Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

Annual Report and Accounts

2020-21

Supporting healthy lives

Contents

Foreword
from the Chair of the Board

Welcome to our Annual Report

This is my first report as Chair of the Trust and I'm really honoured to have been appointed to this role alongside my existing role as Chair of Camden and Islington NHS Foundation Trust. Our two Trusts are working increasingly closely together, and I look forward to building on this partnership to improve our services and improve the health and wellbeing of local people.

Mark Lam, former Chair, has moved to a new role locally but he asked me to thank all of our staff for their unwavering commitment to working together to deliver the best care possible for our patients. This has been an unimaginably tough year which has tested the NHS as never before, and the impact of the COVID-19 pandemic has also raised the profile of how we as individuals, and as a society, care for our mental health.

Our Trust has risen to the challenge of keeping our patients and our staff safe by rapidly responding to the evolving situation and finding innovative ways of continuing to deliver our vital services. We have seen the benefits of partnership working right across the health and social care system in North Central London in action as we have jointly managed the demands on our services, developed new ways of working and shared our learning.

We have all suffered the loss of people close to us due to the pandemic – whether that be family, friends, colleagues or neighbours – and our Trust has sadly lost both staff and patients. Despite this, throughout the last year our staff have continued to put high quality care at the heart of everything we do.

I would like to close with my congratulations to our Chief Executive, Jinjer Kandola, who was awarded an MBE this year for her services to mental health. This is a great tribute to Jinjer's leadership and also recognition of the transformational journey that BEH is on to deliver even better mental and community healthcare to the people of north London and beyond.

Jackie Smith
Chair

Introduction
from the Chief Executive

This has been the hardest year I have experienced in my whole NHS career and I have been in constant awe of the dedication of my colleagues in Team BEH. The hardest part of which was receiving the news about the loss of colleagues. Despite the challenges, our staff acted as consummate professionals, supporting our patients and each other, while remaining true to our Values of compassion, respect, being positive and working together.

Many were redeployed to different parts of the Trust and cheerfully took on new roles as we successfully set up online patient consultations, a COVID-19 testing centre, and vaccination clinics at a rapid pace. Our Enfield Community Service delivered vaccinations to all the care homes in the borough and to a large number of housebound patients as well as setting up a specially adapted clinic for people with autism, learning disabilities and serious mental illnesses. During the pandemic, we also strengthened our partnerships with the many other local organisations we work with in caring for local people.

We welcomed new colleagues from the Community Paediatrics Service for Enfield who transferred from a neighbouring Trust to BEH. The service supports the developmental needs of Enfield's children and young people from birth to 19 years and includes colleagues with a diverse range of professional skills.

The highlight of the year was opening our new state-of-the-art mental health inpatient unit, Blossom Court at St Ann's Hospital in Haringey. Construction work continued during lockdown and was completed on schedule. The building replaced the old, outdated wards, with some of the best, most modern mental health facilities in the country and we have seen an immediate positive impact on the experience of our patients and our staff.

Opening Blossom Court was one of a series of major transformations of our services and ways of working. While the pandemic has been a traumatic experience for many of us on a personal level, as an organisation it meant we introduced some positive changes more quickly than we would have done otherwise. We will build on this to continue to strengthen our organisation, create a culture where we develop all our staff and promote inclusion and equality and, most importantly, provide excellent care and support to those who use our services and their carers and families.

Jinjer Kandola MBE
Chief Executive

Responding to the coronavirus pandemic

The coronavirus pandemic affected all areas of the Trust throughout most of 2020-21. As an organisation, we responded quickly and effectively, and continued to provide the best possible care for our patients, to support our staff and to work effectively with our local partners.

This year's Annual Report focuses on our response to the pandemic but also outlines the many achievements through the year, despite the challenges we faced.

Our overall aim was to keep services for our patients running safely and to ensure we looked after our staff; this report covers our response up to the end of March 2021.

Protecting patients and staff

Patients and staff particularly at risk due to underlying health conditions were identified and we made appropriate arrangements to shield and protect them. We made sure we had enough supplies of Personal Protective Equipment, oxygen, medicines, food for patients and other vital items. Very sadly, we lost a number of patients and staff to coronavirus. We ensured that we marked these appropriately and are holding a memorial event with their families later in 2021.

New ways of working

Clinical services ensured that, where appropriate and possible, services were delivered using telephone or video options rather than face-to-face, and non-essential appointments were postponed. We continued to offer face-to-face appointments where it was clinically necessary and appropriate. We established inpatient isolation facilities to care for patients showing symptoms of coronavirus.

To provide extra support to our service users, we set up a new 24/7 emergency helpline to get help or advice in a mental health crisis. We extended the 24/7 crisis line for children and young people to cover Camden and Islington to support our neighbouring mental health trust. We opened our doors to self-referral by children and young people during the pandemic via the crisis line. We also created a Child and Adolescent Mental Health Services Crisis Hub in Barnet where children and young people from across the Trust who were in crisis could be seen urgently by a team of doctors and nurses offering same day assessments. We worked, throughout, with our partners across North Central London to develop new shared crisis responses.

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

The situation was fast-moving and we updated staff via detailed information and guidance on the Trust intranet, including a Frequently Asked Questions section, a regular (when necessary, daily) 'All Staff Coronavirus Update' email from the Chief Nurse, and online meetings where staff could hear about the latest developments from our Executive Leadership Team and Staff Networks and ask questions. We also supported our staff and our service users through this difficult period with a range of online wellbeing resources on the Trust intranet and website. We supported our service users on our inpatient wards to access help via the provision of appropriate digital devices so they could access online support.

We set up two staff support hotlines – one for advice about pay, leave and other non-clinical matters, and one for confidential psychological support for anyone feeling anxious about the pandemic which was staffed by our psychological therapists. In line with government advice, we directed all our staff who could work from home to do so, and we developed an agile working policy in discussion with staff to support this new way of working.

Testing and vaccinations

Before COVID-19 vaccines were available, we focused on testing for staff and patients. We made lateral flow device tests available to all staff as soon as kits were received in November 2020. Staff were asked to test themselves twice a week before coming into work and to record the results on an app that we developed in-house.

We also set up a drive-through testing centre at St Michael's Hospital in October 2020 at rapid speed – it took us just three weeks to plan and then open. We completed 400 COVID-19 tests, including Trust staff or members of their household, as well as Enfield local authority staff or members of their household. The testing centre was run by volunteers from across BEH with support from the local authority.

Our Enfield Community Services started to provide vaccinations to care home residents and staff in Enfield in December 2020 with a roving team providing vaccinations for housebound patients from January 2021.

As of 31 March 2021, we had delivered first dose vaccinations for 1,377 care home residents, 499 care home staff, 961 housebound patients, and 118 housebound carers. We are continuing to offer both first and second doses.

Vaccinations for our staff started at the end of December at local hospital hub sites such as North Middlesex and The Royal Free which offered the Pfizer vaccine. We opened two BEH vaccination clinics in January 2021 offering the AstraZeneca vaccine. We have delivered first dose vaccinations to: 1,603 BEH staff, 533 health and social care workers from other organisations across North Central London, and 174 mental health inpatients. Up to the end of 2020-21, 82% of our staff have had their first vaccination and 42% of staff have received their second dose.

Vaccinations for people with learning disabilities, autism and serious mental illnesses – a partnership effort

Government data showed that people with learning difficulties were among the groups most impacted by COVID-19. They had a 2.3 times higher death rate than the general public and are more likely to be affected by issues such as isolation and the wider mental health impacts. We therefore took the initiative to set up a specially adapted clinic at our Chase Farm Hospital site in Enfield at the end of February 2021.

The clinic was a real collaborative effort between the Trust, London Borough of Enfield, and the Clinical Commissioning Group (CCG), with volunteers including local learning disabilities nurses and redeployed staff from across the sustainability and transformation partnerships. During February and March 2021, 89 patients and a number of their carers were vaccinated at the clinic.

The clinic was adapted to make it more suitable for people who would find it challenging to attend a mass vaccination centre. We arranged longer appointments to give patients time to feel at ease and created more space and quiet areas. We made the venue welcoming with additional touches such as making fidget spinners available to visitors while they waited and specialist sensory equipment. We provided consent forms in easy-to-read and picture formats, alongside patient information. We also set up a dedicated telephone booking service for those who might struggle to book online.

The vaccinators were a mix of mental health and learning disability trained nurses with experience in supporting patients with complex needs. Front-of-house, there was support from London Borough of Enfield staff who work in the Integrated Learning Disability Service to book patients in, and to talk and interact with them and their carers to keep them calm and to help them with any adjustments that are needed.

Learning from the pandemic

We learnt a lot through the pandemic, with many positive developments coming from this difficult period. We developed new ways of working that we are embedding across our services going forward, such as video conferencing and online consultations where appropriate; the introduction of the new 24/7 mental health crisis helpline and changes in the ways our community mental health services and our Enfield Community Services operate all enabled us to deliver better, more integrated care.

We have also developed even closer working relationships with our partners, and we will build on these further to help deliver really inegrated local care in the years ahead.

For the Trust and all our partners, the pandemic also highlighted the challenges we face together in addressing health inequalities across the boroughs we serve. We are actively working with all our partners to address these long-standing challenges and to ensure we help to improve the health and wellbeing of all those we serve.

Some of our staff who returned to practice or were redeployed

"I was very nervous going back onto the wards in a clinical role. I was also nervous about how the ward would be run on a day-to-day basis during the pandemic. I can honestly say the team was so friendly and welcoming. Despite the difficulties they faced with COVID-19 and the distress some patients experienced because their families couldn't visit, the staff continued to keep morale high. I never felt a burden by asking questions and I was reassured the care I was providing was correct and to a high standard."

Casey Francis, Patient Experience Manager, was redeployed as a Health Care Assistant during the pandemic

"I answered a call for action from the Nursing and Midwifery Council when the pandemic took hold back in March. I had worked in Chase Farm Hospital before and felt I really wanted to help my ex-colleagues during the pandemic, as well as look after patients who needed care and compassion in the worst time of their lives."

Sue Lansley returned to practice as a nurse during the pandemic.

"My experience has been really great, and a big part of that is due to the Pharmacy team at St Ann's. Initially, I was a little anxious that my clinical knowledge had disappeared after several years of not practising, but everyone has been extremely welcoming and supportive and really made me feel like part of the team from day one. I'd forgotten how resilient those working in the NHS are, still so friendly and helpful even in these difficult times. I'm grateful for the opportunity and I hope I've managed to make a difference in at least some way or another!"

Justin Soon joined BEH under NHS Return to Practice programme

Trust overview

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

We employ more than 3,300 staff, which makes us one of the largest employers in our area. Last year we helped care for more than 126,176 people; approximately 2,800 patients on our wards and over 128,388 service users in the community. In 2020-21 our income was £333 million.

We provide our services for young people, adults, and older people from over 20 sites. We support people to overcome the hurdles they face with their health and wellbeing and help them get back into the community and to live as independently as they can. We follow an 'enablement' approach to providing care, which means we give people the skills they need to look after themselves with our support in the community. When they need a higher level of care, we provide that on our wards.

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

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

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

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

Changes during the year included the transfer of School Nursing and Health Visiting services for children and young people in Enfield from our Enfield Community Services, to the North Middlesex University Hospital NHS Trust. This transfer was part of planned changes by the commissioner of these services, Enfield Council. The mental health service previously provided by the Trust at Feltham young offenders' institution transferred to the management of Central and North West London NHS Foundation Trust (CNWL) in April 2020 and the staff transferred to the employment of CNWL.

Meanwhile, we welcomed new colleagues from the Community Paediatrics Service for Enfield who transferred from the Royal Free London NHS Foundation Trust to BEH. We have exciting and ambitious plans for redesigning the Community Paediatrics Service to co-ordinate the diverse professional skills that are needed to support the various developmental needs of Enfield's children and young people from birth to 19 years and to implement effective support programmes for them.


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Our Strategy
Vision, Values, Objectives

We developed our 'Fit for the Future' Trust Strategy in 2018-19, setting out the direction of travel for the next five years to ensure we meet the needs of our service users, staff and community.

We defined a clear set of aims and priorities to achieve this which were developed with the people who use our services.

We updated our Trust Strategy in 2021-22 to reflect the impact of the COVID-19 pandemic and wider changes across the NHS nationally and locally. This included updating our strategic priorities as an organisation, but our four Strategic Aims remain:

- Excellence for service users
- Empowerment for staff
- Innovation in services
- Partnerships with others

Our Vision

Our Vision as an organisation is:

"To support healthy lives and healthy communities through excellent integrated mental and community healthcare"

We summarise our Vision with our Motto:

"Supporting healthy lives"

Our Values

We developed our Values through significant engagement with our staff. They are:

We are embedding them in everything we do, across our services and in the daily working lives of our staff.

Our Annual Objectives

Our annual objectives for 2020-21 were developed to be explicitly aligned to our Strategic Aims.
They were reviewed after the first wave of the coronavirus pandemic to ensure they remained up-to-date.

Our annual objectives for 2020-21 were:

Strategic Aims	Annual Objectives
Excellence for service users	▶ Ensure the best care possible for our patients through delivering all performance and quality standards
	▶ Develop community-based integrated services in line with the NHS Long Term Plan
	▶ Make co-production with service users a key principle to ensure our services reflect the diverse needs of our communities and reduce health inequalities
	▶ Develop consistently safe care pathways for all patients
Empowerment for staff	▶ Embed our Values across everything we do, including the development of our leaders
	▶ Attract and retain sufficient staff, with the right skills and values
	▶ Support the physical and mental health and wellbeing of all our staff
	▶ Actively focus on improving diversity, inclusivity and equality for all our staff, so our services respond to the diversity of our communities and we improve our Workforce Race Equality Standard position
Innovation in services	▶ Meet our financial control total by March 2021 by delivering the financial plan, including cost pressures and capital programme while preparing our efficiency plans for 2021-22
	▶ Increase the flexibility of how we provide services to patients and how our staff work, including increased digital contacts with patients and more agile working for staff
	▶ Provide more useful information to help deliver high quality services through integrating our data sources
	▶ Achieve an Outstanding Care Quality Commission rating by December 2021 through delivering our Brilliant Basics priorities and embedding Quality Improvements
Partnerships with others	▶ Increase our impact as a major employer in our local community and beyond
	▶ Improve the quality and delivery of our clinical and corporate services through increased working with partners across North Central London
	▶ Be a high-quality delivery partner and commissioner of specialist mental health services within the North London Provider Collaborative
	▶ Be a leader in the development of integrated health and social care partnerships in North Central London

Our annual objectives for 2021-22 are:

Strategic Aims	Annual Objectives
Excellence for service users	▶ Provide high quality, safe care for our patients
	▶ Ensure our patients and their carers shape their care and the delivery of our services
	▶ Enable healthy and fulfilling lives for local people and address the health inequalities across our local communities
Empowerment for staff	▶ Create a fair, just and inclusive organisation and empower all our staff to thrive at work
	▶ Support the health and wellbeing of our staff so we attract and retain high calibre staff
Innovation in services	▶ Ensure the financial sustainability of our services
	▶ Build on the increased use of digital tools to transform and innovate the way we provide services to our patients and ways our staff work
	▶ Empower our staff to continuously improve our services, through innovation and best practice across the Trust
Partnerships with others	▶ Develop our partnerships with other local organisations to deliver great integrated services and strengthen our contribution to the economic development of our communities
	▶ Continue to develop our role as a leader in the North Central London and borough integrated care partnerships

Our Trust in numbers

In 2020-21, our 3,300 staff helped care for more than **126,176 people**; approximately **2,800 patients** on our wards and over 128,388 service users in the community.

We provided mental health services for young people, adults and older people, in addition to our full range of child and adult community health services in Enfield.

54% of our staff are from ethnic minorities

The Trust has **585** inpatient beds which are located on our five main sites:

- St Ann's Hospital in Haringey
- Chase Farm Hospital in Enfield
- St Michael's Primary Care Centre in Enfield
- Edgware Community Hospital (Dennis Scott Unit) in Barnet
- Barnet Hospital (Springwell Centre) in Barnet

We also have **14 inpatient beds** available locally in partnership with the Priory Group.

Our budget was **£337** million in 2020-21

We received **93** formal complaints and **541** compliments

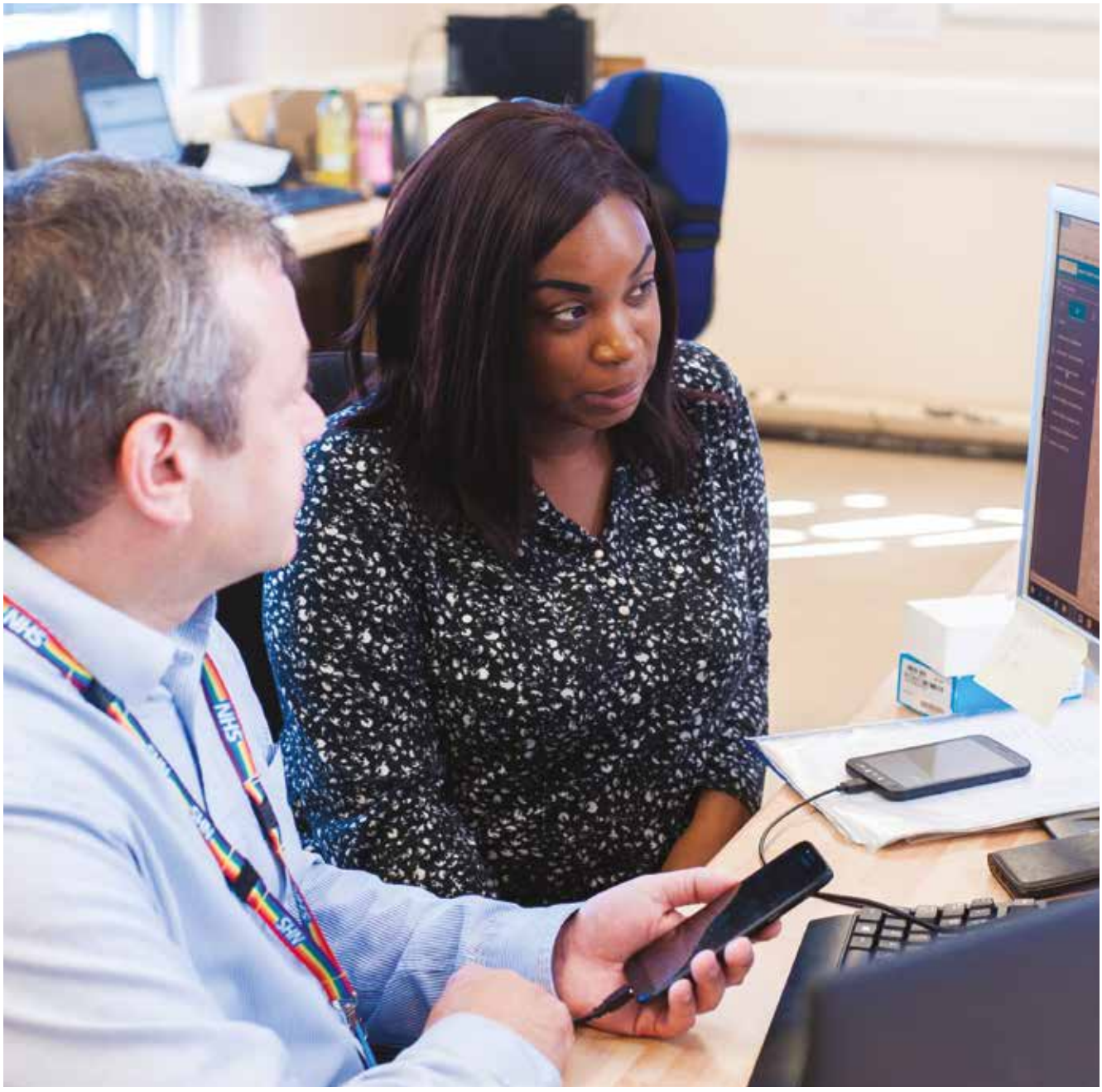
We achieved an **89%** overall satisfaction rate across mental health and community services in **5,879** patient and carer surveys completed in 2020-21

94.7% of service users who responded to the Friends and Family Test said they would recommend our services

Our Key Risks 2020-21

The Trust Board refreshed the Board Assurance Framework (BAF) for 2020-21 at the start of the year and has regularly reviewed it. The BAF is aligned to the Trust's Strategic Aims and sets out the strategic risks to achieving our Aims and Annual Objectives and how we are managing these.

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



Strategic Aims	Strategic Risks
Excellence for service users: We will deliver Brilliant Basics and beyond for our service users and carers	**1.** There is a risk that we will be unable to deliver consistent, high quality care if we are unable to recruit and retain sufficient number of appropriately skilled staff. As a result, the quality and sustainability of our services will be impacted.
	2. There is a risk that we deliver care to patients in poor therapeutic environments and facilities due to under investment in our estate. As a result, the quality and safety of our services will be impacted.
	3. There is a risk that we fail to consistently provide care in line with national legislation and standards (eg, CQC standards and mental health legislation), resulting in poor quality of care for our service users.
	4. There is a risk that we will not be able to effectively manage the commissioning risks which we take on from NHS England under New Models of Care. As a result, the safety of patients, our sustainability and our reputation will be impacted.
Empowerment for staff: We will nurture our culture and champion the capabilities of our people	**5.** There is a risk that we will be unable to deliver our strategy if we fail to nurture and develop an open and inclusive culture which empowers and enables our staff to deliver. As a result, the quality of care for our service users will be impacted.
	6. There is a risk that we will not be seen as an attractive place to work externally if we are unable to make BEH a great place to work and positively improve the morale of our workforce. As a result, our ability to recruit and retain the staff required to deliver our strategy will be impacted.
Innovation in services: We will embed a culture of innovation to meet the increasing needs of our population	**7.** There is a risk that we will be unable to meet increasing demand for our services due to a lack of organisational capability and capacity to deliver innovative ways of working. As a result, timely access to services for patients (and their experience of our care) will be compromised.
	8. There is a risk that our digital architecture is unable to support transformation and innovation as a result of the requirement for significant capital investment (the funding has been agreed and secured for 2019-20 and 2020-21) and lack of capability to meet the scale and pace of change needed. As a result, we will be unable to effectively support the changes in working practices required to deliver our strategy.
Partnerships with others: We will actively strengthen partnerships to deliver integrated care for the communities we serve	**9.** There is a risk that we will be unable to realise the benefits from strong and productive partnerships with our key stakeholder due to the changing external landscape and the lack of a shared vision for the future of services locally. As a result, our sustainability will be impacted.
	10. There is a risk that we will be unable to successfully deliver on our commitments to commissioners and partners as a result of our underlying assumptions about demand and system level changes being incorrect. As a result, we will not be seen as capable of delivering the service transformation required by the system and our reputation will be impacted.
	11. There is a risk that the Integrated Care System and system level focus on common mental health problems will be at the expense of investment in specialist mental health services. As a result, the stability and quality of our specialist mental health services will be impacted.
Additional risk for 2020-21: Lead effectively during the COVID-19 pandemic	**12.** There is a risk that the Trust may not be able to deliver safe services and safeguard staff well-being due to the COVID-19 pandemic.

Key Performance Indicators 2020-21

Like other NHS providers, we have a number of key performance indicators (KPIs) which allow us to measure our performance and benchmark ourselves against other providers. The Trust Board reviews these at each meeting. Our performance during 2020-21 was impacted by the coronavirus pandemic as some services were reduced and some staff were redeployed in order to provide safe services to our patients and to keep our staff safe.

You can find the KPIs for 2020-21 in the following pages, but we have picked out a few key trends or highlights.

We identified areas where a particular focus during 2020-21 could significantly improve patient care or improve the efficiency of the Trust. In many cases, this resulted in us surpassing the relevant national targets during this difficult year.

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

- Patients provided with a single point of entry to services by the Crisis Resolution and Home Treatment Team
- Improving Access to Therapy Service recovery rates and waiting times for 6 weeks and 18 weeks
- Patients referred to our Early Intervention in Psychosis service are seen within 2 weeks of referral

However, the Trust did not achieve the national targets in several important areas including the average length of acute inpatient stay, and one-hour response times for A&E referrals to our mental health liaison service at the North Middlesex University Hospital. We continue to actively focus on these areas.

