

Barnet, Enfield and Haringey  
Mental Health NHS Trust



*A University Teaching Trust*

# Annual Report 2016/17

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# Chairman's Foreword

## Welcome to our Annual Report

It has been another challenging year for Barnet, Enfield and Haringey Mental Health NHS Trust, or BEH for short.

We have driven a lot of positive change, and we have really benefited by having a Trust-wide focus on Quality Improvement (QI).

QI, and demonstrating the behaviours which underpin our values, are two themes which run through our Annual Report this year, and have acted as the foundations of much that we have achieved during 2016/17.

Once again our finances have been extremely difficult. There continues to be a mismatch between the funding we receive from our commissioners and the costs of providing care to our growing number of patients.

We ended the year just short of our planned deficit of £12.59m. This is not sustainable and many other Trusts in London are in a similar position. Key to resolving this mismatch will be the emerging Sustainability and Transformation Plans, and we are working with other local parties – other NHS Trusts, Commissioners and Local Authorities – to develop them.

I also do not believe that our local Clinical Commissioning Groups pay us properly for our services. We believe that we should be paid approximately another £5m which would help us to meet this financial gap: a Pricing Review is taking place with our commissioners which I very much hope will have a positive outcome.

On the upside I am particularly pleased that the planned redevelopment of St Ann's Hospital is on track. This will provide a new purpose built mental health facility. It is planned that building will commence early next Summer.

BEH, however, is not just about bricks and mortar. It is about hard-working, compassionate staff.

I am constantly delighted to see the commitment of staff, from all nationalities and backgrounds that make up our varied and wonderful workforce. I am proud to have all creeds and ethnicity as members of our staff. This diversity matches our population and this is something we have echoed in our Trust Board with the introduction of three new Non-Executive Directors who bring with them a vast wealth of experience and different backgrounds.

This is my tenth and final Annual Report as I will stand down as Chairman at the end of March 2018.

It has been a real privilege to be Trust Chairman and I have hugely enjoyed the role.

I wish the Trust and everyone who works in it the very best for the future.

I commend this report to you.



**Michael Fox, Chairman**

July 2017

# Chief Executive's Introduction



**Maria Kane, Chief Executive**  
July 2017

***“We are privileged to have such great teams working in the Trust and in all our services. And, no matter what challenges our staff face they always put service users and their care first, and I would like to thank them for that commitment.”***

This year marks my tenth anniversary of being at BEH.

During this time wonderful staff members have joined, and others have retired or taken promotion to advance their careers. I have seen some incredible change with services improving and the political landscape shifting. I have seen the number of our services grow, and I have been through my fair share of change and challenge. But there is one thing that has remained constant throughout. Michael touched on it in his Foreword, and I would like to echo it. It is the commitment, compassion, and integrity of our staff. We are privileged to have such great teams working in the Trust and in all our services. And, no matter what challenges our staff face they always put service users and their care first, and I would like to thank them for that commitment.

Our desire to always do the best for our patients has led to us having an ever greater focus on improving the quality of care, and we have been doing this by adopting a Quality Improvement (QI) approach. Indeed, 2016/17 has been a year of continuous improvement.

We joined forces with Haelo, part of the Salford Royal NHS Foundation Trust, who have developed a nationally recognised QI methodology. They helped us systematically support staff to learn about QI, with 15 teams across BEH joining our QI collaborative. The teams have been busy generating ideas which have been improving the lives of patients, as well as the working conditions of staff. This work dovetails perfectly with our Trust's Enablement approach to clinical care, where we help patients get their lives back on track by supporting them to support themselves.

You can read more about Enablement, our philosophy to help patients and staff 'Live, Love, Do', and QI in the following pages, and you can also find out more about our second consecutive national 'Health Service Journal' (HSJ) award win. The Trust is absolutely delighted that Project Future was singled out for this prestigious prize for being innovative and making a real difference to young people's lives in Haringey.

**“Our desire to always do the best for our patients has led to us having an ever greater focus on improving the quality of care, and we have been doing this by adopting a Quality Improvement (QI) approach. Indeed, 2016/17 has been a year of continuous improvement.”**

In fact, innovation is part of the bedrock of BEH, and this year has proved no exception. We have developed a host of new services, won new business contacts, and launched our new Trust Values. And we have done all this while facing some considerable financial challenges.

We hope that by being an active member of the North Central London Sustainability and Transformation Plan process we will be able to address the financial challenge we face.

BEH has been chosen to take part in the Carter review of community and mental health trusts. Lord Carter and his team are supporting us in reviewing our costs and whether there is scope to make our services even more efficient.

BEH continues to be a very efficient provider compared to many others and we have worked hard to minimise our spending, while improving the care we provide. We have reduced our agency costs, and have had a steady stream of new staff wanting to join the Trust, under our banner “The Place to BEH”. We have great incentives for employees, and are consistently voted as one of the best places to work in the NHS. And, after a decade of being at the Trust myself, I have to agree. I regularly visit teams and services and am always impressed by seeing great staff, working in challenging environments, always with a smile on their faces when with our service users. Our staff are our biggest asset and their professionalism is something not just I, but also the Care Quality Commission (CQC) noted when they inspected our services in 2015.

The CQC will be returning to our Trust in Autumn 2017, and we hope our improvements since their last visit will be recognised and reflected in their next inspection.

Here at BEH we don't stand still. We constantly strive to make things better. We are improving our IT infrastructure to help staff work more efficiently and allow patients to be treated more frequently at home. We are developing new services with more prisons in London and the surrounding counties. We are extending our suicide prevention work with British Transport police and with the Metropolitan Police's Marine Police Unit and we have developed new services to help children who may be suffering from depression, bullying or family problems.

These are just a few of the innovative things you can learn more about as you carry on reading our Annual Report. I hope you enjoy it and will continue to support our Trust and the work we do.



## Our Trust in facts and figures



We have  
**3,024**

staff providing mental health services across three Boroughs and community health services in Enfield



**92%**

of 4,215 records audited contained two patient identified goals



At the end of the year there were

**91%**

returns where smoking status was monitored throughout the episode of care



**98%**

of complaints acknowledged within three days. In the same period (2016/17) we received

**195**

compliments



**143,357**

people accessed our services during 2016/17



We have

**514**

beds



Of our service users on the Care Programme Approach

**96%**

of them received a review in the last 12 months



The average length of stay on our mental health wards is

**26**

days, and 53 days for older adults



Of our 1,444 staff surveyed in the national Staff Survey

**95%**

of them received appraisals. We have been one of the top performing mental health trusts in this area for the past four years

# Trust Overview

The purpose of this section of our Annual Report is to provide information on our organisation, its main objectives and strategies, and the principal risks that it faces.

## Our organisation

BEH is a multiple award-winning Trust, providing local, regional and national healthcare services. We do this from more than 50 locations across our three London Boroughs - Barnet, Enfield and Haringey – and from further afield. Over the last year our 3,024 staff have helped 143,357 people on their road to recovery. Our annual income for 2016/17 was £202 million.

We are one of the largest employers in our area and are proud to be an University Teaching Trust, affiliated to Middlesex University. Since 2014 we have seen partnership working between the two organisations increase significantly, particularly with clinicians and academics working more closely together on mental health education, and research and development projects which meet the needs of local people.

**“Anyone who uses our services is our number one priority, and everything we do is about putting them, their family and their carers first.”**

## Our work

We provide a range of services for young people, adults and older people. These include enabling our patients to overcome phobias and anxiety, or to come to terms with bereavement or teenage pregnancy. We also have expert staff helping people deal with bipolar, schizophrenia or the onset of dementia.

In Enfield we provide a full range of child and adult community health services, which over the last year we have busy integrating with our mental health services. This means that we can provide a better, more holistic level of care.

We have a renowned North London Forensic Service (NLFS), rated as ‘Outstanding’ by the Care Quality Commission. This service treats and cares for people in the criminal justice system who have mental health conditions.

The NLFS is the provider of the National Stalking Clinic, and in partnership with the Metropolitan Police jointly deliver the Fixated Threat Assessment Centre. This service provides risk assessment and management for members of the Royal Family and Government who are receiving undue attention from people who have mental health issues. NLFS delivers mental health care in HMP Brixton, HMP Pentonville and HMP Wormwood Scrubs in London and HMP Grendon and HMP Springhill in Buckinghamshire. NLFS also provides mental health services at HM Young Offenders Institutions at Aylesbury and Feltham.

We also provide one of the largest eating disorders services in England, as well as drug and alcohol services, and mental health liaison services in North Middlesex University Hospital.



## Our structure

We serve more than a million people and our structure mirrors our geography with three Borough based groups of services and our Specialist services covering our north London footprint and beyond.

Each Borough has its own Clinical Director, supported by a local management team.

This structure has helped us develop our partnerships. We know that together we provide a more well-rounded service for patients by helping them with both their mental and physical health needs.

## Our care

We aim to provide the most compassionate, high quality care possible.

Anyone who uses our services is our number one priority, and everything we do is about putting them, their family and their carers first.

This is one of the reasons why we try to fight stigma at every opportunity we can. Our model of care, which we call Enablement, helps people get back into the community earlier and accelerate their journey to recovery. They do this with our support, of course, but it means more people living successfully back at home, integrating into society, remaining independent, and demonstrating that they can live well during recovery or with an enduring mental health issue.

## Our year

Over the last year we have been increasing our focus on Quality Improvement – where staff on the front line take the lead, are responsible for inputting more ideas, and are empowered to make multiple enhancements across the organisation. Our aim is that with all these ideas added together we will generate significant improvements in the quality and experience of care (see page 36).

With this increasing focus on quality it has been important to reflect this in our Vision, Values and Objectives. During 2016/17 we updated these and have been working with service users and our staff to develop them.

## Our Values

In 2016 our Trust's Organisational Development team worked with more than 500 staff and service users to develop a set of fresh values, more meaningful to both staff and patients. We had some fantastic feedback and all the suggestions made were themed into four values:



## Our Vision for 2016/17

To be the lead provider, coordinator and commissioner of integrated care services to improve the health and wellbeing of the people of north London and beyond.

# Our Objectives for 2016/17

## 1 Provide excellent services for patients

- Provide excellent quality of care and improve the experience of all our patients, including responding to the recommendations of the CQC inspection in December 2015
- Develop our Enablement principles Live, Love, Do, further with patients, carers, partners and our staff
- Work more closely with other local organisations to help deliver place-based care

## 2 Develop our staff

- Develop each member of staff and help them to deliver excellent care
- Increase the engagement of our staff – evidenced in improved Staff Survey results

## 3 Meet our financial and other targets

- Provide the best possible outcomes for patients, meeting national and local NHS requirements within the resources available - evidenced by meeting agreed targets
- Develop our estate in line with our Clinical Strategy

# Our Vision for 2017/ 18 and beyond

From April 2017 we have a new Vision and accompanying set of Objectives, both of which have been simplified to make them clearer to staff and other stakeholders.

***Our Vision is to help people Live, Love and Do.***

This means we will help people:

**Live** somewhere safe and secure to call home

**Love** to develop social contact, friends and relationships

**Do** meaningful activities, with BEH supporting access to volunteering, study or employment

These are the three founding principles of our Enablement programme which underpin our Trust's Clinical Strategy.

# Our Objectives for 2017/18

1. *Excellent care*
2. *Happy staff*
3. *Value for money services*

# Our Key Risks

We have a robust framework in place to ensure we meet our objectives, and to identify key risks to achieving those objectives.

We have a wide selection of policies, procedures and performance management arrangements to ensure we keep internal control.

**There is a Trust Risk Management Strategy which has the following key elements:**

- Risk Management Objectives
- Risk Management System
- Risk Identification
- Risk Assessment
- Assurance of Controls
- Learning
- Roles and Responsibilities

The identification of risk begins with an annual risk assessment completed by all teams in the Trust covering risk potentials as identified in national policy and by various regulatory and statutory bodies such as the NHS Litigation Authority, the National Patient Safety Agency, the Health and Safety Executive, and the Care Quality Commission.

All teams log risks onto a team risk register which in turn feeds into the service line/departmental risk register from which all corporate risks are taken as per the strategy's risk escalation pathway.

At the 2016/17 financial year end, there were 20 risks rated 15 and above, all of which are monitored, managed and reported in respect of progress and change.

Current risks include clinical and reputational risks associated with the Trust's regulatory compliance in respect to the Care Quality Commission, financial risks in respect to current commissioner and contract position, and the challenges in delivering cost improvements across operational services.

**The most serious risks for the Trust are:**

- Difficulty in recruiting appropriately qualified staff to meet the needs of changing services, and resultant dependency on temporary staffing
- Failure to modernise the estate which may result in a failure to realise potential estate cost reductions
- Failure to procure and implement a new IT system's supplier from June 2017
- CQC list of "should do" and "must do" actions are not yet completed

**Mitigating actions are being undertaken for each risk as part of our assurance framework and include:**

- New staff recruitment campaigns
- Progress with St Ann's Hospital re-development and other estate changes
- The sourcing of a new IT supplier
- Ongoing CQC work

Operational and clinical challenges have also been identified. All risks are being monitored, managed, mitigated and reviewed by both key risk owners and through the Trust's governance forums, including the Trust Board and Board Sub Committees.

During the 2016/17 financial year, there were six internal audit reports where partial assurance was given. The Internal Auditor's definition of Partial Assurance is where further action is needed to strengthen the control framework to manage the identified risk. The areas audited with partial assurance were:

- Staff Appraisals
- Data Quality
- IT Procurement
- Mandatory Training
- Medical Job Planning
- Key Financial Systems

**To read more about what we are doing in terms of quality you can read our full Quality Account on our website or request it by getting in touch with [communications@beh-mht.nhs.uk](mailto:communications@beh-mht.nhs.uk)**

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# Key Performance Indicators 2016/17

The Trust uses a number of Key Performance Indicators (KPIs), set nationally by our Commissioners, or internally, to measure performance against targets.

The Trust reviews these indicators at every formal meeting of the Trust Board.

Our performance against some of our KPIs for 2016/17 is summarised in the following table.

## Key Performance Indicators for 2016/17

Key performance indicators	Full year figure 2016/17	Target 2016/17	
Safe	CPA Acute & PICU % of patients followed-up 7 Days after discharge	98.7%	95%
	Care Programme Approach: % of patients reviewed in the last 12 months	96.2%	95%
	Inappropriate use of inpatient beds	4	0
	Number of Never Events	1	0
	136 Suite – inappropriate use	4	0
	Adult Acute Inpatient Risk Assessments - % Current (From sample)	96.0%	90.0%
	CAMHS Waiting Lists - Percentage of GP referrals waiting over 13 weeks (snapshot taken on last working day)	6.3%	0%
Effective	% PbR Cluster Reviews completed on time	88.5%	85%
	% Patients gate kept by the Crisis Resolution and Home Treatment Team	99.3%	95%
	% Admissions that are emergency readmissions within 28 days of previous discharge	1.4%	5%
	Falls resulting in severe injury or death	8	0
	Grade 3 or 4 pressure ulcers	23	<21
	Formal Complaints received	198	n/a
	Complaints: Response in time	86%	90%

Key performance indicators		Full year figure 2016/17	Target 2016/17
Caring	Patient Survey - Information provided	87%	80%
	Patient Survey - involved in decisions	86%	80%
	Patient Survey - treated with dignity	93%	80%
	Overall Patient Satisfaction	87%	80%
	Overall Carer Satisfaction	91%	80%
	Patient FFT - Mental Health Overall Score	84%	80%
	Patient FFT - ECS Overall Score	97%	90%
Responsive	DToC - % All Occupied Bed Days (OBDs) due to delayed transfers	9.0%	7.5%
	DToC - % Adult OBDs due to delayed transfer of care	9.3%	5%
	DToC - % Older People's OBDs due to delayed transfer of care	8.3%	20%
	DToC - Number of Patients delayed in a year	340	30
	Let's Talk (Enfield IAPT) % of people treated within 18 weeks of referral	99.3%	95%
	Let's Talk (Enfield IAPT) % of people treated within 6 weeks of referral	93.3%	75%
	Let's Talk (Enfield IAPT) number entering treatment each month (ave.)	478	441
	Let's Talk (Enfield IAPT) Recovery Rate	48.5%	50%
	EIP % of people treated within 2 weeks	62.0%	50%
	CRHT GP Response Times - 4 hours	99.2%	95%
	Liaison Service - N. Mid 1-hour response time for A&E referrals	83.0%	95%
	Liaison Service - Barnet 1-hour response time for A&E referrals	89.0%	95%

Key performance indicators	Full year figure 2016/17	Target 2016/17	
Well Led	Proportion of staff compliant with individual mandatory training requirements	85.3%	90%
	Sickness/absence rate %	3.2%	3.5%
	Agency as a % of Employee Spend (Financial - agency spend as a percentage of staffing spend)	5.8%	10%
	Bank as a % of Employee Spend (Financial - bank spend as a percentage of staffing spend)	8.2%	7%
	Total vacancy rate (% established posts without staff members in place)	9.8%	10%
	Nursing Vacancy Rate	15.7%	10%
	Medical vacancy rate	8.7%	10%
	Time to hire (mean number of days from advert start to provisional start date)	89	-
	Staff Turnover (Total)	13.2%	15%
	- Staff turnover (Unplanned)	10.2%	11%
	- Staff turnover (Planned)	3.0%	5%
	Percentage of exit interviews where the trust was described as a good place to work	60.7%	-
	Staff FFT - Overall score: % would recommend as a place to work	59.21%	50%
Staff FFT - Overall score: % would recommend as a place for care	63.97%	55%	
Activity and Efficiency	Activity Recording - Percentage variance from CCG contracted activity plan (MH Community Activity)	6.9%	±3%
	Adults - Mean length of acute inpatient stay on discharge (Untrimmed)	26	35
	Adults - Median length of acute inpatient stay on discharge (Untrimmed)	37	28
	Adults - percentage people on the acute inpatient caseloads that have had stays of over 100 days	14.5%	25%
	Older People - Mean length of acute inpatient stay (Untrimmed)	53	40
	Older People - Median length of acute inpatient stay (Untrimmed)	29	40
	Mental Health DNA Rates (Excluding CRHTs)	7.7%	10%
	- Mental Health DNA Rates - Adults	8.7%	11%
	- Mental Health DNA Rates - Older Adults	2.9%	4%
	- Mental Health DNA Rates - CAMHS	9.5%	10%



# Enablement

Enablement is the foundation of our Clinical Strategy. We work with our patients, their carers and our community partners such as housing associations, employment agencies and charities to deliver our Enablement programme. Together we help people on their journey to recovery.

