 4
Dr Vincent Kirchner, C&I Medical Director	3 / 4
Mr Mark McLaughlin, C&I Non-Executive Director	4 / 4
Ms Angela McNab, C&I Chief Executive	4 / 4

* As C&I Deputy Trust Chair, Ms Pippa Aitken attended a Strategic Alliance Committee meeting in Ms Leisha Fullick's absence

Role and duties and work of the committee

The role of the Strategic Alliance Committee is to oversee the strategic consideration and planning of joint service and working arrangements where Camden and Islington NHS Foundation Trust works together with Barnet, Enfield and Haringey Mental Health NHS Trust, for the benefit of the services and service users of both trusts.

2.8.24 BOARD OF DIRECTORS' NOMINATIONS COMMITTEE

Committee Membership

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

The membership of this committee comprises all the non-executive directors and the Chief Executive.

Meeting attendance

The Committee met once in 2019/20. Attendance was as follows:

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

Role and duties

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

Work of the committee in 2019/20

The Committee met only once in 2019/20 to review the Executives' Annual Work Plan for 2019/20 which was presented by the Chief Executive.

2.8.25 BOARD OF DIRECTORS' REMUNERATION COMMITTEE

Committee Membership

The Remuneration Committee comprises the Trust Chair and two other non-executive directors.

Meeting attendance

The committee met three times in 2019/20 and attendance was as follows.

Members:	Meetings attended:
Leisha Fullick (Committee Chair)	3 / 3
Angela Harvey	3 / 3
Mark McLaughlin	3 / 3

Role and duties

To advise the Board on appropriate remuneration and terms of service for the chief executive, executive directors and other members of the executive management team as the Board may determine.

Work of the committee in 2019/20

The Board of Directors' Remuneration Committee carried out the following key items of business:

- Review of the interim role of Director of Clinical Information Management for which the Committee approved the extension to the fixed term contract for this role
- Review of the Trust's Staff Expense policy
- A detailed review of the National NHS Pay Survey Report
- Approval of the pay-award for Very Senior Managers for 2019-20
- Approval of a significant redundancy payment

- Approval of a new Remuneration Policy for Very Senior Managers
- Review of emerging Pension Tax Guidance for NHS employers

2.8.26 BOARD EVALUATION AND EFFECTIVENESS

In December 2019, the Board approved a robust procedure for annual evaluation of committee effectiveness through a series of self-assessments in line with committees' terms of reference. Assessments were undertaken during the final quarter of the financial year, although the final summary report to the Board was deferred due to the emerging Covid-19 crisis. However, committees' terms of reference were updated and approved by the Board in March 2020.

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

As part of annual appraisals, the Trust Chair has been evaluating the individual performance of Non-Executive Directors and the Chief Executive. The Trust Chair provided a performance summary to the Remunerations Committee to inform its decision-making on the proposed pay-award.

The overall approach that is followed includes:

- The performance of the Chair is evaluated by self-assessment and the Council of Governors. Members of the Council of Governors complete an anonymised online questionnaire and rate the performance of the Chair against agreed performance objectives and attributes. This process is facilitated by the Senior Independent Director and administered by an independent, external provider who was specifically contracted for this purpose.
- The performance of each non-executive director is evaluated by self-assessment and assessment by the Trust Chair. This is further monitored by the Council of Governors' Nominations and Remuneration Committee.
- The appraisal of the performance of the executive directors is carried out by the Chief Executive, who in turn is appraised by the Trust Chair.
- In 2019/20 a Board skills mix assessment was undertaken which was informed by directors' own self-assessment.
- Personal development plans and objectives are agreed for all Board Members and monitored during the year.

During 2019/20, Board seminars and away days continued to be held which focused on the following areas:

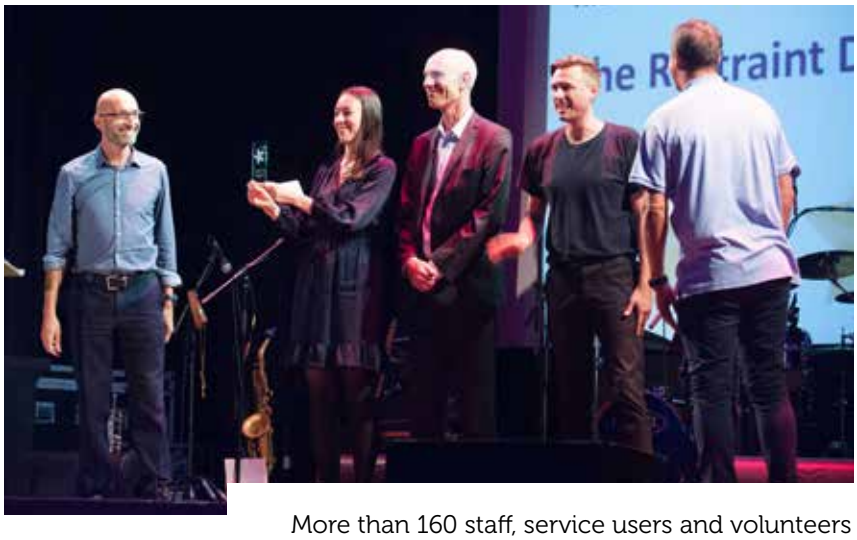
- Strategic Planning, Integrated Care Systems and delivery in line with the NHS Long-term Plan
- Partnership working and strategic work plans under the Strategic Alliance
- Preparation for key decisions regarding the St Pancras Development Programme
- Discussion of a proposal to have a Chair in Common with Barnet, Enfield and Haringey Mental Health NHS Trust
- Scoping Improvements to committee effectiveness and how they can better serve the Board
- Board development – strengthening Board capabilities and improving collaboration
- Clinical Strategy and planning for a divisional restructure

For the work surrounding strategic planning and Board development, an external facilitator was engaged.

2.9 STAFF REPORT

C&I is committed to celebrating our staff, recognising the work they do to care for our service users and helping them advance in their careers.

We held our second annual Star of the Year Awards to highlight the dedicated work of our colleagues, service users, volunteers and carers



More than 160 staff, service users and volunteers celebrated at the annual Star of the Year Awards at Islington Assembly Hall. Winners of each of the 13 categories were given a trophy and gift voucher.

2.9.1 AVERAGE NUMBER OF EMPLOYEES

The table below shows the Trust staff costs and average number of staff employed as at 31 March 2019 and 31 March 2020 and are subject to audit

Average number of employees (Working Time Equivalent basis) 2019/20

			2019/20	2018/19
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	129	4	132	123
Ambulance staff				
Administration and estates	315	36	351	350
Healthcare assistants and other support staff	375		375	364
Nursing, midwifery and health visiting staff	425	156	581	585
Nursing, midwifery and health visiting learners				
Scientific, therapeutic and technical staff	658	13	671	671
Healthcare science staff				
Social care staff	14		14	10
Other				
Total average numbers	**1916**	**208**	**2125**	**2103**
Number of employees (WTE) engaged on capital projects				

Staff costs 2019/20

			2019/20	2018/19
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	78,362	2,102	80,464	76,314
Social security costs	8,437	-	8,437	7,894
Apprenticeship levy	381	-	381	349
Employer's contributions to NHS pension scheme	14,629	-	14,629	9,355*
Pension cost - other	-	-	-	-
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	-
Temporary staff	-	9,955	9,955	10,137
Total gross staff costs	**101,809**	**12,057**	**113,866**	**104,049**
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	**101,809**	**12,057**	**113,866**	**104,049**
Of which				
Costs capitalised as part of assets	-	-	-	-

* £4,369K is included within employer's contributions to the NHS pension scheme in 2019/20, which has been paid to the Trust directly by NHS England.

2.9.2 GENDER BREAKDOWN

The table below shows the number of staff employed by the Trust by Gender as at 31 March 2019. The figures include the 324 Trainee Clinical Psychologists and the 30 Education Mental Health Practitioners who are hosted on the Trust payroll.

Staff by Gender as at 31 March 2019

			2019/20	2018/19
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	78,362	2,102	80,464	76,314
Social security costs	8,437	-	8,437	7,894
Apprenticeship levy	381	-	381	349
Employer's contributions to NHS pension scheme	14,629	-	14,629	9,355*
Pension cost - other	-	-	-	-
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	-
Temporary staff	-	9,955	9,955	10,137
Total gross staff costs	**101,809**	**12,057**	**113,866**	**104,049**
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	**101,809**	**12,057**	**113,866**	**104,049**
Of which				
Costs capitalised as part of assets	-	-	-	-

* £4,369K is included within employer's contributions to the NHS pension scheme in 2019/20, which has been paid to the Trust directly by NHS England.

2.9.2 GENDER BREAKDOWN

The table below shows the number of staff employed by the Trust by gender as at 31 March 2019. The figures include the 324 trainee clinical psychologists and the 30 education mental health practitioners who are hosted on the Trust payroll.

Staff by Gender as at 31 March 2019

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

The table below shows the number of staff employed by the Trust by gender as at 31 March 2020. The figures include the 323 trainee clinical psychologists and the single education mental health practitioner who were hosted on the Trust payroll at that date.

Staff by Gender as at 31 March 2020

	Female	Male	Total Headcount
Executive Director	2	6	8
Non-Executive Director	4	2	6
Senior Manager	8	16	24
Other Employees	1478	596	2074
Grand Total	1492	620	2112

2.9.3 EXIT PACKAGES

Reporting of compensation schemes

The exit packages within the scope of this disclosure include, but are not limited to, those made under nationally-agreed arrangements or local arrangements for which Treasury approval was required. Compulsory redundancies are avoided whenever possible within the Trust. Whilst every effort will be made by the Trust to identify alternative options to compulsory redundancy, there may nevertheless be occasions when the need to make compulsory redundancies is unavoidable.

During the period 2019/20 (this reporting year) there was one redundancy payment to a member of staff for whom no suitable alternative employment could be arranged, and two contractual payments in lieu of notice.

Exit packages paid during 2019/20

	Number of Compulsory Redundancies	Number of Other Departures Agreed	Total Number of Exit Packages
<£10,000		2	2
£10,000 to £25,000			
£25,001 - £50,000			
£50,001 - £100,000			
£100,001 - £150,000			
£150,001 - £200,000	1		1
>£200,000			
Total number of exit packages by type	1	2	3
Total Cost	£159k	14k	£173k

The next table shows the equivalent exit packages for last year, the period 2018/19

During the period 2018/19 (last reporting year) there were three redundancy payments, one contractual payment in lieu of notice, and one settlement payment equivalent to contractual notice period and salary paid.

Exit packages for 2018/19

	Number of Compulsory Redundancies	Number of Other Departures Agreed	Total Number of Exit Packages
<£10,000		2	2
£10,000 to £25,000	1		1
£25,001 - £50,000	1		1
£50,001 - £100,000			
£100,001 - £150,000			
£150,001 - £200,000			
>£200,000			
Total number of exit packages by type	2	2	4
Total Cost	£56k	£14k	£70k

Exit packages: other (non-compulsory) departure payments

The following table shows the number of non-compulsory departures detailed in the top table above (for 2019/20) which attracted an exit package in the year and the values of the associated payment by individual type.

	2019/20		2018/19	
	Payments Agreed	Total Value of Agreement	Payments Agreed	Total Value of Agreement
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	2	14	2	14
Exit payments following Employment Tribunals or court orders				
Non-contractual payments requiring HMT approval				
Total	2	14	2	14
Of Which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary				
There were no non-contractual payments paid during 2019/20				

2.9.4 OFF-PAYROLL ENGAGEMENTS

The Trust does not permit the direct engagement of any workers outside of IR35. All workers outside IR35 must be engaged (and paid) via an approved Framework Agency.

The reasons why an engagement falls outside of IR35 must be clear as well as the reasons why a worker cannot be engaged inside IR35. This information is needed when seeking authority to recruit.

The table below shows all off-payroll engagements as of 31 March 2020 which cost more than £245 per day and that lasted for longer than six months. This relates to the government review of the tax arrangements of public sector appointees.

The table opposite shows all off-payroll engagements as of 31 March 2020 which cost more than £245 per day and that lasted for longer than six months. This relates to the government review of the tax arrangements of public sector appointees.

Number of existing engagements as of 31/03/2020	**5**
Of which…	
No. that have existed for less than one year at time of reporting	5
No. that have existed for between one and two years at time of reporting	0
No. that have existed for between two and three years at time of reporting	0
No. that have existed for between three and four years at time of reporting	0
No. that have existed for more than four years at time of reporting	0

The table opposite shows all new off payment engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020 which were for more than £245 per day and that were to last for longer than six months.

Number of new engagements, of those that reached six months in duration, between 1 April 2019 and 31 March 2020	5
Of which:	
Number assessed as within the scope of IR35	2
Number assessed as not within the scope of IR35	3
Number engaged directly (via PSC contracted to the Trust) and are on the Trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

The table opposite refers to off-payroll engagements of board members, and/or senior officials with significant financial responsibilities, between 1 April 2019 and 31 March 2020. The second row shows all members of the Trust Board during that period, including both starters and leavers.

Number of **off-payroll** engagements of Board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'Board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both **off-payroll and on-payroll** engagements.	16

2.9.5 EXPENDITURE ON CONSULTANCY

The Trust reported a spend of £560k on consultancy, compared with £499k in 2018/19.

2.9.6 TRADE UNION FACILITY TIME

The number of Trade Union Representatives in the Organisation

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
6	0.98

The percentage of time spent on facility time

This table shows the amount of time spent on facility time by our employees, who were relevant union officials, during this period.

Percentage of time	Number of employees
0%	0
1-50%	5
51%-99%	1
100%	0

The amount spent on facility time

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

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

First Column	Figures
Provide the total cost of facility time	£28k
Provide the total pay bill	£104,172k
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.03%

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

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

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

2.9.7 STAFF ENGAGEMENT AND COMMUNICATION

Our communications team supports the Trust's strategic aims internally and externally.

Key areas in the last 12 months have included ensuring our service users, staff and wider community were fully engaged in the planning around our new hospital at Highgate and two community centres in Camden and Islington.

Voluntary Services Manager Jo Scott on one of the stalls at our first Christmas Fair at Highgate Mental Health Centre to raise money for the Trust charity

The promotion and branding of our newly-revived Trust charity – whose aim is to enhance the wellbeing of staff and service users – was another area where communications support paid real dividends.

A new role of Associate Director of Communications was created to oversee and strengthen communications across the Strategic Alliance with the associate director working both at C&I and at BEH. An away day for both communications teams was held in February where best practice and future plans were shared. Our common aim is to avoid duplication and to work jointly on promoting the key priorities of the Alliance. A joint communications strategy to respond to the Covid-19 pandemic was just one example of such joint working.

Supporting staff engagement is central to the communications team's function. Highlights this year included a well-attended annual staff awards ceremony – our Stars of the Year - held at Islington Assembly Hall. More than 200 staff and service users attended to celebrate their colleagues and there was live music and food.

For the first time, we held an event to celebrate the long service of staff members who had been with the Trust for more than ten years. Other new events this year included staff activities to mark World Mental Health Day and a Christmas Fair at Highgate Mental Health Centre in aid of our charity.

Actor Helen McCrory, OBE, was the VIP guest at a concert the Communications Team organised of NHS choirs from across London who came together for the first time to mark Mental Health Awareness Week in May. The event was also used to promote the newly-relaunched Charity. Camden and Islington NHS Trust's own choir performed, along with Camden Youth Choirs, The Whittington's Sing for Your Lungs Choir, and the chart-topping Lewisham and Greenwich NHS singers.

We secured the impressive surroundings of the Wellcome Trust building near Euston for our Annual General Meeting. There was an exhibition showing the work of the Trust,

Helen McCrory at NHS Choirs.

C&I hosted a concert of NHS choirs from across London who came together for the very first time to mark Mental Health Week.

The President of the Royal Society of Medicine Professor Sir Simon Wessely gave the keynote address at our Annual Members Meetin.

presentations by members of the Board and the Lead Governor and a keynote address from our guest speaker, Professor Sir Simon Wessely, who led the independent review of the Mental Health Act.

Our Mental Health Matters expert quarterly talks, which are organised by the Communications Team, continue to be well-supported by staff, service users and members of the public. This year, they included a visit by Patrick Vernon, OBE, a former non-executive director at the Trust who talked about the experience of service users from BAME backgrounds. Another event focused on how LGBT+ people access local services and the effect on their health and wellbeing.

The Carols by Candlelight service in the neighbouring St Pancras Old Church is a highlight of the Christmas season and was very well attended by staff and service users.

The Trust's Carols by Candlelight service was as popular as ever, with staff and service users bringing family and friends to he.

Communications campaigns were successful in driving up participation in our Staff Survey and Flu Jab Campaigns. This year 60% of staff completed the survey and 62% had their flu jab – both significant increases on the previous year thanks, in part, to concentrated and effective communications.

Other well-received campaigns were around improved cyber security and our CQC inspections and result. C&I continues to have a growing social media presence across Twitter, Facebook and LinkedIn. We are at the forefront of adopting new technology and in March 2020 launched the first, now regular, all-staff webinars.