Trust Performance Scorecard 2020-21

Safe	2020-21	Target
% of patients followed-up within 72 hours of inpatient discharge	82%	85%
Care Programme Approach: % of patients reviewed in the last 12 months	89%	95%
Number of Never Events	0	0
Inappropriate use of Section 136 Suite	80	0

Effective	2020-21	Target
% Admissions that are emergency readmissions within 30 days of previous discharge	3%	6%
Falls resulting in severe injury or death	0	0
Grade 3 or 4 pressure ulcers	24	0

Caring	2020-21	Target
Patient Survey – information provided	91%	80%
Patient Survey – involved in decisions	89%	80%
Patient Survey – treated with dignity	95%	80%
Overall Patient Satisfaction	90%	80%
Overall Carer Satisfaction	91%	80%
Patient Friends and Family Test (FFT) – Mental Health Overall Score	94%	80%
Patient FFT – Enfield Community Services Overall Score	98%	90%

Trust Performance Scorecard 2020-21

Responsive	2020-21	Target
Delayed Transfers of Care – % All Occupied Bed Days due to delayed transfers	3.4%	2.5%
Delayed Transfers of Care – % Adult Occupied Bed Days due to delayed transfer of care	3.0%	2.5%
Delayed Transfers of Care – % Older Adult Occupied Bed Days due to delayed transfer of care	5.5%	2.5%
Adults – Mean length of acute inpatient stay on discharge	38	32
Adults – Median length of acute inpatient stay on discharge	23	25
Older People – Mean length of acute inpatient stay	68	48
Older People – Median length of acute inpatient stay	64	76
Let's Talk (Improving Access to Psychological Therapies – Enfield) % of people treated within 18 weeks of referral	100%	95%
Let's Talk (Improving Access to Psychological Therapies – Enfield) % of people treated within 6 weeks of referral	92%	75%
Let's Talk (Improving Access to Psychological Therapies – Enfield) Recovery Rate	50%	50%
Let's Talk (Improving Access to Psychological Therapies – Barnet) % of people treated within 18 weeks of referral	100%	95%
Let's Talk (Improving Access to Psychological Therapies – Barnet) % of people treated within 6 weeks of referral	93%	75%
Let's Talk (Improving Access to Psychological Therapies – Barnet) Recovery Rate	53%	50%
Early Intervention Psychosis % of people treated within 2 weeks	82%	56%
Memory Clinic – % of patients waiting less than 6 weeks from Referral to Diagnosis	70%	85%
Patients triaged by the Crisis Resolution Home Treatment Team as clinically requiring a response within 4 hours. These referrals are assessed face-to-face as emergency	91%	90%
Patients triaged by the Crisis Resolution Home Treatment Team as clinically requiring a response within 24 hours. These referrals are assessed face-to-face as emergency	90%	80%
Liaison Service – North Middlesex Hospital 1-hour response time for A&E referrals	83%	95%
Liaison Service – North Middlesex Hospital 24-hour response times for Acute Admissions Unit/Ward Referrals	89%	95%
Liaison Service – Barnet Hospital 1-hour response time for A&E referrals	90%	95%
Liaison Service – Barnet Hospital 24-hr response times for Acute Admissions Unit/Ward Referrals	98%	95%

Trust Performance Scorecard 2020-21

Well Led	2020-21	Target
Proportion of staff compliant with individual mandatory training requirements	87%	90%
Sickness absence rate %	5%	3.5%
Agency spend as a % of employee spend	4%	8%
Bank spend as a % of employee spend	11.5%	10%
Total vacancy rate (% established posts without staff members in place)	9%	10%
Nursing vacancy rate	15%	10%
Medical vacancy rate	10%	10%
Time to hire (mean number of days from advert start to provisional start date)	74	77
Staff turnover (Total)	15%	15%

Quality Improvement

A key factor in improving patient care is developing a workforce that is empowered and consistently delivers excellent care through a Quality Improvement (QI) approach. The QI approach focuses on developing changes in culture, processes and practice to improve the quality of our services. We recognise that for improvement to be sustainable, a single improvement methodology needs to be consistently embedded in the way we work in all our services, from small changes to major transformational programmes. The Trust has supported the implementation of the Model for Improvement from the Institute for Healthcare Improvement as our preferred methodology.

Training through NHS England's Quality, Service Improvement and Redesign programme had to be postponed due to the pandemic. It is still our ambition to use this programme as it allows us to train some of our staff to become trainers themselves. In the meantime, we have developed an Internal Foundations of QI training package to support teams across the Trust.

Embedding QI across the Trust has been underpinned by the use of LifeQI, a digital platform, which has enabled our staff to plan, measure, and report on their QI work. It also provides a central repository and source of information about all the improvements we make, which promotes collaboration and information sharing both within our Trust and with other Trusts.

Quality priorities for 2020-21

In February 2020, staff from across the Trust, including the Chair and Chief Executive, were joined by service users, peer workers, commissioners and representatives from other statutory and voluntary organisations to agree the Trust's quality priorities for 2020-21.

Our four Quality Priorities for 2020-21 were designed to support our aim to deliver excellent care for our diverse population:

Co-production – staff and service users

We launched a new co-produced Service User Involvement and Engagement Strategy and a new patient and carer survey. We also recruited 50 Experts by Experience and 43 Peer Support Workers to ensure the voices of service users and carers are heard.

During the pandemic, our Patient Experience Team set up a Wellbeing Hub to support service users who were asked to shield during this time. Our aim was to be able to signpost people to any voluntary services that were available to them within their boroughs. Directories were created for each borough that clearly list voluntary services under the categories of food, social support, medication, advice and activities – these are available on the Trust website.

As well as making this information publicly available, these directories also meant the Wellbeing Hub staff had the information readily available when calling service users. We called over 2,500 service users to offer support and received exceptional feedback.

Feedback from service users

"Very grateful for all you are doing – thank you very much! I am 83 years old and have been asked to isolate since February. I really appreciate all the work you guys are doing to support me… thank you!"

"Thank you so much for making me feel like you care."

"Thank you for all your hard work and effort in making us feel special, the NHS is a credit to the country – keep up the good work."

Timely access to care

We aimed to reduce Out of Area placements (where patients are placed in wards outside the Trust) to zero. We were not able achieve this due to increased demand during the pandemic, however we still significantly decreased Out of Area placements compared with last year.

We also established a new Trust-wide Access and Flow team to focus on using our beds most effectively to support patient care, and we increased our inpatient bed capacity through a partnership agreement with a local independent provider of mental health beds.

Continuity of care (reducing variation)

We aimed to reduce variation in physical health monitoring by rolling out an electronic system to record physical health observations (eObs) to 75% of wards. We achieved roll-out to the four wards in Blossom Court at St Ann's Hospital but further roll-out to our other wards was delayed by the pandemic.

We also aimed to reduce restrictive practices by training staff in Trauma Informed Care and by improving our de-escalation environments and introducing sensory rooms. Our progress was limited by lockdown restrictions, which meant patients had less freedom in some cases, potentially leading to increased likelihood of boredom and frustration. In addition, face masks made it more difficult for staff to communicate and effectively de-escalate situations. We also had higher levels of temporary staff due to sickness rates and shielding which caused additional challenges in building relationships.

Trauma Informed Care training has been provided online and we plan to roll it out face-to-face as well as starting to deliver Positive Behaviour Support training over the coming year.

Creating and embedding a culture of continuous improvement Trust-wide

We aimed to train 200 staff in Quality Improvement (QI). It was recognised that the number we could train would be reduced if there was a further peak in COVID-19 which did occur and together with the national teaching assessments being cancelled meant we have not been able to achieve this aim. However, approximately 800 staff have had some QI training over the previous two years from a basic awareness to the 5-day Quality Service Improvement and Redesign practitioner programme. We also aimed for each Division to run a minimum of four QI projects which nearly all Divisions achieved, with some running many more, an example being Specialist Services with 19 projects. There are also projects registered under the Brilliant Basics umbrella.

Quality priorities for 2021-22

While we explore quality priorities for the coming year, it is important that we look back at what we have achieved and implemented in previous years and the areas we would want to continue developing and improving in the year ahead.

Four quality priorities have been identified for 2021-22. These take into consideration suggestions from stakeholders and the strategic objectives of the Trust. The priorities are whole programmes of work. They are aligned to the Brilliant Basics and will be embedded into the work being undertaken by the existing working groups to reduce variation in services and improve the quality of care and service delivery across all teams and our staff health and wellbeing:

Excellence for service users

We will successfully roll out the use of Dialog+ across key services within the Trust.

Aim: To introduce Dialog+ (a new evidence-based care planning approach) in 90% of community mental health services and develop a roll out plan for all other areas by 31 March 2022.

Empowerment for staff

We will develop a structured wellbeing programme for staff and support their psychological and physical wellbeing.

Aim: To create a Health and Wellbeing Strategy that adopts an inclusive and integrated approach to health and wellbeing through understanding the physical, mental and emotional needs of individuals across the organisation.

Innovation in services

We will continue to develop Quality Improvement programmes Trust wide to support innovation and continuous improvement.

Aims:

- Train an additional 300 staff with QI Foundations training by 31 March 2022
- Ensure every new Trust staff member receives basic QI training as part of their Induction by 31 March 2022
- Increase the number of QI projects by 20% by 31 March 2022 monitored through Life QI

Partnerships with others

We will develop our partnerships with other local organisations to deliver great integrated services for local people

Aims:

- To deliver the Trust's key commitments to the 2021-22 North Central London Mental Health Delivery Plan including the planned additional financial investment to continue to improve the Trust's services
- To demonstrate that local voluntary and community sector partners have been formally engaged to support the Trust's transformation of community mental health services
- To ensure the Trust is effectively represented in the North Central London Integrated Care System, borough Integrated Care Partnerships and the North Central London Provider Alliance

Additionally, the Trust will continue to focus on areas identified by outcomes and experiences from last year as requiring continued efforts to improve quality.

Quality governance

Quality governance provides a framework for organisations and individuals to ensure the delivery of safe, effective and high-quality care and treatment.

At BEH, our governance structures and processes for continuous learning and improvement ensure there are effective quality governance arrangements in place from 'Floor to Board'. Review, monitoring and oversight of these arrangements takes place through the following:

- Trust Board
- Quality and Safety Committee
- Safe, Effectiveness and Experience Group
- Divisional Quality and Workforce Meetings

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

Brilliant Basics

Our improved Care Quality Commission (CQC) rating in 2019 resulted from significant work across the Trust to ensure excellence for our service users.

At the heart of this progress was our Brilliant Basics programme. There are 10 Brilliant Basics priorities, listed below, and each of these has continued to be the focus of a quality improvement collaborative with a senior sponsor and an operational lead. Progress is reported and monitored at the Trust-wide Brilliant Basics meeting which is chaired by the Chief Nurse.

In 2020-21, there has been progress in each of the 10 Brilliant Basics, but progress in some areas was constrained by the lockdowns and the challenges posed by the increase in positive COVID-19 cases within the Trust.

Our Brilliant Basics

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

Highlights of 2020-21

We have highlighted some of our developments and achievements during 2020-21 against our four Trust Strategic Aims: Excellence for service users, Empowerment for staff, Innovation in services, and Partnerships with others

We are not able to cover every one of our many, diverse services across the Trust in this report, the following stories are illustrative examples of the wide range of our achievements during the year.

Excellence for service users

Excellence for service users

Redeveloping St Ann's Hospital in Haringey

A key milestone in 2020-21 was the completion of the Trust's brand new, purpose-built, mental health inpatient facilities at St Ann's Hospital in Haringey which opened to patients and staff in August 2020. We worked with patients, staff, local residents and local partners to significantly re-develop St Ann's Hospital, with the new mental health inpatient building completing the first phase of the redevelopment.

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

Blossom Court provides modern, state-of-the-art facilities for local people and is now one of the best mental health units in the country. We were proud to be a finalist for our work in developing Blossom Court in the 'Mental Health Innovation of the Year' category in the 2020 Health Service Journal (HSJ) Awards.

Work on Phase 2 began in January 2021 with a series of refurbishments of other buildings, a new restaurant for patients, visitors and staff, a new staff training suite and site infrastructure and landscaping improvements. This second phase of the project will be completed by late 2022.

The neighbouring residential development on the surplus land purchased from the Trust by the Greater London Authority (GLA) is due to commence in 2023. The GLA has appointed Catalyst Housing to develop the land to create new family houses and flats for local people. At least 50% of the new homes will be designated as affordable housing and 22 of the flats will be available to the Trust to help recruit clinical staff.

Eliminating all shared inpatient bedrooms

Following successful bids for NHS capital, the Trust undertook a series of improvements to the adult acute mental health and older people's mental health wards on the Chase Farm Hospital site. This involved adaptations to the existing wards and an extension, to create additional patient bedrooms. This programme, along with the opening of Blossom Court at St Ann's Hospital with single ensuite bedrooms, means that the Trust has now eliminated all inpatient bedrooms across our estate, ensuring that every inpatient now has a single bedroom.

Excellence for service users

Patient experience

We put our service users, staff and community at the heart of everything we do. By understanding and responding to the experiences of those using our services, we can ensure we are consistently delivering the highest standards of care. The Patient Experience Team gathers both quantitative and qualitative data in several ways:

- Service user and carer surveys
- National Friends and Family Test
- Recording service user experiences
- Responding to feedback in compliments and complaints

How we used these channels this year is summarised below:

Friends and Family Test

The national Friends and Family Test asks services users and carers about their overall, experience of our services. During 2020-21, 5,646 service users and carers responded to this question of which 94.7% had a very good or good experience.

Patient and carer surveys

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

During 2020-21, a total of 5,879 surveys were completed. These produced an overall satisfaction rate of 89% across our mental health and community health services.

The Patient Experience Team works closely with services across the Trust to ensure that service user and carer feedback is incorporated into service design, as part of our 'You Said, We Did' culture. Just some of the examples of changes brought about from service user and carer feedback are:

- Service users requested more activities on the ward – this was actioned by a new Occupational Therapist starting on the ward – **Trent Ward**
- Service users wanted more fruit to be available during the day – we contacted the Catering department and fruit is now available all day – **Thames Ward**

Involvement and co-production

Even though many projects were delayed, and the delivery of some services was modified due to the pandemic, service user involvement continued as far as possible.

Experts by Experience continued to be involved in many workstreams, including taking part in staff interview panels and patient and carer forums; contributing to the development of our Clinical Strategy and Recovery Strategy; and the Clinical and Environmental Working Group for the development of our new inpatient building at Blossom Court at St Ann's Hospital.

Expert by Experience feedback

"I felt valued and appreciated. It was a prime example of the Trust persevering to include co-production and involvement in all aspects of the Trust, from key decisions to events, from committees to interview panels. I enjoyed taking part and being turned to for advice; our lived experience and expertise provide a key insight, something which the Trust is keen to use often and consistently. I felt like – and was treated as – a valued member of the team, which in turn was very rewarding and highly motivational."

"I felt like my contribution was valued, as I was asked for my opinion on the candidates throughout and treated equally to the other members of the team."

"I really enjoyed being involved on the interview panel and I felt that my views were listened to by staff, I cannot wait to get involved in more work within the Trust."

"Hi Moreblessing, just to mention, I want to give you a big thank you for all of your support. You have been such a great care coordinator! I couldn't ask for anything better. The way you communicate with me makes me feel heard and you create an atmosphere that makes me feel safe. Thanks for being reliable and caring, thanks for everything."

- Message from one of our service users

New Service User Involvement and Engagement Strategy

This year, we launched a brand-new Service User Involvement and Engagement Strategy for 2020-22. The new strategy outlines the importance of actively involving service users, their families and carers in shaping, delivering and evaluating their care and the future direction of the Trust.

The strategy was developed and designed by service users of our mental health and community health services, through a series of workshops held throughout the Trust. Service users were asked what involvement and engagement would look like to them, how we could approach this at the Trust, and what milestones we should aim to achieve within the next three years of strategy delivery.

The final document is a comprehensive involvement and engagement strategy co-produced by service users, for service users.

Complaints and compliments

We welcome and invite service user and carer feedback – both good and bad – as this is crucial to delivering high quality care across all our services. The Trust received 93 formal complaints during 2020-21, a 20% decrease on the previous year, reflecting the impact of the coronavirus pandemic. We view each concern as an opportunity to make improvements within our services.

We are committed to building on what we do well too, and we received 541 compliments from service users and their families.

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

- Haringey Personality Disorder Pathway devised a protocol for the management of complex medications.
- Blossom Court brought in a process to ensure workmen entering the wards adhere to the guidance highlighting the importance of counting the number of tools on arrival and exiting the ward.

Working with older people with mental health illnesses

Mrs B was referred to our Enfield Older People Community Mental Health Team in November 2019 by her GP as she was experiencing extreme anxiety, depression with a fixation on negative thoughts about her weight and appearance, and severe insomnia. Following an assessment, she was allocated a care coordinator as well as being referred to our Hawthorn Recovery Unit at Chase Farm Hospital. Medication was also prescribed to treat her anxiety and to assist with her insomnia and the Hawthorn Unit treatment plan included psychological and other therapeutic groups to support her recovery. The community mental health team and Hawthorn Unit worked closely with Mrs B's daughter to try to engage her with the proposed care plan.

Unfortunately, Mrs B struggled to engage. She became anxious about attending the Hawthorn Unit and her compliance with medication was poor as she complained of side effects that may have actually been symptoms of the anxiety that she was experiencing. She developed delusional beliefs about her physical health which further affected her willingness to leave her home to attend the Hawthorn Unit and comply with the medication treatment plan.

By August 2020 all options for treatment in the community had been tried. Concern at the continued deterioration in Mrs B's mental state and consequent weight loss led the consultant to recommend a period of inpatient treatment and Mrs B was admitted as an informal patient to The Oaks Ward.

Mrs B's mental state improved while on the ward. Although Mrs B remained anxious about taking medication, she did agree to take it with reassurance and support from the ward staff and she remained as an informal patient throughout her admission. As a result of the gradual improvement in her mental state, Mrs B was able to engage with activities provided by the Inpatient Therapies Team with increased confidence.
The improvement in her mental state meant that she was able to engage with one-to-one psychological therapy. She was also able to re-engage with the Hawthorn Unit while she was an inpatient to provide a bridge between inpatient and community services when she was discharged in December 2020.

Since her discharge, Mrs B has continued to attend the Hawthorn Unit and has maintained her recovery. Her mental state is much improved, and she describes herself as being back to her 'normal self'. Her daughter is also very happy with the progress her mother has made. The plan is to step Mrs B's care down from the Hawthorn Unit back to her care coordinator in the community mental health team.

Excellence for service users

Safeguarding

We developed an online integrated Level 3 safeguarding training course to ensure our staff were up-to-date in this vital area of care during the pandemic. Key messages from the training are "make every contact count, See the adult and see the child, professional curiosity consistently considering early help."

This year saw the role of the Safeguarding Champion strengthened with training provided on parental mental health, PREVENT (counterterrorism), domestic abuse, gangs and county lines, modern slavery and safeguarding supervision. Champions meetings focused on addressing those areas of safeguarding that were more high-risk during lockdown including domestic abuse and neglect.

One of the issues in lockdown was maintaining safeguarding awareness and the team responded by providing weekly updates to staff about community resources and toolkits.

Evidence-based clinical treatment for children and young people

Our Child and Adolescent Mental Health Services (CAMHS) team in Barnet continued their commitment to develop the best possible evidence-based clinical pathways and started working in collaboration with the national Anna Freud Centre to deliver a treatment called Mindfulness-based Cognitive Therapy. This is an approach to psychotherapy that uses cognitive behavioural therapy methods in collaboration with mindfulness meditative practices and similar psychological strategies.

Older People's Inpatient Care

Enfield's inpatient services contributed to a study regarding the prevalence, management and outcomes of SARS-CoV-2 infection in older people and those with dementia in mental health wards in London. The findings of the study were published in The Lancet in October 2020 and highlighted the increased risk of infection and mortality with SARS-CoV-2 for inpatients when compared to those in the community. During the last year, our community services and partners have worked extremely hard to avoid unnecessary admissions to hospital to avoid the risk of hospital-acquired respiratory infection.

Mood, Anxiety and Personality Difficulties

The Mood, Anxiety and Personality Difficulties treatment pathway in Haringey provides specialist, integrative and therapeutically focused multi-disciplinary treatment to people with complex anxiety and depression. Patients are offered a combination of tailored and individualised interventions, focused on creating a nurturing, developmental and healing therapeutic experience.

During 2020-21, a new and innovative online art psychotherapy group has been developed to offer online treatment to people that have experienced severe trauma and abuse, using art (as opposed to talking) as a more accessible medium.

During the pandemic, a newsletter was launched to support patients to access different resources in the community and to manage feelings of isolation, anxiety and withdrawal. The newsletter has had very positive feedback from service users.

One patient said the approach "has helped me understand myself a bit more, and it also meant that when I am going through troubling moments, I can sort of slow down, break them down, analyse them. It is not a magic bullet to solve it, but it does really help."

Improving Access to Psychological Therapies

Our Improving Access to Psychological Therapies services, which provide psychological therapy for people experiencing anxiety and depression, are continuing to build links with physical health services to encourage referrals from people with a range of long-term conditions. We are also planning to develop groups to support people experiencing long COVID who are also suffering from low mood or anxiety.

Immunisations for children

Our Enfield School Aged Immunisation Team, which is part of our Enfield Community Services, works closely with schools in the borough to make sure that as many children and young people are protected from vaccine-preventable diseases as possible.

A strong relationship between the team and schools is at the heart of the success of the programme. Most vaccinations are given in schools so when schools were either closed or partially closed, due to COVID-19, the service had to stop delivering vaccinations for a short time.

Enfield Presents, which manages venues across the borough, helped us by providing spacious venues so that our nurses could continue to give children and young people vital vaccinations providing protection against diphtheria, tetanus, polio and meningitis.

Our team delivered vaccinations in a range of locations, including the Forty Hall estate, Millfield Theatre, The Dugdale Centre and Green Towers Community Hall.

Enfield Integrated Learning Disability Service

The Psychology team in this service, which is part of our Enfield Community Services, ran an online specially adapted cognitive behavioural therapy anxiety group for clients with learning disabilities. They also developed a package, 'Scared of Needles', supporting people with learning disabilities to get their COVID-19 vaccine. This was shared across London professional networks. Clinicians also carried out over 100 welfare calls to ensure the needs of vulnerable adults in Enfield were being met.

Reducing restrictive practices

Juniper Ward, a 12-bed female medium secure forensic mental health ward in our Specialist Services, has had great success in reducing restrictive practices through using Quality Improvement methods.

They ran two projects – the first aimed to reduce violence and aggression by 30% over a 12-month period. The ward exceeded this aim and achieved a 38% reduction in violence and aggression through co-production with service users. Following this success, Juniper Ward applied to join the NHS England/ Improvement reducing restrictive practice programme. After a competitive process, the ward secured a place and began collaborative work with the Royal College of Psychiatrists.

Through co-production with service users and implementing change ideas, the ward achieved 76% reduction in overall restrictive practices, 91% reduction in physical restraint and 63% reduction in the use of rapid tranquilisation.

Adrienne, a former patient on Juniper Ward, commented: *"Staff asked us 'What changes and activities on Juniper would improve the quality of your temporary home?'*

"Just by holding monthly meetings and asking for my ideas and opinions, I felt respected and valued as an individual person, not just another patient with a mental illness. There was less strife and conflict between staff and patients. Juniper's restrictive practices statistics demonstrate that. I have a sense of pride knowing my participation will enrich the lives of future patients and staff on Juniper Ward and possibly further afield."

The successful work on Juniper Ward has also been replicated on other inpatient wards across our services.

Excellence for service users

Speech and language therapy services

The speech and language schools service in our Enfield Community Services supported an impressive 92% of their caseload online during lockdown. A range of training was delivered virtually, including developmental language disorder and 'colourful communication', supporting children to respond to questions in the virtual classroom which had exceptionally good feedback.

The 'autism in mainstream schools course' was adapted to include an interactive online workbook and 16 out of 17 participants rated the training quality as 'Excellent'. Comments included: *"Everyone in school should take this course"* and *"This was incredibly useful training which I would recommend to anyone who works with an autistic child. Not to be missed."*

Rapid intervention in eating disorders

During 2021-22, we introduced a new intervention in our eating disorders service at St Ann's Hospital in Haringey for those aged 16-25 and within the first three years of their eating disorder. The new approach, which is called First-episode Rapid Early-intervention for Eating Disorders, is being adopted by services across the UK. It was developed in response to evidence that those who have been unwell with an eating disorder for a shorter time respond better to treatment and that changes in the brain seen in those with eating disorders are more reversible within the first three years.

Care Homes Assessment Team awarded Team of the Year

at the Royal College of Nursing Institute Nurse Awards 2020

Our Care Homes Assessment Team is part of Enfield Community Services and is a multidisciplinary team providing integrated physical and mental health services in care homes in Enfield. It has significantly improved the quality of life and end-of-life for care home residents. The team's holistic approach puts care home residents and their families at the centre of all care, and its training has been delivered to more than 7,600 care home staff on 59 subjects.

As a result of the team's work, hospital emergency department admissions have plummeted, and more than 8,400 hospital attendances have been avoided. All but 1% of residents died in their preferred place of death. Falls have been reduced and 39% of residents have had their medication reduced or stopped. As a result, the team was awarded the prestigious 'Team of the Year' at the Royal College of Nursing Institute Nurse Awards for 2020.

Occupational Therapy

In the Inpatient Occupational Therapy Service in Barnet, occupational therapists and activities coordinators worked together to support patients throughout their admissions and to facilitate smooth discharge for patients back in the community.

The service developed a culturally sensitive therapy group programme which integrates patients from diverse backgrounds, celebrating different cultures and diversity and marking events such as Black History Month and Chinese New Year.

The team created self-isolation boxes during the pandemic which were full of activities specifically for inpatients when they have to be self-isolated while waiting for their test results. This had a positive impact on reducing incidents due to boredom when self-isolating.

Also during the pandemic, occupational therapy in Enfield Community Services creatively transferred their sessions for children needing motor coordination treatment to the local park, so the children could continue to have face-to-face sessions in a safe outdoor environment. Parents reported appreciating the chance to get out of the house and for the children to be physically active with one describing it as "the highlight of the week".

"Very happy with care I received from staff during my stay on the ward."