We know that someone's mental health condition can deteriorate if they:

- Don't have somewhere to live
- Lose contact with their friends
- Don't have a job or something fulfilling to do with their time

So, as part of our Enablement programme, we help people to get those things back in their lives.

Enablement has three founding principles.

We help people:

**Live**

somewhere safe and secure to call home

**Love**

to develop social contact, friends and relationships

**Do**

meaningful activities, with BEH supporting access to volunteering, study or employment





## Our success

We have achieved a lot over the last year, celebrating our first Enablement Anniversary in May 2016 with a specially developed animation setting out the Enablement journey. You can view this on our BEH YouTube Channel as well as on our website, [www.beh-mht.nhs.uk](http://www.beh-mht.nhs.uk).

During 2016/17 we have:

### **Embedded our new community engagement worker peer roles across BEH, and evaluated their impact in helping people using our services**

Community engagement workers are people with lived experience of mental health issues. They offer peer support, advice and guidance to people who use our services.

### **Finalised Borough-based integrated models, underpinned by Enablement principles**

Over the last year each Borough has designed and begun implementing a new Borough-based adult care pathway for mental health services. Each review has been based on the principles of Enablement, and is co-produced with and focused on the needs of people who use our services. New changes will now ensure service users receive support for their mental health needs with direct links to primary care colleagues including GPs. The introduction of link workers in Barnet has been a significant innovation to bridge the gap of support between GPs and mental health services, receiving very positive initial outcomes.

### **Encourage new creative Enablement projects, including the integration of physical and mental health**

During 2016/17 we have been showcasing patients' recovery journeys to give aspiration and hope to people who are earlier on in their own journey. This is having a positive impact for our service users.

We have also been increasing the number and diversity of projects across BEH. For example, within Haringey we began a new open dialogue approach aimed at empowering a patient's family and support network to further promote recovery and support in the community.

### **Share Enablement outcomes locally and nationally**

Our Enablement outcomes are reported to the Trust Board. In particular, we have been looking at the number of people in employment and how well people access our assessment services. We have continued to promote Enablement nationally and in November 2016 we were nominated for a national 'Health Service Journal' award.

### **Build new voluntary sector relationships expanding our Enablement options in the community**

Over the last year we have developed proposals with our voluntary sector partners to truly co-produce Enablement. We look forward to implementing many new schemes as a result in 2017/18.

# Our Clinical Services

**During 2016/17 the Trust provided the following clinical services:**

## **Community Mental Health Services**

- Child and adolescent mental health Services (CAMHS)
- Improving access to psychological therapies (IAPT) services for Enfield
- Crisis resolution and home treatment teams (CRHTs)
- Complex care services
- Service for patients with psychotic illnesses
- Older people's community mental health service
- Learning disabilities services
- Primary care liaison in Barnet
- Locality mental health teams in Barnet

## **Inpatient Mental Health Services**

- Acute working age adult inpatient services
- Continuing care for working age adults with chronic and enduring mental illness
- Acute inpatient care for older adults
- Continuing care for patients with severe dementia
- Continuing care for older adults with chronic and enduring mental illness
- Recovery Houses, in partnership with Look Ahead
- Place of Safety Suite

## Enfield Community Services

- Universal, targeted and specialist services for children
- Health visiting
- School nursing
- Community paediatric nursing for children with complex health and palliative care needs
- Children's community therapies, including specialist services to help prevent teenage pregnancy and support young parents
- Universal, targeted and specialist services for adults and older people
- District nursing
- Long term conditions nursing and therapies
- Rehabilitative services

## Specialist Mental Health Services

- Eating disorders services, including inpatient and outpatient care. This is one of the country's largest eating disorders services, which provides care for people with anorexia, bulimia and other eating disorders across north London, Hertfordshire and Essex
- Haringey Tier 3 community drug service
- Drug and alcohol services
- Dual Diagnosis Network across Enfield and Haringey services. Providing support for people who have a mental health diagnosis and who also have a problematic relationship with substances including over the counter medicines
- Personality disorder services, including the nationally renowned Halliwick Centre in Haringey
- Mental health liaison services at North Middlesex University Hospital and the Royal National Orthopaedic Hospital
- CAMHS specialist (Tier 4) inpatient services
- Enfield Substance Misuse services

## Forensic Services

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

- Medium and low secure inpatient care including specialist services for people with learning difficulties and services for women
- A range of inpatient, inreach, day care and therapy services in prison settings
- Services for prisons and other parts of the Criminal Justice System
- Fixated Threat Assessment Service
- National Stalking Clinic
- Police and Court, Liaison and Diversion services in Metropolitan and British Transport Police Custody Suites
- British Transport Police, Suicide Prevention and Mental Health Team
- Community Forensic Outreach Teams
- PREVENT Liaison and Diversion Team
- Community outreach services

# Our Services in Barnet

**Barnet is one of the most populated and largest boroughs in London, and has a lower rate of individual mental health problems compared to the rest of London and the England average.**

Over the last year we have worked hard to provide quality services for the people living in the borough.

The Clinical Director for Barnet is Dr Peter Dutton.

## Service Transformation and Innovation

2016/17 has seen our collaborative work on adult mental health services with the Clinical Commissioning Group (CCG), Local Authority, Primary Care and Voluntary Sector really start to pay dividends.

### Primary Care Liaison

We have rolled out a new primary care liaison service across the Borough with our Link-working Team supporting patients needing mental health assessments at GP surgeries. This early help has reduced referrals to secondary services, GP satisfaction is high, and service user satisfaction is very positive.

This is a great example of the Enablement principles in action and the CCG, with BEH as a lead partner, has been shortlisted for the HSJ Value in Healthcare Award 'Improving the value of primary care services'. We are delighted that the CCG has agreed to invest in this innovative project for a further year.

### Adult Mental Health Pathway

Another significant achievement has been the redesign of our Adult Mental Health Pathway, which was fully implemented from 1st April 2017. It prioritised patients' needs, and aligned with Barnet's Primary Care structures, building better relationships with referrers

and with our service users. We valued the feedback from staff, service users and other stakeholders during the consultation process which had a considerable impact on final pathway outcome, and we were grateful for that input.

## CAMHS

Meanwhile, our Child and Adolescent Mental Health Services have been extending their reach into schools, and in particular with particularly vulnerable groups. Our 'Kids Time' initiative, which supports young people whose parents have themselves significant mental health difficulties, along with our work in the Pupil Referral Unit has been having a transformative effect on the young people we are caring for who have been excluded from mainstream education.

## Quality Improvement (QI)

Three of our Barnet teams, Avon Psychiatric Intensive Care (PICU) ward, the Crisis Resolution and Home Treatment Team, and Barnet Mental Health Liaison service have been taking part in the Trust's QI programme.

The teams have been working on reducing violence and aggression on the wards, and improving staff experience to support recruitment and retention.

Our Older Adult's services have been accredited by the Royal College of Psychiatrists, and our Borough psychology lead has been appointed as a QI Fellow with University College London Partners. Both accolades will help us improve services across the Borough.



*“Over the last year we have worked hard to provide quality services for the people living in the borough.”*

# Our Services in Enfield

**With a population of more than 325,000 Enfield has a higher number of children and older people compared to other London Boroughs.**

Over the past year our key focus has been on closer integration of our community health and mental health services. This has helped benefit patients.

The Clinical Director for Enfield is Kathryn O'Donnell.

Below is a brief outline of some of our successes in 2016/17.

#### Improvements to the services include:

- Screening and signposting access to Psychological therapies for clients with Long Term Health Conditions and parents of children receiving a community health service
- Improved care for clients in mental health inpatient services requiring tissue viability support
- Better training and support for community health staff on understanding dementia and the introduction of an internal referral route for patients with memory problems
- Introduction of a community mental health nurse into our Care Home Assessment Team (CHAT)

To recognise the breadth of our services, improve acceptability and understanding for service users, and to aid recruitment, we have also adopted "Enfield Health" as our shared name.



In addition, we have reduced our use of estates, delivered financial efficiencies, and have improved productivity considerably.

We continue to work closely with commissioners and partners and have a well-supported Improvement Forum, which has overseen a number of positive developments coming to fruition towards the end of the year, including the development of the new adult pathway, Quality Improvement projects, Dragons' Den and Enablement projects. Similarly we have worked collaboratively with partners to refresh the vision and purpose of the Adult mental health Partnership Board in Enfield, and are now working to set shared objectives and initiate a portfolio of projects for 2017/18.

In the coming year we will be working to inspire and support our managers and leaders to continue to meet and overcome challenges with positivity, integrity and honesty.



**“We will be working to inspire and support our managers and leaders to continue to meet and overcome challenges with positivity, integrity and honesty.”**

## New developments

### Improving Access to Psychological Therapies (IAPT)

Our “Let’s Talk” IAPT service in Enfield helps people with mild and moderate mental health issues. The service assessed and/or treated more than 16% of the estimated number of people in Enfield who suffer from a common mental health problem. This compares with a target of 15% and translates to more than 400 people entering the service over and above the access target for the year.

### HBPoS

Provision of the Health Based Place of Safety (HBPoS), often known as Section 136 suites, for Barnet, Enfield & Haringey have been centralised at the Chase Farm Site.

### Adult Mental Health Review

A review of Enfield Adult Mental Health services took place in 2016/17. Following consultation in March 2017 a new model of care was agreed to support the introduction of the main changes identified within the review

### Bay Tree House

The Trust re-located continuing care services for older people from Bay Tree House to Somerset Villa on the Chase Farm Hospital site in October 2016.

### Enfield Memory Service

The Enfield Memory Service has recently been re-accredited with the Royal College of Psychiatrist’s Memory Service National Accreditation Programme, meeting all standards.

### Adult and Older Peoples Community Services

The most recent National Benchmarking Report highlighted significant progress for Adult and Older Peoples Community Services with marked improvement in some areas and nearly all services showing an improvement.

### Integrated Locality Teams

The Trust and London Borough of Enfield (LBE) have appointed a joint Assistant Clinical Director to lead on the next phase of integration between community health services and LBE’s Enablement and Care Management services.

### Quality Improvement

We have had a number of projects to improve the quality of our services here in Enfield including:

- Acute mental health ward work on violence and aggression
- Children’s and Young People’s Community Health Services are working to improve efficiency in the teams’ processing of referrals and assessments to reduce the number of visits required
- District Nursing Service and the Mental Health services for Older People are working on improving the staff experience in order to improve recruitment and retention



James DeWitt and Kimberly  
Community Matron

James DeWitt and Kimberly  
Community Matron

# Mental and Physical Health Being treated together in Enfield

## Case study

### Treating someone's mental health condition at the same time as their physical health problem is the goal of our integrated service, Enfield Health.

Patients don't want to have to go from hospital to hospital, to be treated for their mental health in one, and then their physical health in another. They want their conditions treated simultaneously, which is what we are endeavouring to do.

An example of where this is having great success is with our Care Homes Assessment Team (CHAT).

CHAT provides rapid response visits or telephone advice to people in care homes and their family. They support residents who may have physical or mental health needs, and they work closely with care home staff to help reduce hospital admissions, prevent falls, and improve end of life care.

"When we first began back in 2012 we identified about 60% of residents in care homes having some form of mental health need," explains Melanie Petite, CHAT Manager. "The majority had dementia, but depression, anxiety, long term psychiatric illnesses were also identified. We couldn't support these conditions without more specialist mental health staff within the team, so we recruited."

CHAT now works in 45 care homes across Enfield and has developed strong relationships with the care homes they support. Melanie has been in post since the beginning and she's proud of the impact the team has had on older peoples care.

"The job is so rewarding," she says, "because the benefits to the people we care for is so visible.

"For example, recently we had a chap from North Middlesex hospital admitted to one of the care homes in Enfield. He had general frailty, heart failure and diabetes. And although he had no formal mental

health diagnosis the community matron identified cognitive impairment, stress and anxiety. Simple early memory tests, which the physical health nurses are trained to do, showed a possibility of dementia. Together with the mental health nurse, they raised it through the right channels and he was diagnosed.

"It helped the family understand what was happening, why his behaviour was changing, but it also helped the care home staff understand his needs. Importantly, it also meant we could look at medication. While there is no cure there is a lot which we can do to aid the symptoms and distress associated with the condition.

"And, to top it off, we've had lovely feedback from the care home staff who we work closely with, as it has made it easier for them to attend to his needs."

**“It helped the family understand what was happening, why his behaviour was changing, but it also helped the care home staff understand his needs. Importantly, it also meant we could look at medication. While there is no cure there is a lot which we can do to aid the symptoms and distress associated with the condition.”**

# Our Services in Haringey

**Haringey is a Borough of great contrasts. It has wards with significant prosperity and areas of substantial deprivation.**

It is also an area which is showing an ever increasing demand for our services, and it is thanks to our staff continuing to demonstrate initiative, enthusiasm and commitment that we are able to provide and develop high quality patient services.

The Clinical Director for Haringey is Dr Katrin Edelman.

Below is a brief outline of some of our successes over the last year.

## Adult Services

### Open Dialogue

We have been investigating alternative models of mental health care since 2015 and over the last year have been trialling an approach known as 'Open Dialogue'. Developed in Scandinavia it involves focusing on relationships and dialogue with family and friends rather than concentrating on symptoms, which is the usual approach of traditional services. Medication is still used, although research to date has shown that it is not needed as much and that patients have better long term outcomes. 13 staff are being trained during 2017 over four residential training weeks.

### Adult MH Pathway Review

There has been a lot of positive activity in various working groups as we think about secondary mental health pathways for adults within Haringey.

We have been developing closer relationships with GPs and the voluntary sector (MIND and Citizen's Advice in Haringey) and over the last year we have been putting in place plans to develop depot clinics for clients at

Wellbeing Clinics in a number of primary care settings. These will be launched during 2017/18.

### Early Intervention Service (EIS)

During 2016/17 we have introduced a national standard to EIS. We have worked hard to meet the waiting time standards, and have been looking into post-diagnostic treatments as well as working closely with service users to shape and co-produce services.

### Child and Adolescent Mental Health Services (CAMHS)

We have made the following service developments to CAMHS:

- CHOICES - Pilot scheme to extend CAMHS Access with a non-stigmatising, face to face community based approach has been a success. Children, young people and parents can self-refer to the service
- Co-produced Creative Life Skills course for 14-21 year olds, between BEH and Deep:Black, a voluntary organisation which uses drama, art, photography and poetry to explore issues with young people
- Extension of CAMHS in GP surgeries project
- Recruitment of Clinical Psychologist, seconded into the Child Development Centre, to provide post diagnostic support to children diagnosed with Autism Spectrum Disorder

### Older People Services

Memory Services have been re-accredited this year by the Memory Services National Accreditation Programme.

## Inpatient services



There are three acute adult mental health inpatient wards at St Ann's Hospital. Over the last year, the wards have been working hard to improve patient care. They have set up a monthly service user forum to listen to patients' views and a number of initiatives like 'medication with a smile' and the 'community links' project. Finsbury ward is one of the Trust's pilot Quality Improvement Teams and Fairlands ward is piloting the implementation of the Recovery Star to improve care Planning.

## Health Care Assistants

One of the innovations in the Haringey inpatient wards is the care certificate programme for Health Care Assistants' (HCA) career development.

The Care Certificate is a nationally recognised course for new and existing staff in lower paid roles. The training was recommended by Camilla Cavendish, following the Francis enquiry. There are 16 standards that are studied and assessed, through a portfolio of work and verbal assessments.

This has improved HCA's knowledge, skills and confidence which has improved the quality of care given to the patients. The introduction of the Care Certificate training has also motivated HCA staff to start applying for registered nurse training.

A component of the care certificate training is the Assessor Training which offers staff nurses an opportunity to develop their skills. Over 55% of nursing assistance and registered nurses have been trained so far.

## Recovery Star

Fairlands ward at St Ann's, along with two community teams, East Community Support and Recovery Team and the Recovery and Enablement Track team, are piloting Recovery Star care planning with improved outcomes. This is in recognition that the involvement of service users in their care plans has been inconsistent, partly due to the format of the RiO Care Plan.

## Quality Improvement

Haringey's Crisis Resolution and Home Treatment team is one of two areas within inpatients services which is taking part in the Quality Improvement initiatives across the Trust. We have helped reduce caseloads which has allowed staff to spend more quality time with service users.



# Specialist Services

**BEH has an ever growing number of Specialist Services that it provides, locally, regionally and nationally.**

In 2015 the CQC rated our service as 'Outstanding' and the Royal College of Psychiatrist's Quality Network review suggested that our service should be used as a benchmark for others.

The Clinical Director for Specialist Services is Dr Mehdi Veisi.