2.9.8 STAFF SURVEY

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

Responses are now grouped by theme. Responses in years previous to 2019 have been re-analysed by the Staff Survey Coordination Centre to conform to these new groupings.

C&I Staff Survey 2019 Response Rate

Trust Score 2018	Trust Score 2019	National 2019 average for Mental Health	Trust Improvement/ Deterioration	Ranking compared with all mental health trusts 2019
49%	60%	54%	11%	Above Average

The Trust's 2019 staff survey response was 60%, an increase of 11% from last year and higher than the national average for mental health trusts of 54%.

Overall staff engagement

The Trust recorded a score of 7.0 (on a scale of 1-10) against a national average of 7.0 for mental health trusts. The C&I 2018 score was 7.1.

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

C&I Top Five Ranking Scores

	Trust Score 2018	Trust Score 2019	National 2019 average for mental health	Trust Improvement/ Deterioration	Ranking compared with all mental health trusts 2018
Senior managers try to involve staff in important decisions	42%	47%	38%	5% improvement	Above average
Communication between senior management and staff is effective	46%	51%	42%	6% improvement	Above average
Senior managers act on staff feedback	39%	43%	36%	4% improvement	Above average
Appraisal/review definitely helped me improve how I do my job	33%	31%	24%	2% deterioration	Above average
Able to make improvements happen in my area of work	66%	64%	59%	2% deterioration	Above average

In addition to the above top five ranking question scores, Camden and Islington scores have remained consistently above average, (since 2015), for appraisals that agree clear objectives. We remain the top ranking Trust for appraisals that improve how staff do their job. In terms of 'Theme' scores, there has been a statistically significant improvement since last year in positive responses to questions indicating staff perception of an environment safe from violence. Meanwhile, scores in the theme relation to Quality of Care also now demonstrate above average performance.

In the themes of Equality, Diversity and Inclusion, Health and Wellbeing, Morale, and Bullying and Harassment, overall scores are significantly below average. Although there have been improvements in some question scores where Camden and Islington were previously ranked lowest amongst mental health trusts, scores remain below average in those areas.

Bringing about improvements

The Trust has identified the following key themes to focus on as areas where it will work hard to bring improvement in 2020/21:

- Equality of opportunity and fairness
- Experience of bullying and harassment from service users and the public
- Health and wellbeing of staff
- Morale (covering questions around autonomy and agency, relationships at work, intention to stay)
- Increase in staff experiencing violence from colleagues
- Number of staff having appraisals and their subsequent access to learning and development opportunities
- The new Workforce Strategy has an associated delivery plan which includes actions and timeframes to be monitored by the Workforce and Culture Programme Board.

C&I Bottom Five Ranking Scores

	Trust Score 2018	Trust Score 2019	National 2019 average for mental health	Trust Improvement/ Deterioration	Ranking compared with all mental health trusts 2019
I am unlikely to look for a job at a new organisation in the next 12 months	46%	43%	51%	3% deterioration	Below average
Appraisal/ review: organisational values definitely discussed	32%	34%	40%	2% improvement	Below average
Not experienced discrimination from patients/service users, their relatives or other members of the public	83%	84%	90%	1% improvement	Below average
Had appraisal/KSF review in the last 12 months	88%	84%	89%	4% deterioration	Below average
Not experienced harassment, bullying or abuse from patients/service users, their relatives or other members of the public	61%	62%	67%	1% improvement	Below average

Actions include:

- Engagement with staff at local level to facilitate ownership of action plans to tackle key issues raised in the Staff Survey
- 'You said, we did' campaign throughout the year to increase the visibility of the impact of actions
- Workforce Race Equality Standards (WRES) and Workforce Disability Standards (WDES) action plans to raise awareness of challenges, increase representation at higher bands and to support adjustments that enable staff to access opportunities.
- Improved information on wellbeing offerings through the intranet
- Promoting the revised Trauma at Work Pathway,
- Increase the profile of opportunities available to gain apprenticeship qualifications

2.9.9 IMPROVING STAFF EXPERIENCE

A variety of initiatives were introduced during 2019/20 to support the health and wellbeing of staff, building on the progress of the previous year.

We offer a coaching and mentoring programme across the Trust and this year we joined with our Strategic Alliance partners, Barnet, Enfield and Haringey NHS Trust, on a mentoring programme designed to support staff, particularly those from BAME backgrounds, to progress into higher bands in the organisation. We also offer Coaching Conversations training, giving participants the opportunity to gain European Mentoring and Coaching Council Foundation Level knowledge and skills.

A new Managers Essentials Programme has been launched with the aim of consolidating good practice across the organisation; and we introduced Quality Improvement leadership training to help people understand how to develop and implement projects.

We are in the process of diagnosing organisational culture, this process has included focus groups with staff in teams and networks to gather their views on a range of cultural indicators. The aim is to analyse feedback from these and other existing data to develop some plans to further embed the Trust's Cultural Pillars.

Camden and Islington NHS Foundation Trust recognises the importance of ensuring its services are fair and equitable to all. The diversity of staff, service users, partners and visitors to our services is celebrated. We expect everyone who works for the Trust, visits any of our sites, or comes into contact with our services, to be able to participate fully and achieve their full potential in a safe and supportive environment.

C&I took part in the 2019 Pride in London Parade

The organisation welcomes all service users and members of staff irrespective of race, disability, sex, sexual orientation, gender reassignment, marriage and civil partnership, pregnancy and maternity, age, religion or belief.

The Trust is in its first year of being a Stonewall Diversity Champion. Stonewall is the UK's leading lesbian, gay, bisexual and transgender (LGBT) equality charity, and has been instrumental in changing the national legislative environment for people who consider themselves to be LGBT+, and taking forward the agenda. The Trust is aspiring to reaching the Top 100 in the Stonewall Workplace Equality Index. The Stonewall rating is often seen as an indicator of an organisation's approach to equality and inclusion overall and can further increase all diversity in the workplace.

Part of the Trust's work for LGBT+ equality has included being involved in the London Pride parade for the second year.

Staff networks provide a platform for staff to voice their opinions and support the Trust to improve working practices and services. It has been a resource that has been invaluable and led to the development of a number of positive outcomes.

There are currently four active staff networks:

- Network for Change (black, asian and minority ethnic) and allied staff network.
- Disability+ (mental & physical lived experience) carer's allies' disability staff network.
- Rainbow+ (lesbian, gay, bisexual and transgender) and allies staff network.
- Women's (all who identify as women) and allied staff network.

These will provide an extra layer of support for staff, reduce anxiety and further develop intersectionality at C&I. Each staff network has an executive sponsor, whereby an executive director has committed to championing that group at Board level. They attend at least one meeting a year to understand the issues being raised by the group.

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

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

Co-chair of the Network for Change, Naomi Williams addressed the annual Network for Change Conference at St Pancras Hospital, where the theme was "Together we aspire, together we achieve"

2.9.10 EQUALITY, DIVERSITY AND INCLUSION

Camden and Islington NHS Foundation Trust recognises the importance of ensuring its services are fair and equitable to all. The diversity of staff, service users, partners and any visitors to our services is celebrated. We expect everyone who visits any of our sites, comes into contact with any of our services, or who works for the Trust, to be able to participate fully and achieve their full potential in a safe and supportive environment.

C&I Staff Networks

The staff networks provide a platform for staff to voice their opinions and support the Trust to improve working practices and services. It is a resource that has been invaluable to our staff and managers and led to the development of a number of positive outcomes.

There are currently four active staff networks:

- Network for Change (black, Asian and minority ethnic) and allies. The Network for Change is working with the trust on projects that aim to improve race equality, including the Workforce Race Equality Standard.
- Disability+ Network (mental and physical lived experience and carers') and allies.
- The Disability+ Staff network is working with the Trust on projects that aim to improve disability equality, including the Workforce Disability Equality Standard.
- Rainbow+ Network (lesbian, gay, bisexual and transgender) and allies'. The Rainbow+ Staff network is working with the Trust on projects that aim to improve LGBT+ equality, including working with Stonewall
- Women's Network (all who identify as women) and allied staff. The Women's Network is working with the Trust on projects that aim to improve gender equality, including the Gender Pay Gap Report.

Each staff network has an executive sponsor, whereby an executive director has committed to championing that group at Board level. They attend at least one meeting a year to understand the issues being raised by the group. A further development this year is the invitation by the Trust's CEO, for Staff Network Chairs to attend Board meetings.

In 2019/20, the Trust also,

- Hosted the Network for Change Conference 'Together We Aspire, Together We Achieve Diversity' at St Pancras Hospital, with guest speakers. The all-day conference examined the complexities of the BAME staff and service user experience and how we can all come together to build a better future
- Sponsored a Nubian Users' Forum event celebrating 'The Legacy of The Windrush Pioneers' with poetry, displays and food.
- Achieved Level 2 of the Disability Confident Commitment
- Held our first 'Invisible Disabilities' Week event, which included staff members and the Finance Director telling their stories about living and working at C&I with an invisible disability, Equali-tea and Cake Learning Sessions 'When Does the Menopause Become a Disability?' and 'Workplace Adjustments'. The week also included 'C&I Purple Thursday' when staff, service users and inpatients wore the colour purple, to promote awareness and show support for those living with an invisible disability
- Attended London Pride to support our LGBT+ colleagues and Rainbow+ Network. We promote that C&I is an organisation that welcomes and supports the LGBT+ community.

Equality, Diversity and Inclusion Training

In 2018/19 the Trust's compliance rate for mandatory equality, diversity and inclusion training was 91.0%. Training in equality, diversity and inclusion is a mandatory e-learning module for all staff and a key component of the new staff induction process. Following a review of all mandatory training, equality, diversity and inclusion training will now be a three-yearly refresher training, ensuring that all staff are equipped with the appropriate knowledge and awareness to provide consistently fair treatment towards colleagues and patients/service users alike. In addition, workshop sessions are offered by the Equality, Diversity and Inclusion Lead in partnership with Staff Inclusion Networks for both staff members and service users who would like further information and awareness around inclusion.

2.9.11 SICKNESS ABSENCE DATA

Sickness absence has improved against targets; data is published quarterly in the human resources performance reports received by the Board, as well as presented at the monthly divisional performance meetings.

The link below takes you to the site where information is published by NHS Digital

https://digital.nhs.uk/dataand-information/publications/statistical/nhs-sickness-absence-rates

2.9.12 HEALTH & SAFETY, INCLUDING FIRE SAFETY

The Trust has continued working to implement the action plan agreed for improving health and safety management systems agreed with the Health and Safety Executive. Progress on the plan was reported to them in May which they were satisfied with, and as a result confirmed that the Trust would no longer be subject to ongoing monitoring.

The Trust continues to undertake works to its clinical environments to ensure the safety of its service users and staff. Major projects in the last 12 months have included the installation of new anti-ligature en-suite doors and anti-barricade doors.

The construction of the Trust's new Section 136, Place of Safety, ensures that initial assessment of new or returning acute mental health service users can take place in a safe, secure and controlled environment, bringing benefits to mental health services across North Central London in its entirety.

We continue to work closely with the London Fire Service to develop and implement best practice within mental health environments. Our ongoing target is to train all inpatient ward staff to fire marshal standard and we have supplemented this by introducing command and control training to enhance leadership and management skills in the event of an incident.

2.9.13 OCCUPATIONAL HEALTH

The Occupational Health (OH) service has been provided to the Trust by People Asset Management (PAM) for the last four years and has recently had its contract renewed until November 2020. The service continues to be accessed at a high rate and is used by both new and existing staff. This service is aimed at promoting and supporting the health and wellbeing of the Trust's employees and supporting managers in providing advice, guidance and recommendations to support the safe and timely return of employees to the workplace following sickness absence.

The specific activities include on-employment health screening, immunisation and vaccination services, health surveillance, management referral, workplace assessments, psychological support and health education and promotion. Furthermore, PAM provides Employee Assistance Programme (EAP) to employees, which is a confidential support service in relation to counselling, family matters, debt, benefits and relationships.

This service is available to all employees 24/7, 365 days a year. In the last year, as in previous years, PAM has also provided a series of wellbeing-focused events on both our St Pancras and Highgate sites. A monthly service review continues to run alongside quarterly contract review meetings to ensure any issues and queries are resolved and PAM meets its contractual obligations.

2.9.14 GENDER PAY GAP

In line with the Equality Act 2010 (Gender Pay Gap Information) Regulation 2017, the Trust published and reported the Gender Pay Gap using a snapshot date of 31 March 2019. The Regulation that came into force on 1 April 2017 required public sector organisations to publish and report Gender Pay Gap within 12 months, by 30 March 2018 at the latest. This report will be produced on an annual basis going forward. The Equality and Human Rights Commission is the body responsible for enforcing the regulation.

The Gender Pay Report is available on the Trust website:

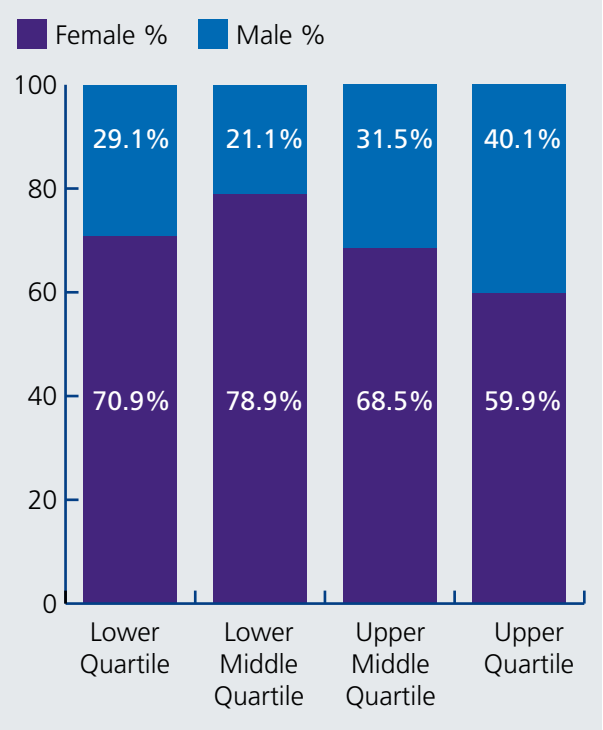
https://www.candi.nhs.uk/about-us/equality-diversity-and-human-rights

Key Highlights from the Gender Pay Gap Report

- The gender profile of the Trust as at 31 March 2019 comprised 70% women and 30% men. Last year this was 71% women and 29% men;
- The Gender Pay Gap analysis shows that women employed by the Trust earn an average of 12.1% less than men in hourly pay (14.4% last year). The median Gender Pay Gap analysis shows women earn 11% less than men in hourly pay (10.1% last year);

- There is a greater proportion of male staff in the upper two pay quartiles than in the lower two;
- The table below shows the proportions of men and women in each pay quartile.

Staff proportions by pay quartile



Eradicating the Gender Pay Gap

The Trust will ensure that gender equality forms a strong part of 'Our Staff First' and our longer term people strategy. We will review our recruitment processes, focus on how to attract women into senior roles within the Trust and ensure that all interviewers have undergone unconscious bias training.

We will continuously ensure that women within management roles have the opportunity and ability to progress their careers within the Trust, through talent management and ongoing personal development.

2.9.15 COUNTERING FRAUD AND CORRUPTION

Camden and Islington NHS Foundation Trust is committed to tackling fraud, corruption and bribery. An Anti-Fraud and Bribery Policy is in place to provide advice to all employees, suppliers, contractors, stakeholders in dealing with fraud or suspected fraud and there is a team of accredited Local Counter Fraud Specialists (LCFS') in place.

The LCFS' are contracted from audit, tax and consulting firm RSM UK, so are independent and experienced in undertaking fraud reviews and investigating allegations to a criminal standard.

The Trust will take all necessary steps to counter fraud and corruption in accordance with the Trust's policy, the NHS Anti-fraud manual, the policy statement 'Applying Appropriate Sanctions Consistently' and any other relevant guidance or advice issued by NHS Counter Fraud Authority.

The LCFS' has an annual work plan, agreed by the Director of Finance and Audit Committee, which includes activities such as raising awareness of the counter fraud provision at the Trust across various platforms, completing policy reviews from the counter-fraud/bribery perspective, and undertaking proactive fraud reviews to actively identify instances of fraud and ensure that processes are robust enough to counter fraud. Some areas of focus during the year have been reviews of conflicts of interest, procurement, invoice fraud, pre-employment checking, bribery act compliance and a fraud risk assessment to identify fraud risks to focus Trust resource.

In addition to the preventative work, the LCFS' are responsible for investigating allegations of fraud, bribery and corruption and assist the Trust

in pursuing all available sanctions, as well as seeking redress – making sure any monies lost to fraud are returned to the Trust.

2.9.16 FREEDOM TO SPEAK UP GUARDIAN

The Trust has commissioned The Guardian Service to carry out Freedom to Speak Up duties across the Trust. The Guardian Service started work at the beginning of January 2020 and since then our Trust Guardian has been attending staff meetings and introducing himself to teams, explaining how he can be contacted and the scope of his role.