– Iris Ward, Blossom Court

Excellence for service users

Alex's story

– from service user to Expert by Experience

I experienced, for almost five years, the recipient's side of the services provided by BEH. It enabled me to recover and then to apply for a role in BEH, which is when I saw a whole different side to the Trust, witnessing all the incredible effort and work that goes into providing the Trust's services at the highest quality and standard. I'm now working in the Barnet Division and I honestly couldn't have asked for a more accepting work environment or a kinder group of people with whom to work and grow alongside. In October 2020, I took on the role of Expert by Experience and I'm enjoying the journey so much so that I'm now looking to develop a lifelong career in the NHS.

A key part of the work in which I've been involved, and that astounded me the most, was the value of co-production which is where staff and service users work together to develop the service and new ways of working. Co-production is an integral principle and is present in every type of work I've been involved in at BEH. Co-producing the People's Forum for Barnet was my first experience of co-production, and it was amazing! Run by department heads and service users alike, the Forum has grown and improved and will continue to benefit future service users, staff and carers for years to come.

This work in co-production has led to me joining many governing boards and committees as well as quality meetings, with my level of involvement growing weekly. This level of engagement has shown me just how much time, thought and effort is being put into the care of service users and their families. Co-production is now being used across the Trust, and service users are now included on interview panels for more and more new staff.

This involvement and enablement will be expanding during 2021-22, with even more service users joining the fold to give back to the NHS and to bring structure to their lives through meaningful work, to improve the quality of care for future service users, and to bring their unique experiences into co-producing content and key decisions. Service users are taking on the roles of Experts by Experience, Peer Support Workers and more, always being encouraged by staff to provide their opinions and lived experience without judgement or stigma.

Alex has kindly agreed to disclose that he is diagnosed with paranoid schizophrenia, severe depression, severe anxiety and psychosis.

Lucy's story

– from service user to Peer Support Worker

I was admitted to the eating disorders unit at St Ann's Hospital in 2015. At that point in my life, everything was very overwhelming. I had been studying Fine Art, but avoided coursework and lectures due to anxiety, and depression took away my motivation. I decided to take a year out of university, to focus on my mental health recovery, and shortly afterwards I had a relationship break-up.

I was very unwell and couldn't look after myself or keep myself safe, so I accepted hospital as the only option left.

My admission was unfortunately quite long, around 15 months. The staff who were willing to break down my trust barriers, really actively listen, and problem-solve alongside me, helped me to recover.

On the ward, we had a timetable of activity and therapy groups, often focusing on the topic of recovery. My self-confidence and assertiveness improved along the way, and I stopped being reclusive, and was able to slowly start leaving my comfort zone. The ward occupational therapist helped me to set goals, cook meals, and take part in group activities. I also really valued the supportive relationship I had built with my key nurse who would often be my "voice of reason" when I needed it, and who gave me great motivation in difficult times.

I returned in 2019 to speak to a new ward manager about how to improve care, as my experience in 2015 had been difficult. My voice was heard, and my lived experience and honest feedback was really valued by the service, and I returned again to speak to new nursing staff about my experience and offer advice as an Expert by Experience.

I was then invited, as an ex-service user, to be part of the St Ann's Redevelopment reference group. A number of steering groups were set up to work on specific areas of the redevelopment, such as creating a therapeutic environment, and an Expert by Experience was invited to every group.

We were put on an equal footing to staff. There was such a collaborative effort to make sure the environment at Blossom Court really contributes to patients' recovery. For example, we chose the colour palette for the furniture: muted and light colours in quiet rooms and bright, cheerful colours in the activity areas.

As a result, I became interested in working for the Trust and was really happy to be appointed as a part-time Peer Support Worker in December 2020. I now work in Daisy Ward at Blossom Court for female acute patients. I am somebody who can be there just to listen and empathise. I co-facilitate groups with the therapy team and I also meet one-to-one with service users, sometimes to have a coffee and chat, or to share self-help resources.

Outside work, my garden has been great for my mental health — especially spending time with wildlife and finding so many species of bees!

I definitely want to continue my role as a Peer Support Worker at St Ann's for the foreseeable future, as it's very exciting. I'm new to working for the NHS, and I've got a lot to learn before I think about a longer-term career plan. But I'm looking forward to seeing what the future holds for me!

Supporting people with dementia and their carers

The pandemic placed even greater pressure on carers as many of their usual sources of support and respite were not available. Carers were often trying to manage very difficult situations at home, particularly when the person with dementia may not understand why their routines and daily life has changed and they are not able to do their usual activities.

Our specialist dementia services continued to take referrals throughout the pandemic and we moved our Strategies for Relatives programme for carers of people with dementia online. This involves one-to-one sessions with a psychologist to help carers develop strategies to respond to changes in the person with dementia, as their condition progresses. As well as practical strategies, the programme offers a space for the carer to talk through the emotional impact of the situation.

Tottenham Talking

A project running groups and workshops for service users – including art therapy, music appreciation, creative writing, cookery, games and quizzes, relaxation, mindfulness and physical exercise – was launched to support service users during the pandemic. The Tottenham Talking project started in Haringey and was so successful that it later opened to referrals from across the Trust.

The project was a partnership with the Bridge Renewal Trust, a local charity that works to reduce health inequalities and build stronger communities. The sessions were designed for people who are on their recovery journey and need further support to improve their confidence, skills and overall wellbeing. This included people at risk of social isolation and those about to be discharged from urgent care, where the aim is to avoid re-admission.

The team organising and running the sessions included peer support workers who were formerly service users themselves and are now employed by BEH. Originally planned as face-to-face sessions, the activities took place online due to lockdown restrictions and this worked really well.

Gateway – working with young people involved in violent offending

The Gateway pilot was commissioned by NHS England/ Improvement to develop innovative psychologically informed models of care for marginalised young people caught in vicious cycles of offending. The pilot has contributed to shaping the approach being developed by the national Violence Reduction Unit and informed policy around health in justice.

Gateway provides an enhanced liaison and division service to 10-25-year olds involved in serious youth violence. It works in partnership with Haringey Council and the St Giles charity to provide integrated, youth led and co-produced mental health and wellbeing interventions for high risk young people and their families.

As well as individual work with young people involved with the police and courts system, the team has also provided trauma informed psychological consultation and training to criminal justice and community partners including Youth Offending Teams, Probation, Pupil Referral Units and Youth Centres.

"I have been very happy with the support I received. They have been very accommodating and professional. You have been very helpful and supportive."

– Stroke Rehabilitation Service

Haringey Trailblazers supporting mental health in schools and beyond

With an estimated one in three young people already struggling with their emotional wellbeing, the coronavirus pandemic intensified the challenges some children and adolescents face. Part of a national initiative to support the emotional wellbeing and resilience of children, young people and parents, the Haringey Trailblazers team usually works in schools but continued its vital work online throughout the lockdowns.

Haringey Trailblazers is led by Trust's Child and Adolescent Mental Health Services (CAMHS) and includes wellbeing workers and mental health professionals. They work with voluntary sector organisations to offer therapeutic art and drama workshops, run mindfulness sessions, provide training for teachers in helping students to manage their emotions, and support schools to set up mentoring schemes. Key aims are to support children in their transition from primary to secondary school and to contribute to reducing school exclusions.

The initiative also brings together partners including Haringey Council and The Tottenham Hotspur Foundation, the football club's charitable body which runs football training sessions in schools and offers 'Shape up with Spurs' fitness sessions to the whole community.

Haringey Trailblazers supports students, parents and teachers with concerns including anxiety, sleep problems, self-harm, eating problems, anger management, bullying, sexual or identity issues, and concentration difficulties. They were the first such team in the country to set up a telephone support line when the first lockdown hit. They also very quickly set up online training sessions, for example, speech and language therapy; held virtual workshops and coffee meet-ups; ran webinars on topics such as how to speak to young people about their mental health and managing screen time; and created their own videos for young people which were shared on social media.

"Staff have been great and understanding thank you to all of them."

– Barnet Crisis Resolution Home Treatment Team

Estate improvements

The Trust continues to develop our Estate Strategy and is investing to ensure our estate is fit for purpose to support the delivery of 21st century care. In August 2020, the first phase of our major redevelopment of the St Ann's Hospital site in Haringey was completed and Blossom Court, our new inpatient building, opened. More information on Blossom Court and the redevelopment of St Ann's Hospital is given on page 31.

During 2020-21, we invested £5.1 million as part of our ongoing programme to improve the quality of inpatient ward environments and to address statutory compliance, risk management and backlog maintenance issues at our other sites. In Enfield, we invested £1.2 million in a major refurbishment of the Chase Building and the Silver Birches building to provide all patients with single bedrooms as part of our programme to successfully eliminate all shared patient bedrooms. During the year we also upgraded the Psychiatric Intensive Care Unit with a new suite with de-escalation facilities to help us in supporting challenging patients in the best possible way.

We also carried out fire safety improvement works at the Silver Birches building. Work was started to open a new 15-bedroom ward in Cumbria Villa, to provide decant accommodation to allow us to improve other inpatient wards in the future, without reducing Trust bed capacity. In Enfield, the refurbishment of Bay Tree House enabled the consolidation of CAMHS services and the relocation of Universal Children's Services into a newly modernised building.

The Trust's five-year ligature reduction plan continued; bedroom doors in four wards were replaced with new low ligature doors incorporating door top alarms, to significantly reduce risk to patients.

Improvements to security continued, with investment in new security cameras across our sites. We also improved our energy efficiency, upgrading site lighting with LED installations and solar panels and replacing old heating systems with new, energy efficient, systems.

Facilities services

The overriding philosophy of our Facilities Services is to provide the best possible environments for our patients, staff and visitors. During the COVID-19 pandemic, cleaning frequencies were increased, with deep cleans to maintain high standards of hygiene. The national Patient-Led Assessments of the Care Environment (PLACE) programme which assesses healthcare environments in both the NHS and the independent private healthcare sector in England, was not carried out during 2020-21 to reduce risks to patients and staff during the pandemic. However, internal Trust environmental checks were regularly carried out to ensure all standards were maintained

In collaboration with our main catering service provider, the provision of a high-quality catering service for patients and staff was maintained throughout the year providing a nutritious and appetising choice of meals, taking into account religious and, cultural observance, modified texture diets and allergy menus. We provided hot meals to our staff working on inpatient wards through key periods of the pandemic, to support them in caring for our patents.

Plated meals for inpatients were introduced at St Ann's Hospital in Haringey, standardising the approach with our other inpatient services in Enfield and Barnet. The system enables order-taking a few hours before each mealtime service, and patients who miss their meal due to treatment or poor appetite can still have a hot meal at other times.

With our service provider, we have focused on significantly reducing the sales of high fat, saturated fat, salt and sugar products at the Trust's patient and staff restaurants to encourage a healthy lifestyle.

Sustainability

The Trust's Sustainable Development and Implementation Strategy is focused on ensuring environmentally responsible practices and procedures across our organisation in order to reduce the impact of the Trust's activities on the environment.

As part of delivering our Sustainability Strategy, the Trust's Sustainable Development Group reviews all estates and facilities activities and regularly considers other ways to reduce carbon emissions and ensure safe and sustainable environments for all who use and work in our services.

New videos for school children

The Enfield Mental Health Support Team in schools has been working hard during the pandemic to find creative and collaborative ways to support children, young people, parents and school communities. They produced videos focused on riding the waves of anxiety for Key Stage 2 and 3, and transition for Year 6 students which are available on the Trust YouTube channel – search 'BEH-MHT' on YouTube.

These videos, designed by Michelle Bainbridge (Trainee Education and Mental Health Practitioner), were developed in collaboration with school children and their parents.

The Enfield Mental Health Support Team in schools is a collaboration between Enfield CAMHS, Educational Psychology, and North Central London Clinical Commissioning set up to work closely with schools to promote emotional wellbeing and mental health for children and young people.

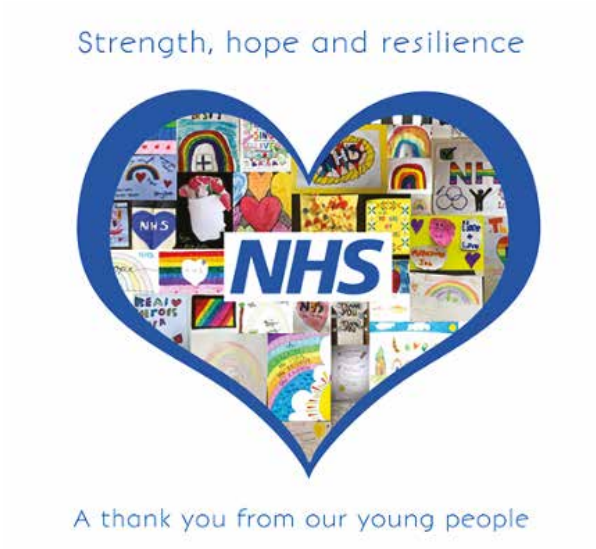
"Excellent level of care and a huge amount of multi-disciplinary thinking in effort to make the correct assessment and care plan."

– Beacon Centre, CAMHS inpatient unit

Children's story about lockdown challenges

To help children process the strangeness of the pandemic and lockdown and all this encompasses, Talya Bruck, Dramatherapist and CAMHS Primary Mental Health Worker, has written some stories.

These children's stories have now been adapted to fit the current restrictions and you can read the third one entitled 'The Return'. Find the stories on the Trust website at **www.beh-mht.nhs.uk/news**



Children's artwork

Colleagues in Specialist Services asked children and young people in their services to send in any artwork that reflected the their feelings towards the NHS during the coronavirus pandemic.

Each young person was sent a certificate and chocolate or sweets as a thank you. The images sent in by the children were then collated into a poster collage – designed by Dominic Jacques-Bernard, Occupational Therapy Technical Instructor – which the services are planning to get made into a canvas for each ward and reception area.

Empowerment for staff

Our workforce

Our staff have faced a very challenging year, caring for our patients, keeping patients and each other safe and helping each other to maintain high quality services throughout the COVID pandemic.

We ensured that staff had the appropriate personal protective equipment and were trained in its use. We also ensured that social distancing measures were in place throughout the organisation and, where possible and appropriate, staff worked from home to help reduce the spread of the virus. Very sadly, we lost a number of our staff and patients to coronavirus. We ensured that we marked these appropriately and are holding a memorial event with their families later in 2021.

We introduced a demographic staff risk assessment process to ensure staff were protected. This applied to all staff, but particularly those at higher risk, such as those from ethnic minorities, older people and those with certain underlying health conditions. We also ensured that all our staff had access to lateral flow testing kits as soon as possible and used them regularly and encouraged all our staff to receive the COVID-19 vaccinations as soon as possible.

As a Trust, we provided a range of support for our staff, including staff helplines and guidance and advice on the dedicated coronavirus intranet pages. A daily 'All Staff Coronavirus Update' email was sent to all staff, with the latest guidance and advice. Regular staff webinars were held with the Chief Executive and members of the Executive Leadership Team to allow any member of staff to raise questions and receive direct answers.

We used funding from NHS Charities Together to create new relaxing spaces for staff to take breaks, both indoor rest rooms for staff and garden spaces outdoors, where staff and patients could be closer to the restorative power of nature.

In some areas, clinical staff were redeployed to support our crisis and inpatient services and staff in non-clinical areas were similarly able to support clinical areas, where appropriate.

Throughout the year, we also continued to develop our culture, to support and develop all our staff and promote fairness, inclusion and equality across our organisation. Some of our key initiatives to develop our culture further are outlined below. We developed a new Trust People Plan, setting out our ambitions to continue to empower our staff, ensure a healthy work-life balance and ensure they thrive personally and professionally at work.

CEO recognised as one of the 50 most influential ethnic minority people in health

Our CEO **Jinjer Kandola** was selected by the Health Service Journal (HSJ) during 2020-21 as one of the 50 ethnic minorities figures who will exercise the most power and influence in the English NHS and health policy over the next 12 months.

The HSJ highlighted BEH's achievement in moving from a Care Quality Commission rating of 'Requires Improvement' to 'Good' under Jinjer's leadership and commented: *"She is focused on staff empowerment to deliver the best outcomes for patients and families, share learning and develop a culture which puts service users at the heart of the Trust's work."*

Staff Survey

The results from this year's NHS Staff Survey show that the work being done to make BEH a great place to work is starting to have real impact. More than 1,400 staff completed the survey this year – a significant improvement on the previous year. In several areas, the Trust either scored higher than the national average or showed improvement.

We scored better than average for staff who reported not feeling unwell during the last year due to work-related stress, despite the huge pressures of the pandemic. A big majority said they could provide the care they aspired to give and knew what their responsibilities were. Almost two thirds said they felt able to make improvements happen in their area.

The survey showed, however, that some staff still felt there was a lack of fairness in career progression or being able to speak up about concerns. To tackle these issues, we introduced a new Freedom to Speak Up Guardian Service to enable staff to voice concerns and worries. We are also strengthening our wellbeing support for staff and launched a Trust-wide Inclusion Programme, which aims to ensure every single member of Team BEH feels fairly treated and valued. Changes have been made to the way we recruit staff, (both external and internal candidates), to ensure openness, transparency and equality of opportunity.

New Freedom to Speak Up Guardian Service

In response to feedback from staff, we launched a new, independent Guardian Service to help all staff to raise any issues or concerns they may have about any aspect of work at BEH, including patient care and safety.

The new 24/7 Guardian Service is external to the Trust and replaces the previous in-house service which was only available at limited times. The new service is completely independent and confidential and provides an accessible team of guardians from a range of diverse backgrounds, to reflect our diverse staff. The new guardians bring experience and expertise from working with staff in other NHS Trusts.

Inclusion Programme

We are committed to developing a values-based culture where all staff have a voice, everyone feels supported and able to thrive both personally and professionally as we deliver excellence in patient care. To support this, we launched our Trust-wide Inclusion Programme in partnership with the Trust's Staff-Side Chair, and our Staff Network Chairs. We are being supported in this by two charitable organisations with expertise in making equality happen within organisations, the King's Fund and brap.

In the first phase of the programme, we gathered information from staff on their experiences, thoughts and feelings around inclusion, and started a dialogue around how things stand currently, and our ambitions for a better, fairer and more inclusive culture. In phase two, we are developing ways to embed our Trust values of compassion, respect, being positive and working together across all our services and departments.

Workforce Race Equality Standard (WRES) progress

Over the year, the Trust strengthened our focus on equality, diversity and inclusion. The important work being taken forward as part of our Trust-wide Inclusion Programme is outlined above. During the year, we also strengthened our dedicated Equality, Diversity and Inclusion Team, to provide increased expertise and resources to support staff and managers across the organisation in further developing our work to ensure a fair, just and equal organisation for those we care for and for all our staff.

Through the work underway, this year saw some improvement in our Workforce Race Equality Standard indicators, which measure the experiences of our staff from ethnic minorities, as summarised in the tables below. However, we recognise that our performance against the indicators requires significant further improvement and we are committed to continuing to make sustained improvements across all nine of the WRES standards to enhance the lived experience of our ethnic minorities staff and engender a culture of equality, fairness and compassion for all.

Table 1: Workforce Race Equality Scheme (WRES)

% experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months

	2017	2018	2019	2020
White: BEH	30.1%	33.4%	35.8%	29.9%
Ethnic minorities: BEH	37.8%	38.2%	37.2%	34.3%
White: Average	28.1%	27.8%	27.6%	25.4%
Ethnic minorities: Average	33.4%	33.3%	35.5%	32.1%

% experienced harassment, bullying or abuse from staff in the last 12 months

	2017	2018	2019	2020
White: BEH	24.4%	27.1%	27.5%	31.0%
Ethnic minorities: BEH	30.5%	28.3%	26.9%	27.6%
White: Average	20.4%	21.2%	20.6%	19.6%
Ethnic minorities: Average	23.8%	27.1%	24.8%	25.0%

% believing that Trust provides equal opportunities

	2017	2018	2019	2020
White: BEH	81.3%	83.8%	81.0%	84.6%
Ethnic minorities: BEH	71.8%	67.9%	64.8%	65.7%
White: Average	87.4%	86.9%	87.1%	89.2%
Ethnic minorities: Average	76.6%	72.4%	72.4%	72.7%

Personally experienced discrimination at work from staff, manager or colleagues

	2017	2018	2019	2020
White: BEH	8.5%	8.8%	7.0%	7.2%
Ethnic minorities: BEH	13.3%	12.5%	13.5%	15.9%
White: Average	6.1%	5.9%	5.8%	5.6%
Ethnic minorities: Average	13.0%	13.6%	13.4%	15.1%

Staff Networks

Staff networks can act as a powerful tool to promote inclusion at BEH. They bring our colleagues with shared characteristics together and give them a collective voice on their issues. We have a race equality Network (known as the Better Together Network), a Women's Network, an LGBTQ+ Network and plans are under way to launch a Disability Network. A further development in the year was the approval for a dedicated Staff Network Coordinator post in collaboration with our neighbouring mental health trust, Camden and Islington NHS Foundation NHS Trust.

Note – Gender Pay Gap is not required for 2020-21, in line with national NHS guidance.

Table 2: Staff costs

	2020-21			2019-20
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	151,728	0	151,728	140,908
Social security costs	15,974	0	15,974	14,679
Apprenticeship levy	727	0	727	679
Employer's contributions to NHS pension scheme	26,045	0	26,045	24,531
Temporary staff	0	10,494	10,494	8,634
Total staff costs	194,474	10,494	204,968	189,431
Of which				
Costs capitalised as part of assets	904	0	904	562

Table 3: Average number of employees (Whole Time Equivalent) (subject to audit)

	2020-21			2019-20
	Permanent	Other	Total	Total
Medical and dental	214	17	231	231
Administration and estates	266	51	317	314
Healthcare assistants and other support staff	1,118	271	1,389	1,266
Nursing, midwifery and health visiting staff	925	155	1,081	1,109
Scientific, therapeutic and technical staff	604	37	642	586
Other	8		8	7
Total average numbers	3,135	532	3,667	3,513
Of which:				
Number of employees (WTE) engaged on capital projects	7	3	10	14

Empowerment for staff

Table 4: Reporting of compensation schemes - exit packages 2020-21 (subject to audit)

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
<£10,000	–	–	–
£10,000 - £25,000	–	–	–
£25,001 - £50,000	–	1	1
£50,001 - £100,000	–	–	–
£100,001 - £150,000	–	–	–
£150,001 - £200,00	–	–	–
> £200,000	–	–	–
Total number of exit packages by type	**–**	**1**	**1**
Total cost (£)	£0	£33,000	**£33,000**

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

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

Table 6: Exit packages: other (non-compulsory) departure payments (subject to audit)

	2020-21		2019-20	
	Number of payments agreed	Total value of agreements (£)	Number of payments agreed	Total value of agreements (£)
Contractual payments in lieu of notice	1	33	3	39
Total	**1**	**33**	**3**	**39**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the paymentsvalue was more than 12 months' of their annual salary	–	–	–	–

Empowerment for staff

Mentoring

Mentoring can help with career development, enable staff to reach their goals and talk through ways of achieving a good work-life balance. We continued to offer staff opportunities to be mentored through our joint programme with neighbouring Camden and Islington NHS Foundation Trust.

CASE STUDY

of a mentor and a mentee

A brand-new job was the happy result of the mentoring partnership between Jayshree Pindoriya and Pheonie Cunningham.

Assistant Director of Information and Performance at BEH, Jayshree, agreed to mentor Pheonie, a team administrator in the Adolescent Outreach Team with Haringey Child and Adult Mental Health Services, so they could explore what opportunities there might be for Pheonie, career-wise.

After five mentoring sessions, Pheonie landed a new role in Project Support with the Safecare-Live Project at BEH, allowing her to use the data analysis skills which she and Jayshree discussed at their mentoring sessions.

Pheonie explained: *"I wanted to be mentored to see what opportunities were out there, as I believe strongly in personal development. I'd worked for the NHS since 2004 in admin roles but was at the top of my band, so knew I needed to move on to progress my career. Mentoring helped give me the push I needed to do so.*

"Mentoring has been so informative because Jayshree explained what the priorities were for managers and how they use data analysis, which is my area of interest, to manage population health and make sure the right services are in the right place at the right time. I wanted to see how things functioned at a senior level and how decisions are made and Jayshree could not have been more helpful."

Pheonie added: "Mentoring helped me to gain the added confidence I needed for my career change. From the very first session, there seemed to be an unspoken agreement between us for me to succeed, with Jayshree giving me constant insight into the practical aspects of such a role.

"Whatever information or knowledge I gained from Jayshree I used afterwards to visualise and practise myself into the role, doing the necessary research and sharing this with Jayshree. We worked together to get the best outcome from mentoring, and I would highly recommend it to anyone else."

Jayshree said: *"I'm absolutely thrilled for Pheonie. It was clear how engaged she was at every one of our sessions. She was so motivated and keen to learn and asked me really hard questions!*

"I decided to mentor as I really want other people at BEH in admin or nursing to develop their careers if they feel like switching field. Pheonie's story is a really good example of how mentoring can work quite quickly and in a hugely positive way."

Mindfulness Project

Two Barnet Psychologists launched mindfulness sessions to support staff within their Division and then, as it was so popular, led on rolling out this divisional initiative to the whole Trust. They coordinated a team of colleagues to run a short mindfulness session online every day that staff were invited to join during the pandemic.

Ethnic Minorities Inclusivity Project

The Barnet Psychology team also led on a Health Education England ethnic minorities inclusivity project and secured funding to offer paid assistant psychology posts to people from disadvantaged backgrounds who are under-represented in the profession. In addition, they secured funding to provide 12 aspiring psychological therapists from ethnic minorities communities currently working in the Trust with substantial mentorship to support their career development.