*Dr Mehdi Veisi  
Clinical Director for Specialist Services*

Following is a brief outline of some of our successes over the last year.

## Sensory room, training and research project

We have built two sensory rooms on two forensic psychiatric wards at Chase Farm, with four more being planned.

Research shows sensory treatments help reduce the need for restraint and seclusion on wards.

## Development of inpatient Recovery College

A group of patients from both outreach and inpatient services have been trained as Experts by Experience and have helped develop a Recovery College for inpatients.

They have been planning, designing and delivering training as well as leading the post implementation evaluation of the project.

## Self-catering

The self-catering initiative for patients at Blue Nile House at Chase Farm has been a success. Patients get a budget of £20 per week to shop and cook for themselves. This is now being rolled out in stages on Derwent and Severn Ward.



### Learning Academic forum

We hold a weekly academic forum which is open to all staff. It is a learning forum that combines case presentations with academic sessions from clinicians who are often international specialists in their field. We have reignited our annual International conference. During 2016 the theme was around terrorism and mental illness. This year we will focus on suicide within secure settings.

### Physical health screening programmes

We now offer a full range of NHS screening programs. These include:

- Breast cancer screening
- Bowel cancer screening
- Retinal screening for Diabetic patients

Service users also have access to a GP and Dentist.

### Clozapine clinic and support group

We offer an in-house Clozapine clinic, and also a Clozapine support group. The group is open to all patients who are either taking or considering Clozapine as part of their recovery. The group is facilitated by a person who has been a patient but is now fully discharged and living independently in the community.

### Patient mobile phones

Patients on Low Secure wards are being allowed to keep a mobile phone in their bedrooms. They are standard phones without cameras. This is to allow for more privacy.

### Enfield Substance Misuse Services

The service runs two Quality Improvement (QI) groups. One in eating disorders based on risk assessment and one in Wormwood Scrubs based on clinic capacity. Both have evidenced an improvement following implementation. We intend to develop QI further across the division.

# New Business

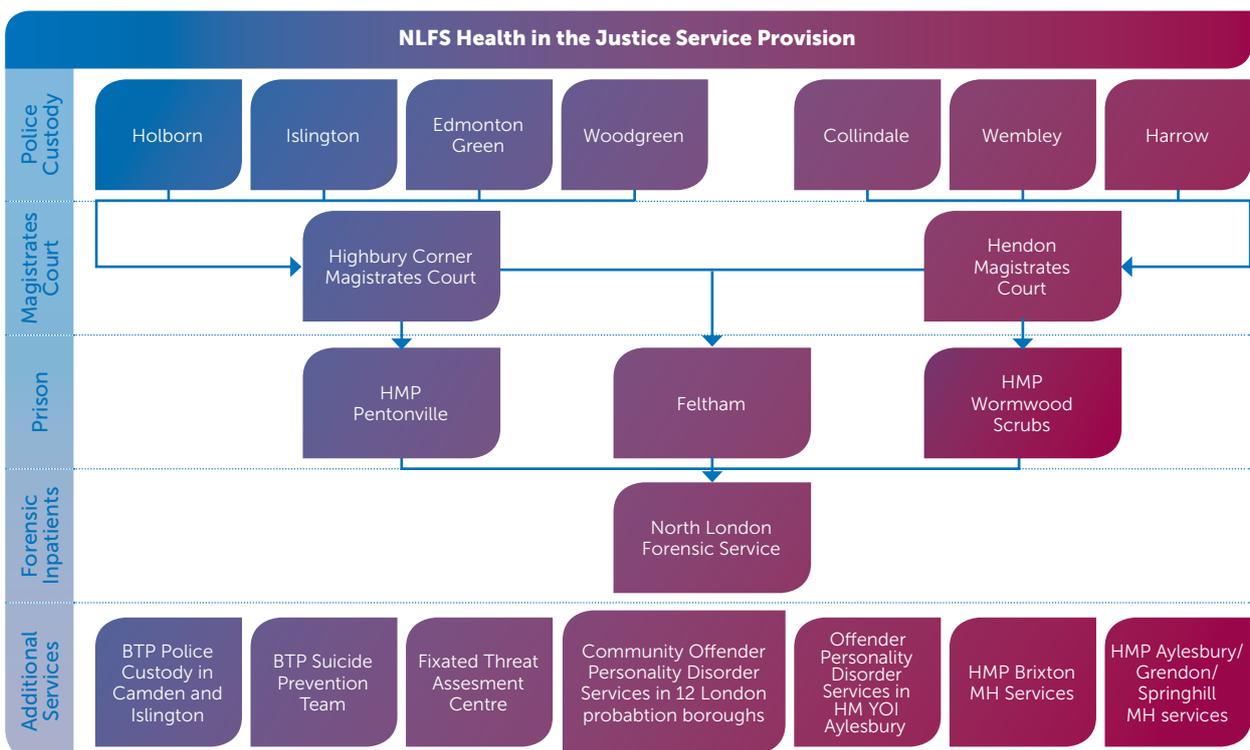
We pride ourselves on our ability to provide great services for our patients at a great price for our commissioners. Indeed, when you look at national figures on efficiency (Reference Costs) we are the seventh most efficient provider of mental health services in the country and the most efficient in London.

*That, combined with our award-winning track record on providing innovative services puts us in a good position when gaining new business.*

*Over the last year, and facing strong competition, we won the following new business:*

1. HMP Wormwood Scrubs was successfully mobilised in April 2016. BEH is the provider of inpatient, inreach and daycare services within the prison in partnership with Care UK. This prison service completes the pathway for North Central London and North West London ensuring that any resident of BEH who enters the criminal justice system will receive continuity of care from a BEH service. As you can see in the diagram below we now provide continuity of care from policy custody through to prison.

## North London Forensic Service – Health in the Justice Service Provision





- 2.** HMYOI Aylesbury, HMP Grendon and HMP Springhill (Buckinghamshire cluster) were successfully mobilised in April 2016. BEH is the provider of inreach services across the cluster in partnership with Care UK. Since April 2016 BEH has extended its provision in HMP Grendon within the therapeutic community.
- 3.** Prevent Liaison and Diversion (PLAD). NHS England and the Metropolitan police have jointly commissioned this specialist joint unit to provide expert support and consultancy to local Prevent teams in the management of those with a suspected mental disorder at risk of radicalisation.
- 4.** British Transport Police and NHS England have extended the current BEH suicide prevention and mental health team service to include proactive rail and tube station patrols. The aim is to try and prevent incidents from occurring by speaking to people who look like they may be having a crisis, and hopefully stop an incident from happening in the first place.
- 5.** NHS England, in partnership with the Metropolitan Police Marine Police Unit, have commissioned BEH to extend its British Transport Police suicide prevention and mental health team to incorporate the Marine Police Unit that covers the River Thames. This will follow the same successful model as is being delivered on the railways.
- 6.** BEH was the successful bidder in the procurement of Enfield Community Drug and Alcohol Services. The new service named, Enable, has been successfully mobilised and began operating in April 2017. The service operates over two sites in Enfield, one focusing on clinical services such as prescribing and the other therapeutic interventions for those in recovery. The service is delivered in partnership with Blenheim, a charity specialising in drug and alcohol services.

35<sup>th</sup> Annual  
FOR HEALTHCARE LEADERS  
**HSJ**

2016  
AWARDS



# Award Winning Trust – Project Future

## Case study

**Our Trust has won one of the most prestigious health and social care awards in the country, for the second year running.**

After winning the 'Health Service Journal' (HSJ) 'Mental Health' award category in 2015, in November 2016 we went on to win the HSJ award for 'Improving environmental and social sustainability'.

The latest award was for Project Future, based in Tottenham.

Project Future helps young people who are disengaged, excluded, and who may be gang members in Haringey.

The service is provided in collaboration with MAC-UK and Haringey Council, and is funded by the Big Lottery Fund.

Our staff help young people get back into education, employment and training, and to engage with mental health services. Project Future also aims to improve young people's psychological, emotional and physical well-being, and to reduce offending.

Dr Suchi Bhandari, BEH's Consultant Clinical Psychologist, heads up Project Future and is the Trust Lead for Psychological Therapies. She says:

**“We help young people affiliated with gangs to turn their lives around. In the last two years we've psychologically worked with 133 young people, who in other**

**circumstances would have gone on a very downward spiral. I am so proud that with the staff and partners involved we have made such a difference to these young people's lives, and been recognised for it nationally too. ”**

Project Future now wants to help more young people in the community to get their life back in order.

Dr Fatima Bibi, Clinical Psychologist and Project Lead for Project Future says:

“The team and young people at Project Future are thrilled to have won an HSJ award! It goes a long way to recognising the hard work of the young people, staff team and partners, who have all been instrumental in the success of Project Future.”

## CHAT 'Highly Commended' HSJ awards

Our Care Homes and Assessment Team (CHAT), based in Enfield also received a Highly Commended from the HSJ judges for its work. Our nursing-led teams, in our Enfield Community Services go into more than 40 care homes and train their staff in order to prevent patients going into hospital. We teach staff about diabetes care, end of life care, and help them to manage patients' long term conditions. Since 2012 we have reduced admissions to hospital by 6%, A&E attendances by 19%, and 99% of residents now die in their preferred place of care.

# Quality Improvement

Over the last year we have committed to a programme of Quality Improvement across BEH.

Quality Improvement, or QI for short, is about ensuring we have one consistent approach to getting better at what we do, and demonstrating how we make a positive change for our staff and patients.

QI will help us enhance the quality of our services and what we can offer our service users.

## Our QI programme

Delivering ever improving services is what we do for the communities we serve.

Doing more of the same no longer works in an NHS that is facing enormous challenges. This is why we have joined with healthcare partners and local authorities across Barnet, Enfield, Haringey, and Camden and Islington to form North Central London's Sustainability and Transformation Plan. As a group we are working together more systematically and with greater effectiveness than ever before, to provide better, more holistic services for patients.

Our QI programme consists of 15 teams working on multiple projects across the Trust, with each project aimed at:

- Minimising harm
- Improving experience
- Supporting the workforce
- Reducing costs

Each project is made up of a number of core team members and the aim is to build their capabilities so they can go on to train others within BEH in the change and improvement methodology that they have learnt.

## Haelo – Developing QI

During 2016 we became the first Mental Health Trust to become a QI partner with Haelo. Haelo grew from the highly acclaimed work undertaken by Salford Royal NHS Foundation Trust, considered within the NHS as a beacon site for the delivery of improvement.

## Making QI happen at BEH

We have been asking our teams to identify potential small changes that can be measured, tested and reviewed on a weekly and monthly basis.

Any changes that have worked we look to share with other teams.

Where changes have not worked, we focus on why they did not work and whether other options should be considered instead.

## QI achievements

We have achieved a number of goals already during 2016/17:

- We've established regular reviews with teams to check on progress
- Provided consistent data updates to show how improvement has changed outcomes
- Evaluated actions and tested implementation by all 15 teams
- Shared learning and promoted teams across the organisation
- Trained a cohort of staff to support frontline teams eager to try this approach

# Quality Improvement at the CRHTT

## Case study

**Richard Parkin is the Consultant Psychiatrist for Barnet East Locality Team and for his patients who are with the Borough's Crisis Resolution and Home Treatment Team, CRHTT for short.**

**There are 30 people working in the CRHTT. The service works with people who are in mental health crisis. They need urgent support and intensive home-based treatment otherwise they could end up in hospital. The team helps people facing acute psychotic relapses, serious mood disorders or significant personality disorders when these patients present in a crisis.**

"We decided to give the Quality Improvement (QI) programme a go," says Richard Parkin. "We wanted to see if it could make a difference here at Barnet CRHTT.

"We had been facing historic difficulties in retaining staff, primarily because our case load was always so high, so from my point of view the service was a good candidate for QI.

"I also wanted the team to learn from the QI methodology, and even though I and a number of colleagues were sceptical at first I thought it might provide some additional learning and development for the team.

"But there was no need for scepticism. I was actually quite won over after taking part. What's important is that the improvement methodology we use allows for a bottom up rather than top down approach when making changes to service delivery. It allows individual clinicians to get really involved with

changing things, whether it's changing their own practice, or making changes to the service no matter how small they might be.

"That means there's a real immediacy about the issue. You identify a problem, make a change, and do it immediately. And instead of waiting months for audit or evaluation results, you see if it works in real time. It's this that really keeps it alive.

"Of course we do evaluate and test, but the testing is very specific, and visual. We've all learnt about Plan Do Study Act (PDSA) cycles, run charts and driver diagrams.

"And has it worked? Well our recruitment has improved and our bank and agency usage has gone down, and while we were already addressing this before we started out QI programme it certainly has helped."

**“I also wanted the team to learn from the QI methodology, and even though I and a number of colleagues were sceptical at first I thought it might provide some additional learning and development for the team.”**

# Quality Account Summary

**Our Quality Account gives us an opportunity to reflect and report on the quality of the services that we have been delivering over the last year.**

Our Quality Account gives us an opportunity to reflect and report on the quality of the services that we have been delivering over the last year.

We have worked with patients, staff and stakeholders to agree our priorities for improvement, so we can ensure we deliver even better services.

Our Quality Priorities for 2016/17 were set against the three domains of quality:

- Patient Safety
- Patient Experience
- Effectiveness

Our Quality Priorities for 2017/18 will build on our Quality Priorities for 2016/17.

**Patient Safety** - Improving the physical health of our service users:

- Use of National Early Warning Score (NEWS) tool to be improved
- Better ways of monitoring use of NEWS tool, through monthly Quality Assurance audit
- NEWS training rolled out across Trust
- Commissioning for Quality and Innovation (CQUIN) - Improving physical healthcare to reduce premature mortality in people with serious mental illness - treatment for patients with psychoses

**Patient Experience** - Dementia Care and improving end of life care

**Effectiveness** - Improving systems for sharing learning within and between teams across the Trust

A fully copy of our Quality Account 2016-17 can be found on our website – [www.beh-mht.nhs.uk](http://www.beh-mht.nhs.uk).





# Quality Governance

**We aspire to provide care of the highest quality, in collaboration with those who use our services. BEH is an organisation that embraces continuous improvement and learning.**

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

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

- We produce a comprehensive quality and performance dashboard (including safety, experience and effectiveness) on a monthly basis
- We conduct compliance checks that mirror the Care Quality Commission's (CQC) essential standards
- We have an active national and local clinical audit programme
- We monitor patient experience and complaints and have a robust risk management and escalation framework in place

Our quality governance system, and our quality performance and assurance on these arrangements are overseen by the sub-committees of the Trust Board.

## CQC Quality Improvement Action Plan

The CQC undertook a Comprehensive Inspection of our services during 30th November to 4th December 2015. They looked at 11 of our core services and gave them each a rating.

The inspectors rated each service based on the CQC's five domains which together constitute a quality service.

The five domains are:

- Safe
- Effective
- Caring
- Responsive
- Well led

In each service we received a 'Good' in the caring domain, with the CQC inspectors hearing a lot of positive feedback from patients about our staff being "kind, skilled and well trained", and also noting in their report how "most of the staff inspectors met were very caring, professional, and worked tirelessly to support the patients using the services provided by the Trust."

Of the 11 services inspected, five were rated as 'Good', with one 'Outstanding'. The remaining five were placed in the 'Requires improvement' category and due to the way the system works the Trust was therefore given an overall rating of 'Requires improvement'.

## CQC breakdown of rating outcome for the Trust

Are Mental Health Services safe?	Requires improvement	●
Are Metal Health Services effective?	Requires improvement	●
Are Metal Health Services caring?	Good	●
Are Metal Health Services responsive?	Requires improvement	●
Are Metal Health Services well-led?	Requires improvement	●

### The CQC Hospital Inspection Report was published on 24th March 2016.

Within the inspection report the CQC issued 31 compliance actions, 'must dos', and 95 'should dos'. The action plan that the Trust created in response to the report, the Trust Quality Improvement Plan has 72 actions against the 'must dos' and 208 actions against the 'should dos'.

Our Trust Quality Improvement Plan has been designed with the objective of delivering improvements to the quality of care and services provided by the Trust. It is grouped into four main themes:

- Staffing
- Patient-centred care
- Leadership
- Management and premises and equipment

During 2016/17, the Trust has worked hard to ensure the Improvement Action Plan was implemented.

Progress against the Improvement Action plan is monitored by our Board, the CQC and our commissioners.

To date, 42 of the 72 must do actions have been fully completed. 27 are in progress and will not be deemed complete until supporting evidence or narrative is provided. Three actions are not on track, the reasons for this relate to service reconfiguration and investment from our Commissioners.

We will be working with the CQC, our service users, our Commissioners and our staff on continuing to improve our services.

The full Quality Account can be found at [www.beh-mht.nhs.uk](http://www.beh-mht.nhs.uk).



# Patient Experience

There are plenty of ways that patients, their families, and their carers can give us feedback about the services we provide.

We really appreciate receiving feedback as we want to know when we are doing things well, and when we are demonstrating our values. Equally we also want to know when we are not doing things quite so well so we can improve.

## The Friends and Family Test.

The Friends and Family Test (FFT) is a nationally available tool introduced in 2015 and used across health organisations to measure patient experience. The test asks people if they would recommend our services to friends or family, and asks why. These are just some of the things our service users and carers are saying about us:

*"Open, honest and very understanding. Liked the people. Very friendly and helpful with me." Barnet Psychiatric Liaison Team January 2017*

*"Helpful, reassuring, relaxed and professional." Enfield Paediatric Physiotherapy December 2016*

*"I am very happy with the service my sister received from the Wellbeing Clinic. The staff make me and my sister happy. They always have time to sit and listen to our problems, despite their busy workload." Haringey Wellbeing Clinic October 2016*

From April 2016 to March 2017 we received 10,415 completed FFT responses of which 8,675 were completed by service users and 1,750 (20%) completed by carers/parents. 87% of people were positive about our organisation and would recommend services to family and friends.