The Trust believes that staff will be more confident about approaching an external, independent service, other than someone within the Trust. During 2019-20, nine cases were raised - seven with the Freedom to Speak up Champion, and two with the new Guardian Service. Three cases related to bullying and two to line management. All have been resolved.

2.9.17 GUIDANCE AND OVERSIGHT IN RELATION TO MENTAL HEALTH LAW

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

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

The committee comprises legal expertise, division representatives, associate hospital managers as well as the Head of Nursing for Mental Health Law, service user and carer representatives.

During 2019/20, it has promoted how the Trust implements all aspects of mental health law by ensuring that this is a core training topic. As a result, 87% of all clinical staff received training on the Mental Health Act (MHA) and 80% on the Mental Capacity Act.

It has also ensured that patients who are subject to the Mental Health Act and who are due to have a review with the associate hospital managers have that review within eight weeks in 86% of cases and that there is BAME representation on the panel in 82% of cases.

It has also overseen the signature of two new service level agreements on Mental Health Act administration with our partners at the Royal Free and Great Ormond Street hospitals.

It also reviewed the MHA administration service provision following the opening of the new health based place of safety at the Highgate Mental Health Centre.

It is overseeing the implementation of the new Liberty Protection Safeguards, which are due to come into force in October 2020.

Signed:

Angela McNab
Chief Executive

23 June 2020

In November we marked Occupational Therapy week to celebrate the positive impact it has on people's lives.

2.10 REMUNERATION REPORT

This Remuneration Report for 2019/20 has been prepared in conjunction with the Hutton Review of Fair Pay and the NHS Foundation Trust Annual Reporting Manual.

The remuneration of the chief executive and other executive directors on the Board of Directors is determined on an annual basis by the Remuneration Committee (a committee of the Board of Directors). The remuneration of the Chair of the Trust and the other non-executive directors (NEDs) is determined by the Council of Governors on the recommendation of the Council's Nominations and Remuneration Committee.

2.10.1 BOARD OF DIRECTORS' REMUNERATION COMMITTEE

The Remuneration Committee normally consists of three NEDs. During the year the Committee members were Leisha Fullick (Trust Chair), Angela Harvey, Senior Independent Director, and Mark McLaughlin who is the Chair of the Board's Audit & Risk Committee.

The committee met three times in 2019/20 and attendance was as follows.

Members:	Meetings attended:
Leisha Fullick (Committee Chair)	3 / 3
Angela Harvey	3 / 3
Mark McLaughlin	3 / 3

The Remuneration Committee met on 25 November 2019 when it agreed that executive Directors on Very Senior Manager (VSM) terms and conditions should receive a flat-rate pay increase of £2,075. In the absence of any other guidance, the national guidance from NHS Improvement from 2018/19 was followed and the increase was applied on the same terms as in 2018/19. This meant that the pay award for the Chief Executive, Chief Operating Officer, Acting Chief Operating Officer and Medical Director was not consolidated.

Due to changing pension tax guidance during 2019/20, all VSM eligible for the pay-award were offered the opportunity to:

1. Accept the pay uplift
2. Completely reject the pay uplift (due to annual allowance limits)
3. Partially accept the pay uplift (due to tax issues due to annual allowance limits)

The Remuneration Committee also approved a new Executive Directors' Remuneration Policy at its meeting on 19 September 2019.

2.10.2 CHAIR OF THE REMUNERATION COMMITTEE'S REPORT

All executive directors are employed on permanent Very Senior Manager's contracts which have a minimum notice period of 6 months. Executive directors' salaries are not included within the scope of the NHS national pay and grading system known as Agenda for Change which all other Camden & Islington employees are subject to.

All decisions on executive directors' remuneration are wholly within the remit of the non-executive directors who comprise the Committee. No executive directors or very senior managers receive performance related bonuses or any remunerated benefits other than their contractual salary. Termination payments are only made in accordance with individual contracts of employment under the general NHS terms and conditions. There are no contractual obligations in senior managers' service contracts that would give rise to, or impact on, Remuneration Payments.

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

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

The Board of Directors Remuneration Committee takes into consideration relevant nationally determined parameters on pay, pensions and compensation payments. During 2019/20 the Committee reviewed the results of the National NHS Pay Survey undertaken by NHS Providers to benchmark C&I remuneration levels against comparable NHS organisations nationally.

The committee reviews director remuneration annually taking into consideration national pay awards, and sensitivities, including executive pay relative to their direct reports and pay awards granted under Agenda for Change to all other Trust employees. As part of the 2019/20 pay award, the Committee particularly considered the national Agenda for Change pay award structure to ensure that Executive Directors' remuneration increase was proportionate to the lowest level of increase awarded to employees under Agenda for Change.

The Trust did not consult staff members in the preparation of the senior managers remuneration policy. The Executive Director remuneration policy can be found on the Trust's website at:

https://www.candi.nhs.uk/sites/default/files/Documents/Remuneration%20Policy%20for%20Very%20Senior%20Managers%20%28VSMs%29.pdf

2.10.3 NON-EXECUTIVE DIRECTORS

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

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

Members	Meeting Attendance
David Barry – Public Governor Islington and Committee Chair	2 / 2
Wendy Savage – Public Governor Islington and Led Governor	2 / 2
Hagir Ahmed – Service User Governor and Deputy Lead Governor	1 / 2
Simon Ramage – Staff Governor	2 / 2
Monika Schwartz – Co-opted Governor	2 / 2
Leisha Fullick – Trust Chair	0 / 0
Angela Harvey – Senior Independent Director	0 / 0

At its meeting on 22 November 2019 the Governors' Nominations and Remuneration Committee agreed to recommend that the chair and NEDs should receive a 2% pay increase for 2019/20 backdated to 1st April 2019. This was in line with the lowest level of pay award granted to Trust staff on Agenda for Change contracts for that year.

At the committee meeting on 2 December 2019, a new policy for non-executive director remuneration was agreed to be recommended for approval to the Council of Governors. This included a stipulation to consider directors' pay levels in relation to pay increases for Agenda for Change staff in future as appropriate. This policy can be found on the Trust's website.

https://www.candi.nhs.uk/sites/default/files/Documents/Remuneration%20Policy%20for%20Non-Executive%20Directors%20%28NEDs%29_0.pdf

The pay award and the Non-Executive Director Remuneration Policy were subsequently approved by the full Council on 10 December 2019.

2.10.4 ALL OTHER SENIOR MANAGERS

There have been no payments to third parties for services of a Senior Manager.

One executive director, Angela McNab, holds a non-executive director type role as Member of Council of the University of Kent. None of the Trust's other executive directors currently serve as non-executive directors for any other organisation. The following tables show the disclosures of salaries and allowances for senior staff during 2019/20, and are subject to audit.

2.10.5 SALARIES AND ALLOWANCES

Name & Title	2019/2020			2018/2019		
	Salary Bands of £5,000 £000	Pension related benefits Bands of £2,500 £000	Total Bands of £5,000 £000	Salary Bands of £5,000 £000	Pension related benefits Bands of £2,500 £000	Total Bands of £5,000 £000
Ms Angela McNab Chief Executive	160-165	15-17.5	175-180	160-165	12.5-15	175-180
Mr Andrew Rogers Chief Operating Officer	100-105	30-32.5	130-135	115-120	0	115-120
Mr David Wragg Director of Finance	120-125	50-52.5	175-180	120-125	0	120-125
Dr Vincent Kirchner * Medical Director	160-165	40-42.5	200-205	155-160	7.5-10	165-170
Mr Dean Howells ** Director of Nursing	95-100	0	95-100	0	0	0

There were no Taxable Benefits, Annual Related Performance or LongTerm Performance Related Bonuses paid during this period

* Dr Kirchner's remuneration is split between his duties as Executive Director and as consultant, with consultant salary between the band of 105-110

** Mr Dean Howells joined the Trust as Director of Nursing and Quality in June 2019 therefore there are no prior year comparatives

2.10.6 PENSION BENEFITS

Name & Title	Real increase in pension at age 60 (bands of £2,500)	Lump sum at aged 60 related to real increase in pension (bands of £2,500)	Total accrued pension at age 60 at 31 March 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	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Ms Angela McNab Chief Executive	0-2.5	0	30-35	0	633	579	39	12
Mr Andrew Rogers Chief Operating Officer	0-2.5	0	20-25	0	327	283	37	15
Mr David Wragg Director of Finance	2.5-5	5-7	50-55	145-150	1141	1024	91	18
Dr Vincent Kirchner Medical Director	2.5-5	0	75-80	115-120	1251	1152	71	23
Mr Dean Howells * Director of Nursing	0	0	30-35	85-90	606	0	0	13

* There are no prior year comparatives for Mr Dean Howells as he joined the Trust in June 2019

Cash Equivalent Transfer Values

A 'cash equivalent transfer value' (CETV) is the actuarially-assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in a former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

During the year, the government announced that public sector pension schemes will be required to provide the same indexation in payment on part of a public service scheme pension known as the Guaranteed Minimum Pension (GMP) as applied to the remainder of the pension i.e. the non GMP. Previously the GMP did not receive full indexation. This means that with effect from August 2019 the method used by NHS Pensions to calculate CETV values was updated. So the method in force at 31 March 2020 is different to the method used to calculate the value at 31 March 2019. The real increase in CETV will therefore be impacted (and will in effect include any increase in CETV due to the change in GMP methodology).

NHS Pensions are using pension and lump sum data from their systems without any adjustment for a potential future legal remedy required as a result of the McCloud judgement (a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design.)

2.10.7 NED SALARY SUMMARY

	2019/2020			2018/2019		
	Salary Bands of £5,000 £0	Other Remuneration Bands of £5,000 £0	Benefits in Kind Rounded £000 £0	Salary Bands of £5,000 £0	Other Remuneration Bands of £5,000 £0	Benefits in Kind Rounded £000 £0
Leisha Fullick* Trust Chair	30-35	0	0	40-45	0	0
Jackie Smith** Trust Chair	15-20	0	0	0-5	0	0
Mark McLaughlin Non Executive Director/Chair of Audit & Risk Committee	15-20	0	0	5-10	0	0
Angela Harvey Senior Independent Director	15-20	0	0	15-20	0	0
Pippa Aitken Deputy Trust Chair	10-15	0	0	10-15	0	0
Dalwardin Babu Non Executive Director	10-15	0	0	0-5	0	0
Luisa Fulci Non Executive Director	10-15	0	0	0-5	0	0

* Leisha Fullick retired as Trust Chair at the end of January 2020
** Jackie Smith was appointed Trust Chair in February 2020

2.10.8 FAIR PAY MULTIPLE

Band of Highest Paid Director's Total	165-170	165-170
Median Total	£35,521	£34,795
Remuneration Ratio	4.24	4.75

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

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

The Trust's median staff remuneration is £36k. Therefore the ratio of Trust's median staff remuneration to the Chief Executive's remuneration is 4.24:1.

There has been no significant change in the Trusts workforce during the year

Executive directors are the highest paid staff group within the Trust, no new directors received a higher salary than the previous post holder during 2019/20.

2.10.9 GOVERNORS

The Trust's Council of Governors comprises a total of 26 Governor seats plus one co-opted Governor for a period of 18 months.

There was one governor expense claim paid during 2019/20. This was for £10.60 and related to necessary travel.

Signed:

Angela McNab
Chief Executive

23 June 2020

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

2.11 STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTING OFFICER OF CAMDEN AND ISLINGTON NHS FOUNDATION TRUST

Angela McNab spoke about the Trust's achievements at our Annual Members Meeting, held at the Wellcome Trust in Euston

The NHS Act 2006 states that the Chief Executive is the Accounting officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement.

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

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

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual)* have been followed, and disclose and explain any material departures in the financial statements

- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators, and stakeholders to assess the NHS foundation trust's performance, business model and strategy
- prepare the financial statements on a going concern basis

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

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

Signed:

Angela McNab
Chief Executive

23 June 2020

The CEOs and Chairs of C&I and BEH formally signed a Strategic Alliance

2.12 ANNUAL GOVERNANCE STATEMENT

2.12.1 SCOPE OF RESPONSIBILITY

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

Our QI hub has held several workshops and training events across the Trust to encourage a programme of continuous improvement

2.12.2 THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

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

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Camden and Islington NHS Foundation Trust, to evaluate and reduce the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

In response to the emerging pandemic situation surrounding Covid-19, the Trust invoked its emergency response plan and moved to a Silver and Gold Command structure during the second half of March 2020. In line with this, all governance arrangements and systems of internal control are being reviewed to ensure they remain fit for purpose in this emerging context.

The system of internal control has been in place in Camden and Islington NHS Foundation Trust for the year ended 31 March 2020 and up to the date of approval of the Annual Report and Accounts.

The Trust's internal auditors completed their planned 2019/20 audit programme on schedule, They were able to offer an overall opinion of 'Significant assurance with minor improvements required'.

It raised a total of two high priority recommendations were raised, relating to:

- Quality and safety reporting within divisional governance structures
- Embedding equality, diversity and inclusion considerations within decision-making

The Audit and Risk Committee has received assurance that reporting of quality and safety matters to divisions has been developed and improved since the priority recommendation was raised and that further work is being undertaken to provide more consistent information to divisions. This area will be subject of further testing as part of the 2020-21 Internal Audit activities.

The Committee also received assurance that recommendations relating to equality, diversity and inclusion decision-making have been implemented by 31 March 2020. This is an area that the whole Board will continue monitoring directly throughout the coming year as it has increased its focus on the equality, diversity and inclusion agenda.

The Trust is fully compliant with the registration requirements of the Care Quality Commission. There is an annual internal self-assessment and compliance process in place. The Trust was inspected by CQC in October 2019. The Trust has been rated Good overall by the CQC (report published January 2020). We were rated Outstanding for being Effective, Good for being Caring, Responsive and Well-led and Requires Improvement for being Safe. Further information can be found in sections 1.5..4 The CQC Inspection report & 2.6 The Well-led Governance Review

The Trust continues to test itself against NHS Improvement's Well-led Framework to ensure that it meets all relevant requirements and that it embeds the latest good practice standards. The CQC inspection in 2019 assessed the Trust's services against the Well-led Framework and the main findings are articulated in section 2.6 of this this report.

2.12.3 CAPACITY TO HANDLE RISK

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

The Risk Management Strategy sets out formally the Trust's risk appetite in relation to the following five categories:

- Quality, Governance and Performance and Operational Risk
- Financial Risk
- Continuity of Services Risk (Regulation and Compliance)
- Business Risk
- Reputational Risk

These risk appetite statements form part of the overall risk management processes setting the tolerance level to be considered when managing risks arising within each of the categories. All risks are assessed individually using the Risk Appetite Matrix for NHS organisations and these ratings are recorded within the Trust Risk Register. During 2019/20 risk appetites for individual risks have been assessed and agreed through the Trusts risk scrutiny process.

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

As Chief Executive, I have overall responsibility for risk management across the Trust. I exercise this responsibility through the Board review of the Trust risk register and Board Assurance Framework, designation of Board members with specific accountability and my attendance at the Audit and Risk Committee. As a key sub-committee of the Board, the Audit and Risk Committee is responsible for scrutinising the Trust risk register and Board Assurance Framework, in order that the Board may place reliance on it. The membership of the Audit and Risk Committee is limited to Non-Executive Directors, with Executive Directors (including the Chief Executive and Director of Finance) in attendance.

The Trust risk register is presented to the Audit and Risk Committee quarterly. This report includes consideration of the Trust's major operational risks. The Board Assurance Framework (BAF) provides the Board with a clear and comprehensive method for the effective and focused management of the strategic risks that could affect the delivery of its principal objectives and strategic priorities. The BAF is also reviewed quarterly by the Audit and Risk Committee.

The major risks identified to delivery of the Trust's priority objectives in 2019/20 were as follows:

- Rising demand and pressure on services
- Safety and delivery of harm-free care
- Recruitment and staff retention
- Workforce, culture and inclusion
- Data quality and decision-making
- Financial balance and sustainability
- Capacity and capability to deliver change
- Infrastructure not fit for purpose
- System partnership working
- Long-term impact of Brexit

As at the end of March 2020 the Trust has been gathering a number of Covid-19-specific risks emerging from the pandemic and the Trust's management of its response to it. Plans are being developed to temporarily refine the Trust's risk reporting process which will be overseen by the Audit & Risk Committee.

The Trust learns from good practice, through clinical supervision and reflective practice, individual and peer reviews, performance management, various mechanisms to receive feedback from service users and carers, continuing professional development, clinical audit and from serious incident and complaint investigations. The quarterly risk deep-dive discussions held at Audit & Risk Committee meetings are also a key element of the Trust's learning from risks and embedding good practice across the organisation.

Throughout 2019/20 the Trust has placed significant emphasis on strengthening the process for undertaking equality impact analyses of key strategic workstreams. The findings from these feed into risk management processes and form part of the Trust's learning and embedding of good practice.