London's NHS celebrates inspiring Black Londoners

To mark Black History Month, the NHS in London announced 36 prominent individuals to be 'the faces' of the NHS Trusts in the capital.

An online map of the city tells the stories of the inspiring Black Londoners who have been nominated by NHS staff for their important contribution to their NHS Trust, local area or wider society.

Anna Mbachu was chosen to represent BEH for her work supporting people with severe and enduring mental health problems. She leads a team helping people to find accommodation when they are discharged from the care of the Trust. As well as her NHS work, Anna is a local authority councillor and a leader within the Nigerian community.

New Nursing Strategy

Nurses are our biggest staff group and are vital to providing excellent patient care. The Trust's new Nursing Strategy for 2020-25 sets out our vision of what excellent nursing care is and describes what nurses can expect and aspire to in terms of their own career development. It covers routes into the nursing profession and the exciting range of development and leadership opportunities open to our nurses.

The Nursing Strategy, which was developed by our nursing staff, outlines our four strategic aims:

- Developing our workforce
- Professional practice
- Person-centred care
- Continuous improvement

Amanda Pithouse, Chief Nurse said: *"This is an exciting time to be part of the BEH workforce and part of the profession nationally. Now, more than ever, nurses need to demonstrate compassionate and inclusive leadership. I am very proud of our nurses and this strategy aims to empower our nurses to lead and deliver the best care."*

Supporting our next generation of nurses

At BEH, we work collaboratively with student nurses and higher education institutions to provide the highest quality practice placement and education. We achieve this through providing support to the students – whether they are trainee nurse associates, student nurses or trainee graduate mental health workers. The students have reported that they find the various forums and workshops we run both supportive and informative, particularly through the pandemic.

We set up a focus group for final year student nurses to provide specific support to those who are approaching qualification and registration. Our aim is to make their transition onto the Nursing and Midwifery Council (NMC) register a smooth journey and to showcase wider developmental opportunities that the Trust offers. The fast-track recruitment model has been reviewed this year to develop a better recruitment approach for newly qualified nurses who have trained in the Trust; this has been incredibly successful with more than 90% of our students choosing to stay at BEH on completion of their training in 2020. We have already started recruitment for students graduating in September 2021.

Our Preceptorship programme for newly qualified nurses now includes Quality Improvement training. New registrants are supported to participate in improvement projects in their respective teams. Out of the 62 newly qualified Band 5 nurses who have completed their preceptorship programme, 14 have applied to undertake the preceptorship module, which will award them 30 academic credits at Level 7, (Masters Level). Furthermore, the Preceptorship programme for the Nurse Associate post-qualified also began to support the transition into fully qualified.

Empowerment for staff

Students' experience during the COVID-19 pandemic

During the COVID-19 pandemic, the first-year student nurses were removed from placement areas and continued with virtual learning with the University. The second and third-year students had the opportunity to opt for extended placements during the pandemic. The students were also given the opportunity to support clinical teams during the most intense phase of the pandemic when we were facing staff shortages; they received a salary for this and the hours they worked also contributed towards their placement hours.

The 2020-21 Preceptorship programme continued virtually during lockdown with only one session cancelled due to staffing difficulties.

Rotation Programme

The rotation programme, which is an optional 18-month developmental programme for newly qualified nurses, offers the opportunity to rotate into three varied clinical teams within the Trust. The nurses attend regular meetings with an opportunity to use the Capital Nurse framework, which supports them through their professional development. The nurses also receive structured support and mentoring to help develop their confidence, knowledge and skills to transition smoothly from student to autonomous practitioner to be the next generation of nurse leaders.

Trainee Nursing Associates and Trainee Graduate Mental Health Workers

The Trust continues to work closely with Health Education England and our North Central London partners to support Nursing Associates apprenticeships. BEH currently has 28 staff on the Trainee Nursing Associate apprenticeship programme with Middlesex University. Of the first cohort, which started in December 2018, nine staff have successfully completed the programme and have all received their registration from the Nursing and Midwifery Council (NMC). All registrants have taken on new nursing associate roles within the Trust.

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

Trainee Graduate Mental Health Workers

Cohort 11 of this programme successfully began in January 2021. Out of the 30 candidates recruited by the Trust, two candidates withdrew from the programme, one candidate opted for a complete career change, and another decided to pursue a career in psychology. The remaining 28 candidates completed their first block of theory at the university and then moved to our practice areas for their two clinical placements. The Trust has now recruited a number of these individuals to work as Graduate Mental Health Workers in various teams and divisions throughout the Trust. The current Cohort 12 is progressing well with no withdrawals from the programme to date.

Apprenticeships

We continue to support our people development using the apprenticeship framework. This allows us to support our staff at every level of their career across multiple disciplines both clinical and non-clinical and create career pathways which aids both recruitment and retention. In 2020-21 we supported a total 0f 48 apprentices.

We are able to support the nursing competency framework through apprenticeship from nurse associate to advanced practitioner. This year we have introduced some new apprenticeships, notably occupational therapy and physiotherapy, essential to support physical health and our community services teams. This is a partnership across North Central London, ensuring we have a breadth of support and experience for our learners. In addition, we are supporting our leadership talent with a range of advanced apprenticeships at Masters degree level; this year, we have supported five staff at this level. Other notable support has been for service improvement, finance and human resources.

This year we introduced the Living Our Values Awards category as part of the Celebrating Excellence annual staff awards. These awards are given to colleagues who demonstrate how they put our values into practice every day and we had a huge number of nominations in each category which is a wonderful testament to all our staff.

Living Our Values Award – Compassion

Winner – Anne Wheeler

A humble and passionate member of the Children's Physiotherapy Team, Anne always goes beyond her role to ensure children and their families receive individualised excellent care. She was commended for her "superhuman" adaptability during COVID-19 to ensure that patients continued to receive their care.

Living Our Values Award – Respect

Winner – Fungai Nembaware

Fungai was nominated by 16 different members of staff – that's a testament to how highly she is regarded among her colleagues. She lives the Trust values with respect for all at the heart of everything she does. The judges praised her ability to champion service users through respecting their needs and were impressed by the support, motivation and kindness she shows to her teams past and present.

Living Our Values Award – Being Positive

Winner – Georgia Macken

Georgia brings a lot of positivity to her team, is fun to work with and full of energy. Her smile and positivity have such a great impact on both staff and service users, she's an absolute professional and problem solver, nothing is too much trouble for the smiling face of Barnet. She is the 'go to person' as she's always willing to help others where she can and is knowledgeable in all aspects of how teams function.

Living Our Values Award – Working Together

Winner – Sidney Clottey

Sidney is an exemplary team player, watching out for their colleagues and recognising when they need a boost by raising their spirits. He really listens to others and hears their concerns and empowers staff to deliver high quality care. He is a leader as well as team worker who supports his team on a daily basis, inspires them to find out answers for themselves while assisting their decisions.

Empowerment for staff

BEH nurses awarded Royal College of Nursing BAME Rising Star Awards

Lorraine Welch, Cognitive Analytic Therapist and **Mwanasiti Siokwu (Siti)**, Community Matron and Senior District Nurse, were awarded Royal College of Nursing London BAME Rising Star Awards.

Lorraine demonstrated initiative and motivation when she applied and enrolled in training as a Cognitive Analytic Therapist. She pushed the boundaries and "broke through the glass ceiling" as it is highly uncommon for a colleague from a nursing background to enter training as a Cognitive Analytic Therapist.

Mwanasiti (Siti) was nominated for her hard work and dedication during the coronavirus pandemic. A district nurse by background, Siti was appointed as a Band 7 Frailty Nurse Specialist with the Enfield Health and Wellbeing Service in March 2020. However, her brand new role and service was temporarily suspended due to the pandemic.

Accelerated Health Care Assistant (HCA) Training Programme

We inducted a cohort of 24 people onto this programme where they will complete an NVQ care certificate leading to a qualification as a health care assistant. Each trainee has been allocated a mentor from within our existing qualified HCAs; this is offered as a development opportunity and mentors receive training and salary enhancement for the role.

Once the HCAs complete their training, they will be eligible to join the Associate Nurse pathway and undertake the apprenticeship programme; this will support our pipeline of future nursing workforce.

Operation Cavell

The NHS, Metropolitan Police Service and Crown Prosecution Service worked in partnership to launch a scheme, known as Operation Cavell, which aims to increase convictions and protect NHS staff on the frontline. The initiative will see a senior police officer review all reports of assaults and hate crime against NHS staff.

A pilot scheme took place across five south London boroughs between October 2020 and January 2021. Out of 63 investigations in this period, there was a 26% charge rate compared to only 6% previously. The scheme was rolled out across London from 31 March 2021.

Flu vaccinations for staff

As part of our promotion of staff wellbeing, we offered the flu vaccine to all employees in 2020-21, not just those who have frontline contact with patients. An online booking system was introduced this year and daily clinics were organised to make it easy and convenient for all staff.

The usual method of attending all large meetings and induction sessions for new staff was not possible this year, as all meetings were held online in response to the coronavirus pandemic. However, by week 5 of our 2020-21 flu campaign, the Trust had already vaccinated 50% of frontline clinical staff. We achieved 76% uptake overall, compared to 65% in 2019-20 and 58% in 2018-19. We built on our learning from the flu campaign when we were able to start offering COVID-19 vaccinations to staff.

We marked International Year of the Nurse and Midwife 2021 by celebrating our wonderful nurses – here are just a few examples.

Ennie Nyamangunda

Ward Manager, Barnet

"Nursing is about working with both our hands and heart. Helping others, being there, crying with them, at times having to be emotionally strong for them or their relative, being sad and happy together is all part of the joy of being a nurse – it's the most rewarding and fulfilling job ever."

Emily Burch

Head of Physical Health, Lead for COVID-19 Testing and Vaccinations

"I truly love being a nurse and the work that I do. I enjoy being able to find robust and creative ways to reduce inequalities between mental health and physical health to truly give our patients integrated healthcare. With the challenges of COVID-19 my typical day has seen some changes. The need for staff and patients to be supported with physical health and infection prevention control has always been important to promote holistic healing; but upskilling and supporting staff to manage the demands of the pandemic is also vital in ensuring the safety of all and to reduce the risk of infection."

Mounir Bassou

Lead Nurse, Mental Health Service for Older People, Enfield

The best part of my job is being able to provide support and re-assurance to my colleagues. In addition to this, working with a wonderful team of people in providing the best level of care for our patients is what we strive towards."

Esther Sofela

Physical Health Lead Nurse, Haringey

I have always been interested in helping people to function at their optimal level, irrespective of where they are on the continuum of health. So, when it was time for me to choose a career, nursing seemed to be the natural profession. Nursing is a very fulfilling career. The satisfaction of knowing that you are helping people to cope with their health problems in one way or the other is great."

Innovation in services

Transforming our services

Work has begun at pace on the transformation of our community mental health services and we made significant progress over the year. As part of the NHS Long Term Plan, we aim to truly integrate health and social care for adults who have serious mental illness across North Central London, as well as providing easier access for all to high quality care.

It will mean supporting the whole person as they live with, or recover from, mental illness and to offer them support with other challenges they may face, such as debt, relationship problems, housing, education or training. We are aiming to work closely with GPs, social care and our voluntary sector colleagues to reach those who currently face obstacles in getting the help they need.

This is a three-year programme with pilots due to start operating from summer 2021 across a third of each of our boroughs working closely with targeted Primary Care Networks where there is the highest need. The same will be happening in our neighbouring boroughs of Camden and Islington. This will be supported by funding of £25 million over the next three years. The recruitment of additional staff, who will join these multi-disciplinary teams of experts offering wraparound, holistic care to our service users and wider community, is now under way.

Meanwhile, our Recovery Houses, now known as Crisis Prevention Houses, have developed a new recovery-based model to create a 'step up' pathway. This enables our community and crisis teams to work collaboratively, crossing barriers in service provision to ensure robust preventative offers to our residents who previously would have needed urgent care. The new service enables people to access 'place-based' services and support on their doorstep. In addition, we have created 24 new Peer Support Worker roles for former service users so that the service provided in the houses is based on a co-produced programme, modelled around lived experience. To fully integrate these changes, we ended the contract with an external provider and the Crisis Prevention Houses are managed by the Trust from 1 April 2021.

Digital developments

2020-21 has seen great progress in the Trust's digital capabilities and the use of technology to support our clinicians in offering care to our patients and service users.

Pandemic response and vaccinations

The Trust's response to the COVID-19 pandemic relied on rapidly implementing technology solutions to enable staff to continue to work without compromising the quality of clinical care, wherever they were located. We rapidly deployed an additional 949 laptops and 966 mobile phones to give staff the ability to work from home; unable to source sufficient laptops to meet demand, we worked with our technology partners Atos to provide a remote desktop solution which allows our staff to safely and securely access the Trust systems and network from their own laptops and desktop PCs while maintaining confidentiality and cyber security. This solution also allows staff working at non-Trust sites, (such as prison services), to securely connect to the Trust intranet and other essential systems.

We took advantage of a national contract with Attend Anywhere that allowed the Trust to offer video consultations to our patients and service users. The Trust was part of the first wave of the national roll-out with the system being implemented to services in less than three weeks, and this innovation was warmly welcomed by our staff. Since going live with Attend Anywhere, over 39,000 video consultations have been carried out by more than 1,600 Trust clinicians.

All inpatient wards in the Trust were issued with tablets to help inpatients to keep in touch with friends and family during the pandemic when visiting restrictions were imposed due to lockdown.

To help keep our staff safe during the pandemic, we worked closely with the Infection Control and Prevention team to implement a solution to manage personal protective equipment (PPE) stock levels. The Agileware system we introduced keeps track of how many items are available on each ward, and automatically triggers a top-up delivery when stock falls below an agreed threshold

The Trust also used technology in an innovative way to support staff lateral flow testing and reporting, by developing an app that provides a simple way for staff to record the result of their tests on their phone, and that also produces the aggregated information needed to meet national reporting requirements.

When we set up vaccination clinics for staff, we deployed a web-based appointment booking system for staff that allows them to select a time and date that suits them.

The Trust also deployed Microsoft Teams to support corporate governance arrangements during the pandemic. This application has now become the bedrock of the Trust's meeting arrangements, and by the end of 2020-21 staff were using the Microsoft Teams platform for an average of 2,700 meetings each month.

Staff from across the Trust volunteered to join our COVID-19 Vaccination Team to vaccinate staff and patients.

"My colleagues and I are really proud to be helping to protect vulnerable patients in this way. A big thank you to my manager for giving me the opportunity to play my part in this.

"It is an amazing and positive experience for me and the team, the amount of respect for the staff and gratitude from the housebound patients and their relatives is unprecedented."

Sheila Patten, Community Matron in Enfield Community Services

Innovation in services

Digital innovations for patients

The Trust's new purpose-built unit, Blossom Court at St Ann's Hospital, includes 21st century digital technology to support the care of our service users. We installed state-of-the-art media walls in the de-escalation rooms to help calm patients, keep them in touch with family and friends and let them access music and games.

We also introduced an electronic system to record physical health observations (eObs) using tablets, which is then entered into our clinical record system. We upgraded our bed management system to Pride and Joy to improve the accuracy and presentation of data essential for the provision of high quality inpatient care.

We continue to work to share information with key partners who also provide care to our local population. The Health Information Exchange (HIE) which was introduced last year has been well received by our staff and it has allowed clinical staff to see key information held by GPs and other NHS providers, enhancing the quality of the care we provide and reducing the amount of time wasted by staff searching for this information.

We are working with our partners across North Central London to contribute to the HealtheIntent platform, which will support population health management in the Integrated Care System and ensure the best possible outcomes for all local residents.

We are participating in a national programme led by NHS Digital to connect our clinical system to the National Record Locator service: from the end of March 2021, London Ambulance staff will be able to access the care plans for service users in crisis, improving the quality of the care provided as part of their response, and ensuring they are transported to the most appropriate provider for support.

Working with North Central London Clinical Commissioning Group, GPs, Haringey Council, Whittington and North Middlesex Trust colleagues along with the Healthwatch volunteer network, we launched the Haringey Digital Inclusion programme. This supports our patients to develop their digital skills to access health related systems such as video calling, online appointment bookings, and repeat prescriptions. Where possible and needed, IT devices are loaned to the patients and IT help is provided.

Investing in our infrastructure

We appointed a new Chief Clinical Information Officer to ensure that our investment in digital technology is led by the needs of our staff and to support the provision of high-quality care across the Trust.

The Chief Information and Performance Officer mentored the Trust's Physical Health Lead to become a Topol Fellow, becoming the first colleague from a Mental Health Trust in London to achieve such recognition.

Building on our positive experience with Microsoft Teams, we considered our strategic options around the upgrade of the Microsoft Office 2010 suite. We have now migrated more than 1,100 of our staff to the Office 365 platform.

We continued our investment in our essential infrastructure and completed the upgrade of our network: this means the Trust has faster and more reliable network links between our sites, and we have removed outdated hardware, strengthening our cyber security and resilience. We also upgraded our server estate to ensure our critical systems are running on the most up-to-date platforms.

We have maintained our commitment to ensuring our services offer best value for money and so this has been a busy year with significant procurement activity: we have gone to market to re-procure our telephony and mobile data provider. Following the approval of a detailed business case and a successful application to NHS England/Improvement for match funding of over £1million, we have completed a procurement exercise to select a supplier for an electronic Prescribing and Medicines Administration (ePMA) system which we will start to implement next year.

The Trust had previously identified the need to make improvements to our use of information and reporting as one of our strategic aims. Over the course of 2020-21, we engaged support to help define our technical requirements for the development of a data warehouse and improvements to performance and information reporting. This work is now underway, and the Trust is building its first cloud-based data warehouse and implementing Microsoft Power BI as its preferred business intelligence and data visualisation tool.

Partnerships with others

Homeless Health Inclusion

The Homeless Health Inclusion Team in Haringey is a partnership between service users, service providers and commissioners who work alongside homeless and housing support, substance misuse services, street outreach and GPs.

The aim is to make sure that people experiencing homelessness receive high quality mental and physical health care, are proactively included in patient and public engagement activities, are supported to gain healthcare jobs, and wherever possible are never discharged from hospital to the street or to unsuitable accommodation. In the last year, the joint team has worked with 104 service users, 22 of whom are still being supported by the team.

CASE STUDY

JK is a 55-year-old Irish man who had been drinking since he was 12 and was previously sleeping rough before being accommodated under COVID-19 support for rough sleepers.

JK was seen by the Homeless Health Inclusion Team after hostel staff raised concerns around his mental health. JK was seen directly by a mental health nurse who found that his diagnosis was more alcohol induced and that he was not getting any support with his drinking. Meanwhile, JK had got into an altercation at the hostel and was rough sleeping again after being evicted.

The team contacted Street Rescue Services who had already arranged for JK to be offered accommodation in Enfield and he has now settled in. JK was also referred to Enable Alcohol services in Enfield who report that JK has been attending the service and working on his alcohol use.

The barriers to JK's recovery were rough sleeping and not being registered with a service to tackle his alcohol use – both these barriers have now been removed.

Combating stalking

Our multi-agency Stalking Threat Assessment Centre is a partnership with the Metropolitan Police Service, the National Probation Service and the Suzy Lamplugh Trust. The centre provides specialist liaison and diversion, co-working to improve risk assessment and management, consultation to probation and health services, specialist training, and direct assessment and intervention. Feedback from other agencies is positive, with 97% stating that consultations increased their capability and confidence in managing individuals who engage in stalking behaviour.

Working with British Transport Police to prevent suicide

Our suicide prevention service within the British Transport Police in London has been commissioned to take on the national lead across England and Wales from 1 April 2021. This expansion is testament to the quality and reputation of the team's work in this highly specialised area.

The current service screens and triages police referrals for people attempting suicide on the transport network. The new service model will incorporate mental health practitioners working directly as a clinical support for police officers. Its aim is to provide an intervention-based service to work with 'high frequency repeat attenders' to reduce the risks for those who attend the railway in crisis and seek to divert them from prosecution.

Strengthening collaboration across providers in North Central London

We are partnering with neighbouring mental health trust Camden and Islington to carry out a joint review of how we, as key providers, can maximise capacity and impact and improve, still further, the mental health care that we provide.

This review is a vital part of the NHS's overarching, long-term plan for mental health. By strengthening still further the way our two trusts collaborate, we will have a much better chance of reducing variation and inequality in the care we give.

Partnerships with others

North London Forensic Provider Collaborative

The Trust was successful in our application to NHS England/Improvement to lead a consortium of five North London NHS Trusts and form a Provider Collaborative. The North London Forensic Collaborative (NLFC) now has delegated responsibilities to commission inpatient and community adult secure services for the population of North London over the next three years.

This builds on our achievements as a successful New Care Model pilot site, which included a reduction of 40 independent sector placements, releasing significant new investment into local NHS frontline clinical services.

The collaborative will enable decision making to be made at a local level with greater involvement from staff, patients and their families and carers. The Collaborative intends to focus on implementing a new Specialist Community Forensic Team model to ensure equality of access and provision across North London. The aim is to ensure that patients in north London can access our outstanding range of services, enabling them to remain closer to their friends, family and carers – which is proven to have a significant positive impact on patients' wellbeing.

The Trust is also a partner in the North East and North Central London CAMHS Provider Collaborative for inpatient (Tier 4) CAMHS services, which is led by East London NHS Foundation Trust. In addition, we are a partner member of the North London Eating Disorder Collaborative, which is led by Central and North West London NHS Foundation Trust.

CASE STUDY

Mr S had been in various adult secure units since 2003 including Rampton and Broadmoor and had been in continuous adult secure inpatient care for the last eight years.

The NLFC clinical reviewer began engaging with Mr S in April 2018, attending planning meetings, consulting with Mr S and producing a new pathway formulation. Initially, a plan was made to move Mr S back to BEH Specialist Services, and he was accepted for a low secure admission. However, given the progress in his recovery, the NLFC clinical reviewer liaised with BEH Specialist Services and together explored his suitability for an accelerated discharge direct into the community.

Mr S was assessed by the BEH Community Choices Partnership (CCP), an NLFC commissioned provider, who agreed to a community discharge. The clinical reviewer engaged Mr S's local Community Mental Health Team to source suitable forensic accommodation and completed assessments and secured funding. The CCP built up a good working relationship with Mr S while he was an inpatient and, following a trial period of overnight leaves, he was conditionally discharged via a mental health tribunal to his own accommodation with aftercare in place to support him.

The Kingswood Centre

The Kingswood Centre is the jewel in the North London Forensic Service crown.

It offers spaces for vocational, recreational, therapeutic, educational and sport and fitness activities. Co-production, aspirations and engagement are at the heart of the centre with the design and delivery of groups, sessions and workshops developed with service users.

There are a range of jobs and work experience opportunities across the centre, which include ground maintenance of the expansive horticultural haven that incorporates bee-keeping where each year award-winning honey is collected and sold in the unit; light industry where service users develop mechanical skills taking apart engines, building motorbikes

and servicing small items such as lawn mowers and strimmers. In the workshop service, users make bespoke items of furniture, pens and small gifts, as well as jewellery that are sold in pop-up stalls.

Supporting our services and staff

Information Governance

The Trust's aim is that all service users are in control of their own personal information and our NHS information systems are designed to support clinicians and other frontline staff to deliver safe, high quality care to our patients.

Our focus in 2020-21 has been to provide, design and implement services that meet the needs of our diverse population and ensure all information is accurate, available and reliable to enable the Trust to provide exceptional patient care.

In 2020-21 we participated in various national information sharing initiatives across the health service for 'direct care' purposes to support timely delivery and safe care to our service users, when they go to receive treatment at any care setting.

We are currently sharing and participating in the North Central London Health Information Exchange (HIE) involving all NHS providers, which enables health care professionals to view real time health data about patients. The information sharing on the HIE system provides clinicians with a better understanding of the patient's current condition without the need for the patient to repeat them to the professional.

We have successfully completed the Data Security and Protection Toolkit for 2019-20 and have embedded a Data Security Improvement Plan to ensure any weaknesses that do exist are being tracked and monitored.

During 2020-21, the Trust had no serious Information Governance incidents requiring investigation by the Information Commissioner's Office.

Information about how the Trust handles confidential information and privacy rights can be found in the Trust Privacy statement on our website.

Health and safety

We believe that excellence in safety performance protects our employees, service users and all those that visit our premises.

Over the last year the Health and Safety Team supported all divisions and directorates in ensuring that all Trust workplaces were COVID secure and adhering to the latest guidance on secure work environments from the Health and Safety Executive by conducting continuous monitoring to ensure protection of staff, patient and visitors from exposure to the virus. The Health and Safety Team worked with Infection Prevention and Control colleagues to ensure that all staff working on wards with patients with a confirmed COVID-19 diagnosis were 'fit tested' for masks in accordance with the latest advice from Public Health England and the Health and Safety Executive.

A review of the Trust's Health, Safety and Risk Management Policies was carried out in 2020-21 to ensure they are up-to-date and aligned with current legislation, prevent health and safety risks and promote good safety practice. Fact sheets and a brief summary have been developed for all the Health and Safety policies on the Trust intranet to make them easier for staff to integrate into daily tasks.

A review of the use of standard insulin pens was carried out following four needle stick injuries. As a result, we have replaced the standard insulin pens with retractable ones.