This equates to an 8% response rate in mental health services and 2% response rate for community services across the total activity of the Trust. We have a number of strategies being developed to improve on this rate including:

- A new format for the questions asked of those using the universal and specialist children services in Enfield
- The introduction of kiosks in Enfield CAMHS and Cedar House
- The use of wipe boards in the waiting areas used for Haringey CAMHS
- The sharing of feedback across services, learning from what is done well
- The use of 'You Said: We Did' boards in all areas to provide feedback on what has been done in response to the free text provided

***"I am very happy with the service my sister received from the Wellbeing Clinic. The staff make me and my sister happy. They always have time to sit and listen to our problems, despite their busy workload."***

**“My carer has always been very helpful with finding supported housing and I have actually got it, which was very important to me and my family.”**

## Patient and Carer Survey

The Patient and Carer survey provides an opportunity for all those who access our services to give feedback. The service user survey was redesigned by three task and finish groups over the summer of 2016. These groups were made up of staff and service users. The finished survey was 11 questions rather than 14, and questions reworded to capture feedback on the Enablement agenda, as it was being experienced by service users.

The new survey was launched across the Trust on January 3rd 2017 and now includes a fuller list of questions required to collect data on the nationally prescribed protected characteristics.

From April 2016 to March 2017 the Trust collected a total of 10,415 completed questionnaires demonstrating an overall satisfaction rate of 87% from service users and 91% from carers.

Overall the highest and lowest performing areas relate to the areas of dignity (carers survey) and involvement (service users survey) respectively.

### **Q. Do staff treat the person you care for with dignity and respect?**

**A response of 97%**

### **Q. Are you given enough information about your condition?**

**A response of 84%**

The patient experience team has been working on a number of initiatives to improve response rates to surveys and to help focus the learning from the feedback received. These include:

- A new postcard design format has been piloted in key areas including Dementia Care waiting rooms, CAMHS waiting rooms and community mental health clinics
- The use of discovery interviews on the continuing care ward in Barnet
- Attendance at community meetings in inpatient wards in all Boroughs supporting engagement and involvement in all aspects of a stay on the ward
- The introduction of a service user award which is presented to a winning team quarterly

The team continue to report on the patient survey and the carer survey at service Deep Dives, drawing attention to the use of the 'You Said: We Did' boards as a means of providing feedback and encouraging the demonstrative link between feedback and Quality Improvement.

The free text box provides additional comments and presents a good and rich source of feedback as shown below:

*“The staff are extremely kind and caring.” Suffolk Ward February 2017*

*“My carer has always been very helpful with finding supported housing and I have actually got it, which was very important to me and my family.” Enfield Early Intervention Service March 2017*

*“Very helpful admin and nurse who did my assessment and I felt cared for and safe.” Haringey Assessment Service December 2016*

*“Just got positives about the service.” Paediatric Specialist Nursing Service December 2016*

# Complaints

Complaints, like all forms of feedback received by the Trust, are taken very seriously and we aim to respond to all formal complaints within 25 working days.

We have continued to reduce the number of formal complaints received this year by a total of 18%. All complaints investigated have an action plan to share with the service, and learning takes place at all levels, demonstrating the link with a change in practice, and supporting our culture of "You Said: We Did".

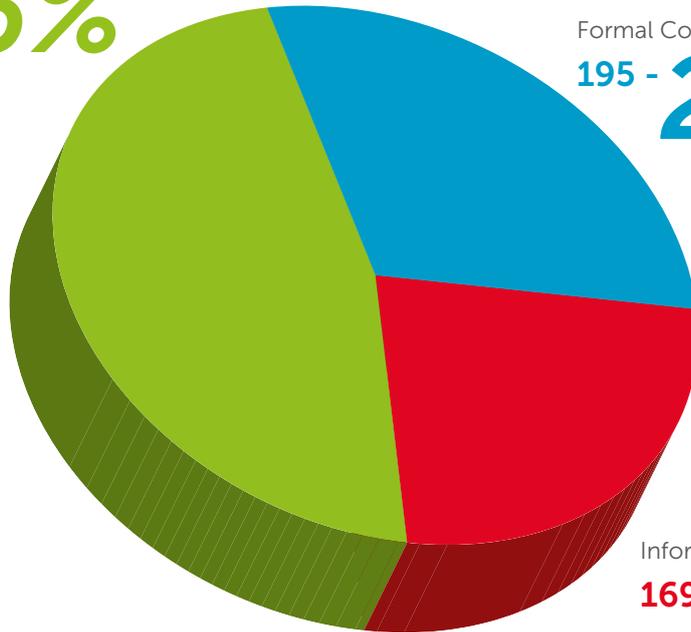
## Trust Complaints by Type 2016-17

Issues or Concerns

311 - **46%**

Formal Complaints

195 - **29%**



Informal Complaints

169 - **25%**

**Table 1**  
**Formal complaints breakdown**

<b>Complaint Subject</b>	<b>Number</b>
All aspects of clinical care and treatment	105
Information	36
Attitude of staff	23
Appointments/delay/waiting times	08
Admission	04
Other	17

The Patient Engagement team continue to run training courses such as 'Effective Complaints Handling' and 'Training to Become an Investigator' for all staff employed in the Trust.

This is in addition to the workshops completed as part of the preceptorship programme for nurses and presentations made to local community and staff groups which explore patient experience, and encourage engagement and involvement.

## Examples of improving patient experience

Telephone survey completed with all the carers of those individuals being cared for on Ken Porter Ward. Examples of the comments received were :

*"My mother was a longstanding patient of the ward and my gratitude to all the staffs' work in caring and support over this time. They were her second family."*

*"My brother has been on the ward for some time but I am happy with the care he receives. I regularly speak to the Consultant on the ward and find the Occupational Therapist very good, and she recently helped him to personalise his room."*

As a result of the survey, and in discussion with the ward manager and Occupational Therapist, the patient experience team are supporting the development of a quarterly newsletter for carers which keeps people informed about what is going on across the ward. This will be supported with a photo board on the ward for service users to enjoy and remember the events experienced.

***"My brother has been on the ward for some time but I am happy with the care he receives. I regularly speak to the Consultant on the ward and find the Occupational Therapist very good, and she recently helped him to personalise his room."***

# Developing our Workforce

**We want our staff to feel proud of working at BEH. We want people to love coming to work, and to be happy when they are here with us. This is the reason why we spend time and energy training and engaging our employees.**

We want people to know that they have a career with us, and not just a job. We are a big Trust and therefore have a lot of opportunities to offer, not just in mental health but also in physical health settings in the community.

Executive Director of Workforce, Mark Vaughan explains it simply: "Our ethos is if you get it right with staff then you will get it right with patients."

## Equality and Diversity

Our main focus for 2016/17 has been to lay the foundations for sustainable actions to address staff concerns around equal opportunities and to maintain compliance with equalities obligations and regulations.

The Workforce Race Equality Standard has been consolidated and made mandatory through the standard provider contract. The Trust has a clear action plan to build on its strengths in relation to the proportion of black and minority ethnic staff accessing non-mandatory training opportunities. At the same time, we are addressing those indicators where performance is below what we aspire it to be.

In April 2016 the Trust Board signed a commitment to actively promote diversity and equality and to address race inequality as an immediate priority. This led to the formation of a staff-led, grassroots race equality network, 'Better Together'. The network was launched in June 2016. A steering committee was elected and the network has organised a series of events such as 'listening lunches' to bring senior staff and frontline workers together to share career successes and explore career development issues.

In line with evidence from the national staff survey 2015, that staff with disabilities were often the most dissatisfied group of staff in the Trust, we launched an online disabilities staff equality forum in June 2016. This will be a valuable tool in the local implementation of the Workforce Disability Equality Scheme which is being introduced in 2017 - an approach to compare the experience of disabled staff when compared with staff without a disability.

In addition, an informal group of staff supported by the Equalities and OD team has been working on a project, 'developing a positive environment for lesbian, gay, bisexual and transgender service users and staff' to bring forward initiatives to partner the Trust. In February 2017, we held a workshop in partnership with Barnet Council and Middlesex University to explore what staff could do to make improvements. The aim of this group is to lead on establishing an LGBT equality network in 2017.





## Staff engagement and development

Over the past year, we have enhanced our portfolio of learning opportunities and engaged with more staff to take part in professional development. We ran a series of 'Learning at Work' events which provided staff with information and guidance on training, and staff benefits and we invited suggestions on ways to improve the working environment.

## Living our Values

In a large staff and service user engagement exercise we refreshed our Trust values in May 2016.

The values agreed were:

- Respect
- Compassion
- Working Together
- Being Positive

During the year more than half of our staff participated in a programme called "Living our Values", which will contribute to a set of behaviours underpinning our values. This work is still ongoing, and is aimed at bringing our values to life. Staff thoroughly enjoyed the sessions and there has been a demand for more to be put on.

## Staff survey

We gained a considerable increase in response to the annual staff survey in 2016, achieved through enhanced publicity and providing protected time for staff to complete the survey. Following the very positive results in 2015, we were pleased to maintain good levels of engagement, appraisals and recommending the Trust as a place to work or receive care. However, we remain concerned about the level of reported bullying and harassment and discrimination which will be the focus of our action plan in 2017.



## Staff Awards

In December 2016, we recognised the talent, commitment and excellence of our staff at the annual staff awards ceremony, with categories ranging from compassion in care to newcomer of the year. We received a record number of nominations – more than 300 – which gave the selection panel the enjoyable challenge of choosing the best of those who had been nominated by their peers and colleagues. The annual awards were complemented by our employee of the month awards which recognise the individual contributions of staff across all professions, both clinical and non-clinical.

## Dragons' Den

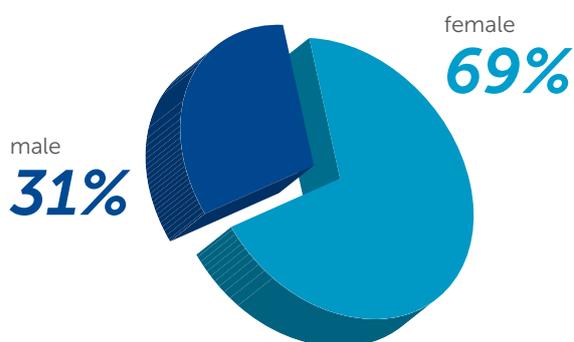
Once again, the Trust invited bids for a share of a dedicated fund for innovative projects devised by staff for the benefit of staff or the people who use our services. Bidders were invited to meet our dragons who quizzed them on the feasibility and value of their projects. We received 36 bids, a considerable increase on the previous year. Successful bids included a project to support creativity for recovery, enablement and wellbeing, sound equipment and an outdoor gym.

## Gender Distribution

The gender distribution for directly employed staff, excluding bank, agency and contractors for 2016/17 is outlined below:

### Gender distribution of staff

Gender	Number of Employees
Female	2262
Male	1001



### Gender distribution of senior management (Band 8a and above)

Gender	Number of Employees
Female	225
Male	118

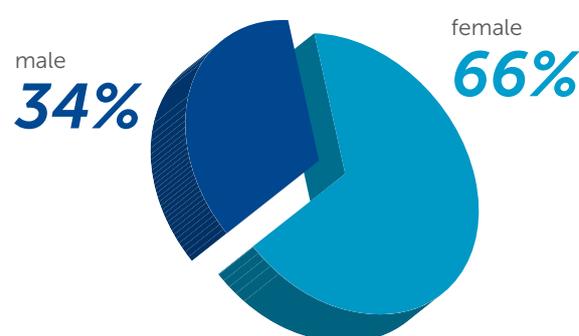


Table 2

### Average Staff Numbers (subject to audit)

Average Staff Numbers	Sub Code	Sign	Maincode 01 Total TTD Number	Maincode 02 Permanently Employed Number	Maincode 03 Other Number	Maincode 04 Total Prior Year Number	Maincode 05 Permanently Employed	Maincode 06 Other Number
Medical and dental	460	+	199	180	20	210	192	18
Ambulance staff	470	+	0			12	0	12
Administration and estates	480	+	690	604	86	604	532	72
Healthcare assistants and other support staff	490	+	572	414	158	661	530	131
Nursing, midwifery and health visiting staff	500	+	1,012	837	175	958	809	149
Nursing, midwifery and health visiting learners	510	+	0			12	0	12
Scientific, therapeutic and technical staff	520	+	634	598	36	590	542	48
Social Care Staff	530	+	0			0	0	0
Healthcare Science Staff	535	+	0			0	0	0
Other	540	+	0			7	7	0
<b>Total</b>	<b>550</b>	<b>+</b>	<b>3,108</b>	<b>2,633</b>	<b>475</b>	<b>3,054</b>	<b>2,612</b>	<b>442</b>
Staff engaged on capital projects (included above)	560	+	13	9	4	15	15	0

## Supporting Staff Wellbeing

We continue to work with managers and staff to try to reduce our sickness absence, and we take a proactive, sensitive and supportive approach.

For 2016/17, our annual rolling sickness absence level was 4.0%, better than the previous year which had been 4.7%. And, we ended the year with sickness absence at 3.2% in March 2017.

The Workforce Directorate continues to work with managers and Occupational Health to tackle potential issues in order to reach the Trust's target and we are hopeful that the improvements achieved over the course of the year will be sustained.

We are working to resolve short term and long term sickness absence. Sickness absence boards have been introduced in all our Boroughs which include Occupational Health (OH) representatives. They are providing services with an opportunity to discuss

absence with business partners and representatives from OH, and to provide a sympathetic, supportive management plan to help a staff member return to work. We also have a programme of coaching and training in place for managers, and OH staff help employees with any underlying health matters to aid a swift return to work.

A confidential 24/7 Employee Assistance Programme called CareFirst has been in place over the last year to help employees deal with personal problems or health issues that might adversely impact their work performance and well-being. Care First is a 24-hour care line with experts able to help staff at any point of the day or night.

In addition, BEH supports staff with ergonomic work place assessments and partners with external agencies such as Access to Work, when appropriate.

We also concluded discussions to launch a site-based physiotherapy service with a fast-track referral for our staff that is intended to address the concerns around musculoskeletal injuries that are one of the significant reasons for absence within the Trust.

We recently introduced the use of the Bradford Factor score in consultation with our trade union colleagues. This tool is widely used in the UK and the NHS. The tool highlights intermittent absence that is typically more disruptive to services and staff. In light of these and other changes in practice, we are reviewing our policy and expect to re-launch it in the first quarter of 2017/18 with a view to simplifying and strengthening the policy.

## Apprenticeships

We have a number of new and existing staff taking on apprenticeships as part of our learning and development programme.

More than 27 members of staff embarked on apprenticeship programmes, primarily in business and administration in the last year.

24 year old Muhammed Bhamjee joined the Trust as an Apprentice in October 2016 to support the Learning and Development team.

He says, "It's been a great opportunity for me to begin a career in administration. My day-to-day role involves booking courses, dealing with queries and trying to make sure staff are compliant with their mandatory training.

"The role has been challenging at times, but exciting none-the-less. I have a wonderful team who are

very supportive and encouraging. I've learnt how to manage my time effectively, map out priorities and how to run particular programmes.

"This is the beginning of a career for me, and the apprenticeship programme makes sure I have a strong foundation to build on in the future."

However, our Apprenticeship programme also focuses on developing existing staff, not just new recruits.

Jackie Stephen, Deputy Director of OD and Learning, says, "Our apprenticeship scheme has helped recruit young people in the local area as well as develop those who are currently working in the Trust.

"Our administrative staff play a huge part in the delivery of our services - we have a number of receptionists, switchboard operators, and health records staff too. We wanted to ensure they had learning and development opportunities available to them, and encouraged them to take part in the apprenticeship programme related to their role."

## Trust Communications

The Communications Team has been working across our three boroughs and specialist services over the last year to both provide advice and support on new and existing initiatives.

"We juggle multiple projects throughout the year," explains Karl Heidel, Associate Director of Communications for BEH. "There are three members of the team and around 3,000 staff. We divide our time between internal and external communications, ensuring we engage with all our stakeholders."

The team lets staff know about the latest developments through staff newsletters, videos, blogs, posters and of course via our intranet and website.

Over the last year we have developed a Communications Policy, worked on multiple campaigns, developed a website for children and young people, promoted the Trust and its new services widely, and expanded our social media reach.

We have also been working with production companies, renting out unused space across the Trust to film crews. In August last year ITV came to St Ann's in Haringey to film the crime TV drama 'Endeavour', and the requests have kept coming since. The money received is used to help with Trust finances.

Externally, we have worked with local, regional and national media to promote BEH. You will see some of our highlights from the year on the following page.

# BEH in the media

The Communications Department has been busy over the last year ensuring the Trust has been hitting the headlines in the press for all the right reasons.

Below are a small selection of some of the stories which the team have been working on during 2016/17. You can see a full list of our stories on our website, [www.beh-mht.nhs.uk](http://www.beh-mht.nhs.uk) by looking under the News tab.

March 2017



## BBC News - Rescue dog's journey from stray to saviour

BBC online and BBC London featured our Pets as Therapy dog, Katie. The Border Collie, belongs to BEH's Marianne Welsh, Senior Occupational Therapist in the Magnolia Unit in Enfield. Katie's visits provide excellent exercise for the patients in the physical rehabilitation unit because they love stretching down to pat her.