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

The Trust's Annual Risk Management Report 2019/20 gave a comprehensive account of risk management activities undertaken, including the following progress and development achieved during the reporting period:

- Developments to the Trust's risk management process included the introduction of Corporate Department Risk Registers and the successful implementation of the Datix Risk Register Module, enabling staff to add risks directly onto their risk registers and ensuring risk registers are more accessible across the organisation.
- A statistically significant decrease in incident reporting was noted towards the end of 2018/19, however the National Reporting and Learning System's Organisation Patient Safety Incident Report for the same period indicates there was no evidence for potential under-reporting of patient safety incidents by the Trust. The proportion of incidents resulting in severe harm has also remained consistently low over the past three years, accounting for on average 0.5% of all incidents reported.
- There was a statistically significant increase in the frequency of deaths reported in the early part of 2019. This was attributed to five inpatient deaths occurring during this time, all of which resulted in serious incident investigations. No common cause between the deaths could be identified. However some recurring themes of care delivery issues were identified (Risk Assessments and Care Plans). In response to this, the organisation has put in place quality improvement projects to try and address it.
- The overall number of complaints received remained lower when compared to previous years. However, compliance rates for complaints responded to within timeframe continues to be the main challenge for the organisation.

During 2019/20, continuing to make risk registers and analysis of risk data more accessible through the data warehouse and Qliksense Dashboards – which show key performance, safety and quality data from services and are accessible to staff on the intranet. There has also been a continuing focus on strengthening the processes around complaints and serious incidents' management to improve response rates, the quality of investigations and the completion of action plans and the sharing of learning and good practice throughout the Trust.

A 'deep dive' assessment of the management of selected risks has been presented routinely to the Audit and Risk Committee to provide assurance of the continued risk management processes and to highlight any particular concerns or areas of progress. Risks for 'deep-dive' were selected by the committee following review of the quarterly overview reports. The committee received presentations on the following topics through the year:

- Q1 2019/20 - Issues surrounding data definitions in relation to key performance indicators.
- Q2 2019/20 - Leadership, management and organisational capacity to deliver the scope and scale of transformation programmes alongside business as usual responsibilities.
- Q3 2019/20 – The Trust's management of ligature risks.

The risk deep-dive originally scheduled for quarter 4 of 2019/20 was deferred from the committee's agenda due to the pandemic situation requiring an urgent re-focus of the committee's business.

Members of the Board gave donations to our cake sale to relaunch our Trust charity

2.12.4 THE RISK AND CONTROL FRAMEWORK

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

The Board annually reviews the effectiveness of the system of internal control, and has recently strengthened its process for annually assessing the effectiveness of all its committees through a series of self-assessments. The Board also receives a Risk Management Annual Report and it publishes an annually updated Board Committee Handbook on the Trust's website. This handbook contains information about all the standing committees of the Board, their terms of reference, relevant governance provisions, membership and meeting dates for the year ahead.

In addition to this, the Board also publishes a summary document which sets out the Trust's corporate governance framework. The update of this document was approved by the Board in December 2019 and includes a detailed section on the role and responsibilities of the Board of Directors. Both of these corporate governance documents are available on the Trust's website: www.candi.nhs.uk/about-us/corporate-information/corporate-governance.

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

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

To enable effective workforce planning, the new workforce strategy which is closely aligned to the Trust's Digital Strategy now overarches strategic recruitment planning. Plans to develop a revised approach to talent management are underway. Measures are also in place to ensure safe staffing through electronic rosters and the effective use of staffing data and reports supported by staff systems, policies, procedures and process, and outcomes are measured through the National Staff Survey results and Staff, Friends and Family Tests.

The Trust has a robust policy on managing interest, gifts and hospitality. A register of interests is routinely published on the Trust's website and this is reviewed at every Board meeting. Work to further strengthen the policy by incorporating the latest guidance by the NHS Counter Fraud Authority was completed in October 2019. Reporting and declaration processes are being refined to ensure the continued robustness of provisions and the practical application of this policy.

The Trust has submitted a 'Green' rated assessment of the Self-Review Tool (SRT) to the NHS Counter Fraud Authority that tests the adequacy of systems and procedures in line with the Bribery Act 2010. It provides a summary of the counter fraud work conducted in 2019/20, as set out in the Trust's Local Counter Fraud Specialist work plan. This is supported by the Counter Fraud Team's ongoing work to prevent and detect fraud, bribery and corruption

2.12.5 REVIEW OF ECONOMY, EFFICIENCY AND EFFECTIVENESS OF THE USE OF RESOURCES

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

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

In particular, the Board of Directors and the Resources Committee monitors the monthly financial position against the Trust's financial plan. Assurance is gained from the positive financial position (as shown in the summary financial statements included in this report).

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

2.12.6 INFORMATION GOVERNANCE

Improving Information Governance is a key NHS priority. This is reflected in national standards set out in the Data Security and Protection Toolkit (DSPT) which the Trust is required to complete and submit three times a year. Due to Covid-19 the March submission deadline has been moved to September 2020 for this reporting period.

Completion of DSPT demonstrates that the organisation is compliant with:

- General Data Protection Regulation (GDPR)
- The expected data security standards for health and social care for holding, processing or sharing personal data
- Readiness to access secure health and care digital methods of information sharing, such as NHSmail and Summary Care Records
- Good data security to the CQC as part of the Key Lines of Enquiry (KLOE)

The new Data Security and Protection Toolkit replaces the Information Governance Toolkit (IG Toolkit). It will form part of a new framework for assuring that organisations are implementing required standards and meeting their statutory obligations on data protection and security.

The Data Security and Protection Toolkit is an online self-assessment tool that enables organisations to measure and publish their performance against the National Data Guardian's ten data security standards.

The NHS Toolkit changed in format significantly for 2019-20 and it is used to measure the Trust performance against the National Data Guardian's ten data security standards. These are:

1. Personal Confidential Data
2. Staff Responsibilities
3. Training
4. Managing Data Access
5. Process Reviews
6. Responding to incidents
7. Continuity Planning
8. Unsupported systems
9. IT Protection
10. Accountable Suppliers

During 2019/20, the Trust appointed a Senior Information Risk Officer (SIRO) at Board level and a Head of Information Governance to develop new information governance and cyber security initiatives. The Trust has established a Cyber Security Working Group with Templar Executives, who were commissioned by NHS Digital, to deliver Cyber Operational Readiness Support (CORS). This enabled C&I to identify vulnerabilities and develop a roadmap for enhanced Cyber Security resilience.

We are now implementing the tailored recommendations to enable C&I to achieve mandatory Cyber Essentials Plus accreditation by 2021, as well as gaining Network and Information Systems (NIS) compliance, Data Security Protection Toolkit completion and the well-led section of CQC inspections.

In addition, the Trust has identified Information Asset Owners (IAOs) to adopt effective information risk management activities across the Trust by embedding these responsibilities in day-to-day activities. The project has been initiated to update the Information Asset Register (IAR) which will then be logged in the Information Asset Management (IAM) tool. The IAM tool will be intuitive for IAOs to use and they will regularly update their assets, and report any risks to the SIRO.

The Trust continues to meet its duty to report all notifiable information governance breaches to the Information Commissioner's Office. There were a number of such incidents during this reporting period and these are listed in this report under section 2.4 Data loss or confidentiality breaches.

2.12.7 REVIEW OF EFFECTIVENESS

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on a wide range of performance information available to me and which the Board reviews regularly throughout the year. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk Committee and Quality and Safety Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust continues to have robust systems in place to assess key elements of quality governance arrangements and to routinely provide assurance that these remain effective and fit for purpose. This is overseen by the Board's Quality & Safety Committee which routinely receives a number of detailed reports. Further information regarding this can be found in this report under section 1.5.3 Governance and Quality Assurance.

The Trust is fully compliant with the registration requirements of the Care Quality Commission. There is an annual internal self-assessment and compliance process in place. The Trust was inspected by the CQC in October 2019. The Trust has been rated Good overall by the CQC (report published January 2020). We were rated Outstanding for being Effective, Good for being Caring, Responsive and Well-Led and Requires Improvement for being Safe. Further information can be found in sections 1.5.4 CQC Inspection report and 2.6 Well-led Governance review.

Service users are invited to join a Dance for Joy class that encourages self-expression through movement, funded by the Governors' Service User Improvement Fund

The Trust complies with safer staffing requirements to a high level. In rare circumstances the Trust is unable to maintain required Registered Nurse numbers, reflecting national Registered Nurse shortages. In these circumstances a contingency plan is developed to maintain safety and this will routinely include a number of alternative measures put in place. The Trust continues to drive its longer term recruitment strategy which includes a strong partnership with Middlesex University and a number of ongoing investments in workforce development.

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

- Reports from a series of Care Quality Commission inspection visits in autumn 2019 and the action plans from that inspection, which we continue to monitor to strengthen our quality of care;
- Assurances resulting from the reports of Internal and External Audit, including the Head of Internal Audit Opinion;
- The annual assurance provided to the Board in meeting the conditions of our Provider Licence;
- The regular Integrated Board Performance Reports;
- Assurances from our Local Counter Fraud Specialist; and
- Statements relating to the Trust accounts and financial position.

The Audit and Risk Committee provides the Board with an independent and objective review of the systems in place for internal control and risk management and ensures that the Board is kept fully informed of all significant risks and their management. It ensures that the internal audit work plan reflects the principal objectives and risks facing the organisation and is delivered in accordance with mandatory auditing standards across our quality, financial and performance systems.

IC&I staff and service users were invited to the NHS Elect conference to speak about using co-production and co-delivery on an induction project

A review of the Trust's arrangements for risk management and the Board Assurance Framework has been carried out in accordance with the annual internal audit plan that tests the adequacy and effectiveness of the Trust's risk management, control and governance processes. This has provided significant assurance with minor improvement in most areas and with significant assurance achieved in the area of information governance and the DSP Toolkit. The Audit and Risk Committee has concluded that there are clear plans for improvements in place to address the areas where partial assurance is still required and the Committee receives ongoing reports on progress against these plans.

2.12.8 CONCLUSION

In summary, the Trust has not identified any significant internal control issues within 2019/20, and has a sound system of internal control and governance in place, which is designed to manage the key organisational objectives and minimise the Trust's exposure to risk. Through a range of internal control systems articulated in this report and the continuous testing of these by the Trust's internal auditors and local counter fraud specialists there is robust assurance of the validity of the Trust's Corporate Governance statement as required under the NHS Foundation Trust Condition 4(8)(b).

Towards the end of the reporting period, the Board has also begun to review its key governance arrangements and systems of internal control in light of the emerging emergency situation due to the Covid-19 outbreak to ensure the system of internal control remains effective and fit for purpose in response to the changing environment.

The Board of Directors is committed to continuous improvement and enhancement of the systems of internal control.

Signed on behalf of the Board:

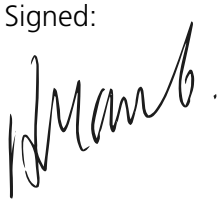
Angela McNab
Chief Executive
23 June 2020

Acknowledgements
Camden and Islington NHS Foundation Trust would like to thank all the staff, service users and partner organisations that contributed to this report.

3.0 SUMMARY OF FINANCIAL STATEMENTS

The summary statements are a summary of information derived from the Trust's annual accounts. Information to allow a full understanding of the Trust and of its' policies and arrangements concerning director's remuneration are provided by the full annual financial statements and report.

The statements were approved by the Board on 18 June 2020, following a recommendation from the Audit & Risk Committee, and signed on behalf of the Board by: Signed:



Angela McNab Chief Executive

3.1 STATEMENT OF COMPREHENSIVE INCOME 2019/20

	2019/20 £000	2018/19 £000
Operating Income from Continuing Operations	**161,751**	151,910
Operating Expenses of Continuing Operations	**(160,064)**	(151,736)
OPERATING SURPLUS	**1,687**	174
Finance Costs		
Interest Receivable	**296**	291
Interest Payable	**(9)**	(5)
PDC Dividends Payable	**(4,086)**	(3,715)
NET FINANCE COSTS	**(3,799)**	(3,429)
Profit on Sale of Assets	**0**	2,827
SURPLUS/(DEFECIT) FOR THE YEAR	**(2,112)**	(428)
Other Comprehensive Income		
Impairments	**(203)**	(2,381)
Revaluations	**6,315**	2,911
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD	**4,000**	103

3.2 STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2020

	as at 31 Mar 2020	as at 31 Mar 2019
	£000	£000
Non-Current Assets		
Intangible Assets	0	0
Property, Plant & Equipment	126,714	122,550
Investments	0	0
Trade and Other Receivables	241	0
Total Non-Current assets	**126,955**	122,550
Current Assets		
Stocks and Work in Progress	109	0
Trade and Other Receivables	11,725	17,490
Investments	0	0
Non-current assets held for sale and assets in disposal groups	2,465	0
Cash and Cash Equivalents	51,942	40,550
Total Current Assets	**66,241**	**58,099**
Current Liabilities		
Trade and Other Payables	(22,237)	(16,167)
Provisions	(1,013)	(338)
Other Liabilities	(1)	(70)
Total Current Liabilities	**(23,251)**	**(16,575)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**169,946**	**164,074**
Non-Current Liabilities		
Trade and Other Payables	0	0
Provisions	(292)	(38)
Other Liabilities	0	0
Total Non-Current Liabilities	**(292)**	**(38)**
TOTAL ASSETS EMPLOYED	**169,654**	**164,036**
FINANCED BY:		
Taxpayers Equity		
Public Dividend Capital	62,183	60,565
Revaluation Reserve	55,044	48,932
Donated Asset Reserve	0	0
Government Grant Reserve	0	0
Other Reserves	0	0
Income and Expenditure Reserve	52,427	54,539
TOTAL TAXPAYERS EQUITY	**169,654**	**164,036**

3.3 STATEMENT OF CHANGES IN EQUITY 2019/20

	2019/20 £000	2018/19 £000
Taxpayers Equity at 1st April 2018	164,036	163,717
Surplus/(deficit) for the year	(2,112)	(428)
Revaluation (Losses) Property, Plant and Machinery	(203)	(2,381)
Revaluation Gains Property, Plant and Machinery	6,315	2,911
Public dividend capital received	1,618	217
Taxpayers Equity at 31st March 2019	**169,654**	164,036