We developed an online Display Screen Equipment (DSE) assessment. This new approach will enable more staff to do their own assessment and also provides an audit trail. A link to the online assessment is now included in health and safety mandatory training so that new staff can complete their assessment promptly.

Emergency Preparedness, Resilience and Response (EPRR)

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

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

During 2020-21 the Trust has continued to review our Incident Response and Business Continuity Plans and preparedness capabilities to ensure compliance with the Civil Contingency Act of 2004, NHSE standards and the standards of other regulatory bodies.

NHS England/Improvement recognised that the detailed and granular process of previous years would be excessive and unwarranted while we prepared for further waves of COVID-19, as well of other seasonal pressures and the operational demands of restoring services during winter. So the 2020-21 assurance process was amended to focus on the following areas:

a) progress made by those organisations identified as partially or non-compliant in the 2019-20 process

b) the process of capturing and embedding the learning from the first wave of the pandemic

c) inclusion of progress and learning into winter planning preparations

BEH achieved a rating of Substantial Compliance in the 2019-20 assurance process. Review meetings in 2020-21 were only undertaken with organisations that were partially compliant or non-compliant in the previous year. This meant that the process conducted by the NHS England/Improvement London EPRR Team was a streamlined assessment that noted the progress that had been made over the last 12 months.

A Strategic, Tactical, and Operational Command Training programme was put in place throughout the pandemic to make sure appropriate controls were ready to fulfil the requirements under the Civil Contingencies Act 2004.

The Trust's preparations for EU Exit in December 2020 followed the national guidance published by the Department of Health and Social Care. In order to oversee and coordinate the Trust's preparations, an EU Exit Task and Finish Group was established to monitor and manage risks to the Trust and our services.

Counter Fraud

During 2020-21, our Local Counter Fraud Specialists' approach centred on raising awareness among Trust staff around the increased level of fraud risk during the pandemic. The team delivered training sessions throughout the Trust, including the entire Finance team as well as Estates and Facilities managers, to address risks associated with procurement fraud.

During Fraud Awareness Month, they shared a wide range of fraud awareness materials focusing on the key fraud risk areas and various scams related to the COVID-19 pandemic. The LCFS also produced an induction video for all new starters and junior doctors' induction sessions.

Supporting our services and staff

Modern Slavery and Human Trafficking Act (2015)

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

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

We also meet the NHS employment check standards in our workforce recruitment and selection practices, including through our managed service provider contract arrangements. This strategic approach includes analysis of the Trust's supply chains and its partners to assess risk exposure and management.

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

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

Compliance with the Nolan Principles

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

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

Selflessness

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

Integrity

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

Objectivity

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

Accountability

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

Openness

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

Honesty

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

Leadership

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

Conclusion

To the best of my knowledge and belief, the 2020-21 Performance Report is fair, true and accurate.

Jinjer Kandola MBE
Chief Executive

30 June 2021

Directors' Report

The Trust Board

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

The main role of the Board is to:

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

The Trust is managed by full-time Executive and part-time Non-Executive Directors who collectively make up our unitary Trust Board.

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

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

The Trust Board is made up of eight Non-Executive Directors (including the Chair), five Executive Directors (including the Chief Executive) and three non-voting Executive Directors. The Chair and Non-Executive Directors are appointed by NHS Improvement.

During 2020-21, due to the COVID-19 pandemic and in line with government advice, the Board held its meetings virtually. Three of its six meetings were open to the public, with agendas and reports for all meetings available on the Trust's website. When discussing issues of a confidential nature, the Board resolved to meet in private, in accordance with the Public Bodies (Admissions to Meeting) Act 1960 s1 (2). The Board held nine meetings in private.

The Trust also held its Annual General Meeting virtually on 22 September 2020, at which we presented our Annual Report and Accounts 2019-20, as well as our Quality Account.

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

The Trust's Standing Orders, Standing Financial Instructions and Scheme of Reservation of Powers to the Board and Delegation of Powers, were most recently reviewed in November 2020 by the Audit Committee and ratified by the Board.

The Board had a majority of Non-Executive Directors during the year. The Board considered its composition and the balance of skills needed to be effective and believes that it has in place the right mix of skills to support the Trust moving forward. The Trust Board regularly has training sessions and holds Board Workshops to improve its effectiveness.

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

Board Members

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

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

Mark Lam

Chair

Term of office:
1 October 2018 - 30 September 2020

Reappointed:
1 October 2020 - 30 September 2022
(stepped down on 31 March 2021)

Catherine Jervis

Non-Executive Director
Senior Independent Director
Chair of the Audit Committee

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

Charles Waddicor

Non-Executive Director
Chair of the Finance and Investment Committee
Chair of Trust and Charitable Funds Committee
Chair of Provider Collaborative Commissioning Committee (from August 2020)

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

Neil Brimblecombe

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

Term of office:
1 September 2018 - 31 August 2020

Reappointed 1 September 2020 - 31 August 2022

Paul Pugh

Non-Executive Director

Term of office:
1 January 2020 - 1 December 2021

Sue Rubenstein

Non-Executive Director, Vice-Chair
Chair of People and Culture Committee

Term of office:
1 September 2019 - 31 August 2022

Paul Ryb

Non-Executive Director

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

Ruchi Singh

Non-Executive Director

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

Reappointed: 15 January 2021 – 15 January 2023

Jinjer Kandola MBE
Chief Executive

Appointed July 2018

Natalie Fox
Deputy Chief Executive and Chief Operating Officer

Appointed July 2019
(appointed Deputy Chief Executive and Chief Operating Officer from 1 December 2020)

David Griffiths
Chief Finance and Investment Officer

Appointed September 2017

Mehdi Veisi
Medical Director

Appointed December 2019

Amanda Pithouse
Director of Nursing, Quality and Governance

Appointed October 2018

Lisa Anastasiou
Director of People and Organisational Development

Appointed September 2020
(appointed Interim Director of Workforce and Organisational Development March 2020)

Sarah Wilkins
Chief Information and Performance Officer

Appointed March 2019

David Cheesman
Director of Strategy, Transformation and Partnerships

Appointed January 2020

Jackie Smith
Chair

Term of office:
1 April 2021 – 31 January 2023

Anu Singh
Non-Executive Director

Term of office:
24 May 2021 – 23 May 2023

Board Members

Balance and appropriateness of the Board of Directors

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

Changes to the Trust Board during the period 1 April 2020 - 31 March 2021 and up to the date the Annual Report is approved

- **Natalie Fox** was appointed as Deputy Chief Executive and Chief Operating Officer on 1 December 2020.
- **Lisa Anastasiou** was appointed Director of People and Organisational Development on 7 September 2020. (Interim Director of Workforce and Organisational Development from 16 March 2020 to 6 September 2020).
- **Paul Ryb**, Non-Executive Director, left the Trust on 9 February 2021.
- **Mark Lam** stepped down as Chair from 31 March 2021, and from 1 April 2021 Jackie Smith joined as Chair while continuing as Chair of Camden and Islington NHS Foundation Trust.
- **Anu Singh** joined as a Non-Executive Director from 24 May 2021 while continuing as a Non-Executive Director at Camden and Islington NHS Foundation Trust.

Board Committees

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

- Audit Committee
- Remuneration Committee
- Quality and Safety Committee
- Mental Health Law Committee
- Finance and Investment Committee
- People and Culture Committee
- Trust and Charitable Funds Committee
- Provider Collaborative Commissioning Committee (established August 2020)

Committee Responsibilities

Audit Committee

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

Remuneration Committee

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

The Committee is also responsible for monitoring and evaluating the performance of the Chief Executive and Executive Directors and receiving an annual report and recommendations of the local awards committee in respect of the Clinical Excellence Awards Scheme.

Quality and Safety Committee

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

Mental Health Law Committee

The Mental Health Law Committee provides assurance to the Board on all matters relating to the functions of Hospital Managers and all aspects of the Mental Health Act 1983, its subsequent amendments and the Mental Capacity Act 2005. The Committee also oversees all the duties of the Hospital Managers as set out in Chapter 30 of the Mental Health Act Code of Practice.

Finance and Investment Committee

The Finance and Investment Committee oversees the Trust's financial performance management functions, the strategic Capital Programme, the Treasury Management function, the business planning process, the Estates Strategy and the Information Management and Technology Strategy, and to review new investment and business proposals.

People and Culture Committee

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

Trust and Charitable Funds Committee

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

Provider Collaborative Commissioning Committee

The Provider Collaborative Commissioning Committee was established in August 2020 to provide scrutiny, challenge and assurance to the Trust Board with respect to the performance of the North London Provider Collaborative, where BEH is acting as the lead provider. More specifically, the committee provides assurance on the delivery of the Trust's lead provider contract responsibilities, including the management of sub-contracts; on compliance with the aims of the Partnership Agreement between members of the Collaborative and the development of Clinical, Investment and other strategies by the Partnership; and on performance of the Commissioning Team in support of these responsibilities.

Table 7: Board Membership of Committees *(as at 31 March 2021)*

	Audit Committee	Remuneration Committee	Quality and Safety Committee	Mental Health Law Committee	Finance and Investment Committee	People and Culture Committee	Trust and Charitable Funds Committee	Provider Collaborative Commissioning Committee *
Mark Lam Chairman	–	✓ Chair	–	–	–	–	–	–
Charles Waddicor Non-Executive Director	✓	✓	–	–	✓ Chair	–	✓ Chair	✓ Chair
Catherine Jervis Non-Executive Director	✓ Chair	✓	✓	–	–	–	–	–
Ruchi Singh Non-Executive Director	–	✓	✓	–	✓	–	✓	–
Paul Ryb Non-Executive Director	✓	✓	–	–	–	✓	–	–
Neil Brimblecombe Non-Executive Director	–	✓	✓ Chair	✓ Chair	–	✓	–	✓
Paul Pugh Non-Executive Director	–	✓	–	–	✓	✓	✓	–
Sue Rubenstein Non-Executive Director	✓	✓	–	–	–	✓ Chair	–	–
Jinjer Kandola Chief Executive	–	Executive Lead	–	–	✓	–	–	–
Natalie Fox Deputy Chief Executive and Chief Operating Officer	–	–	✓	–	✓	✓	✓	–
David Griffiths Chief Finance and Investment Officer	Executive Lead	–	–	–	✓ Executive Lead	–	✓ Executive Lead	✓ Executive Lead
Amanda Pithouse Director of Nursing, Quality and Governance	–	–	✓ Executive Lead	✓ Executive Lead	–	✓	–	✓
Mehdi Veisi Medical Director	–	–	✓	✓	✓	–	–	✓
David Cheesman Director of Transformation, Strategy and Partnerships	–	–	–	–	✓	–	✓	–
Sarah Wilkins Chief Information and Performance Officer	–	–	✓	–	✓	✓	–	–
Lisa Anastasiou Director of People and Organisational Development	–	–	✓	–	–	✓ Executive Lead	–	–

Table 8: Board and Committee Attendance *(1 April 2020 – 31 March 2021)*

Numbers indicate the total number of meetings attended out of the possible number each Director's term in office or membership of a committee. Due to the impact of the COVID-19 pandemic, some committee meetings were cancelled during the year in line with government guidance and some Executive Directors were not required to attend some meetings in order to focus on operational priorities.

	Trust Board in public and in private	Audit Committee	Remuneration Committee	Quality and Safety Committee	Mental Health Law Committee	Finance and Investment Committee	People and Culture Committee	Trust and Charitable Funds Committee	Provider Collaborative Commissioning
Mark Lam	9 of 9	–	4 of 4	–	–	–	–	–	–
Neil Brimblecombe	9 of 9	–	4 of 4	8 of 8	2 of 2	–	–	–	3 of 4
Catherine Jervis	8 of 9	5 of 5	3 of 4	7 of 8	–	–	–	–	–
Paul Pugh	9 of 9	–	4 of 4	–	2 of 2	5 of 6	4 of 4	1 of 2	–
Sue Rubenstein	7 of 9	5 of 5	3 of 3	–	–	–	4 of 4	–	–
Paul Ryb	3 of 7	–	2 of 4	0 of 4	–	–	3 of 4	0 of 1	–
Ruchi Singh	8 of 9	–	3 of 4	5 of 5	–	6 of 6	–	1 of 2	–
Charles Waddicor	9 of 9	5 of 5	4 of 4	–	–	6 of 6	–	2 of 2	4 of 4
Jinjer Kandola	9 of 9	In attendance 1 of 1	In attendance 3 of 3	–	–	5 of 6	–	–	–
Lisa Anastasiou	9 of 9	–	–	3 of 3	–	–	–	–	–
David Cheesman	9 of 9	–	–	–	–	5 of 6	–	–	–
Natalie Fox	8 of 9	–	–	4 of 4	–	5 of 6	3 of 4	1 of 2	–
David Griffiths	9 of 9	In attendance 5 of 5	–	–	–	5 of 6	–	1 of 2	4 of 4
Amanda Pithouse	8 of 9	–	–	6 of 8	1 of 2	–	4 of 4	–	4 of 4
Mehdi Veisi	9 of 9	–	–	7 of 8	1 of 2	4 of 6	–	–	3 of 4
Sarah Wilkins	9 of 9	–	–	3 of 3	–	4 of 6	3 of 4	–	–

Table 9: Board Members' Register of Interests *(as at 31 March 2021)*

Mark Lam Trust Chair	• Non-Executive Director, Social Work England • Private business consultant • Former Chief Technology and Information Officer, Openreach, a BT Group business • Chair, East London NHS Foundation Trust • Vice Chair, North Central London Provider Alliance • Chair, Royal Free London NHS Foundation Trust (incoming)
Lisa Anastasiou Director of People and Organisational Development	None
Neil Brimblecombe Non-Executive Director	• Professor of Mental Health, London South Bank University – developing mental health related research and service evaluation (one day per week) • Chair, Research Committee, Mental Health Nurse Academics UK • Individual consultancy to NHS organisations • Consultant Editor, 'Mental Health Practice', a professional nursing journal • Trustee, The Zimbabwe Life Project, a registered charity supporting the development of healthcare workers in Zimbabwe • Member of Thrive London, Suicide Prevention Reference Group since 2016 Periodically provides consultancy services to the NHS but none currently within the North Central London system
David Cheesman Director of Strategy, Transformation and Partnerships	• Non-Executive Director of NHS Elect Advisory Board
Natalie Fox Deputy Chief Executive and Chief Operating Officer	None
David Griffiths Chief Finance and Investment Officer	• Wife is Chief Finance Officer at Mid-Essex, Southend and Basildon Hospitals NHS Group
Catherine Jervis Non-Executive Director (Senior Independent Director)	• Non-Executive Director for Achieving for Children, Community Interest Company Registered in England and Wales as a Private Limited Company, Registration Number 08878185 • Non-Executive Director for the Independent Office for Police Conduct • Non-Executive Director, Hillingdon Hospital NHS Foundation Trust
Jinjer Kandola Chief Executive	None

Table 9 (continued): Board Members' Register of Interests *(as at 31 March 2021)*

Amanda Pithouse Director of Nursing, Quality and Governance	None
Paul Pugh Non-Executive Director	• Director, KCBD Ltd from 2015 • Governor Middlesex University • Trustee, Campus Educational Trust • Non-executive Director, Institute of Customer Service • Wife is Deputy Head of Mental Health, NHS England
Sue Rubenstein Non-Executive Director (Vice Chair)	• Trustee at Cuckoo Hall Academies Trust which runs 5 schools in Enfield. • Chair of Bloody Good Period – a charity that campaigns for menstrual equity and provides period products to asylum seekers and refugees. • Director of Corum Investments Ltd • Director of the Grove, Maidenhead Ltd Periodically provides consultancy services to the NHS but none currently within the North Central London system
Ruchi Singh Non-Executive Director	• Director, Kaleidoscope Transformations Ltd, a strategy consulting company • Business Advisor – Transformation – First Class Partnership (Rail Consultancy) • Business Advisor – Transformation Incendium (Real Estate Consultancy) • Programme Director (COVID-19 response) – Money and Pension Service (MaPS)
Mehdi Veisi Medical Director	• Undertakes occasional Medico-legal reports
Charles Waddicor Non-Executive Director	• Director / Owner of SAMRO – health and social care solutions • Small shareholding in Ventura Group • Chair of a Board, operated by Social Finance, overseeing projects running in Haringey, Tower Hamlets, and Staffordshire, supporting people with mental health problems into employment • Trustee of NET, a multi academy Trust based in Essex and NE London • Member of the CHKS Advisory Board (CHKS is part of CAPITA and specialises in informatics and quality improvement to the healthcare sector)
Sarah Wilkins Chief Information and Performance Officer	None
Previous Board Members' Interests *(from Register prior to departure from role)*	
Paul Ryb Non-Executive Director	• Managing Director, The BIGlittle Co. Ltd • Non-Executive Director of SpareRyb Global Alliance Ltd • Co-Owner Anytime Fitness Mill Hill 24/hour Gym, North London • Trustee for The Macular Society • Trustee for the Royal Leicestershire, Rutland and Wycliffe Society for the Blind declared under the name VISTA

Annual Governance Statement

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Barnet, Enfield and Haringey Mental Health NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum. This includes ensuring controls and procedures are in place and Standing Orders and Standing Financial Instructions are adhered to Trust-wide.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Barnet, Enfield and Haringey Mental Health NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

Following the Government's confirmation of a national emergency due to coronavirus, the Trust declared a Business Continuity Major Incident on 17 March 2020 and established formal Major Incident Gold, Silver and Bronze Command and Control arrangements. As a result, the Trust's normal corporate and clinical governance processes were impacted. This is because aspects of the normal governance processes and procedures have had to be suspended or altered in order to respond quickly to the pandemic. In addition, many of the staff involved in managing and overseeing the normal governance arrangements have had to be diverted to focus on coronavirus-related activities, reducing the Trust's ability to operate normal governance arrangements during this unprecedented period. These arrangements are set out in more detail below.

The system of internal control has been in place in Barnet, Enfield and Haringey Mental Health NHS Trust for the year ended 31 March 2021 and up to the date of approval of the annual report and accounts.

The Trust's Internal Auditors completed their planned 2020-21 audit programme and were able to offer the following overall opinion:

- The organisation has an adequate and effective framework for risk management, governance and internal control. However our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.

Capacity to handle risk

The Board engaged Deloitte in March 2019 to carry out a focused governance review, improve its risk management and quality governance arrangements, and support the migration of data from Datix to its new incident and risk reporting system Ulysses. Improvements continued throughout 2020-21 although the key focus was on the Trust's response to the coronavirus pandemic.

A revised Risk Management Strategy was implemented in September 2019 and was further reviewed a year on and approved in January 2021. The Board further commissioned in October 2020 the Good Governance Institute (GGI) to carry out a full independent Developmental Review of Leadership and Governance using the Well-led Framework. The process was temporarily paused due to the COVID-19 second wave and resumed in March 2021 aiming to conclude by July. Initial feedback in terms of the risk management arrangements is that they are in line with good practice. The annual internal audit on the Board Assurance Framework and Risk Management Culture provided reasonable assurance.

Furthermore, the Trust's Strategy originally approved in March 2019 was reviewed between January and March 2021 to take into consideration the changes at the North Central London system level. The Board Assurance Framework (BAF) was developed in a series of meetings between July and October 2019 with a refresh for 2020-21 in July 2020 and for 2021-22 between April and June 2021.

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

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

The Audit Committee has delegated responsibility to seek assurance on behalf of the Board that the processes in place for managing risk are fit for purpose and for ensuring the Board Assurance Framework is well maintained and risks are managed effectively. The other Board committees scrutinise and carry deep dives of risks relevant to their terms of reference. The Audit Committee receives quarterly the BAF and Corporate Risk Register (operational risks with score 15+), as well as the minutes of the other committees to enhance triangulation of information. At each of its meetings the Quality and Safety Committee reviews the Corporate Risk Register as well as the COVID-19 Risk Register developed at the start of the pandemic. The Audit Committee Chair is also a member of the Quality and Safety Committee.

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

Divisional Risk Registers are reviewed monthly at Divisional Management meetings and quarterly at Divisional Integrated Performance Meetings chaired by the Chief Executive.

The Operational Risk Management Group (accountable to the Executive Leadership Team) meets monthly to ensure effective Trust-wide management of risk. The Corporate Risk Register which includes risks with a score of 15 or above is reviewed monthly by the Executive Leadership Team, bi-monthly by the Quality and Safety Committee and quarterly by the Audit Committee and the Board.

The Patient Safety Team and particularly the Head of Risk Management, provide support to Divisions and corporate teams on all aspects of effective risk assessment and management. The Team maintains the Trust's incident and risk reporting system, and risk registers. The Team also has a vital role in training which is provided regularly. All staff members are trained in risk management at a level relevant to their role and responsibilities. Members of staff have access to additional support and training to ensure that they have the necessary skills and knowledge and are competent to identify, control and manage risk within their work environment. All policies relating to risk management are accessible and available to staff on the Trust's intranet as well as guidance on Ulysses.

In supporting the Medical Director, the Patient Safety Team is also responsible for the dissemination of good practice and lessons learned from incidents or near misses through information sharing and blue light bulletins to all staff.

Safety Huddle meetings are held weekly to monitor patient safety incidents (deaths, restrictive practice, self-harm, violence, claims, Central Alerting System alerts, new corporate risks, 72 hours reports) and analyse trends to ensure early identification of risks and issues. The data is reported weekly to the Executive Leadership Team.

Good practice and learning from serious incidents or near misses, feedback from service users and carers, complaints investigations, clinical audit and performance management are disseminated within the Trust through information sharing via the groups and committees included in the governance framework, clinical supervision and reflective practice, and individual and peer reviews.

Arrangements during the coronavirus pandemic

In April 2020, the Board agreed focused strategic objectives to lead the organisation and developed a COVID-19 Risk Register which was monitored regularly through the Gold, Silver, Bronze command structures, the Executive Leadership Team, and the Quality and Safety Committee. These arrangements and the frequency of reporting were kept under review and adjusted during the year in line with the progress of the pandemic.

In line with national guidance issued to NHS organisations on the governance implications of coronavirus, including how Boards and Committees should be managed, the Board considered which meetings and arrangements were business critical. The Board agreed to hold shorter virtual monthly meetings with streamlined agendas focused on coronavirus related issues. This had the advantage of engaging all Board members directly in the key issues to ensure consistency and appropriate assurances.

In addition, the Quality and Safety Committee increased its meetings to monthly focusing on assurances relating to the quality of services, ensuring patient safety and the safety and wellbeing of staff. The Chair of the People and Culture Committee also joined the Quality and Safety Committee during this period. Except the Audit Committee meeting in June 2020 to approve the Trust Annual Accounts, all other committee meetings were cancelled between April and July 2020 and in January and February 2021 to allow staff across the organisation to focus on the Trust's response to the national emergency.

The Executive Leadership Team which usually meets weekly for three hours, agreed to meet three times a week for one hour via videoconferencing to ensure effective response to the fast moving situation focusing on maintaining the quality of services, ensuring patient safety and the safety and wellbeing of staff, as well as coordination of responses with partners, maintaining financial governance and planning for recovery.

Reporting on key performance indicators relating to quality and patient safety, staff and finance was maintained throughout the year. Also, the COVID-19 Risk Register remained in place throughout 2020-21. In addition, reporting on the Corporate Risk Register was reinstated in May 2020 with regular monitoring by the Executive Leadership Team and the Quality and Safety Committee. The Board Assurance Framework was refreshed and reinstated in July 2020.

The Risk and Control Framework

Key elements of the Risk Management Strategy

Management of and attitude to risk is embedded within the Trust's Risk Management Strategy. The strategy and related procedures set risk management activities within a broad framework within which the Trust leads, directs and controls its key functions in order to achieve its strategic objectives, quality and safety of services, and in which it relates to patients, staff, the wider community and partner organisations. The key elements of the strategy are to manage and control identified risks appropriately – both clinical and non-clinical. This is achieved by providing an organisational framework which enables easy identification of risk, coordination of risk management activity, provides a safe working environment for staff and for patients, and reduces unnecessary expenditure. It ensures that all staff are aware of their roles and responsibilities in managing risk and describes the Trust structures and processes in place by which risk is assessed, controlled and monitored.

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

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

Board Assurance Framework and Corporate Risk Register

As mentioned above, the Trust has in place a Board Assurance Framework (BAF) and a Corporate Risk Register which provide a structure for the effective and focussed management of the principal risks to meeting the Trust's strategic objectives. The Board Assurance Framework enables easy identification of the controls and assurances that exist in relation to the Trust's strategic objectives and the identification of significant risks. Risks are assessed and monitored by the Board and its sub-committees. Key issues emerging from this assessment and monitoring include a review of balance between absolute and acceptable risk, quantification of risks where these cannot be avoided, implementation of processes to minimise risks where these cannot be avoided and learning from incidents. These issues are cascaded throughout the Trust via divisional and multi-disciplinary representative attendance at committee and governance group meetings.

Quality Governance assurances

The Trust reviewed and improved its quality governance structure and flow of assurances in light of the recommendations of the Deloitte review. The Quality and Safety Committee and the Board receive a regular report on quality and safety issues at each meeting.

The quality of performance information is assessed through the Data Security and Protection Toolkit and through scrutiny of the annual Quality Account. Assurance on compliance with CQC registration requirements is obtained through the role and work programme of the Quality and Safety Committee, the performance framework, and from the Trust's own schedule of deep dives to services and Executive and Non-Executive walk arounds.