**Ham&High**

## Ham and High - Better care for LGBT service users

BEH launched a programme to provide better care for Lesbian, Gay, Bisexual, Transgender (LGBT) service users. Mary Sexton, BEH's Director of Nursing, opened the event underlining her personal commitment to ensure equality for LGBT service users.

February 2017



## National Health Executive

Lord Carter of Coles leads an efficiency review into community and mental health trusts. BEH is part of the first cohort.

January 2017



## BBC News - Dr Jonathan Bindman

BEH's Medical Director, Jonathan Bindman, took part in the BBC's Victoria Derbyshire Show and on BBC afternoon news. He discussed the length of stay in mental health wards, the importance of care in the community and funding in social care.

November 2016



## Health Service Journal – BEH wins another HSJ award

For the second year running BEH has won a prestigious 'Health Service Journal' (HSJ) award. Last year the Trust won the HSJ's only mental health category with its Time 2 Talk project, which helped spread mental health understanding and emotional wellbeing at schools.

This year Project Future won the HSJ's Sustainability category. Haringey's Project Future helps disenfranchised young people, some of whom are in gangs, to engage with mental health services and turn their lives around.



## Enfield Advertiser and Gazette - BEH awarded Mayor of London's Healthy Workplace Award

Our Workforce Directorate has developed multiple initiatives under a BEWell programme to get employees thinking about their mental and physical health, and this has been awarded the Mayor of London's Healthy Workplace Award.

October 2016



## Building Better Healthcare - Project to support autistic prisoners wins prestigious award

HM Young Offenders Institution (HMYOI) Feltham has won a national award for the work being done with BEH and the National Autistic Society (NAS) to support the needs of autistic prisoners. HMYOI Feltham is the only prison in the country to have been accredited by NAS for its work on autism.

TOTTENHAM & WOOD GREEN



## Tottenham and Wood Green Independent - BEH marks World Mental Health Day

BEH held a series of awareness-raising events on October 10th to mark World Mental Health Day and help break down stigma.

August 2016



## Enfield Independent - Former patients employed by mental health Trust

Former patients who have used mental health services are using their experiences to support those currently in recovery. BEH has employed eight Community Support Engagement Workers (CEWs) to help service users.

July 2016

## Healthcare Managers Magazine - CEO Maria Kane interview

BEH's Chief Executive Maria Kane speaks to *'Healthcare Manager'* magazine about how the Trust copes with its challenges and how she and her staff keep the show on the road.

June 2016



## Enfield Independent - Enfield young mothers receive NHS Award

The first group of young mothers has graduated from the Family Nurse Partnership (FNP) programme in Enfield. The home visiting service is for first time mums, aged 20 or under. A specially trained family nurse visits the young mum regularly, from early pregnancy until the child is two years old and provides support with all aspects of pregnancy and parenting.

May 2016



## Huffington Post - Blog

A Blog by BEH's young people's psychiatrist, Dr Nick Barnes, explored our whole school approach to challenging mental health stigma - a project called Time 2 Talk. It was inspired by a tragic story of a local student who was stabbed to death, and the impact this had on his closest friends. Filled with anger and grief these young people totally disengaged from school and family life. The Blog looks at how Nick and his team engaged with the students, who are typically described as "hard to engage", and helped turn their lives around, and provide a lasting legacy for their school.

## Nursing Times - Mental health trusts share best practices to mark Nurses Day 2016

BEH and Camden and Islington (C&I) Mental Health NHS Trusts joined forces with Middlesex University to work in partnership to improve patient care and encourage debate among the nursing community. The conference was called 'Mental Health: Proud to be different'.

# Estates and Facilities

**We provide mental health and community health services from more than 50 separate sites (10 freehold sites, 10 leasehold sites and over 30 sites with joint local agreements).**

Our Trust has inherited many older buildings, in particular on the St Ann's site in Haringey, which date back to the Victorian era. We have set out a plan to rebuild the site so it becomes a state of the art mental health facility, and we hope this will progress over the next few years

## Capital Investment

During the last year we have invested more than £1m improving the environment for patients across all our Trust's sites. This has included:

- Partial re-decoration of wards throughout the Trust as part of on-going investment
- Replacement of floor coverings
- Installation of 'ligature light' sanitary ware, en-suite doors and windows
- Continuing to upgrade security measures at Chase Farm including doors and locks in Camlet 1, Regent House, and Camlet 3
- Improvement to privacy and dignity
- Replacement of boilers

## Service Delivery & Standard

### Catering

Medirest, our catering provider, live by their strap line of "performance with heart" to ensure a great experience for patients, visitors, staff and colleagues.

Health and Wellbeing is at the heart of everything we do with our catering arrangements, ensuring that the focus is on patients' needs and we use 'steamplicity' as the unique cooking system that steam cooks our fresh food.

We respond to patients' comments which we take very seriously. Here is a little of their feedback. "Good variety of vegetarian options", "Good service", "More variety on menu", "Happy with the food, menu is fine." "Nothing like home cooking but this is fine", "Cannot

fault anything at all, love it".

There were also some more unfavourable comments such as: "More variety of vegetables and healthy options", "Caribbean food not spicy".

We acted on feedback and delivered new meals on the patient menu which have included two hearty suet based pies to reflect the season change. New vegan options (Lentil and Vegetable Bolognese) have also been introduced to the menu, strengthening the already popular vegetarian sections of the menu.

To ensure a good patient experience, our food is reviewed twice a year with Winter/Autumn and Spring/Summer menu. Some changes have been made to a few of the popular dishes on the menu, ensuring meals are tasty, appetising, fresh and vibrant. A number of different insights and key food trends have been reviewed to keep the menus relevant for patients and to ensure the range remains service leading, and also to ensure we have a nutritionally balanced menu to suit patients' needs.

In addition to the above, Medirest have also introduced a new "Dignified Dining" set. Involved in this is a blue Steamplicity plate. These plates were designed in conjunction with the Alzheimer's Society and allows for a more relaxed and smooth food service for patients suffering with Dementia. These plates have been offered to all Dementia and Elderly Living Wards to ensure that we can offer the best food service, tailored to the particular needs of our patients.

As part of our rehabilitation programme, patient self-catering had proved successful at Blue Nile house. We have widened self-catering to two further wards, Paprika and Severn. This now involves Occupational Therapists, Healthcare Assistants, patients, and the Catering Department to work together to create a semi-catering environment on the wards. This allows the patients to be involved in choosing and creating their own lunch items.

**“Health and Wellbeing is at the heart of everything we do with our catering arrangements, ensuring that the focus is on patients’ needs.”**

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

Regular reviews are also carried out to ensure that our Eating Disorders Unit has the most adequate menu to meet patient requirements.

## Overview of Services

We continue our partnership with Medirest ensuring high quality and best value services are provided on cleaning, portering, grounds maintenance, catering, security, and pest control. During 2016-17 this contract was extended fully at St Michael’s and Bowes Road sites enhancing higher standardisation of services across BEH.

During the year the key operational focus has been to continue maintaining a high standard of cleanliness and better environment, increasing staff engagement and procedural awareness through quality audit, monthly environment group meetings where performance issues relating to non-clinical services are routinely reviewed.

Our primary partners are our service users. In 2016 six sites were patient-led assessed through the PLACE (Patient-led Assessments of the Care Environment) national programme. This programme offers a snapshot and non-technical view of the building and non-clinical services provided across all sites and what improvements can be made to improve the patient experience.

Areas looked at were:

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

The Trust’s PLACE scores for 2016/17 indicated that the overall organisational scores in each category assessed were above the overall national average.

Table 3

	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
BEH	99.20%	92.80%	85.71%	96.31%	87.34%	83.22%
National Average	97.57%	88.20%	84.20%	93.40%	75.30%	78.80%

# Sustainability Report

The goal of sustainable development is to meet the needs of today, without compromising the needs of future generations.

BEH is committed to reducing its carbon emissions. The targets set for the NHS by the Government are to reduce carbon emissions by 26% by 2020 and by 80% by 2050. To address these issues we have produced our own sustainable development strategy and action plan. The key points in the action plan are to:

- Reduce energy usage
- Maximise financial efficiencies
- Minimise waste
- Meet and support NHS energy and carbon reduction targets
- Maintain compliance with legislative requirements
- Encourage behavioural and cultural change
- Develop a strategic framework to enable sustained delivery

We have developed a "Route Map for Sustainability" which provides a framework to address carbon emissions, energy efficiency and sustainable development. We have already reduced our own emissions from the baseline set in 2007 and are on course to achieve the 2020 target reduction of carbon emissions. This year our investment in sustainability has resulted in our Trust reducing its carbon emissions by 390,000 tCO<sub>2</sub> on top of the 180,000 tCO<sub>2</sub> achieved last year.

We have done this by:

- Reducing lighting consumption using various methods across all Trust sites
- Automating the monitoring and targeting of energy use
- Segregating waste and improving recycling
- Implementing a green travel plan, promoting cycling and other alternatives to car use, and introducing a plan for a new cost structure for site car-parking
- Installing a new building management system
- Investing in photo voltaic panels
- Increasing insulation in both walls and lofts to properties across the Trust
- Installing new energy efficient boilers





*We have developed a  
“Route Map for Sustainability”  
which provides a framework  
to address carbon emissions,  
energy efficiency and  
sustainable development.*

## Information Governance

We are committed to ensuring that all information held and processed by the Trust is managed in an efficient, effective and secure manner.

Our information Governance team works hard to make sure information is processed in line with local and national legislation. It is benchmarked against the Information Governance Toolkit, a Department of Health delivery vehicle managed by NHS Digital.

The Toolkit draws together legal rules and national guidance into a set of standards, and we are required to self-assess compliance against it.

The standards include:

- Information Governance Management
- Confidentiality and Data Protection Assurance
- Information Security Assurance
- Clinical Information Assurance
- Secondary Use Assurance
- Corporate Information Assurance

The purpose of the Information Toolkit assessment is to enable us to measure our compliance against legislation, to check that the information we process is done correctly and is protected from unauthorised access, loss, damage and destruction.

BEH maintained its level 2 compliance for 2016/17 showing a steady improvement, and meeting the required criteria.



*Doreen Todd*  
Information Governance Manager

## Compliance with Nolan Principles

We continue to follow the Nolan Principles of good corporate governance and our Trust Board reviews its corporate governance processes on a regular basis.

The seven principles of public life apply to anyone who works as a public office-holder and were first set out by Lord Nolan in 1995. This includes people who are elected or appointed to public office, nationally and locally. There are seven Nolan Principles:

### 1 – Selflessness

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

### 2 – 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

### 3 – 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

### 4 – 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

### 5 – 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

### 6 – 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

### 7 – Leadership

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

## Counter Fraud

"BEH is fully committed to the prevention, detection and investigation of potential fraud and bribery across the organisation. Our zero tolerance approach means there is a strong anti-fraud culture throughout the Trust, and staff are supportive of the Trust's efforts," says Gemma Higginson, Trust Counter Fraud Specialist.

This year the Counter Fraud team has delivered bespoke training sessions throughout our Trust, from Induction to Board level. This ensures staff understand fraud and bribery risks and indicators, and that the Trust's stance on countering fraud is well communicated throughout the organisation. In addition, the team undertook bespoke local proactive exercises to review business areas which may be subject to fraud risk, and has agreed with senior managers the implementation of anti-fraud controls to mitigate these risks. The Trust continues to support the investigation of all allegations of wrongdoing, and utilises the full range of disciplinary, civil, regulatory and criminal sanctions where appropriate and necessary.



*Gemma Higginson*  
*Trust Counter Fraud Specialist*

## Emergency Preparedness

During 2016/17 BEH has continued to review and develop its major incident, emergency planning and preparedness capabilities to ensure compliance with legislation, NHS requirements and those of other regulatory bodies.

The Trust has fulfilled its legal requirements under the Civil Contingencies Act of 2004 to work in partnership with other NHS organisations, emergency services, voluntary and faith sectors, and local authorities in order to develop clear and co-ordinated strategic, tactical and operational response plans for major incidents and emergencies. This has been achieved by regular Trust representation at Borough based Local Resilience Forums and also at network NHS meetings.

Both the Trust Major Incident Plan and Business Continuity Plan have been reviewed and amended over the last year as part of the 2016/17 NHS Major Incident and emergency planning assurance process.

Appropriate training of staff in major incident and emergency planning is a requirement for responders under the Civil Contingencies Act 2004, so over the last year the Trust has continued to provide a dedicated training session as part of the monthly Trust induction for all employees.

In February 2017, 18 Directors and senior managers (Gold and Silver Command Level) attended a 'Strategic Leadership in a Crisis' course designed to give a strategic and tactical overview of a major incident or emergency.

The Trust carried out a 'live' evacuation exercise of the Low Secure forensic wards in October 2016 to test emergency response procedures. This was a joint exercise with the London Fire Brigade and involved the complete evacuation of patients, staff, visitors and contractors from the two Low Secure wards. The event was successful with useful lessons learned for future events.

The Trust has also carried out regular fire drills over the last year, some of these being live evacuations following clinical risk assessments of patients. The Trust responded successfully to all monthly communication exercises for Gold Command as arranged by NHS England.

## Health and Safety

Over the last year we have worked hard to increase awareness among staff of the importance of having a safe care environment for the delivery of quality healthcare.

A review of the team risk assessment tool was carried out and was migrated from Meridian software to DATIX, the risk management system used by the Trust.

This has streamlined the team risk register by having all risk in one system. The migration was successful and all 135 teams have moved into the new system.

The Health and Safety Team introduced 'pop up' training, tailoring course content to cover the specific needs of departments in locations and times convenient for staff. The Trust used to face significant challenges in getting ward staff trained but we have been able to overcome these challenges with 'pop-up' training. 774 staff, representing 25% of the workforce, were trained during 2016/17.

We also took part in safety 'walk-arounds' between the safety team and staff. These were aimed at making the environment as safe as possible and gave employees the opportunity to identify and share ideas on safety issues.

A safety inspection and audit was carried out by the Health and Safety Advisor in conjunction with staff representative to see whether the Trust is meeting its legal obligations to staff, service users, visitors and contractors.

In addition, a review of local lone working was carried out for community teams across the Trust. This gave staff a framework for managing potentially risky situations. 1171 staff, 38% of the workforce, have been trained in lone working awareness.



Victoria Unit

LD12 ZFE

LIFELINE

# Directors' Report

## The Trust Board

The role of the Trust Board is to consider the Trust's strategic direction and oversee its performance and governance.

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

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

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

The Board's business is conducted through bi-monthly Trust Board meetings, which are held in public. Additionally, there are a number of Committees of the Board.

The minutes and other papers from Trust Board meetings are published on the Trust's web-site: [www.beh-mht.nhs.uk](http://www.beh-mht.nhs.uk)

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

***A list of Trust Board Members during the year 1 April 2016 to 31 March 2017:***



**Michael Fox**  
Chairman

**Term of Office: 1 April 2016 – 31 March 2018 (first appointed 1 April 2008)**

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



**Catherine Jervis**  
Non-Executive Director

**Term of Office: 1 March 2017 – 28 February 2020 (first appointed 1 March 2015)**

Catherine has been an Executive team member at Achievement for All, a national educational charity, since 2011, responsible for the establishment of the commercial strategy and extending the reach of the charity to transform the lives of vulnerable children across the UK. She is also a Non-Executive Director and Vice Chair for First Community Health and Care (FCHC) chairing their Finance and Audit, and Remuneration and Workforce committees. Catherine is a qualified accountant. Her previous executive experience includes 5 years as Director of PwC, where she led the Children's Team working primarily on education and social care assignments.



**Cathy Hamlyn**  
Non-Executive Director  
/ Chair of the Audit Committee

**Term of Office: 1 April 2015 – 31 March 2017 (first appointed 1 April 2013)**

Cathy has had a long and successful career within the civil service. She has held a variety of positions within the Department of Health, most recently Director of National Support Teams, which focused on providing support to both health and local authorities in relation to public health issues. Cathy has also held the post of Chief Executive at three Health Authorities: Sheffield, West Essex and Islington. Cathy has extensive professional financial experience and is a qualified public sector accountant and was a former Director of Finance in the NHS. She also has a wealth of experience in governance and strategic planning.



**Charles Waddicor**  
Non-Executive Director

**Term of Office: 1 March 2017 – 28 February 2020 (first appointed 1 March 2015)**

Charles is currently working on bids for integrated Health Care Pilots for Optum and is also Special Advisor for Mental Health Inspections for the CQC since June 2014. He has significant experience within the NHS most notably as Chief Executive of NHS Berkshire West from 2007 to 2011 and then of the reformed NHS Berkshire from 2011 to 2013, overseeing various organisational transitions responsible for the Primary Care for a population of 500,000. Charles has prior experience of a number of Non-Executive roles, such as Trustee for the Primary Care Respiratory Society (since May 2013), member of the NICE Technology Appraisals Committee (from 2010 to 2013), member of the Board of Trustees for the National Association for the Care and Resettlement of Offenders (from 1997 to 2007), specifically as Chair of the Mental Health Advisory Committee from 2000 to 2007.



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

**Term of Office: 9 February  
2015 – 8 February 2017  
(first appointed 9 February  
2009)**

Christine has been Director of Business and Commercial Analysis with GlaxoSmithKline, a management consultant with Arthur D Little and a Research Fellow with the Centre for Medicines Research. Prior to that Christine had extensive experience within the medical research field with postdoctoral positions at the University of Colorado Health Sciences Center and the Medical Research Council in Mill Hill.