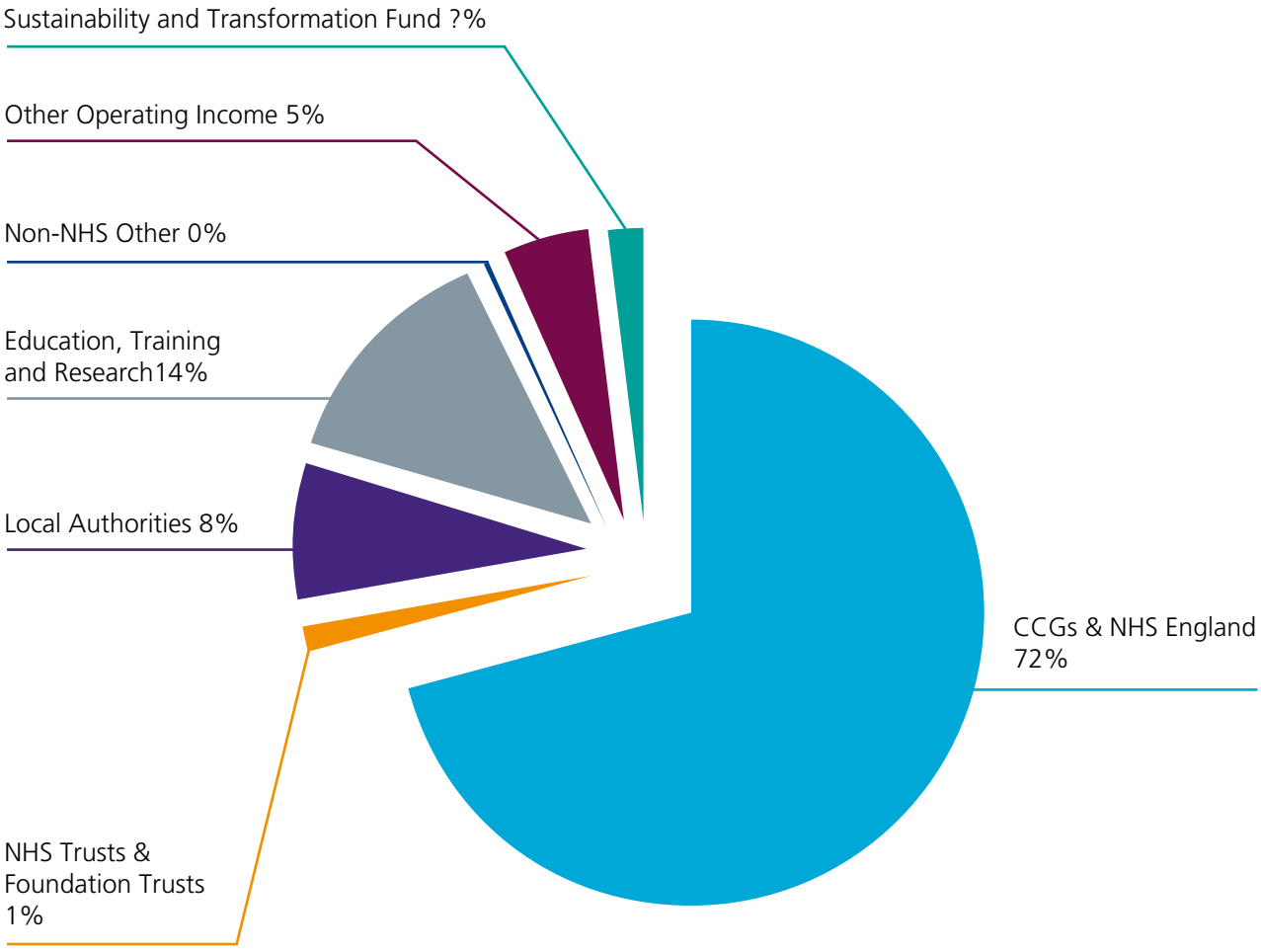
3.4 STATEMENT OF CASH FLOWS

	2019/20 £000	2018/19 £000
CASH FLOWS FROM OPERATING ACTIVITIES		
Operating Surplus from Continuing Operations	1,687	174
OPERATING SURPLUS	**1,687**	**174**
Non-Cash Income and Expense		
Depreciation and Amortisation Charge	4,690	4,230
Fixed Asset Impairments and Reversals	3,944	6,672
(Gain)/Loss on disposal	0	0
Transfer from Donated Asset Reserve	0	0
(Increase)/Decrease in Receivables	5,209	(2,700)
(Increase)/Decrease in Inventories	(50)	(59)
Increase/(Decrease) in Trade and Other Payables	5,207	(549)
Increase/(Decrease) in Other Liabilities	(69)	47
Increase/(Decrease) in Provisions	919	(145)
Tax (Paid)/Received	0	0
NET CASH GENERATED FROM/(USED IN) OPERATIONS	**21,537**	**7,670**
Cash Flows from Investing Activities		
Interest Received	310	281
Sale of Financial Assets	0	0
Purchase of Property, Plant and Equipment	(8,288)	(16,957)
Sale of Property, Plant and Equipment	0	5,436
Interest Element of Finance Leases	0	0
NET CASH GENERATED FROM/(USED IN) INVESTING ACTIVITIES	**(7,978)**	**(11,240)**
Cash Flows from Financing Activities		
Public Dividend Capital Received	1,618	217
Interest Paid	0	0
Public Dividend Capital Paid	(3,785)	(4,323)
NET CASH GENERATED FROM FINANCING ACTIVITES	**(2,167)**	**(4,106)**
INCREASE/(DECREASE IN CASH AND CASH EQUIVALENTS	**11,392**	**(7,676)**
Cash and Cash Equivalents at 1st April	40,550	48,226
CASH AND CASH EQUIVALENTS AT 31ST MARCH	**51,942**	**40,550**

3.5 INCOME BY SOURCE

The Trust's income for the full year amounted to £162m, the majority coming from CCGs and NHS England for the provision of patient activity.

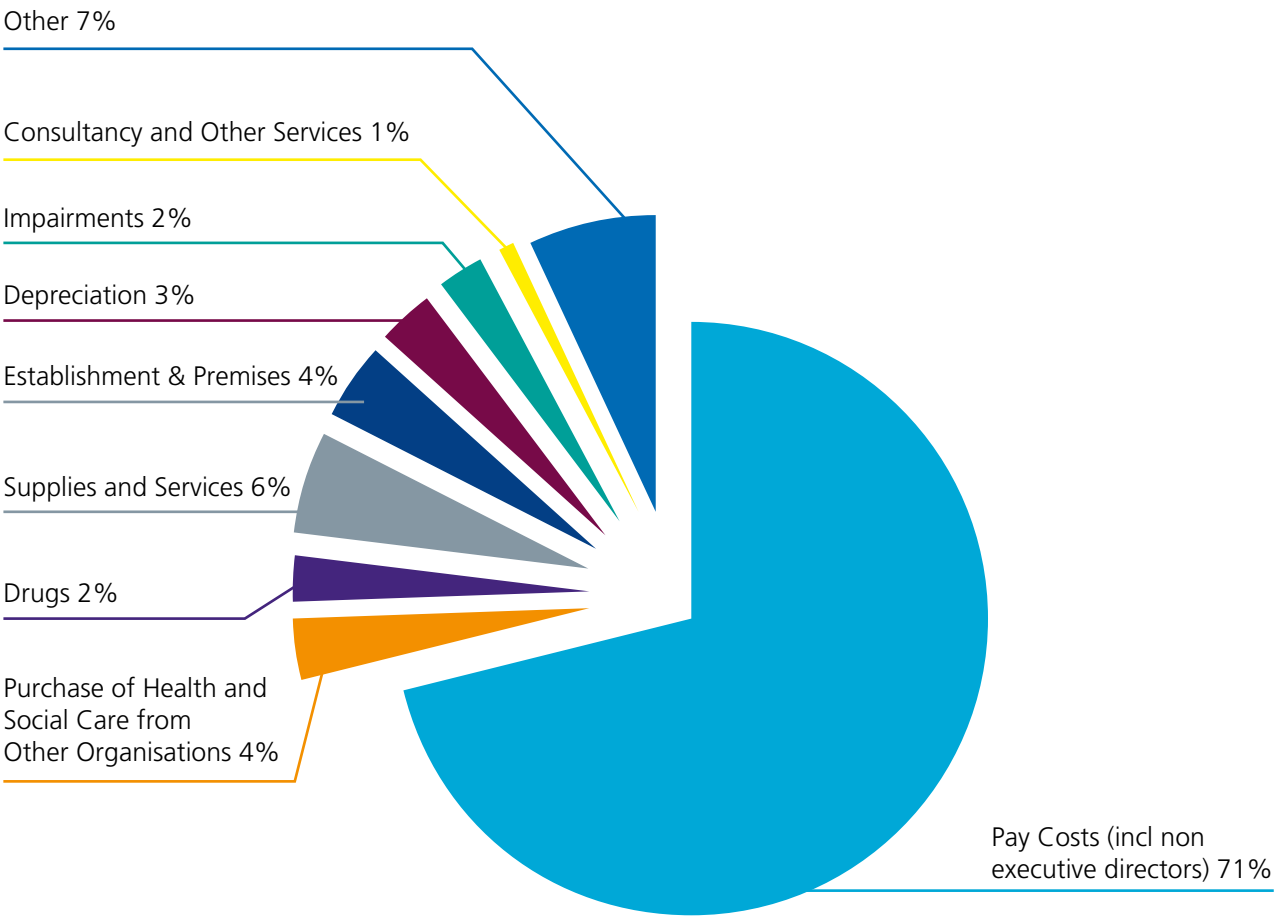
	£'000
CCGs, NHS England, DOH & NHS Trusts	114,885
Foundation Trusts	1,955
Local Authorities	12,536
Education, Training and Research	21,290
Non-NHS Other	556
Other Operating Income	7,811
Sustainability and Transformation Fund	2,718
TOTAL	**161,751**



3.6 EXPENDITURE BY TYPE

Total operating expenditure for the year was £160m, the biggest item being spend on staff. The breakdown of the Trust's full expenditure is as follows:

	£'000
Pay Costs (incl non executive directors)	113,996
Purchase of Health and Social Care from Other Organisations	5,598
Drugs	3,587
Supplies and Services	8,893
Establishment & Premises	6,924
Depreciation	4,690
Impairments	3,944
Consultancy and Other Services	1,624
Other	10,808
TOTAL	**160,064**



3.7 INCOME DISCLOSURE

Camden & Islington NHS Foundation Trust is able to confirm that it has met its requirement, stipulated by the NHS Act 2006 (as amended by the Health and Social Care Act 2012), that the income the Trust has received from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes.

3.8 COST ALLOCATION

The Trust has ensured that the financial statements of the organisation have met the accounting requirements of the NHS Trust Financial Reporting Manual. The accounting policies contained in both manuals follow International Financial Reporting Standards (IFRS) and HM Treasury's Resource Accounting Manual to the extent that they are meaningful and appropriate to the NHS.

3.9 COMMISSIONER REQUESTED SERVICES

During 2019/20, the Trust recognised £129,932k of income from activities. Of this amount £104,433k related to Commissioner Requested Services and £25,499k related to Non-commissioner Requested Services.

3.10 GOING CONCERN

After making appropriate enquiries, including assessing the financial infrastructure that has been put in place to mitigate the Covid- 9 pandemic impacts, 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.

The real stories of people with experience of multiple disadvantage were told by actors for a powerful theatrical production at C&I

3.11 PENSIONS

This note discloses the number and additional pension costs for individuals who retired early on ill-health grounds during the year. There were 2 retirements in 2019/20. The estimated additional pension liability of these ill-health retirements is £100k.

This information has been supplied by NHS Business Services Authority – Pensions Division, and the cost will be borne by them.

3.12 FRAUD

Information on policies and procedures with respect to countering fraud and corruption

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

3.13 BETTER PAYMENT PRACTICE CODE

The Trust aims to pay all invoices within 30 days, in line with the better practice payment code, and during 2019/20, made weekly payment runs to pay all invoices that were due for settlement.

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF CAMDEN & ISLINGTON NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

Our opinion on the financial statements is unmodified

We have audited the financial statements of Camden & Islington NHS Foundation Trust (the 'Trust') for the year ended 31 March 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 Accounts Directions issued under the National Service Act 2006, the NHS foundation trust annual reporting manual 2019/20 and the Department of Health and Social Care Group Accounting Manual 2019 to 2020.

In our opinion the financial statements:

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

Basis for opinion

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

The impact of macro-economic uncertainties on our audit

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

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

Conclusions relating to going concern

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

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

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

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

OVERVIEW OF OUR AUDIT APPROACH

Grant Thornton

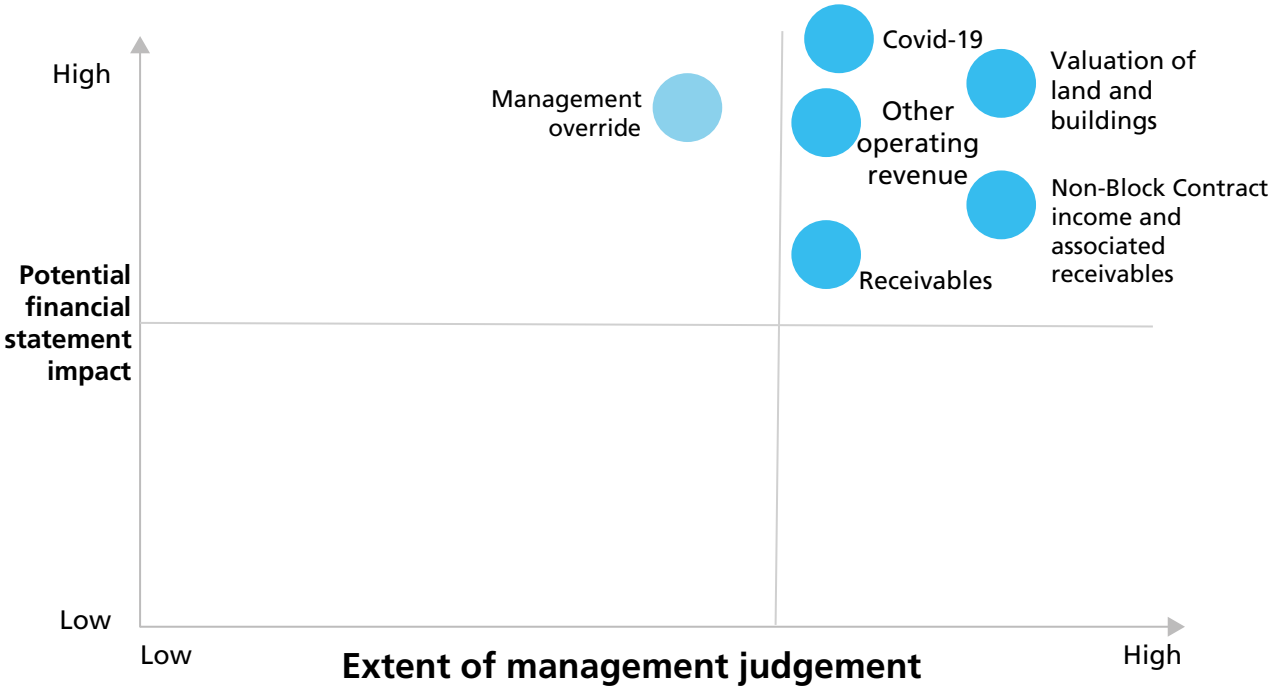
Financial statements audit

- Overall materiality: £3,100,000 which represents 2% of the Trust's gross operating expenses;
- Key audit matters were identified as:
  - Valuation of land and buildings
  - Occurrence and accuracy of non-block contract patient care revenues, other operating revenue and existence of associated receivables
  - Global outbreak of the Covid-19 virus

We have tested the Trust's material income and expenditure streams and assets and liabilities, covering 99% of the Trust's income, 99% of the Trust's expenditure, 98% of the Trust's assets and 88% of the Trust's liabilities.

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

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



Key audit matters

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

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

Key Audit Matter	How the matter was addressed in the audit
Valuation of land and buildings The Trust revalues its land and buildings on a five-yearly basis to ensure the carrying value in the financial statements is not materially different from current value at the financial statements date. In the intervening years, such as in 2019/20, the Trust requests a desktop valuation from its valuation expert. The valuation represents a significant estimate by management in the financial statements. The effects of the COVID-19 virus will affect the work carried out by the Trust's valuer in a variety of ways. Inspecting properties could prove difficult and access to evidential data, such as values of comparable assets may be less freely available. RICS Regulated Members have therefore been considering whether a material uncertainty declaration is now appropriate in their reports. Its purpose is to ensure that any client relying upon the valuation report understands that it has been prepared under extraordinary circumstances. In their 2019/20 valuation report the Trust's valuer, the Valuation Office Agency, included a material uncertainty and this was disclosed in note 19 to the financial statements. We therefore identified valuation of land and buildings as a significant risk, which was one of the most significant assessed risks of material misstatement.	**Our audit work included, but was not restricted to:** • Evaluating management's processes and assumptions for the calculation of the estimate, the instructions issued to valuation experts and the scope of their work; • Evaluating the competence, capabilities and objectivity of the valuation expert; • Writing to the valuer the basis on which the valuation was carried out; • Challenging the information and assumptions used by the valuer to assess completeness and consistency with our understanding; • Testing, on a sample basis, revaluations made during the year to see if they had been input correctly into the Trust's asset register; • Evaluating the assumptions made by management for any assets not revalued during the year, including how the impact of market volatility had been considered, and how management had satisfied themselves that the existing valuations were not materially different to current value at 31 March 2020. The Trust's accounting policy on valuation of property, including land and buildings, is shown in note 1.9 to the financial statements and related disclosures are included in notes 17 and 19. As, disclosed in note 19 to the financial statements, the outbreak of Covid-19 has caused uncertainties in markets. As a result, the Trust's valuer has declared a 'material valuation uncertainty' in their valuation report which was carried out in March 2020 with a valuation as at 31 March 2020. The values in the valuation report have been used to inform the measurement of property assets at valuation in the financial statements. The Trust has disclosed the estimation uncertainty related to the year-end valuations of land and buildings in note 19 to the financial statements and is planning to liaise with the valuer in 2020/21 to keep the valuation of the property under frequent review.

Continued...

Key Audit Matter	How the matter was addressed in the audit
	The Trust's valuer prepared their valuations in accordance with the RICS Valuation – Global Standards using the information that was available to them at the valuation date in deriving their estimates. Key observations We obtained sufficient audit assurance to conclude that: • the basis of the valuation of land and buildings was appropriate, and • the assumptions and processes used by management in determining the estimate of valuation of property were reasonable; • the valuation of land and buildings disclosed in the financial statements is reasonable; • the inclusion of a material uncertainty regarding the valuation of the Trust's property, plant and equipment has been emphasised in this Key Audit Matter as detailed above.
Risk 2 – Occurrence and accuracy of non-block contract patient care revenue, other operating revenue and existence of associated receivables The Trust's significant revenue streams are operating income from patient care activities and other operating income. The Trust recognises revenue from patient care activities during the year based on the completion of these activities. This includes block contract revenue which is agreed in advance at a fixed price, and non-block contract revenue. Patient care activities provided that are additional to those incorporated in the block contracts with NHS commissioners are subject to verification and agreement of the completed activity by commissioners. As such, there is a risk that revenue is recognised in the financial statements for these additional services that is not subsequently agreed to by the commissioners. Due to the nature of block contracts we have not identified a significant risk of material misstatement in relation to block contracts.	**Our audit work included, but was not restricted to:** • Evaluating the Trust's accounting policies for recognition of revenue for appropriateness and compliance with the Department of Health and Social Care (DHSC) group accounting manual 2019/20; • Updating our understanding of the Trust's system for accounting for revenue and evaluating the design of the associated controls. **In respect of non-block contract patient care revenue:** • Obtaining an exception report from the DHSC that details differences in reported income and expenditure and receivables and payables between NHS bodies, agreeing the figures in the exception report to the Trust's financial records and obtaining supporting information for all differences over £155,000 (and reporting all differences over the £300,000 National Audit Office threshold to them) to corroborate the amount recorded in the financial statements by the Trust; • Agreeing, on a sample basis, non-block contract revenue from patient care activities to invoices and subsequent cash receipts or, for cases in our sample where cash was yet to be receipted, to alternative evidence; • Agreeing, on a sample basis, non-block contract receivables at year end to invoices and subsequent cash receipts or, for cases in our sample where cash was yet to be receipted, to alternative evidence.