Workforce Strategy

The Trust has in place a Workforce Strategy and a robust two-year People Plan agreed in July 2020 to ensure the organisation attracts, develops and retains talent. The People and Culture Committee has responsibility for monitoring the implementation of the People Plan Priorities and the Organisational Development Strategy and receives regular updates on progress.

Key staffing indicators on staff turnover, vacancy rates, time to hire, completion of mandatory training, performance appraisal completion rates and use of temporary staffing are monitored and reported monthly to the Executive Leadership Team, the People and Culture Committee and the Board.

A safe staffing report is also submitted to every meeting of the Quality and Safety Committee and the Board as part of the Trust's performance dashboard. The Trust uses an electronic rota system to ensure that safe staffing levels are maintained and can be monitored and reported.

An inpatient skill mix review is undertaken annually and was last reported in November 2020.

Care Quality Commission Compliance and Well-led inspection

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

The Care Quality Commission carried out a core inspection of our services in June 2019, followed by a well-led inspection in July 2019, rating the Trust overall 'Good' for the first time.

A quality improvement action plan was put in place to address issues raised. All actions were completed during 2020-21. In respect of the CQC's Well-Led Domain, the Trust's performance was assessed as 'Good'.

The CQC carried out an unannounced focused inspection of the Beacon Centre providing Child and Adolescent Mental Health services in October 2020 (previously inspected in 2017 and rated as 'Good') and awarded a rating of 'Requires improvement'. The issues highlighted were already known to the Trust and an improvement plan was underway and monitored regularly by the Executive Leadership Team and the Board. This rating did not affect the Trust's overall rating.

The CQC carried out a follow up unannounced inspection to the Beacon Centre on 28 April 2021. At the point this Annual Governance Statement was finalised the Trust had not received any further written feedback from the CQC.

Register of Interests and Gifts and Hospitality

The Trust publishes an up-to-date register of interests for decision-making staff on its website, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

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

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Equality and diversity

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

During 2020-21, the Trust in partnership with the King's Fund and Brap embarked on an ambitious Inclusion Programme to develop a positive, inclusive and people-centred culture that engages and inspires all staff with a clear focus on improvement and advancing equality of opportunity.

In January 2021, the Trust launched a strengthened Guardian Service to help all staff to raise any serious concerns they may have about any aspect of work. The new service replaced the previous in-house Freedom to Speak Up Guardian service, which had worked well and was valued by staff, but the new service responds to feedback from staff about how it could be improved further.

The Trust also appointed jointly with its Alliance Partner Camden and Islington NHS Foundation Trust a new Head of Equality, Diversity and Inclusion to improve our equality and diversity arrangements.

Carbon reduction

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

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

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

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

Information Governance

The General Data Protection Regulation (GDPR), requires organisations to notify any serious information breach to the Information Commissioner's Office (ICO) within 72 hours of the incident being discovered.

In 2020-21 the Trust voluntarily reported two incidents to the ICO. In both cases, the ICO confirmed no further action would be taken, as the Trust incident investigation and application of lessons were sufficiently robust and acceptable measures.

The number of Trust data incidents reported to the ICO has significantly reduced compared to 10 in the previous financial year – none resulting in regulatory action or fine.

There has been an increase in subject access request related complaints to the ICO this year due to the effect of the pandemic and lack of patient awareness of the exemptions that apply to information requests. The Trust's Privacy Notice has been updated to inform patients of the right of access exemption provisions and to manage their expectations when they submit a subject access request.

The Trust continues to review and update its procedure and process to ensure improved awareness and best practice in its handling obligations.

Annual Quality Account

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. The Quality Account is developed and published annually, with consultation with all stakeholders to ensure that it presents a balanced view. A stakeholder event took place in March 2021 to seek the views of the Trust's stakeholders as part of the Trust's preparation for the 2020-21 Quality Account.

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

The Quality Account contains two main parts of information: performance against the quality indicators for 2020-21 and details of the Trust's quality priorities 2021-22. The draft report is reviewed by the Board and stakeholders to ensure it represents a balanced view.

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

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

The Quality Account is reviewed by the Trust's commissioners and local Healthwatch and their statements are included prior to publication.

Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, the Quality and Safety Committee and the Executive Leadership Team, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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

In his audit opinion for 2020-21, the Head of Internal Audit has given an opinion that "the organisation has an adequate and effective framework for risk management, governance and internal control. However our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective".

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

Internal Control Issues

During 2020-21, the Trust's Internal Auditors have not given any 'no assurance' reports. They issued one internal audit report where they provided 'substantial assurance', six with 'reasonable assurance' and two with 'partial assurance' over the design and application of the controls in place to manage the identified risks. These were as follows:

Transformational Programmes	**Substantial assurance**
Capital Project Management Review (St Ann's Redevelopment)	**Reasonable assurance**
Remote working during COVID-19	**Reasonable assurance**
Budgeting	**Reasonable assurance**
New Models of Care	**Reasonable assurance**
Key Financial Controls	**Reasonable assurance**
Board Assurance Framework and Risk Management Culture	**Reasonable assurance**
CQC Quality Review of Crisis Resolution and Home Care Treatment	**Partial assurance**
Delayed Transfer of Care	**Partial assurance**

In addition, they also carried out an advisory audit on Data Security and Protection Toolkit.

Internal audit partial assurance opinions:

CQC Quality Review of Crisis Resolution and Home Care Treatment: The review focused on the areas of improvement that were highlighted pertaining to care plans and risks assessments following the CQC inspection in September 2019. The Trust has a quality improvement programme with specific workstreams in place focusing on improving risks assessments and ensuring effective care planning. Audit findings in areas of good practice included home visits, completion of risk assessments, linking risk assessments to risk management plans, review of risk assessments, mental health assessments, physical health assessments, oversight and delivery of risks assessments and care plans, and the Trust response to COVID-19.

The audit identified five 'Medium' priority management actions:

- Monthly spot checks to improve the completion of care plans in the Care Programme Approach (CPA) section of RiO and ensure mandatory training is at 100% for staff in CPA and Risk Assessment & Management (Medium)
- Where relevant (for risks rated as medium or high) joint reviews will take place to ensure care plans are holistic in nature and fully address patient needs. Alternative means of participating in these reviews will be presented to care coordinators to decrease the number of joint reviews failing to take place as a result of care coordinator absence. (Medium)
- Patients will be provided with a copy of their Safety Plans / Crisis, Relapse and Contingency Plans as part of their welcome packs and this will be evidenced on RiO (Medium)
- Management will ensure that all patients have been offered a copy of their care plan. This offer should be documented. (Medium)
- Where possible management will ensure processes across the teams are aligned especially regarding the use of the standard care plan template in RiO to ensure consistency in practices. (Medium)

Delayed Transfer of Care (DToC): The review focused on adult acute services and older adults. Audit findings of good practice included mobilisation of Public Health England and NHS England as official Infection Prevention and Control guidance, Access and Flow bed management processes, robust Discharge and Transfer Policy, national DToC reporting and Integrated Performance reporting to the Trust Board.

However, the audit review found a few key areas, requiring two 'High' and two 'Medium' priority management actions:

- Facilities are available for staff use which allow and support the use of online / remote methods of communication (Medium)
- Implementation of the Pride and Joy system as an upgrade from the Jonah system (Medium)
- Management and reporting of DToCs (High)
- Community Mental Transformation for Health services across the NCL system (High)

There has been a significant improvement in the number of DToCs, and related reduction of Length of Stay (LoS) since the audit was completed.

The internal audit opinion

This rating acknowledges that there are some weaknesses in the systems of control but these do not affect the overall Head of Internal Audit assessment and I do not consider them to be significant internal control issues for the purposes of disclosure in the Annual Governance Statement. Following all reports, Trust management have agreed the actions required to address the issues raised by Internal Audit, with the implementation of these actions being monitored by the Executive Leadership Team, Internal Audit and the Audit Committee.

Statement of Accounting Officer's Responsibilities

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

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

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

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

Jinjer Kandola MBE
Chief Executive

30 June 2021

Remuneration and Staff Report

The Remuneration Committee

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

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

The Remuneration Committee will review the salaries of Executive Directors on a regular basis based on individual director performance, external job market factors, changes to Director portfolios and any national requirements. The Remuneration Committee met on four occasions in 2020-21.

The table below provides details of the salaries and emoluments of the Non-Executive Directors and Executive Directors of the Trust. **No benefit in kind was provided to the Executive Directors in either 2019-20 or 2020-21.**

Table 10: Salaries and emoluments of Non-Executive and Executive Directors of the Trust *(subject to audit)*

	2020-21					2019-20				
Name and Title	**Salary** (bands of £5,000)	**Expense payments** (to nearest £100)	**All pension-related benefits** (bands of £2,500)	**Compensation for loss of office** (bands of £2,500)	**TOTAL** (bands of £5,000)	**Salary** (bands of £5,000)	**Expense payments** (to nearest £100)	**All pension-related benefits** (bands of £2,500)	**Compensation for loss of office** (bands of £2,500)	**TOTAL** (bands of £5,000)
Mark Lam Chair	35-40	6	N/A	N/A	35-40	35-40	0	N/A	N/A	35-40
Neil Brimblecombe Non-Executive Director	10-15	0	N/A	N/A	10-15	5-10	0	N/A	N/A	5-10
Catherine Jervis Non-Executive Director	10-15	0	N/A	N/A	10-15	5-10	0	N/A	N/A	5-10
Charles Waddicor Non-Executive Director	10-15	0	N/A	N/A	10-15	5-10	0	N/A	N/A	5-10
Paul Ryb Non-Executive Director (to 9 February 2021)	5-10	0	N/A	N/A	5-10	5-10	15	N/A	N/A	5-10
Ruchi Singh Non-Executive Director	10-15	0	N/A	N/A	10-15	5-10	0	N/A	N/A	5-10
Cedi Frederick Non-Executive Director (to 30 November 2019)	N/A	N/A	N/A	N/A	N/A	0-5	18	N/A	N/A	0-5
Sue Rubenstein Non-Executive Director (from 1 September 2019)	10-15	0	N/A	N/A	10-15	5-10	0	N/A	N/A	5-10
Paul Pugh Non-Executive Director (from 1 January 2020)	10-15	0	N/A	N/A	10-15	0-5	0	N/A	N/A	0-5
Jinjer Kandola Chief Executive	175-180	0	62.5-65	N/A	240-245	170-175	9	120-122.5	N/A	290-295
Jonathan Bindman Medical Director (to 30 November 2019)	N/A	N/A	N/A	N/A	N/A	80-85	9	45-47.5	N/A	125-130
Mehdi Veisi Medical Director (from 1 December 2019)	135-140	0	N/A	N/A	135-140	30-35	4	0-2.5	N/A	30-35

Name and Title	2020-21					2019-20				
	Salary (bands of £5,000)	**Expense payments** (to nearest £100)	**All pension-related benefits** (bands of £2,500)	**Compensation for loss of office** (bands of £2,500)	**TOTAL** (bands of £5,000)	**Salary** (bands of £5,000)	**Expense payments** (to nearest £100)	**All pension-related benefits** (bands of £2,500)	**Compensation for loss of office** (bands of £2,500)	**TOTAL** (bands of £5,000)
David Griffiths Chief Finance and Investment Officer	135-140	0	45-47.5	N/A	180-185	130-135	10	42.5-45	N/A	170-175
Stanley Riseborough Interim Chief Operating Officer (to 30 June 2019)	N/A	N/A	N/A	N/A	N/A	50-55	116	N/A	N/A	50-55
Natalie Fox Chief Operating Officer (from 1 July 2019)	130-135	0	50-52.5	N/A	180-185	95-100	2	0-2.5	N/A	95-100
Jackie Stephen Executive Director of Workforce (to 24 October 2019)	N/A	N/A	N/A	N/A	N/A	70-75	22	7.5-10	N/A	80-85
Julie Hull Interim Executive Director of Workforce (from 25 October 2019 to 19 December 2019)	N/A	N/A	N/A	N/A	N/A	20-25	0	0-2.5	N/A	20-25
Lisa Anastasiou Executive Director of Workforce (from 16 March 2020)	115-120	0	80-82.5	N/A	200-205	5-10	0	0-2.5	N/A	5-10
Amanda Pithouse Director of Nursing, Quality and Governance	125-130	0	32.5-35	N/A	155-160	120-125	24	42.5-45	N/A	165-170
Murray Keith Interim Director of Transformation, Strategy and Partnerships (from 30 September 2019 to 24 January 2020)	N/A	N/A	N/A	N/A	N/A	65-70	0	0-2.5	N/A	65-70
David Cheesman Director of Transformation, Strategy and Partnerships (from 27 January 2020)	125-130	0	47.5-50	N/A	175-180	20-25	0	0-2.5	N/A	25-30
Sarah Wilkins Chief Information and Performance Officer (from 1 September 2019)	110-115	0	32.5-35	N/A	145-150	75-80	0	0-2.5	N/A	75-80

Where a Director has only served for part of 2020-21, their starting or leaving dates are given above.

There were no taxable benefits, performance pay or bonuses paid in 2019-20 or 2020-21. There were no payments to past directors or payments for loss of office in 2019-20 or 2020-21.

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

Table 11: Pension benefits of Trust Executive Directors *(subject to audit)*

Pension Benefits of Senior Managers							
Name and Title	**Real increase in pension at age 60** (bands of £2,500)	**Real increase in pension lump sum at aged 60** (bands of £2,500)	**Total accrued pension at age 60 at 31 March 2021** (bands of £5,000)	**Lump sum at age 60 related to accrued pension at 31 March 2021** (bands of £5,000)	**Cash Equivalent Transfer Value at 31 March 2021**	**Real increase in Cash Equivalent Transfer Value**	**Cash Equivalent Transfer Value at 31 March 2020**
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Jinjer Kandola Chief Executive	2.5-5.0	0.0-2.5	75.0-80.0	170.0-175.0	1501	71	1381
Mehdi Veisi Medical Director	Not a member of the pension scheme						
David Griffiths Chief Finance and Investment Officer	2.5-5.0	0.0-2.5	55.0-60.0	130.0-135.0	1148	53	1058
Natalie Fox Chief Operating Officer	2.5-5.0	0.0-2.5	50.0-55.0	115.0-120.0	914	48	833
Amanda Pithouse Director of Nursing, Quality and Governance	2.5-5.0	0.0-2.5	20.0-25.0	0.0-5.0	257	18	217
Lisa Anastasiou Executive Director of Workforce	2.5-5.0	5.0-7.5	25.0-30.0	55.0-60.0	499	71	404
Sarah Wilkins Chief Information and Performance Officer	0.0-2.5	(2.5)-0.0	30.0-35.0	65.0-70.0	585	32	544
David Cheesman Director of Transformation, Strategy and Partnerships	2.5-5.0	0.0-2.5	50.0-55.0	105.0-110.0	923	48	842

Fair Pay Multiple *(subject to audit)*

The banded remuneration of the highest paid Director in the Trust in the financial year 2020-21 was £175,000 - £180,000 (2019-20: £170,000 - £175,000). This was 3.9 times (2019-20: 4.0) the median remuneration of the workforce, which was £45,022 (2019-20: £43,197).

In 2020-21, no employees (2019-20: none) received remuneration in excess of the highest-paid Director.

The median remuneration figures used above for 2019-20 do not comply with paragraph 3.60 of the Group Accounting Manual as this requires that they are produced based on annualised, full time equivalent remuneration of all staff (including temporary and agency staff). The 19-20 figures used above do not include annualised figure for agency staff due to the complexity of producing this information. This applies only to the 2019-20 figures. The 2020-21 figures are compliant with the GAM.

Compensation for loss of office
(subject to audit)

There were no redundancy payments to former Directors in the financial year 2020-21 (2019-20: none).

Payments to past directors
(subject to audit)

There were no payments to former Directors in the financial year 2020-21 (2019-20: none).

Off Payroll Reporting

Table 12: Off-payroll engagements longer than six months

For all off-payroll engagements as of 31 March 2021, for more than £245 per day and that last for longer than six months

No. of existing engagements as of 31 March 2021	31
Of which...	
No. that have existed for less than one year at time of reporting.	27
No. that have existed for between one and two years at time of reporting.	4
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0

Table 13: New Off-payroll engagements

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021, for more than £245 per day and that last for longer than six months

No. of new engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021	57
Of which...	
No. assessed as caught by IR35	34
No. assessed as not caught by IR35	23
No. engaged directly (via PSC contracted to the entity) and are on the departmental payroll	0
No. of engagements reassessed for consistency / assurance purposes during the year.	0
No. of engagements that saw a change to IR35 status following the consistency review	0

Table 14: Off-payroll board member/ senior official engagements

For any off-payroll engagements of board members, and/ or, senior officials with significant financial responsibility, between 1 April 2020 and 31 March 2021

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
No. of individuals that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both off-payroll and on-payroll engagements.	16

Conclusion

To the best of my knowledge and belief, the 2020-21 Accountability report is fair, true and accurate.

Jinjer Kandola MBE
Chief Executive

30 June 2021

Financial Review and Annual Accounts

Chief Finance and Investment Officer's Financial Review

Overview

This section of the Annual Report provides a commentary on the financial position of the Trust for the year ending 31 March 2021, together with a review of the Trust's financial plans for 2021-22.

But before discussing financial performance I want to express my thanks to the Trust's Finance and Procurement teams for the support they provided to the rest of the Trust during the pandemic. As teams they quickly adapted to new ways of working as the Trust ensured that, wherever possible, individuals who could work from home were able to do so. Their professionalism, support and dedication to ensuring that clinicians and managers could continue to provide the highest possible care was also evident. As well as ensuring that urgent clinical supplies were sourced and delivered to our front line services, members of the finance team also worked on a COVID ward providing administrative support to the ward, while others worked in the Trust's staff testing team to help ensure that the health and wellbeing of colleagues was protected by ensuring a seamless booking and reporting service for COVID-19 tests was delivered.

Going Concern

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

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

The following is evidence that the Trust meets these requirements and those set out in section 4.12 of the Department of Health and Social Care Group Accounting Manual 20-21:

- The Trust is a separate statutory body
- The Trust has an agreed Constitution which is operating for the governance of its activities
- The Trust has been allocated funds from NHS England and local CCGs for 2021-22
- The Trust has not been informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity

Therefore, the Trust's Directors have considered and declared that: *"After making enquires, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the 'going concern' basis in preparing the accounts."*

Financial Performance, including efficiency initiatives

During 2020-21 the primary focus of the NHS and the Trust has been responding to the COVID-19 Pandemic. NHS England/NHS Investment (NHSEI) implemented a new Financial Regime within the NHS for 2020-21 to ensure that the NHS had the resources it required to respond to the Pandemic and to remove unnecessary administrative burdens from NHS organisations.

For the first six months of 2020-21 all NHS organisations received block payments based on expenditure in 2019-20, and normal NHS contracting processes were suspended. Organisations were then able to claim (or return) additional funding to ensure that they delivered a break-even position at the end of September 2020. This also meant that Trusts were not expected to deliver any efficiency savings during this period and work on delivering our 2020-21 efficiency programme was suspended.

For the second six months this framework was adjusted so that Sustainability and Transformation Partnerships (STPs) received a fixed allocation, including funding for the existing block payments; top-up COVID-19 expenditure claimed in the first six-months; and additional investment for some targeted areas, such as the Mental Health Investment Standard.

Following discussions across the North Central London STP, the Trust agreed a financial target to break-even against the NHSEI financial performance framework. This required us to deliver a 1.5% (£2m) reduction in expenditure during the second six months of 2020-21 compared to the first half.

These savings were achieved and the Trust reported a small surplus (£1,562k) against the NHSEI financial performance framework metric. The overall financial position as per the published accounts on pages 96 to 145 shows a deficit of £3.4m. The reasons for the difference is that Impairments (reductions) in the value of the Trust's Non-Current Assets do not count towards the NHSEI financial performance metric. A full reconciliation is shown in Table 15 below.

Table 15: Performance against NHSI control total

	Deficit per statutory accounts	**(3,442)**
LESS:	Items excluded from Key Statutory Duties	
	Impairments	5,074
	Adjusted surplus against Key Statutory Duties	1,632
LESS:	NHSI adjustments to Control Total	
	Capital donations	(22)
	Net impact of consumables donated from other DHSC bodies	(48)
	Net performance against adjusted control total	1,562
	NHSI control total	0
	Overperformance against adjusted NHSI control total	1,562

The Trust has four key financial statutory duties to meet each year. Our performance against these is set out in Table 16 below.

Table 16: Trust Statutory Financial Duties

Duty	Performance	Achieved
Break-even on Income and Expenditure*	**Target:** £(0.0)m breakeven **Actual:** £1.6m surplus	✓
Keep Capital Expenditure within our Capital Resource Limit	**CRL** = £16.2m **Actual** = £16.0m	✓
Remain within our External Financing Limit (EFL), our net limit on borrowing allowed	**EFL** = £(18.8m) **Actual** = £(29.1m)	✓
Achieve a 3.5% return on investments	**Target** = 3.5% **Actual** = 3.5%	✓

*The Trust's performance against its break-even duty is cumulatively assessed over a rolling three-year period. The Trust met this requirement with a cumulative three-year surplus at the end of 2020-21 of £2.5m.

In previous years the Trust's financial performance was also assessed, on a quarterly basis, by NHSEI through a Finance and Use of Resources rating. The use of this was suspended in 2020-21 as part of the revised Financial Framework introduced by NHSEI in response to the pandemic.

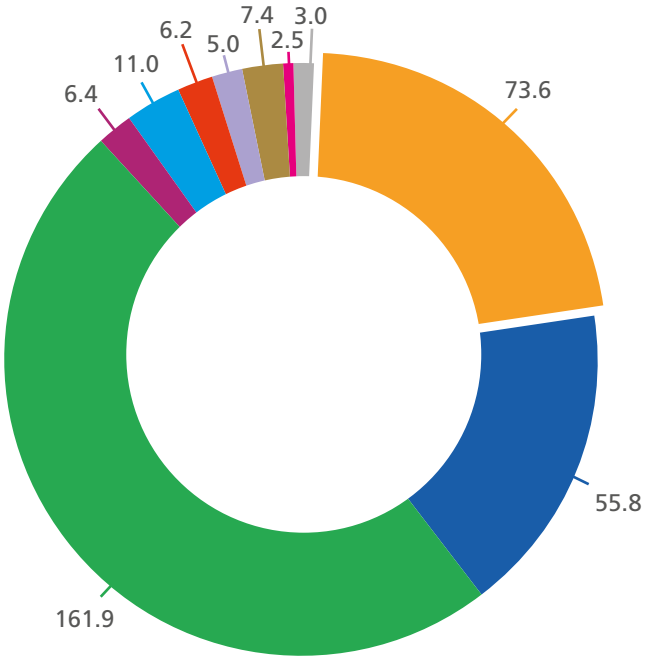
Operating Income and Expenditure

As highlighted earlier in the Annual Report, the Trust became the lead-provider for the North London Forensic Consortium (NLFC) from 1 October 2020. This means that the Trust is now responsible for commissioning, on behalf of NHS England (NHSE), Low and Medium Secure Forensic Services for patients registered with North London Clinical Commissioning Groups (CCGs). This had the effect of increasing the Trust's income from NHSE by £73.6m in the second half of 2020-21, which was used to commission such services from NHS and Independent Sector Providers. Further details can be found in Note 2 (Operating Segments) on page 112 of the Trust's Annual Report and Accounts.

The majority of the Trust's income was earned from the provision of mental health and community services to Clinical Commissioning Groups (£161.9m) and Local Authorities (£11.0m), and from the provision of specialist forensic mental health services to NHS England (£129.4m). Other major sources of non-clinical income were reimbursement and top up funding (£7.4m) and education/training (£5.0m).

The Trust operating income in 2020-21 of £332.8m can be analysed between:

Table 17: Source of Trust Operating Income



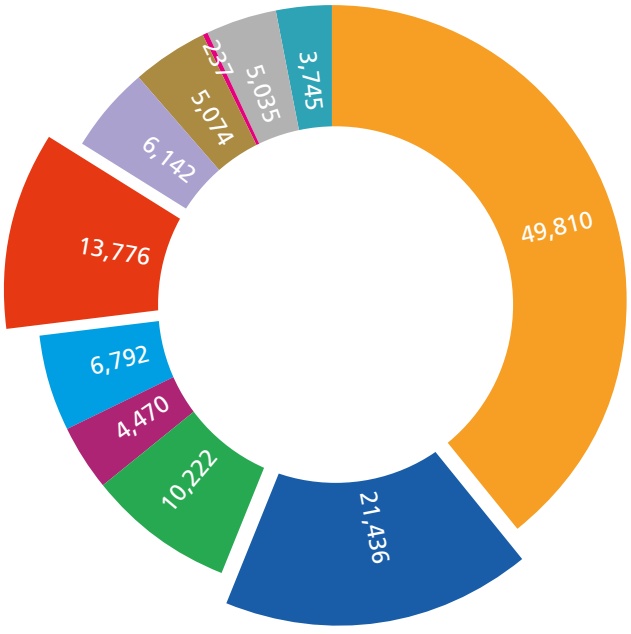
- NHS England - NLFC
- NHS England - non NLFC
- Clinical commisioning groups
- Other NHS providers
- Local authorities
- Non NHS patient care: other
- Other income - Education & training
- Other income - Refurbishment and top up funding
- Other income - Inventory donated by DHSC
- Other income - misc

Total operating expenditure for the 12 month period ended 31 March 2021 was £330.9m.