**Frank Devoy**  
Non-Executive Director

**Term of Office: 1 February  
2016 – 31 January 2018**

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



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

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

Paul is a qualified general and mental health nurse and has worked as a clinician and manager in provider and commissioner roles across the NHS and social care. Paul has held a number of executive director roles on NHS Trust Boards and since retiring from a Primary Care Trust in 2007 has continued in interim director roles including the Care Services Improvement Partnership and National Institute for Mental Health (England). He was also the interim Director of Operations and Nursing at this Trust in 2008. Paul has had charitable trustee experience with the mental health charity "Together for Mental Wellbeing". Currently he provides advice to NHS Providers on mental health issues and sits on a number of External Advisory Groups for CQC and DH. He also facilitates senior mental health meetings in some regions.



**Rebecca Harrington**  
Non-Executive Director

**Term of Office: 4 January 2014 to 3 January 2017**

Rebecca has extensive experience of working in social care and community health services. Rebecca's career includes working as a Chief Officer in Camden Council and an executive director on the Camden Primary Care Trust Board. She has also served as the council's representative on the governing body of the Camden Clinical Commissioning Group, and led the development of Health Watch and the Health and Wellbeing Board.



**Ruchi Singh**  
Non-Executive Director

**Term of Office: 16 January 2017 to 15 January 2019**

Ruchi Singh is a Strategy and Transformation specialist who has worked across central government and the private sector for more than 20 years. After a career in management consultancy working for companies such as Ernst & Young, PwC and IBM, Ruchi joined HM Treasury in 2005 where she supported the delivery of the Treasury efficiency reviews on the Departments of Health, Justice and HMRC. In 2008 Ruchi joined the National Offender Management Service (NOMS) where she led on efficiency and transformation initiatives including negotiations with police constabularies and the MoD (Ministry of Defence) on the development of the prison population and the reconfiguration of the prison estate. Ruchi has also worked closely with the NHS and Public Health England co-commissioning bodies to develop mutually beneficial commissioning strategies. Ruchi has now set up an independent management consultancy with clients including the Financial Conduct Authority and HS2.



**Paul Ryb**  
Non-Executive Director

**Term of Office: 10 February 2017 to 9 February 2019**

Paul has a lot of experience in the finance and investment sector, having been Managing Director at the Royal Bank of Scotland as well as at a number of other investment banks. He has worked in the City of London for more than over 20 years. He currently holds board positions in the commercial, public and charity sectors, while also managing an investment portfolio for a private family office. After 2007 when Paul lost his central vision due to macular dystrophy, he became involved in a number of sight charities including RNIB, the Macular Society, and Blind in Business, where he continues to use his experiences in dealing with sight loss to benefit others. Paul is a keen sportsman and has held a British number 1 Tennis title for three years, is a brown belt in kickboxing, and enjoys high octane sports in the Alps including white water rafting and canyoning.



**Maria Kane**  
Chief Executive

**Appointed 2007**

Maria joined the Trust initially as Executive Director of Corporate Development, and was appointed Chief Executive in July 2008, having already served nine months as Acting Chief Executive. Maria has a background in the private and voluntary sectors and the NHS. Before joining the Trust, she was Executive Director of Corporate Development, Communications and Partnerships at the former North West London Strategic Health Authority.



**Jonathan Bindman**  
Medical Director

**Appointed December 2013**

Dr Bindman joined in 2013 as Medical Director. He is the Executive Lead for patient safety and has an interest in improving the quality and learning from incident investigations. His clinical work is at Edgware Hospital and he has interests in personality disorders and adults with autism spectrum disorder. His previous roles include Clinical Director for Lambeth and for the Mood Anxiety and Personality Clinical Academic Group at South London and Maudsley NHS Foundation Trust. He has worked in a range of inpatient and community mental health teams since 1990.



**Mary Sexton**  
Executive Director of  
Nursing, Quality and  
Governance

**Appointed May 2012**

Mary has worked across both Acute, Community and Mental Health settings at director level as well as working at Regional level as a clinical lead for quality and safety in transition. Mary has held various nursing and leadership roles, she has a particular interest in quality, patient and carer experience, and governance that supports learning. In 2014 Mary was invited to become an Honorary Clinical Professor of Middlesex University.

**Changes in the Trust Board during the period:**

- Rebecca Harrington's term of office as a Non-Executive Director came to an end on 3 January 2017
- Christine Harvey's term of office as a Non-Executive Director came to an end on 8 February 2017
- Cathy Hamlyn's term of office as a Non-Executive Director came to an end on 31 March 2017
- Ruchi Singh was appointed as a Non-Executive Director on 16 January 2017
- Paul Ryb was appointed as a Non-Executive Director on 10 February 2017



**Simon Goodwin**  
Chief Finance and  
Investment Officer

#### Appointed November 2010

Simon began his career as an Audit Supervisor for accountancy firm Touche Ross, and has worked in the NHS since 1994, firstly at the North Middlesex Hospital, followed by three years at Oxford City PCT where he was Director of Finance, and was Director of Finance at NHS Islington from 2004 prior to joining the Trust. He is a member of the Institute of Chartered Accountants of England and Wales.



**Andy Graham**  
Executive Chief  
Operating Officer

#### Appointed June 2014

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



**Mark Vaughan**  
Executive Director of  
Workforce

#### Appointed February 2015

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

## Balance and appropriateness of the Trust Board

The makeup and balance of the Board is continuously kept under review by the Chairman, which was taken into account in the recent appointment of two new Non-Executive Directors. The Non-Executive membership has extensive experience within the NHS, public services and estates sectors.

## Board Committees 2016/17

To support the Board in carrying out its duties effectively, a number of Committees have been formally established.

Each Committee receives a set of regular reports as outlined in their respective terms of reference and each provide summary reports to the Board after each meeting. Board membership at the six board Committees during 2016/17 is shown in Table 4 overleaf.

Table 4

## Board Membership of Committees (as at 31 March 2017)

Summary	Audit	Finance and Investment Committee	Trust and Charitable Funds	Remuneration Committee	Mental Health Law Committee	Quality and Safety Committee
<b>Michael Fox</b> Chairman	-	-	-	✓ Chair	-	-
<b>Frank Devoy</b> Non-Executive	-	✓	✓	✓	-	-
<b>Paul Farrimond</b> Non-Executive	-	-	-	✓	✓ Chair	✓ Chair
<b>Catherine Jervis</b> Non-Executive	✓	-	-	✓	-	-
<b>Paul Ryb</b> Non-Executive	✓	✓	✓	✓	-	-
<b>Ruchi Singh</b> Non-Executive	-	✓	✓	✓	-	✓
<b>Charles Waddicor</b> Non-Executive	-	✓ Chair	✓ Chair	✓	✓	-
<b>Maria Kane</b> Chief Executive	-	✓	-	-	-	-
<b>Jonathan Bindman</b> Medical Director	-	✓	-	-	✓	✓
<b>Simon Goodwin</b> Chief Finance and Investment Officer	-	✓	✓	-	-	✓
<b>Andy Graham</b> Executive Chief Operating Officer	-	✓	✓	-	-	✓
<b>Mary Sexton</b> Executive Director of Nursing, Quality and Governance	-	-	-	-	✓	✓
<b>Mark Vaughan</b> Executive Director of Workforce	-	-	-	-	-	✓

## Responsibilities of the Audit Committee

The purpose of the Audit Committee is to provide the Trust Board with an independent and objective review on its financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS. The Audit Committee reviews the adequacy of all risk and control related disclosure statements (especially the statement on Internal Control and declarations of compliance with the standards of the Care Quality Commission) together with accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurance, prior to endorsement by the Board.

## Responsibilities of the Finance and Investment Committee

The purpose of the Finance and Investment Committee is to consider, determine action where specified, and to make recommendations to the Board on a number of key financial issues relevant to the Trust in the areas of finance, treasury management and use of resources.

## Responsibilities of the Mental Health Law Committee

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

## Responsibilities of the Quality and Safety Committee

The purpose of the Quality and Safety Committee is to provide oversight of the quality of clinical care and of performance issues. It provides the Board with evidence to help provide assurance that quality and safety related issues are being managed effectively and that risks to the quality of services are managed effectively. The Committee also reviews all clinical audit reports and undertakes an annual review of the activities and effectiveness of the clinical audit function.

## Responsibilities of the Remuneration Committee

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

## Responsibilities of the Trust and Charitable Funds Committee

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

# Board Members' Register of Interests during the year 1 April 2016 to 31 March 2017

## Michael Fox, Trust Chairman

- None

## Jonathan Bindman, Medical Director

- Married to a GP currently working in Newham Community Services, managed by East London Foundation Trust and undertaking locum work in Tower Hamlets
- Unpaid adviser to Raphael, a Jewish counselling service based in Barnet

## Frank Devoy, Non-Executive Director

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

## Paul Farrimond, Non-Executive Director

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

## Simon Goodwin, Chief Finance and Investment Officer

- Married to a senior manager at East London NHS Foundation Trust

## Andy Graham, Executive Chief Operating Officer

- Partner is a Director at InHealth, which provides diagnostic services to the NHS

## Cathy Hamlyn, Non-Executive Director

- Executive Associate Director in Nudge Associates (provision of consultancy services to the NHS and local authorities in relation to sexual health; HIV and in addressing sexual violence)
- Chair of MEDFASH (Medical Foundation for AIDS and Sexual Health)
- Member of the Labour Party

## Rebecca Harrington, Non-Executive Director

- Sole owner of Rebecca Harrington Ltd (intended provision of services to the NHS – none at present)
- Chair at The Maya Centre, providing free psychological support for women
- Chair of the NICE Guideline Development Group for Transitions between Inpatient Mental Health Care and Residential and Community Placements
- Partner is Consultant Psychiatrist at Camden & Islington NHS Foundation Trust and Professor at University College London
- Partner appointed to the Care Quality Commission as National Adviser on Rehabilitation Psychiatry

**Dr Christine Harvey,**  
Non-Executive Director

- None

**Catherine Jervis,**  
Non-Executive Director

- Non-Executive Director for First Community Health and Care, a not for profit company providing community health services (primarily to the NHS) in East Surrey
- Trustee and Treasurer for First Community Trust (supporting the provision of health and social care in Surrey)
- Advisor to CEO for Achievement for All, a national education charity providing services to schools and other educational settings in collaboration with partners from the health field (e.g. Place2Be and Young Minds)

**Paul Ryb,**  
Non-Executive Director

- Managing Director, The BIGlittle Co. Ltd.
- Non-Exec Chairman, Depositit.com, a leader in Cyber insurance protection plans for SMEs
- Non-Executive Director, Kings Access Technology Ltd, a leading provider of accessible technology for the blind and partially sighted community
- Co-Owner Anytime Fitness Mill Hill 24/hour Gym, North London
- Trustee for Macular Society
- Finance Committee member for the Thomas Pocklington Trust

**Ruchi Singh,**  
Non-Executive Director

- Director, Kaleidoscope Transformations Ltd., a strategy consulting company

**Maria Kane,**  
Chief Executive

- Trustee (unremunerated) of Young Minds (a small national charity supporting better mental wellbeing for children and young people)
- Member of Information Committee of Lullaby Trust
- Stake Holder Member (unremunerated) to the Health Education England London and South East Local Education and Training Board

**Mary Sexton,**  
Executive Director of Nursing,  
Quality and Governance

- Honorary Clinical Professor, Middlesex University
- Clinical and Professional Advisor, Care Quality Commission

**Mark Vaughan,**  
Executive Director of Workforce

- None

**Charles Waddicor,**  
Non-Executive Director

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

# Human Trafficking and Modern Slavery Act

## Our commitment to prevent slavery and human trafficking

This statement is made with regards to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the financial year ending 31 March 2017

The Trust Board and all employees are committed to ensuring that there is no modern slavery or human trafficking in any part of our business activity and in so far as is possible to holding our suppliers to account to do likewise. We will continue to support the requirements of the Modern Slavery Act 2015 and any future legislation

Our overall approach will be governed by compliance with legislative and regulatory requirements and the maintenance and development of best practice in the fields of contracting and employment.

Our recruitment processes are robust and we adhere with national NHS employment checks. This includes strict requirements in respect of identity checks, references, work permits and criminal records. Our pay structure is derived from national collective agreements and is based on equal pay principles with rates of pay that are nationally determined.

We are committed to maintaining and improving systems, processes and policies to avoid complicity in human rights violation and to prevent slavery and human trafficking in our supply chain.

Our response to human trafficking and modern slavery is coordinated by our Integrated Safeguarding Committee. The subject is included in all safeguarding training and will form a key work stream of our safeguarding strategy and associated work plan. Any identified concerns would be escalated as part of the organisational safeguarding process, and in conjunction with partner agencies such as the local authorities and police.



Health, Education and Technology  
Claire Walsh  
ward manager

# Annual Governance Statement 2016/17

## 1. Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims and objectives, whilst safeguarding both quality standards and 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 Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the Accounting Officer Memorandum covering propriety and accountability issues.

This includes ensuring controls and procedures are in place and Standing Orders and Standing Financial Instructions are adhered to Trust-wide.

## 2. Governance framework of the Trust

The Trust Board is made up of a Chairman, seven Non-Executive Directors and six Executive Directors. The Chairman and Non-Executive Directors are appointed by NHS Improvement. Their role is to provide an independent view on strategic issues, performance, key appointments and to hold the Executive Directors to account. During the year, three Non-Executive Director's term of office came to an end - Rebecca Harrington (3 January 2017), Christine Harvey (8 February 2017), and Cathy Hamlyn (31 March 2017). Two new appointments were made during the year - Ruchi Singh (16 January 2017), and Paul Ryb (10

February 2017), Cedi Frederick was appointed as a Designated Non-Executive Director (4 January 2017) and took up the vacant post created by Cathy Hamlyn from 1 April 2017.

The Chief Executive and five other Executive Directors are the most senior managers in the Trust. They are responsible for working with the Non-Executive Directors to translate the Trust's strategic vision into day-to-day operational practice.

The Board carries out its roles and responsibilities with the aid of a structured and focused annual board cycle, which takes into account the setting of strategy and the monitoring of key risks, performance, governance and quality issues. The Board's business is conducted through bi-monthly Trust Board meetings, which are held in public. Additionally there are six Committees of the Board, and one Board level Sub-Committee:

- Audit Committee
- Finance and Investment Committee
- Mental Health Law Committee
- Quality and Safety Committee
- Remuneration and Terms of Service Committee
- Trust and Charitable Funds Committee
- Estates Sub-Committee (a Sub-Committee of the Finance and Investment Committee)

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

Attendance at the Board and Board Committees for 2016/2017 is detailed in the table opposite. Across all Board level meetings attendance was 84.59%.

## Key to Table 5 on page 73:

- "6/6" indicates the number of meetings attended against the number of meetings expected as a member of the Committee
- "(4)" indicates the number of meetings attended where the Board member is not a member of the Committee
- 1 Frank Devoy was in attendance at two meetings of the Quality and Safety Committee but not as a member
- 2 Cedi Frederick was appointed as a Designated Non-Executive Director from 4 January 2017 and has attended two meetings of the Trust Board and one meeting of the Remuneration Committee but not as a member
- 3 Rebecca Harrington was in attendance at one meeting of the Mental Health Law Committee but not as a member
- 4 Paul Ryb was appointed as a Designated Non-Executive Director from 4 January 2017 and took up his post as a Non-Executive Director from 10 February 2017. Paul has attended one meeting of the Trust Board and one meeting of the Remuneration Committee but not as a member

- 5 Ruchi Singh was appointed as a Non-Executive Director from 16 January 2017
- 6 Charles Waddicor was appointed to the Audit Committee and taken off the Mental Health Law Committee effective from 8 February 2017
- 7 Maria Kane attended two meetings of the Audit Committee, one meeting of the Remuneration Committee and one meeting of the Mental Health Law Committee but not as a member
- 8 Jonathan Bindman attended one meeting of the Audit Committee but not as a member
- 9 Simon Goodwin attended five meetings of the Audit Committee but not as a member
- 10 Andy Graham attended one meeting of the Audit Committee but not as a member
- 11 Mark Vaughan attended four meetings of the Audit Committee and one meeting of the Remuneration Committee but not as a member.