Continued...

Key Audit Matter	How the matter was addressed in the audit
	In respect of other operating revenue: • Agreeing, on a sample basis, other revenue to invoices or alternative evidence; • Agreeing PSF and FRF revenue to year end confirmation from DHSC; • Confirming that the Trust has met the financial target required to recognise PSF and FRF revenue. The group's accounting policy on income recognition is shown in note 1.4 to the financial statements and related disclosures are included in note 3. **Key observations** We obtained sufficient audit evidence to conclude that: • The accounting policies for recognition of revenue comply with the DHSC Group Accounting Manual 2019/20 and have been properly applied; • Non-block contract patient care revenue, other operating revenue and the associated receivable balances are not materially misstated.
Risk 3 – Global outbreak of the Covid-19 virus The global outbreak of the Covid-19 virus pandemic occurred in March 2020 and has led to unprecedented uncertainty for all organisations requiring urgent business continuity arrangements to be implemented, remote working arrangements, redeployment of staff to critical front line duties, volatility of financial and property markets and financial uncertainty. As a result significant changes are expected to be required within the financial statements for 2019/20 in order to adequately reflect the uncertainties. We therefore identified the global outbreak of the Covid-19 virus as a significant risk, which was one of the most significant assessed risks of material misstatement.	**Our audit work included, but was not restricted to:** • Understanding the implications the Trust's response to the Covid-19 pandemic has on the organisation's ability to prepare the financial statements and update financial forecasts and assess the implications on our audit approach; • Liaising with other audit suppliers, regulators and government departments to co-ordinate responses to issues as and when they arise; • Evaluating the adequacy of the disclosures in the financial statements in light of the Covid-19 pandemic; • Evaluating whether sufficient audit evidence using alternative approaches can be obtained for the purposes of our audit whilst working remotely; • Evaluating whether sufficient audit evidence can be obtained to corroborate significant management estimates such as asset valuations and recovery of receivable balances; • Evaluating management's assumptions underpinning the revised financial forecasts and the impact on management's going concern assessment; **Key observations** We obtained sufficient audit evidence to conclude that: • The financial statements include adequate disclosures which appropriately detail the effects of the Covid-19 pandemic on the Trust; Management has made appropriate assumptions in relation to the pandemic when assessing the impact on going concern.

OUR APPLICATION OF MATERIALITY

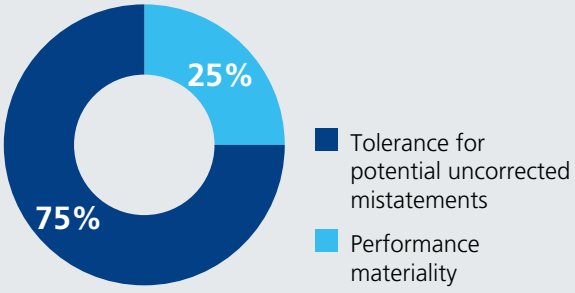
We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating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

Materiality was determined as follows:

Materiality Measure	Trusts
Financial statements as a whole	£3,100,000 which is 2% of the Trust's gross operating expenses. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the Trust has expended its revenue and other funding. Materiality for the current year is at the same percentage level of gross operating expenses as we determined for the year ended 31 March 2019 as we did not identify any significant changes in the Trust or the environment in which it operates.
Performance materiality used to drive the extent of our testing	75% of financial statement materiality
Specific materiality	Disclosures of senior officer remuneration in the Remuneration Report, cash, audit fee and related party disclosures materiality set at £100,000 based on the fact that these are areas of particular interest to the readers of Camden & Islington's' accounts.
Communication of misstatements to the Audit & Risk Committee	£155,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

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

Overall materiality – Trust



An overview of the scope of our audit

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

- obtaining supporting evidence, on a sample basis, for all of the Trust's material income streams covering 99% of the Trust's revenues;
- obtaining supporting evidence, on a sample basis, for 99% of the Trust's operating costs;
- obtaining supporting evidence, on a sample basis, for property plant and equipment and the Trust's other material assets and liabilities.
- There were no changes in the scope of the current year audit from the scope of the prior year

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

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

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

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

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement1 does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2019/20 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

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

In our opinion:

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

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

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

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure that was unlawful, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

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

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2019/20, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust without the transfer of the Trust's services to another public sector entity.

The Audit & Risk Committee is Those Charged with Governance. Those charged with governance are responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS – CONCLUSION ON THE TRUST'S ARRANGEMENTS FOR SECURING ECONOMY, EFFICIENCY AND EFFECTIVENESS IN ITS USE OF RESOURCES

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

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

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

Significant risks

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

Significant risks	How the matter was addressed in the audit
Financial Outturn and Sustainability Before the start of each financial year the Trust agrees to a control total set by NHS Improvement (NHSI) which determines the target financial performance for the financial year. Achievement of the control total also ensures the Trust receives additional Provider Sustainability Funding (PSF) and Financial Recovery Funding (FRF). The Trust's initial control total for 2019/20 was a £2,718,000 deficit, excluding any PSF and FRF funding, achievement of this would secure a breakeven position. The risk is whether the Trust has adequate arrangements in place to ensure it meets its control total and therefore receive its allocated PSF and FRF funding. The Trust forecast that it needed to make savings of £5.6 million in 2019/20 to achieve its control total. £0.6 million of these savings were unidentified at the start of the year and remained unachieved halfway through the year. In addition, the Trust needs to identify a further savings for 2020/21 to achieve future financial targets. The Trust undertakes financial planning for 2020/21 in February 2020, however as the UK moved into a state of self-isolation in March 2020, financial planning for 2020/21 was suspended across the NHS. In addition the Trust has had to respond to the pandemic through staff working remotely, updating governance and business continuity arrangements and moving to reliance on central government funding as opposed to contracting with commissioners for the 2020/21 year. The pandemic affects all organisations across the country and is likely to have a significant cost impact. Therefore, the significant risk is whether the Trust has adequate arrangements in place to ensure that it maintains a stable financial position.	**Our audit work included, but was not restricted to:** Our audit work included, but was not restricted to: • Reviewing the Trust's performance against its financial plan and achievement of its control total for the financial year 2019/20; • Evaluating the Trust's forecast position throughout the year and its final outturn against budget; • Assessing the Trust's overall arrangements for achievement of its control total, including the delivery of planned savings for 2019/20 and the establishment of financial savings plans for 2020/21 prior to financial planning being suspended; • Reviewing the adequacy of the Trust's updated governance and business continuity arrangements in response to the Covid-19 pandemic **Key findings** Overall, the Trust had adequate arrangements in place to deliver its agreed control total for 2019/20. The Trust recorded a deficit of £2.1 million in 2019/20, after adjusting for PSF and impairments this is converted to an underlying deficit of £1.9 million. Therefore the Trust exceeded its control total for the year and received its full PSF and FRF allocation. However the Trust was only able to achieve this position as a result of non-recurrent benefits and starts the 2020/21 financial year with rolled over unachieved savings of £2.3 million and £0.3 million remain unidentified. As such it is prudent to continue to monitor financial outturn and sustainability in 2020/21. The Trust has effectively implemented processes to monitor Covid-19 related expenditure and loss of income in order to recover a sufficient level of compensation from central government for 2020/21. It has also efficiently mobilised updated business continuity and governance arrangements which ensure that the Trust continues to be managed effectively in this period of uncertainty.

RESPONSIBILITIES OF THE ACCOUNTING OFFICER

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

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

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

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

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

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS - CERTIFICATE

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

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Paul Dossett, Key Audit Partner
for and on behalf of Grant Thornton UK LLP,
Local Auditor

London

22 June 2020

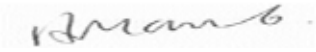
Camden and Islington NHS Foundation Trust

Annual accounts for the year ended 31 March 2020

Foreword to the accounts

Camden and Islington NHS Foundation Trust

These accounts, for the year ended 31 March 2020, have been prepared by Camden and Islington NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed  ……

Name **Angela McNab**
Job title **Chief Executive**
Date **22 June 2020**

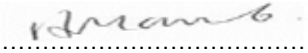
Statement of Comprehensive Income

	Note	2019/20 £000	2018/19 £000
Operating income from patient care activities	3	129,932	118,216
Other operating income	4	31,819	33,694
Operating expenses	7, 9	(160,064)	(151,736)
Operating surplus/(deficit) from continuing operations		**1,687**	**174**
Finance income	12	296	291
Finance expenses	13	(9)	(5)
PDC dividends payable		(4,086)	(3,715)
Net finance costs		**(3,799)**	**(3,429)**
Other gains / (losses)	14	-	2,827
Share of profit / (losses) of associates / joint arrangements	21	-	-
Gains / (losses) arising from transfers by absorption	44	-	-
Corporation tax expense		-	-
Surplus / (deficit) for the year from continuing operations		**(2,112)**	**(428)**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	16	**-**	**-**
Surplus / (deficit) for the year		**(2,112)**	**(428)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(203)	(2,381)
Revaluations	19	6,315	2,911
Share of comprehensive income from associates and joint ventures	21	-	-
Fair value gains / (losses) on equity instruments designated at fair value through OCI	22	-	-
Other recognised gains and losses		-	-
Remeasurements of the net defined benefit pension scheme liability / asset	37	-	-
Gain / (loss) arising from on transfers by modified absorption	44	-	-
Other reserve movements		-	-
May be reclassified to income and expenditure when certain conditions are met:			
Fair value gains/(losses) on financial assets mandated at fair value through OCI	22	-	-
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	14	-	-
Foreign exchange gains / (losses) recognised directly in OCI		-	-
Total comprehensive income / (expense) for the period		**4,000**	**103**

Statement of Financial Position

	Note	31 March 2020 £000	31 March 2019 £000
Non-current assets			
Intangible assets	16	-	-
Property, plant and equipment	17	126,714	122,550
Investment property	20	-	-
Investments in associates and joint ventures	21	-	-
Other investments / financial assets	22	-	-
Receivables	25	241	-
Other assets	26	-	-
Total non-current assets		**126,955**	**122,550**
Current assets			
Inventories	24	109	59
Receivables	25	11,725	17,490
Other investments / financial assets	22	-	-
Other assets	26	-	-
Non-current assets for sale and assets in disposal groups	27	2,465	-
Cash and cash equivalents	28	51,942	40,550
Total current assets		**66,241**	**58,099**
Current liabilities			
Trade and other payables	29	(22,237)	(16,167)
Borrowings	31	-	-
Other financial liabilities	32	-	-
Provisions	34	(1,013)	(338)
Other liabilities	30	(1)	(70)
Liabilities in disposal groups	27	-	-
Total current liabilities		**(23,251)**	**(16,575)**
Total assets less current liabilities		**169,946**	**164,074**
Non-current liabilities			
Trade and other payables	29	-	-
Borrowings	31	-	-
Other financial liabilities	32	-	-
Provisions	34	(292)	(38)
Other liabilities	30	-	-
Total non-current liabilities		**(292)**	**(38)**
Total assets employed		**169,654**	**164,036**
Financed by			
Public dividend capital		62,183	60,565
Revaluation reserve		55,044	48,932
Financial assets reserve		-	-
Other reserves		-	-
Income and expenditure reserve		52,427	54,539
Total taxpayers' equity		**169,654**	**164,036**

The notes on pages 8 to 52 form part of these accounts.



Name **Angela McNab**
Position **Chief Executive**
Date **22 June 2020**

Statement of Changes in Equity for the year ended 31 March 2020

	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**60,565**	**48,932**	**-**	**-**	**-**	**54,539**	**164,036**
Surplus/(deficit) for the year	-	-	-	-	-	(2,112)	**(2,112)**
Gain/(loss) arising from transfers by modified absorption	-	-	-	-	-	-	**-**
Transfers by absorption: transfers between reserves	-	-	-	-	-	-	**-**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	**-**
Other transfers between reserves	-	-	-	-	-	-	**-**
Impairments	-	(203)	-	-	-	-	**(203)**
Revaluations	-	6,315	-	-	-	-	**6,315**
Transfer to retained earnings on disposal of assets	-	-	-	-	-	-	**-**
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	**-**
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	-	-	-	-	**-**
Fair value gains/(losses) on equity instruments designated at fair value through OCI	-	-	-	-	-	-	**-**
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	-	-	-	**-**
Foreign exchange gains/(losses) recognised directly through OCI	-	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	-	**-**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	**-**
Public dividend capital received	1,618	-	-	-	-	-	**1,618**
Public dividend capital repaid	-	-	-	-	-	-	**-**
Public dividend capital written off	-	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2020	**62,183**	**55,044**	**-**	**-**	**-**	**52,427**	**169,654**

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

	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**60,348**	**50,632**	**-**	**-**	**-**	**52,737**	**163,717**
Prior period adjustment	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 1 April 2018 - restated	**60,348**	**50,632**	**-**	**-**	**-**	**52,737**	**163,717**
Impact of implementing IFRS 15 on 1 April 2018	-	-	-	-	-	-	**-**
Impact of implementing IFRS 9 on 1 April 2018	-	-	-	-	-	-	**-**
Surplus/(deficit) for the year	-	-	-	-	-	(428)	**(428)**
Transfers by absorption: transfers between reserves	-	-	-	-	-	-	**-**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	**-**
Other transfers between reserves	-	-	-	-	-	-	**-**
Impairments	-	(2,381)	-	-	-	-	**(2,381)**
Revaluations	-	2,911	-	-	-	-	**2,911**
Transfer to retained earnings on disposal of assets	-	(2,230)	-	-	-	2,230	**-**
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	**-**
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	-	-	-	-	**-**
Fair value gains/(losses) on equity instruments designated at fair value through OCI	-	-	-	-	-	-	**-**
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	-	-	-	**-**
Foreign exchange gains/(losses) recognised directly through OCI	-	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	-	**-**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	**-**
Public dividend capital received	217	-	-	-	-	-	**217**
Public dividend capital repaid	-	-	-	-	-	-	**-**
Public dividend capital written off	-	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2019	**60,565**	**48,932**	**-**	**-**	**-**	**54,539**	**164,036**

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)		1,687	174
Non-cash income and expense:			
Depreciation and amortisation	7.1	4,690	4,230
Net impairments	8	3,944	6,672
Income recognised in respect of capital donations	4	-	-
Amortisation of PFI deferred credit		-	-
Non-cash movements in on-SoFP pension liability		-	-
(Increase) / decrease in receivables and other assets		5,209	(2,700)
(Increase) / decrease in inventories		(50)	(59)
Increase / (decrease) in payables and other liabilities		5,138	(502)
Increase / (decrease) in provisions		919	(145)
Tax (paid) / received		-	-
Operating cash flows from discontinued operations		-	-
Other movements in operating cash flows		-	-
Net cash flows from / (used in) operating activities		**21,537**	**7,670**
Cash flows from investing activities			
Interest received		310	281
Purchase and sale of financial assets / investments		-	-
Purchase of intangible assets		-	-
Sales of intangible assets		-	-
Purchase of PPE and investment property		(8,288)	(16,957)
Sales of PPE and investment property		-	5,436
Receipt of cash donations to purchase assets		-	-
Investing cash flows from discontinued operations		-	-
Cash from acquisitions / disposals of subsidiaries		-	-
Net cash flows from / (used in) investing activities		**(7,978)**	**(11,240)**
Cash flows from financing activities			
Public dividend capital received		1,618	217
Public dividend capital repaid		-	-
Movement on loans from DHSC		-	-
Other capital receipts		-	-
Capital element of finance lease rental payments		-	-
Other interest		-	-
Interest paid on finance lease liabilities		-	-
PDC dividend (paid) / refunded		(3,785)	(4,323)
Financing cash flows of discontinued operations		-	-
Cash flows from (used in) other financing activities		-	-
Net cash flows from / (used in) financing activities		**(2,167)**	**(4,106)**
Increase / (decrease) in cash and cash equivalents		**11,392**	**(7,676)**
Cash and cash equivalents at 1 April - brought forward		**40,550**	**48,226**
Prior period adjustments			-
Cash and cash equivalents at 1 April - restated		**40,550**	**48,226**
Cash and cash equivalents transferred under absorption accounting	44	-	-
Unrealised gains / (losses) on foreign exchange		-	-
Cash and cash equivalents at 31 March	28.1	**51,942**	**40,550**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2019/20 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts

Note 1.1.1 Accounting convention

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

Note 1.2 Going concern

These accounts have been prepared on a going concern basis.

After making enquiries, giving due consideration to the current Covid-19 pandemic(including assessing the impacts of temporary financial processes put in place by NHS England/Improvement in response to the pandemic), using our historical financial trends and the maintenance of strong cash balances, the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future.