Around 62% of total operating expenditure was spent of staff costs (£204.9m). Of the total amount spent on staff costs around £171.2m was spent of substantive staff (84%), with £23.2m on bank staff (11%), and £10.5m on agency and contract staff (5%). The remaining £126.7m was spent on a range of non-pay costs.

A breakdown of this £126.7m is shown below:

Table 18: Non-Pay costs



- Purchase of Healthcare from NHS and DHSC bodies
- Purchase of healthcare from non-NHS and non-DHSC bodies
- Supplies and services (excluding drug costs)
- Drug costs
- Establishment
- Premises
- Depreciation and amortisation
- Net impairments
- Education and training
- Rentals under operating leases
- Other
- Public Dividend Capital dividend charge

2021-22 Financial Plans

Due to the ongoing impacts on the pandemic on the NHS, the Department of Health and Social Care has rolled forward the financial framework that operated in the second half of 2020-21 to continue for the first half of 2020-21. The Trust has therefore only been required to set a financial plan for the first half of the 2020-21 and is awaiting further guidance on the planning requirements for the second six months.

For the first six months of 2021-22 the Trust has set a break-even financial plan, which will require six-month cash releasing efficiency savings of £2.5m (1.9%). A key financial priority during this period will be to assess how the Trust's cost base has been permanently impacted by the pandemic, by identifying those costs that will cease or be significantly reduced (assuming the levels of COVID-19 remain low), and estimating the longer-term impact on the demand for the Trust's services as a consequence of the pandemic. This will allow us to develop a new medium-term financial plan to bring the Trust back into recurrent financial balance.

In addition, the Trust has worked with the NCL STP to develop a 12 month financial plan for Mental Health Investments to meet the Government's commitments to improve mental health services as set out in the Mental Health Long Term Plan. This will see an expansion of a number of services during 2021-22, including Community Mental Health Services, Crisis Services and CAMHS services. Overall, the Trust is anticipating additional income of £9.5m during 2021-22.

Capital Expenditure

Our Capital Investment Plans and Performance for 2020-21

Our capital investments are aimed at improving and providing fit for purpose facilities and information technology to support and deliver high quality clinical services. We spent £16.8m in 2020-21, with the biggest single investment being the redevelopment of St Ann's Hospital (£8.3m) which started in 2018.

The main components of the Trust's capital investments in 2020-21 were as follows:

Table 19: Capital Investments 2020-21

Programme	£'000
Statutory Compliance/Risk Management Projects	4,365
Backlog Maintenance	773
IM&T Programmes	3,300
St Ann's Redevelopment	8,335
TOTAL	**16,773**

Working Capital and Liquidity

The Trust has robust cash management and forecasting arrangements in place, which are considered at each meeting of the Board's Finance and Investment Committee. The Trust started the 2020-21 financial year with a £41.6m cash balance mainly due to the part-disposal of the St Ann's Hospital site in March 2018. During 2020-21 the Trust did not generate any interest from cash management activities due to no interest being paid on the accounts in which NHS Trusts can hold cash.

The Trust ended the period with cash balances of £74.1m, reflecting both the continued holding of the sale proceeds from the partial disposal of the St Ann's site until the expenditure is incurred on the redevelopment of the remainder of the site in the next two years, improved debt recovery and additional cash holdings related to the North London Forensic Consortium.

Interest rate effects and impacts

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

Carrying Amount vs. Market Value of Land

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

Assets Held for Sale

At the beginning of 2020-21 the Trust held one asset (Burgoyne Road clinic in Haringey) in preparation for disposal. This disposal was completed in 2020-21 with proceeds of £1.15m. No asset was held for disposal at 31 March 2021.

Taxpayers Equity

The Trust holds Public Dividend Capital of £153.6m, plus negative reserves relating to income and expenditure deficits generated over the years (£21.6m), and reserves from asset revaluations arising from the impact of valuations of the Trust's estate (£95.2m). The total of these (£227.3m) represents the level of taxpayers equity in the Trust.

Finance Costs

The Trust is required to pay the Treasury dividends in respect of the Public Dividend Capital held by the Trust and which was historically given by Treasury for capital financing. Dividends are normally paid to Treasury twice a year during September and March (although in 2020-21 the first payment was in November 2020 due to delays in the national payment process arising form the COVID-19 pandemic), and are payable at a rate determined by Treasury (currently 3.5%) on the average relevant net assets of the Trust. Average relevant net assets are based on the opening and closing balances of the Statement of Financial Position, and therefore a debtor or creditor arrangement may exist at year end between the Treasury and the Trust.

Pension Liabilities

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

The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme. The cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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

Statement on Better Payments Practice Code

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

Table 20: Performance against Better Payments Practice Code

	2020-21		2019-20	
	By Number	By Value	By Number	By Value
Non-NHS	90%	93%	87%	91%
NHS	85%	95%	86%	87%

Statement on Prompt Payments Code

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

Name of external auditor and cost of its work

The Trust's external auditors are Grant Thornton LLP. The Trust's Engagement Lead is Paul Grady, and Rebecca Lister is the Trust's Engagement Manager.

During 2020-21, the Trust's external auditors have primarily focused on the audit work covered by the requirements of Part 5 of the Local Audit and Accountability Act 2014, having due regard to the Comptroller and Auditor General's Code of Audit Practice issued by the National Audit Office.

The Trust's Annual Governance Report for the 2020-21 financial year was presented to the Board of Directors in June 2021. Reports issued during the 2020-21 financial year were as follows:

- Draft Audit Plan 2020-21
- Interim Audit Report

The total fee for external audit for 2020-21 was £68,700 in respect of the completion of the statutory audit work.

Counter Fraud Activities

The Trust receives a dedicated local counter fraud specialist advice service from RSM UK. The Trust has agreed a comprehensive counter fraud work plan in accordance with guidance received from the NHS Counter Fraud Authority. The Trust also has a Counter Fraud and Bribery policy approved by the Trust Board of Directors. Anyone suspecting fraudulent activities within the Trust's services should report their suspicions to the Local Counter Fraud Specialist or the Chief Finance and Investment Officer or telephone the national confidential hotline on 0800 028 4060.

The Guardian Service, which provides an independent Freedom to Speak Up service to the Trust, can also receive concerns in relation to fraud or bribery on 0333 577 1119.

Cost Allocation and Charging Requirements

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

NHS Pensions and Directors Remuneration

The accounting policy in relation to employee pension and retirement benefits, and the remuneration report is set out on page 102 of the annual accounts for 2020-21.

Charitable Funds

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

A copy of the charity's Annual Report and Accounts for 2020-21 will be available from January 2022 upon request to the Chief Finance and Investment Officer.

Political and Charitable Donations

The Trust did not make any political or charitable donations from its exchequer or charitable funds during 2020-21.

Statement of Director's Responsibilities in respect of the accounts

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

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

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

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

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

By order of the Board

Jinjer Kandola MBE
Chief Executive

30 June 2021

David Griffiths
Chief Finance and Investment Officer

30 June 2021

Annual Accounts
for the Year Ended 31 March 2021

Statement of Comprehensive Income		2020-21	2019-20
	Note	£000	£000
Operating income from patient care activities	3	314,918	241,422
Other operating income	4	17,905	14,694
Operating expenses	6, 8	(330,928)	(261,918)
Operating surplus/(deficit) from continuing operations		**1,895**	**(5,802)**
Finance income	11	10	351
Finance expenses	12	(285)	(305)
PDC dividends payable		(5,250)	(5,749)
Net finance costs		**(5,525)**	**(5,703)**
Other gains / (losses)	13	188	(180)
Surplus / (deficit) for the year from continuing operations		**(3,442)**	**(11,685)**
Surplus / (deficit) for the year		**(3,442)**	**(11,685)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(3,568)	(20,972)
Revaluations	17	76	52,674
Total comprehensive income / (expense) for the period		**(6,934)**	**20,017**

Statement of Financial Position		31 March 2021	31 March 2020
	Note	£000	£000
Non-current assets			
Intangible assets	14	901	1,494
Property, plant and equipment	15	216,158	213,494
Investment property	18	190	200
Receivables	20	152	3,113
Total non-current assets		**217,401**	**218,301**
Current assets			
Inventories	19	112	83
Receivables	20	7,864	25,234
Non-current assets for sale and assets in disposal groups	21	-	755
Cash and cash equivalents	22	74,129	41,593
Total current assets		**82,105**	**67,665**
Current liabilities			
Trade and other payables	23	(50,307)	(40,309)
Borrowings	25	(510)	(511)
Provisions	26	(1,082)	(3,470)
Other liabilities	24	(11,965)	(3,483)
Total current liabilities		**(63,864)**	**(47,773)**
Total assets less current liabilities		**235,642**	**238,193**
Non-current liabilities			
Borrowings	25	(6,175)	(6,673)
Provisions	26	(2,173)	(1,241)
Total non-current liabilities		**(8,348)**	**(7,914)**
Total assets employed		**227,294**	**230,279**
Financed by			
Public dividend capital		153,636	149,688
Revaluation reserve		95,243	98,745
Income and expenditure reserve		(21,585)	(18,154)
Total taxpayers' equity		**227,294**	**230,279**

The notes on pages 100 to 145 form part of these accounts.

Jinjer Kandola MBE
Chief Executive

30 June 2021

Statement of Changes in Equity for the year ended 31 March 2021	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**149,688**	**98,745**	**(18,154)**	**230,279**
Surplus/(deficit) for the year	-	-	(3,442)	**(3,442)**
Impairments	-	(3,568)	-	**(3,568)**
Revaluations	-	76	-	**76**
Other recognised gains and losses	-	(10)	10	**-**
Public dividend capital received	3,948	-	-	**3,948**
Taxpayers' and others' equity at 31 March 2021	**153,636**	**95,243**	**(21,585)**	**227,294**

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

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		2020-21	2019-20
	Note	£000	£000
Cash flows from operating activities			
Operating surplus / (deficit)		1,895	(5,802)
Non-cash income and expense:			
Depreciation and amortisation	6.1	6,142	6,503
Net impairments	7	5,074	12,799
Income recognised in respect of capital donations	4	(26)	-
(Increase) / decrease in receivables and other assets		20,745	2,984
(Increase) / decrease in inventories		(29)	(2)
Increase / (decrease) in payables and other liabilities		18,209	2,357
Increase / (decrease) in provisions		(1,459)	(1,061)
Net cash flows from / (used in) operating activities		**50,551**	**17,778**
Cash flows from investing activities			
Interest received		10	351
Purchase of intangible assets		(2)	(60)
Purchase of PPE and investment property		(16,353)	(25,844)
Sales of PPE and investment property		1,150	-
Net cash flows from / (used in) investing activities		**(15,195)**	**(25,553)**
Cash flows from financing activities			
Public dividend capital received		3,948	250
Movement on loans from DHSC		(498)	(498)
Interest on loans		(283)	(301)
PDC dividend (paid) / refunded		(5,988)	(5,619)
Net cash flows from / (used in) financing activities		**(2,821)**	**(6,168)**
Increase / (decrease) in cash and cash equivalents		**32,535**	**(13,943)**
Cash and cash equivalents at 1 April - brought forward		**41,593**	**55,536**
Unrealised gains / (losses) on foreign exchange		-	-
Cash and cash equivalents at 31 March	**22.1**	**74,129**	**41,593**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2020-21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 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 accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019-20 and 2020-21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020-21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020-21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a Integrated Care System/Sustainability and Transformation Partnership level. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period (2019-20)

In the comparative period (2019-20), the trust's contracts with NHS commissioners included those where the trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

In 2019-20, the Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Note 1.4 Other forms of income

Grants and donations

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

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

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

Pension costs

NHS Pension 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.

Note 1.6 Expenditure on other goods and services

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

Note 1.7 Property, plant and equipment

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.

Measurement

Valuation

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

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

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

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

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

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

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

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

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 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 and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

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

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

In 2020-21 this includes assets donated to the trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

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.

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	-	infinite
Buildings, excluding dwellings	5	80
Plant & machinery	5	15
Information technology	3	10
Furniture & fittings	5	10

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

Note 1.8 Intangible assets

Recognition

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

Internally generated intangible assets

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

Software

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

Measurement

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

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

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

Amortisation

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

Useful lives of intangible assets

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

	Min life Years	Max life Years
Intangible assets - internally generated		
Development expenditure	-	7
Intangible assets - purchased		
Software licences	5	10

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

In 2020-21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost of £2,453k, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.10 Investment properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

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 1.11 Cash and cash equivalents

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

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

Note 1.12 Financial assets and financial liabilities

Recognition

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

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

Classification and measurement

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

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

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

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

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

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

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

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

Derecognition

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

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

Note 1.13 Leases

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

The trust as a lessee

Finance leases

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

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

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

Operating leases

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

Leases of land and buildings

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

The trust as a lessor

Finance leases

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

Operating leases

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

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2021:

		Nominal rate
Short-term	Up to 5 years	0.02%
Medium-term	After 5 years up to 10 years	0.18%
Long-term	Exceeding 10 years	1.99%

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

		Inflation rate
	Year 1	1.20%
	Year 2	1.60%
	Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% (2019-20: minus 0.50%) in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 26.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 27 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 27, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

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

Note 1.16 Public dividend capital

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

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, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

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 1.17 Value added tax

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

Note 1.18 Corporation tax

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

Note 1.19 Foreign exchange

The functional and presentational currency of the trust is sterling.

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

The Trust has no assets or liabilities denominated in a foreign currency at the Statement of Financial Position date. Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Note 1.20 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 1.21 Losses and special payments

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

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.22 Gifts

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

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2020-21.

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

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. 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 2022, 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 0.91% 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 2022 for existing finance leases.

For leases commencing in 2022/23, 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.

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

The Trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	17,268
Additional lease obligations recognised for existing operating leases	(14,046)
Net impact on net assets on 1 April 2022	**3,222**
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(4,352)
Additional finance costs on lease liabilities	(132)
Lease rentals no longer charged to operating expenditure	3,674
Estimated impact on surplus / (deficit) in 2022/23	**(810)**
Estimated increase in capital additions for new leases commencing in 2022/23	**-**

Note 1.25 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

The Trust carries out a review at the end of each year to ensure that the Going Concern assumption can be applied to the annual accounts. This involves the review of actual performance and cash flows, budgets and latest forecast outturns as well as assessments of the position of the Department of Health and NHS Improvements regarding the Trust's financial position, any changes in regulatory or market conditions, outstanding legal claims, etc. which could impact upon the Trust's ability to meet it's statutory annual targets and financial obligations. More detail on this review is disclosed in note 1.2 above.

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

Note 1.26 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

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

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

Fixed assets are capitalised and depreciated over their estimated useful economic lives. The lives are estimated by management using their own experience and judgement as well as NHS and national standards.

The Trust's estimation of its non current asset values and useful economic life involves estimation and judgement. A full valuation exercise was undertaken on land & buildings at 31 March 2020 by an independent firm of RICS approved property valuation experts. A desktop revaluation of land & buildings was completed as at 31 March 2021 by the same valuers, which is reflected in the accounts. Specialised buildings are valued based on a depreciated Modern Equivalent Asset(MEA) basis with non specialised buildings valued based on Existing Use (EUV). The valuation provided has been used for closing net replacement costs. The valuation is based on current location and footprint. This reflects the Trust's favourable location based near the border of Enfield and Haringey - the two key purchasers and with minimal unutilised space. Remaining useful economic lives are included at note 1.09.

The valuation exercise was carried out in March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has determined that despite the Covid-19 pandemic the valuation is not subject to a 'material valuation uncertainty' as defined by VPS3 and VGPA10 of the Red Book.

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

Note 2
Operating Segments

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

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

Most of the income of the Trust is from block contracts and the Trust does not apportion block contracts for internal reporting purposes. Therefore service lines mainly funded via block contract income are not separately reported in the accounts.

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

The two segments disclosed below are:

Provision of Healthcare	General Adult & Child mental health and specialist mental health servces together with Community Health services within the borough of Enfield and trust wide income and expenditure which cannot be analysed between other identifiable segments
North London Forensic Consortium	Commissioning Specialist Mental Health services in North London. The trust took responsibility for commissioning forensic secure services for North London CCGs registered patients with effect from 1 October 2020

	Provision of Healthcare		North London Forensic Consortium		Total	
	2020-21	2019-20	2020-21	2019-20	2020-21	2019-20
	£000	£000	£000	£000	£000	£000
Income	**256,702**	256,147	**76,121**	0	**332,823**	256,147
Surplus/(Deficit						
Segment surplus/(deficit)	**12,731**	13,318	**299**	0	**13,031**	13,318
Common costs	**(11,468)**	(12,204)	**0**	0	**(11,468)**	(12,204)
Surplus/(deficit) before impairment	**1,263**	1,114	**299**	0	**1,562**	1,114

A memorandum trading account for the NLFC in 2020-21 is:

Income	
Clinical Income FT	**2,528**
Clinical Income NHSE	**73,593**
Total Income 2020-21*	**76,121**
Operating Costs	
Purchase Healthcare From Non NHS Body	**(9,189)**
Healthcare Service Foundation Trust	**(25,404)**
Services From Nhs Trust- Hcare**	**(40,164)**
Services Other Nhs Body- Hcare	**(435)**
Commissioning Hub	**(629)**
Total Expenditure	**(75,821)**
Surplus 2020-21	**299**

** Funding of £6,886k is being carried forward to 2021/22 that comprises of operating surpluses (£5,040k) and 2020-21 SCFT funding (£1,846k)*
*** Includes an internal recharge to BEH Specialist Services division of £19,317k*

Purchase Healthcare From Non NHS Body	**9,189**
Purchase Healthcare From NHS Bodies	**46,686**
Internal recharge for services from BEH	**19,317**
Commissioning Hub	**629**
Total expenditure	**75,821**

Note 3
Operating income from patient care activities

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

Note 3.1 Income from patient care activities (by nature)	2020-21	2019-20
	£000	£000
Mental health services		
Block contract / system envelope income*	189,235	169,897
Clinical partnerships providing mandatory services (including S75 agreements)	580	678
Clinical income for the secondary commissioning of mandatory services	(48)	-
Other clinical income from mandatory services **	82,769	25,691
Community services		
Block contract / system envelope income*	33,265	29,866
Income from other sources (e.g. local authorities)	1,204	7,839
All services		
Additional pension contribution central funding***	7,913	7,451
Total income from activities	**314,918**	**241,422**

**As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020-21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.*

***The Trust became responsible for commissioning forensic secure services for North London CCGs registered patients with effect from 1 October 2020. The income associated with this activity totals £76,121k and is offset by additional commissioning expenditure.*

****The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019-20, NHS providers have 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)	2020-21	2019-20
	£000	£000
Income from patient care activities received from:		
NHS England*	129,426	62,785
Clinical commissioning groups	161,903	156,731
Other NHS providers**	**6,355**	**657**
Local authorities	11,047	12,957
Non-NHS: overseas patients (chargeable to patient)	-	70
Non NHS: other	6,187	8,222
Total income from activities	314,918	**241,422**
Of which:		
Related to continuing operations	314,918	241,422
Related to discontinued operations	-	-

**NHSE Income in 20/21 includes £73,593k of income relating to the North London Forensic Consortium. The Trust became responsible for commissioning forensic secure services for North London CCGs registered patients with effect from 1 October 2020*

***Of this, £2,528k relates to income received from provider collaboratives covering CAMHS and Eating Disorders services that went live from 1 October 2020. Income for these services had previously been received from NHSE.*

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)	2020-21	2019-20
	£000	£000
Income recognised this year	-	70
Amounts added to provision for impairment of receivables	-	70

Note 4 Other operating income	2020-21			2019-20		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	254	-	254	323	-	323
Education and training	5,047	-	5,047	5,484	6	5,490
Non-patient care services to other bodies	-		-	107		107
Provider sustainability fund (2019-20 only)			-	1,739		1,739
Financial recovery fund (2019-20 only)			-	3,746		3,746
Reimbursement and top up funding	7,434		7,434			-
Receipt of capital grants and donations		26	26		-	-
Charitable and other contributions to expenditure *		2,453	2,453		-	-
Rental revenue from operating leases		773	773		798	798
Other income	1,918	-	1,918	2,491	-	2,491
Total other operating income	**14,653**	**3,252**	**17,905**	**13,890**	**804**	**14,694**
Of which:						
Related to continuing operations			17,905			14,694
Related to discontinued operations			-			-

** This comprises deemed income from DHSC equal to the cost of donated PPE inventory received during the Covid-19 pandemic*

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period	2020-21	2019-20
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	2,563	2,560
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 6.1 Operating expenses	2020-21	2019-20
	£000	£000
Purchase of healthcare from NHS and DHSC bodies *	49,810	5,831
Purchase of healthcare from non-NHS and non-DHSC bodies **	21,436	9,203
Staff and executive directors costs	204,064	188,869
Remuneration of non-executive directors	125	92
Supplies and services - clinical (excluding drugs costs)	4,486	2,428
Supplies and services - general	5,736	5,943
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	4,470	3,864
Inventories written down	21	-
Consultancy costs	342	100
Establishment	6,792	6,843
Premises	13,776	10,735
Transport (including patient travel)	1,961	1,400
Depreciation on property, plant and equipment	5,547	5,656
Amortisation on intangible assets	595	847
Net impairments	5,074	12,799
Movement in credit loss allowance: contract receivables / contract assets	(580)	198
Change in provisions discount rate(s)	-	59
Audit fees payable to the external auditor***		
audit services- statutory audit	69	64
other auditor remuneration (external auditor only)	-	-
Internal audit costs	92	141
Clinical negligence	1,144	812
Legal fees	401	552
Education and training	237	1,178
Rentals under operating leases	5,035	4,055
Hospitality	103	249
Other	192	-
Total	**330,928**	**261,918**
Of which:		
Related to continuing operations	330,928	261,918
Related to discontinued operations	-	-

** Of this, £46,686k relates to the commissioning of healthcare services by the North London Forensic Consortium*

*** Of this, £9,189k relates to the commissioning of healthcare services by the North London Forensic Consortium*

**** In the 2019-20 accounts £7k was disclosed under other auditor remuneration in respect of Quality Accounts audit. The Quality accounts were not produced due to the Covid-19 pandemic and the fee was added to the 2019-20 audit fee to cover additional costs arising from the pandemic*

Note 6.2 Other auditor remuneration	2020-21	2019-20
	£000	£000
Other auditor remuneration paid to the external auditor:		
2. Audit-related assurance services	-	-
Total	-	-

In the 2019-20 accounts £7k was disclosed under other auditor remuneration in respect of Quality Accounts audit. The Quality accounts were not produced due to the Covid-19 pandemic and the fee was added to the 2019-20 audit fee to cover additional costs arising from the pandemic.

The limitation on auditor's liability for external audit work is £2 million (2019-20: £2 million)

Note 7 Impairment of assets	2020-21	2019-20
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	5,074	12,799
Total net impairments charged to operating surplus / deficit	5,074	12,799
Impairments charged to the revaluation reserve	3,568	20,972
Total net impairments	**8,642**	**33,771**

The impairment resulting from changes in market price arises from a revaluation of the Trust's land and buildings as at 31 March 2021 by independent RICS qualified surveyors, full details of which are included in note 17.

Note 8 Employee benefits	2020-21	2019-20
	£000	£000
Salaries and wages	151,728	140,908
Social security costs	15,974	14,679
Apprenticeship levy	727	679
Employer's contributions to NHS pensions	26,045	24,531
Temporary staff (including agency)	10,494	8,634
Total gross staff costs	**204,968**	**189,431**
Recoveries in respect of seconded staff	-	-
Total staff costs	**204,968**	**189,431**
Of which		
Costs capitalised as part of assets	904	562

Note 8.1 Retirements due to ill-health

During 2020-21 there were 3 early retirements from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £124k (£93k in 2019-20).