Table 5

	Board 7 meetings	Audit Committee 5 meetings	Estates Sub- Committee 2 meetings	Finance and Investment Committee 6 meetings	Trust and Charitable Funds Committee 2 meetings	Remuneration and Terms of Service Committee 2 meeting	Mental Health Law Committee 4 meetings	Quality and Safety Committee 7 meetings	Total number of meetings attended
<b>Michael Fox</b> Chairman	7/7	-	-	-	-	2/2	-	-	9/9
<b>Frank Devoy (1)</b> Non-Executive Director	7/7	-	2/2	6/6	2/2	1/2	-	(2)	18/19 (+2)
<b>Paul Farrimond</b> Non-Executive Director	5/7	-	-	-	-	2/2	4/4	3/6	14/19
<b>Cedi Frederick (2)</b> Designated Non-Executive Director (Appointed 04.01.17)	(2)	-	-	-	-	(1)	-	-	0/0 (+3)
<b>Cathy Hamlyn</b> Non-Executive Director (term of office ended 31.03.17)	7/7	5/5	-	3/6	1/2	2/2	-	-	18/22
<b>Rebecca Harrington (3)</b> Non-Executive Director (term of office ended 03.01.17)	4/5	3/3	-	-	-	1/1	(1)	4/4	12/13 (+1)
<b>Christine Harvey</b> Non-Executive Director (term of office ended 08.02.17)	6/6	-	-	5/6	1/1	2/2	-	5/5	19/20
<b>Catherine Jarvis</b> Non-Executive Director	6/7	4/5	-	-	-	1/2	-	6/6	17/20
<b>Paul Ryb (4)</b> Non-Executive Director (Appointed 10.02.17)	1/1 (1)	1/1	-	1/1	1/1	(1)	-	-	4/4 (+2)
<b>Ruchi Singh (5)</b> Non-Executive Director (Appointed 16.01.17)	1/2	-	-	1/1	1/1	1/1	-	1/1	5/6
<b>Charles Waddicor (6)</b> Non-Executive Director	6/7	1/1	-	6/6	2/2	0/2	4/4	-	19/22
<b>Maria Kane (7)</b> Chief Executive	7/7	(2)	0/2	5/6	-	(1)	(1)	-	12/15 (+4)
<b>Jonathan Bindman (8)</b> Medical Director	7/7	(1)	-	5/6	-	-	0/4	5/6	17/23 84.62%
<b>Simon Goodwin (9)</b> Chief Finance and Investment Officer	6/7	(5)	2/2	6/6	2/2	-	-	3/6	19/23 (+5)
<b>Andy Graham (10)</b> Executive Chief Operating Officer	7/7	(1)	-	6/6	1/2	-	-	6/6	20/21 (+1)
<b>Mary Sexton</b> Executive Director of Nursing, Quality and Governance	6/7	-	-	-	-	-	0/4	6/6	12/17
<b>Mark Vaughan (11)</b> Executive Director of Workforce	5/7	(4)	-	-	-	(1)	-	5/6	10/13 (+5)
Expected attendance only	88/98 89.80%	14/15 93.33%	4/6 66.67%	44/50 88%	11/13 84.32%	12/16 75%	8/16 50%	44/52 84.62%	225/266 84.59% (+24)

## Audit Committee

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

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

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

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

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

## Finance and Investment Committee

The Finance and Investment Committee reviews the Trust's financial performance, investments and medium and long term financial plans, reviewing the use of Trust resources, Capital Investment Programme, and major projects. A new Board-level Estates Sub-Committee was established in November 2016 to oversee the Trust's Estates Strategy and rationalisation of the Trust's estate.

## Mental Health Law Committee

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

## Quality and Safety Committee

The Quality and Safety Committee provides assurance to the Board on all aspects of quality and safety relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients and that where there are risks and issues that may jeopardise the Trust's ability to deliver excellent high quality safe care that these are being managed in a controlled and timely way.

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

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

## Remuneration and Terms of Service Committee

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

## Trust and Charitable Funds Committee

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

The Trust continues to monitor its governance processes to ensure that these are in line with the Corporate Governance Code. There are no substantial areas where the Trust does not comply, although work continues to strengthen and develop governance processes. The 2015 Internal Audit review of Corporate Governance concluded that there was Full Assurance, with a sound system of internal controls designed to achieve the Trust's objectives and that control processes were being consistently applied.

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

# Annual Governance Statement 2016/17

The Risk & Control framework	Review of effectiveness of risk management and internal control	Significant issues
<p>The Trust's Risk and Control Framework starts with the Trust's Business plan for the establishment of objectives and the identification of key risks to achieving the objectives. Key internal controls are developed and maintained through policies, procedures and performance management arrangements. Internal and External Auditors are an additional support for management arrangements for the evaluation of key controls, obtaining assurance and identifying gaps in assurance.</p> <p>There is a Trust Risk Management Strategy which has the following key elements:</p> <ul style="list-style-type: none"> <li>• Risk Management Objectives</li> <li>• Risk Management System</li> <li>• Risk Identification</li> <li>• Risk Assessment</li> <li>• Assurance of Controls</li> <li>• Learning</li> <li>• Roles and Responsibilities</li> </ul>	<p>Policies and procedures are reviewed by various Committees of the Board, following their development and approval through existing corporate policy development forums. All policies are then ratified via the Trust's Policy Group and oversight is undertaken by the Quality &amp; Safety Committee.</p> <p>The Trust's Risk Management Strategy was reviewed and approved by the Trust Board 2014 at the May 2016 meeting.</p> <p>The Quality &amp; Safety Committee has developed two clear reporting Committees. The two Sub-Committees (Patient Experience Committee and Performance Improvement Committee) each report directly into the Quality and Safety Committee, with a formal report from each committee forming a standard agenda item at each meeting of the Quality and Safety Committee. The Trust's Governance arrangements and their effectiveness continue to be reviewed by the Trust's auditors and demonstrate both compliance and robust assurances are currently in place.</p>	<p>No significant issues have arisen from the review undertaken.</p>

### The Risk & Control framework

The Trust's Risk and Control Framework starts with the Trust's Business plan for the establishment of objectives and the identification of key risks to achieving the objectives. Key internal controls are developed and maintained through policies, procedures and performance management arrangements. Internal and External Auditors are an additional support for management arrangements for the evaluation of key controls, obtaining assurance and identifying gaps in assurance.

There is a Trust Risk Management Strategy which has the following key elements:

- Risk Management Objectives
- Risk Management System
- Risk Identification
- Risk Assessment
- Assurance of Controls
- Learning
- Roles and Responsibilities

### Review of effectiveness of risk management and internal control

The Trust's risk register is reviewed bi-monthly by the Performance Improvement Committee, in Borough Deep Dive meetings and Quality and Safety Committee, a sub group to the Trust Board and the Trust Board. Reports on risk registers show movement of existing risks, overdue risks for review.

Actions plans are developed for risks that are assessed as significant and are followed up and tracked in subsequent meetings, with both verbal updates and agended actions. All risks have mitigating actions and key controls in place to address and manage such risks and these are reflected on the corporate risk register. When the risk register is reviewed progress on mitigating action is provided and discussed including requests for further remedial action. Changes to actions to mitigate risks are made when such actions are not addressing and improving the risks identified. Challenge and scrutiny of the corporate risk registers risk scoring is applied by the Board Committees and the Board itself and no risks are closed on the risk register without Board or Sub-Committee review and approval.

The Trust's internal auditors undertook a number of internal audits in 2016/17, which included Unexpected Deaths and the Board can take reasonable assurance that the controls in place to manage this risk are suitably designed and consistently applied. Identified actions and local management actions are tracked and monitored in respects to achievement of outstanding actions through the Trust's Audit Committee.

The Quality Account is developed and published annually, with consultation with all stakeholders. A Stakeholder event took place in February 2017 to seek the views of the Trust's stakeholders as part of the Trust's preparation for the 2015/16 Quality Account publication.

There is an annual external audit of the Quality Account prior to its publication. This external audit covers data validation, systems for development, and adherence to mandatory guidelines. A statement from the external auditors is produced and is included in the Quality Account prior to publication.

### Significant issues

Internal Audit have reviewed risk registers and have made a number of recommendations that are have been actioned.

The Risk & Control framework	Review of effectiveness of risk management and internal control	Significant issues
<p>Identifying risks - Risk management training is aimed at transferring skills to ensure that all staff can report any incidents/accidents via the Trust Incident Reporting System. Each service/department is required to keep an operational risk register and these are co-ordinated and reported to the Board through the Trusts' Corporate Risk register.</p> <p>The identification of risk begins with an annual 12 category risk assessment completed by all teams in the Trust covering risk potentials as identified in National Policy and by various regulatory and statutory bodies such as the NHS Litigation Authority, the National Patient Safety Agency, The Health and Safety Executive and the Care Quality Commission. Following this formal risk identification process, all teams log risks onto a team risk register which in turn feeds into the service line/departmental risk register from which all corporate risks are taken as per the strategy's risk escalation pathway.</p> <p>Risk appetite is determined on the basis of residual risk ratings which determine the level of escalation warranted by a risk as per the strategy's risk escalation pathway. The corporate risk register holds risks with a residual risk rating of 15 and above whilst service line registers include all risks from teams which have a residual risk rating above 6 following mitigation. Quality is considered to be integral to the delivery of all services provided by the Trust and as such the Trust has integrated governance arrangements for patient safety, patient experience and clinical effectiveness as these are inextricably linked.</p>	<p>Each department/team within the Trust maintains a risk register which is updated to record all identified risks. The Trust has developed agreed criteria that are used to score all risks on a 5 by 5 matrix of likelihood and impact. Department / team risk registers are reviewed by teams within their governance forums, and are further reviewed, interrogated and challenged at service line Deep Dive meetings. Actions following review of risk registers are actioned and tracked in subsequent service level governance Forums.</p> <p>All significant risks are reported to the Trust's Quality and Safety Committee which meets every other month to review all risks and action plans that have been identified to mitigate or eliminate those risks.</p> <p>All Trust teams now hold a Datix risk register which feeds into the service line risk registers thus escalating risks as per the Risk Management Strategy. At the financial year end there were 20 risks rated 15 and above, all of which are monitored, managed and reported in respects to progress and change. Current risks includes clinical and reputational risks associated with the Trusts Regulatory compliance in respects to the Care Quality Commission, Financial Risks in respects to current commissioner and contract position and the challenges in delivering Cost Improvements across operational services. Operational and Clinical challenges have also been identified. All risks are being monitored, managed, mitigated and reviewed by both key risk owners and through the Trust's governance forums, including the Trust Board and Board Sub Committees.</p>	<p>No significant issues have arisen from the review undertaken.</p>

The Risk & Control framework	Review of effectiveness of risk management and internal control	Significant issues
<ul style="list-style-type: none"> <li>Evaluating and controlling risk - The Board Assurance Framework provides the Board with a summary of those key risks that may prevent the Trust from achieving its corporate objectives. Risks identified from a number of sources have been aligned to the Trust's objectives and the required controls identified. Sources of assurance that the identified controls are or remain effective are identified for each of these risks. The Trust has reviewed the format of the Assurance Framework during the year with the aim of strengthening the links with sources of assurance.</li> </ul>	<p>The Trust Board has a BAF which is reviewed by each of the executive leads and discussed and reviewed at the Trust Board to ensure continuous review and strategic oversight.</p> <p>All risks are reviewed and evaluated as per the strategy's governance structure beginning at a local team level in the team clinical governance meeting which in turn informs the service line meetings which report into the Performance and Risk Management Sub-Committee. This Sub-Committee in turn reports to the Quality and Safety Committee, which has responsibility for risk management.</p> <p>The Clinical Audit Department reviews the quality of services and effectiveness of controls. An annual audit plan/ programme is agreed and approved by the Quality and Safety Committee. Action plans are developed to address issues identified by clinical audit and these are followed up in subsequent audits in the operational services. These reports are presented to the Trust's Quality and Safety Committee on a regular basis.</p> <p>An Internal Audit of the Board Assurance Framework was undertaken in August 2016. The audit demonstrated good processes.</p>	<p>No significant issues have arisen from the review undertaken.</p>
<ul style="list-style-type: none"> <li>Embedding Risk management within Trust's activities – Risk management is incorporated into the responsibilities of all managers. The Trust's Risk Management strategy specifies the appropriate responsibilities for all management and staff to try to ensure effective management and reporting of risks at both operational and strategic levels.</li> </ul>	<p>Each Borough in the Trust maintains a risk register which is regularly reviewed at Operational Management Meetings and any major risk identified is escalated to the Quality and Safety Committee as appropriate.</p> <p>All teams use Datix to register risks, fulfilling previous internal audit recommendations.</p>	<p>No significant issues have arisen from the review undertaken.</p>
<p>Deterrent to risks arising – in addition to the governance structure and reporting framework the Trust carries out a self-assessment on an annual basis as to its resilience in relation to fraud, bribery and corruption. The Trust also engages a Local Counter Fraud Specialist to carry out both proactive work based on the four key areas as specified by NHS Protect, as well as reactive investigations.</p>	<p>The Trust's Counter Fraud Provider carried out a review of the Trust's self-assessment and the local counter fraud work. The Trust was rated green overall in terms of its resilience in relation to fraud, bribery and corruption. The Trust received 10 referrals to counter fraud during the year which demonstrates the effectiveness of the awareness activity. There were no significant issues raised in assessing the efficacy of counter fraud work and the Trust performed well against the measures that can be taken to prevent and deter fraud.</p>	<p>No significant issues have arisen from the review undertaken.</p>

The Risk & Control framework	Review of effectiveness of risk management and internal control	Significant issues
<p>Internal audit play a key role in assisting the Trust to identify risk, as well as making recommendations as to how to manage the risk going forward.</p>	<p>The recommendations from each audit are discussed with managers and implementation plans agreed. In addition all outstanding recommendations are reported to the Audit Committee in year, with an update on their progress. During the 2016/17 financial year there were six internal audit reports where partial assurance was given. The areas audited with partial assurance were:</p> <ul style="list-style-type: none"> <li>• Staff Appraisals Data Quality IT Procurement Mandatory Training</li> <li>• Medical Job Planning</li> <li>• Key Financial Systems</li> </ul>	<p>The issues raised in the reports were not deemed significant in terms of the overall effectiveness of the system of overall internal control.</p>
<p>A Corporate risk register is maintained for reporting and controlling risks. Action plans are developed when corrective actions are required to be taken. The effective achievement of the Trust's objectives, supported by the work of the Audit and Quality and Safety Committees and the reports of Internal and External auditors on the effectiveness of the control framework throughout the year provides a basis for the Governance Statement.</p>	<p>The risk register is reviewed regularly by the Quality and Safety Committee and the Trust Board on a regular basis. Actions plans are developed for the major risks identified and followed up in subsequent meetings. The Trust's internal reviews indicate that the existing systems are working well and the risk escalation pathway is in full use. All teams have a Datix risk register thereby fulfilling internal audit recommendations as set. In addition the review by the Trust's Internal Auditors gave the risk management arrangements a substantial assurance risk rating evidencing that sound and clinically effective risk management systems are in place.</p>	<p>A specific risk which was on-going in 2016/17 was the inclusion of a deficit position in the plan for 2017/18. It is one of the Trust's statutory financial duties that it achieves break even, although a Trust is not in breach of its duties if a deficit is achieved in year but a plan is in place to recover this deficit within 3-5 years. There remains a risk in relation to the Trust's 3-5 year plan, as there is currently a risk that meeting this 3-5 year plan will be adversely affected by the current investment from commissioners and the general health economy. The Trust's executive directors continue to work very closely with local CCGs and other relevant bodies, including NHSI to work together and triangulate 5 year plans to ensure that the most efficient outcome is achieved for service users within available resources. Additionally, the Trust is holding discussions with local CCGs and other bodies concerning Sustainability and Transformation Fund and other projects which could potentially realise savings, which includes the Trust's vision in respect to "Enablement" The Trust regularly reviews its CIP schemes, its activities and its structure, and the impact of these on the forecast positions for 2017/18 and future years to ensure that it continues to meet its statutory duties.</p>

The Risk & Control framework	Review of effectiveness of risk management and internal control	Significant issues
<p>The Trust has policies and processes in place to ensure that it fulfils all the requirements specified by the Care Quality Commission.</p> <p>The quality of performance information and compliance with the Care Quality Commissions registration standards is assessed at a combination of performance meetings and the governance Committees and groups as set in the risk management strategy. Internal Assurance is obtained via a combination of reports and audits which include team quality assurance audits, practice standard lead Peer Review assessments, patient surveys and the consistent monitoring of complaints, claims and incidents. Rigorous internal scrutiny begins at the Service Line Deep Dive (formerly Service Line Scrutiny) meetings which are chaired by the Director of Nursing or her deputy. At this meeting service line management are held to account for all aspects of patient safety, patient experience, clinical effectiveness and risk. Deep dive reviews result in remedial action being taken where deficits are identified. Lessons learnt and success is shared and celebrated at the subsequent Service Improvement Committee (formerly Quality And Clinical Governance Sub-Committee). External assurance is sought via regulator visits and internal and external auditor review reports.</p>	<p>The Trust has maintained its registration status with Care Quality Commission.</p> <p>The Care Quality Commission carried out its hospital inspection 30 November to 4 December 2015, and formally presented the report at the Quality Summit on 26 April 2016. The Trust has been rated overall as 'Requires Improvement', with 32 compliance actions and 95 'should do's'.</p> <p>The Trust has formulated an action plan in response to the report, the Trust Quality Improvement Plan which has 72 actions against the 'must do's' and 208 actions against the 'should do's'.</p> <p>Our Trust Quality Improvement Plan has been designed with the objective of delivering improvements to the quality of care and services provided by the Trust. It is grouped into four main themes - staffing, patient centred care, leadership and management and premises and equipment. During 2016/17, the Trust has worked hard to ensure the Improvement Plan is implemented.</p> <p>Progress against the Improvement Action plan is monitored by our Board, the CQC and our commissioners.</p>	<p>All regulatory compliance issues are robustly managed through the development of actions plans, which identify key actions, owned by key clinical staff and management teams within the Trust and that are monitored at both a local level at both governance groups, at exceptional meetings, and through trust wide forums including Quality and Safety Committee and Deep Dive Meetings</p>
<p>As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.</p>	<p>The Trust's internal auditors carry out reviews on the payroll as part of the audit plan. This includes compliance with statutory deductions and pension calculations. The deductions made are remitted to the NHS Pension Scheme by the due dates.</p> <p>The most recent audit report on payroll by the internal auditors in 2015/16 gave the Trust a partial assurance but did not identify any weaknesses or make any recommendations relating to the pension scheme.</p>	<p>No significant issues have arisen from the review undertaken.</p>

The Risk & Control framework	Review of effectiveness of risk management and internal control	Significant issues
<p>The Trust has policies in place to ensure that its obligations under equality, diversity and human rights legislation are complied with.</p>	<p>Managers in the Trust have been provided training on awareness on equality, diversity and human rights legislation. The Trust has a senior manager to lead on equality, diversity and human rights supported by a co-ordinator. In turn it has a formal equality and diversity forum and a series of voluntary self-organised staff groups promoting race, disabilities and LGBT+ equalities, which are supported by the Trust. The Trust's equality and diversity lead provides advice and training to staff and gathers evidence on compliance with the relevant legislation which is reported to the Trust Board. All policies and major service developments are subject to a formal equality impact assessment process and all reports contain an equality impact statement before approval by the Board or delegated Committee.</p> <p>The Trust successfully completed the NHS Workforce Race Equality Standard and is using the mandatory Equality Delivery System 2 in the standard contract from 1 April 2016. Challenges around the proportion of staff from Black, Asian and other Minority Ethnic backgrounds entering the formal disciplinary process and the composition of the Trust Board relative to the workforce are being addressed through management development and "unconscious bias" training.</p> <p>The Trust has published an Equality and Diversity annual report for 2016 in line with the requirements of legislation. This report is publically available on the Trust internet and sets out the Trust's performance for the year.</p> <p>The Trust has a formal governance process for monitoring its equality performance, as well as open for staff to discuss and take forward initiatives to improve elements of equality and inclusion they identify as important.</p>	<p>Those issues highlighted in the WRES are being addressed in partnership with the race equality staff network.</p>
<p>The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.</p> <p>The Trust is fully aware of the potential risks to its future income and has put in place systems and processes aimed at addressing these at an early stage, through regular dialogue and consultation with sector counterparts.</p>	<p>The Trust has developed a sustainability policy and regularly monitors its carbon footprint. A sustainability action plan has also been developed and discussed. Progress against action plans and the results of the carbon footprint monitoring are reported to the Trust's Operational Management Group on a regular basis, with any follow ups being implemented as appropriate.</p>	<p>None</p>

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their annual report to those charged with governance and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the Audit Committee and the Governance and Risk Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

In his audit opinion for 2016/17 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 six internal audit reports which were rated at red/amber (partial assurance) acknowledge that there are some weaknesses in the system but these do not affect the overall assessment and do not require disclosure in this 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 Internal Audit.