Note 1.2.1 Critical judgements in applying accounting policies

Management has made, in the process of applying the Trust accounting policies appropriate judgements which are recognised in the financial statements.

The Trust has been required to make a number of judgements in relation to asset valuations, which due to the value of plant, property and equipment helf by the Trust is, by definition, potentially material.

The Trust has taken professional advice in determining the recorded valuation of land and buildings, and has retained the current useful life of the St Pancras site while progress is made on relocating services elsewhere.

Note 1.2.2 Sources of estimation uncertainty

The Trust was required to make assumptions about the future, including sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

The Trust was required to make reasonable subjective judgements regarding the valuation of property assets, which are based on a valuation undertaken by an independent valuer, and was prepared in accordance with the required standards.

In addition, the Trust has decided to continue to value both main inpatient sites, St Pancras and Highgate, on an alternative site basis, As a result, £91,323k out of the Trust's £115,065k of land and buildings are recorded on an alternative site rather than an existing site basis.

Note 1.3 Interests in other entities

Associates
Associate entities are those over which the trust has the power to exercise a significant influence. Associate entities are recognised in the trust's financial statement using the equity method. The investment is initially recognised at cost. It is increased or decreased subsequently to reflect the trust's share of the entity's profit or loss or other gains and losses (eg revaluation gains on the entity's property, plant and equipment) following acquisition. It is also reduced when any distribution, eg, share dividends are received by the trust from the associate.
Associates which are classified as held for sale are measured at the lower of their carrying amount and "fair value less costs to sell".

Joint ventures
Joint ventures are arrangements in which the trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are accounted for using the equity method.

Joint operations
Joint operations are arrangements in which the trust has joint control with one or more other parties and has the rights to the assets, and obligations for the liabilities, relating to the arrangement. The trust includes within its financial statements its share of the assets, liabilities, income and expenses.

Note 1.4 Revenue from contracts with customers

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

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

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

The Trust also receives funding from Health Education England for training and education, which is accounted for under IFRS 15, and recognised in the accounting period which the activity is intended to take place.

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

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 1.5 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 1.6 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.

Note 1.6.1 Pension costs

NHS Pension Scheme
Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.
Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Local Government Superannuation Scheme
This is a defined benefit pension scheme. The Trust has agreed to be guided by the actuarial advice given to the London Borough of Islington with regard to the appropriate level of contribution it makes to the pension fund and accounts for this in year.

Note 1.7 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 1.8 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 1.9 Property, plant and equipment

1.9.1 Recognition

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

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

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.

1.9.2 Measurement

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

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

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

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

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.
Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. Assets are revalued and depreciation commences when the assets are brought into use.
IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

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 are not depreciated until the asset is brought into use.

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.

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

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	16	78
Dwellings	-	-
Plant & machinery	1	9
Transport equipment	-	-
Information technology	1	8
Furniture & fittings	1	12

Note 1.10 Intangible assets

1.10.1 Recognition

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

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

Note 1.11 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 1.11.1 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

1.13.1 Recognition

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

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

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

Financial assets are classified and subsequently measured at amortised cost, fair value through income and expenditure or fair value through other comprehensive income.
Financial liabilities are classified and subsequently measured at amortised cost or fair value through income and expenditure.

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

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

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Financial assets and financial liabilities at fair value through income and expenditure
Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.
The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).
For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.
Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

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.

1.14.1 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.

1.14.2 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 the discount rates published and mandated by HM Treasury.

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 34.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling
The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.16 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 35 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 35, unless the probability of a transfer of economic benefits is remote.

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

Note 1.17 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

Based on an analysis of its operations and the nature of its activities, the Trust has determined that it is has no corporation tax liability.

Note 1.20 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.
Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:
• monetary items are translated at the spot exchange rate on 31 March
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.
Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.21 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 Transfers of functions to / from other NHS bodies / local government bodies

For functions that have been transferred to the trust from another NHS / local government body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition.
For property plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.
For functions that the trust has transferred to another NHS / local government body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss / gain corresponding to the net assets/ liabilities transferred is recognised within expenses / income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve.

Note 1.25 Early adoption of standards, amendments and interpretations

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

Note 1.26 Standards, amendments and interpretations in issue but not yet effective or adopted

As required by IAS 8, trusts should disclose any standards, amendments and interpretations that have been issued but are not yet effective or adopted for the public sector. These are listed below:

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 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.

IFRS 14 Regulatory Deferral Accounts:
Not EU endorsed.* Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DHSC group

IFRS 17 Insurance Contracts:
Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

** The European Financial Reporting Advisory Group recommended in October 2015 that the Standard should not be endorsed as it is unlikely to be adopted by many EU countries*

Note 2 Operating Segments

The Trust considers its' activities constitute a single segment since they are provided wholly in the UK, are subject to similar risks and rewards and all the assets are managed as one central pot.

The Trust threfore has no distinct and separate operating segments.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	2019/20 £000	2018/19 £000
Mental health services		
Cost and volume contract income	7,773	6,773
Block contract income	105,254	97,136
Clinical partnerships providing mandatory services (including S75 agreements)	12,536	12,765
Clinical income for the secondary commissioning of mandatory services	-	-
Other clinical income from mandatory services	-	-
All services		
Private patient income	-	-
Agenda for Change pay award central funding*		1,542
Additional pension contribution central funding**	4,369	
Other clinical income	-	-
Total income from activities	**129,932**	**118,216**

*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 £000	2018/19 £000
NHS England	6,651	891
Clinical commissioning groups	108,234	98,300
Department of Health and Social Care	-	1,542
Other NHS providers	1,955	4,169
NHS other	-	-
Local authorities	12,536	12,765
Non-NHS: private patients	-	-
Non-NHS: overseas patients (chargeable to patient)	-	-
Injury cost recovery scheme	-	-
Non NHS: other	556	549
Total income from activities	**129,932**	**118,216**
Of which:		
Related to continuing operations	129,932	118,216
Related to discontinued operations	-	-

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

	2019/20	2018/19
	£000	£000
Income recognised this year	-	-
Cash payments received in-year	-	-
Amounts added to provision for impairment of receivables	-	-
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	1,584	-	**1,584**	1,622	-	**1,622**
Education and training	21,290	-	**21,290**	19,663	-	**19,663**
Non-patient care services to other bodies	-		**-**	-		**-**
Provider sustainability fund (PSF)	1,220		**1,220**	4,008		**4,008**
Financial recovery fund (FRF)	1,498		**1,498**			
Income in respect of employee benefits accounted on a gross basis	739		**739**	1,009		**1,009**
Receipt of capital grants and donations		-	**-**		-	**-**
Charitable and other contributions to expenditure		-	**-**		-	**-**
Support from the Department of Health and Social Care for mergers		-	**-**		-	**-**
Rental revenue from finance leases		-	**-**		-	**-**
Rental revenue from operating leases		1,997	**1,997**		2,345	**2,345**
Amortisation of PFI deferred income / credits		-	**-**		-	**-**
Other income*	3,491	-	**3,491**	5,047	-	**5,047**
Total other operating income	**29,822**	**1,997**	**31,819**	**31,349**	**2,345**	**33,694**
Of which:						
Related to continuing operations			**31,819**			**33,694**
Related to discontinued operations			**-**			**-**

**The most significant item recorded under Other Income is £1,183k of estates recharges resulting from the Trust's total facilities management contract (£2,326k in 2018/19)*

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	70	23
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 5.2 Transaction price allocated to remaining performance obligations

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

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

Note 5.3 Income from activities arising from commissioner requested services

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

	2019/20	2018/19
	£000	£000
Income from services designated as commissioner requested services	104,433	93,238
Income from services not designated as commissioner requested services	25,499	24,978
Total	**129,932**	**118,216**

Note 6.1 Fees and charges

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

	2019/20	2018/19
	£000	£000
Income	-	-
Full cost	-	-
Surplus / (deficit)	**-**	**-**

Note 7.1 Operating expenses

	2019/20	2018/19
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	57	163
Purchase of healthcare from non-NHS and non-DHSC bodies	3,075	2,940
Purchase of social care	2,466	2,092
Staff and executive directors costs	113,866	104,049
Remuneration of non-executive directors	130	123
Supplies and services - clinical (excluding drugs costs)	236	296
Supplies and services - general	8,657	11,023
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	3,587	3,125
Inventories written down	-	31
Consultancy costs	560	499
Establishment	1,251	1,099
Premises	5,673	4,108
Transport (including patient travel)	663	671
Depreciation on property, plant and equipment	4,690	4,230
Amortisation on intangible assets	-	-
Net impairments	3,944	6,672
Movement in credit loss allowance: contract receivables / contract assets	49	5
Movement in credit loss allowance: all other receivables and investments	-	-
Increase/(decrease) in other provisions	-	-
Change in provisions discount rate(s)	11	(1)
Audit fees payable to the external auditor		
audit services- statutory audit	55	45
other auditor remuneration (external auditor only)	-	5
Internal audit costs	94	87
Clinical negligence	631	520
Legal fees	218	197
Insurance	94	89
Research and development	-	-
Education and training	582	696
Rentals under operating leases	637	816
Early retirements	-	180
Redundancy	888	(155)
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	-	-
Charges to operating expenditure for off-SoFP PFI / LIFT schemes	-	-
Car parking & security	-	-
Hospitality	10	17
Losses, ex gratia & special payments	71	56
Grossing up consortium arrangements	-	-
Other services, eg external payroll	1,064	1,179
Other*	6,805	6,879
Total	**160,064**	**151,736**
Of which:		
Related to continuing operations	160,064	151,736
Related to discontinued operations	-	-

**Other expenditure includes £3,950 relating to sub contracted healthcare contracts (£4,329k in 2018/19)*

Note 7.2 Other auditor remuneration

	2019/20	2018/19
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	-	5
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
Total	**-**	**5**

Note 7.3 Limitation on auditor's liability

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

Note 8 Impairment of assets

	2019/20	2018/19
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	-	-
Over specification of assets	-	-
Abandonment of assets in course of construction	-	-
Unforeseen obsolescence	-	-
Loss as a result of catastrophe	-	-
Changes in market price	-	-
Other	3,944	6,672
Total net impairments charged to operating surplus / deficit	**3,944**	**6,672**
Impairments charged to the revaluation reserve	203	2,381
Total net impairments	**4,147**	**9,053**

The Trust commissioned the District Valuer to undertake a revaluation of it's full estate. This resulted in a number of individual impairments and revaluations which are reflected in the accounts

Note 9 Employee benefits

	2019/20 Total £000	2018/19 Total £000
Salaries and wages	80,464	76,314
Social security costs	8,437	7,894
Apprenticeship levy	381	349
Employer's contributions to NHS pensions	14,629	9,355
Pension cost - other	-	-
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	-	-
Temporary staff (including agency)	9,955	10,137
Total gross staff costs	**113,866**	**104,049**
Recoveries in respect of seconded staff	-	-
Total staff costs	**113,866**	**104,049**
Of which		
Costs capitalised as part of assets	-	-

Note 9.1 Retirements due to ill-health

During 2019/20 there were 2 early retirements from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £100k (£234k in 2018/19).

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

Note 10 Pension costs

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

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

a) Accounting valuation

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

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

b) Full actuarial (funding) valuation

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

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

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

Note 11 Operating leases

Note 11.1 Camden and Islington NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where Camden and Islington NHS Foundation Trust is the lessor.

	2019/20	2018/19
	£000	£000
Operating lease revenue		
Minimum lease receipts	1,997	2,345
Contingent rent	-	-
Other	-	-
Total	**1,997**	**2,345**

	31 March 2020	31 March 2019
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	1,403	1,955
- later than one year and not later than five years;	5,368	5,289
- later than five years.	522	1,690
Total	**7,293**	**8,934**

HM Treasury has, in response to the COVID 19 pandemic, announced that the implementation of IFRS 16 will be deferred by 1 year and it is not deemed practical or prudent to estimate the impact at present.

Note 11.2 Camden and Islington NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Camden and Islington NHS Foundation Trust is the lessee.

	2019/20	2018/19
	£000	£000
Operating lease expense		
Minimum lease payments	637	816
Contingent rents	-	-
Less sublease payments received	-	-
Total	**637**	**816**

	31 March 2020	31 March 2019
	£000	£000
Future minimum lease payments due:		
- not later than one year;	372	407
- later than one year and not later than five years;	920	894
- later than five years.	78	203
Total	**1,370**	**1,504**
Future minimum sublease payments to be received	-	-

Note 12 Finance income

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

	2019/20	2018/19
	£000	£000
Interest on bank accounts	296	291
Interest income on finance leases	-	-
Interest on other investments / financial assets	-	-
Other finance income	-	-
Total finance income	**296**	**291**

Note 13.1 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	-	-
Other loans	-	-
Overdrafts	-	-
Finance leases	-	-
Interest on late payment of commercial debt	-	-
Main finance costs on PFI and LIFT schemes obligations	-	-
Contingent finance costs on PFI and LIFT scheme obligations	-	-
Total interest expense	**-**	**-**
Unwinding of discount on provisions	9	5
Other finance costs	-	-
Total finance costs	**9**	**5**

Note 13.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2019/20	2018/19
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 14 Other gains / (losses)

	2019/20	2018/19
	£000	£000
Gains on disposal of assets	-	2,827
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	**-**	**2,827**
Gains / (losses) on foreign exchange	-	-
Fair value gains / (losses) on investment properties	-	-
Fair value gains / (losses) on financial assets / investments	-	-
Fair value gains / (losses) on financial liabilities	-	-
Recycling gains / (losses) on disposal of financial assets mandated as fair value through OCI	-	-
Other gains / (losses)	-	-
Total other gains / (losses)	**-**	**2,827**

Note 15 Discontinued operations

The Trust had no discontinued operations during 2019/20 or for the prior year 2018/19.

Note 16.1 Intangible assets - 2019/20

The Trust had no intangible assets in 2019/20 or in 2018/19.

Note 17.1 Property, plant and equipment - 2019/20

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2019 - brought forward	**28,950**	**85,167**	**4,714**	**127**	**-**	**13,967**	**1,171**	**134,096**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Additions	-	217	8,323	-	-	524	87	**9,151**
Impairments	-	(4,336)	-	-	-	-	-	**(4,336)**
Reversals of impairments	-	-	-	-	-	-	-	**-**
Revaluations	98	3,663	-	-	-	-	(3)	**3,758**
Reclassifications	-	4,759	(7,272)	-	-	1,419	1,094	**-**
Transfers to / from assets held for sale	(740)	(1,725)	-	-	-	-	-	**(2,465)**
Disposals / derecognition	-	-	-	-	-	-	-	**-**
Valuation/gross cost at 31 March 2020	**28,308**	**87,745**	**5,765**	**127**	**-**	**15,910**	**2,349**	**140,204**
Accumulated depreciation at 1 April 2019 - brought forward	**-**	**1,326**	**-**	**81**	**-**	**9,197**	**943**	**11,546**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Provided during the year	-	2,878	-	6	-	1,557	249	**4,690**
Impairments	-	(189)	-	-	-	-	-	**(189)**
Reversals of impairments	-	-	-	-	-	-	-	**-**
Revaluations	-	(2,549)	-	-	-	-	(8)	**(2,557)**
Reclassifications	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 31 March 2020	**-**	**1,466**	**-**	**87**	**-**	**10,754**	**1,184**	**13,490**
Net book value at 31 March 2020	**28,308**	**86,279**	**5,765**	**41**	**-**	**5,157**	**1,165**	**126,714**
Net book value at 1 April 2019	**28,950**	**83,841**	**4,714**	**47**	**-**	**4,771**	**228**	**122,550**

Note 17.2 Property, plant and equipment - 2018/19

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2018 - as previously stated	**27,054**	**84,999**	**811**	**127**	**-**	**13,653**	**1,199**	**127,843**
Prior period adjustments	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2018 - restated	**27,054**	**84,999**	**811**	**127**	**-**	**13,653**	**1,199**	**127,843**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Additions	9,150	3,430	4,635	-	-	256	-	**17,471**
Impairments	(6,651)	(2,381)	-	-	-	-	(28)	**(9,060)**
Reversals of impairments	-	-	-	-	-	-	-	**-**
Revaluations	201	353	-	-	-	-	-	**554**
Reclassifications	-	674	(732)	-	-	58	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	(804)	(1,908)	-	-	-	-	-	**(2,712)**
Valuation/gross cost at 31 March 2019	**28,950**	**85,167**	**4,714**	**127**	**-**	**13,967**	**1,171**	**134,096**
Accumulated depreciation at 1 April 2018 - as previously stated	**-**	**1,389**	**-**	**74**	**-**	**7,488**	**833**	**9,784**
Prior period adjustments	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2018 - restated	**-**	**1,389**	**-**	**74**	**-**	**7,488**	**833**	**9,784**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Provided during the year	-	2,404	-	7	-	1,709	110	**4,230**
Impairments	-	(7)	-	-	-	-	-	**(7)**
Reversals of impairments	-	-	-	-	-	-	-	**-**
Revaluations	-	(2,357)	-	-	-	-	-	**(2,357)**
Reclassifications	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	(103)	-	-	-	-	-	**(103)**
Accumulated depreciation at 31 March 2019	**-**	**1,326**	**-**	**81**	**-**	**9,197**	**943**	**11,546**
Net book value at 31 March 2019	**28,950**	**83,841**	**4,714**	**47**	**-**	**4,771**	**228**	**122,550**
Net book value at 1 April 2018	**27,054**	**83,610**	**811**	**53**	**-**	**6,166**	**366**	**118,060**

Note 17.3 Property, plant and equipment financing - 2019/20

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020									
Owned - purchased	28,308	86,279	-	5,765	41	-	5,157	1,165	**126,714**
Finance leased	-	-	-	-	-	-	-	-	**-**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-	**-**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	-	-	**-**
Owned - donated	-	-	-	-	-	-	-	-	**-**
NBV total at 31 March 2020	**28,308**	**86,279**	**-**	**5,765**	**41**	**-**	**5,157**	**1,165**	**126,714**

Note 17.4 Property, plant and equipment financing - 2018/19

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019									
Owned - purchased	28,950	83,841	-	4,714	47	-	4,771	228	**122,550**
Finance leased	-	-	-	-	-	-	-	-	**-**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-	**-**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	-	-	**-**
Owned - donated	-	-	-	-	-	-	-	-	**-**
NBV total at 31 March 2019	**28,950**	**83,841**	**-**	**4,714**	**47**	**-**	**4,771**	**228**	**122,550**

Note 18 Donations of property, plant and equipment

The Trust had no donated assets in 2019/20 or during the prior year 2018/19.