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

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State 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 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 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% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

Note 10 Operating leases

Note 10.1 Barnet, Enfield And Haringey Mental Health NHS Trust as a lessor This note discloses income generated in operating lease agreements where Barnet, Enfield And Haringey Mental Health NHS Trust is the lessor.	2020-21	2019-20
	£000	£000
Operating lease expense		
Minimum lease payments	773	798
Contingent rents	-	-
Other	-	-
Total	773	798

	31 March 2021	31 March 2020
	£000	£000
Future minimum lease payments due:		
- not later than one year;	379	395
- later than one year and not later than five years;	99	99
- later than five years.	2,419	2,446
Total	**2,897**	**2,940**

Note 10.2 Barnet, Enfield And Haringey Mental Health NHS Trust as a lessee This note discloses costs and commitments incurred in operating lease arrangements where Barnet, Enfield And Haringey Mental Health NHS Trust is the lessee.	2020-21	2019-20
	£000	£000
Operating lease expense		
Minimum lease payments	5,035	4,055
Contingent rents	-	-
Less sublease payments received	-	-
Total	5,035	4,055

	31 March 2021	31 March 2020
	£000	£000
Future minimum lease payments due:		
- not later than one year;	2,973	2,216
- later than one year and not later than five years;	2,030	462
- later than five years.	10	84
Total	**5,013**	**2,761**
Future minimum sublease payments to be received	-	-

Note 11 Finance income Finance income represents interest received on assets and investments in the period.	2020-21	2019-20
	£000	£000
Interest on bank accounts	10	351
Total finance income	**10**	**351**

Note 12.1 Finance expenditure Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.	2020-21	2019-20
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	282	301
Interest on late payment of commercial debt	-	-
Interest expense:	**282**	**301**
Unwinding of discount on provisions	3	4
Total finance costs	**285**	**305**

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015	2020-21	2019-20
	£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 13 Other gains / (losses)	2020-21	2019-20
	£000	£000
Gains on disposal of assets	198	-
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	**198**	-
Gains / (losses) on foreign exchange	-	-
Fair value gains / (losses) on investment properties	(10)	(180)
Total other gains / (losses)	**188**	**(180)**

Note 14.1 Intangible assets - 2020-21	Software licences	Development expenditure	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2020 - brought forward	**775**	**11,714**	**12,489**
Additions	-	2	2
Valuation / gross cost at 31 March 2021	**775**	**11,716**	**12,491**
Amortisation at 1 April 2020 - brought forward	**442**	**10,553**	**10,995**
Provided during the year	52	543	595
Amortisation at 31 March 2021	**494**	**11,096**	**11,590**
Net book value at 31 March 2021	**281**	**620**	**901**
Net book value at 1 April 2020	**333**	**1,161**	**1,494**

Note 14.2 Intangible assets - 2019/20	Software licences	Development expenditure	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2019 - brought forward	**775**	**11,654**	**12,429**
Additions	-	60	**60**
Valuation / gross cost at 31 March 2020	**775**	**11,714**	**12,489**
Amortisation at 1 April 2019 - as previously stated	**370**	**9,778**	**10,148**
Prior period adjustments	-	-	-
Amortisation at 1 April 2019 - restated	**370**	**9,778**	**10,148**
Provided during the year	72	775	**847**
Amortisation at 31 March 2020	**442**	**10,553**	**10,995**
Net book value at 31 March 2020	**333**	**1,161**	**1,494**
Net book value at 1 April 2019	**405**	**1,876**	**2,281**

Note 15.1 Property, plant and equipment - 2020-21	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2020 - brought forward	**89,860**	**93,491**	**25,372**	**2,119**	**22,012**	**4,315**	**237,169**
Additions	-	5,236	8,979	580	1,982	-	16,777
Impairments	-	(8,699)	-	-	-	-	(8,699)
Reversals of impairments	14	43	-	-	-	-	57
Revaluations	24	(2,452)	-	-	-	-	(2,428)
Reclassifications	(723)	31,118	(30,395)	-	-	-	-
Disposals / derecognition	-	-	-	-	-	(28)	(28)
Valuation/gross cost at 31 March 2021	**89,175**	**118,737**	**3,956**	**2,699**	**23,994**	**4,287**	**242,848**
Accumulated depreciation at 1 April 2020 - brought forward	**-**	**1,527**	**-**	**1,462**	**16,608**	**4,078**	**23,675**
Provided during the year	-	3,321	-	84	2,030	112	5,547
Impairments	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-
Revaluations	-	(2,504)	-	-	-	-	(2,504)
Reclassifications	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	(28)	(28)
Accumulated depreciation at 31 March 2021	**-**	**2,344**	**-**	**1,546**	**18,638**	**4,162**	**26,690**
Net book value at 31 March 2021	**89,175**	**116,393**	**3,956**	**1,153**	**5,356**	**125**	**216,158**
Net book value at 1 April 2020	**89,860**	**91,964**	**25,372**	**657**	**5,404**	**237**	**213,494**

Note 15.2 Property, plant and equipment - 2019-20	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	64,068	105,109	6,263	1,654	19,897	4,239	201,230
Prior period adjustments	-	-	-	-	-	-	-
Valuation / gross cost at 1 April 2019 - restated	64,068	105,109	6,263	1,654	19,897	4,239	201,230
Additions	-	5,071	19,109	465	2,115	76	26,836
Impairments	(11,339)	(22,432)	-	-	-	-	(33,771)
Revaluations	37,912	4,962	-	-	-	-	42,874
Reclassifications	(781)	781	-	-	-	-	-
Valuation/gross cost at 31 March 2020	89,860	93,491	25,372	2,119	22,012	4,315	237,169
Accumulated depreciation at 1 April 2019 - as previously stated	-	7,798	-	1,430	14,746	3,845	27,819
Prior period adjustments	-	-	-	-	-	-	-
Accumulated depreciation at 1 April 2019 - restated	-	7,798	-	1,430	14,746	3,845	27,819
Provided during the year	-	3,529	-	32	1,862	233	5,656
Impairments	-	-	-	-	-	-	-
Revaluations	-	(9,800)	-	-	-	-	(9,800)
Accumulated depreciation at 31 March 2020	-	1,527	-	1,462	16,608	4,078	23,675
Net book value at 31 March 2020	89,860	91,964	25,372	657	5,404	237	213,494
Net book value at 1 April 2019	64,068	97,311	6,263	224	5,151	394	173,411

Note 15.3 Property, plant and equipment financing - 2020-21	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021							
Owned - purchased	89,175	116,393	3,956	1,131	5,356	125	**216,136**
Owned - donated/granted	-	-	-	22	-	-	**22**
NBV total at 31 March 2021	**89,175**	**116,393**	**3,956**	**1,153**	**5,356**	**125**	**216,158**

Note 15.4 Property, plant and equipment financing - 2019-20	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020							
Owned - purchased	89,860	91,964	25,372	657	5,404	237	**213,494**
Owned - donated/granted	-	-	-	-	-	-	**-**
NBV total at 31 March 2020	**89,860**	**91,964**	**25,372**	**657**	**5,404**	**237**	**213,494**

Note 16 Donations of property, plant and equipment

As part of the coronavirus pandemic response in 2020-21, the Trust received 50 oxygen concentrators from DHSC, with a cost value of £26k.

Note 17 Revaluations of property, plant and equipment

The Trust carried out a revaluation of its land and buildings as at 31 March 2021 using external independent professional experts in compliance with the Treasury directive (see note 1.9). The valuation was conducted by Cushman & Wakefield (C&W) using RICS registered valuers. The valuations were provided on a Modern Equivalent Asset Valuation (MEAV) basis for non specialised properties, and on a Depreciated Replacement Cost (DRC) basis for specialised properties (where no market exists), in compliance with the following standards:

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

The following significant assumptions were applied:

- All properties were subject to the prospect and viability of the continued occupation and use for the provision of healthcare services
- The same floor areas of the existing buildings will be required for modern equivalent assets.
- The underlying land held by the Trust is allied to prevailing land values in the vicinity of the existing site.
- All buildings were assumed to have a maximum life expectancy from new of 60 years with the buildings depreciated on a straight line basis from 100% at completion of construction to zero, once their life span has been met.

Note 18.1 Investment Property	2020-21	2019-20
	£000	£000
Carrying value at 1 April - brought forward	200	380
Prior period adjustments		-
Carrying value at 1 April - restated	200	380
Movement in fair value	(10)	(180)
Carrying value at 31 March	190	200

Note 18.2 Investment property income and expenses	2020-21	2019-20
	£000	£000
Direct operating expense arising from investment property which generated rental income in the period	(3)	(3)
Direct operating expense arising from investment property which did not generate rental income in the period	(7)	(10)
Total investment property expenses	(10)	(13)
Investment property income	70	70

Note 19 Inventories	31 March 2021	31 March 2020
	£000	£000
Drugs	64	47
Consumables	48	32
Other	-	4
Total inventories	**112**	**83**
Of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £2,653k (2019-20: £1,200k). Write-down of inventories recognised as expenses for the year were £21k (2019-20: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020-21 the Trust received £2,453k of items purchased by DHSC.

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 20.1 Receivables	31 March 2021	31 March 2020
	£000	£000
Current		
Contract receivables	9,861	27,780
Allowance for impaired contract receivables / assets	(3,734)	(4,561)
Prepayments (non-PFI)	502	1,476
PDC dividend receivable	414	-
VAT receivable	479	14
Other receivables	342	525
Total current receivables	**7,864**	**25,234**
Non-current		
Prepayments (non-PFI)	-	2,961
Other receivables	152	152
Total non-current receivables	**152**	**3,113**
Of which receivable from NHS and DHSC group bodies:		
Current	6,985	22,589
Non-current	152	152

Note 20.2 Allowances for credit losses	2020-21		2019-20	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	Non-contract income
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	**4,561**	**-**	**4,564**	**-**
New allowances arising	2,138	-	1,863	-
Reversals of allowances	**(2,718)**	**-**	**(1,665)**	**-**
Utilisation of allowances (write offs)	(247)	-	(201)	-
Allowances as at 31 Mar 2021	**3,734**	**-**	**4,561**	**-**

Note 20.3 Exposure to credit risk

All outstanding sales ledger invoices at 31 March 2021 were reviewed to assess the requirement for any Allowances against Credit Loss based on the specific customer debt recovery history, knowledge of any disputes raised relating to the invoices etc. Allowances against specific invoices (£3,751k) equalled 44% of the total value outstanding. This percentage is higher than in previous years due to the changes in the NHS invoicing regime in 2020-21 reducing the value and occurrence of unpaid invoices.

Note 21 Non-current assets held for sale and assets in disposal groups	2020-21	2019-20
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**755**	**755**
Assets sold in year	(755)	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	**-**	**755**

The asset classified as held for sale at 1 April 2019 was a vacated, surplus freehold property. The disposal completed in 2020-21. No other assets were held for sale during the year or at 31 March 2021.

Note 22.1 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.	**2020-21**	**2019-20**
	£000	**£000**
At 1 April	**41,593**	**55,536**
Net change in year	32,536	(13,943)
At 31 March	**74,129**	**41,593**
Broken down into:		
Cash at commercial banks and in hand	74	88
Cash with the Government Banking Service	74,055	41,505
Total cash and cash equivalents as in SoFP	**74,129**	**41,593**
Bank overdrafts (GBS and commercial banks)	-	-
Total cash and cash equivalents as in SoCF	**74,129**	**41,593**

Note 22.2 Third party assets held by the trust Barnet, Enfield And Haringey Mental Health NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.	**31 March 2021**	**31 March 2020**
	£000	**£000**
Bank overdrafts (GBS and commercial banks)	663	716
Total cash and cash equivalents as in SoCF	**663**	**716**

Note 23.1 Trade and other payables	31 March 2021	31 March 2020
	£000	£000
Current		
Trade payables	105	1,521
Capital payables	4,932	4,337
Accruals	37,321	28,275
Social security costs	2,350	1,992
Other taxes payable	1,753	1,617
PDC dividend payable	-	324
Other payables	3,846	2,243
Total current trade and other payables	**50,307**	**40,309**
Non-current		
Trade payables	-	-
Capital payables	-	-
Accruals	-	-
Receipts in advance and payments on account	-	-
VAT payables	-	-
Other taxes payable	-	-
Other payables	-	-
Total non-current trade and other payables	**-**	**-**
Of which receivable from NHS and DHSC group bodies:		
Current	17,245	11,959
Non-current	-	-

Note 23.2 Early retirements in NHS payables above The payables note above includes amounts in relation to early retirementsas set out below:	31 March 2021	31 March 2021	31 March 2020	31 March 2020
	£000	Number	£000	Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-

Note 24 Other liabilities	31 March 2021	31 March 2020
	£000	£000
Current		
Deferred income: contract liabilities	11,965	3,483
Total other current liabilities	**11,965**	**3,483**
Non-current		
Deferred income: contract liabilities	-	-
Total other non-current liabilities	**-**	**-**

Note 25.1 Borrowings	31 March 2021	31 March 2020
	£000	£000
Current		
Loans from DHSC	510	511
Total current borrowings	**510**	**511**
Non-current		
Loans from DHSC	6,175	6,673
Total non-current borrowings	**6,175**	**6,673**

Note 25.2 Reconciliation of liabilities arising from financing activities - 2020-21	Loans from DHSC	Total
	£000	£000
Carrying value at 1 April 2020	**7,184**	**7,184**
Cash movements:		
Financing cash flows - payments and receipts of principal	(498)	(498)
Financing cash flows - payments of interest	(283)	(283)
Non-cash movements:		
Application of effective interest rate	282	282
Carrying value at 31 March 2021	**6,685**	**6,685**

Note 25.3 Reconciliation of liabilities arising from financing activities - 2019-20	Loans from DHSC	Total
	£000	£000
Carrying value at 1 April 2019	**7,682**	**7,682**
Prior period adjustment	-	-
Carrying value at 1 April 2019 - restated	**7,682**	**7,682**
Cash movements:		
Financing cash flows - payments and receipts of principal	(498)	(498)
Financing cash flows - payments of interest	**(301)**	**(301)**
Non-cash movements:		
Application of effective interest rate	**301**	**301**
Carrying value at 31 March 2020	**7,184**	**7,184**

Note 26.1 Provisions for liabilities and charges analysis	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Equal Pay (including Agenda for Change)	Other	Total
	£000	£000	£000	£000	£000	£000	£000
At 1 April 2020	**876**	**329**	**152**	**229**	**560**	**2,565**	**4,711**
Change in the discount rate	-	-	-	-	-	-	-
Arising during the year	143	177	65	167	7	569	1,128
Utilised during the year	(161)	(59)	(21)	(70)	-	-	(311)
Reversed unused	-	-	-	(159)	-	(2,117)	(2,276)
Unwinding of discount	2	1	-	-	-	-	3
At 31 March 2021	**860**	**448**	**196**	**167**	**567**	**1,017**	**3,255**
Expected timing of cash flows:							
- not later than one year;	159	58	-	-	-	865	1,082
- later than one year and not later than five years;	636	232	-	-	-	152	1,020
- later than five years.	65	158	196	167	567	-	1,153
Total	**860**	**448**	**196**	**167**	**567**	**1,017**	**3,255**

Note 26.1 Provisions for liabilities and charges analysis

Early Departure Costs

The pensions relating to former staff who left the NHS employment after 5th March 1995 has been provided for by the Trust for a balance of £860k (£876k at 31 March 2020). These costs were calculated by using actuarial assumptions about the individuals ages which were obtained from the NHS Pensions Agency. The costs are payable on a quarterly basis over the future lifetimes of the former employees.

Injury Benefits

Provisions relating to injury benefit awards payable to staff for injuries received at work amount to £448k (£329k at 31 March 2020). Details of the costs involved were supplied by the NHS Pensions Agency using actuarial assumptions about the individuals concerned. They are payable throughout the lifetime of the individuals concerned.

Other provisions

Other provisions relate to former staff terms and conditions, property related costs, restructure costs, clinicians pension tax payments and employment issues and are all expected to be resolved in 2021-22 except for clinicians pension tax payments.

Note 26.2 Clinical negligence liabilities

At 31 March 2021, £5,364k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Barnet, Enfield And Haringey Mental Health NHS Trust (31 March 2020: £3,337k).

Note 27 Contingent assets and liabilities	31 March 2021	31 March 2020
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(104)	(119)
Gross value of contingent liabilities	**(104)**	**(119)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(104)**	**(119)**
Net value of contingent assets	**-**	**-**

Note 28 Contractual capital commitments	31 March 2021	31 March 2020
	£000	£000
Property, plant and equipment	13,715	14,409
Total	**13,715**	**14,409**

Note 29 Other financial commitments The trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:	31 March 2021	31 March 2020
	£000	£000
not later than 1 year	2,908	2,560
after 1 year and not later than 5 years	975	3,355
paid thereafter	-	-
Total	**3,883**	**5,915**

Note 30 Financial instruments

Note 30.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with commissioners and the way those commissioners are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health and Social Care (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2021 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with clinical commissioning groups, local authorities and NHS England, which are financed from resources voted annually by Parliament . The Trust funds its capital expenditure from depreciation, asset sales and loans or public dividend capital from DHSC. The Trust is not, therefore, exposed to significant liquidity risks.

Note 30.2 Carrying values of financial assets				
Carrying values of financial assets as at 31 March 2021	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	6,621	-	-	6,621
Cash and cash equivalents	74,129	-	-	74,129
Total at 31 March 2021	**80,750**	**-**	**-**	**80,750**

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	23,744	-	-	23,744
Cash and cash equivalents	41,593	-	-	41,593
Total at 31 March 2020	**65,337**	**-**	**-**	**65,337**

Note 30.3 Carrying values of financial liabilities			
Carrying values of financial liabilities as at 31 March 2021	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	6,685	-	6,685
Trade and other payables excluding non financial liabilities	42,859	-	42,859
Total at 31 March 2021	**49,544**	**-**	**49,544**

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	7,184	-	7,184
Trade and other payables excluding non financial liabilities	36,376	-	36,376
Total at 31 March 2020	**43,560**	**-**	**43,560**

Note 30.4 Maturity of financial liabilities The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.	31 March 2021	31 March 2020 restated*
	£000	£000
In one year or less	43,616	37,155
In more than one year but not more than five years	2,834	2,912
In more than five years	4,971	5,650
Total	**51,421**	**45,717**

** This disclosure has previously been prepared using discounted cash flows. The comparatives have therefore been restated on an undiscounted basis.*

Note 30.5 Fair values of financial assets and liabilities

Management consider that the book value (carrying value) is a reasonable approximation of fair value for all financial assets and liabilities held.

Note 31 Losses and special payments	2020-21		2019-20	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Bad debts and claims abandoned	57	248	57	201
Stores losses and damage to property	1	7	1	3
Total losses	**58**	**255**	**58**	**204**
Special payments				
Compensation under court order or legally binding arbitration award	12	21	15	13
Ex-gratia payments	7	1	7	3
Total special payments	**19**	**22**	**22**	**16**
Total losses and special payments	**77**	**277**	**80**	**220**
Compensation payments received		-		-

Note 32 Related parties

During the year none of the Department of Health and Social Care Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Barnet Enfield & Haringey Mental Health NHS Trust.

The Department of Health and Social Care is regarded as the Trust's parent department and a related party. During the year Barnet Enfield & Haringey Mental Health NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

For example

NHS England

CCGs (mainly North Central London CCG (2019-20: Barnet CCG, Enfield CCG and Haringey CCG))

NHS Foundation Trusts

NHS Trusts

NHS Resolution
(formerly NHS Litigation Authority)

NHS Business Services Authority

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies including HM Revenue & Customs and the Mayor's Office for Policing and Crime and Metropolis Police Commissioner. Most of these transactions have been with the local London Boroughs of Barnet, Enfield and Haringey.

Barnet Enfield & Haringey Mental Health NHS Trust Charity (charity registration number 1103407) is regarded as a related party as the Trust Board is the Corporate Trustee of the Charity. There were no material transactions with the charity in the year

Note 33 Events after the reporting date

Management are not aware of any events occurring after the balance sheet date which will materially affect the figures reported within the financial statements.

Note 34 Better Payment Practice code	2020-21	2020-21	2019-20	2019-20
Non-NHS Payables	Number	£000	Number	£000
Total non-NHS trade invoices paid in the year	16,009	123,551	24,144	93,758
Total non-NHS trade invoices paid within target	14,459	114,382	20,958	85,734
Percentage of non-NHS trade invoices paid within target	90.3%	92.6%	86.8%	91.4%
NHS Payables				
Total NHS trade invoices paid in the year	869	59,517	553	12,103
Total NHS trade invoices paid within target	736	56,758	473	10,465
Percentage of NHS trade invoices paid within target	84.7%	95.4%	85.5%	86.5%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 35 External financing limit The trust is given an external financing limit against which it is permitted to underspend	2020-21	2019-20
	£000	£000
Cash flow financing	(29,085)	13,695
External financing requirement	**(29,085)**	**13,695**
External financing limit (EFL)	(18,783)	20,739
Under / (over) spend against EFL	**10,302**	**7,044**

Note 36 Capital Resource Limit	2020-21	2019-20
	£000	£000
Gross capital expenditure	16,779	26,896
Less: Disposals	**(755)**	**-**
Less: Donated and granted capital additions	(26)	-
Charge against Capital Resource Limit	**15,998**	**26,896**
Capital Resource Limit	16,197	27,201
Under / (over) spend against CRL	**199**	**305**

Note 37 Breakeven duty financial performance	2020-21
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	1,562
Remove impairments scoring to Departmental Expenditure Limit	-
Breakeven duty financial performance surplus / (deficit)	**1,562**

Note 38 Breakeven duty rolling assessment	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		239	274	2,023	2,021	595	(4,555)
Breakeven duty cumulative position	6,013	6,252	6,526	8,549	10,570	11,165	6,610
Operating income		173,628	204,547	190,725	190,518	192,748	192,988
Cumulative breakeven position as a percentage of operating income		**3.6%**	**3.2%**	**4.5%**	**5.5%**	**5.8%**	**3.4%**

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	(7,336)	(12,268)	34,212	(182)	1,114	1,562
Breakeven duty cumulative position	(726)	(12,994)	21,218	21,036	22,150	23,713
Operating income	191,931	202,027	229,478	224,916	256,116	332,823
Cumulative breakeven position as a percentage of operating income	**(0.4%)**	**(6.4%)**	**9.2%**	**9.4%**	**8.6%**	**7.1%**

Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009-10, NHS Trust's financial performance measurement has been aligned with the guidance issued by HM Treasury in respect of measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to IFRIC 12 schemes (which would include PFI schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluded when measuring Breakeven performance. Other adjustments are made in respect of accounting policy changes (impairments and the removal of the donated asset and government grant reserves) to maintain comparability year to year.

Over the three-year period ending 31 March 2021 the Trust has met the breakeven duty requirement.

Note 39 Adjusted financial performance (control total basis)	2020-21	2019-20
	£000	£000
Surplus / (deficit) for the period	(3,442)	(11,685)
Remove net impairments not scoring to the Departmental expenditure limit	5,074	12,799
Remove I&E impact of capital grants and donations	(22)	-
Remove net impact of inventories received from DHSC group bodies for COVID response	(48)	-
Adjusted financial performance surplus / (deficit)	**1,562**	**1,114**


NHS

Independent Auditor's Report to the Directors of Barnet, Enfield and Haringey Mental Health NHS Trust

Opinion on financial statements

We have audited the financial statements of Barnet, Enfield and Haringey Mental Health NHS Trust (the 'Trust') for the year ended 31 March 2021, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2021 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; 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, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

In our evaluation of the Directors' conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2020 to 2021 that the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2020) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Trust and the Trust's disclosures over the going concern period.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

The responsibilities of the Directors with respect to going concern are described in the 'Responsibilities of the Directors and Those Charged with Governance for the financial statements' section of this report.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the guidance issued by NHS Improvement, or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

Responsibilities of the Directors and Those Charged with Governance for the financial statements

As explained in the Statement of directors' responsibilities in respect of the accounts, the Directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021).
- We enquired of management and the Audit Committee, concerning the Trust's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the Audit Committee whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.

- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur, by evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls, risk of judgements derived by management with high estimation uncertainty and other fraud risks including fraudulent recognition of revenue and incompleteness of expenditure and associated liabilities. We determined that the principal risks were in relation to:
  - management override of controls, and in particular journal entries with characteristics we identified as high or elevated risk
  - improper revenue recognition
  - potential management bias in determining accounting estimates, especially in relation to:
    - the valuation of the Trust's land and buildings
    - the completeness of operating expenditure and associated creditor balances
  - the accounting arrangements for transactions arising as a result of the North London Forensic provider collaborative
- Our audit procedures involved:
  - identifying and testing unusual journals made during the year and the accounts production stage for appropriateness and corroboration;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of property, plant and equipment valuations, year end activity, and the existence, accuracy and completeness of receivables, payables, provisions and deferred income;
  - evaluating the rationale for any changes in accounting policies, estimates or significant unusual transactions;
  - testing, on a sample basis, non block contract income and year end receivables to agreements, invoices or other supporting evidence such as correspondence from commissioners;
  - testing, on a sample basis, income and year end receivables from other operating revenue to invoices and cash payment or other supporting evidence;
  - challenging the information and assumptions used by the valuer to assess completeness and consistency with our understanding;
  - searching for unrecorded liabilities by performing a substantive sample test of invoices input on to the accounts payable system post period end and reviewing cash payments post period end;
  - performing substantive testing of liabilities recorded in the ledger, including agreement of balances with third parties, to gain assurance that accruals are accurate and not understated; and
  - evaluating the design effectiveness of management controls over accounting arrangements for the North London Forensic Consortium provider collaborative;
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. However, detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as those irregularities that result from fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.

- Assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the Trust operates
  - understanding of the legal and regulatory requirements specific to the Trust including:
    - the provisions of the applicable legislation
    - NHS Improvement's rules and related guidance
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - the Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - the Trust's control environment, including the policies and procedures implemented by the Trust to ensure compliance with the requirements of the financial reporting framework.

Report on other legal and regulatory requirements – 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 – the 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 2021.

Our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the Trust's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, these will be reported by exception in our Audit Completion Certificate. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the year ended 31 March 2021.

Responsibilities of the Accountable Officer

As explained in the Statement of the Accounting Officer's responsibilities, the Chief Executive, as Accountable Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(3)(c) and Schedule 13 paragraph 10(a) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. 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 undertake our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for Barnet, Enfield and Haringey Mental Health NHS Trust for the year ended 31 March 2021 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2021.

Use of our report

This report is made solely to the Directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's Directors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Directors, as a body, for our audit work, for this report, or for the opinions we have formed.

Paul Grady

Paul Grady, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

London

1 July 2021

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Produced by the Communications Department at Barnet,
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