## Conclusion

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

**Signed**



Maria Kane Chief Executive

**Date**

31 May 2017

# Statement of Financial Position

## Chief Finance and Investment Officers' Report

### Financial Performance for 2016/17

In 2016/17, the Trust made a deficit before impairments of £12.268m compared with a planned deficit of £12.590m, resulting in a positive variance of £0.322m against plan.

The Trust incurred significant costs on beds and private overflow beds that commissioners declined to fund. That coupled with difficulties in implementing the entirety of the cost improvement plan made achieving the budgeted deficit very challenging. To mitigate these difficulties the Trust identified a number of measures, some of which were one off in nature.

The Trust has four key statutory financial responsibilities to meet each year. Our performance against those targets in 2016/17 was as follows:

To break-even on the income and expenditure account. We achieved a deficit of £12.268m compared with a plan of £12.590m. The deficit reported is before impairment of assets

To keep capital expenditure within our Capital Resource Limit. Our Capital Resource Limit was £5.650m and our actual expenditure was £4.747m. We therefore achieved this

To remain within the External Financing Limit – This is the net limit on borrowing allowed by the Trust. We achieved this

We met our target of a 3.5% return on investments

### Our Capital Investment Plans and Performance for 2016/17

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 £4.747m out of a total planned capital programme of £5.730m in 2016/17. There was an under-spend of £903k in the year. The main components of the Trust's capital investments in 2016/17 were as follows:

Table 6

**Capital Investments 2016/17**

Programme	£'000
Risk Management Projects	126
Backlog Maintenance	553
IM&T Programmes	1,084
St Ann's Redevelopment	2,315
Other Estates Strategy	42
Other projects	627
TOTAL	4,747

**Capital Expenditure Plans for 2017/18**

A capital investment budget of £7.550m has been agreed for 2017/18. The level of capital investments for 2017/18 builds on the improvements that have been made in the last few years. A summary of the agreed capital investment plans for the year is shown below:

Table 7

**Agreed Capital Investment Plans 2017/18**

Programme	£'000	%
Statutory Compliance	53	0.7
Backlog Maintenance	403	5.3
Risk Management programmes	569	7.5
IM&T Projects	2,730	36.2
St Ann's Redevelopment enabling costs	1,000	13.2
Estates Strategy Implementation	1,857	24.6
Other Projects	1,602	21.2
Contingency	(664)	(8.8)
TOTAL	7,550	100

## Summary of Financial Statements for 2016/17

These Financial Statements for the year ended 31 March 2017 have been prepared by Barnet, Enfield and Haringey Mental Health NHS Trust under section 98(2) of the National Health Service Act 1977 (as amended by section 24(2), schedule 2 of the National Health Service and Community Care Act 1990) in the form which the Secretary of State has, with the full approval of the Treasury, directed.

The Financial Statements contained in this Annual Report and Summary Financial Statements may not contain sufficient information for a full understanding of BEH's financial position and performance.

Copies of the full accounts are available on request, by writing to:

Chief Finance and Investment Officer  
Barnet, Enfield and Haringey Mental Health NHS Trust  
Trust Headquarters  
St Ann's Hospital  
St Ann's Road  
London  
N15 3TH

## Accounting Policies

The Secretary of State for Health has directed that the Financial Statements of NHS Trusts shall meet the accounting requirements of the Department of Health Group Accounting Manual 2016-17, which shall be agreed with HM Treasury. Consequently, the following Financial Statements have been prepared in accordance with the Department of Health Group Accounting Manual 2016-17 issued by the Department of Health. The accounting policies contained in that manual follow International Financial Reporting Standards to the extent that it is meaningful and appropriate to the NHS. The accounting policies have been reviewed and applied consistently in dealing with the items considered material in relation to the accounts.

# Statement of Accounting Officer's Responsibilities

## The Chief Executive of the NHS Trust Development Authority has designated that the Chief Executive should be the Accountable Officer to the Trust.

The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of the NHS Trust Development Authority. These include ensuring that:

The Chief Executive of the NHS Trust Development Authority has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of the NHS Trust Development Authority. 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
- 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
- Annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year

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

I confirm that, 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 Trust's auditors are aware of that information.

I confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

**Signed**



Maria Kane Chief Executive

**Date**

31 May 2017

Table 8

### Statement of Comprehensive Income (previously Income and Expenditure Account) for the year ended 31 March 2017

Comprehensive Income	2016/17 £'000	2015/16 £'000
Income from activities	193,054	183,302
Other operating income	8,973	8,629
Operating expenses	(208,462)	(190,657)
OPERATING SURPLUS (DEFICIT)	(6,435)	1,274
Other Gains and (losses)	0	(10)
SURPLUS (DEFICIT) BEFORE INTEREST	(6,435)	1,264
Interest receivable	14	31
Interest payable	(380)	(399)
Other finance costs – Unwinding of Discount	(24)	(23)
SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR	(6,825)	873
Public Dividend Capital dividends payable	(6,089)	(6,062)
RETAINED SURPLUS (DEFICIT) FOR THE YEAR*	(12,914)	(5,189)
Other comprehensive income		
Impairments and reversals	0	(384)
Gains on revaluations	312	14,377
Total comprehensive income for the year	(12,602)	8,804

\*The retained earnings for the year are after charging impairments of £0.646m. The financial performance (deficit) for the Trust is measured before the impairments debit. This is provided below:

Table 9

### Financial Performance for the Year 2016/17

Financial performance for the year	£'000
Retained surplus/(deficit) for the year	(12,914)
Impairments	646
Adjusted retained surplus/(deficit)	(12,268)

Table 10

**Statement of Financial Position  
(previously Balance Sheet) as at 31 March 2017**

	31 March 2017 £'000	31 March 2016 £'000
<b>Fixed Assets</b>		
Intangible assets	2,609	2,632
Tangible assets	201,154	204,742
<b>Total</b>	<b>203,763</b>	<b>207,374</b>
<b>Current Assets</b>		
Stocks and work-in-progress	88	92
Receivables	12,380	14,492
Cash at bank and in hand	1,303	3,727
Sub total current assets	13,771	18,311
Non-current assets held for sale	1,720	0
<b>Total</b>	<b>15,491</b>	<b>18,311</b>
<b>Current Liabilities</b>	(24,449)	(27,879)
Net current assets (liabilities)	(8,958)	(9,568)
Total assets less current liabilities	194,805	197,806
Non-current liabilities	(18,167)	(8,665)
Provisions for liabilities and charges	(1,741)	(1,642)
<b>Total Assets Employed</b>	<b>174,897</b>	<b>187,499</b>
<b>Financed By: Capital And Reserves</b>		
Public Dividend Capital	147,814	147,814
Revaluation reserve	79,717	79,405
Income and Expenditure reserve	(52,634)	(39,720)
<b>Total Capital And Reserves</b>	<b>174,897</b>	<b>187,499</b>

# Remuneration Report

## The Remuneration Committee

The Trust's Chairman chairs the Remuneration Committee which is comprised of all Non-Executive Directors. This Committee determines the remuneration and terms of service of the Chief Executive and other Executive Directors, reviews their performance and appraisal. It met on two occasions in 2016/17.

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 2015/16 or 2016/17.

Table 11

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

Name and Title	2016/17				2015/16			
	Salary (bands of £5,000)	All pension-related benefits (bands of £2,500)	Compensation for loss of office (bands of £2,500)	TOTAL (bands of £5,000)	Salary (bands of £5,000)	All pension-related benefits (bands of £2,500)	Compensation for loss of office (bands of £2,500)	TOTAL (band of £5,000)
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Michael Fox</b> Chairman	35-40			35-40	20-25			20-25
<b>Paul Farrimond</b> Non-Executive Director	5-10			5-10	5-10			5-10
<b>Cathy Hamlyn</b> Non-Executive Director (left March 2017)	5-10			5-10	5-10			5-10
<b>Rebecca Harrington</b> Non-Executive Director (left January 2017)	0-5			0-5	5-10			5-10
<b>Christine Harvey</b> Non-Executive Director (left February 2017)	5-10			5-10	5-10			5-10
<b>Catherine Jervis</b> Non-Executive Director	5-10			5-10	5-10			5-10
<b>Charles Waddicor</b> Non-Executive Director	5-10			5-10	5-10			5-10
<b>Paul Ryb</b> Non-Executive Director (from February 2017)	0-5			0-5	nil			nil
<b>Ruchi Singh</b> Non-Executive Director (from January 2017)	0-5			0-5	nil			nil
<b>Maria Kane</b> Chief Executive	170-175	22.5 – 25.0		190-195	170-175	82.5-85.0		255-260
<b>Jonathan Bindman</b> Medical Director	140-145	17.5 – 20.0		160-165	140-145	45.0-47.5		190-195
<b>Simon Goodwin</b> Chief Finance and Investment Officer	130-135	17.5 – 20.0		145 - 150	125-130	120.0-122.5		250-255
<b>Andy Graham</b> Executive Chief Operating Officer	115-120	15.0 – 17.5		130 - 135	110-115	7.5-10.0		115-120
<b>Mark Vaughan</b> Executive Director of Workforce	110-115	15.0 – 17.5		125 - 130	110-115	197.5-200.0		310-315
<b>Mary Sexton</b> Director of Nursing, Quality and Governance	115-120	15.0 – 17.5		130 – 135	115-120	87.5-90.0		200-205

Table 12

## 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 2017 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2017 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2017	Cash Equivalent Transfer Value at 31 March 2016	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension	
	£000	£000	£000	£000	£000	£000	£000	£000	
<b>Jonathan Bindman</b> Medical Director	2.5 - 5.0	10.0 - 12.5	55.0 - 57.5	167.5 - 170.0	1,080	977	103	0	
<b>Simon Goodwin</b> Chief Finance and Investment Officer	2.5 - 5.0	0.0 - 2.5	37.5 - 40.0	97.5 - 100.0	621	574	47	0	
<b>Andy Graham</b> Executive Chief Operating Officer	0.0 - 2.5	0.0 - 2.5	45.0 - 47.5	125.0 - 127.5	745	675	11	0	
<b>Maria Kane</b> Chief Executive	2.5 - 5.0	0.0 - 2.5	30.0 - 32.5	80.0 - 82.5	553	485	68	0	
<b>Mary Sexton</b> Director of Nursing, Quality and Governance	2.5 - 5.0	0.0 - 2.5	30.0 - 32.5	82.5 - 85.0	566	497	69	0	
<b>Mark Vaughan</b> Executive Director of Workforce	2.5 - 5.0	7.5 - 10.0	37.5 - 40.0	117.5 - 120.0	809	723	85	0	

The banded remuneration of the highest paid Director in the Trust in the financial year 2016/17 was £170,000 - £175,000 (2015/16: £170,000 - £175,000). This was 5.2 times (2015/16: 5.1) the median remuneration of the workforce, which was £33,733 (2015/16: £33,710).

In 2016/17, no employees (2015/16: none) received remuneration in excess of the highest-paid Director.

There were no redundancy payments to former Directors in the financial year 2016/17 (2015/16: none).

## Finance and Business Plans for 2017/18

Our plans for 2017/18 have been developed by taking into account the views of patients and carer representatives, our partners, our staff and other stakeholders over the last year.

The Trust continues to work with its partners across North Central London (NCL) to develop and implement the Sustainability and Transformation Plan, which aims to bring the sector back to financial balance.

The financial plan will enable the Trust to meet its key statutory financial objectives of meeting its capital resource and external financing requirements, achieving a 3.5% return but will not achieve financial breakeven due to the issues within the health economy as a whole.

## Cost Improvement Programme for 2017/18

The Trust has set a Cost Improvement Programme of £8.28m for 2017/18 which equates to 4% of planned expenditure. This is double NHS Improvement's expectation of 2% to reflect the Trust's requirement to return to a breakeven financial position. The Trust has identified schemes that will meet this target, and plans are in progress to implement before the end of the financial year. Some schemes start part way through the year, therefore there will be a full year effect in 2018/19.

The plans include estates savings which can be achieved without impacting on clinical care. The remainder relate to workforce skill mix changes, business development and improving productivity.

Table 13

## Financial Sustainability Risk Ratings

### Liquidity ratio (days)

2016/17 actual	-20
Rating	4
Weight	20.00%
Weighted score	0.8
RAG rating	red

### Capital Servicing Capacity (times)

2016/17 actual	0
Rating	4
Weight	20.00%
Weighted score	0.8
RAG rating	red

### Continuity of Services Risk Ratings

4

### I&E margin

2016/17 actual	-0.06
Rating	4
Weight	20.00%
Weighted score	0.8
RAG rating	red

### I&E margin variance from plan

2016/17 actual	0.01
Rating	1
Weight	20.00%
Weighted score	0.2
RAG rating	green

### Agency

2016/17 actual	0.23
Rating	2
Weight	20.00%
Weighted score	0.4
RAG rating	amber

### Financial Sustainability Risk Rating

3

# Trust Position, Capital Structure and Liquidity

## Interest rate effects and impacts

The Trust's capital loan and working capital loans with the Department of Health have fixed rates of interest payable. Therefore the interest charge or level of repayments will not be affected by interest rate movements.

## Discussion of cash flow and special factors

The Trust's cash position decreased by £2.4m in the year. The decrease has been mainly due to the Trust operating in a deficit position.

## Carrying Amount vs. Market Value of Land

### Difference between carrying amount and market value of land, where significant

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 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.

## 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 14

**Performance against Better Payments Practice Code**

	2016/17		2015/16	
	By Number	By Value	By Number	By Value
Non NHS	98%	91%	99%	96%
NHS	95%	85%	99%	99%

**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**

Ernst & Young LLP is the Trust's external auditor and has been so for the whole of 2016/17.

The fees paid for work covering this period have been as follows:

Table 15

**External Audit Fees**

	£'000
Statutory Audit	67

Table 16

**Cash Flow Statement**

<b>Cash Flow Statement for the year ended 31 March 2017</b>		
	2016/17	2015/16
	£000	£000
<b>Operating Activities</b>		
Net cash (outflow)/inflow from operating activities	(919)	10,392
<b>Cash Flow from Investing Activities:</b>		
Interest received	14	31
(Payments) to acquire fixed assets	(4,225)	(5,221)
Receipts from sale of plant, property and equipment	29	0
Net cash inflow (outflow) from investing activities:	(4,182)	(5,190)
Net cash inflow (outflow) before financing	(5,101)	5,202
<b>Cash flows from financing activities</b>		
Loans received from DH – New Revenue Support Loans	10,000	0
Loans repaid – Capital Investment Loan	(498)	(498)
Interest paid	(380)	(383)
PDC dividend paid	(6,445)	(5,756)
Net cash inflow (outflow) from financing	2,677	(6,637)
Net Increase (decrease) in cash and cash equivalents	(2,424)	(1,435)
Cash and cash equivalents at the beginning of the year	3,727	5,162
Cash and cash equivalents at the end of the financial year	1,303	3,727

Table 17

**Off-Payroll Engagement Disclosure**

	Number
Intangible assets	46
<b>Of which, the number that have existed:</b>	
for between one and two years at the time of reporting	16
for between 2 and 3 years at the time of reporting	29
for between 3 and 4 years at the time of reporting	1
for 4 or more years at the time of reporting	0

All existing engagements have been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and where necessary this assurance has been sought.

Table 18

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2016 and 31 March 2017	102
Number of new engagements which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations	102
Number for whom assurance has been requested	0
<b>Of which:</b>	
Assurance has been received	0
Assurance has not been received	0
Engagements terminated as a result of assurance not being received	0
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year	0
Number of individuals that have been deemed "board members, and/or senior officers with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements	16





Produced by the Communications  
Department at Barnet, Enfield and  
Haringey Mental Health NHS Trust



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