Note 19 Revaluations of property, plant and equipment

The Trust's freehold land and buildings are stated at their revalued amounts, being the fair value at the date of revaluation, less any subsequent accumulated depreciation and subsequent accumulated impairment losses. The fair value measurements of the Trust's freehold land and buildings were performed by Marcus Durkie a RICS qualified member on behalf of the District Valuer Services (a professionally qualified, independent valuer not related to the Trust) as at 1 March 2020. The last full valuation of the Trust's land and building assets was undertaken as at 1 February 2016 by the DVS (the specialist property arm of the Valuation Office Agency).The valuation conforms to International Valuation Standards and was based on recent market transactions on arm's length terms for similar properties. The fair value of the freehold land was determined based on the market comparable approach that reflects recent transaction prices for similar properties. The fair value of the buildings was determined using the cost approach that reflects the cost to a market participant to construct assets of comparable utility and age, adjusted for obsolescence.
As a result of the revaluation exercise, the Trust accounted for £3,944k of impairments, which was predominantly related to the property purchased in March 2019, from Whittington Health, as part of the St Pancras Transformation programme, to reflect the value in use.

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 Trust recognises that it is currently considering the location of future bed provision and is actively engaged in the development of the strategic transformation plan for the North Central London sector. In light of this, the Trust has decided that it is no longer appropriate to base the replacement cost for its inpatient sites (at St Pancras Hospital and Highgate) on the existing locations, and instead has decided that, from 2015/16, it is appropriate to base the valuations on an alternative site basis, allowing for a potential future re location across the North Central London sector. The District Valuer has taken this into consideration when preparing the valuations.

Note 20 Investment Property

The Trust had no investment property as at 31 March 2020 or during the prior year 2018/19.

Note 20.1 Investment property income and expenses

The Trust had no investment property income or expenses as at 31 March 2020 or during the prior year 2018/19.

Note 21 Investments in associates and joint ventures

The Trust had no investment in associates or joint ventures as at 31 March 2020 or during the prior year 2018/19.

Note 22 Other investments / financial assets (non-current)

The Trust had no other investments as at 31 March 2020 or during the prior year 2018/19.

Note 22.1 Other investments / financial assets (current)

The Trust had no other investments as at 31 March 2020 or during the prior year 2018/19.

Note 23 Disclosure of interests in other entities

The Trust had no interests in other entities as at 31 March 2020 or during the prior year 2018/19.

Note 24 Inventories

	31 March 2020 £000	31 March 2019 £000
Drugs	109	59
Work In progress	-	-
Consumables	-	-
Energy	-	-
Other	-	-
Total inventories	**109**	**59**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £1,350k (2018/19: £24k). Write-down of inventories recognised as expenses for the year were £0k (2018/19: £31k).

Due to the COVID 19 pandemic response, the Trust was unable to undertake a formal stock take of drugs inventory as at 31 March 2020. The figures reported in the accounts are taken from the Pharmacy stock system and the impact on the accounts of this is not considered to be material.

Note 25.1 Receivables

	31 March 2020 £000	31 March 2019 £000
Current		
Contract receivables	9,441	14,791
Contract assets	-	-
Capital receivables	-	-
Allowance for impaired contract receivables / assets	(151)	(105)
Allowance for other impaired receivables	-	-
Deposits and advances	-	-
Prepayments (non-PFI)	1,089	918
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	11	25
Finance lease receivables	-	-
PDC dividend receivable	570	871
VAT receivable	271	512
Corporation and other taxes receivable	-	-
Other receivables	494	478
Total current receivables	**11,725**	**17,490**
Non-current		
Contract receivables	-	-
Contract assets	-	-
Capital receivables	-	-
Allowance for impaired contract receivables / assets	-	-
Allowance for other impaired receivables	-	-
Deposits and advances	-	-
Prepayments (non-PFI)	-	-
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
VAT receivable	-	-
Corporation and other taxes receivable	-	-
Other receivables	241	-
Total non-current receivables	**241**	**-**
Of which receivable from NHS and DHSC group bodies:		
Current	7,617	12,192
Non-current	241	-

Note 25.2 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	**105**	**-**	**-**	**100**
Prior period adjustments			-	-
Allowances as at 1 April - restated	**105**	**-**	**-**	**100**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018			100	(100)
Transfers by absorption	**-**	**-**	-	-
New allowances arising	-	-	39	-
Changes in existing allowances	49	-	-	-
Reversals of allowances	-	-	(34)	-
Utilisation of allowances (write offs)	(3)	-	-	-
Changes arising following modification of contractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
Allowances as at 31 Mar 2020	**151**	**-**	**105**	**-**

Note 25.3 Exposure to credit risk

The Trust has no material exposure to credit risk.

Note 26 Other assets

The Trust held no other assets as at 31 March 2020 or for the prior year ending 31 March 2019.

Note 27.1 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	**-**	**-**
Prior period adjustment		**-**
NBV of non-current assets for sale and assets in disposal groups at 1 April - restated	**-**	**-**
Transfers by absorption	-	-
Assets classified as available for sale in the year	2,465	-
Assets sold in year	-	-
Impairment of assets held for sale	-	-
Reversal of impairment of assets held for sale	-	-
Assets no longer classified as held for sale, for reasons other than sale	-	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	**2,465**	**-**

The Trust took the decision to classify Stacey Street as surplus to requirements during 2019/20, and, as at 31 March 2020, records the property as an asset held for sale.

Note 27.2 Liabilities in disposal groups

The Trust had no liabilities in disposal groups as at 31 March 2020 or for the prior year ending 31 March 2019

Note 28.1 Cash and cash equivalents movements

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

	2019/20	2018/19
	£000	£000
At 1 April	**40,550**	**48,226**
Prior period adjustments		-
At 1 April (restated)	**40,550**	**48,226**
Transfers by absorption	-	-
Net change in year	11,392	(7,676)
At 31 March	**51,942**	**40,550**
Broken down into:		
Cash at commercial banks and in hand	41	101
Cash with the Government Banking Service	51,901	40,449
Deposits with the National Loan Fund	-	-
Other current investments	-	-
Total cash and cash equivalents as in SoFP	**51,942**	**40,550**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**51,942**	**40,550**

Note 28.2 Third party assets held by the trust

Camden and Islington NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2020	31 March 2019
	£000	£000
Bank balances	204	209
Monies on deposit	-	-
Total third party assets	**204**	**209**

Note 29.1 Trade and other payables

	31 March 2020 £000	31 March 2019 £000
Current		
Trade payables	12,146	9,375
Capital payables	1,753	890
Accruals	5,795	3,867
Receipts in advance and payments on account	59	34
PFI lifecycle replacement received in advance	-	-
Social security costs	1,241	1,129
VAT payables	-	-
Other taxes payable	992	346
PDC dividend payable	-	-
Other payables	251	526
Total current trade and other payables	**22,237**	**16,167**
Non-current		
Trade payables	-	-
Capital payables	-	-
Accruals	-	-
Receipts in advance and payments on account	-	-
PFI lifecycle replacement received in advance	-	-
VAT payables	-	-
Other taxes payable	-	-
Other payables	-	-
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	3,610	3,189
Non-current	-	-

Note 29.2 Early retirements in NHS payables above

The Trust had no amounts included in the note above relating to early retirements in 2019/20 or in the previous year 2018/19.

Note 30 Other liabilities

	31 March 2020 £000	31 March 2019 £000
Current		
Deferred income: contract liabilities	1	70
Deferred grants	-	-
Deferred PFI credits / income	-	-
Lease incentives	-	-
Other deferred income	-	-
Total other current liabilities	**1**	**70**
Non-current		
Deferred income: contract liabilities	-	-
Deferred grants	-	-
Deferred PFI credits / income	-	-
Lease incentives	-	-
Other deferred income	-	-
Net pension scheme liability	-	-
Total other non-current liabilities	**-**	**-**

Note 31.1 Borrowings

The Trust had no borrowings at 31 March 2020 or for the prior year ending 31 March 2019.

Note 32 Other financial liabilities

The Trust had no liabilities arising from financing activities at 31 March 2020 or for the prior year ending 31 March 2019.

Note 33 Finance leases

The Trust had no finance leases as at 31 March 2020 or for the prior year ending 31 March 2019.

Note 34.1 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	43	-	50	-	-	150	133	**376**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Change in the discount rate	11	-	-	-	-	-	-	**11**
Arising during the year	-	-	53	-	-	879	241	**1,173**
Utilised during the year	(7)	-	(12)	-	-	-	(33)	**(52)**
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	-	**-**
Reversed unused	-	-	(8)	-	-	(150)	(55)	**(213)**
Unwinding of discount	9	-	-	-	-	-	-	**9**
At 31 March 2020	**56**	**-**	**83**	**-**	**-**	**879**	**286**	**1,304**
Expected timing of cash flows:								
- not later than one year;	6	-	83	-	-	879	45	**1,013**
- later than one year and not later than five years;	23	-	-	-	-	-	-	**23**
- later than five years.	28	-	-	-	-	-	241	**269**
Total	**56**	**-**	**83**	**-**	**-**	**879**	**286**	**1,304**

The Trust has made provisions for member contributions for provisions held by NHS Litigation Authority, and for potental redundancy payments.

Note 34.2 Clinical negligence liabilities

At 31 March 2020, £10,958k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Camden and Islington NHS Foundation Trust (31 March 2019: £10,271k).

Note 35 Contingent assets and liabilities

The Trust had no contingent assets or liabilities as at 31 March 2020 or for the prior year ending 31 March 2019.

Note 36 Contractual capital commitments

	31 March 2020 £000	31 March 2019 £000
Property, plant and equipment	55	1,750
Intangible assets	-	-
Total	**55**	**1,750**

Note 37 Other financial commitments

The Trust had no other financial commitments as at 31 March 2020 or for the prior year ending 31 March 2019.

Note 37 Defined benefit pension schemes

The Trust contributes to the London Borough of Islington pension scheme for 4 individuals who were previously employed by the Borough, but who transferred to the Trust when the Trust took responsibility for the delegated activities.

Note 37.1 Changes in the defined benefit obligation and fair value of plan assets during the year

The Trust has agreed to be guided by the actuarial advice given to the borough with regard to the appropriate level of contribution.

Note 38 On-SoFP PFI, LIFT or other service concession arrangements

The Trust has no PFI (or other service concession arrangements) reported on the balance sheet at 31 March 2020 or for the prior year 2018/19.

Note 39 Off-SoFP PFI, LIFT and other service concession arrangements

The Trust has no PFI (or other service concession arrangements) reported off the balance sheet at 31 March 2020 or for the prior year 2018/19.

Note 40 Financial instruments

Note 40.1 Financial risk management

The majority of the Trust's financial instruments are held in the GBS accounts , and the majority of its financial liabilities are in the form of public dividend capital with the Department of Health. It is not deemed therefore, that the Trust faces material levels of risk in terms of its financial instruments.

The Trust's net operating costs are incurred under service agreement contracts with local CCGs, which are financed from resources voted annually by Parliament. The Trust also largely finances its capital expenditure through internally generated resources. The Trust is not, therefore, exposed to significant liquidity risks.

The Trust has no foreign currency income or expenditure. The Trust has minimal exposure to interest rate risk. The Trust makes no variable rate deposits and as at 31 March 2020, the Trust held all its cash in interest bearing current accounts, and had no cash on deposit and no loans.

The Trust has negligible exposure to the risk of another party failing to discharge their obligations, as the parties that the Trust is contracted to are financed by resources voted on annually by Parliament. The Trust, therefore, is not subject to any material risk of being unable to deliver services.

Note 40.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	9,664	-	-	**9,664**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	51,942	-	-	**51,942**
Total at 31 March 2020	**61,606**	**-**	**-**	**61,606**

Carrying values of financial assets as at 31 March 2019	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	15,189	-	-	**15,189**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	40,550	-	-	**40,550**
Total at 31 March 2019	**55,739**	**-**	**-**	**55,739**

Note 40.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	-	-	**-**
Obligations under finance leases	-	-	**-**
Obligations under PFI, LIFT and other service concession contracts	-	-	**-**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	19,945	-	**19,945**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2020	**19,945**	**-**	**19,945**

Carrying values of financial liabilities as at 31 March 2019	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	-	-	**-**
Obligations under finance leases	-	-	**-**
Obligations under PFI, LIFT and other service concession contracts	-	-	**-**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	14,658	-	**14,658**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2019	**14,658**	**-**	**14,658**

Note 40.4 Maturity of financial liabilities

	31 March 2020 £000	31 March 2019 £000
In one year or less	19,888	14,615
In more than one year but not more than two years	6	5
In more than two years but not more than five years	23	22
In more than five years	28	16
Total	**19,945**	**14,658**

Note 40.5 Fair values of financial assets and liabilities

The Trust believes that the carrying value of it's financial assets and liabilities are a reasonable approximation of fair value.

Note 41 Losses and special payments

	2019/20		2018/19	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	2	-	1	-
Fruitless payments	-	-	-	-
Bad debts and claims abandoned	1	3	-	-
Stores losses and damage to property	-	-	1	31
Total losses	**3**	**3**	**2**	**31**
Special payments				
Compensation under court order or legally binding arbitration award	4	26	8	46
Extra-contractual payments	-	-	-	-
Ex-gratia payments	24	10	28	7
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**28**	**36**	**36**	**53**
Total losses and special payments	**31**	**39**	**38**	**84**
Compensation payments received		-		-

Note 42 Gifts

	2019/20		2018/19	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Gifts made	2	1	6	-

Note 43 Related parties

During the year the Trust has had a significant number of material transactions with entities for which the Department of Health and Social Care is regarded as the parent Department:

Camden London Borough Council
Central and North West London NHS Foundation Trust
Health Education England
HM Revenue & Customs
Islington London Borough Council
NHS Barnet CCG
NHS Camden CCG
NHS Central London (Westminster) CCG
NHS England
NHS Haringey CCG
NHS Islington CCG
NHS Kingston CCG
NHS Pension Scheme
NHS Professionals
The Whittington Health NHS Trust
**The Trust has applied a de minimis limit of £1,000k.*

Note 44 Transfers by absorption

The Trust has had no transfers by absorption during 2019/20, or for the year ending 31 March 2019

Note 45 Prior period adjustments

The Trust has had no prior period adjustments during 2019/20, or for the year ending 31 March 2019

Note 46 Events after the reporting date

There are no events after the reporting date to report.

Note 47 Final period of operation as a trust providing NHS healthcare

2019/20 is not the final period of operation for the Trust.

Note 48 Pooled Budgets

The Camden and Islington NHS Foundation Trust has a pooled budget arrangement with the London Borough of Islington. The pooled budget was established as at 1st April 2005 and is hosted by Camden & Islington NHS Foundation Trust.

Pooled Budget Memorandum Account for 2019/20

	2019/20	2018/19
	£000	£000
Income		
Foundation trust	11,508	10,671
London Borough of Islington	2,857	3,004
	14,365	**13,675**
Expenditure		
Pay	12,049	11,311
Drugs	414	392
General Supplies and Services	23	53
Clinical Supplies and Services	14	15
Establishment	63	79
Other *(Incl premises costs)*	1,677	2,012
	14,240	**13,862**
Net under / (over) spend	**125**	**-187**
	1%	*-1%*

All of the income and expenditure related to the pooled budget is accounted for within the Trust's books, and is therefore accounted for in line with the accounting policies set out in Note 1. Both the income and expenditure is included within the income and expenditure shown in subsequent notes to the accounts.